

BIBLIOTHERAPY INTERVENTIONS FOR FEMALE LOW SEXUAL DESIRE: EROTIC
FICTION VS. SELF HELP

By

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To Mama and Appa

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Low sexual desire is the number one complaint that women bring to their health care practitioners (Basson, 2007). Limited research demonstrates that written materials (i.e., bibliotherapy) increase sexual desire in women (Hubin, 2011; Mintz, Balzer, Zhao & Bush, 2012). The aim of this study was to further the literature by conducting a comparative study on the efficacy of two types of written materials when read by women struggling with low sexual desire: self-help versus erotic fiction. Thirty-five women across the two conditions (self-help and erotic fiction) completed the Female Sexual Function Index (FSFI, Rosen et al., 2000) and the Hurlburt Index of Sexual Desire (HISD, Apt & Hurlburt, 1992) at two time points (pre-intervention, and post-intervention), with a subset of 27 women also completing a six-week follow-up. Results demonstrated that participants reading both types of books made statistically significant gains on the two measures of desire (HISD and FSFI desire subscale), as well as on measures of arousal, lubrication, satisfaction, orgasm, pain reduction, and overall sexual functioning. Further, in both reading conditions, those participating in a six-week follow-up maintained their gains in desire, satisfaction, pain reduction, and overall sexual functioning. This is the first study in 20 years to evaluate the efficacy of erotic fiction,

and these findings are discussed within the context of treatment options for low sexual desire in women. Additionally, implications for future research are discussed.

CHAPTER 1 INTRODUCTION

The bestselling book *50 Shades of Grey* (James, 2011) has often been called a “libido booster” in the popular press. Although these sources may be pseudo-scientific, there may be some truth to these claims. Women’s erotic fiction has been around for decades and research conducted over 20 years ago found that reading erotic material increases sexual arousal and sexual drive in a representative sample of women from the United States (Schmidt, Sigusch, & Scafer, 1973). Hubin, Sutter & Reynaert (2011) state that when treating women with problems with sexual desire, “a significant number of clinicians include exercises designed to stimulate the erotic imagination especially by recommending that their female patients read erotic works” (p. 90). Nevertheless, there is a dearth of empirical research on the efficacy of reading erotica in assisting women struggling with low sexual desire.

Examining treatment options for women distressed by low sexual desire is particularly pressing, in that research finds that 25% to 37% of women between the ages of 30 to 59 will experience low sexual desire at some point in their lives (West et al., 2008). Indeed, low sexual desire is the most common sexual complaint that women bring to their healthcare practitioners (Basson, 2007). Additionally, experiencing low sexual desire is linked to a decrease in marital satisfaction and diminished overall quality of life (Brotto, Basson, & Luria, 2008). Despite the high prevalence of low sexual desire among women and its associated psychological issues, there is currently no standard treatment available (Ullery, Millner & Willingham, 2002). Low sexual desire has been described as one of the most difficult sexual issues to treat (Basson, 2007).

To date, there have only been a handful of studies providing evidence for the efficacy of treatments for low sexual desire. The face-to-face treatment that appears to be most promising is a short-term (i.e., three session) mindfulness-based group psychoeducational intervention (Brotto et al., 2008). Despite the efficacy reported for this intervention, a significant downside is accessibility. Specifically, it requires the presence of clinicians trained in this specific protocol. Additionally, treatments for sexual dysfunctions are often not covered by insurance companies (Westheimer, 2007), further limiting the accessibility of such a treatment for the majority of women.

One affordable and accessible psychological treatment for sexual dysfunction that has been reviewed in research is bibliotherapy, defined as the reading of written material (Hubin et al., 2011; van Lankveld, 2009). It is important to note that there is a lack of clarity in terms of just what type of written material constitutes bibliotherapy. While some authors define bibliotherapy solely as psychological interventions consisting of techniques and skills (van Lankveld, 2009), such as self-help books, others provide a broader definition of bibliotherapy including informational sources such as encyclopedias and imaginative sources such as fictional books (Hubin et al., 2011). Prior research has suggested that both erotic fiction (Coles & Shamp, 1984; Mosher & Greenberg, 1969, Schmidt, Sigusch, & Scafer, 1973) and self-help books (Mintz et al, 2011) have a therapeutic effect on female low sexual desire. Therefore, for purposes of this study, both types of books will be classified as bibliotherapy. In other words, for the purposes of this study, Hubin's (2011) more inclusive definition of bibliotherapy will be utilized to delineate written materials with a potential therapeutic benefit to readers,

while the terms self-help book and erotic fiction will be used to more specifically discuss the two types of bibliotherapy that are the focus of this study.

