

Recent Findings on Women's Motives for Engaging in Sexual Activity

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Abstract

Purpose of Review Motives for engaging in sex are complex, and the assessment of these motives offers unique insights into women's sexual function and overall sexual well-being. In this review, we summarize the most recent literature on reasons for sexual activity among women and comment on the relationship between sexual motives and sexual function with particular attention to sexual interest/arousal.

Recent Findings Recent work has focused on the effects of relationship type and attachment on sexual motives, differences in motives based on sexual orientation, and the association between sexual motives and sexual function. Contextual factors that impact women's reasons for having sex are also assessed, and the findings of these studies are interpreted with a clinical lens. The authors conclude that the valence of women's reasons for having sex, and the associations that women have with certain reasons, influences the likelihood that any one motive is linked to increased desire.

Summary Women's motives for engaging in sexual activity are complex, heterogeneous, and influenced by several important domains. Clinical and research implications are discussed. Future research that expands upon these recent findings and more thoroughly addresses the relationship between sexual function and sexual motivations, as well as other clinical phenomena, is warranted.

Keywords Sexual motives · Sexual intercourse · Sexual desire

Introduction

The reasons that motivate women to engage in sexual activity are of both theoretical and clinical importance. Sexual motives have been defined as the conscious and subjective reasons reported by men and women for participating in sexual activities [1]. Theoretical views of sexual motives have changed over time, ranging from the more dynamic, elaborate conceptualizations made famous by Freud to the more simplistic, biological notions of sex as a means of releasing sexual energy [2] or achieving orgasm [3]. More recently, scholars have tended to assume that people engage in sexual activities for one of or a combination of the following three reasons: love, a desire for pleasure, and/or a desire to procreate (for a review, see [3]). Some researchers [4] have suggested that this evolution has resulted in the absence of a widely accepted theory of the motives that drive sexual behavior, whereas others contend that it reflects the narrow perspective of Western scientists [5]. Regardless, scholars are now devoting time and resources to the thorough examination of sexual motives and, most importantly, to the relationship between these motives and clinical outcomes.

Motives for sexual activity have important implications for understanding and treating clinical problems, particularly female sexual interest/arousal disorder [6]. Women who meet diagnostic criteria for this disorder either experience, for a minimum of 6 months, a lack of or a significant reduction in sexual interest/arousal that causes a significant distress. Sexual desire (also known as sexual interest) is often considered to be a central factor motivating sexual activity. Defined as the "sum of the forces that lead us toward and away from sexual behavior" [7], sexual desire has a strong motivational component.

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Traditional markers of sexual desire derive from Masters and Johnson's [3] and Kaplan's [8] sexual response cycle, in which desire spontaneously precedes arousal. These markers include sexual thoughts, fantasies, and the urge to experience the build-up and release of sexual tension. Basson [9] has argued that this conceptualization of desire may not be accurate for women, given that women report many reasons for seeking out sexual activity that are not directly related to sexual gratification. Central to her model, Basson notes that motives such as enhanced emotional closeness, intimacy, and commitment are common "spin offs" or rewards for engaging in sexual activity. Within this framework, even though a woman may not need to experience arousal or orgasm for her own sexual pleasure, she may pursue or be receptive to a sexual encounter because she expects to reap certain relationship benefits.

If the pursuit of intimacy is indeed one of the main facilitators of both spontaneous and responsive desire, it follows that women with low desire may not be pursuing sexual activity for intimacy-related reasons. Valence also plays a critical role in determining sexual desire/interest in women. That is, the key to whether a particular reason for having sex contributes to increased desire may be the valence of that motive or the individual associations a woman has with that reason. There is a large degree of individual variability in the meaning that each woman attributes to these reasons. A given reason may objectively be more or less linked to intimacy and, subsequently, desire (e.g., "I desired emotional closeness" vs. "The person had bought me jewelry"), whereas other reasons may be connected to desire at the individual level.

