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INTERSUBJECTIVITY, PARENTAL IDENTIFICATION  
AND SEXUAL DESIRE IN WOMEN

by

Irene Brody

A dissertation submitted to the Graduate Faculty in  
Psychology in partial fulfillment of the requirements for the  
degree of Doctor of Philosophy, The City University of New  
York

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**Abstract****INTERSUBJECTIVITY, PARENTAL IDENTIFICATION, AND  
SEXUAL DESIRE IN WOMEN**

by

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This study investigated sexual desire in a non-clinical sample of 31 married or cohabiting women between the ages of 28 and 47. The independent variables examined were: the level of differentiation from parents and spouse, capacity for interpersonal relatedness, and parental sex life and attitudes. Sexual desire was measured using the Ownership of Sexual Desire Scale developed by the researcher. This scale was used to evaluate results of a structured interview along six dimensions of sexual desire: self-acceptance, self-awareness, emotional expression, physical expression, agency, and the integration of

sexual desire within a romantic relationship.

Individuation from parents and spouse was measured by the Blatt Conceptual Level scale and the Geller De-illusionment scale. The capacity for relatedness was measured using the Urist-Schill Mutuality of Autonomy scale that uses the Rorschach as its basis.

Results indicated that sexual desire agency is correlated with interpersonal relatedness, with perceiving one's mother as having had a positive sexual relationship, and with perceiving one's mother as a sexual person who is assertive of her own sexual desire. A woman's awareness of her own sexual desire, and her capacity to express both the emotional as well as physical experience of desire, were correlated with perceiving one's mother as having had a satisfying sexual relationship. Being able to integrate sexual desire into a satisfying relationship was correlated with differentiation from, and low ambivalence towards, one's current spouse/partner. The best overall predictor of women's ownership of sexual desire was a positive perception of maternal sexual

relationship happiness. Differentiation from mother as well as from partner/spouse, perception of paternal sex attitudes, and interpersonal relatedness were also predictors of ownership of sexual desire.

In addition, 61% of the women in this study reported some difficulty verbalizing sexual requests during lovemaking. 50% of the participants reported a tendency to "give in" to their partners' desires for sex. 25% of the women in this study reported interpersonal difficulties when turning down unwanted sex with their partners.

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## Introduction

The inspiration for this paper is in part due to my experience with a client, whom I will call Luti. Luti, a 19 year old woman from a Hindu Indian family came to therapy after a romantic relationship that was idealized, oedipal, nonsexual, and unrealistic on her part, had ended in failure. The object of her attentions fell in love and married someone else. Having lost all confidence in herself, she expressed the wish that her parents choose a mate for her, as is still the custom in many traditional Indian families, although not as much among immigrants to this country. Although the idea of giving up responsibility was tempting, Luti knew that this was not a real solution because she was not actually willing to relinquish her desire to be in charge of her own life.

Luti considered keeping her sexual desire on hold due to her fear that it would get the better of her; she believed that if she gave in to her desire, she would lose herself in it, and thus lose the control

over her life that she wanted to establish in the first place. She was also afraid that once she "gave it up" (referring to her virginity) she would be devalued, because there would be nothing else worth giving. She expressed the idea that sex was symbolic of the entire self, to give it meant to give, and therefore possibly lose, her sense of herself.

In my three years working with her, the issues Luti brought to therapy in narratives and dreams revealed what she needed to resolve in order to move towards her first sexual relationship. These issues were: merging and boundaries, individuation from parents, recognition, doubts about being a desirable, loveable person, fear of rejection, shame about the body - especially sexuality and menstruation, and conflicts about spirituality and the self. How could she be accepted spiritually unless she were perfect - meaning pure, virginal, non-menstruating, and unwavering in her faith? On some level Luti seemed to feel that having a female body and all that went along with that, seemed antithetical to being spiritual.

After bringing these and other issues to light, Luti began a relationship that was more grounded in realistic expectations, emotionally supportive, loving, and fully sexual. Rather than losing herself as she initially feared, she felt stronger than ever, more confident in her relationships in general, including her relationship to spirituality.

My work with Luti, along with my theoretical studies in the psychology of women, and the work I had done with infants, toddlers, and attachment issues first with Drs. Eleanor Galenson & Herman Roiphe at Mt. Sinai, and later with Drs. Arietta Slade & Larry Aber at Barnard and at City College, came together to form many of the ideas for this study on sexual desire in women. From my experience in the field of child development I have come to recognize how important the early first relationships between infant and parents are to later psychological development.

For example, in the case of Luti, I believe that her struggles to develop a sense of individuation from her parents - a process that begins in early childhood

but gets revisited at adolescence in a different way, and her striving for a sense of mastery and competence in the world, were necessary tasks for her to progress on before she would feel comfortable in a sexual and romantic relationship. Issues of boundaries, the "me" and the "not me", the solidity and confidence that one can stand on one's own, as well as the confidence that one is loveable by others, can become related to fears and conflicts around the experience of sexual desire for another person.

My work with Galenson and Roiphe illustrated how these issues of boundaries and relationships between self and other get expressed through metaphors that at times employ the body, the genitals, and the reproductive organs. Adult sexuality is thus a terrain where concerns about the integrity of the self as a separate, whole person, and also of significant others' integrity as separate and whole, can come together. Sex can be experienced as a pleasurable sense of merging both body and soul with a recognized separate other, or it can be a fear of merging and

losing a shaky sense of self to an other that is perceived as more powerful, controlling, and unreliable.

The question I chose to pursue in the following study is how does a woman develop a healthy, subjective sense of sexual desire, a desire that is able to be expressed at appropriate times with appropriate people, leading to a sense of mastery, empowerment, confidence, security, pleasure, well being, and love? The variables I examined, derived from the case mentioned above, the literature described below, as well as my other experiences, are the following: 1) the level of individuation/differentiation that a woman has achieved in relation to each of her parents and to her spouse or romantic partner, 2) the level of capacity for intimacy or interpersonal relatedness (or what can be called intersubjectivity), and 3) the impact of parental sexual attitudes and behaviors upon a daughter's development of sexual desire.

My expectations were that a positive subjective

sense of sexual desire would be encouraged by the following conditions: a strong healthy bond in infancy resulting in a high level of individuation, parents who are comfortable with sex - especially the same sex parent, parents who have a strong, affectionate, monogamous relationship with each other, parents who encourage healthy identifications with their daughters, and sexual experiences beginning in adolescence that are successful in that they are sexually pleasurable, caring, and confirm feelings of being a desirable sexual partner, and a desirable person in general. I also expected that strengths in any of these areas might help to overcome weaknesses in others. For example, a person who had strong early attachments and is well individuated will more easily overcome a negative first sexual experience. Likewise, a positive, loving first sexual experience can help overcome weak early attachments, or learned negative parental attitudes towards sexuality.

Finally, but not least, I was interested in exploring adult, married women's experience of owning,

or not owning sexual desire. I did not include all aspects of sexual experience. For example, I did not set out to examine social values and attitudes, religious influence, pregnancy fears, genital arousal or orgasm, although some of these topics emerged spontaneously. Instead, as will be defined in more detail later, I focused on the emotional, physical, interpersonal, and cognitive experiences of having, or not having the desire for sex, and how this impacts on one's sexual self-identity. Thus, to rephrase the famous question, "What do women want?", I asked instead "How do women come to want or not want in the first place?" and "What is it like to want or to not want?".

Stereotypes abound about male and female sexual desire. Men are supposedly ever ready for sex and unable to control their desires. Women are denigrated for wanting sex too much, or even at all, as well as for not wanting it enough. Young women are expected to be the sexual gatekeepers who say "no" to boys who say "yes". This gender dichotomy puts pressure on both

genders, and renders female sexual desire invisible. The ability to say no as well as the ability to seek for what one wants requires a person who can act as an agent in her or his own life. Historically it has been a challenge for women to develop a sense of agency and empowerment over their lives in general, including their sexual lives. In this study I began to explore how women develop agency in this aspect of their lives where traditionally, women have been viewed more often as the objects of others' desires, rather than the subjects of their own desires.

## Review of the Literature

### Sexual Desire as a Phase in the Sexual Response Cycle

It is only recently that sexual desire has been defined and delineated from other aspects of sexual life and thus considered a subject worthy of independent investigation. When sexology as a field of scientific research began to develop, sexual desire was not studied but assumed; it was the given upon which research was based. Sexual desire was considered a basic drive, and sexual behavior was simply an expression or inhibition of that innate, instinctual force. Researchers such as Kinsey (1953; 1948) and Masters and Johnson (1970) believed that the amount of sexual behavior a person engaged in was a reflection of the amount of sexual drive the person had. In noting discrepancies between women and men regarding sexual desire, Kinsey concluded that this was evidence of women's lower sexual capacity due to a lower level of sex hormones.

Masters and Johnson (1966; 1970) developed a model of the human sexual response cycle which consisted of four stages: excitement, plateau, orgasm and resolution. By sexual excitement, Masters and Johnson meant the physiological processes of sexual arousal, which could be observed, recorded and measured in a laboratory setting. Sexual desire was not yet considered something that could be studied in and of itself, except by biologists, neurologists, and endocrinologists. However, they noticed a discrepancy between women's greater sexual capacity than men - multiple orgasms could be counted in the laboratory - and also concluded that women's sex drive was more easily stifled. To their credit they briefly considered the social and cultural factors impacting on women's psychosexual development when confronted with this latter observation. However, they explained this socialization as supporting a "natural" balance between the sexes, stating, "her significantly greater susceptibility to negatively based psychosocial influences may imply the existence of a natural state

of psycho-sexual-social balance between the sexes that has been culturally established to neutralize women's biophysical superiority." (Masters and Johnson, 1966, p. 211).

Regardless of whether one agrees with this etiological explanation, by the 1970's the social climate in America had changed to the point where many people were not satisfied with this "neutralization" of women's sexuality. Perhaps it had gone too far, and the tide was turning the other way. An increasing number of heterosexual couples began coming to sex clinics to complain of a lack of sexual desire, usually on the woman's side. In the pro-sex climate of America in the '70's, what was once considered a virtuous way for women to behave was now being considered a sign of illness. Although the numbers vary from one study to the next, a greater majority of women than men who come to sex clinics have been diagnosed as having a lack of sexual desire. This imbalance persists. A recent study by Segraves and Segraves [, 1991 #27) found that in one sample

consisting of volunteers for a pharmaceutical study, of all the participants diagnosed as having hypoactive sexual desire disorder (lack of interest in sex), 81% were women.

Despite the prevalence of this problem, there is little knowledge about sexual desire in normal women. Some of the most prominent sex therapists such as Leiblum and Rosen (1988) note that there is a lack of consensus among sex therapists and clinicians as to what constitutes normal, deficient, or excessive sexual desire. Therapists who are diagnosing and treating sexual disorders of desire, which affect significantly more women than men, are operating in a vacuum of information about sexual desire in normal women. When I began research for this study I approached several researchers and clinicians who told me the same thing: "We don't know what normal sexual desire in women looks like, why don't you study that?"

In response to the growing number of clients complaining of sexual desire disorders in the 70's, Lief (1977) developed a diagnosis to introduce into

the DSM, Inhibited Sexual Desire, or ISD. This was defined as a chronic failure to initiate or respond to sexual stimuli. This diagnosis has since been redefined and renamed Hypoactive Sexual Desire Disorder (HSD, 302.71) in DSM-IV. A second criterion was added, that the absence of sexual desire must be accompanied by "marked distress or interpersonal difficulty" (DSM-IV, 1994, p. 233).

Also in 1977, Dr. Helen Singer Kaplan, trained both as a psychoanalyst and as a physician, joined Lief to become one of the first sexologists to define sexual desire as a separate phase of the sexual response cycle. She put forth a three stage sexual cycle that consisted of desire, excitement, and orgasm. In her words, "...sexual desire is an appetite or drive which is produced by the activation of a specific neural system in the brain, while the excitement and orgasm phases involve the genital organs" (Kaplan, 1979, p. 9).

This separation of sexual desire from excitement and orgasm was necessary, according to Kaplan, to

diagnose, understand, and treat a particular group of patients who did not respond to traditional methods of sex therapy. She found that people who had severe cases of HSD, were the hardest to treat. She turned to psychoanalytic theory combined with traditional sex therapy methods for a solution for them (1977; 1979; 1988).

Not all have accepted Kaplan's three stages. Loulan (1984) suggested six: willingness, desire, excitement, engorgement, orgasm, and pleasure. Because this model includes the concept of willingness, it may be more appealing to feminists and others, according to Chalker (1994), because it allows for the concept of consent. There can be no sense of control over one's own sexuality if there is constant pressure from within or without to say "yes" at all times in response to another's desire. This is especially important given today's harsh realities of sexual harassment, sexual abuse, rape, and AIDS.

Willingness is clearly different from sexual desire. Willingness simply means consent and does not

imply that sexual desire or excitement are present. One can be willing to have sex for a variety of reasons. In a study by Beck, Bozman, and Qualtrough (1991) males and females reported engaging in sexual behavior without desire, many citing that the reason had been to please their partner. If willingness is "I am willing to" then desire can be described as "I am in the mood to." Just as willingness can exist without desire, the reverse is also true. One can have sexual desire yet not be willing to act upon it. There might be hindering external circumstances such as an inappropriate time, place, or person. There also could be internal constraints such as conflicts, fears and anxieties. That is why sex studies that report frequencies of sexual activity do not provide a clear indication of sexual desire. Many people engaging in sex may be doing so for reasons other than their own sexual desire, and many who are not engaging in sexual activities may be wishing that they could.

A criticism of Kaplan's three phases is that she describes them as occurring in chronological order,

with desire preceding arousal and orgasm. Perhaps the term sexual response cycle should be dropped because it implies a sequential unfolding of events. Although a sexual experience may typically proceed from willingness, to desire, to arousal, than orgasm, there is no reason the order might not instead be arousal, desire, willingness, greater arousal, greater desire, orgasm. In yet another scenario, if someone is not feeling desire spontaneously to begin with, she might experience a sequence of willingness, arousal, orgasm, and then desire. In this case, desire is a result of sexual activity rather than a cause, although it may become a cause in the future. The relationship between these components of sexual experience is perhaps better described as a loop ((Dekker, Everaerd, & Verhelst, 1985), or even better, as ever changing.

Clinical sex therapist David Schnarch (1991) advocates the idea that desire is something that ideally is felt strongly during the entire sexual process; that desire is not simply desire for sex but passionate love for one's partner that is at its

height during sex, not just before or after. But not all people experience this, and those who do may not experience it at all times. Perhaps a more reasonable goal is for people to be more self aware and self accepting of their individual patterns of desire, rather than striving for a "peak performance of desire".

It is more difficult to separate sexual desire from sexual excitement or arousal because many people experience them simultaneously and thus equate them. Sexual desire is the subjective feeling of wanting sexual excitement, whereas sexual arousal is a physiological experience that involves chemical, respiratory, and physical changes. A study by Bozman and Beck (1991) found that many people relied on sexual arousal as an indicator of sexual desire. The researchers conclude that it may be worthwhile to consider Kaplan's separation of desire from arousal to be artificial. A study by Donahey and Carroll (Donahey & Carroll, 1993) found that of 22 women diagnosed with hypoactive sexual desire, 55% also

complained of low subjective arousal. Segraves and Segraves (1991) found considerable overlap between desire and arousal as well. In their research, of patients with a primary diagnosis of female arousal disorder, 89% had secondary desire disorders. In female patients with desire disorder, 31% had secondary arousal disorder.

While these results indicate that there may be an interactive effect between desire and arousal, they also show that the two things do not always occur together. It appears that while arousal difficulties may contribute to a lack of desire, a lack of desire does not necessarily imply an underlying inability to become aroused. In the Segraves study for example, almost 70% of the women whose primary problem was a lack of sexual desire did not report problems with arousal.

The results of the studies above may have been confounded by the fact that women who have low sexual desire are often less aware of the physiological signs of arousal (Morokoff & Heiman, 1980). What is reported

as subjectively experienced arousal may be closer to sexual desire than objectively measured physiological arousal.

Studies of arousal support this proposition. Physiological sexual arousal can be observed in a laboratory setting by a variety of instruments designed to measure body temperature, heart rate, vaginal blood pooling and swelling, lubrication, and so on. These measures are sometimes taken in addition to questionnaires asking whether or not the participants felt sexually aroused. Studies which attempt to measure women's arousal to various forms of sexual stimuli have noted a discrepancy between the objective measurements and the subjective reports (Rogers, Van de Castle, Evans, & Critelli, 1985) (Steinman, 1981) and particularly so for women who complain of a lack of arousal in the first place (Morokoff & Heiman, 1980). This suggests that some women do not always recognize their own physiological indicators of arousal.

There are a few possible explanations for this

failure to recognize arousal. Perhaps some people consciously or unconsciously overlook physiological arousal in the absence of personal interest. Feelings of shame and guilt may lead a person to deny evidence of arousal. Intrapsychic conflicts and social inhibitions can result in remaining unconscious of a wide variety of feelings and sensations.

Thus, it seems that studies of sexual arousal using physiological indicators alone are not useful indicators of sexual desire. Another problem with the physiological studies is that women who volunteer for such studies in the first place have been shown in one study (Wolchik, Spencer, & Lisi, 1983) to be more likely to have been victims of sexual trauma and are also more open to viewing sexually explicit videotapes than non-volunteers. This suggests the possibility that factors such as sexual trauma can affect one's perception of physiological sensations as well as perceptions of desire. Victims of sexual trauma may be more sensitized and/or interested in their feelings and reactions regarding sex, as part of their need to

process their history of abuse. However, it discourages making generalizations from these studies to other populations.

Many sex therapists, psychologists, biologists, and neurologists now recognize that "desire and arousal are two entirely different processes, each under the influence of different factors," as Gayle Beck, a psychologist has stated (Goleman, 1988). Testosterone affects desire but not arousal, for example. Another distinguishing difference is suggested by research that Beck reported at an APA meeting, stating that in men, desire is more vulnerable to anger, whereas arousal is affected more by anxiety (Goleman, 1988).

Beck suggests that desire is more vulnerable to anger because desire is more of an emotional state, whereas sex itself is more of a skill and thus more affected by anxiety. Some psychologists have concluded that it is better to consider sexual desire as an emotion, [Everaerd, 1988 #37] and explore the interplay of hormones with emotions (Goleman, 1988).

However, in the literature on sexuality, some psychologists still refer to sexual desire as a drive, and others call it a motivation. These three theories: drive, motivation, and emotion, will be described briefly.

### Drive Theory

It is important to distinguish sexual desire from sexual drive. Sexual drive is often thought of as the level of energy or motivational force behind one's sexual interests. Thus an individual who is highly motivated to pursue sexual activity might describe herself as having a "high sex drive" and might explain it as being "in my genes" or due to "a lot of hormones". Thus, sex drive is only referring to one aspect of desire, the force behind it, which may or may not be a result of biological factors. The concept of sex as a drive is therefore confusing. For example, feelings of love, insecurity, or anger can increase or decrease the strength of sexual motivation or feeling.

Many psychologists and biologists believe that there is an innate, genetically inherited human sex instinct based on the fact that reproduction is necessary for survival as a species. Freud's drive theory of sexuality is based on this concept. In parts of his writing, Freud (1905; 1915) described the sex drive as a quantitative force that presses upon the mind with a given amount of energy, demanding for some form of discharge. If this tension is not released one way, then it must be released in another way. Perhaps because of the appealing nature of this argument, many people associate sexual desire with Freud's drive-discharge theory which is more popularly known than his clinical theory of sexuality. When people say that their sexual drive is a force that demands to be acted upon in some way or another they often attribute this to a biological urging over which they have little control.

Klein (1976) does an excellent job of distinguishing Freud's clinical theory of sexuality from his drive-discharge theory. Klein explains that

drive is "something to be disposed of by consummation or sublimation", whereas in Freud's clinical theory "sexuality is a pleasure experience to be elicited or pursued" (Klein, 1976, p. 49). The problem with Freud's drive theory, as Klein describes it, is that "pleasure is derived not from the pursuit of drive but from the getting rid of it" (Klein, 1976, p. 67).

Because sexual desire can be experienced as pleasurable, it can motivate one to feel more desire, or to prolong the experience of desire itself. As can be evidenced by literature as well as life, some of us enjoy the pursuit at least as much as the attainment.

It is also useful to distinguish the concept of instinct from drive. Instinct, according to Klein, is the genetic, evolutionary, and biologically based capacity or potential for sexual experience. However, Freud's clinical theory goes far beyond the concepts of instinct and drive to explain sexual desire.

According to Klein, "It is as an evolving cognitive structure, not as a disembodied "blind" energetic force, that sensual experience is understood in clinical

theory" (Klein, 1976, p. 28). What this means is that in Freud's clinical work, sexuality is seen as arising from instinctual, cognitive and affective experiences involving the body, the self and others. These experiences become part of the developing sense of self that is learned over time. Each individual learns what is socially acceptable and unacceptable, experiences emotional associations to sensual sensations, and thus develops a sexual sense of self, or a sexual self schema.

### Sexual Desire as Motivation

Some psychologists such as Singer and Toates (1987) describe sexual desire as a motivational state in which the force of the motivation is a result of hormones, levels of deprivation, and the presence of incentives which include external stimuli as well as memories of external stimuli. This theory has limited explanatory power. For example, while this approach explains why someone who is offered sex after a long

period of deprivation might respond with sexual desire, it does not explain why someone else in the same situation might not, other than having a hormonal imbalance. Their conceptual system also predicts that consummation of desire will lead to a decrease in desire, but this is not always the case. In a study of the menstrual cycle and desire (Stanislaw & Rice, 1988) it was observed that women's sexual desire was correlated with their menstrual cycle, and this effect was not attenuated by frequency of sexual activity. The Singer and Toates model also does not explain why some people find that sexual activity leads to even greater desire and greater activity. Thus, while sexual desire can be a motivation for sexual activity, it can also be a result of it.

A narrow approach to motivational psychology leaves out the role of intrapsychic conflict, social learning, and interpersonal relationships in the experience and expression of sexual desire. It especially fails to account for how the desire for pleasure or emotional gratifications might play into

one's passion for sex. Just as a person does not have to be hungry in order to wish to eat, a person does not have to be sexually abstinent in order to desire sex. And the motivation for sex is not necessarily to achieve sexual satisfaction; it can also include secondary gains such as: power, dominance, self-esteem, reassurance that one is attractive or loveable, comfort, amusement, or financial security.

#### Sexual Desire as an Emotion

Another approach is to view sexual desire as an emotional state, as does Everaerd (1988). Everaerd describes emotions as having three components: neurophysiological-biochemical, behavioral-expressive, and feeling-experiential. The value of considering sexual desire as an emotion rather than a motivation is that it can account for how interactions with the environment are taken in and responded to. Thus, the experience of desire does not depend simply on level of deprivation or attractiveness of the stimulus, but

on how these things are processed. "In most instances lack of desire and the experience of desire may be clarified by searching how situations are perceived and which meaning is attached to the situation" (Everaerd, 1988, p. 10).