Recent research has suggested that self-help books may be a viable and promising treatment for sexual dysfunction, with multiple studies supporting its efficacy for orgasmic and pain dysfunctions (Hubin et al., 2011, van Lanekveld, 2009). Indeed, due to existing empirical evidence, some consider self-help books to occupy a central position in the treatment of sexual dysfunctions (van Lankeveld, 2009). Despite this, until recently, there were no studies examining self-help books for low sexual desire. This lack of readily accessible treatments for low sexual desire and prior research finding that self-help is efficacious for other sexual disorders (van Lankveld, 2009) led Mintz and colleagues (2012) to be the first to examine the efficacy of a self- help book for increasing sexual desire among women. This study recruited a total of 45 female participants in two groups: an intervention group who read the self-help book *A Tired Woman's Guide to Passionate Sex* and a waitlist control group. After six weeks of reading the book, compared to the control group, participants in the intervention group showed statistically significant gains in sexual desire, sexual arousal, sexual satisfaction and overall sexual functioning. Further, some of the participants from the intervention group were tested six weeks after finishing the self-help book, and it was found that they maintained their gains in sexual desire and overall sexual functioning.

While the book that Mintz and colleagues studied was a traditional self-help book written from a psycho-educational and cognitive behavioral perspective, Hubin et al. (2011) discuss the usefulness of a range of reading options for women with sexual problems, including both self-help books and erotic literature. Prior research has found

that reading erotica increases sexual stimulation and sexual fantasy among women (Mosher & Greenberg, 1969) and has been thus described as “a socially acceptable form of pornography that is not recognized as such either by those who read them or the rest of the society” (Coles & Shamp, 1984. P. 208). Additionally, one study measuring sex differences in reading erotic literature reported that women show greater gains in sexual desire than men after reading erotic fiction (Schmidt et al., 1973). It is important to note that the limited literature on the effect of reading erotic fiction on female sexual functioning is more than 20 years old. There is a striking lack of current research on erotic fiction’s potential therapeutic effects on female sexual desire and functioning.

In summary, while low sexual desire is a common problem among women, and while recent clinical writings advocate reading erotic fiction as a treatment strategy (Hubin et al., 2011), it appears that there has been no research in the last 20 years to validate this recommendation. Additionally, while bibliotherapy is an oft-used and empirically validated treatment for sexual dysfunctions in general, there is only one recent study on the efficacy of bibliotherapy for low sexual desire (Mintz et al., 2009). This study will thus examine whether women reading erotic fiction and self-help will both make gains over time in sexual desire, overall sexual functioning and other aspects of sexual functioning (arousal, lubrication, satisfaction, orgasm, and pain) and if one group will make significantly greater gains than the other group. A second question is if these gains will be maintained over time within each group (i.e., Will gains in the self-help book group be maintained?; Will gains in the erotic fiction group be maintained?). Based on recently conducted research (Mintz et al., 2012) demonstrating the efficacy of self-

help both immediately after reading and at six week follow-up, dated research finding that erotic literature increases sexual desire in women (Coles & Shamp, 1984; Mosher & Greenberg, 1969), and the finding that non-violent erotic online pornography produces only short-term increases in women's sexual desire (Fisher & Davis, 2007), it is hypothesized that both types of bibliotherapy will result in increases in sexual functioning immediately upon reading, but that only the self-help will result in maintenance of gains. It is hoped that this study will assist clinicians in choosing reading materials to assist their clients suffering from low sexual desire.