Take, for example, a woman who has sex with her partner out of a sense of duty. Her partner approaches her and starts stroking her face, a sign that he is interested in having sex. She has not been thinking about sex and does not desire to engage in sexual activity at the moment, but she goes along with her partner's advances because they have not had sex in a couple of months, and she feels as if she owes it to him. Does the reason that ultimately leads her to have sex ("I owe it to him") affect her level of desire and/or arousal during the sexual encounter? Will this reason impact sexual satisfaction, another important aspect of sexual function? On the surface, having sex out of duty or obligation may not seem to be directly linked to desire. And for some women, it may not be. Other women may have entirely different, perhaps more positive associations with that reason. Given the potential of these individual factors to influence a woman's interpretation of her motives for engaging in sex, it would be challenging—and probably not worthwhile—to categorize certain motives as "good" or "bad" for sexual interest/arousal. Instead, clinicians and researchers should investigate women's unique associations with their reasons for having sex and assess the degree to which intimacy-seeking is involved. Doing so may offer new insights on sexual desire.

In the past 5 years, researchers have expanded upon the sexual motives literature, emphasizing the effects of relationship type and attachment on reasons for having sex, examining differences in motives based on sexual orientation, and assessing the association between sexual motives and sexual function. The current review focuses specifically on reasons for engaging in penetrative sexual activity among women, and comments on the implications of specific motives for sexual function, with particular attention to desire and arousal. Some of the included studies make direct comparisons between the sexual motivations of men and women. In these cases, we describe the results pertaining to men in an effort to provide additional context for women's sexual motivation.

Relationship Context and Attachment

Reasons for sexual activity differ by contextual factors that affect the relationship, such as the type and/or duration of relationship and the partner's attachment style. Given the wide variety of contextual factors that contribute to a healthy relationship, it has been challenging for researchers to document the effects of each factor on sexual motives. However, several recent studies have successfully identified the relative impact of certain contextual factors on the likelihood of initiating sexual intercourse and specific reasons for having sex. These studies offer clinicians some clues as to which contextual factors are most closely related to reasons for sexual activity, and subsequently which factors are linked to reasons that are most adaptive for healthy sexual function.

In aggregate, research in this area indicates that relationship type (casual vs. committed) and duration (short-term vs. long-term) significantly impact women's reasons for having sex. Using Meston and Buss' Why Have Sex (YSEX) scale [10•], Armstrong et al. [11•] explored the effects of relationship type and partner gender on sexual motivation. Offering 237 possible reasons for having sex, the YSEX scale directs participants to evaluate the degree to which each of the reasons has motivated them to have sexual intercourse. The scale includes four major factors and 13 subfactors. They are as follows: Physical (Stress Reduction, Pleasure, Physical Desirability, Experience Seeking); Goal Attainment (Resources, Social Status, Revenge, Utilitarian); Emotional (Love/Commitment, Expression); and Insecurity (Self-esteem Boost, Duty/Pressure, Mate Guarding). Armstrong et al. found that Physical motivations were more strongly endorsed by women considering casual sex, whereas Emotional reasons were more likely to drive sexual activity for women considering committed relationships. There were no significant differences in motivation between women who reported same-sex attraction and women who did not. It is not surprising that Physical reasons (e.g., "The person's physical appearance turned me on," or "I wanted the pure pleasure.") were

associated with casual sex. Generally, engaging in casual sex does not require emotional bonding, as partners do not expect to stay together long-term and reap the benefits of that bond. Based on Basson's model [7], which stresses the connection between sexual desire and intimacy in women, one might conclude that casual sex would be associated with lower desire compared to sex within a committed relationship. That may indeed be true for some women but is likely not representative of all women, especially those who have experienced intimacy in more casual, short-term sexual relationships.

A critical event or shift in the trajectory of a relationship, such as a breakup, assuredly alters sexual motives and, consequently, sexual behavior. A recent study [12•], conducted primarily among women who had broken up from a relationship in the past year, assessed sexual motives and behaviors using Cooper et al.'s [13] sex motive measure. This measure has six subscales (Enhancement, Intimacy, Coping, Self-affirmation, Partner Approval, Peer Approval). Not surprisingly, having sex to cope with distress and to get over or get back at the ex-partner were elevated immediately following the breakup, but declined over time. Those who were on the receiving end of the break up reported more distress and anger; they were more likely to have sex to cope and get back at their ex-partner compared to those who instigated the breakup. Awareness of the effects of such an event on sexual motives is crucial, as the impact of certain motives on sexual risk-taking behaviors differs based on the context of the relationship [13]. For example, in the context of a stable relationship, intimacy motives facilitate birth control and condom use; however, intimacy motives do not exert these protective effects in more casual relationships [13]. It is likely, then, that having sex to cope with distress has different, perhaps less negative, implications within a stable relationship compared to following a breakup.