The selective focusing of attention is one variable affecting how situations are perceived. To illustrate this, Everaerd points out that sexual arousal can be voluntarily controlled by the individual. For example, in a study by Dekker, Everaerd, and Verhelst (1985), male and female subjects experienced higher levels of subjective sexual arousal when instructed to identify with the characters in an erotic story and focus on the feelings expressed, rather than simply attending to the facts and descriptions of the situations and events in the story. Korff and Geer (1983) found that when subjects were instructed to focus attention on their genital sensations, the subjects' reports of subjective arousal were in higher accordance with their physiological reports. In a study by Cerny (1978),

women were able to exercise control of the physiological measures of sexual arousal when given instruction to do so.

In addition, perceptions are shaped in part by the meanings given to them by the perceivers. Thus, for clinical purposes, Klein (1969) suggests that:

assessing the motivational importance of sensual experience is not a matter of measuring appetitive strength; it is a matter of examining the functional significance of the sensual appetite, its cognitive values, positive and negative -- how sensuality is internally represented for the person. These value aspects are the crux of its motivational importance. (p. 38)

Finally, there is the physical aspect of experiencing sexual desire. Emotions are accompanied by physical experience, such as changes in heart rate, respiration, body temperature, muscular tension or relaxation, as well as a wide range of subtle,

sometimes sensual, sensations. A fully "felt" emotion is indeed, "felt", in the sense that there is a bodily sensation accompanying the emotion. Thus, Tolman (1994), in a study of adolescent girls' sexual desire, notes that, "when girls speak in an erotic voice, it often overlaps with a voice of the body, that is, an acknowledgement or description of how their body is involved in experiences of sexual desire" (p. 398). In fact, she was able to use the presence or absence of this "voice of the body" to help determine whether individual girls had feelings of sexual desire or not.

In summation, sexual desire is an emotional state that is shaped by the values, meanings, and cognitive schemas associated with sex, the body, and the sense of self in relation to others. One of the areas explored in this study is the range of feelings, meanings, and values that sexual desire may have for women. This includes the physical, bodily experience of sexual desire as well. Rather than imposing a standard of how much sexual desire is normal, this study focuses on how sexual desire is experienced, and

how it is integrated into the whole personality.

The next sections will discuss some of the variables that contribute towards the development of sexual desire: biology, culture, and psychology. Sexual desire is understood to be the result of genetic, hormonal, cultural, intrapsychic, interpersonal, situational, and personal history variables.

#### Biology: The Role of Hormones in Sexual Desire

This section examines the effects of testosterone, the birth control pill, menopause, and the menstrual cycle on sexual desire. Studies indicate that all these variables play a role in sexual desire (except perhaps for menopause). However, a normal hormonal balance is a necessary precondition for sexual desire, but is not a guarantee. Hormonal imbalances are rarely the cause of low sexual desire.

### Testosterone

Of the three hormones most studied in relation to sexual desire -- estrogen, progesterone, and testosterone-- only the latter has been shown to play a significant role in cases of low or absent sexual desire. In studies conducted with oophorectomized women (removal of the ovaries which secrete testosterone, estrogen, and progesterone), subjective sexual desire was significantly lower than their previous levels and lower than levels in a control group (Bellerose & Binik, 1993; Kaplan & Owett, 1993; Sherwin, Gelfand, & Brender, 1985). The administration of testosterone to these same women restored their sexual desire to previous levels, whereas estrogen by itself did not help.

In a study by Kaplan and Owett (1993) of 10 women who had steady sexual partners, a normal sexual history of desire and pleasure, and who developed androgen deficiencies as a result of chemotherapy or combined hysterectomy/oophorectomies, all complained

of a lack of sexual desire and pleasure. And of the seven who chose testosterone replacement, all felt their sexual feelings were restored. Removal of the adrenal glands, which also produce testosterone, results in a decrease of sexual desire in men and women (LeVay, 1993).

In women with polycystic ovary syndrome, which causes a release into the bloodstream of higher than usual levels of testosterone at a younger age, the only significant difference in sexual behavior from controls was an increased level of sexual initiative. The authors concluded that increased sexual initiative may be related to increased levels of testosterone in the blood (Gorzynski & Katz, 1977).

Some women on birth control medications report a decrease in sexual desire. In one study of 8 women using birth control pills, all of them had below normal levels of free serum testosterone (Chernick, 1990). Oral contraceptive users do not evidence the same ups and downs of moods and of sexual interest compared to nonusers (Warner & Bancroft, 1988).

Sexual desire does not seem to be affected by the cessation of menstruation in postmenopausal women (Koster & Garde, 1993) or in perimenopausal women (Cutler, Garcia, & McCoy, 1987). Perhaps this is because postmenopausal ovaries continue to secrete testosterone according to Kaplan (1993) and others ("After Hysterectomy", 1995). When sexual behavior is reported to decline after menopause, it often appears to be related to discomfort caused by less lubrication, muscle shrinkage, and lack of available partners, rather than lack of spontaneous desire.

Although abnormally low levels of testosterone have been demonstrated to result in lowered sexual desire, normal levels of testosterone in women do not guarantee that sexual desire will be experienced. In a study by Schreiner-Engel, Schiavi, White, and Ghizzani (1989), women who were diagnosed as having hypoactive sexual desire disorder, (a severe and persistent lack of desire), differed in no significant way hormonally from women who were sexually motivated. All of the women with desire disorders had normal

levels of testosterone as well as estradiol (estrogen), progesterone, and prolactin, and had hormone levels that fluctuated normally across the phases of the menstrual cycle. A similar study by Stuart, Hammond, and Pett (1987) also found no differences. Kaplan (1993) also notes that the majority of desire disorders in women are not related to hormonal deficiencies.

In summation, it appears that testosterone is a necessary but not sufficient precondition for normal experiences of sexual desire. In the rare cases involving oophorectomies, chemotherapy, and removal or impairment of the adrenal glands, the administration of testosterone is likely to restore sexual desire to levels prior to the deficit. However, for the majority of the women who complain of little or no sexual desire it is most likely that their testosterone levels are normal.

It was not possible to perform hormonal testing for this study. Participants were screened for medical conditions associated with hormone

deficiencies. Since hormonal imbalances affecting sexual desire are rare and known variables are screened for, it was assumed that the physiological preconditions for experiencing sexual desire were present for the participants in this study.

### The Menstrual Cycle and Sexual Desire

Numerous studies have been done on the menstrual cycle, sexual arousal, sexual desire, and hormone levels. The results are unclear, as many studies do not distinguish between sexual arousal and desire, nor do many of the participants. Yet most of the studies rely on subjective reports of arousal. It is difficult to tell from the studies whether a participant who says she feels more aroused during a phase in her cycle is referring to physiological arousal or sexual desire or both.

In any case, if testosterone is the necessary precondition for sexual desire, than it would make sense that desire would be felt most strongly during

the phases of the cycle when testosterone levels are the highest, and that the intensity of the desire would be affected by the amount of testosterone present. Testosterone peaks at the middle, or ovulatory stage of the menstrual cycle. For the majority of women, most of the time, their sexual desire also peaks then as well, according to a study of over 22,000 menstrual cycles tracked by over 1000 women in five countries (Stanislaw & Rice, 1988).

Jarvis and McCabe (1991) found that self reports of sexual arousal were highest for subjects who were ovulating and lowest for premenstrual subjects.

Another study by Luschen and Pierce (1972) also found that sexual arousal was subjectively rated higher during ovulation than during premenstruation, and the same was also found for the affective mood of affiliation.

This latter result is quite interesting. What is being reported as subjective arousal may actually be better described as sexual desire because it is concomitant with a desire to be closer to others

emotionally, whereas arousal is primarily physiological. Testosterone appears to be related both to sexual desire and friendliness. Recent research indicates that this hormone is correlated with positive feelings of well being, a zest for life, friendliness and desire for connection with others (Angier, 1995).

Although some studies provide contradictory findings about the correlation between the menstrual cycle and sexual desire/arousal, this could be due to effects of participants' knowledge of study purpose, cultural beliefs, or fears of pregnancy. For example, one study compared results from participants who were unaware of the purposes of the study (they were told it was about biological rhythms) with those who were aware, and found different and opposite reports (Englander-Golden, Chang, Whitmore, & Dienstbier, 1980). The unaware group reported lower levels of arousal during the luteal phase (days following ovulation but prior to the week before menstruation) and higher sexual arousal during ovulation,

premenstrual, (a day or two before) and late menstrual days, while the aware group reported the opposite.

These last results strengthen the evidence for a hormonal influence on sexual desire. In the unaware condition there appeared to be a relationship between testosterone peaks and peaks in sexual desire. At the same time, these same results also strengthen the evidence for the effects of cultural and psychological factors. In the aware condition, sexual arousal was reported to be experienced differently. As mentioned earlier, selective attention changes perceptions of sexual desire and arousal.

Further support for the point that arousal and desire are different can be found in studies indicating that women who are not on the pill have been found to become just as easily aroused in response to external erotic stimuli at any point in the menstrual cycle using objective and subjective measures (Schreiner-Engel, Schiavi, Smith, & White, 1981; Meuwissen & Over, 1992; Laessle, Tuschl, Reinhard, Schweiger, & Pirke, 1990) - as well as

subjective measures alone (Abramson, Repczynski, & Merrill, 1976). At the same time, most studies have found that women report ebbs and flows of spontaneous sexual desire relating to different phases of the cycle. Thus, the physiological capacity to become aroused by external stimuli seems to be a constant, whereas spontaneously occurring sexual desire seems to fluctuate. Women are more likely to be interested in sex when they are fertile, yet are capable of arousal when they are not.

The effects of the quantity of hormones on sexual desire warrants further investigation.

Schreiner-Engel, Smith, and White (1981) found that although menstrual cycles have similar patterns of peaks and troughs of hormones across the phases, the actual measurable amount of hormones varies considerably from woman to woman. However, they did not discuss whether this had an effect on intensity of desire. Few studies have looked at desire along this dimension. One study by Morris (1987) found that higher levels of testosterone at mid-cycle are related

to higher levels of sexual activity and satisfaction.

There is much about neurological and chemical influences on sexual desire that remains to be studied. For example, although studies indicate that some women experience a rise in sexual desire right before their menses, there is no rise in testosterone at this point. One possible explanation is that there is more blood pooled in the vagina at this time, accompanied by a sense of fullness which may lead to sexual arousal, and subsequently, sexual desire. My own hypothetical explanation for premenstrual sexual desire is that there is a chemical and biological basis for this phenomenon. Oxytocin, which is released during orgasm, also plays a role in stimulating uterine contractions and thus, might help the onset of menses. In fact, several women have reported that they will begin menstruating during or soon after intercourse if it occurs around that time. However, if there is a hormonal trigger for premenstrual desire it is unknown at this time.

Studies of menstrual cycles indicate that while

the majority of women experience sexual desire more intensely during ovulation, a substantial number do not, and even those who do, may not experience this peak every cycle. Whether this is due to fluctuations of hormones from cycle to cycle, from the varying level of hormones found in different women, or from other factors, such as fear of pregnancy, lack of interest in sex, marital conflicts and so on, is unknown. What is known is that having normal levels of testosterone does not ensure that a particular woman will experience sexual desire at all.

Perhaps the best way to sum it up is to say that in cases where there are little or no psychological conflicts, medical problems, or situational obstacles, there is a tendency for an increase in sexual desire around the time of ovulation. However, in cases where psychological or social motivation is low or high, the influences of hormones are overridden, or not as easily recognized. If all other variables were to remain constant, including psychological and physical health, major life experiences regarding sex and

relationships, current life situations, cultural upbringing and current social atmosphere about sex, only then could we say that the different degrees of intensity of desire may be attributed to biological factors. In the real world where these things are rarely constant, we can only say that the differences in intensity and frequency of sexual desire may be partly related to hormonal factors, and partly related to several other individual and social variables.

The presence of testosterone is a necessary precondition of sexual desire, and one that has affects on motivation if and only if the individual is programmed, so to speak, to receive those messages. The individual who is more affected by psychological conflicts and problems about sex will not be aware of desire any more than the anorectic will be aware of feeling hungry. Both of these conditions, anorexia and hypoactive sexual desire, are examples of how psychological processes can override evolutionary strivings, in the one case for survival and in the other for intimate attachment to others and/or

reproduction. The same holds true for compulsive eaters and lovers, whose psychological motivations exceed their biological ones.

Disorders of desire usually involve the overriding of biologically based sexual desire because of psychosexual disturbances, intrapsychic conflicts, and/or disturbances in interpersonal relationships.

#### The nature versus nurture debate

It is also important to keep in mind that hormone levels, which affect physiological development, are themselves affected by environmental factors such as stress, and prenatal conditions. Recent developments in field endocrinology demonstrate that hormone levels are determined by environmental factors and not just genetics (Angier, 1994a). Several studies show that animals receive varying amounts of testosterone prenatally, depending on fetal position and birth order.

Thus, to say something is chemical does not imply

that it is genetically inherited. One must separate an innate, inherited, evolutionary predisposition to reproduce, from hormones and chemicals. The social/interpersonal environment has effects on the production of chemicals in the body. For example, recent studies (DeAngelis, 1995) have shown that abused girls may develop chemical imbalances as well as other developmental differences as a result of repeated abuse. The interplay between bodies and minds in the human is a complex one about which relatively little is known. The more we know, the more we are recognizing the difficulty of separating the mind from the body.

Finally, it is important to recognize, as did many at a 1994 conference on "Evolutionary Biology and Feminism", that biological predisposition is not the same as biological destiny (Angier, 1994b). Even if there is an innate drive to sexually reproduce, which is strongly influenced by genetic predisposition and hormonal influences on development, the human mind is capable of overriding these impulses, through

learning, experience, conscious decision-making, and unconscious conflict. We are not totally free from our evolutionary heritage, nor are we completely bound by it.

### The Cultural Aspects of Sexual Desire

Sexual desire is in part a social construction. Culture - the expression of ideas, emotions, manners, habits, taboos, skills, arts, leisure, and entertainment of a group of people who share a common social identity - is embedded with values about the appropriate behavior for a wide variety of human interactions, including sexual and romantic relationships. Because of the complexity of modern society, many people belong to more than one subculture in addition to the dominant culture of their given society. Both the dominant culture as well as the numerous subcultures are constantly interacting and undergoing change. Thus, at any given point in time, a person's ideas about sexual

relationships will depend on her/his response to the dominant cultural ideas, as well as to the ideas of the various subcultures that she/he identifies with.

Cultural and religious ideologies can influence whether sexual desire is considered a positive or a negative aspect of one's identity, the relative importance assigned to desire, the freedom to express desire, to whom, and in what context, and the freedom to refuse another's sexual desire (Irvine, 1990). It is important for research on sexual desire to take into account the cultural influences upon the research process, including the researcher, the participants, and the approach to the topic in the first place.

There are three relevant points in the literature covering the cultural construction of sexual desire: 1) Sexual desire is in part learned; 2) Sexual desire is redefined in different historical and social epochs; and 3) Sexual desire is affected by power relationships. By power, I am referring to the organization of social hierarchies based on the dominant cultural values regarding financial status,

type of employment, race, ethnicity, gender, and sexuality.

The first point is that gender, desire, sensuality, and sexual identity are learned. The sociologists Gagnon and Simon (1973) describe the process through which this takes place as "scripting". According to this theory, scripts are developed during early childhood and adolescence that are used by individuals to guide them through sexual situations. Scripts can be: 1) cultural scenarios, based on collective meanings; 2) interpersonal - the application of specific cultural scenarios by a specific individual in a specific situation, and 3) intrapsychic - the integration of desires as experienced by the individual.

This theory is not meant to be understood as stating that there is a "true" self which exists beneath the various social roles, but rather, that the individual is a product of the interaction of cultural, interpersonal, and intrapsychic factors. In a historical study of the field of sexology, Irvine

(1990) notes that a theory of sexual desire must take into account anatomy, history, economic systems, ideologies of sexuality and gender as well as race and ethnicity. Irvine perceives the individual as interacting in complex ways with society in shaping an internal experience of sexual desire.

The second point is that sexual scripts are rewritten in different historical times. In fact, whether one even recognizes and names one's own inner state and sensations as sexual desire in the first place is in part a result of cultural influence. For example, in a major study of Danish women born in 1910, 1936, and 1958, (Lunde, Larsen, Fog, & Garde, 1991) major differences were noted in terms of what age the women were when sexual desire was first recognized, which was reported at age 21, 27, and 15 respectively. Similar differences were found with respect to the percentage of women in each group who experienced spontaneous desire: 72%, 67% and 95%, and desire after stimulation: 84%, 88%, and 98%. The researchers were particularly struck by "the influence

of time and morals on women's willingness to recognize sexual desire" (Lunde et al., p. 115).

The third point is that sexual desire is linked to issues of power. Foucault (1980; 1986) and Laqueur (1990) both demonstrate how sexual desire from the ancient Greeks to the present has been linked to issues of power in society. In ancient Greece, it was considered natural for men to desire sex with social inferiors such as women, children, and male slaves, but unnatural with social equals - men of equivalent social status.

Clara Thompson (1950) pointed out that it was socially acceptable in her time for men to insist on their sexual rights whenever they desired, that the female sexual drive was considered less pressing and less important than males', and that the female sexual organs were considered inferior to males'. Thus, sexual relations are imbedded in power relations, and sexual desire and even sexual anatomy are defined by those with the most power in the sexual arena.

One contemporary sex educator (Cairns, 1990)

describes how men control sexual expression in a male dominated society, where "sexual activity simultaneously threatens a woman's moral character and mens' property rights" (p. 4). Women in most contemporary societies have traditionally been viewed as the property of men. In addition, if women engaged in extramarital sex, men would be unsure of the paternity of their offspring, threatening the European tradition of primogeniture - passing wealth and power to their eldest sons.

The "double standard" is still a blueprint for sexual power relations in most contemporary societies. According to this model, women are supposed to "save" their virginity for their husbands to take, while men are encouraged to have numerous sexual relations before marriage. Men are defined as promiscuous by nature. Women are considered moral and good if they abdicate their sexual desire in favor of a pure, virginal life until submitting to their husbands' desires. Sexual women are considered desirable but dangerous. Sexual mothers are perceived as selfish

and uncaring for their children. Women who have been victims of sexual violence have often been blamed as evil seducers of helpless men who can't control their natural drives.

Women are not the only ones to suffer under the double standard however. A man may experience uncomfortable feelings of pressure to be the more experienced lover who knows how to bring his partner pleasure. Women often reinforce this with their own expectations, and discomfort with sexual assertiveness. A man may also be uneasy with the role expectation to be the more assertive one in initiating a sexual relationship. Both men and women share responsibility for reinforcing and continuing these expectations and behavioral standards, and both get some benefits from this system of double standards. Men can avoid responsibility for adultery and aggressive sexual behavior. Men can also avoid having to express more vulnerable emotions such as their own desires for love, caring and affection. Women can avoid responsibility for expressing their sexual

feelings and making sure their needs are met. Women can also take advantage of being placed on a pedestal as the more delicate, morally pure of the two sexes, expecting certain treatment and privileges as a result.

Gender polarization, where men are considered to be more rational, impersonal, autonomous, and in control of their emotions, and women are considered closer to nature, emotional, less rational, absorbed by their own physical experiences, dependent, and so on, have been developed in a context of male hierarchy, and thus imply value judgements of superiority/inferiority. Lingering power inequities between men and women can lead to harboring resentments and anger, which can in turn lead to a dampening of sexual desire. Unequal power relations prevent a woman (or potentially a man as well) from developing a sense of sexual agency, a sense of herself as a sexual subject, with desires and pleasures of her own, as well as the right to refuse unwanted sex.

Without the awareness of the impact of power inequities on sex, many sex therapists find themselves in the position of trying to "cure" people of problems that the medical profession has defined, rather than examining the power inequities that have become internalized and interfere with sexual relationships.

For example, sex therapist Bass (1985) believes that low desire is a mythical construct, and that desire flourishes once the "conditions for good sex" are found and implemented. Cairns (1990) found that in her experience as a sex therapist and marriage counselor, the problems couples were having were often related to social constructs about what it means to be a man or a woman. Based on the gender polarities mentioned above, a man was believed to be more in control over his emotions and his body, with the safe emotions to express being anger, jealousy, and genitally focused sexual desire. Women were seen as more emotional, less entitled to expressing anger, and more dependent on love and security. As a result of internalizing these "social scripts" as Gagnon and

Simon refer to them, relationships sometimes flounder because men are less able to express their feelings and be intimate except through sex. Cairns refers to this as the "No sex, no love" position, whereas women tend to take a "No love, no sex" position. For Cairns, conditions for good sex include loving relationships of true equality, trust, openness, and intimacy.

#### Contemporary culture and sexual desire

Gagnon and Simon, who studied adolescents in the 1960's and 1970's, found that "The appropriate language of female sexuality in adolescence is not the language of repression, but the language of the absence of learning." (p. 181) This is still true today, according to current research on adolescent women (Tolman, 1994). Young women are still taught in sex education classes to be the gatekeepers who "just say no" to boys' desire for sex, without any acknowledgement of their own sexual desire (Fine,

1988). Tolman (1994) notes that female adolescents in the 90's are still not given a language of expression for their own sexual desires and there is almost no research on the topic. Tolman states that sexual behavior by young women is often considered as psychopathological "acting out" rather than an expression of spontaneous sexual desire.

The current social climate, while understandably expressing concerns about AIDS and teenage pregnancy, has, unfortunately, held young women as the ones most responsible for these problems, concurrently neglecting young women's needs for a sense of sexual agency, worth, pleasure, and mastery. The double standard still exists - for boys, sexual desire is seen as an immutable and constant force that is inextricably linked to their self identity, whereas for girls, sexual desire is considered more malleable and less important to their self identity and self worth.

If adolescent women are not given recognition of and language for desire, how are adult women supposed

to accomplish this task? Although adult married women may have more language and permission for the expression of sexual desire than they had as adolescents, they are still presented with a culture that clings to the sexual double standard. This is especially true if the woman happens to be a mother. The ideal of motherhood is traditionally defined as a form of sublimated, asexual gratification (Oberman, 1996).

Contemporary American society presents mixed messages about gender roles in relation to sexual desire. For example, sexually assertive women are often portrayed as bad and dangerous in contemporary films. Yet at the same time, women's magazines devote much space to the pursuit of sexual happiness and fulfillment. The use of women as sexual objects in beauty pageants, pornography, and advertising, is now looked down upon by many as politically incorrect, but it leaves open the question of how a woman is expected to express her sexual desire as a subject. In the context of concern about rape, abuse, AIDS, and sexual

exploitation, how can a woman enjoy expressing sexual desire without sexual or social/political guilt? Yet at the same time, in a context where sexual pleasure is highly valued, how can a woman experience an absence of sexual desire without feeling that there is something wrong with her? Perhaps the best way to describe the social-sexual climate influencing the women of this current study is to say it is ambivalent and contradictory.

