do whatever is necessary to facilitate a sexual interaction as she expects potential benefits that, though not strictly sexual, are very important. The increased emotional closeness, bonding, commitment, tolerance of each other’s imperfections, and expectation of increased well-being of the partner all serve as highly valid motivational factors that activate the cycle. She moves from a state of sexual neutrality, to open mindedness or willingness to be receptive to stimuli, to a degree of sexual pleasure and arousal. A sense of sexual desire to continue the experience then follows. Subsequently she may experience higher arousal and possibly orgasmic release. If the emotional aspect of the interaction, as well as the physical aspect, is positive, intimacy is enhanced and the cycle strengthened. In contrast, the traditional “human sex response cycle” of Masters and Johnson and Kaplan, depicts sexual desire as a spontaneous force that itself triggers sexual arousal. See Figure 2.

Note, there is no mention of a driving force of intimacy nor of the necessity of sexual stimuli. Sometimes, of course, this traditional cycle is relevant for the woman in a long-term relationship (as it may well have been at the beginning of the relationship)—especially after physical or emotional distancing or perhaps just after ovulation in the premenopausal woman. In such cases, arousal is facilitated by a sense of sexual hunger that appears to her to be devoid of external triggering. However, the alternative cycle may be a far more common experience for her.

METHODS

In order to assess its clinical usefulness, this alternative model was presented to a series of 47 women with a referral diagnosis of low sexual desire who were seen consecutively at the Vancouver Hospital & Health Sciences Centre

FIGURE 2. Traditional Human Sex Response Cycle—No inclusion of “Intimacy” or “Stimuli.”