Attachment style also plays a role in shaping sexual motives. Bowlby's attachment theory [14, 15] posits that infants need to develop a relationship with at least one caregiver in order to ensure healthy social and emotional development. Caregivers vary in the degree to which they are sensitive to infants' needs, and differences in early caregiving environments can result in different attachment styles [16]: Secure (can depend on caregiver), Anxious-ambivalent (experiences separation anxiety), Anxious-avoidant (avoidance toward caregiver), and Disorganized (atypical). Sexual behavior serves attachment needs, and according to Davis and colleagues [17], conditions that activate attachment motives should enhance certain reasons for having sex. Anxiously attached individuals may engage in sexual activity to keep their partners from straying, to increase their sense of emotional connection with their partners, or to satisfy their need for love and security [17]. Individuals who exhibit Avoidant attachment are typically uncomfortable with the closeness of sexual interactions [18], so they may be less likely to endorse reasons associated with emotional intimacy.

The distinctive features of these different attachment styles translate into unique sexual motives. Birnbaum et al. [12•] used attachment theory as a guiding framework to assess the effects of conflict on sexual motives in 61 couples, who completed measures assessing sexual motives and were videotaped discussing either a major relationship problem (conflict condition) or their daily routine. Relational conflict inhibited relationship-based motives (e.g., having sex to nurture one's partner, having sex to express an emotional connection to one's partner), regardless of attachment orientation. Among individuals with avoidant partners, relationship conflict decreased the likelihood of having sex for self-serving reasons (e.g., experiencing pleasure, stress reduction). Individuals with less avoidant partners were more likely to have sex for self-serving rather than relationship-oriented reasons. The authors concluded that partners' attachment orientations, more so than participants' own attachment styles, proved useful in predicting the motives that catalyze sexual activity following conflict. This finding draws attention to an important clinical variable that is not often discussed in the context of sexual motives: the partner. A partner's motives for engaging in sex can certainly impact the other partner's motives for sex. In this study, attachment style of the partner influenced the individual participant's reasons for having sex. What other partner-level factors might contribute to one's reasons for pursuing sexual activity? It seems plausible that reasons endorsed by a woman's partner could affect her experience of the sexual encounter, including her levels of desire and/or arousal as well as her overall satisfaction.

Sexual Orientation

In the past several years, researchers have examined whether motivations for sexual activity differ by sexual orientation. Meston and Buss [10••] defined "having sex" as sexual intercourse, which generally implies penetration. They did not address motivations for non-genital intimacy, which is particularly important to assess in lesbian sexual relationships [19]. Research has shown that lesbian couples are more intimacy-oriented than heterosexual couples [20] which may contribute to more emotion-oriented reasons for sexual activity compared with heterosexual women [21•]. However, some early data suggests that lesbian and heterosexual women have similar reasons for engaging in sex [22].

To examine lesbian women's reasons for sexual activity, Ronson and colleagues [21•] conducted 20 qualitative interviews and a thematic analysis of the interview content. The sample was almost exclusively Caucasian, and participants ranged in age from 19 to 42 years ($M = 25.75$). The majority of these women (60%) were in a relationship. The thematic analysis revealed four themes and a number of subthemes: Physical reasons (Urges, Sexual Pleasure, Physical Connection

