

**Bibliotherapy for Low Sexual Desire among Women:**

**Evidence for Effectiveness**

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## Abstract

This study examined the effectiveness of the self-help book *A Tired Woman's Guide to Passionate Sex* for increasing sexual functioning. Participants were 45 women who self-identified as having low sexual desire. The Intervention group completed the Hurlburt Index of Sexual Desire (HISD; Apt & Hurlburt, 1992) and the Female Sexual Function Index (FSFI; Rosen et al., 2000), read the book in six weeks, and then completed the measures at posttest. The Control group took the measures six weeks apart. Repeated measures ANOVAs demonstrated that the Intervention group made statistically-significant gains compared to the Control group on two measures of sexual desire (HISD and FSFI Desire Subscale), as well as on a measure of sexual arousal (FSFI Arousal Subscale) and overall sexual functioning (FSFI total Score). Among those in the Intervention group participating in a seven-week follow-up study, gains on the two measures of sexual desire and the measure of overall sexual functioning were maintained. This is the first study demonstrating the effectiveness of a self-help book for increasing women's sexual desire and arousal.

## Introduction

Utilizing self-help is the norm in our culture: more people read self-help books than visit mental health professionals (Norcross, 2006). This trend holds for sexual problems. Laumann et al. (1999) reported that only 20% of women with symptoms of sexual dysfunction seek mental health services. Rosen et al. (2009) found that only 25% of women with low sexual desire discuss their concerns with a healthcare provider; the remainder either do not seek help or turn to media sources (television, internet, radio, or printed materials). Such media-based treatments have become increasingly common in the treatment of sexual concerns. “Some forms [of self-help], like bibliotherapy, have proliferated and occupy a stable position in the field of treatment, as they are used by large numbers of individuals and couples that seek help” (van Lankveld, 2009, p. 143).

Bibliotherapy for the treatment of sexual dysfunctions has theoretical and empirical support. Theoretically, bibliotherapy is consistent with two well-known models of treating sexual and mental health problems (i.e., Annon’s 1974 PLISSIT model and Bower & Gilbody’s 2004 stepwise model, respectively), both of which promote seeking the least costly, least intensive treatment that can be presumed to be effective first. Bibliotherapy for sexual dysfunctions has proved effective in several studies, including in a meta-analysis of 12 controlled studies (van Lankveld, 1998). Of the studies included, the majority focused on orgasmic problems. There have been no controlled outcome studies on bibliotherapy for low sexual desire (LSD).

LSD is both the #1 problem that women bring to sex therapists (Schnarch, 2000) and the least successfully treated of these sexual problems (Leiblum, 2007). Also, medications with evidence for effectiveness have serious side effects (e.g., Tamimi et al., 2006). A self-help book with empirical evidence supporting its efficacy to increase women’s libido is sorely needed. This was the first controlled study to examine the effectiveness of a bibliotherapeutic intervention designed to enhance women’s sexual desire.

## Methods

### Participants

Initially, 58 women enrolled in the study, with half (N = 28) being randomly assigned to each group (i.e., Intervention and Control). Of the 28 women in the Control group, two did not complete the pre-test measures, thus resulting in 26 women in the Control group who completed both pre- and post-test measures. Of the 28 women in the Intervention group, one did not complete the pre-test measures and seven did not complete the post-test measures, resulting in 19 women in the Intervention group who completed both sets of measures. The final group of participants thus consisted of 45 women. All participants reported being heterosexual and ranged in age from 28 to 57, with a mean of 40. The majority (92%) were White, whereas 2% were Latina, 4% were Middle Eastern, and 2% indicated "other" ethnicity. The majority (71%) identified as Christian, 2% identified as Jewish, and the remainder identified as either non-religious, atheist, or agnostic. Educational level varied, with 7% reporting having a high school degree, 18% some college, 9% an Associate degree, 20% a Bachelors degree, 18% some graduate work, 13% a MA degree, 9% a Ph.D., and 2% an advanced professional degree. Ninety-eight percent were employed and 67% had children living at home.