### Sexual Desire and Psychopathology

One of the ways to determine whether sexual desire is connected to other issues of mental health is to test and compare women who have little or no sexual desire with women who have "normal" desire. The research to date indicates that there are no significant differences between the two groups regarding the frequency of major psychopathology.

Stuart, Hammond and Pett (1986; 1987), using the MMPI (Minnesota Multiphasic Personality Inventory, a

diagnostic tool used by clinicians to assess psychological disturbance), found no evidence of full blown psychological disturbances in either their group of 59 married women who complained of inhibited sexual desire, or in the 31 married women who expressed normal sexual desire. They also examined hormone levels, age, educational background, income, and religious preference; none of which made a significant impact.

In a study conducted by Munjack and Staples (1976) which also used the MMPI as well as three other tests [the Institute for Personality and Ability Testing - Self-Evaluation form (IPAT), the Symptom Check List, and the Eysenck Personality Inventory] no significant differences were found in terms of mental health when they compared 70 women who complained of either frigidity or "generalized sexual inhibition" with a control group of 35 normal college sophomores, except for the fact that the normals were less depressed. When compared to a clinical group consisting of 65 outpatient clients with mixed

diagnoses, and 53 neurotics, the group of sexually inhibited women evidenced less neurosis.

Both studies mentioned above conclude that women with sexual inhibitions or lack of sexual desire will not be found to be different from normal women on global tests of psychological functioning, with the exception of depression.

Derogatis, Meyer, and King (1981), using the SCL-90, a symptom self report inventory, found higher levels of depression among women with inhibited sexual orgasm, or frigidity. Gupton, Robertson, Kral, and Sharma (1991), also found, using the MMPI, that in 45 women with a variety of sexual disorders (including 26 with inhibited sexual desire), as well as in a new study of 12 women, (3 with hypoactive sexual desire disorder), there were higher rates of depression, low mood, and/or psychological distress compared to controls.

A study looking specifically at sexual desire was conducted by Schreiner-Engel and Schiavi (1986). They investigated a sample of 46 married subjects with a

primary DSM-III diagnosis of inhibited sexual desire (ISD). These 22 men and 24 women were compared to a control group who had no sexual dysfunctions and were matched in age, relationship status, and duration. The two groups were compared using the SCL-90-R (a symptom checklist that can be used to measure pathology), a clinical interview, and the Schedule for Affective Disorders and Schizophrenia-Lifetime Version (SADS-L, a structured interview on current psychological functioning, as well as lifetime mental status).

Once again, the ISD subjects had basically normal psychological profiles at the time of the interview. And there were no differences between the ISD group and controls regarding personality or anxiety disorders. However, more ISD subjects than controls had significantly elevated lifetime histories of affective disorders, usually depression. In addition, the depressive disorder almost always coincided with or preceded the onset of the ISD.

The authors concluded that there may be a common

etiology for depression and ISD, possibly a neuroendocrinological imbalance. They noted that women with ISD were found to have higher rates of premenstrual syndrome (PMS), which is also related to rates of depression. In addition, although a loss in desire is often a symptom of depression, many of the ISD subjects did not report a recent or current depression at the time of the study. Thus, the authors suggest that ISD is not simply a symptom of depression, but a problem rooted in the same history. Yet when they did a subsequent study (Schreiner-Engel, et al., 1989), they found no hormonal differences between HSD and normal desire groups.

Finally, while it may be true that the depression and desire disorders have a common etiology in a chemical imbalance, it may also be that this chemical imbalance is itself a result of childhood abuse (DeAngelis, 1995). Childhood abuse appears to affect the chemical balance in the body as a result of unusually high and repeated exposures to stress related chemicals released during the abuse. The

studies mentioned above did not indicate whether subjects were screened for sexual abuse.

It is interesting to note that both depression and ISD reflect an inability, or unwillingness to experience pleasure. Whether this is a result of a neuroendocrinological imbalance as Schreiner-Engel hypothesizes, or a deep seated intrapsychic conflict such as unresolved oedipal guilt, as Kaplan (1979) suggests, is unknown based on the research described above.

Depression is perhaps too broad a category for understanding ISD. Depression is a constellation of symptoms - cognitive and emotional experiences of the self - whose roots may be numerous. For example, the fear of depending on others who may prove to be unreliable or rejecting is considered to be a factor in depression (Mollon & Parry, 1984). And as we shall see later, the fear of dependency is also associated with problems of sexual desire.

It might prove clinically useful to understand which of the many variables involved in depression are

most related to problems in sexual desire. For example, in a study of psychopathology and sexual desire disorders, Gupton et al. (1991) noted that of their 45 subjects, 26 had elevated scales in subcategories of the MMPI, in the rank order of 24867. Scale number two indicates a subjective feeling of depression. Number four describes "a sense of alienation from others, a difficulty in being emotionally intimate with another person" (p. 45). This finding lends some support to the idea that sexual desire can be in part the desire for emotional intimacy with another person and that problems with intimacy may result in problems of desire.

### Pre-oedipal Issues and Sexual Desire

The possibility of merging with another person sexually and emotionally may bring up unresolved conflicts and needs from infancy and childhood, when one's mother or care giver may have been neglectful, or overly controlling, or both. In order for the

infant to develop a healthy sense of self and other, there must be a sufficiently good relationship between infant and care giver (Bowlby, 1969; Mahler, Pine, & Bergman, 1975; Winnicott, 1965).

The importance of developing a secure early relationship has been characterized by Erikson (1950, 1963) as the development of "basic trust", by Mahler (1975) as "separation-individuation", by Winnicott (1965) as "good enough" mothering that provides what he calls a "holding environment", by Kernberg (1974a; 1974b; 1977) as the development of an "integrated self concept" as well as an "integrated conceptualization of others", and by Bowlby (1969; 1973; 1979; 1980) as "attachment".

In the first few months and years of life if there is "good enough" mothering and a secure attachment forms, the infant will develop a positive view of herself and the capacity to enjoy mutually shared activities with others. If all goes well, the infant will experience herself as being recognized for who she is by an other who is recognized eventually by

the infant as a separate person. This secure relationship promotes a sense of trust in others and in the world as a safe reliable place. Thus, the child is able to develop a sense of pleasure in her capacity for discovery, mastery, and agency in the world and in relation to others. Inevitable experiences of frustration and anger coming from the self and coming from the other, will be able to be integrated into a whole, complete picture of self and of other.

Many scientific observations of children have noted that the ability of the infant/toddler to explore the world of objects, beginning with their own bodies and moving on to exploring others and the world at large, are directly related to the quality of the attachment between the care giver and the child (Mahler, et al., 1975; Roiphe & Galenson, 1981; Spitz, 1949; Stern, 1985). These findings have implications for the emergence of sexual desire and behavior.

When the care giver is extremely inconsistent and unreliable, or emotionally unavailable, treating the

child with outbursts of rage and/or neglect, the infant may withdraw into herself. In extreme cases the infant will become developmentally delayed mentally, emotionally, physically, and sexually.

An early observational study of infants by Spitz (1949) found that in severe cases, the children's only autoerotic activity was to rock back and forth. In cases where the maternal relationship was good, the children were observed engaging in self genital stimulation. In fact, the better the emotional relationship with mother, the more genital stimulation the infant engaged in, thus indicating that the desire for genital pleasure may in part be a direct result of the quality of the psychological relationship between care giver and infant. Spitz noted that this was not simply a matter of physical handling, because in infants who were physically handled a great deal but did not have a secure relationship with a primary care giver, the same lack of genital self stimulation ensued.

In cases of poor, inconsistent mothering, there

develops a lack of trust in others that Erikson described (1950, 1963), as well as a sense of shame about the self (Mollon, 1984; Mollon & Parry, 1984), which makes it difficult to open oneself up to vulnerability and intimacy with another person. Shame can inhibit sexual desire because one feels unlovable, unattractive, and unworthy in the eyes of an other (Mollon, 1984). To feel vulnerable and needy of another's attention can be threatening to someone who is quite unsure whether the other person will come through, and/or is also unsure whether she or he really deserves it. Thus, it is to protect oneself from anxiety and fear that sexual desire is either split off from love and intimacy, repressed, or dissociated altogether (Firestone, 1985; Radin, 1989). In cases of extreme narcissism with a pronounced inability to trust, the prognosis for developing the ability to enjoy sexual desire within a loving relationship is considered poor (Kaplan, 1979; Kernberg, 1974a; Kernberg, 1974b).

### Sexual desire and dependency

A poor early childhood, (as well as later experiences) in which significant others are experienced as hostile, unreliable, or controlling, can lead to fears of dependency on others. Although the following studies are not directly related to sexual desire in women (one is about orgasm problems and the other involves men) they suggest connections between dependency and sexual desire.

In a study of frigidity by Fisher (1973), the only factor found to be predictive of a lack of orgasm consistency was a subjective feeling that love objects are not dependable. Fisher speculates that perhaps this fear of loss results in a need to maintain control over the love act, shying away from the loss of boundaries that may occur during intense sexual pleasure, and thus creating difficulty in releasing into orgasm.

Langer (1951, translated 1992) describes both the woman who refuses intercourse (which might be

diagnosed today as a lack of desire), and the woman who accepts it but is anorgasmic, as having similar dynamics - either fearing a loss of control in orgasm, or else fearing dependency on the other who is unconsciously seen as hostile or frustrating. In Langer's view, the unwilling or frigid woman, by negating her own pleasure, is able to observe her partner coldly and achieve control over the situation in that way.

In a study by Apt, Hurlbert, and Powell (1993) of 21 married men, those with the lowest sexual desire were found to have the highest level of emotional reliance on others, suggesting that a high amount of interpersonal dependency could be related to low sexual desire in men. Dependency may inhibit sexual desire in both men and women, for fear that making sexual demands upon the other will result in loss of love.

Insecurities about the self and/or fear of dependency prevent some people from enjoying their own sexual desire in relation to a loved partner.

Goldbart and Wallin (1994) describe the "merger wary" as those who protect themselves by control and withdrawal, and the "merger hungry" as those who feel safer when merging and connected, but risk losing themselves in the process.

The merger hungry risk not only losing a sense of themselves, but also their sexual desire, if they become overly merged with the other. This is because the merger hungry may focus on the others' needs to the exclusion of their own. In addition, Nichols (1988) notes that lesbian couples have the lowest rates of sexual desire and activity than any other type of couple. She suggests that this is, in part, due to a tendency to lose the sense of difference and boundaries that are sexually exciting.

Horney (1936) describes how the fear of dependency leads some people to withdraw from sex and relationships, while on the other hand, overly dependent people overvalue sex and relationships to the exclusion of all other activities that might contribute to self worth, such as artistic or

intellectual pursuits. Thus, an upset in the intersubjective balance between sense of self and other, can lead to an upset in the balance of sexual desire relative to other aspects of human social existence.

### Sexual Desire and Attachment Theory

One of the promising fields for understanding psychological aspects of sexual desire is attachment theory. In research conducted by Shaver (1994) and Hazan and Shaver (1987) utilizing attachment theory, securely attached adults were found to be much more comfortable exploring sexual and erotic activities.

Stated briefly, attachment theory was developed by John Bowlby, (1969; 1973; 1979; 1980) who believed that humans have an innate striving from birth to develop a secure, trusting, emotional attachment to another person. Bowlby posited that attachment is a system required for evolutionary and biological survival. In the absence of a good enough

relationship, the infant will develop mild to severe psychological disturbances which if severe enough, result in a failure to thrive physically and mentally, even to the point of death in some cases.

Ainsworth, Blehar, Waters, and Wall (1978), followed Bowlby's lead and delineated three types of attachment styles: secure, anxious/ambivalent, and avoidant. These styles develop out of the quality of interaction between the mother or main care giver and the infant and can be measured by observing toddlers' reactions when separated briefly from mother in a "strange situation."

Briefly, during the "strange situation" if there is a secure relationship with the mother, the toddler is able to explore the world confidently when she is gone, is able to trust others in her absence and yet will still show relief and pleasure when reunited with her. An anxious/ambivalent relationship is one where the infant is less able to explore the world, is preoccupied with where mother is, protests loudly and becomes depressed whenever mother leaves, and seems

relieved, yet angry and aggressive, upon her return. The avoidant style is characterized by a detached response to mother's comings and goings.

Research by Hazan and Shaver (1987), and by Shaver, Issan, Zeifman, and Middleton (as reported at the 1994 American Psychological Association convention by Shaver), applied the concepts of attachment to adult romantic relationships, finding strong correlations between the three styles and aspects of love, relationships, and sex. In terms of sexual behavior, securely attached individuals are less likely to engage in one night stands, more likely to enjoy a healthy exploration of sex within the context of a caring relationship, enjoy oral sex, and if women, they are more likely to masturbate. Avoidant individuals are most likely to have one night stands, engage in sex without love, engage in sex outside of their primary relationships, tend to fantasize about someone other than the partner they are with, and are generally less able to achieve close intimacy with a partner. The anxious/ambivalent types, if women, are

more likely to have engaged in exhibitionism, voyeurism, domination or bondage, and if men are less likely to have done these things, being more sexually reticent in general, although engaging in masturbation.

In terms of pleasure or enjoyment in sex, the groups also divide. The secure types find that greater enjoyment of sex goes hand in hand with greater attachment in a relationship and enjoy mutual gazing, cuddling, caressing, holding, nuzzling, and having one's genitals stimulated. The avoidant types report less enjoyment of all physical contact mentioned, including affection, which seems connected to the fact that mothers of avoidant infants dislike close physical contact with their babies. The anxious/ambivalent types are associated positively with physical affection such as hand holding, mutual gazing and caressing, but not consistently with more sexual behaviors, and are negatively associated with oral sex.

The researchers also found that secure types

initiated physical or sexual contact with equal pleasure and reported that their contacts were mutually initiated. Avoidant types initiated fewer contacts than they received. Anxious/ambivalent types initiated more than they received.

In summation, an avoidant type of person has less psychological intimacy, is less sensitive, empathic, and willing to take a caregiving role in a relationship, and explores sex without physical affection or commitment. The anxious/ambivalent types will initiate sexual encounters but tend to enjoy sex more for the closeness and intimacy rather than for sexual pleasure per se, and can be intrusive and overbearing in their efforts to take care of their partners and achieve psychological intimacy. The secure type enjoys both physical and psychological intimacy, offers sensitive and cooperative care giving, and enjoys sexual exploration within the context of a continuing mutual relationship.

### Assertiveness and Sexual Desire

A few studies have linked women's assertiveness with greater subjective sexual desire. Hurlbert (1991) found in a non clinical sample of 129 married women aged 18 to 31, that the women who were rated as more sexually assertive (using a scale that measured such items as ability to communicate one's sexual desires, feelings, likes and dislikes to one's partner, initiate a sexual encounter, feel comfortable with masturbation) had higher rates of orgasms, sexual satisfaction, sexual desire and marital happiness. A study by Newcomb (1984) found that social assertiveness in general significantly predicted sexual responsiveness, suggesting that assertiveness as a personality characteristic is a variable in the capacity for receiving or achieving sexual pleasure.

Finally, Hurlbert, Apt, and Rabehl (1993) found that for married women, sexual assertiveness, erotophilia (enjoyment of erotica and erotic activities), and relationship closeness were the best

predictors of sexual satisfaction compared to a woman's frequency of sexual activity, number of orgasms, capacity for sexual arousal, or how much she desired the sexual activity.

### Sexual Desire and Personality

At a 1994 American Psychological Association conference, Anderson and Cyranowski reported on their study of women's sexual self schema which investigated personality traits most commonly associated with a "sexual woman". In this study, women with a positive sexual self schema viewed themselves as emotionally romantic or passionate, open to romantic and sexual relationships and experiences, liberal in their sexual attitudes, and generally free of such social inhibitions as self-consciousness or embarrassment. Positive schema women "tend to evaluate various sexual experiences more positively, report higher levels of arousability across sexual experiences, and are more willing to engage in uncommitted sexual relations"

(Anderson and Cyranowski, 1995, p. 36, in press, from manuscript with permission by the authors). At the same time however, the authors note that the positive schema women are capable of intimacy, reporting histories of romantic ties, whereas the negative schema women "tend to describe themselves as relatively emotionally cold or unromantic, and, by their own admission, they are behaviorally inhibited in their sexual and romantic relationships" (p. 36, in press).

Thus, Anderson and Cyranowski (1995) note that their results add further support to the work of Hazan and Shaver (1987) on attachment styles and romantic relationships (discussed above). Although they have not completed their analysis, Anderson and Cyranowski (1995, in press) have found so far that the positive schema women of their study were "more apt to characterize themselves as *secure* in their attachment style (i.e. friendly and likeable and seeing others as trustworthy), whereas negative sexual schema women are *avoidant* in attachment style (i.e. aloof and skeptical

of others or overly eager to commit themselves to relationships)" (Anderson and Cyranowski, 1995, p. 43-44, in press).

### Clinical Implications of Sexual Desire Disorders

The experience of sexual desire can be so threatening and painful for some people that it causes them to shut down all desire and choose instead to live what Ehrenberg (1992) describes as a "living death". A life without desire is quite like death, according to many of Ehrenberg's clients. Some of her clients attempt to feel alive by engaging in sex compulsively in the hope that desire will be awakened and the self will spring back to life. Unfortunately this backfires because the fear of dependency cripples the ability to become fully romantically involved with any one person, and the self is left feeling alienated and isolated once again. In these cases the person may become involved in a compulsively driven need to conquer and abandon new love objects repeatedly.

Thus, for a person with a secure sense of self-in-relation to others, sexual desire can be a life affirming push towards connection with another person and expression of one's individual capacity for pleasure, love, and joy. The need to avoid sexual desire, or overinvest in it compulsively, suggests that there is a lack of self worth and a fear of being truly alive, with all the potential pain and suffering that living a full life entails. To truly be able to love fully one must be able to face the reality of death as well (Schnarch, 1991). For some, it seems safer not to love at all.

### Summation of Literature on Psychopathology and Sexual Desire

The literature on psychopathology and sexual desire indicates that the absence of sexual desire is not associated with major psychological disturbances with the exception of a history of depression. Depression can be related to interpersonal

insecurities and difficulties with intimacy. Some of the psychological issues found in conjunction with lack of desire as well as anorgasmia, seem to involve interpersonal issues of dependency, lack of trust, shame, and reliability of a loved one.

The literature on personality indicates that sexual desire is associated with romantic, direct, open, and assertive personality traits. Again, these are personality characteristics that one would expect to find in people who are generally secure about themselves in relation to other people, and have the interest and capacity to form romantic, loving connections.

The literature on attachment theory underscores the above findings, indicating that the more secure one is in relationships in general, the more likely one will be able to enjoy exploring sexual pleasure in an intimate relationship, and be able to initiate sexual encounters with ease.

This study, which was based partly on the literature above, examined the proposition that

problems of sexual desire that are not organically or situationally based, may be related to intersubjective problems concerning emotional intimacy and autonomy. It was expected that the relationship between intersubjectivity and sexual desire would be found to progress along a continuum - the more difficulties one has with intimacy, the more difficulties one will have with sexual desire, especially in the context of a stable long term relationship.

The other proposition underlying this study, is that sexual desire is shaped, in part, through learning from, and identifying with one's parents.

### Parental Influence in the Development of Sexual Desire

Langer's (Langer, 1951, translated 1992) description of the ideal family situation is apt:

Both parents should give enough affection so that their daughter can accept their sexual relations without too much envy. A strong father, full of tenderness for his little girl, will help

her abandon her mother as a love object and turn femininely toward him. A mother who is happy with her husband will be tempted neither to put all of her dissatisfied love in her daughter, thus overstimulating her, nor to reject her or devalue her for not being a boy, because she herself is content with her femininity. She will permit her daughter to identify with a mother who is affectionate with her children and loving with her husband. (p. 133)

It is through the process of identification with an idealized, all powerful parent, that a child develops a sense of self as the "I who desires" according to Benjamin (1988, p. 107). When a child is fortunate to have parents who are self confident and able to act as agents in the world, the child has the opportunity, through the process of identification, to achieve these same attributes. However, some parents might encourage agency in some spheres, such as work, but not in others, such as sex. Children have the

opportunity to develop multiple identities, for example, developing a sexual identity made up of one set of identifications, and a career identity made up of a different set.

Gender identity formation, which includes how one behaves sexually with others, is assimilated and learned through parents' selective reinforcement of behavior, from imitating one's same sex parent, and by interacting with the opposite sex parent (Lidz, 1967). In addition, both Lidz (1967) and Kleeman (1971) note that psychoanalytic thought tends to focus on the relationship between the child and each individual parent, downplaying the role that the parents' relationship with each other, as well as the overall sexual dynamics among all family members, may have on an individual's sexual identity and desire.

Most of the research on parental identifications and sex has tended to focus on sexual attitudes of parents, and the sexual attitudes and satisfaction of their children. Parental sexual attitudes have been found to predict dating competency and social

assertiveness in women, which in turn predict sexual behavior and responsiveness (Newcomb, 1984). Women whose parents communicated positive messages about sexuality were found to engage in a wider range of sexual behaviors, explore sexual relations earlier, and report more enjoyment and satisfaction with sex (Wyatt & Riederle, 1994).

In a study looking at the effect of sex guilt of parents on the sexual behavior of college students (Abramson, Michalak, & Alling, 1977), it was found that mothers who had the least amount of sex guilt had daughters who were the most sexually experienced women. Paternal sex guilt correlated with lower orgasm rates in both genders. Overall, the sex guilt of the parent was correlated more highly with the sex guilt of the same sex child. This suggests that daughters will be more likely to identify with their mothers' sexual attitudes, feelings, and behaviors, than with their fathers'.

Many psychoanalytic theorists have noted that daughters tend to identify strongly with their

mothers, making the early task of separation from mother a challenging one (Benjamin, 1988; Bernstein, 1993; Chasseguet-Smirgel, 1964; Chodorow, 1978; Gilligan, 1982; Horney, 1922; Horney, 1926a; Horney, 1936; McDougall, 1986). Because girls are not as able as boys to renounce this first relationship with mother in order to achieve a sense of separateness, feminist scholars advocate the idea that women define themselves in connection to others, what Surrey (1991) calls the "self-in-relation". Defining the self in this way may have its downside if other people's needs are always put ahead of one's own. As Bernstein (1993) describes it, "Women tend to be defined and define themselves in terms of their relationships to others. The female is always somebody's object; first she is Mommy's baby doll, than Daddy's darling, later someone's wife, and then someone's mother" (p. 21).

One of the implications of this is that a woman may have trouble enjoying her own sexual desire and pleasure because she is overly focused on the desire and pleasure of her partner. This could be called the

"I want what you want" approach to love and sex. A woman without a subjective sense of self and desire may not easily recognize what she wants. This makes it difficult for her to take responsibility for acknowledging her desire, expressing it, and making sure that it gets fulfilled.