with Partner, Physical Relief); Emotional reasons (Emotional Connection with Partner, Communication of Feelings); Relational reasons (Perceived Obligation to Have Sex, Relational Maintenance); and Psychological reasons (Wanting to Feel Desired, Boosting Self-Esteem). Much like the heterosexual women assessed by Meston et al. [10••, 23•], the lesbian women most strongly endorsed Physical and Emotional reasons for sexual activity. Though Relational motivations for sex were less common than Physical and Emotional reasons, many women in this sample endorsed having sex because they felt obligated to please their partners. In contrast, duty or pressure to have sex was one of the least frequently endorsed sexual motivations among young heterosexual men and women in Meston and Buss' study. Age and relationship status may be contributing to this difference. The average age of the lesbian women in this study was higher than the average age of the heterosexual men and women in Meston and Buss' experiment, and a larger percentage of the lesbian women were involved in long-term, committed relationships compared to those in Meston and Buss' sample. Ronson and colleagues noted that age influences relationship duration, which likely increases one's sense of obligation to have sex [24•].

Interestingly, having sex out of a sense of duty did not make sex any less enjoyable among lesbian women in this study. Some women began to enjoy sex even though they did not initiate it or desire it at the start of the encounter. This observation aligns well with Basson's [7] model in which arousal oftentimes precedes desire in women. These women responded to their partners' advances, decided to have sex because they felt obligated to do so, and then enjoyed the experience. It seems that, in this small sample, having sex out of duty or obligation was not associated with anger or resentment. Rather, this sense of duty was "pro-relational" in that the receptive partner may have felt an obligation to maintain a strong relationship or to keep her partner happy. This finding suggests that, while motives like duty may be construed as "negative," they may lead to interest/arousal provided that, for the individual woman, the valence of that reason is not negative (i.e., having sex out of duty does not make her feel humiliated, used, etc.). Then, having had sex, the woman experiences its benefits: she has pleased her partner and perhaps even strengthened their relationship. If a clinician is faced with a patient who is distressed because she is only having sex out of obligation (or for another reason that has primarily negative connotations), it may be helpful to investigate (1) the associations or emotions that are attached to that reason and (2) provide some cognitive restructuring. Restructuring could entail offering evidence that pursuing sex for these more negative reasons, especially when the reasons are linked with enhanced intimacy, does not necessarily translate into reduced enjoyment or pleasure.

There is another important clinical takeaway from Ronson et al.'s study. The authors found that women in their sample

often had multiple reasons for having sex in a single encounter, but it is unlikely that having several motives at once is unique to lesbian women. This finding speaks to the complexity of the reasons that motivate women to have sex and to the likely interactions among the various reasons. For example, several women were motivated to have sex for both Physical reasons (e.g., a bodily craving) and Emotional reasons (e.g., to feel emotionally close with a partner). This may be unsurprising from a clinical standpoint, but research has generally failed to capture this nuance. For example, the YSEX questionnaire assesses how *often* a specific motive catalyzed sexual activity, but does not allow for the examination of combinations of motives. In general, current psychometric tools that measure sexual motives typically assess frequency of self-reported reasons for sex, endorsement of reasons that have ever led to sex, or endorsement of reasons that led to one's most recent sexual encounter. These tools could be altered so that participants or patients can select multiple reasons that have ever led them to have sex or that have led to their most recent sexual encounters. The ability to assess multiple, simultaneous reasons for having sex may be beneficial for clinicians working with women who have low interest/arousal and/or other sexual problems. If these women are able to report all of the reasons that motivate them to have sex, clinicians will be able to inquire about the valence of each of the reasons and potentially determine if any of the reasons are hindering healthy desire/arousal.

A recent study [25••] assessed the association between relationship duration and sexual motives in over 200 lesbian, bisexual, queer, and questioning women who were currently in a romantic relationship (mean relationship length = 3.64 years). The women completed the YSEX questionnaire, which has been demonstrated to be reliable among women with same sex attraction [26]. Across all sexual orientation categories, the most frequent motives for sexual activity were related to Pleasure, Physical Desirability, and Love/Commitment. These results mirrored those of Meston and Buss [10••], who found that experiencing physical pleasure, feeling desired by a partner, and expression of love were among the most frequently endorsed reasons for having intercourse among heterosexual men and women. It is notable that bisexual women ($n = 138$) endorsed a wider range of motives than did lesbian, queer, or questioning women. Unlike women in the other sexual orientation groups, bisexual women endorsed *every* reason listed on the YSEX measure—a pattern of responding found to be more indicative of male sexual motivation [10••]. Future research should examine contextual and relationship factors that influence reasons for having sex among bisexual women. Do bisexual women's reasons for having sex change based on the gender of their partners? What is the valence of these reasons? If bisexual women present with interest/arousal concerns, is having a wider range or reasons beneficial for treatment?