### Procedures

A mass email at a large public university in the Midwest included the solicitation, "Seeking Women Who Feel Too Tired for Sex for an Intervention Study." The first 58 respondents were enrolled in the study. All were emailed a link to an informed consent and the study measures. Then, via random assignment, half were assigned to the Intervention group and half were assigned to the Control group. Participants in the Intervention group were mailed the book, *A Tired Woman's Guide to Passionate Sex* (Mintz, 2009). Participants in the Control group received a letter stating that they would be emailed another survey in six weeks, after which time they would receive the book. At the three-week mark, those in the Intervention Group were sent a brief survey asking them what page of the book they were on, and what in the book was helping and hindering them to regain their sex drive thus far. Those in the Control group were sent a letter reminding them that they would be sent a survey in three more weeks and then would be mailed the book. At the six week point, all participants

were sent a link to the study measures. Those in the Intervention group were asked if they would be willing to participate in a follow-up study. Those who indicated that they would ( $N = 10$ ) were emailed the study measures seven weeks later.

### **Intervention**

*A Tired Woman's Guide to Passionate Sex* (Mintz, 2009) is a 237-page self-help book with three foundational chapters (author's story; causes of low sexual desire; physical and emotional benefits of sex) and five chapters comprising a psychoeducational and cognitive-behavioral treatment approach. The six-step treatment, titled *Five T's and a Bit of Spice*, is based on the research, theoretical, and clinical literature on low sexual desire among women as well as the author's clinical experience. Specifically, the steps are: *Thoughts, Talk, Time, Touch, Spice, and Trysts*. The *Thoughts* step entails cognitive restructuring regarding sexual desire and motivation, as well as instructions on mindfulness practices to be used during sexual encounters. The *Talk* step provides general and sexual communication skills training. The *Time* step provides strategies for goal setting and time management, as well as suggestions regarding self-care and couple time. The *Touch* step provides information on women's sexual responses, as well as activities focused on affectionate and non-goal directed touching. In the *Spice* step, readers are given a variety of suggestions to enliven their sex lives. The final, *Tryst* step, counters the myth of spontaneous sex and provides suggestions for making time for sexual encounters.

### **Measures**

Pre- and post-study measures were the Hurlburt Index of Sexual Desire (HISD; Apt & Hurlburt, 1992) and the Female Sexual Function Index (FSFI; Rosen et al., 2000). Both measures yield total scores, with the former ranging from 1 – 100 and the latter from 2 – 36. The FSFI also provides subscale scores: Desire (2 – 6); Arousal (0 – 6); Lubrication (0 – 6); Orgasm (0 – 6); Satisfaction (0 – 6); and Pain (0 – 6). Both instruments have strong evidence supporting their psychometric properties.

## **Results**

Preliminary analyses indicated that the two groups did not differ at pre-test in terms of demographic or dependent variables. Repeated measures ANOVAs for each dependent

variable were conducted. On two measures of sexual desire (HISD and FSFI Desire Subscale), the Intervention group made statistically significant gains over time as compared to the Control group. Specifically, on the HISD, the Intervention group mean increased from 36.03 at pre-test to 55.44 at post-test, whereas the Control group mean remained stable (35.34 at pre-test; 37.00 at post-test),  $F(1, 43) = 42.6, p < .001, \eta^2 = .50$ . The power was 1.0. The post-test ES (Cohen's  $d$ ) was 1.19. On the FSFI Desire Subscale, the Intervention Group mean increased from 2.37 at pre-test to 3.79 at post-test, whereas the Control group mean decreased from 2.59 at pre-test to 2.47 at post-test,  $F(1, 43) = 38.47, p < .001, \eta^2 = .47$ . The power was 1.0. Cohen's  $d$  was 1.36. (See Figure I). The same pattern of results was also found for the FSFI Arousal Subscale and Total score. Specifically, for both measures, the Intervention group made statistically significant gains over time as compared to the Control group, and both post-test ESs were over 1.00. On the FSFI Arousal subscale, the Intervention group mean increased from 3.55 at pre-test to 5.05 at post-test, whereas the Control group mean remained stable (3.25 at pre-test; 3.33 at post-test),  $F(1, 43) = 11.06, p < .01, \eta^2 = .16$ . The power was .81. On the FSFI Total Score, the Intervention group mean increased from 22.72 at pre-test to 29.41 at post-test, whereas the Control group mean went up very slightly (21.17 at pre-test; 24.27 at post-test),  $F(1, 43) = 8.85, p < .01, \eta^2 = .17$ .