CHAPTER 2 METHODS

Participants

Forty-seven adults, recruited across three data collection waves, completed the pre-test measures and were assigned to either the self-help or erotic fiction group, with 20 being assigned to former and 27 being assigned to the latter. Nineteen of the 20 participants in the self-help group completed the post-test measure (attrition rate = 5%) and 16 of the 27 participants in the erotic fiction group completed the post-test measures (attrition rate = 40%). Thus, there were a total of 35 participants who completed both pre- and post-test assessments and who were included in the final sample. Additionally, of the 35 participants in the two groups who completed the post-test measure, 27 completed the follow-up measure six weeks later, with 16 participants in the self-help group and 11 participants in the erotic fiction group. See Figure 2-1 for the flow of participants through the study. Table 2-1 presents demographic characteristics for the final sample (i.e., the 35 participants who completed post-test measures).

Measures

The Female Sexual Function Index (FSFI; Rosen et al., 2000) is a widely used, 19-item scale that was used to measure sexual desire, as well as five additional domains or subscales of female sexual functioning, specifically arousal, lubrication, orgasm, satisfaction, and pain. The domain score ranges are: Desire 1.2 - 6; Arousal 0 - 6; Lubrication 0 - 6; Orgasm 0 - 6; Satisfaction: 8 - 6; and Pain 0 - 6. Additionally, the six domain scores are added to obtain a Total score which represents overall sexual functioning and can range from 2 - 36, with a higher score indicating greater sexual functioning. Sample items include: "Over the past four weeks, how often did you feel

sexual desire or interest?” and “Over the past four weeks, how satisfied have you been with your overall sexual life?” Rosen et al. (2009) report good ($r = .88$) two to four week test–retest reliability for the total scale and individual domains ($r = .79 – .86$), as well as very good internal consistency for both the total scale ($\alpha = .97$) and the individual domains ($\alpha = .89 – .96$). In this study, the internal consistency (α) for the pretest, posttest and follow-up respectively was as follows: FSFI total ($\alpha = .94, .96, .96$); desire ($\alpha = .73, .87, .92$); arousal ($\alpha = .94, .95, .82$); lubrication ($\alpha = .97, .95, .97$); orgasm ($\alpha = .94, .97, .95$); satisfaction ($\alpha = .72, .68, .77$); and pain ($\alpha = .97, .97, .97$).

The Hurlbert Index of Sexual Desire (HISD; Apt & Hurlbert, 1992) was used as a second measure of sexual desire. This 25-item self-report measure assesses an individual’s level of reported sexual desire as defined by its emotional, behavioral, and cognitive components. Total scale scores range from zero to 100, with individual items rated on a five-point Likert-type scale, ranging from 0 (all of the time) to 4 (never). Higher scores indicate higher levels of sexual desire. Sample items include: “I think my energy level for sex with my partner is too low” and “It is hard for me to get in the mood for sex.” Beck (1995) reports that the HISD had good internal consistency ($\alpha = .86$), test-retest reliability ($r = .86$), and concurrent, construct and discriminant validity. The internal consistency in this study was $\alpha = .76$ at pretest, $\alpha = .80$ at posttest, and $\alpha = .93$ at follow-up

Procedures

A priori power analysis revealed that 40 participants would be needed to obtain a medium effect size at a power of .80. Because of this, as well as projected intervention group attrition rates of 30%–35% found in other bibliotherapy studies (e.g., Floyd,

Scogin, McKendree-Smith, Floyd, & Rokke, 2004; Malouff, Noble, Schutte, & Bhullar, 2010), a sample size of 55 was sought. Specifically, once campus Institutional Review Board (IRB) approval was obtained, advertisements were distributed through local flyers, radio, social media, and e-mail listservs for universities and sexuality related interest groups. The advertisements sought heterosexual, married women who felt satisfied with their marriages but bothered by their low sex drive. Challenges in recruiting women who fit the inclusion criteria led to collection of data in three waves. Across all three waves, interested individuals responded via phone or email to the recruitment advertisements, and were provided with additional information regarding the study including being sent the informed consent to examine. Participants then indicated willingness to partake in the study and 51 participants indicated such willingness. These 51 participants were then sent a link to the informed consent and the pre-test survey. Following the completion of the pre-test surveys, participants also completed a separate identification (ID) survey where they were asked for their name, e-mail and mailing address, as well as if they would like to receive a paper or an electronic version of the book. Following completion of the pre-test measure, ID survey and book preference question, participants were assigned to either the self-help or erotic fiction condition. Specifically, during the first two data waves, those completing the pre-test survey were randomly assigned to either the erotic fiction or the self-help book group. During the third wave of the study, a majority of participants were assigned to the erotic fiction condition as the data from the first two waves demonstrated that more participants from the erotic fiction group than the self-help group were completing posttest measures. At the end of the third wave of data collection, there were 27 participants in the erotic