Another possible implication of women's definition of her self-in-relation to others, is that some women may equate sex and sexual desire with love and intimacy (Bernstein, 1993; Horney, 1926b). This can complicate sexual desire in several ways: the desire for love and connection may be the only allowable motivation for sex; the unromantic, technical aspects of sex may be seen as unpleasant and avoided; lack of sexual desire from one's partner may be misinterpreted as lack of love; and conversely, sexual desire and activity may be misinterpreted as proof of love.

Horney (1926b; 1932) believed that because women tend to connect their emotional life with their sexual life, problems in sexual desire might, in some cases,

be related to feelings of hostility towards one's partner or towards men in general. Hostility towards men is something that a daughter might learn from and identify with in her mother's attitudes, or from her parents' relationship.

If daughters tend to identify with their mothers, then whether or not a mother has a strong subjective sense of her own sexual desire will probably effect how her daughter comes to recognize and experience her own sexual desire (Benjamin, 1988). Thus, maternal identification would have a positive effect on a woman's sexual desire, in cases where the mother is perceived as having a positive sexual life, and capable of expressing her own desire.

### The Role of the Father

The father's role in his daughter's development of a sexual sense of self, according to Benjamin (1988) and others (Bernstein, 1993; Chasseguet-Smirgel, 1964; Fast, 1979), is to help the

girl separate from her mother during the crucial stage of rapprochement, around 18 months of age, so that the girl has another parent to turn to and identify with. A father who allows for identification at a young age can give the girl a sense of agency in the world as her own person, including sexual agency, according to Benjamin.

Bernstein (1993) stresses the point that the father must affirm the daughter's femininity while at the same time encouraging identifications with him. The father is seen as an exciting other who plays a large role in shaping the girl's sense of intersubjectivity (self-in-relation to others), as well as her sense of gender identity.

The father should be able to allow the daughter to identify with him without, at the same time, disparaging women in general. The way a father relates to women in general, whether with respect for them as whole people, or simply admiring them as sexual objects, establishes the first model for the daughter of how men view women, and how she herself

may, or may not, wish to be viewed. Secunda (1992) states that the father serves as a model for a future mate.

In addition, the father should be able to give the daughter enough physical affection so that she won't be excessively jealous of his relationship with her mother (Langer, 1951, translated 1992). And, the father should show support and appreciation of his daughter's femininity (Secunda, 1992). Thus, it appears that the father may have significant impact on a daughter's development of a sexual sense of self in relation to others, especially to other men.

Based on the literature above, this study proposes that a daughter's sense of sexual desire would be encouraged by a father who was able to give positive support for his daughter's femininity, encourage identifications with his daughter, and demonstrate a positive sense of his own sexual agency while respecting, and not denigrating women.

### The Parental Relationship

Children are affected not only by the sexual attitudes of both parents individually, but also by the quality of the relationship that the parents have had with each other along the lines of power, affection, sex, and love. It has been found by Stuart, Hammond, and Pett (1987), that women with normal sexual desire perceive their parents' attitudes towards sex, and towards each other, to be more positive than did women with inhibited sexual desire. In a study by Darling and Hicks (1983) positive sexual attitudes were related to a lack of parental restrictive sexual messages, whereas positive sexual satisfaction was related to parental nurturing, affection towards each other, and warmth.

Thus, this study investigated the proposition that a woman's perceptions of her parents' relationship would have an impact on her sexual desire.

Definition of Ownership, Agency, and Intersubjectivity  
of Sexual Desire

Ownership of sexual desire is defined as consisting of four components: acceptance, awareness, emotional expression, and physical expression. Being able to accept one's sexual desire, whether or not one has a little or a lot of it, is considered one aspect of ownership of sexual desire.

Awareness implies the ability to recognize the inner cues of sexual desire, as well as external triggers. An "owner" of sexual desire will also be able to describe fluctuations in her desire, and what factors she attributes those fluctuations to. She might also be aware of inner conflicts regarding her sexual desire. She is more likely to have some degree of awareness of thoughts or behaviors that she is changing or would like to change.

If a woman is accepting and aware of her sexual desire it is expected that she will be able to describe the range of emotions that her desire can

take. Sexual desire can range from a flicker of a thought to a painful craving.

Another aspect of ownership of sexual desire is the ability to express the physical, bodily experience of this feeling. As mentioned earlier, the voice of desire includes what Tolman (1994) calls, a "voice of the body" (p. 398).

Agency of sexual desire is the ability to choose to act (or not act) on one's desire, to express desire to others, and to feel competent at one's ability to do so.

Finally, the last aspect of sexual desire that is explored in this study is intersubjectivity - the capacity to integrate desire into a loving relationship. One of the great pleasures of sexual experience with a loved partner is the sense that one is both separate from one's partner, yet able to merge with the partner in mutual pleasure, love and happiness (Benjamin, 1988; Kernberg, 1974b; Schnarch, 1991). The pleasure comes from that double awareness of both separateness and togetherness, and the

experience of transcendence leaves one feeling more alive and more independent as well as more connected than before. The intersubjective quality of sexual desire is the degree to which a person is capable of expressing desire within the context of a loving, intimate relationship between two autonomous, yet connected partners.

In summation, ownership of sexual desire is defined for the purposes of this study as consisting of the following: the ability to accept one's sexual desire, the ability to be self-aware of one's sexual desire, the ability to experience a full range of sexual desire emotions, and the ability to experience a full range of physical sensations accompanying these feelings. Agency of sexual desire is defined as the ability to express one's desires and achieve what one wants. Intersubjectivity of sexual desire is defined as the ability to integrate sexual desire within the context of a relationship in which both people are felt to be whole.

## Research Questions and Hypotheses

The central issue under investigation is how women achieve a sense of ownership, agency, and intersubjectivity regarding sexual desire. As can be seen from the literature reviewed, sexual desire may be related to biological, cultural, and psychological variables, as well as parental attitudes and behaviors. While acknowledging the role of biology and culture, this study focuses on intersubjective variables: psychological separation from parents and spouse, the capacity for intimacy and interpersonal relatedness, and the perception of, and identification with, parental attitudes and behaviors.

The overriding research questions generating this study are: 1) Assuming a shared cultural background and the necessary biological prerequisites, why does one woman's sexual desire appear more or less conflicted than another's ? 2) What are the optimum ingredients to be found in the family of origin's contribution to the psychosexual development of sexual

desire in women?

Based on the theories and research described in the review of literature, the following questions and hypotheses were generated:

Research question 1: Is women's ownership, agency, and intersubjectivity of sexual desire related to the level of differentiation achieved from parents and/or from spouse?

Research question 2: Is women's ownership, agency, and intersubjectivity of sexual desire related to the level of capacity for interpersonal relatedness?

Research question 3: Is women's ownership, agency, and intersubjectivity of sexual desire related to the perception of parental sex attitudes, and/or sexual life happiness?

Research Question 4: Which, if any, of the independent variables, differentiation from mother, father and/or

spouse, interpersonal relatedness, and/or perception of parental sexual life and attitudes, is the best predictor of women's ownership, agency, and intersubjectivity of sexual desire?

Accordingly, the following hypotheses have been tested:

Hypothesis 1: There will be a positive correlation between women's ownership, agency, and intersubjectivity of sexual desire and the level of differentiation from parents and spouse.

Hypothesis 2: There will be a positive correlation between women's ownership, agency, and intersubjectivity of sexual desire and the capacity for interpersonal relatedness.

Hypothesis 3: There will be a positive correlation between women's ownership, agency, and intersubjectivity of sexual desire and a favorable perception of parental sexual attitudes and sexual life happiness.

A note on researcher bias in this study

It is helpful for sex researchers to be aware of their own biases and values concerning sex and desire. For example, at the APA convention in 1994, psychiatrist, urologist, and feminist writer Leonore Tiefer gave an address (1994) stating that the value of sex for relationships, inner worth, and personal meaning in life, is overinflated. She stated that we don't really know what kind of sexuality is good for women at this point. Tiefer suggests that researchers need to reject what anyone says about what sex is good for, lay aside moralizing, and make more observations and research that is not based on preconceived notions about the meaning and value of sex.

This is tough advice to follow. I have my own feelings about sexual desire which probably influence my research to a degree. My own personal experience, as well as my experience with clients in therapy, is that ownership of sexual desire is an enjoyable experience. It contributes to one's sense of mastery

in the world, and allows for positive intimate relations with another person. When fulfilled, sexual desire can bring into a person's life feelings of joy, happiness, contentment, and a deep, spiritual sense of connection to a loved one and to the beauty of life itself. On the other hand, Tiefer has a good point, which is that sex is not the only tool for achieving these things. There are many ways of achieving mastery, self esteem, a sense of meaning in life, and closeness with others, that are possibly of greater spiritual value than sex. I would also be suspicious about anyone defining sex as "The Meaning of Life", or of self, or even of a relationship.

Although ownership of sexual desire is defined for this study as having an intersubjective component, this should not be taken to imply a moral judgement against either casual sex, or sexual abstention. At certain points in the life span, sexual exploration and/or casual sex may be valuable experiences for a particular individual's development, or it could also just be good fun. Also, there are certainly some

individuals who abstain from sexual relationships for certain time periods in order to focus on other pursuits, such as spiritual enlightenment, without having any underlying interpersonal difficulties. However, for the purposes of this study, being able to integrate sexual desire and love into a committed relationship in which are both people are perceived as complete, whole individuals, is considered an important aspect of adult ownership of sexual desire.

The methodology used in this study was designed to steer clear of cultural and personal biases to the degree possible, while being aware that such biases exist. The primary instrument of investigation was a clinical interview approach that allowed women to express themselves in their own words. The participants were asked to describe what the experience of desire, or lack of desire, means to them. Scores were not based on how much desire they reported having but rather on whether they appeared to have ownership of their desire. The study was constructed to take a "how it feels to you" approach

to the subject rather than a "more is better" or "this much is normal" approach. Besides testing hypotheses about intersubjectivity and sexual desire, the study was also designed to elicit whatever the participants had to say about desire, without judgement.

## Methodology

This study utilized a correlational design to investigate the relationship between sexual desire, differentiation, interpersonal relatedness, and perception of parental sex attitudes and behavior, in a sample of 31 married or cohabiting adult women. A stepwise multiple regression design was employed to determine which of the independent variables: individuation from parents, individuation from spouse, interpersonal relatedness, perception of parental sex attitudes, parent as sexual being, parental sexual relationships, and parental relationships in general, contributed the most to scores on measures of sexual desire. Sexual desire was measured along the dimensions of: self-acceptance, self-awareness, emotional expression, physical expression, agency, and intersubjectivity (the quality of integration of sexual desire within the marriage). The clinical interview was also designed to elicit a phenomenological understanding of various women's

experience of sexual desire.

### Participants

Participants were 31 married/cohabiting women, most of whom resided in small, "artsy" towns in upper New York state, with the exception of two from New York City and one from New Mexico. Half of the sample was recruited through announcements by the researcher at social gatherings and reading groups, and they participated gratis. The other half of the sample were solicited through a local newspaper advertisement "for a study on the psychological development of women" and were paid twenty dollars for their time. Although the newspaper advertisement was purposefully vague to avoid a more biased sample (sex research tends to draw volunteers with sexual problems - Wolchik, Spencer, & Lisi, 1983), all women were informed of the nature of the study and the requirements of participation.

Potential participants were screened out via a brief, verbal interview given over the phone or in

person, for factors associated with possible effects on sexual desire: a history of sexual abuse, trauma, and/or rape, reproductive health problems, major medical disorders, medications, alcoholism, the birth control pill, pregnancy, nursing, menopause, and having an infant under one year of age. Oral contraceptives, pregnancy, and nursing are associated with hormonal and physical changes that could affect sexual desire. Although menopause is not known to affect testosterone levels, physical changes associated with it are sometimes mentioned as affecting desire in some women. Women with children under one year of age often report that they are too exhausted to even think about sex. Nursing an infant releases oxytocin into the bloodstream, which may also affect one's desire for sex. Also, the bodies hormone levels fluctuate before returning to normal levels postpartum.

Several potential participants had to be eliminated based on these requirements. Despite the non-sexual nature of the ad, over a third of potential

participants who responded to the advertisement said that they had been victims of sexual trauma, and were screened out despite their interest in the study. By mistake, one oral contraceptive user was included. However, she insisted that her sexual desire did not seem different than it was prior to use of the medication, and her scores fell within the normal range. One woman was peri-menopausal but denied any changes in her sexual desire.

Participants ranged in age from 28 to 47, with a mean age of 38. At the time of the study, all of the women were in a romantic relationship for at least the past two years so that sexual desire would not be affected by lack of a partner. Half of the sample were married and all lived with their partner with the exception of one unmarried woman who had a two year, ongoing, regularized relationship with a married man, and one woman whose 9 year partner and she both lived with their respective mothers because of what they described as financial necessity and the fact that both their mothers were recently widowed. The length

of time in a relationship ranged from two years to 24 years, with a mean of 9 years. 87 % of the sample had children, with an average of 2 children.

In general, this was a well-educated sample. All of the women had some college or more. Most of the participants had experienced some psychotherapy, ranging from 3 months to three years in duration. Refer to table one below for further demographic information on the sample.

**Table 1**

Demographic Characteristics of the Sample

Characteristics (N = 31)	Range	Mean	Frequency (n)
Age	28 - 47	38	
Years Married	2 - 24	9	
Number of Children	0 - 6	1.7	
Education (n = 29)	some college - Ph.D.	BA/BS	
Some College			8
B.A./B.S.			16
M.A.			2
Ph.D.			3

Table 1 - Continued

Characteristics	Range	Mean	Frequency (n)
<b>Ethnicity (n = 31)</b>			
		European	
European			29
European/Native American			2
<b>Religion (n =30)</b>			
Jewish			11
Catholic			5
Protestant			4
None			4
"Spiritual/Independent"			3
Buddhist			1
Unitarian			1
Agnostic			1
<b>Therapy Duration (n = 30)</b>			
	3 months - 3 years	1 yr.	
Some Therapy			27
No Therapy			3
<b>Occupation (n =31)</b>			
Professional/Teachers			7
Entrepreneurial			6
Service/secretarial/sales			5
Homemakers			5

continued on next page

Table 1 - Continued

Characteristics	Range	Mean	Frequency (n)
Artist			1
Students			2
Part/time, odd jobs			2
Unemployed			3
Type of Recruitment (n =31)			
Personal Request, non-paid			16
Ad respondent, paid			15

### Materials

#### The Rorschach Mutuality of Autonomy Scale.

This scale was used to evaluate each participant's interpersonal relatedness. The MAS was developed by Urist (Urist, 1977) to measure an individual's quality of object relations. The scale codes Rorschach responses that depict relationships among people, animals, plants, inanimate objects, and vague forces. These responses are scored along a

seven point scale that measures both the level of autonomy as well as mutuality between the objects. The 7 points, with a score of 1 representing the most evolved level, are:

- 1) Reciprocity-Mutuality
- 2) Collaboration-Cooperation
- 3) Simple Interaction
- 4) Anacletic-Dependent
- 5) Reflection-Mirroring
- 6) Magical Control-Coercion
- 7) Envelopment-Incorporation

Urist reported interrater reliability of .86 on using the MAS and found significant correlations between scores on the MAS and scores on ratings of 1) autobiographies of the same set of individuals, and 2) clinical staff assessments of the same individuals; .63 and .43 respectively. The autobiographies and clinical assessments were also scored on object-relatedness.

In a replication of this study, Urist and Schill

(1982) used excerpts from Rorschach responses that pertained only to relationships between objects. This test was conducted in order to make sure that the coders were not unduly influenced by the other types of Rorschach responses when coding the MAS. Using these excerpts, the coder reliability as well as reliability between the MAS scores and clinical ratings of object relations was still significant. The MAS appears to have validity as a tool for assessing an individual's representation of the quality of individuation and mutuality of self-in-relation to others, or what is referred to in the present study as "interpersonal relatedness" or "intersubjectivity".

Because the ratings call for judgements on the part of the rater, the ratings used in this study were assigned by two independent raters trained by the researcher in order to reduce the effects of experimenter bias. One rater was in a masters level program in experimental/behavioral psychology at New York University (he received a full scholarship to a

Ph.D program at the State University of New York during the course of the research project), the other was in a Ph.D.program in clinical psychology at the California School of Professional Psychology. After training, interrater reliability on the MAS scale on the first coding round was 67% exact agreement and 78% were within one point. Coding was discussed until coders came to exact agreement on all scores.

#### The Blatt Conceptual Scale.

This test was used to evaluate each participant's level of differentiation from parents and spouse. This test rates the level of self-other differentiation as portrayed in written descriptions of parents and significant others. The Blatt Conceptual Scale measures the development of the object, through the scoring of its representation, as a measurement of the differentiation of the self.

Devised by Blatt, Wein, Chevron, and Quinlan (Blatt, Chevron, Quinlan, & Wein, 1979) this

instrument is based on a theory of development (Piaget, Werner) that describes how object representations become increasingly differentiated, integrated and accurate with mature development, proceeding from "amorphous global representation, to a somewhat differentiated emphasis on part properties, to representations which are highly articulated and integrated" (Blatt, et al, 1979, p. 4).

The descriptions are rated using a nine-point scale (that has five markers, and the other four points are for the "in-betweens") that ranges from a low score of one for a description at the level of a need-gratifying or frustrating object, to a high score of five for a description that is complex, integrated, and cohesive, explaining the other's contradictions, internal, and external dimensions.

Blatt reported interrater reliability estimates of .88 for expert raters. Because the ratings call for judgements on the part of the rater, the ratings used in this study were assigned by two independent raters trained by the researcher in order to reduce

the effects of experimenter bias. The coders were the same as those used for the MAS scale, as both the measures and data were sufficiently different, and the identifying symbols changed, so that coders could not recognize whose subjects' data were being scored. After the first round of training, interrater reliability is described in Table 2. Coding was discussed and redone until coders came to exact agreement on all scores.

**Table 2**

Reliabilities on Blatt Conceptual Level

% Agreement Within One Point

Scale

Father conceptual level	84
Mother conceptual level	68
Partner conceptual level	87

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The Developmental Level of Object Representation:  
De-illusionment Subscale.

This is an elaboration and extension of the Blatt Conceptual Level Scale. It was developed by Hartley, Geller, and Behrends in order to overcome the problem of rating the descriptions along only one overall pathway of development. The Hartley test scores the descriptions along nine subscales and rates each along a five point scale. The De-illusionment subscale was used in this study as another method for evaluating how the other is seen in relation to the self.

De-illusionment, as opposed to disillusionment, refers to the capacity of the subject to comprehend and accept the contradictions and limitations of the other without a high level of ambivalence or rage. The scale ranges from extreme rage, through various levels of ambivalence, up to a synthesized, integrated acceptance of the other's differences, contradictions, and flaws. Thus, the subject's level of de-illusionment regarding significant others is seen as a

dimension of the subject's capacity for mature, evolved interpersonal relationships.

Reliabilities for the De-illusionment scale were not published by the authors. In the current study, the ratings used in this study were assigned by two independent raters trained by the researcher in order to reduce the effects of experimenter bias. One coder was in a Ph.D. program in clinical psychology at City College, CUNY, and the other was in a Ph.D. program in developmental psychology at Columbia University. The initial interrater reliability on the first round of coding is described below in Table 3. Coding was discussed until coders came to exact agreement on almost all scores. On a couple of unresolved differences, an expert coder, Dr. Jesse Geller, one of the main authors of the instrument, was gracious in generating his own scores. His illustrative comments were also used as part of the training process.

(Table 3 on next page)

**Table 3**Reliabilities on De-illusionment Scale% Agreement Within One Point

Father De-illusionment	97
Mother De-illusionment	84
Partner De-illusionment	97

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The Sexual Desire Interview.

This is an open ended structured clinical interview that was developed for the purpose of this study (see Appendix A). After evaluating existing tests on sex and desire there appeared to be a lack of instruments designed to explore sexual desire in "normal" women. Because little is known about this topic in relation to this population, it seemed

worthwhile to develop a method that might generate new understandings. The interview was designed to test hypotheses and generate new ones, as well as to operationalize theoretical constructs. Thus, some of the questions were generated by existing theory, while others were exploratory.

For example, to explore Benjamin's theory that women develop ownership of sexual desire by having: 1) a mother who is her own sexual subject, and 2) a father who encourages his daughter's identification with him, the interview contains questions as to whether the mother was perceived as a sexual person, whether the father encouraged identification, and which parent the participant identifies with most, both sexually and in general.

The importance of agency was largely derived from Benjamin's (1977) work, as well as studies on sexual desire and assertiveness (Hurlbert, 1991; Paxton, 1978). In order to operationalize sexual desire agency, questions were included that aimed at eliciting behaviors, thoughts, and feelings, that

could be coded. For example, questions about agency included, "How do you express your sexual desire?", "Do you have trouble asking for what you want sexually?", and "What usually happens if your partner is in the mood for sex and you are not?".

The category of emotion stemmed from the desire to understand the phenomenological experience of sexual desire as an emotional state (Everaerd, 1988). In order to generate information on the emotional experience of sexual desire, questions such as "What words best describe how you feel when you experience sexual desire?" were included. Responses would be scored based on the range of feelings expressed.

The idea of evaluating the expression of the physical experience of desire was inspired by Tolman's study on adolescent sexual desire (1994). The scoring was based largely on responses to the same question used for emotions, "What does it feel like when you experience sexual desire?" If the participant did not respond with any physical aspects when describing

this, it was not asked for, due to the belief that those who responded spontaneously with physical aspects of their feelings would be different from those who did not.

A preliminary interview was developed, and administered to a pilot study of four participants. Questions that were misunderstood were reworded and given again. Questions that failed to generate relevant data were discarded. Some new questions were added to further clarify and explore the topic. The first set of four participants did not get these new questions. However, the questions were usually based on topics that this first group of four spontaneously brought up. This process of beginning with some theoretical constructs, gathering data, and generating new concepts is an example of the grounded theory approach developed by Glaser and Strauss (1967) and considered a useful method for generating new theory from qualitative research (Marshall & Rossman, 1995; Miles & Huberman, 1994; Patton, 1990). The Sexual Desire Interview may be found in Appendix A.

### The Ownership Of Sexual Desire Scale.

The next step was to develop a coding scheme to measure the dependent variables described in the research proposal as ownership of sexual desire.

After administering this interview to a sample of four participants, the researcher evaluated the responses for emerging themes, topic areas, and codeability. This process, along with prior theoretical constructs, generated six dimensions of sexual desire: self-acceptance of sexual desire, self-awareness of sexual desire, ability to express the emotional range of desire, the ability to express the physical experience of desire, the ability to or to be assertive about one's desire, and intersubjectivity, the ability to integrate the feeling of sexual desire within the context of relationship to another person. The six categories are briefly described below:

1) Self-acceptance refers to how comfortable a person is with her sexual desire, the value judgements

she places upon her experience of her own desire.

2) Self-awareness refers to one's knowledge about the self regarding sexual desire, how aware one is of the ups and downs of desire, the triggers of desire, the connections between desire and other factors, both internal and external.

3) Physical refers to the extent to which sexual desire is recognized as a bodily experience.