In this same study, Wood et al. [25••] found no significant differences for any of the four main YSEX factors between women in the earlier stages of their relationships and women in the later stages of their relationships. This finding was in contrast to previous work [24•, 27, 28], which suggested that women in newer relationships may relate more to Masters and Johnson's response cycle, where desire precedes arousal, whereas women in more long-term relationships may start from a state of sexual neutrality and then decide whether or not to have sex based on the processing of sexual stimuli. Another study [29] showed that increased relational commitment (i.e., increased relationship duration) was associated with an increase in the likelihood of endorsing intimacy as a reason for having sex. It may be that sexual minority women differ from heterosexual women in that they have sex for intimacy in both new relationships and more long-term relationships.

Sexual Function, Dysfunction, and Other Clinical Implications

Problems with sexual desire, arousal, orgasm, and the experience of pain during sex undoubtedly influence sexual motivation. Decreased or absent sexual desire is the most common sexual difficulty experienced by women [30]; in a study of over 31,000 women, 39.2% of participants aged 18–44 years and 48.5% of participants aged 45–64 years experienced distressingly low or absent desire [31]. In the same study, 26.6% of women aged 18–44 years and 54.8% of women aged 45–64 years reported distressingly low or absent arousal. Yet, despite experiencing a lack of desire, arousal, and/or other sexual concerns, women with sexual dysfunction engage in sexual activity at a similar rate as women without sexual concerns [32, 33]. It is conceivable that women with sexual problems have different reasons for engaging in sex than women without sexual dysfunction. Basson [24•] hypothesizes that these women likely seek out sexual activity for any number of nonsexual reasons that offer different benefits and rewards, such as emotional bonding and a sense of increased commitment. In one study, women with sexual problems were more than five times as likely as sexually functional women to endorse the following item: “I engage in sexual activity with my partner, even if I don't feel physical desire to do so, for other non sexual reasons” [34]. Also consistent with Basson's model, Giles and McCabe [35] found that women with vs. without sexual problems were more likely to endorse intimacy and overall well-being as important motives for having sex. Though these two studies are limited in that they did not use validated measures to assess sexual motives, the findings suggest that, for women with sexual concerns, reasons for having sex center less so on physical gratification.

Building on these findings, Watson and colleagues assessed sexual function and reasons for having sex using

the validated YSEX questionnaire, in over 400 heterosexual women, aged 18 to 74 years [36••]. In this sample, women with overall poor sexual function were more likely to endorse Insecurity reasons, whereas women without sexual problems were again more likely to endorse Physical reasons. The authors also examined differences in motives based on type of sexual complaint, focusing specifically on problems with desire and orgasm. Women with low desire were less likely to endorse Physical and Emotional reasons for sex compared to women without desire difficulties, but just as likely to endorse Insecurity and Goal Attainment reasons. It is logical that Physical reasons are less common among women with low desire than among women without desire complaints, as many of the items that load onto this factor either reference cues or triggers for desire directly (e.g., “The person had a desirable body”) or describe the physical urges that characterize the more traditional conceptualization of spontaneous desire (e.g., “I wanted to experience the physical pleasure,” “I wanted to release tension”). The finding that women with low desire were less likely to endorse Emotional reasons is more challenging to conceptualize. Watson et al. suggested that women with low desire may not want to use sex as a means to express Love and Commitment to their partners; they may do so in other ways, *or* they may be experiencing lower levels of love and connection in their relationships.