fiction group and 20 in the self-help group. Participants in each condition were then mailed or e-mailed either the self-help book or the erotic fiction book with an accompanying letter, which provided detailed instructions for reading the book. Three weeks after mailing the books, an email was sent to participants reminding them that they had three more weeks to read the book. Approximately six weeks after the estimated date of arrival of the books, participants in both conditions were sent a link to the posttest survey. Participants were also asked a question about what page of the book they had read to, and those in the self-help group were asked a question about what percentage of the exercises they had completed. Fifty eight percent of self-help group participants and 81% of erotic fiction group participants reported completing the book in full. The average page number reached for those who did not complete the book was 192 of 237 pages in the self-help group, and 144 of 219 pages in the erotic fiction group. On average, participants in the self-help group reported completing 45% of the exercises in the book. Participants were also reminded, as per the informed consent, that in six weeks they would receive a final set of follow-up questionnaires. Six weeks later, participants were sent a final email with a link to the follow-up survey, and were asked if they had completed the book at follow-up if they hadn't already completed the book at post-test. Among the participants who had not completed the self-help book at post-test, 92% reported completing the book by follow-up, with one participant reporting that she had read three-fourths of the book. Among the participants who had not completed the erotic fiction book at post-test, 100% reported completing the book at follow-up.

Upon filling out the final survey set, all participants were be fully debriefed and provided with additional resources and referrals in the community for sexual concerns. Across all survey administrations, participants not responding within five days were emailed up to three reminders, each spaced five days apart. In addition to receiving copies of the books, as an additional incentive, participants who completed the posttest were offered a \$5 Starbucks gift card, and participants who completed the follow-up survey were offered a second \$5 Starbucks gift card.

Interventions

A Tired Woman's Guide to Passionate Sex (Mintz, 2009) is a 237-page self-help book designed as a treatment for heterosexual women experiencing low sexual desire. This book was chosen due to prior research on its efficacy (Mintz et al., 2012) as well as positive scholarly reviews (Buehler, 2011; Sanchez, 2010). The book contains three foundational chapters, including the author's story, the causes of low sexual desire, and the physical and emotional benefits of sex. The second foundational chapter details the multitude of reasons for low sexual desire, highlighting stress as a major cause and citing research (Bodenmann, Lederman, Blattner, & Galluzzo, 2006; Consumer Reports National Research Center, 2009) identifying a large proportion of heterosexual women who report that they are satisfied with their relationships and enjoy sex once it is underway, but for whom chronic stress has led to diminished or nonexistent desire. Following the foundational chapters are six chapters, each containing one step in a six-step psycho-educational and cognitive behavioral treatment program. In the first step, *Thoughts*, the author uses cognitive techniques to promote positive thoughts about sexuality and instructs readers on mindfulness practices to be used during sexual encounters. The focus of the *Talk* step is on healthy general and sexual communication

strategies. The *Time* step addresses goal setting and time management. The *Touch* step provides information on women's sexual responses and emphasizes affectionate and non goal-directed erotic touching. The *Spice* step provides suggestions to add novelty to readers' sex lives. The *Tryst* step introduces the idea of scheduling sexual encounters, challenges the myth of spontaneous sex, and provides information on the concept of women's receptive sexual desire (Basson, 2000). Two appendices provide additional information (i.e., finding a therapist, resources for other sexual and psychological concerns).