4) Emotional refers to the range and quality of emotions experienced as part of sexual desire, from tepid to passionate.

5) Agency refers to the ability to be assertive, to feel a sense of mastery of one's sexual desire, as well as the specific skill of communicating one's desires to others.

6) Intersubjective refers to the quality of the interpersonal dynamics related to sexual desire. It measures the degree to which sexual desire is integrated within the dynamics of the romantic relationship.

Each subscale was coded on a five point scale, with three markers and two "in-between" scores. The scoring manual consists of a description of each dimension, along with examples, drawn from the pilot study, of how to score them. This scoring manual, called the Ownership Of Sexual Desire Scale, may be found in Appendix B.

The coding scheme, or OSDS, was used to evaluate the data by two independent coders. Because the ratings called for judgements on the part of the rater, the ratings used in this study were made by two independent raters in order to reduce the effects of experimenter bias. One coder was in a Ph.D. program in clinical psychology at City College, CUNY, and the other was in a masters program in psychology at New York University. Both coders were trained by the researcher. Especially due to the fact that this was a new set of measures, this was an intensive process that included practice coding on a subset of data, discussions, revising the coding scheme, and recoding. The interrater reliability listed in Table 4 is based

on scores given after the initial process of revising the coding scheme had taken place. Coding was discussed until coders came to exact agreement on most scores. However, one of the coders had to terminate before this process was complete. Because reliability between them was sufficiently high, it was decided to use the available coder's scores for the remaining 40% of the data.

**Table 4**

Reliability On Ownership of Sexual Desire Scale.

	<u>% Agreement Within One Point</u>
Self-Acceptance	95
Self-Awareness	95
Emotional	90
Physical	100
Agency	100
Intersubjectivity	90

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### The Parental Sexual Life Scale (PSLS)

This was also developed from the pilot study using a similar process described for the Ownership of Sexual Desire Scale above. Questions were included in the Sexual Desire Interview that were designed to elicit how the participants perceived the sexual attitudes and behaviors of each parent and how they perceived the parental sexual relationship. A coding scheme was developed based on the pilot study responses. There are four subscales: parental sexual attitudes, parent as a sexual being, parental sexual relationship, and parental relationship in general. Each subscale is rated along a five point scale, from negative, through ambivalent, to positive. (See Appendix C). The four subscales are briefly described below:

1. Parental Attitudes: These are the attitudes, values, and beliefs about sex and sexual desire that the participant feels the parent conveyed to them, whether directly or indirectly.

2. Sexual Being: This is the degree to which the parent is perceived as being sexually proactive in the world, as being an agent who is able to express sexual desire, as evidencing, in behavior, dress, or verbal communications, a sense of being a sexual person.

3. Parental Sexual Relationship Happiness: This describes how the participant perceives or imagines each parent individually enjoyed, or didn't enjoy, their sexual relationship with their spouse or other partner, if divorced. Thus, it was scored separately for mother and father.

4. Parental Relationship in General: This is how the participant perceives the quality of the parents' relationship in general, especially regarding the degree of conflict, satisfaction, trust, and affection.

This scale was coded by two independent coders trained by the researcher. The N was 20, as not all subjects gave enough information to score adequately. Interrater reliability is described in Table 5 below.

**Table 5**Reliability on Parental Sexual Life Scale

% Agreement Within One Point

## Mother

Sexual Attitudes	97
Sexual Being	94
Sexual Relationship	90
General Relationship	74

## Father

Sexual Attitudes	87
Sexual Being	84
Sexual Relationship	83
General Relationship	73

---

## Procedure

All participants were screened in person or over the phone by the interviewer. All participants were told that this was a study of "psychological aspects of female sexual desire". Participants were informed that the tests and interviews would take two to three hours and would all be conducted in one session.

If possible, participants were interviewed in the office of the researcher. When this was not possible, the interviewer conducted the research in the home of the participant, or in some other mutually agreed upon place, such as a private room in a cultural cooperative. Participants were given a consent form to sign (Appendix D). All participants were given four measures by the interviewer: a partial Rorschach (Cards I, II, III, VII and VIII) for the Mutuality of Autonomy measure, the "Describe Your Mother-Father-Partner" paper and pencil task for the Blatt Conceptual Scale and the De-illusionment Scale, and the Sexual Desire Interview. The order of the

research instruments was counterbalanced to protect against order effects.

The Conceptual and De-illusionment Scales required a written task. Each participant was handed three white, lined sheets of paper, one at a time, that had the following headings: "Describe Your Mother", "Describe Your Father", and "Describe Your Partner". Ten minutes was allowed per description. The instructions were purposefully open ended and vague so that each person would respond spontaneously with their own mode of representing their views of significant others.

The Rorschach was given by the interviewer and tape recorded. All participants were asked to "Describe what this looks like, the things it could be." For scoring purposes, whenever a participant used verbs in their responses they were further encouraged with the question "As if?". For example, if the participant said "Two bears dancing" the interviewer asked, "Dancing as if?". This question was found by Coates and Tuber (Coates & Tuber, 1988)

to provide greater elaboration without influencing the data. Cards I, II, III, VII and VIII were given because these cards tend to generate the most responses concerning object relations; the only responses scored by the Mutuality of Autonomy measure.

The interview was conducted in a relaxed, friendly way. Interviews were preceded by a short amount of small talk to establish trust and rapport (Douglas, 1985). Interviews were recorded by audiotape and by the examiner's notes. The attempt was to convey a neutral and supportive stance, providing, as one participant described, a "safe place".

After the interview all participants were asked for reactions and given a chance to wind down. All participants described the interview as interesting and many stated that it gave them new insights.

## Results

### Hypothesis One: Differentiation and Sexual Desire

Hypothesis One stated: There will be a positive correlation between women's ownership, agency, and integration of sexual desire and the level of differentiation from parents and spouse.

Specifically, ownership, agency, and integration of sexual desire as measured by the Ownership of Sexual Desire Scale scores will be positively related to psychological differentiation as measured by the Blatt Conceptual Scale and the De-illusionment ratings for mother, father and partner descriptions.

The correlations of scores on Conceptual and De-illusionment scales for mothers, father, spouses, and participants' Sexual Desire scores (Acceptance, Awareness, Emotion, Physical, Agency, and Intersubjectivity) may be found in Table 6.

**Table 6**  
Pearson r Correlations Between Ownership of Sexual Desire and Differentiation Ratings of Significant Others

DIFFERENTIATION	Ownership of Sexual Desire						
	ACCP	AWARE	EMOT	PHYS	AGENT	INTERSUB	TOTAL
Conceptual Level							
Father	.14	.16	.03	.07	.00	.06	.09
Mother	.23	.30#	.14	.29#	.17	.24	.27#
Partner	.09	.05	-.15	-.04	-.22	.14	-.02
De-illusionment							
Father	-.02	.14	.13	-.05	-.20	.09	.02
Mother	.20	.14	.16	.30#	.15	.13	.28#
Partner	.18	.29	.15	.09	.28	.39*	.27

Note: ACCP = OSD Acceptance; AWARE = OSD Awareness; EMOT = OSD Emotion; PHYS = OSD Physical; AGENT = OSD Agency; INTERSUB = OSD Intersubjectivity; TOT = OSD Total.

#p <.10. \* p <.05. \*\* p <.01. All correlations one-tail.

A moderate correlation was found between the participants' De-illusionment scores for their spouses/partners, and scores on Intersubjective Integration of sexual desire ( $r = .39, p < .05$ ). It appears that women in this study who were able to perceive their partners as multi-dimensional, contradictory, yet whole individuals, and at the same time had less ambivalence about them, were better able to integrate sexual desire into their relationship than those who perceived their partners as either one-dimensional, or as contradictory but with a higher degree of unresolved ambivalence. As will be seen later, De-illusionment from partner is the best predictor of Intersubjectivity of desire.

A few notable trends emerged in the data at the  $p < .10$  level. Participants' scores on the Blatt Conceptual Level scale for their mothers were correlated with both Awareness of sexual desire, and with reporting the Physical experience of desire, ( $r = .30$ , and  $.29, p < .10$ , respectively). Participants' scores on the De-illusionment scale for their mothers

were correlated with reporting the Physical experience of desire, also noted as a trend ( $r = .30, p < .10$ ). This suggests that women who describe sexual desire as a physical experience are likely to be well differentiated from their mothers. The fact that both measures of differentiation, Conceptual level as well as De-illusionment, are related to the Physical subscale, strengthens this result, even though it is at the  $p < .10$  level of significance. The statistical relevance of results at this level, described here as trends, will be explored in the Discussion chapter.

No other significant findings were found in relation to this hypothesis. Participants' Conceptual Level scores for fathers and spouses, and their De-illusionment scores for fathers, were not significantly correlated with any of the Ownership of Sexual Desire subscales. Also, two of the Ownership of Sexual Desire subscale ratings - Acceptance and Emotion - were not significantly correlated with differentiation scores for parents and/or partner.

The category of Acceptance was found to have

little value in this study. Coders noted inconsistencies between participants' assertions of accepting their desire, and other information in the interview suggesting otherwise. The decision was made to code how participants self-described their Acceptance. This yielded no significant results, perhaps because it was most subject to participants' denial of conflicts.

The lack of correlation between differentiation (measured by Conceptual level and De-illusionment) and the Emotion subscale as compared to the Physical subscale is notable, given that the physical expression of desire is seen as one aspect of the emotional expression of desire. This finding suggests that physical expression of sexual desire is a more telling measure of how a person has integrated sexual desire into their self identity, than is their ability to describe the emotional range of sexual desire alone. A woman's tendency to "voice her body" when describing her desire, is a good indicator of the degree to which her sexual desire is fully "owned".

Hypothesis Two: Sexual Desire and Interpersonal  
Relatedness.

Hypothesis 2 states: There will be a positive correlation between women's ownership, agency, and integration of sexual desire and the quality of interpersonal relatedness. Specifically, ownership, agency, and integration of sexual desire as measured by the Ownership of Sexual Desire Scale will be positively related to interpersonal relatedness as measured by the Urist-Schill Mutuality of Autonomy test.

The results (shown on Table 7) indicate that the women in this study with a higher capacity for interpersonal relatedness, as measured by the Mutuality of Autonomy Scale, tended to have greater Agency of sexual desire, as measured by the Ownership of Sexual Desire Scale. A moderate negative correlation was found between mean scores ( $r = -.38$ ,  $p < .05$ ) and low scores ( $r = -.40$ ,  $p < .05$ ) on the

Mutuality of Autonomy scale, and scores of Agency of sexual desire on the Ownership of Sexual Desire scale.

Note: The reason the correlations are negative is because the Mutuality of Autonomy scale is scored in reverse numerical order compared to the other measures. In other words, a score of one is the highest score on the Mutuality of Autonomy scale, and it is the lowest score on the Ownership of Sexual Desire scale.

Thus, low numerical scores on the Mutuality of Autonomy scale correspond with qualitatively higher scores clinically. Given this fact, it is not surprising that the MOA highest score was found to have no significant correlation with agency. Having one or two high scores in an overall good record is associated with clinical health, because a well-related person is able to recognize and integrate some aggression. However, not being able to obtain one or two low, or clinically healthy scores, suggests a lack of interpersonal autonomy and intimacy.

See Table 7

**Table 7**  
**Pearson r Correlations Between Ownership of Sexual Desire and Mutuality of Autonomy**

Mutuality of Autonomy	Ownership of Sexual Desire						
	ACCP	AWARE	EMOT	PHYS	AGENT	INTERSUB	TOTAL
Mean	-.21	-.17	-.25	-.21	-.38*	-.18	-.26
Mode	.17	.02	-.05	.08	.04	.12	.07
High Score	-.20	-.21	-.16	-.18	-.23	-.03	-.18
Low Score	-.21	-.11	-.22	-.14	-.40*	-.22	-.25

Note: ACCP = OSD Acceptance; AWARE = OSD Awareness; EMOT = OSD Emotion; PHYS = OSD Physical; AGENT = OSD Agency; INTERSUB = OSD Intersubjectivity; TOT = OSD Total.

#p <.10. \* p <.05. \*\* p <.01. All correlations one-tail.

Hypothesis Three: Perceptions of Parental Sexual Attitudes and Sexual Life, and Women's Sexual Desire.

Hypothesis three stated that: There would be a positive correlation between women's ownership, agency, and integration of sexual desire and a favorable perception of parental sexual attitudes and parental sexual life happiness. Specifically, scores on sexual desire as measured by the Ownership of Sexual Desire Scale would be positively related to participants' perceptions of their parents' sexual life and sexual attitudes, as measured by the Parental Sexual Life Scale. More specifically, high ratings of positive parental sexual attitude, parent as sexual being, positive parental sex life, and positive parental relationship in general would be related to high ratings on acceptance, awareness, emotion, physical, agency, and intersubjectivity of sexual desire.

The correlations of scores on subjects' perceptions of parental sexual life and subjects'

ownership of sexual desire scores are presented in Table Eight.

See Table 8

Table 8  
Pearson r Correlations Between Ownership of Sexual Desire and Parental Sexual Life

Parental Sex Life	Ownership of Sexual Desire						TOTAL
	ACCP	AWARE	EMOT	PHYS	AGENT	INTERSUB	
Mother							
Sexual Attitude	.24	.27	.15	.45	.34	.21	.30#
Sexual Being	.12	.24	.32#	.34#	.39*	.23	.31#
Sexual Relationship	.21	.42*	.47**	.45**	.45**	.35#	.44**
General Relationship	.00	.14	.18	.25	.31#	.20	.21#
Father							
Sexual Attitude	.21	.31#	.28	.32#	.15	.15	.26
Sexual Being	.11	.15	.25	.17	.13	.08	.26
Sexual Relationship	.49	.41	.40	.50#	.42	.56#	.53#
General Relationship	-.41	-.29	-.03	-.10	-.12	-.14	-.21

Note: ACCP = OSD Acceptance; AWARE = OSD Awareness; EMOT = OSD Emotion; PHYS = OSD Physical; AGENT = OSD Agency; INTERSUB = OSD Intersubjectivity; TOT = OSD Total.

#p <.10. \* p <.05. \*\* p <.01. All correlations one-tail.

1. N = 12.

2. N = 11.

As can be seen on Table 8, scores on perceptions of Mothers' Sexual Relationship Happiness as measured by the Parental Sexual Life Scale, were correlated with scores on Awareness ( $r = .42, p < .05$ ), Emotion ( $r = .47, p < .01$ ), Physical ( $r = .45, p < .01$ ), and Agency ( $r = .45, p < .01$ ) subscales of the Ownership of Sexual Desire Scale. In other words, it appears that the degree to which a subject's mother was perceived as having a positive sexual relationship was significantly related to the daughter's capacity to: 1) be aware of her own sexual desire, 2) express a wide range of sexual desire emotions, 3) describe her physical experience of sexual desire and 4) be assertive about her sexual desire. Perception of maternal sexual relationship happiness resulted in the strongest correlations of this study. In addition, as will be seen below, mothers' sexual relationship was the best predictor of almost all of the dependent variables of ownership of sexual desire.

A significant, moderate correlation was also found between scores on mother as a Sexual Being as

measured by the Parental Sexual Life Scale, and scores on Agency as measured by the Ownership of Sexual Desire Scale ( $r = .39, p < .05$ ). This finding suggests that the degree to which a woman perceived her mother as a sexual person was related to the daughter's ability to be assertive about her sexual desire.

In addition, there were a few notable trends at the  $p < .10$  level. First, there was a trend between scores on perceptions of mothers' Sexual Relationship Happiness as measured by the Parental Sexual Life Scale, and scores on Intersubjectivity as measured by the Ownership of Sexual Desire Scale ( $r = .35, p < .10$ ). This result lends support to the idea that the perceived quality of the mother's sexual relationship affects the daughter's intersubjective integration of sexual desire into a relationship.

Secondly, there was a trend between scores on mother as a Sexual Person as measured by the Parental Sexual Life Scale, and scores on the Emotion ( $r = .32, p < .10$ ) as well as the Physical ( $r = .34, p < .10$ ) subscales of the Ownership of Sexual Desire Scale.

This finding suggests that the degree to which a woman perceived her mother as a sexual person may be related to the daughter's range of emotional and physical expressions of sexual desire.

Finally, a trend was found between scores on maternal overall Relationship Happiness as measured by the Parental Sexual Life Scale, and scores on Agency as measured by the Ownership of Sexual Desire Scale ( $r = .31, p < .10$ ). This result suggests that perceptions of the mother's overall marital happiness is related to the daughter's capacity to be assertive about her sexual desire.

The scores on perceptions of mother's Sexual Attitudes as measured by the Parental Sexual Life Scale, were not found to correlate significantly ( $p < .05$ ) or even as trends ( $p < .10$ ), with scores on any subscales of the Ownership of Sexual Desire Scale. This will be discussed later.

None of the scores of perceptions of fathers' sexual life as measured by the Parental Sexual Life Scale were found to correlate at a statistically

significant level with scores on any subscales of the Ownership of Sexual Desire Scale. The  $n$  for father's scores is much lower than for mothers' scores on several variables, which reduces the power of these tests. This is due to the fact that many of the fathers ( $n = 13$ , or 42%) were not living in the daughters' childhood homes due to divorce.

Nonetheless, there were still some notable trends. Trends were found between scores on fathers' Sexual Attitudes as measured by the Parental Sexual Life Scale, and scores on the Awareness ( $r = .31$ ,  $p < .10$ ) and Physical ( $r = .32$ ,  $p < .10$ ) subscales of the Ownership of Sexual Desire Scale. This trend suggests the possibility of a relationship between perceptions of fathers' attitudes about sex and daughters' awareness and physical expression of sexual desire. As can be seen later in the results of the multiple regression analysis, when other variables are accounted for, paternal sex attitude is one of the predictors of the variance of scores on awareness, physical, and intersubjectivity.

Another trend emerged between scores on perceptions of fathers' Sexual Relationship Happiness as measured by the Parental Sexual Life Scale, and scores on the Physical ( $r = .50$ ,  $p < .10$ ) and Intersubjective ( $r = .56$ ,  $p < .10$ ) subscales of the Ownership of Sexual Desire Scale. This result suggests that participants' perceptions of their fathers' sexual relationship happiness may be related to the participants' likelihood of giving voice to the physical experience of sexual desire, as well as the ability to integrate sexual desire within the context of a loving relationship.

#### Results of the Multiple Regression Analysis.

Research Question 4 posed the following: Which, if any, of the independent variables, differentiation from mother, father or spouse, interpersonal relatedness, or perception of parental sexual life and attitudes, is the best predictor of women's ownership of sexual desire?

In order to answer this question, a series of stepwise multiple regression analyses were conducted predicting ownership of sexual desire from the Conceptual and De-illusionment scales (differentiation), Mutuality of Autonomy scale (relatedness), and Parental Sexual Life variables. The critical level for inclusion in the regression equations were set as  $p < .10$ .

See Table Nine

Table 9

Stepwise Multiple Regression Analysis Predicting Ownership of Sexual Desire

Subscale Rating	Multiple R	$\beta$	$R^2$	R
<b>Awareness Rating</b>				
Predictors:				
Mother Sexual Relationship	.42	.47	.18	--
Mother Conceptual Level	.54	.24	.30	.12
Father Sex Attitudes	.62	.44	.39	.09
Partner De-illusionment	.72	.41	.52	.13
F (4, 24) = 6.51, $p < .001$ .				
<b>Emotion Rating</b>				
Predictors:				
Mother Sexual Relationship	.47	.47	.22	--
F (1, 27) = 7.57, $p < .01$ .				
<b>Physical Rating</b>				
Predictors:				
Mother Sexual Relationship	.45	.46	.20	--
Mother Conceptual Level	.56	.51	.32	.12
Father Sex Attitudes	.65	.37	.42	.10
Partner Conceptual Level	.70	.30	.49	.07
F (4, 24) = 5.68, $p < .002$ .				

Table 9 - Continued

Stepwise Multiple Regression Analysis Predicting Ownership of Sexual Desire

Subscale Rating	Multiple R	$\beta$	$R^2$	R
Agency Rating				
Predictors:				
Mother Sexual Relationship	.45	.44	.21	--
Mutuality of Autonomy	.57	-.40	.33	.12
Partner De-illusionment	.68	.37	.46	.13
F (3, 25) = 7.17, $p < .001$ .				
Intersubjectivity				
Predictors:				
Partner De-illusionment	.39	.55	.15	--
Mother Sexual Relationship	.55	.39	.30	.15
Father Sex Attitudes	.63	.32	.40	.10
F (3, 25) = 5.47, $p < .01$				

As shown in Table Nine, the Awareness rating was predicted by a combination of perception of parental sexual life variables and differentiation variables: maternal sexual relationship ( $B = .47$ ), mother conceptual level ( $B = .24$ ), paternal sex attitude ( $B = .44$ ), and partner de-illusionment ( $B = .41$ ) with  $F(4, 24) = 6.51, p < .001$ . The beta coefficients, all significant at less than  $p = .05$ , indicated that participants who were more aware of their sexual desire had a more positive perception of their mothers' sexual relationship, describe their mothers at higher conceptual levels, perceived their fathers' attitudes toward sex more positively, and scored higher levels of partner de-illusionment than less aware participants.

The Emotion rating was predicted solely by the perception of mothers' sexual relationship variable. The significant beta coefficients ( $B = .47$ , with  $F(1, 27) = 7.57, p < .01$ ) indicate that individuals who had more positive perceptions of their mothers' sexual relationships described more emotion in their

ownership of sexual desire.

The Physical rating was predicted by perception of mother sexual relationship ( $B = .46$ ), mother conceptual level ( $B = .51$ ), perception of father sex attitude ( $B = .37$ ), and partner conceptual level ( $B = .30$ ) with an  $F(4, 24) = 5.68, p < .002$ .

Individuals with more physical ownership of sexual desire had more positive perceptions of their mother's sexual relationship and their father's attitudes towards sex and described both their mother and partner at higher conceptual levels.

The Agency rating was predicted by perception of mother sexual relationship ( $B = .44$ ), lowest score of the Mutuality of Autonomy variable ( $B = -.40$ ), and partner de-illusionment ( $B = .37$ ) with an  $F(3, 25) = 7.17, p < .001$ . The beta coefficients indicate that participants who were high in terms of agency of their sexual desire had a more positive perception of their mothers' sexual relationship, were more likely to score low on the Mutuality of Autonomy measure, and had higher levels of partner de-illusionment than

individuals with less agency.

The Intersubjective rating was predicted by partner De-illusionment ( $B = .55$ ), mother sexual relationship ( $B = .39$ ), and paternal sex attitudes ( $B = .32$ ) with an  $F(3, 25) = 5.47, p < .01$ . The beta coefficients indicate that participants who were high in terms of intersubjective integration of their sexual desire into their relationship, had more differentiated and less ambivalent relationships with their partners, perceived their mothers as having greater sexual relationship happiness, and perceived their fathers as having expressed positive attitudes about sex.