As noted earlier, seven-week follow-up data was also collected from participants in the Intervention group who indicated a willingness to provide such information. Specifically, of the 19 women in the Intervention group, 10 indicated they would participate in a follow-up study; however, one of those who provided follow-up data was a participant who had not provided post-test data and so was eliminated. Thus, nine participants provided follow-up data. Preliminary analyses comparing the nine women who participated in the follow-up study with the ten participants who did not indicated that the two groups did not differ at pre- or post-test on any of the dependent variables. Likewise, with the exception of one variable, there were no differences between the two groups on any demographic variable. The only variable on which these two groups differed was marriage length, with those completing the follow-up being married significantly longer ( $M = 21$  years) than those who did not complete the follow-up ( $M = 10$  years),  $p < .001$ .

ANOVAs comparing scores across the three points in time (pre, post, and follow-up) were conducted for each dependent variable. These analyses revealed that gains made in sexual desire (across both measures) and in overall sexual functioning were maintained at seven-week follow up. Specifically, the ANOVA comparing scores at the three points in time for the HISD was significant,  $F(2, 26) = 6.84$ ,  $p < .01$ . Post-hoc analyses indicated that pre-test scores ( $M = 27.96$ ) and post-test scores ( $M = 48.93$ ) differed with  $p < .01$ , and that pre-test scores ( $M = 27.96$ ) and follow-up scores ( $M = 45.33$ ) differed with  $p < .05$ , but that post-test scores ( $M = 48.93$ ) and follow-up scores ( $M = 45.33$ ) did not differ significantly from one another. Similarly, the ANOVA comparing the scores at the three points in time for the FSFI Desire Subscale was significant,  $F(2, 26) = 7.01$ ,  $p < .01$ . Post-hoc analyses indicated that pre-test scores ( $M = 2.00$ ) and post-test scores ( $M = 3.53$ ) differed with  $p < .01$ , and that pre-test scores ( $M = 2.00$ ) and follow-up scores ( $M = 3.40$ ) differed with  $p < .05$ , but that post-test scores ( $M = 3.53$ ) and follow-up scores ( $M = 3.40$ ) did not differ significantly from one another. Finally, the ANOVA comparing the scores at the three points in time for the FSFI Total Score was significant,  $F(2, 26) = 5.60$ ,  $p < .01$ . Post-hoc analyses indicated that pre-test scores ( $M = 24.04$ ) and post-test scores ( $M = 29.46$ ) differed with  $p < .05$ , and that pre-test scores ( $M = 24.04$ ) and follow-up scores ( $M = 29.46$ ) differed with  $p < .05$ , but that post-test scores ( $M = 29.46$ ) and follow-up scores ( $M = 29.50$ ) did not differ significantly from one another. (See Figure II).

## Discussion

This study adds to the accumulating evidence supporting the cost-effectiveness of bibliotherapy for the treatment of sexual concerns. Importantly, it is the first randomized clinical trial to evaluate the efficacy of a bibliotherapy intervention for women with low sexual desire. The self-help book *A Tired Woman's Guide to Passionate Sex* (Mintz, 2009) was found to be effective in increasing sexual desire among women. It also served to enhance sexual arousal and overall sexual functioning. Importantly, and quite unusual for studies on the efficacy of bibliotherapy (van Lankveld, 2009), the gains made in sexual desire and overall sexual functioning were maintained at seven-week follow up, providing evidence the persistence of the improvements.

These findings are significant, given the high prevalence rates of low sexual desire among women (i.e., 20 to 52%; Laumann et al., 1995, 1999; Shifren et al., 2008; West et al., 2008) and the significant distress caused by low sexual desire (e.g., anxiety and marital problems; Trudel, 1997). The finding of a low-cost, self-help treatment for low sexual desire is noteworthy, given only one previously existing controlled trial of an effective treatment for low sexual desire, with that treatment being cost- and time-intensive (i.e., CBT group therapy; Trudel, 2001). Likewise, a medically risk-free treatment is also timely given the recent clinical trials and FDA hearing concerning the drug Flibanserin (a drug that acts on brain chemicals) for enhancing women's libido, as well as findings of other medications having serious side effects (i.e., testosterone increasing breast cancer risk; Tamimi et al., 2006).