Passion: Erotic Romance for Women (Bussel, 2010) is a 219-page collection of fictional erotic short stories. This book was chosen through the following procedure: First, a post was made to the listserv for the American Association for Sex Counselors, Educators, and Therapists (AASECT) describing the study and asking for recommendations for erotic books. The most mentioned and recommended three books were then examined by the researcher and an expert in female sexuality. *Passion: Erotic Romance for Women* was then chosen due to its length and target audience being most similar to *A Tired Woman's Guide to Passionate Sex*. The 20 short stories in this book were produced by well-known writers of female erotica who have been published in a variety of other collections, as well as won awards for their writing. The content and nature of these stories were judged to hold appeal to women in long term relationships looking to rekindle romance and passion in their sex life. The tagline on the back of the book aptly states "discover romance at its sexiest". The romantic relationship between the characters in each story is well developed, while also fully exploring the explicit sexual and erotic relationship. The plots of each story, the

locations of sexual encounters and the actual sexual acts vary greatly among the stories in the book. However, all the stories in the book are based on heterosexual couples, with an overarching theme of passionate seduction.

Table 2-1: Participant demographics

	Final Sample (N = 35)		Self-Help Group (N = 19)		Erotic Fiction Group (N = 16)	
	M (or N)	SD (or %)	M (or N)	SD (or %)	M (or N)	SD (or %)
Age	40.83	7.76	40.58	8.42	41.13	7.17
Race/Ethnicity						
White/European American	33	94%	19	100%	14	87.50%
Black/African American	2	6%	0	0%	2	12.50%
Education						
Some College	4	11.40%	2	10.50%	2	12.50%
Associates Degree	2	5.70%	2	10.50%	3	31.30%
Bachelor's Degree	6	17.10%	3	15.80%	2	18.80%
Some Graduate /Profession Training	4	11.40%	2	10.50%	5	12.50%
Master's Degree	12	34.30%	7	36.80%	3	31.30%
Doctoral Degree	5	14.30%	2	10.50%	1	18.80%
Advanced Professional Degree	2	5.70%	1	5.30%	1	6.30%
Income						
15,000 - 25,000	1	3%	1	5.30%	0	0%
25,000 - 50,000	2	5.70%	1	5.30%	1	6.30%
50,000 - 75,000	10	28.60%	6	31.60%	4	25%
75,000 - 100,000	6	17.10%	2	10.50%	4	25%
> 100,000	16	45.70%	9	47.40%	7	43.80%
Religion						
Christinaity	22	62.90%	10	52.60%	12	75%
Judaism	1	2.90%	1	5.30%	0	9%
Buddhist	1	2.90%	0	0%	1	6.30%
Non-Religious	6	17.10%	5	26.30%	1	6.30%
Agnostic	3	8.60%	2	10.50%	1	6.30%

Table 2-1. Continued.

	Final Sample (<i>N</i> = 35)		Self-Help Group (<i>N</i> = 19)		Erotic Fiction Group (<i>N</i> = 16)	
	<i>M</i> (or <i>N</i>)	<i>SD</i> (or %)	<i>M</i> (or <i>N</i>)	<i>SD</i> (or %)	<i>M</i> (or <i>N</i>)	<i>SD</i> (or %)
Other	2	5.70%	1	5.30%	1	6.30%
Marriage Length	11.45	7.56	9.46	7.13	13.81	7.58
Children Currently Living at Home	24	69%	11	58%	13	81%

Note. Of the 35 participants in the final sample, 19 (54%) were in the self-help group and 16 (46%) were in the erotic fiction group.