In the same study, women with orgasm problems were more likely to endorse Insecurity reasons compared to women without orgasm concerns, but they were just as likely to endorse Physical, Emotional, and Goal Attainment reasons. It is possible that the higher likelihood of endorsing Insecurity reasons (e.g., “I didn't want to disappoint the person,” “I wanted to make myself feel better about myself”) reflects a pressure to achieve orgasm that is imposed by their partners or by themselves. Others have suggested that women who endorse Insecurity reasons may also need to confirm, through sex, that their partners are still committed to them [37]; this may be particularly relevant for women who are having difficulties achieving orgasm. These women may feel that their sexual encounters are unsuccessful, and therefore they may seek validation from their partners or have sex to ensure that their partners do not leave them. It is interesting that women with low orgasm function were just as likely to endorse Physical reasons. This is likely because engaging in sexual activity offers a variety of pleasurable, erotic physical sensations, only one of which is orgasm. There is currently no data on differences in sexual motives between women with and without sexual pain. It will be critical for researchers to pose the following questions: do these women have sex for “nonsexual” reasons, such as enhanced intimacy or closeness, in spite of their sexual pain? If so, what are the implications for their overall sexual well-being? Answering these questions will be helpful for clinicians who work with women who are experiencing sexual pain.

Sexual satisfaction, another important domain of sexual function, is defined as the affective response arising from an

evaluation of both the positive and negative dimensions associated with a sexual relationship [38], and it has been linked to quality of marriage and overall quality of life [39, 40]. Sexual satisfaction has also been associated with certain sexual motives. Specifically, having sex for approach reasons (rather than avoidance reasons) correlates with higher levels of sexual satisfaction [41]. In a study investigating whether the reasons why individuals engage in sexual activity factor into women's sexual satisfaction, Stephenson and colleagues [42•] reported that a number of YSEX subfactors were significantly related to sexual satisfaction: Love/Commitment, Self-Esteem, Expression, Pleasure, Resources, and Experience Seeking. Love and Commitment (e.g., "I wanted to increase the emotional bond by having sex."), Pleasure (e.g., "It's exciting, adventurous."), and Expression motives (e.g., "I wanted to lift my partner's spirits.") were positively associated with sexual satisfaction. A high number of Love and Commitment reasons may indicate a greater degree of investment in the relationship, leading to higher relationship satisfaction as well as greater sexual satisfaction. Stephenson and colleagues suggested that Pleasure motives were linked to greater sexual satisfaction because women who expect only pleasure from sex may be more likely to meet that expectation; women who have sex for more complex reasons may be less likely to meet their expectations. Expression reasons may have been associated with sexual satisfaction because women who use sex to express themselves are likely to have greater sexual self-confidence than women who choose to express themselves in other ways. This higher degree of confidence may enable them to express their sexual needs clearly to their partners, which could, in turn, result in greater sexual satisfaction [43]. Self-esteem (e.g., "I wanted to feel powerful."), Experience-seeking (e.g., "I was curious about my sexual abilities."), and Resource-gaining (e.g., "I wanted to get a raise.") motives were negatively related to satisfaction.

The measurement of sexual motives may offer unique information about sexual satisfaction and may also help guide clinical practice. If increased sexual satisfaction is indeed one of the desired outcomes of sex and marital therapy, it is important to assess differences in the meaning of the sexual relationship between partners. Stephenson et al. [42•] note that several commonly used models of marital therapy, including Gottman's Sound Relationship House [44] and Greenberg and Johnson's Emotion Focused Couples Therapy [45], emphasize that, in heterosexual relationships, women view sex as the culmination of intimacy whereas men use sex to build intimacy. Discrepancies between partners in their beliefs about role of sex in relation to intimacy may compromise sexual satisfaction. However, if partners attend to these differences both in the therapy room and at home, they may be able to reconcile them and improve their sexual satisfaction.

Given that motivations for sexual activity differ by sexual function status, experimentally modifying these motivations may lead to improvements in sexual desire, satisfaction, and other domains of sexual function. Muise and colleagues [46••]

manipulated reasons for engaging in sex by randomly assigning participants to one of three conditions: approach, avoidance, or control. Participants were asked to describe a time when they engaged in sex to pursue a positive outcome (approach condition) or to avoid a negative outcome (avoidance condition), focusing specifically on their motivations, thoughts, and experiences during that sexual situation. Individuals assigned to the approach condition experienced significantly higher levels of sexual satisfaction and desire compared to those in both the avoidance and the control (writing about the room they were in) conditions. A separate follow-up study assessed sexual motives, sexual satisfaction, and sexual desire at baseline and then randomized participants to one of the three conditions a week later. Participants in the approach condition had significantly improved sexual satisfaction compared to participants in the other two conditions; the approach condition was also associated with improved sexual desire compared to baseline, but the increase did not reach statistical significance. Although the authors did not explore the mechanisms driving their findings, they offered several hypotheses. Approach goals may increase desire and satisfaction because they (a) boost positive affect, (b) enhance intimacy with the partner, or (c) shift cognitive awareness toward more positive sensations and feelings.