A positive perception of mother's sexual relationship was the most consistent predictor of one's ownership of sexual desire and this variable predicted the most unique variance for scores of awareness, emotional expression, physical expression, and agency of sexual desire. It was the second best predictor of intersubjective integration of sexual desire, following De-illusionment. However, positive

perception of father's attitude towards sex and a high degree of conceptual understanding of one's mother are also very important to the awareness and physical ownership of sexual desire in women. Interpersonal relatedness, as measured by the MOA, also has good predictive value for sexual desire agency.

Additional Findings from the Study:

Agency and Verbalizing Sexual Requests.

Being able to act on one's own sexual desire with a sense of agency contributes to a sense of mastery and competence in relation to others. Because agency implies taking responsibility for one's desire, expressing it to others, and being able to refuse an other's desire, it is not surprising that agency was the one variable related to women's capacity for interpersonal relatedness. However, some of the ways in which women spoke about communicating sexual desire raised interesting questions about how women

experience sexual relations with men, and whether there are gender differences on this issue.

Results from this study indicate that women express their sexual agency in quite a varied manner, from nonverbal transmittal of sexual energy to spoken requests for specific activities. Many women in this study appeared to have a positive sense of their sexual agency without feeling a need to use much verbal communication. For many, this is a matter of choice, as various women reported being more comfortable with one form of communication than another.

The greatest area of discomfort was in making verbal requests for specific sexual desires during lovemaking. Of the total sample of 31 women, 39% reported having no trouble making verbal requests during lovemaking, while 61% reported having some difficulty with verbalizing requests during lovemaking. While this appears to relate to agency of sexual desire scores, with high agency women being better able to verbalize than low agency women, this

was not always the case. Even among high agency women who were able to communicate their sexual desire effectively, there were many who felt uncomfortable verbalizing specific requests, especially during lovemaking.

The most frequent explanations given for this phenomenon were a fear of being selfish, and difficulty in focusing on one's own pleasure during lovemaking, with 32% of the responses falling into this category. As one woman said, "I'm so psychically and emotionally wrapped up in him that I can't ever forget about myself and lose myself in my own desire". Another woman stated, "I kind of judge myself before I express myself. Like I'll judge my, you know, is that right to ask or is that being selfish?"

In this same category were fears of hurting one's partner's feelings, and difficulty asking for anything from anyone. A couple of women said that they had trouble knowing what it was they wanted in the first place. Two other women said they believed that by not asking, they were protecting their husbands' egos. As

one participant put it, "He might think, Maybe I wasn't doing it right to begin with". This fear of hurting the other seems connected, maybe as a rationalization, to putting aside one's own needs as secondary:

Sometimes I can say things in my head that I'm afraid to come right out and say. ... It's silly because I know he wants to know, and when I tell him stuff and then say, oh yeah, that's better, that's great, he's happy that I've done it. But I feel as though he's fragile also, and sometimes it's more important just to be together. I guess I don't rate my sexual satisfaction as the most important thing that's going on.

The next most frequently offered response, offered by 23% of the sample, was a feeling of being exposed and vulnerable when making a request, thus, risking rejection, which would be taken personally. For example:

My sense of desire, my sense of sexuality ...has

a lot to do with vulnerability. It's something I value so I don't want to risk having it rejected. It feels like it's too much me.

Finally, 13 % of the participants reported that they would prefer not to verbalize requests during lovemaking because it "interrupts the flow" or "ruins the magic". These women said they would instead find non-verbal, physical ways to express these needs, or else would just ignore them, in order to preserve a seamless, romantic, non-verbal experience. However, some of these 13% expressed additional conflicts preventing them from verbalizing in addition to a desire for "flow".

If these 13%, who say they prefer not to "ruin the magic" by verbalizing, are removed from the sample, there still remains at least 55 % of the sample who expressed conflicts about verbalizing that seemed primarily based on interpersonal insecurities. This finding gives support to Shere Hite's proposition that women are afraid to challenge men in bed because

they fear loss of love (1993). Hite notes that even though most women know what gives them sexual pleasure, there is a fear that if this is expressed, mens' knowledge and authority would be threatened. Indeed, one 40 year old participant in this study stated:

I get verbally incapacitated when I'm in the presence of someone I perceive to be a male authority figure. He (*her partner*) is the most vivid symbol of a male authority figure in my life and if there's anybody that it would be hard to express a concrete desire to, it would be him.

#### Negotiating Conflicting Desires in a Relationship.

One of the questions in the Ownership of Sexual Desire Interview was "What is it like if your partner is in the mood for sex and you aren't? What usually happens? Do you have trouble saying no if you don't want to?" The answers were grouped, post hoc, by the researcher, into the categories in table 10 below.

**Table 10**

Negotiating Sexual Desire: What Happens if your partner is in the mood for sex and you are not?

Response Type (N = 20)	Frequency in %
no trouble saying no	20
always wants to have sex	10
gives in/usually enjoys	20
gives in/it's easier/ends up okay	30
says no/partner feels rejected	5
says no/partner rejects her	10
says no/feels guilty	5

These results indicate that 50% of the sample describe themselves as usually giving in to their partners' desires for sex, or as one participant put it, "He usually wins". These results also show that 20 % of the women in this study feel uncomfortable

when they do say no. In fact, a couple of women described their husbands as getting verbally abusive when sexual advances were rejected. Again, these findings give further support to Hite's theory, stated above, that women are reluctant to challenge men sexually for fear of loss of love.

### First Sexual Relationships.

An area that came up in the interview but was not pursued due to time and the particular focus of this study, was first sexual relationships. Some participants seemed deeply affected by their first sexual relationships - whether they resulted in feelings of mastery, security, and desirability, or in feelings of failure, insecurity, and rejection, - and this appeared to affect their experience of sexual desire throughout life to some extent. For example, a woman whose first sexual advances were rejected by her first boyfriend still points to fear of rejection as her biggest obstacle to expressing sexual desire.

Women who had good first experiences with partners who were caring and loving, seemed to be currently successful at intersubjective integration of sexual desire. These findings, albeit not measured statistically, lend support to the idea that adolescence and relationships with peers are clearly important in the construction of a sexual sense of self (Gerson, 1994).

First relationships also seemed to make a "sexual stamp" upon some of the participants' later sexual desire, not just emotionally, as described above, but also in terms of object choice. In other words, some participants' current sexual desires were directed towards a particular type of person or style of lovemaking which was first encountered by them in adolescence.

## Discussion

Factors contributing to women's development of sexual desire are not yet well understood. This study examined differentiation from parents and spouse, interpersonal relatedness, and perceived parental sex attitudes and sexual life happiness, in relation to several aspects of women's sexual desire. Both the significant findings at  $p < .05$ , as well as trends at the level of  $p < .10$  will be discussed below.

There is some debate as to whether trends in the data are to be entertained as meaningful at all. Given the small sample size in this study, trends may indicate significant results should the sample size be increased. In a recent paper, Rosenthal (1995) argues that clinical research needs to distinguish effect size estimates from significance testing, clarify the interpretation of non-significant results and evaluate the practical importance of obtained effect sizes with respect to the interpretation of findings. Failure to do so, Rosenthal admonishes, often underestimates the

significance of research findings. Rosenthal further argues that the strength for or against the null is a fairly continuous function of the magnitude of  $p$ . Therefore, given that the effects are in the expected direction, "two .06 results are much stronger evidence against the null than one .05 result, and 10  $p$ 's of .10 are stronger evidence against the null than 5  $p$ 's of .05 (p. 146).

In this study, the fact that several correlations at the  $p < .10$  level were found to be significant predictors in a multiple regression analysis of variance where  $p < .01$ , gives further support to the idea that these trends are important, especially when the effects of other variables are controlled for. Thus, in the following discussion, trends at the  $p < .10$  level will be discussed along with the stronger correlations, yet will be demarcated as trends.

#### Differentiation From Spouse/Partner

The first result of this study suggests a

relationship between women's differentiation from their spouses/partners as measured by the De-illusionment scale, and the degree to which their own sexual desire was satisfactorily integrated into their relationship, as measured by the Intersubjective subscale of the Ownership of Sexual Desire Scale. De-illusionment was found to have a correlation of .39 at the  $p < .05$  level with Intersubjectivity. Also, De-illusionment was the best predictor of Intersubjectivity, accounting for most of the variance, with a Beta value of .55 at  $p < .01$ ,  $F = 5.47 (3,25)$ . These results indicate that the more a woman perceives her partner as a whole, complex person, and is able to tolerate and understand the other's contradictions and relative weaknesses, the more she is likely to integrate her sexual desire into her relationship.

This finding is consistent with recent research which indicated that a more securely attached individual is more likely to enjoy sex within the context of a relationship (Shaver, et al, 1994).

Overly merged couples may lose the sense of sexual excitement that comes from union with an other who is recognized as different from the self (Nichols, 1988). Fears of losing one's autonomy in relationships inhibits the integration of sex and love (Goldbart & Wallin, 1994; Kaplan, 1988; Kernberg, 1977; LoPiccolo & Friedman, 1988; Schwartz & Masters, 1988). A secure attachment and the capacity to differentiate from the other go hand in hand (Mahler, et al., 1975; Stern, 1985).

It is important to note that in the current study, de-illusionment scores may reflect both current relationship satisfaction as well as differentiation from spouse. Because the de-illusionment scale is rated in large part according to the degree of unresolved ambivalence in the description of the other, it makes sense that scores would be affected by a troubled marriage. However, that is not to discount the importance of differentiation. Differentiation from one's partner and the degree of relationship satisfaction or ambivalence may have a bi-directional

relationship. A lack of the ability to differentiate could lead to either too much merger or fear of merger in a relationship and a resulting need to withdraw in order to establish a sense of self. Also, relationship conflict could lead to a preoccupation with the self and a coloring of one's ability to perceive the other without intense ambivalence. That is why some therapists who work with couples begin by encouraging differentiation, guiding each partner to develop a greater sense of the unique history of the other, such as the use of the genogram to "jump-start" couples therapy (Silverstein, 1997).

An inability to acknowledge and appreciate the other's differences has a negative impact on integrating sexual desire into a loving relationship. For example, Scharff, (1988) who practices clinical sex therapy from an object relations perspective, notes that sexual desire is inhibited when a partner views the other as "rejecting, persecuting, angry, frustrating or negligent" (p. 45). Relationship satisfaction has been frequently cited as one of the

key factors influencing sexual desire in a marriage (LoPiccolo & Friedman, 1988; Schwartz & Masters, 1988; Talmadge & Talmadge, 1986).

Thus, the De-illusionment scale does appear to measure qualities of perceiving one's spouse/partner that are related to how well one can integrate sexual desire into a relationship with that particular partner.

#### Interpersonal Relatedness

The second result indicates that interpersonal relatedness, as measured by the Mutuality of Autonomy scale (MOA), is related to women's sexual desire Agency, as measured by the Ownership of Sexual Desire Scale. The correlation of mean scores on the MOA with sexual desire agency was found to be  $-.38$ ,  $p < .05$ , and low scores on the MOA were also significantly correlated at  $-.40$ ,  $p < .05$ . Results such as this are supportive of a perspective which holds that the ability to act as an agent for one's sexual desires,

that is, to be able to effectively communicate one's sexual desires to others, is related to the internalized working schema of how self and others interact in general. A person with a secure sense of intersubjectivity believes that relationships are characterized by mutuality as well as autonomy.

People are viewed as distinct individuals who are able to work together to resolve differences or experience shared joy. Having such a schema enables a person to act on her own behalf in relation to others. In the context of a secure relationship, such a person is able to trust that her needs can be expressed safely, and that self and other will be able to negotiate an acceptable resolution of how to handle those needs at the moment.

This result supports the perspective, frequently mentioned in the literature, (Goldbart & Wallin, 1994; Hazan & Shaver, 1987; Kaplan, 1979; Kernberg, 1974a; Kernberg, 1974b; Kernberg, 1977; LoPiccolo & Friedman, 1988; Mollon, 1984; Mollon & Parry, 1984; Nichols, 1988; Scharff, 1988; Schwartz & Masters, 1988) that

the main set of hindrances to enjoying sexual desire lies in the field of interpersonal insecurities including: shame, low self esteem, fear of dependency, fear of merging, fear of loss of autonomy, fear of rejection, and aggression; most of which are incorporated into the MOA scoring system.

Thus, the MOA appears to be a useful measure for predicting sexual desire agency. This result adds support to the research by Hurlbert (1991) on sexual desire assertiveness. The MOA provides a measure of interpersonal confidence in general. The Agency subscale measures interpersonal confidence in the terrain of sexual desire. Thus, interpersonal confidence in general appears related to sexual desire confidence. The direction of this relationship is most likely bi-directional. Having a general sense of interpersonal confidence supports a person's ability to feel confident about expressing sexual desire, and vice versa, a sense of competency in expressing sexual desire might give rise to greater interpersonal confidence in general. This could explain why some

participants reported that their sexual desire was valued because it made them feel better about themselves in connection to other people and in the world at large.

### Perceptions of Maternal Sex Attitudes and Sexual Life

The third result indicates that women's perceptions of their mother's sexual relationship happiness, as reported in the interview and measured by the Parental Sexual Life Scale (PSLS), were correlated with awareness ( $r = .42, p < .05$ ), emotional range ( $r = .47, p < .01$ ), physical expression of sexual desire ( $r = .45, p < .01$ ), and agency ( $r = .45, p < .01$ ). Perception of maternal sexual relationship happiness was correlated with the greatest number of sexual desire variables in this study, and accounted for most of the variance in the data as well. Specifically, perception of maternal sexual relationship happiness accounted for most of the variance on scores of awareness ( $B = .47$ , with  $F$

(4, 24) = 6.51,  $p < .001$ ), physical expression of desire ( $B = .46$ , with  $F(4, 24) = 5.68$ ,  $p < .002$ ) and agency ( $B = .44$ , with  $F(3, 25) = 7.17$ ,  $p < .001$ ); it was the sole predictor of emotional expression of desire ( $B = .47$ , with  $F(1, 27) = 7.57$ ,  $p < .01$ ), and it was the second best predictor of intersubjectivity ( $B = .39$ , with  $F(3, 25) = 5.47$ ,  $p < .01$ ).

It appears from these findings that if a woman perceives her mother as having had a positive sexual relationship characterized by love, warmth, faithfulness, and sexual pleasure, she will probably have greater ownership, agency, and integration of her own sexual desire than a woman who perceives her mother as having had a poor sexual relationship, characterized by lack of love, sexual frustration, lack of sexual interest, feelings of sexual obligation, or having been a victim of infidelity.

One interpretation of these results is that a woman's perception of her mother's sexual relationship happiness provides an inner working model, or sexual script, for how to, or how not to, establish her own

relationships (Gagnon & Simon, 1973; Lidz, 1967). If a mother is perceived as having a good sexual relationship, a daughter is likely to develop the confidence and expectations that such a relationship is possible and worth creating herself. This increased confidence could lead to a greater propensity for recognizing one's own sexual desire (awareness, physical, emotional), as well as expressing it to others (agency).

The finding that perceptions of a mother's attitudes about sex did not seem to be related to women's ownership of desire, while perceptions of a mother's sexual relationship happiness did, lends further support to a modeling perspective. This could be summed up by reversing an old adage. It appears that daughters tend to "Do as mother does, not as mother says". An additional result in this study, that a mother being perceived as a sexual person was also correlated with a daughter's ability to be assertive about her own sexual desire ( $r = .39$ ,  $p < .05$ ) and as a trend at the  $p < .10$  level of

significance with emotional expression ( $r = .32$ ) and physical expression ( $r = .34$ ) further supports the idea that perception of a mother's behavior plays an important role in shaping a daughter's sense of her own sexual desire.

One could argue that mother's sexual relationship happiness is related only because it a projection of the daughter's own sexual happiness. Perhaps the participants in this study assumed that if their own sex lives were good, their mothers' sex lives must have been good as well. This would imply that daughters are overly merged with their mothers. However, results of this study suggest otherwise. Women with higher ownership of desire appear to be more differentiated from their mothers.

There are trends in the data, at the  $p < .10$  level of significance, suggesting that a woman's differentiation from her mother, as measured by Blatt's Conceptual Level scale, is related to a woman's awareness of sexual desire ( $r = .30$ ) and a likelihood of describing the physical experience of

desire ( $r = .29$ ). In addition, the degree of differentiation from one's mother as measured by the De-illusionment scale is also related, as a trend at the  $p < .10$  level of significance, to the extent that women describe the physical experience of sexual desire ( $r = .30$ ). Also, Conceptual Level for mother were found to account for a significant portion of the variance regarding awareness ( $B = .24$ , with  $F(4,24) = 6.51$ ,  $p < .001$ ) and physical expression of desire ( $B = .51$ , with  $F(4,24) = 5.68$ ,  $p < .002$ ). The fact that both measures of differentiation from mother, Conceptual Level and De-illusionment appear to be related to women's ownership of sexual desire, especially regarding the physical, bodily experience of desire, warrants further discussion.

Based on this study, it appears that the more a woman experiences her mother as a separate individual, the more likely she will be to describe the physical experience of sexual desire, and the more likely she will be self-aware of the nuances of her sexual desire, such as the ups and downs, and the internal

and external triggers of her desire. One explanation for this phenomenon is that the more a woman perceives her mother as a separate individual, the more she is likely to be self-aware and self-referred regarding her own experiences of sexual desire. In the absence of unresolved ambivalence with her mother, a woman may comfortably identify with her and, therefore, is more likely to accept her own feminine identity, including the experiences of her female body (Bernstein, 1993; Horney, 1932; Langer, 1951, translated 1992). When conflicts with a woman's mother are too extreme, identity with her may become disavowed, making it harder to integrate feminine aspects of the self, in this case, the physical and emotional experience of sexual desire.

Conflicted relationships with one's mother have been discussed by Langer as having poor effects on a daughter's sex life (1951, translated 1992). Mahler (1981) believed that individuation from one's mother neutralizes aggression and promotes libidinal interests. A case example offered by a specialist in

sexual desire disorders described a woman who had a highly conflicted relationship with her mother (not enough closeness, too much control, rage, and unmet needs) and who had fears of merger in sex (Edward, Ruskin, & Turrini, 1991).

These results on perceptions of maternal sex life also lend support to the first part of Benjamin's theory which states that women's agency of sexual desire is encouraged by having a mother who is a sexual agent herself. These findings can be interpreted as suggesting that perception of maternal sex agency influences a women's sexual desire through the internalization of a learned model of maternal sexual relationships. This internalization takes place, in part, through processes of identification.

Consistent with literature on women's gender identity formation, women in this study appeared to identify more often than not with their mothers regarding sex. In this study, women's ownership, agency, and integration of desire tended to resemble their mother's sexual agency and sexual relationship

happiness, or the lack thereof. This finding is consistent with prior research which found that parental sex guilt had the most impact on the same sex child (Abramson, Michalak, & Alling, 1977).

There remains the question of how daughters form perceptions of their mothers' sexual lives in the first place. Some feminist psychologists assert that traditional gender role polarization has resulted in motherhood being defined as primarily gratifying others' needs while minimizing one's own. Thus, a mother's own desires, including her sexual desires, are rendered invisible (Benjamin, 1988; Chodorow, 1978). Maternal desexualization has been fostered by many psychologists as well, argues Oberman and Josselson (1996), when mature womanhood is defined as replacing sexual gratification with maternal gratification. Nonetheless, most participants in this study were able to surmise whether they thought their mothers had a good sex life or not, although describing a mother's sexual desire was much harder, if not impossible.

This study was not designed to demonstrate to what extent the participants' perceptions of their mothers' lives were accurate. Women's perceptions of their mothers' sex lives, as reported in this study, might, to a greater or lesser extent, be constructed of self-projections. The process of perception takes place on both conscious and unconscious levels and it is impossible in a study such as this to determine "real life" accuracy.

Data was gathered and scored based on responses to such questions as "When you were growing up did you see your mother as a sexual person? (same for father), "What do you imagine your parents' sex life was like when you were growing up?" and " Who do you think you are more like sexually, your mother or your father ?" Many participants found these difficult to answer, in part because of the discomfort in thinking about their parents' sex lives in the first place, in part because this is a topic that was typically not discussed or displayed openly in the home.

The women in this study based their perceptions

of their mothers' sex lives on different types of information, some of which were probably unconscious. For example, some women in this study "guessed" that their mothers had good sex lives because they seemed happy and affectionate with their husbands, did not have affairs, and seemed comfortable with their bodies. Others "guessed" that their mothers had bad sex lives if they were physically squeamish, complained about the sexual inadequacy of their husbands, appeared as helpless victims of infidelity, or were unable to recover from divorce. Some women based their perceptions on discussions in which their mothers reportedly told them about their sex lives, but this was the minority. Below are some examples.

One "high ownership" participant, in response to the question, What do you think your parents' sex life was like when you were growing up?, said "I think it was fairly active." and then in response to the question on who she is more like sexually, stated, "My mother is more of an extraverted open-type person who gives more of herself. She has definite

inhibitions but she fights against those inhibitions. She allows herself sexual pleasure and I'm like that to a certain degree."

Another "high ownership" participant explained how she came to her view of her parents' sex lives:

Yeah, because they were always very affectionate and I always got the sense that they were always very much in love even as they got into their later years. There was never any extramarital anything. Even if they had kept it a secret, sometimes those things it's hard to keep it a secret. I just always felt that they had a lot of love and desire only for one another. They were very into each other. Thought a lot of one another. Had respect for one another which was nice.

The following is an example of a participant using specific memories which, if true, seem to validate the participant's perception:

As I said before the way they hugged you just

felt the joy in the air. And as a little kid I probably just felt "Isn't that sweet, Mom and Dad just really love each other" because I wasn't considering that part of life yet. By the time I got to be in my early 20's and so on I noticed that a lot of my friends' parents were divorced and mine weren't, and no longer being a virgin and aware of my sexuality at that point I assumed that things were pretty good for them. And then after my Dad passed away, my Mom and I were sitting at the kitchen table and she had her wedding ring on her finger with his wedding ring on with hers together, and just reminiscing, but she just looked at me and smiled, and my Mom never swears and she looked at me and said "He was the best damn lover in the whole world", confirming my hunch, and that made me happy. That knocked me out. That really made me feel good that she had that 40 year marriage, and also that she felt close enough to me as woman to say that, you know.

Women with less ownership tended to perceive their mothers as having had less ownership:

My mother was petrified of sexuality and was more than petrified of my sexuality and made me feel very afraid of any kind of sexual activity, I mean to an extreme degree. My mother hated sex. ... I think it was my father wanting to have sex with my mother and my mother not. They slept in separate beds. You know, mother, mother would have sex with my father sort of out of duty. You know, I think my father was a frustrated man.

A woman who reported having difficulty maintaining any sexual desire in a relationship beyond the initial attraction phase, responded to the question of which parent she is more like sexually, with:

Probably somewhere between my mother and my real father. I think my mother is most of the time not sexual which I most of the time am not also. I

feel like I'm more of the, I have more of that real passionate, kind of musically oriented -- and like my real father. He loves music, he's had many affairs, I've had many men. My mother is more traditional. I think it's not the biggest thought or biggest concern of hers. I think she's like me, in some way, that she likes the affection. The most important is the man is kind, and a good heart, open to growth. Being sexual, although she loves it, it's not her primary concern.