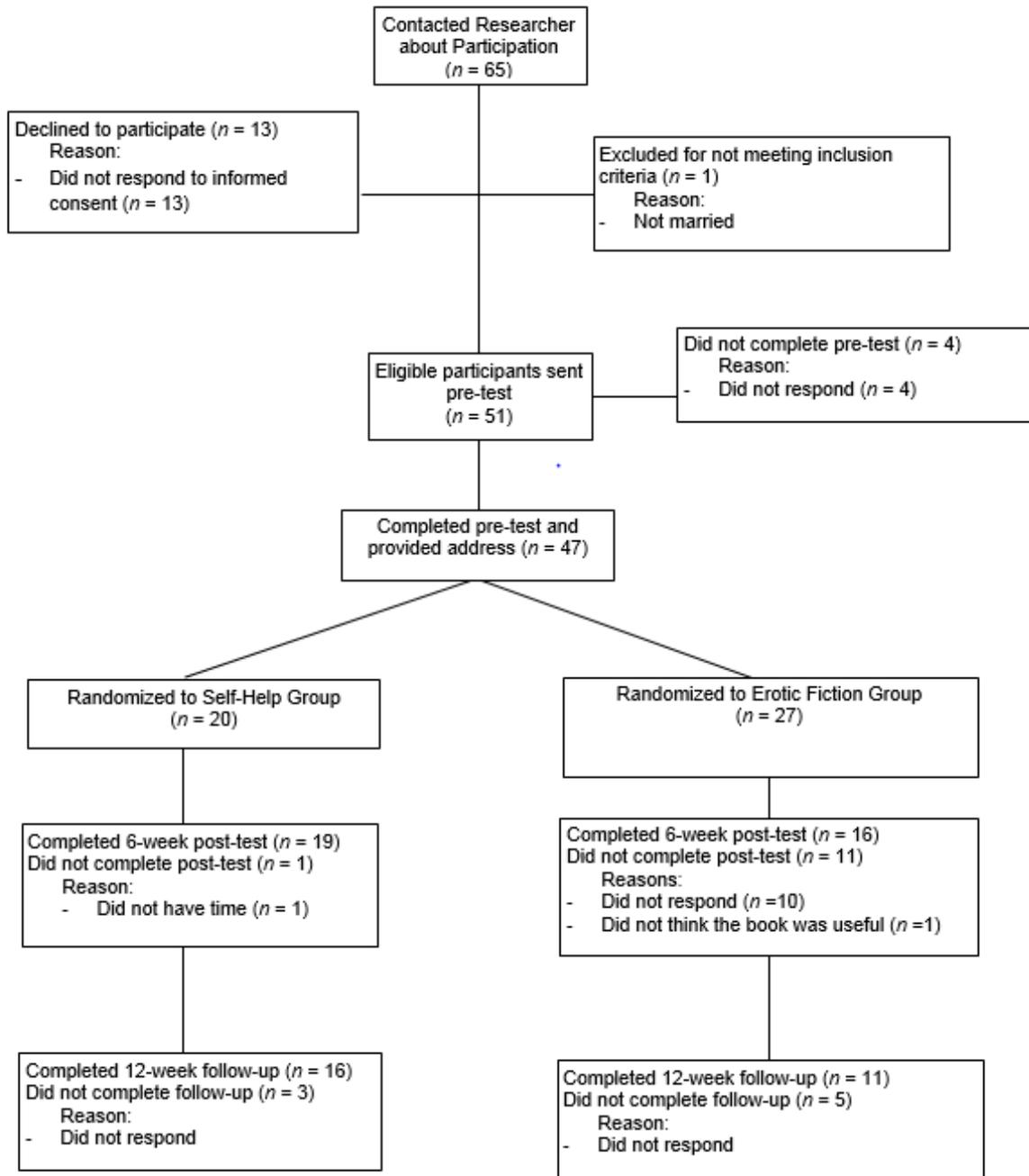


Figure 2-1: Participant flow chart

CHAPTER 3 RESULTS

Preliminary Analyses

First, the data was screened in order to assess for missing data, outliers and assumptions of normality. No missing data or outliers were detected. However, the FSFI pain subscale was transformed to correct for the negative skewness (± 3 SD) displayed at all three time points (pretest, posttest, and follow-up). One-way analyses of variance (ANOVAs) were conducted to test whether there were differences in demographic or pretest outcome variables between: a) those who completed only the pretest and those who completed both the pretest and posttest; and b) those who completed the measures at the first, second and third time point and those who completed measures at the first and second time points only. In the overall sample, as well as in the self-help and erotic-fiction conditions, no differences were found. ANOVAs were also used to test whether there were differences in demographic or pretest outcome variables between the three different waves of data collected, and no significant differences were found. Similarly, ANOVAs were used to test whether there were differences in demographic or pretest outcome variables between the self-help and erotic fiction group, and no significant differences were found for any variables except the FSFI Desire subscale. Specifically, individuals in the self-help group indicated lower levels of desire at pretest ($M = 1.73$, $SD = 0.59$) than did participants in the erotic fiction group ($M = 2.28$, $SD = 0.76$), $F(1, 34) = 2.634$, $p = 0.023$. Thus, the analysis for the FSFI Desire subscale was adjusted to reflect pre-group differences (i.e., use of an ANCOVA rather than an ANOVA).