Having sex to achieve different goals matters for sexual function given that certain motives, when primed, are linked to improved desire and satisfaction. Thus, interventions that aim to change the reasons why women have sex may lead to meaningful improvements in several domains of sexual function. Although Muise and colleagues [46••] did not test their manipulation on clinical samples, their results provide a strong rationale for doing so. It is possible that some women with clinically low levels of desire or arousal may already be pursuing sexual activity for approach rather than avoidance goals. However, it is also likely that these women are having sex to avoid outcomes that could negatively affect their relationships with their partners or their relationship satisfaction more generally. If Muise and colleagues' paradigm increases desire and satisfaction in a clinical population, therapists could have a new tool to help treat women with female sexual interest/arousal disorder. The intervention targets approach motives without relying on confusing complexities; it is well suited for dissemination in "real-world" clinical settings.

Conclusions

This review speaks to the complexity of the reasons that motivate women to have sex and the clinically relevant consequences that follow. We conclude that there are no motives that are inherently "good" or "bad" for sexual function. Rather, a woman's associations with a given reason (i.e., the valence of that reason) make it more or less likely to be linked with increased intimacy and healthy sexual function.

Based on the findings reviewed here, we suggest that future research is warranted in several key areas. First, we believe that the study of sexual motivations among women with sexual problems is crucial for developing more targeted interventions for this population. Specifically, researchers should examine differences in sexual motivation among women with unique subtypes of sexual problems. Watson and colleagues [36••] found that desire problems decreased the likelihood of endorsing Emotional and Physical reasons for having sex, whereas orgasm concerns were associated with more insecurity reasons. Data from Stephenson et al. [42•] indicated that sexual satisfaction is positively associated with certain sexual motives (e.g., Love/Commitment, self-esteem, expression, pleasure) and negatively associated with others (e.g., self-esteem, experience-seeking, and resource-gaining). Researchers have yet to address the question of sexual motives among women who meet the diagnostic criteria for female sexual interest/arousal disorder or in women who report distressing sexual pain. By assessing these relationships, researchers and clinicians may be able to build on the work of Muise and colleagues [46••] and develop interventions that seek to increase approach sexual motives in women with specific sexual problems.

Second, future research should attempt to account for multiple and/or evolving reasons for sexual activity. The YSEX is an empirically validated tool that assesses most frequent reasons for sex; it does not, however, assess changes in motivation during a single sexual encounter or over the length of a relationship. In-depth qualitative interviews and/or longitudinal research may help isolate multiple and/or evolving reasons for sex at the event level or over time. Unique patterns may emerge based on relationship context (e.g., causal or committed), sexual orientation, or culture (e.g., individualist or collectivist). It also seems probable that women with sexual problems may have sex for many, sometimes competing, reasons.

Finally, researchers need to more comprehensively consider the role of the partner in women's sexual motivation. The partner's reasons for having sex undoubtedly influence a women's sexual motives, and the strength of this effect may differ between women who are and are not experiencing sexual problems.

Compliance with Ethical Standards

Conflict of Interest Cindy M. Meston serves as a consultant for Strategic Science and Technologies, LLC; Endoceutics, Inc.; Palatin Technologies, Inc.; and as an advisory board member and share holder for S1 Biopharma. Amelia M. Stanton has no conflicts of interest to report.

Human and Animal Rights and Informed Consent This article contains studies involving human subjects performed by the first author; those studies were approved by the Institutional Review Board of The University of Texas at Austin. This article does not contain any studies with human or animal subjects performed by the second author.

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