

A New View of Women's Sexual Problems

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Definition and Prevalence of Low Desire, HSDD, Low Libido, etc.

Problem 1: Every definition of Low Sexual Desire is “arbitrary”

- P&G defines HSDD simplistically, ignoring the “deep disagreements in the medical and psychological literature about what constitutes sexual dysfunctions or problems” (Richters, Grulich, et al., 2003, p. 169). Richters, et al, authors of the recent 19,000+ participants’ Australian sexuality survey, “regard the concept of sexual dysfunction as questionable. The term ‘dysfunction’ draws on an organic functional model of sexual practice...which has been heavily criticized as coital and androcentric.”(p. 164)
- Former director of the Kinsey Institute John Bancroft recently analyzed issues raised by definitions of sexual problems, dysfunctions, and disabilities and concluded that the “criteria used to define ‘a problem’ [were] arbitrary.” (Bancroft, Loftus & Long, 2003). Sometimes, “a reduction in sexual interest...can be an understandable reaction...In those circumstances it is inappropriate to interpret the impaired sexuality that results as evidence of a “dysfunctional” sexual response system.: (ibid, p. 204)
- Different women mean different things by “low desire.” P&G oversimplifies a complex and individual situation. “The definition of what constitutes a disorder may vary from one cultural subgroup to another.” (Heiman, et al, 2004, p.637)
- It is extremely difficult to separate problems with desire from those with arousal, responsiveness, and pleasure. For some women these are separate issues; for others they are not.

Problem 2: What is the prevalence of “low desire,” “HSDD,” etc.?

- Surveys (written, telephone, in-person) ask questions like, “During the last year, has there been a period of one month or more when you lacked interest in having sex?” These scores are meaningless without further inquiry as to whether women who lacked interest for a month or more are upset or bothered about it.
- Some studies do ask if women are bothered. The primary review of epidemiological sex surveys indicates that “less than half” of women and men reporting sexual dysfunction on surveys “experience that it is accompanied by personal distress”(Lewis, Fugl-Meyer, et al, 2004, p.59). Most women are not bothered.

- The ghost of 43%. In every website and news article on women and sexuality, it is claimed that research shows that 43% of American women suffer from sexual dysfunction. In fact, this figure is a flawed statistical wonder, and its popularity is due to drug industry promotion and lazy journalism. The 43% figure added together all forms of sexual difficulty (orgasm, arousal, pleasure, anxiety, etc.), and was based on a 1999 reanalysis of one question asked in a 1994 Chicago sociology study. (Laumann, et al, 1994) 43% is one of the highest estimate of FSD. It suggests almost half of all women have medical sexual problems – that flies in the face of common sense. The fact is the Chicago study did NOT ask if women were bothered or distressed by their sexual function. The 43% figure should be abandoned.

The New View Alternative Perspective

- The New View of Women's Sexual Problems (<http://www.fsd-alert.org>) emphasizes that any attempt to define women's normal level of sexual activity and interest is arbitrary. Sexuality changes over the lifetime and often in response to social and interpersonal factors. Any measurement must ask about the meaning of sexual interest to the individual woman. The partner should be involved; sexuality is part of a relationship.

References

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