Short Term Efficacy of Interventions

Although a common strategy is to conduct an omnibus multivariate analysis of variance F test followed with univariate analyses, many statisticians recommend separate univariate F tests on each outcome variable, with a Bonferroni correction used (Enders, 2003; Huberty & Morris, 1989; Jaccard & Guilamo-Ramos, 2002). Additionally, multiple univariate tests are recommended in exploratory studies in which new treatments are being investigated (Huberty & Morris, 1989); because this is the first study in over 20 years examining erotic fiction as well as only the second study examining self-help for low sexual desire, ANOVAs were considered especially appropriate. We thus conducted repeated measures ANOVAs using pre- and posttest scores on the dependent measures (FSFI Desire, FSFI Satisfaction, FSFI Lubrication, FSFI Arousal, FSFI Orgasm, FSFI Pain, FSFI Total, HISD). As noted earlier, for the FSFI Desire subscale, due to pre-test differences between the groups, an ANCOVA was conducted. To protect against the effects of inflated Type I error with running multiple analyses, we used the Holm (1979) modified Bonferroni method; the traditional Bonferroni method (α/k) often has low statistical power, whereas the Holm approach is more powerful and adequately maintains experiment wise error rates (Jaccard & Guilamo-Ramos, 2002). To examine comparative changes over time (pre- to posttest) and across groups (self-help vs erotic fiction), the ANOVA or ANCOVA Group X Time interaction was examined. Additionally, because changes over time (pre- to posttest) within each group were also of interest, main effects for time were also examined. Also, due to the problems associated with null hypothesis significance testing when interpreting social science data (see Ferguson 2009 for further discussion), effect sizes are presented for all variables. Specifically, the standardized mean difference (Cohen's

d) is reported (Ferguson, 2009; Sink & Stroh, 2006), along with interpretations (i.e., .2 = small, .5 = medium, and .8 = large). These ANOVA and ANCOVA results are described below and presented in Table 3-2.

ANOVA results for the FSFI Total revealed no interaction effect. However, there was a significant time effect, $F(1, 34) = 24.22, p = 0.00$ (see Figure 3-2). In the self-help group, FSFI Total scores increased from 15.44 at pretest to 19.90 at posttest. The effect size (Cohen's *d*) was 0.60 (medium). In the erotic fiction group, FSFI Total scores increased from 18.32 at pretest to 24.05 at posttest. The effect size (Cohen's *d*) was 1.00 (large).

Neither measure of desire (FSFI Desire and HISD) showed a significant interaction effects, but both displayed significant effects of time. Due to pre-test differences between groups on the FSFI Desire Subscale, an ANCOVA was conducted. Post-test scores on the FSFI Desire Subscale was the dependent variable, group membership (Erotic Fiction, Self-Help) was the independent variable, and FSFI Desire Subscale pre-test scores was the covariate. There was a significant effect of time for FSFI Desire, $F(1, 34) = 11.95, p = 0.002$ (see Figure 3-3). In the self-help group, the pretest score increased from 1.73 to 2.87 at posttest. The Cohen's *d* was 1.37 (large). In the erotic fiction group, the pretest score increased from 2.28 to 3.67 at posttest. The Cohen's *d* was 1.68 (large). Likewise, for HISD, there was a significant effect of time, $F(1, 34) = 12.13, p = 0.001$. In self-help group, the pretest score increased from 36.52 to 41.68 at posttest. The Cohen's *d* was 0.49 (small). In the erotic fiction group, the pretest score increased from 39.50 to 43.87 at posttest. The Cohen's *d* was 0.55 (medium).

None of the remaining FSFI subscales (i.e. Satisfaction, Arousal, Orgasm, Pain or Lubrication) evidenced significant interaction effects, but all displayed significant effects of time. In all, both groups evidenced significant improvements in functioning over time. In the self-help group, the FSFI Satisfaction displayed a large effect size (Cohen's d), while all remaining effects were in the small range. In the erotic fiction group, effect sizes were large for Satisfaction, medium for Arousal and Orgasm, and small for Pain and Lubrication. The results of these ANOVAS, including means, standard deviations, F statistics, Cohen's d , and alpha levels, can be found in Table 3-2.