And a participant who described her own lack of sexual desire as a result of marital conflict, reported:

I don't think my mother liked it. I could be wrong. I never got the feeling that this was something she loved. She told me, I remember one night, "I never liked sex." I think she just did it as an obligatory. Maybe I'm wrong, I don't know that for a fact.

It is interesting to note that in a case where the mother was perceived as having a poor sex life, and yet the daughter nonetheless managed to develop a positive sense of sexual agency, this woman reported that she identified with her father, when asked about who she was more like sexually. As she explained, "Anything I needed I went to my father. Including questions about sexuality as I was growing up. I never, I don't believe my mother had an answer for anything." In this way, this woman found a way to develop a sense of sexual agency, even it meant relinquishing gender identification in this area with mother. For example, this same woman went on to describe:

That the sexuality, like the way guys kind of use it, was more of a power trip, than a female, loving, nurturing, you know, I had more like boys' sex messages in my head without realizing it. So I went out into the sexual arena much more aggressively than most girls did. I still brought

that tomboy mentality and yet I found that as I became sexual in that way it got a favorable response from the primary parent in my life which was my father.

Thus, while there may be a tendency for women to identify physically and sexually with their mothers, this is not always the case. As Benjamin (1995) pointed out in her latest book, identifications are multiple. This can be taken to mean that women construct self identities based on a combination of identifications with multiple figures in their lives.

#### Perception of Paternal Sex Attitudes and Sexual Life

Although the results concerning paternal sex attitudes did not reach the level of statistical significance at the  $p < .05$  level, there were some interesting trends at the  $p < .10$  level. There were correlations of .31 with awareness of sexual desire, and .32 with physical expression of desire.

Furthermore, when other variables were controlled for, paternal sex attitudes gained power as a predictor of the variance of awareness ( $B = .44$ , with  $F(4, 24) = 6.51$ ,  $p < .001$ ) and physical ( $B = .37$ , with  $F(4, 24) = 5.58$ ,  $p < .002$ ).

It is interesting to note that perceptions of paternal sex attitudes were related to daughters' awareness and physical expression of sexual desire, while maternal attitudes were not. One interpretation of these results is that while a mother's role in fostering a daughter's sexual ownership is primarily to set a good example through her own behavior, a father's role includes both his behavior as well as his expressed sex attitudes, verbal encouragement, and the recognition, and/or permission, of his daughter's sexual strivings and feminine attractiveness. This finding lends supports to the perspective that the father's role is both to allow identification with him, as well as to support his daughter's femininity (Bernstein, 1993; Secunda, 1992).

It also may be the case that the women in this

study perceived their mothers as more likely to discuss their love lives with them than their fathers were. Thus, fathers' sex attitudes may have taken on more weight, relative to mothers' sex attitudes, since that is the only communication, if any, that daughter's probably received from their fathers on this topic.

Also, fathers' attitudes may have been perceived by their daughters as a model for how men in general perceive women. Thus, if a father expresses positive attitudes about sex and especially about his daughter's emerging sexuality, then daughters would be more likely to feel self confident in this area, in relation to other men (intersubjective), and in allowing themselves to recognize their own desire (awareness and physical).

Although the results concerning paternal sexual life happiness did not reach the level of statistical significance at the  $p < .05$  level, there were some interesting trends at the  $p < .10$  level. Trends may be especially worth considering here, given that the

sample size for fathers' sexual relationship happiness and general relationship happiness was small. Many of the fathers had divorced and lived outside of the home. Thus, the women in the study reported less knowledge of their fathers' love lives as a result.

Of this small sample, this study found trends suggesting that perceptions of fathers' sexual relationship happiness appears to be related, at the level of  $p < .10$ , with a woman's physical awareness ( $r = .50$ ) and integration ( $r = .56$ ) of sexual desire. There is little in the literature to explain why perception of a father's sexual relationship happiness may be related to a woman's reporting the physical experience of desire. This finding could be interpreted as calling into question the concept of same sex gender role identification. Another possibility is that a father who is able to establish a good sexual relationship is also a father who is more likely to express positive sex attitudes to his daughter, raising her self-acceptance, and thus physical awareness, of her own desire. A father who

is unable to find happiness in sexual relationships might express denigrating attitudes towards a daughter's sexual strivings and/or towards women in general.

The finding that integration of desire may be related to perceptions of paternal sexual relationship happiness lends further support to the view that perceptions of parents' sexual lives are related to women's ownership, agency, and integration of sexual desire, possibly through learning and identification processes. Another point to consider is that the sample from which this information was drawn consisted primarily of fathers who were not divorced. Thus, in cases where parents remained married and were perceived to have had high sexual relationship happiness, daughters had a positive model of how to integrate sexual desire into their own relationships.

### Limitations of the Study

Because of limited existing research in this area, this study developed new measures which could undoubtedly be refined, improved, and externally validated with greater use.

The sample used in this study represents a narrow and relatively homogeneous segment of the population; white, middle-class, married or cohabiting, 28 - 47 year old women. It also is a small sample of that segment. This limits the implications of this study from a cultural standpoint as well as from the scientific standpoint of generalizeability. However, the homogeneity of the participants improves the chances that the differences between them on the dependent variables are a function of the independent variables, rather than on cultural, economic or other social differences. Even so, an in-depth sampling, such as the one in this study, highlights the individual differences between people, as well as some similarities, and demonstrates the dangers of trying

to overgeneralize any information. Cronbach (1975) has concluded that social phenomena are too variable and context-bound to make broad generalizations. He recommends that the researcher should be aware of the variables of setting and personal individual differences and concludes that "any generalization is a working hypothesis, not a conclusion." (Cronbach, 1975: 124-125)

### Summary and Conclusions

This study represents a first step towards understanding some of the factors influencing the development of ownership, agency, and integration of sexual desire in women. Based on the findings and in consideration of the limitations of the study, the following conclusions can be drawn - 1) It appears that 27-47 year old, married or cohabiting, middle class, well-educated, caucasian women who have a relatively high ownership of their sexual desire compared to similar, low-ownership women, are more

likely to have perceived their mothers as having a positive sexual life, are more likely to have perceived their fathers as having expressed positive attitudes about sex, and are more differentiated from their mothers, as compared to women with low ownership of sexual desire. Women who are best able to integrate sexual desire into their marriage or love relationship are more likely to have a higher degree of de-illusionment (understanding and acceptance of differences) regarding their current spouses or partners, as well as perceiving high maternal sexual relationship happiness and positive paternal sex attitudes. Women who have higher sexual desire agency are more likely to perceive their mothers as having higher sexual relationship happiness, are more interpersonally related, and more de-illusioned regarding their partners than women with less agency.

2) The variable that accounted for most of the variance in sexual desire scores was found to be perception of maternal sexual relationship happiness.

3) Finally, most of the women in this study

(61%) expressed some difficulty making verbal requests of sexual desire during lovemaking. This seems to be due to feelings of vulnerability, fears of rejection, and concerns about "selfishly" putting one's needs over the other's, as well as the desire for lovemaking to be a non-verbal, flowing experience.

Hopefully, these findings may prove useful in clinical practice. This study points to some areas that could be worth exploring in psychotherapy. For example, a patient with low ownership of sexual desire might be encouraged to consider her perceptions of her parents' sexual life and attitudes, and to further differentiate herself from them. A patient with low agency of sexual desire might find it useful to examine and develop her general capacity for interpersonal relatedness. A patient with low intersubjective integration of sexual desire might first focus on her view of, and differentiation from her partner. In addition, clinicians are encouraged to investigate their patients' abilities to verbally communicate sexual desires and negotiate conflicting

sexual desires with their partners. Finally, clinicians and their patients are advised to focus less on the quantity of a woman's sexual desire and more on the qualitative aspects described in this study.

### Suggestions for Future Research

New methods of investigation were developed for this study to deepen understanding of women's sexual desire. Repeating this study with a larger sample size would test the reliability of the current findings. It would be important to extend this research to include women of various racial, ethnic, economic, national, cultural, and sexual orientation identities. It would also be valuable to research men's sexual desire, as stereotypes abound for both genders.

Future research could also investigate sexual desire across the life span. How does the experience of sexual desire change as a person ages? The role of

adolescence and first sexual experiences in shaping a woman's sexual desire also await further investigation.

Further research might explore in greater depth the issue of women's discomfort in voicing specific sexual desires to their partners during lovemaking. Do men have as much difficulty as women voicing specific sexual requests? If not, why not? It would also be interesting to investigate how men perceive the negotiations over "giving in" to a partner's sexual desire. Do men "give in" as readily and for the same reasons as women?

This study represents a first step towards understanding how women come to have ownership, agency, and intersubjectivity of their sexual desire. Certainly a lot more light could be shed upon this "dark continent".

APPENDIX A

## THE SEXUAL DESIRE INTERVIEW

Irene Brody

Background Information

## Background

Marital status

How long together

Year of birth

Children, ages, sex

Job status

Cultural/national identity  
raped?

Are you on the pill?

Are you on any medications?

## Education

Religious upbringing

Current religion/how much

Have you ever been in therapy?

Have there been any significant

losses in your life? Who and when?

Have you ever been sexually abused or

INTERVIEW QUESTIONS

1. Which of the following best describes how much sexual desire you have in general : Too much, a lot, medium, not much, but that's okay, not enough, none. If none, ask, is that okay?

2. Has this changed over time or has it always been like this?

3. How often do you experience sexual desire?

4. How long do you think you could go comfortably without sexual activity of any kind? Is there an upper limit of time, for instance, when you would be very much aware of sexual desire?

5. Does your sexual desire follow any patterns or cycles? (Are there times when it feels stronger or weaker?)

6. What accounts for these ups and downs in your desire?

7. Does your desire seem to be affected by your menstrual cycle? If so, how?

8. What role does sexual desire have for you in your life? In other words, how important is it to you?

9. What does the expression "sexual awakening" mean to you?

10. Have you had moments in your life where you've experienced a sense of sexual awakening? When, and what was it like?

11. Did it seem as if you changed? What changed and how?

Now we are going to try something a little different. I would like you to try and think of an image, object, or metaphor for the following questions. Just allow your mind to relax and express the first image that pops into your head. I will ask you to complete a sentence by finishing it with an image or object. Now, thinking about the sexual awakening that you just described, finish the sentence:

12. Before my sexual awakening I was more like a \_\_\_\_\_ ?

13. Afterwards I was more like a \_\_\_\_\_ ?

14. What associations do you have to these images? In other words, what comes to mind when you think of \_\_\_\_\_ (insert the words used above)?

15. If you had to choose an object - animate or inanimate - or an image - to represent yourself as a woman having sexual desire what would it be? (if not mentioned above-with image) Note, if answer above was none, subject can also answer this by substituting: \_\_\_\_\_

15B. What image comes to mind of a woman who has sexual desire?

16. What words best describe how you feel when you experience sexual desire? For example, how would you describe what it is like to experience desire to someone who has never experienced it?

17. What is it you want when you have sexual desire ?. If answer is sex, ask, including sex, are there other aspects of wanting that go along with desire that you can think of. Or ask: Why do you think you want sex? What does it bring you?

18. Does your desire, if acted upon, generally lead to satisfaction - is sex a satisfying experience?

19. How would you describe the sexual experience in terms of how it feels emotionally, not in terms of what actually takes place? What kinds of meanings does sexual pleasure have for you in your life?

20. Are you able to enjoy the pleasure of sex for itself, and for yourself? If answer is no, or has difficulty with that, ask, Could you explain that a little please?

21. In what ways does your sexual desire feel active to you? In what ways does your desire feel passive to you?

22. Do any of these words bring anything to mind in relation to how you experience your sexual desire: Shame, guilt, fear, dominant/submissive, needy, empowered. (Than for each one that the participant responds to, ask them to describe what they mean by that. Take them one at a time.)

23. Do you ever feel afraid that you will lose yourself when you feel sexual desire, or during sex? If answer is yes, ask, how do you fear that your self is threatened? And if answer was yes, also ask, do you feel a need to protect your sense of self by withdrawing from your desire?

24. How do you express your desire? Are there any other ways?

25. Do you have trouble asking for what you want sexually? If so, why do you think that is?

25a. What is it like if your partner is in the mood for sex and you aren't? What usually happens? Do you have trouble saying no if you don't want to?

25b. What triggers your desire in the first place - where does sexual desire seem to come from? Ask for internal and external if not given.

I would like to ask you a few questions on your current marriage (or relationship).

26. Putting aside the sexual part for now, how would you rate your overall marital satisfaction on a scale of 1 to 5. 1 = very unsatisfied. 2 =somewhat unsatisfied 3 = okay 4 = fairly satisfied 5= Very satisfied

27. How would you rate the sexual part of your relationship?

28. How would you rate your level of sexual desire in the relationship? In other words, are you satisfied with how often you want sex with your partner?

29. How would you rate your partner's level of sexual desire in the relationship?

30. How often do you initiate sex with your partner compared to how often your partner initiates?

31. How would you like it to be?

32. Do you think you are attractive physically?

33. Do you think you are sexy?

34. Does your husband/partner find you attractive physically?

35. Does he find you sexy?

36. Do you find him physically attractive?

37. Do you find him to be sexy?

I would like to take a step back in time now and ask a few questions about your family background.

38. What messages did your mother give to you about your own sexuality?

39. (Same for father)

40. When you were growing up did you perceive your mother as a sexual person?

41. When you were growing up did you perceive your father as a sexual person?

42. What do you think your parents sex life was like when you were growing up?

43. In terms of your feeling and thoughts about sex, do you think you are more like your mother or your father? Explain. (In what ways are you like your mother, in what ways are you like your father.)

44. And putting sex aside for a minute, in general would you say you are more like your mother or your father.

45. Thinking just about your father, do you remember wanting to be like him when you were growing up? And how about your father, did he encourage you to be like him or did he discourage or block you from identifying with him? In other words did he treat you as an

“other” - like you were very different or even alien to him?

46. Do you remember first getting your period? Do you remember what your parents reactions were when you began to menstruate?

We have come to the end of the interview. Is there anything about your sexual desire that you would like to add? Is there any area I did not give enough attention to? How was the experience of this interview for you?

**APPENDIX B****OWNERSHIP OF SEXUAL DESIRE SCALE AND CODING MANUAL**

Irene Brody

**Scoring Each Subscale:**

There are six subscales measuring six dimensions of sexual desire: self-acceptance, self-awareness, physical, emotional, agency, and intersubjective. Each subscale is scored from a low of one to a high of five. Some subscales have all five levels defined, with examples. Others have only three or four levels defined. In these cases, use scores of two and four to denote "in-between" the other scores.

**Scoring Procedure:**

Scores are given by evaluating the responses to the Ownership of Sexual Desire Interview. Although specific questions are more relevant to specific dimensions, it is important to read the entire interview in light of each dimension, as there may be pertinent information spread throughout the data. It is suggested that the entire interview be read through at least once before scoring.

In some cases the participant may be having trouble with desire because of depression or problems in their relationship. If they can speak about having a sexual desire that truly seems owned, integrated, and has a sense of agency but is only in a temporary slump, they get the higher score. If they complain that their desire is low because of current problems, but their discussion of desire on all questions causes you to doubt whether they have ever had ownership of their sexual desire, they get a lower score.

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## Self-Acceptance

Self-acceptance refers to how comfortable a person is with her sexual desire, the value judgements she places upon her experience of her own desire, and how she feels about how much desire she has.

### Level 1: Disavowed or Driven

The quantity of desire may be high or low, but desire seems split off from other aspects of the self. Desire may be nonexistent, or disavowed, and the person may be unhappy or feel that they are missing something from life, such as feeling that part of them is dead or incapable of feeling. If desire is high it has an obsessive quality to it; the person is driven by desire and might experience sexual desire as a dangerous, out-of-control force. There might be the wish to be free from desire, such as the feeling that life would be better without having to deal with it.

#### Examples:

I have desire at the beginning of a relationship but then it fades away or even disappears for a long time. It's like the sexual part of me just dies and I don't know what happens to it.

Sometimes I wish that sex was just not part of an intimate relationship at all. It makes everything so complicated and I think my life would be much easier without it.

I have to watch out because my desire will take me over and lead me to get involved in dangerous situations or forget about myself and who I am completely, I can get under someone else's control, you know.

## Self-Acceptance - Continued

### Level 2: High Conflict

There are negative values placed on the quality and quantity of one's desire, but it is not disavowed or totally driven as in level one. There may be embarrassment, guilt, shame, or other negative values placed on their sexual desire or about the self sexually. Rather than experiencing desire as a right one is entitled to having, there may be a sense of neediness and possible shame about having these needs. Or else the person may feel that their desire is too strong a force for them to handle sometimes, although not as overwhelming and compulsive as in level one. .

#### Examples:

I don't like to think of myself as feeling really sexual. I guess that's probably the whole thing, I think I just hit it, that I don't like to think of myself as being like someone who needs to have their desires fulfilled, that's it.

I would say shame plays a great part in my feelings about desire. There's a nightmare image I have of myself as being seen as a horny aging woman. And when I feel someone is seeing me that way - not just the man I desire, but, you know, people who know me or whatever, uh, I feel a deep sense of shame about that. That I can't control myself, that I'm a figure of ridicule. Shame and humiliation is the word that I would add to shame.

### Level 3:Medium conflict

The person may be unhappy with the quantity or force (too much or too little) of their sexual desire, but not to the extent the they wish they had no desire. They do not feel hopeless or withdrawn from the situation. Rather, it is something that they want to work on. They continue to engage in sex and experience desire, but it is accompanied by negative feelings

## Self-Acceptance - Continued

### Examples of Level 2:

I wish that I had more desire and I think that I wanna have more sexual desire but when it really comes down to it I don't. I don't think it has to do with me separate from the situation... it's not a physical or emotional stage of my life - it has more to do with the situation.

Lately I seem to be just not as um, in tune with, uh, with what I need when I need it. Sometimes when I make love with my husband I feel like I want one thing but then it ends up not being what I hoped it would be. So I feel like I need to be awakened again. To work at it.

### Level Three:

An "In-between" score. Used when person's conflicts or ambivalence are right in the middle. One feels one's desire is "okay", without much enthusiasm or negativity.

### Level Four: Fairly Good Acceptance

The person describes their sexual desire and sexual sense of self in predominantly positive terms. There are still some minor inhibitions, lingering doubts, or unresolved conflicts. There may be some issues that the person would still like to improve on, but there is the sense that for the most part they are very satisfied with their sexual desire. If there are issues, there is a sense of growth and change on these issues.

### Examples:

I'd say at times I felt shame because my sexual desires come out of neediness and insecurity and clinginess and um, I've um, in a sense been, uh, manipulated to get, to try to have those feelings, to try to feel better about myself through sexuality, to feel like I was loved when there are many better ways to go about it than that.

## Self-Acceptance - Continued

really satisfy all that stuff inside of me too, so that would produce shame you know. I've used sexuality to feel like I was loved and I've come to realize there are better ways. That is starts with loving yourself.

### Level 5: Full Acceptance

Having sexual desire is seen as highly enjoyable, as one of the true pleasures in life, not abstractly, but in the sense that the person actually experiences it this way. Sexual desire is described positively as creating feelings of empowerment, expansiveness, mastery, satisfaction, and pleasure. Sexual desire is aimed at sexual pleasure for the self, even though it is most enjoyed with another person. The motivation is clear and unashamed. The importance of desire is not overstated - it is not THE only meaning of life. The person seems comfortable and satisfied with their sexual desire. There is a feeling of self confidence about their body, their appearance, their ability to be sexy and sexual.

.It is important to note that for some people, they may not have any desire, or have little desire, but feel fully accepting and comfortable with that fact. The stress is on self-acceptance, not on the quantity of desire. Whatever one's desire is, it is okay with the self.

#### Examples:

I know what I like, I know what I need and I know what I want and I like getting it the way I want it and the way I need it.

I don't think I'm outwardly sexy...but I think that any man who has ever gone to bed with me would say that I'm very sexy.

It's something that makes me feel good so it's attractive inherently and I feel good about it. I feel good both as a self and inside and outside. It's all over feeling good.

## Self-Awareness of the Experience of Desire

Self-awareness refers to one's knowledge about the self regarding sexual desire and what triggers desire.

### Level 1: Unaware

The person is unable to explain how their sexual desire is integrated within their personality. There is little or no understanding of why it may be stronger at times, weaker at others, what triggers it in the first place, or if there is dissatisfaction with the quantity or quality of desire, there is no understanding as to why this might be so.

#### Examples:

I just forget all about sex sometimes. I have no idea why. It's really strange.

I just wake up and feel desire. I don't know why.

### Level 2: Externalized

Person can give some external triggers for desire but no internal ones.

#### Examples:

I don't really, couldn't say anything in particular. I mean, if I see something in a movie, you know, it probably will trigger my sexual desire but other than that. (shrugs, gives nothing else)

### Level 3: "In-Between"

The person may offer some awareness about their desire, including both external and internal triggers, and what accounts for ups and downs, but doesn't seem very attuned. An "average" awareness for something that is not thought about much.

## Self-awareness - Continued

### Level 4: Fairly Good Awareness

The person expresses some insight as to the ups and downs of their desire, as well as the triggers. However, they may still have some areas of doubt, things about their desire that they have trouble acknowledging, or don't understand.

### Level 5: Fully Self-Aware

The person knows why and when they experience desire, and how it interacts with other aspects of their life. They are able to describe clearly the experience of sexual desire. The person can explain where desire seems to come from and how it is triggered. Some of the triggers are self-referential not just external. The self plays a mediating role in recognizing and modulating desire. The person knows what accounts for rises and falls in her desire.

#### Examples:

The triggers are external but desire comes from within. Spring awakens me in every sense, emotionally, sensually, that leads to sexual....But I can feel desire just by thinking about it if I want to.

Sexual desire means a lot to me because it is one of the great pleasures of life. It is not everything, I enjoy a lot of other things. It's not even the most important. My kids are more important to me for example. But feeling sexual desire is part of feeling alive, even if it's not always possible to get it fulfilled.

## Physical

Physical refers to the extent to which sexual desire is recognized as a bodily experience.

### Level 1: Absence of the Body

The physical bodily component of desire is missing. There is not mention of a bodily experience of desire. Or if it is discussed, there may be an absence of feeling, a sense of physical deadness, or confusion about physical signals. The physical aspects of sex - touch, smell, sounds, tastes, of self and/or other may be experienced as repulsive or anxiety provoking. The person might feel split off from her body, as if the body is outside of the experience, or the mind is somewhere else. If the person has excessive, obsessive desire, it may be felt as if the body has control over the mind. Desire may be felt in fantasy, but not physically. Physical, genital sexuality may be seen in a negative way, as disgusting, vulgar, upsetting, ugly.

#### Examples:

I think I want to have sex but my body feels like it is on another planet.