Limitations of this study include the small sample size, the lack of an active control group, and the attrition rate in the Intervention group at post-test. However, it should be noted that even with the small sample size and attrition, the power was found to be adequate. In fact, trends in the data (e.g., marginal significance for other FSFI subscales such as satisfaction) point to the possibility that with a larger sample size, the effectiveness of this self-help intervention for enhancing women's sexual functioning would be even greater.

Additional research is currently underway to address these design issues. Since it is assumed that the attrition rate in the Intervention group was due to these women already having the book, and thus receiving no additional gain from filling out the post-test measures, in the in-progress study, the Intervention group will be mailed a second book upon completing post-test measures. Similarly, to correct for the lack of an active control group, the in-progress study is comparing the current book, another well-known book aimed at enhancing women's sexual desire, and a control group. Finally, the ongoing study has a larger sample size than the current study.

Pending these results, *A Tired Woman's Guide to Passionate Sex* is the only existing self-help book for enhancing women's libido with scientific evidence supporting its effectiveness.

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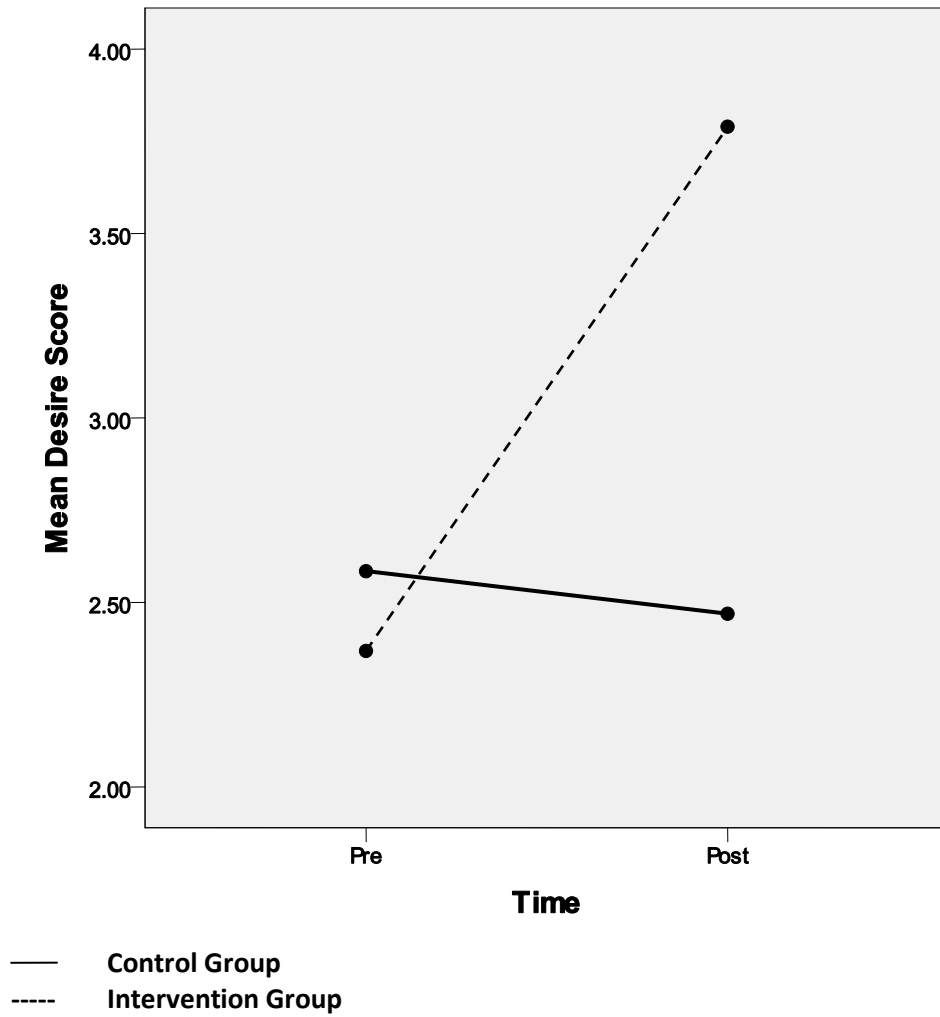


Figure 1: FSFI Desire Scale across Two Points in Time for Intervention and Control Groups

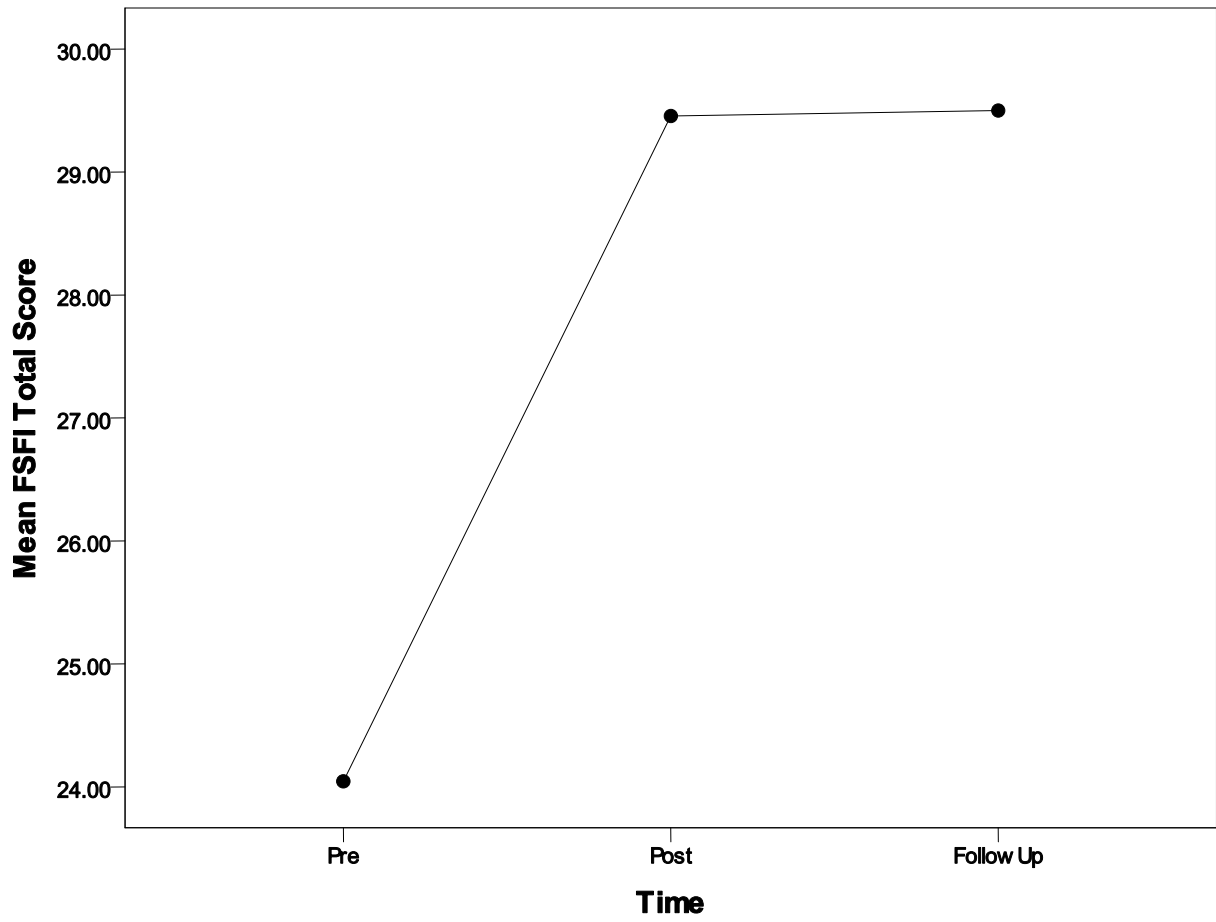


Figure II: FSFI Total Score across Three Points in Time for Intervention Group