Sexual desire is like, not so much a physical thing but more like the idea, the romance of getting swept off your feet, of candlelight dinners and dancing under the stars.

### Level 2: "In-Between"

### Level 3: Vagueness about Body

The person may express some physical aspects of desire, but these may be muted, such as saying "tingly, bubbly". Or there may be a vagueness about the sexual aspects of sexual desire and a reluctance

to say what it is that one wants; sex seems more abstract. Or it is confused with emotional needs. If it's physical, it doesn't sound very sexual.

**Example:**

I want..to feel more.

I want to be touched and given pleasure in any way possible. It doesn't have to lead to intercourse or orgasm but I want some kind of pleasurable physical contact.

Level 5: Fully Physical Sexual Desire

The person is able to describe the physical aspects of sexual desire, such as: hot; wet; aching; a heightened sensitivity to touch, smell, taste, a desire to be sexually touched and given sexual pleasure.

**Example:**

What do I want? I want sex. I want someone to touch me and make love to me and I want to have an orgasm.

It's a gnawing sense, a pain, or just a strong desire. It's something that is not about reason, just a pure physical something that is hard to resist. Nothing will undue it until I act upon it.

I feel a physical craving in my whole body and especially in my vagina. Sometimes I want sex so badly it is an achy feeling.

## Emotional

Emotional refers to the range of emotions experienced as part of sexual desire, from tepid to passionate.

### Level 1: Absence of Feeling

The person finds it difficult to describe sexual desire on an emotional level concerning the self - it is hard to put into words what one feels when experiencing desire. What is missing from the description is a sense of passion, intensity, and yearning. The emotional description is flat, intellectualized, or seems faked. There may be a passive quality in that sexual desire is expressed only in terms of the object one desires, or the desire to be an object, rather than an ability to describe internal feeling states such as longing and passion.

#### Examples:

Desire feels like... What do you mean what does it feel like? I don't know. It's just, it feels like you have desire, that's all.

I don't like to think of myself as feeling really sexual. I guess that's probably the whole thing, I think I just hit it, that I don't like to think of myself as being like someone who needs to have their desires fulfilled, that's it.

### Level 2: "In-Between"

### Level 3: Middle-of-the-Road Emotions

There is some expression of the emotional experience of desire, but there is something restrained or constricted about it. The person may mention one or two feelings, but they all sound somewhat vague and basically the same, such as the group: good, nice, okay, or: hard, difficult, a drag. When asked to expand or explain there is trouble. What

is missing is a sense of a range of feelings and depth of feelings. The emotions fall in the mid-range of experience.

#### Level 4: Fairly Good Range of Emotion

The person is able to offer some range of emotions concerning desire, but not as intense or variable as level five. It doesn't feel as full of an experience as it could be.

Example:

Warm, excited, I would have to say giving as well as needing. My body feels warm and good and comfortable and free.

#### Level 5: Expressive

The person is able to describe what it feels like to have sexual desire on an emotional as well as physical level. The feelings of desire, passionate feelings of longing, and wanting can be expressed with a range of intensity from mild to overpowering.

Examples:

Sexual desire can be so many different things, can be a hunger, like eating, like those plants that eat--that open up. It can be with an aggressive quality or it can be in a really yummy kind of way. It can be so many kinds of things. It can be like a more melting kind of thing -- loss of boundaries in a more pleasurable kind of way -- not quite so powerful, so urgent, but pleasurable like a beach, or a tree. Or it can be something else, a physical thing that feels kind of not me, but powerful, but also dangerous in a sense. Something that drives me rather than something that I'm driving.

## Agency

Agency includes the ability to be active and feel a sense of empowerment and mastery, as well as the specific skill of communicating one's desires to others.

### Level 1: Passive

A lack of agency is indicated when a person cannot describe any active aspects of their sexual desire. The person seems mostly unable to express, communicate, or seek actively to fulfill desire. There is difficulty in expressing what one wants sexually. This may be justified by the belief that the other person should magically know what is wanted. The person may say that they rarely or never initiate sex, but just wait for the other person to make the first move. There may be a useless feeling about expressing desire, because it will only lead to disappointment or rejection, so why bother. Desire has a passive, submissive aspect to it.

There may be difficulty in saying no to unwanted sex, because of fear of losing the other, hurting them emotionally, losing the value that the self has for the other person, or simply feeling that sex is a necessary obligation to keep a relationship going.

When talking about desire in the interview, the person may tend to switch to "You feel...", instead of taking an "I" position.

#### Examples:

I have real trouble saying what I want. I don't know why. I guess I feel like he should know already.

I don't take the initiative, like I don't start something. Because I'm not an outgoing person. I've never been able to start things. I'll just wait.

### Level 2: "In-Between"

Agency: - ContinuedLevel 3: Conflicted/Ambivalent

The person is able to express their desire and what they want some of the time, but not consistently. The usual concerns are fear of rejection and fear of hurting the other's feelings.

**Examples:**

Yes I really do. (have trouble asking for what you want sexually) I mean, I don't always have trouble. Sometimes I have no trouble at all. But I think there's this sense of fear of rejection. And so, I feel too vulnerable. I think that's what it is for me. My sense of desire, my sense of my sexuality has something, has a lot to do with vulnerability.

Level 4: "In-Between"Level 5: Active Agent

There's a sense that one can get one wants. The person is able to express desire in direct and effective ways. The person is able to get what they want sexually by asking for it if necessary. There is little or no fear of expressing emotional and physical sexual desires or responses to sex. The person feels a sense of mastery and empowerment when expressing their sexual desire.

**Example:**

I express it by touching or kissing my partner in a passionate way. Sometimes it's just a look, because a look says quite a lot, and we can read each other that way. Or sometimes I just state directly, "I really want you right now, would it be okay if I jumped on top of you?"

I used to have trouble asking for specifics during sex but I have gotten much better at that. I can say things like,

"Don't stop touching me, I'm about to come" or "Not so hard" or "Let's roll over" or "I would love it if you would...", whatever, because I don't want to end up feeling like it wasn't a good time for me. And he appreciates it if I tell him, it's more fun for him too because he knows he's making me happy. I know I like it when he tells me what he wants, also.

### Intersubjectivity

Intersubjective refers to the quality of interpersonal dynamics related to sexual desire, or how well sexual desire is integrated into the relationship.

#### Level 1: Avoidant, Domineering, Unrealistic

Desire may be felt in an idealized, overly romantic way, but it is not translated into actual relationships. I.e., a person constantly falling in love with unattainable others. Or the person may be unable to maintain a sex life in an intimate relationship, although possibly initiates affairs outside of the primary relationship - there is a split between sex and intimacy. Or the person might avoid sex in relationships altogether. The person may be more comfortable giving sexual pleasure, but not receiving it. This may stem from a fear of losing control, or losing a sense of self by releasing into a merged emotional state without boundaries between self and other.

Desire is avoided because one is afraid of being engulfed by the other, of becoming dependent on the other, of not having enough separateness. Although this can be a concern at other levels, in this category it is accompanied with a turning off of desire or an unwillingness to even try.

There may be repulsion or disgust at the thought of sex with another person.

Desire may be associated with the need to dominate or have power over others. The other person may be seen only as a sexual object to be conquered and thus devalued as a whole human being. In some cases, such as excessive obsessive desire, the motivation for desire seems to come not from an internal wish for pleasure but rather from a wish to express anger, or gain power over others, manipulate others, or make others dependent on the self.

### Examples:

I think I just learned that sex can be a way of having power over men, like you can make them want you, whether you want them or not.

It could make me a slave, submissive, manipulable.

A fear of losing control, of falling into an abyss. Of getting lost. Of finding out that I was alone. Of losing my bearings and not getting back to earth. I had seizures as a kid and that's what it felt like.

### Level 2: "In-Between"

### Level 3: Conflicted/Insecure

A person with medium ownership usually places a great deal of emphasis on the relationship with the other person, sometimes to the point of being overly concerned about the other and unable to act on one's own behalf. There is less discussion of giving and receiving pleasure, and more about receiving closeness or fear of being rejected; the desire is more about love, not sex. The person may have difficulty separating their sexual desire from other aspects of the self, in that if they are rejected sexually, they feel their whole self is being rejected, that they are unloved or unlovable. The sense of self is somewhat shaky and there may be a fear of losing oneself in the

relationship. The other is seen more as a powerful person who can give or take away self-acceptance, rather than as a loved and desired other in their own right.

There is a confusion between sexual desire and emotional neediness, rather than the enjoyment of both at the same time. Sexual desire may be seen as a substitute for something else, such as closeness, or a need to please the partner and to feel needed.

#### Examples:

For me it was a way to express my need for closeness, was to do it, something, sexually. And this was something that I found was an avenue of getting closer to people although it was not the way that I wanted it.

To be so needy is to allow for the possibility, for, um, it means I can't make it on my own. So if there's rejection I'm left feeling unbalanced. There's a sense where desire can be overpowering, but there's a sense where I lose my boundaries and I'm not whole. I'm whole within the unit, but not whole by myself.

Because the power struggle almost always feels bad, or winds up feeling bad. Or if I feel like I'm at the losing end of that power struggle, or else if I'm, if I have a temporary triumph, I pay for it enormously in emotional coin. Because I feel like the power I have is physical and when I lose that, I lose on the emotional power. I don't have the emotional ability to hold someone emotionally or feel powerful over them emotionally the way I do over certain men I desire. I feel a tremendous need which is like a power that is moving in me and overtakes me. Sometimes I feel that this power has an effect on other people and it becomes a power that I can exert over men. But more often I feel like it has a power over me which is - ah - if it's not going to be fulfilled it feels miserable.

#### Level 4: "In-Between"

## Intersubjectivity - Continued

### Level 5: Full Integration

The person is able to receive and give sexual pleasure, sees both roles, active and passive, as pleasurable. There may be the sense that the person enjoys sexual exploration and the physical contact, smells, sounds, tastes, touch, of the other. Closeness, intimacy, affection, playfulness, and fun may be mentioned.

The person expresses confidence that the self is attractive, pleasing, and enjoyable to the other.

The person expresses pleasure in the feeling of losing the self in the other. There also may be the sense of enjoying the separateness of the self and the other, the pleasure of being aware of mutual pleasure of two separate people.

Desire has both a sexual and emotional component, it is seen as the pleasure of merging with a loved one on both levels. Yet, the person is able to distinguish sex from love.

There is the ability to establish a relationship that is both sexually and emotionally satisfying, and if not in such a relationship, the person is working towards that goal.

The person is able to tolerate temporary frustrations and delays in sexual gratification out of an understanding of the fluctuating moods, constraints, and needs of both the self and the other.

### **Examples:**

I want my lover inside me more than anything else because I know how good it feels when we make love. It is an emotional desire to be with him in that way because it is love and pleasure at the same time. If we're not feeling especially close at the time sometimes sex will bring us closer, although that is not my initial motivation. It's more like a nice extra plus.

Intersubjectivity - Continued

## Examples of Level 5:

I used to feel personally rejected if he turned me down. I think because I had this idea that if he was attracted to me he would always want to make love to me. But I realized that sometimes he just isn't in the mood, like sometimes I'm not, and it has nothing to do with being attracted or not, or feeling in love or not. It's disappointing, but not a personal thing.

The first time I was with him that was marvelous, like entering an ocean of pure pleasure that had to do with being with somebody, sharing that in the relationship.

**Ownership of Sexual Desire Score Sheet**

Coder \_\_\_\_\_  
Date Coded \_\_\_\_\_  
Time spent \_\_\_\_\_

Participant # \_\_\_\_\_

Acceptance \_\_\_\_\_  
Awareness \_\_\_\_\_  
Physical \_\_\_\_\_  
Emotional \_\_\_\_\_  
Agency \_\_\_\_\_  
Intersubjective \_\_\_\_\_

Overall Clinical Interview Assessment: \_\_\_\_\_

Reasons for Clinical Assessment, Comments:

## Appendix C

### THE PARENTAL SEXUAL LIFE SCALE

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The PSLS is designed to evaluate how the participant perceives the sexual attitudes and behaviors of each individual parent, as well as the parents' sexual relationship, and general relationship with each other. There are four scales: parental sex attitudes, parent as sexual being, parental sexual relationship, and parental general relationship. Each category is given a score from one to five, with five being the highest score clinically.

#### Scoring Procedure:

Scores are given by evaluating the responses to the Ownership of Sexual Desire Interview. Although specific questions (#'s 38-46) are more relevant to parental attitudes and behaviors, it is important to read the entire interview in light of each dimension, as there may be pertinent information spread throughout the data. It is suggested that the entire interview be read through at least once before scoring.

Note that this scale is used for each of the participant's parents separately. Thus, there should be 8 scores per participant, assuming the participant grew up with, or knew to some extent, both of their parents. In cases of death, separation, or divorce, score the interview based on as much information as the participant could provide. Assign a score of 9 given to responses that indicate no available information.

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## Parental Attitudes

These are the attitudes, values, and beliefs about sex and sexual desire that the participant feels the parent conveyed to them, whether directly or indirectly, either about sex in general, or directed towards the participant's life.

### Level 1:

Parent expresses extremely negative attitudes, values and beliefs about sexual desire and/or sex. The parent might express never liking sex him/herself. Negative attitudes include: sex is bad, shameful, dirty, disgusting, and so on.

### Level 2:

Parent expresses negatively tinged attitudes about sex, not as extreme as level one, but more negative than positive. For example, sex is a duty, nothing special, a tool to get other things, over-rated, and so on. Other negative attitudes include the double standard - boys only want sex, girls only want love. The idea that "love is a prerequisite for sex" has been associated with negative attitudes in some studies as well, but take into account all that is perceived, or how it seems to have been taken by the participant, because this alone may not have been perceived as negative.

### Level 3:

A neutral attitude is expressed; sex is a fact of life, no more, no less. Or an ambivalent set of attitudes is presented, a "mixed message".

### Level 4:

Parent expresses mostly positive attitudes about sex, with some ambivalence, contradictions, conflicts, doubts. Parents discussion of sex in an open manner, and the attitude that sex should be delayed until matured or married, (not that love is a prerequisite for sex) have also been found in some studies to be

associated with positive sexual attitudes. Yet if "wait until marriage" is the only message, score it as a 3 unless accompanied by some other more clearly positive attitudes.

Level 5:

Parent expresses extremely positive attitudes about sex. Sex is good, pleasurable, enjoyable, satisfying, fun, valuable, something worth trying and pursuing.

Note: In addition to numerical scores note "r" for restrictive messages - where parent seems overly controlling, and "p" for pushy messages, where parent seems to push sexual activity before the participant felt ready.

Score 9:

Parent expresses no attitudes about sex one way or the other that the participant can perceive or remember.

### The Sexual Parent

This is the degree to which the parent is perceived as being sexually proactive, an agent who is able to express sexual desire.

#### Level 1:

The parent is perceived as sexually aversive, or strongly disliking sex.

#### Level 2:

The parent is seen as unhappy or unsatisfied with sex and sexual desire. The parent may engage in sex without much motivation or desire, but is not intensely disagreeable. The parent may be seen as expressing conflicts or inhibitions that prevent them from having a satisfying sexual life. The parent may be seen as a passive "victim" of others' sexual desires, who is unable to express or fulfill their own sexual desires, or to extricate the self from a toxic situation.

#### Level 3: Neutral/ambivalent.

Neutral is when the parent is not perceived as sexual other than "I guess she must have had sex, she had children", without any sense of positive or negative associations to it. Ambivalent is when the parent's actions are contradictory.

Note: If answer to the question "Did you perceive mother/father as a sexual person is "yes" with no explanation, give it a "4" with the understanding that the parent was perceived as having some kind of agency or sexual presence in the world.

#### Level 4:

The parent is seen as being an actively sexual person. For example, the parent may be seen as attractive, as enjoying being perceived that way by others, or by admiring others that way. Note that being a sexual person in the historical context of

this particular parent sample is somewhat different for men and women. For women there is more of an emphasis on clothes and being admired, whereas for men more overt behaviors such as whistling and flirting were more common. There may be some ambivalent or confusing aspects to the parents sexual persona, but it is mostly positive.

Level 5:

The parent is seen as positively sexual, in desire and behavior, as enjoying sex, and able to express desire in some way, appropriate to the situation.

Special Score: "i" for inappropriate:

In addition to numerical scoring, score "i" for inappropriate parental sexual behavior. Use numerical scores in addition. For example, a parent who clearly enjoys sex but flirts with participant's friends might score 4 with an "i". Examples of inappropriate behavior include: flirting with daughter's friends, passionate kissing or touching sexually with other married people at parties, having extramarital affairs, especially if daughter is used as accomplice. Please note the specific behavior.

Score 9:

The participant cannot remember perceiving any sexual agency or desire expressed by this parent. Or unknown, due to lack of information.

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### Parental Sexual Relationship

This describes how the participant perceived or imagined their parents' sex life was with each other. If the parents were divorced, score how the parent enjoyed whatever primary relationships they may have had, including the first marriage, if given. What is scored is how the participant imagined each individual parent seemed to have felt about their sexual life

#### Level One:

The parent's sex life is perceived as almost always having been very negative and unpleasant.

#### Level Two:

The parent's sex life is seen as having substantial problems, where one or both partners are unhappy most of the time. Or else, it may be described as pretty bad, dull, boring.

#### Level Three:

The parent's sex life is either seen as okay, or neutral. Or else, ambivalent, with both positive and negative features.

#### Level Four:

The parent's sex life is perceived as mostly good, with some doubt or qualifiers.

#### Level Five:

The parent's sex life is seen as definitely positive, with mention of some of the following: love, trust, affection, and evidence of romance and/or sexual pleasure with each other.

#### Score 9:

Participant cannot perceive or remember anything about their parents sex life and can't even imagine it, doesn't have a clue.

### Parental Relationship in General

This is how the participant perceived the quality of the parental relationship in general, especially regarding the degree of conflict, satisfaction, trust, and affection.

Level One: The parents' relationship is described in extremely negative terms, lack of love, poor communication, lack of commitment, etc. There is no understanding of why they stayed together, if they did.

Level Two: The parents' relationship is seen as having some strong conflict and problem areas. Or else it is seen as lukewarm, lacking in emotional expression.

Level Three: The parents' relationship is seen as neutral, or unequivocally ambivalent.

Level Four: The parent's relationship is seen as mostly good despite some problems and conflicts.

Level Five: The parents' relationship is seen as extremely good, with possible mention of love, trust, affection, caring, commitment, respect, equality, and so on.

Level 9: There is not enough information.

Note: In cases of divorce, score how it was while the participant was young, before divorce, and note age of participant at the divorce.

APPENDIX D

## CONSENT FORM

This study examines the experience of sexual desire and the development of a sense of self. The study is performed as a partial fulfillment of the requirements for the researcher's Ph.D. in clinical psychology at the City University of New York. A more complete statement of the nature and purpose of the research will be available when the data collection is completed.

I agree to participate in this research project and I understand that:

1. The time required for the study will be about 2-3 hours. I will be compensated 20 dollars for my time.
2. I will be asked to respond to five Rorschach plates, to complete a brief written description of my parents and my current partner and to be interviewed by the researcher. The interview will be tape-recorded.
3. My participation is entirely voluntary. I may terminate my involvement at any time.
4. All the data are treated anonymously. Names of participants will not be connected to information.
5. If I have questions about the research, or need to talk to the researcher after participation in the study, I can contact the researcher by calling (914) 657-5847 or writing to:

Irene Brody  
52 Van Steenberg Lane  
Shokan, NY 12481

Signed

Date

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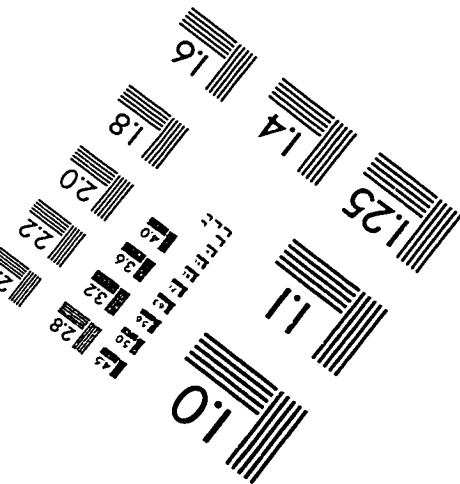
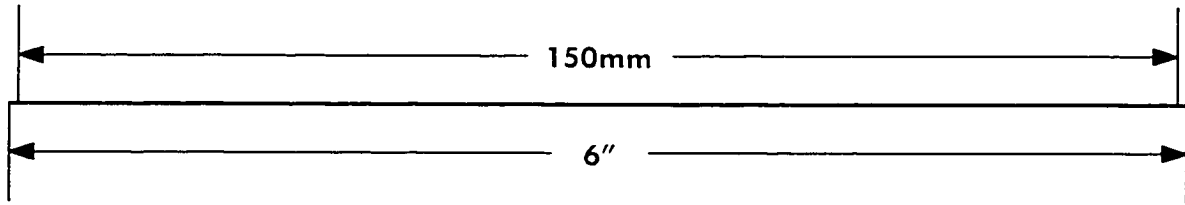
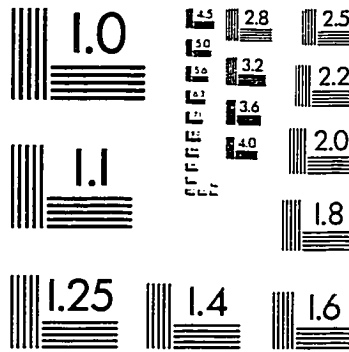
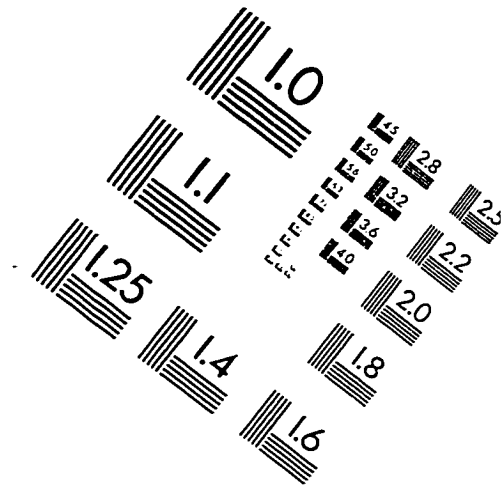
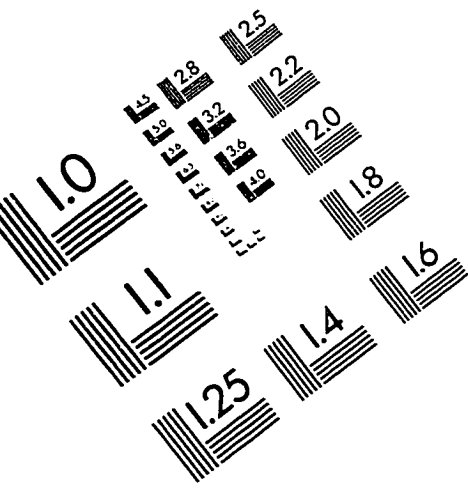
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