Longer Term Efficacy of the Interventions

To determine the longer term efficacy (i.e. six week follow-up) of each type of bibliotherapy intervention, we conducted repeated measures ANOVAs comparing participants' scores on the dependent measures at pretest, posttest, and six-week follow-up, with the Holm (1979) modified Bonferroni method used. Because the aim was to determine if each intervention resulted in maintenance of gains, rather than to compare maintenance across interventions, these analyses were conducted separately for each group. The percentage of variance explained (η_p^2) is reported as a measure of effect size (Ferguson, 2009; Sink & Stroh, 2006), along with interpretations (i.e., η_p^2 , .01 = small, .06 = medium, and .14 = large; Sink & Stroh, 2006).

Self-Help Group

Significant time effects were found for the FSFI Total, $F(1, 15) = 7.73$, $p = 0.005$, $\eta_p^2 = 0.525$ (large) (see Figure 3-4). Post hoc analyses indicated that pretest and posttest scores differed significantly and that pretest and follow-up scores differed significantly, but the posttest scores and follow-up scores did not differ significantly, indicating that gains were maintained at follow-up. Similarly, significant results were

found for FSFI Desire: $F(1, 15) = 16.35, p = 0.00, \eta_p^2 = 0.7$ (large) (see Figure 3-5) ; FSFI Satisfaction, $F(1, 15) = 7.60, p = 0.006, \eta_p^2 = 0.521$ (large) (see Figure 3-6); and FSFI Pain, $F(1, 15) = 19.79, p = 0.00, \eta_p^2 = 0.73$ (large). For all, post hoc analyses indicated that pretest and posttest scores differed significantly, and pretest and follow-up scores differed significantly. However, the posttest and follow-up scores did not differ significantly, again indicating that the gains made at posttest were maintained at follow-up. See Table 3-3 for details.

Erotic Fiction Group

Significant time effects were found for FSFI Total, $F(1, 10) = 10.93, p = 0.004; \eta_p^2 = 0.708$ (large) (see Figure 3-4); FSFI Desire, $F(1, 10) = 8.29, p = 0.009, \eta_p^2 = 0.648$ (large) (see Figure 3-5); FSFI Satisfaction, $F(1, 10) = 10.37, p = 0.005, \eta_p^2 = 0.697$ (large) (see Figure 3-6); and FSFI Pain, $F(1, 10) = 12.20, p = 0.001, \eta_p^2 = 0.793$ (large). For all the measures, post hoc analyses indicated that pretest and posttest scores differed significantly, and pretest and follow-up scores differed significantly, but that posttest and follow-up scores did not differ significantly. As in the self-help group, these results indicated that the gains made at posttest were maintained at follow-up. See Table 3-4 for details.

Table 3-1. Mean, standard deviations, and short term time effects on dependent variables

Measure	Self Help Group				Erotic Fiction Group				F(1,34)	p	d
	Pre Test		Post Test		Pre Test		Post Test				
	M	SD	M	SD	M	SD	M	SD			
HISD***	36.52	9.08	41.68	11.95	39.50	6.95	43.87	9.04	12.13	0.001	0.49/0.55
Desire**	1.73	0.59	2.87	1.05	2.28	0.76	3.67	0.90	11.95	0.002	1.37/1.68
Arousal**	2.46	1.32	3.22	1.81	3.16	1.58	3.90	1.40	8.34	0.007	0.47/0.50
Lub*	3.07	1.84	3.74	2.00	4.21	1.67	4.80	1.46	4.46	0.042	0.35/0.38
Sat***	2.88	0.84	3.75	1.21	2.75	0.54	4.22	1.01	38.65	0.000	0.85/1.90
Orgasm**	2.71	1.84	3.47	2.05	3.07	1.52	4.22	1.83	10.77	0.002	0.40/0.69
Pain***	2.56	1.53	2.88	1.52	2.82	1.52	3.22	1.40	70.42	0.000	0.21/0.27
FSFI*** Total	15.44	6.57	19.90	8.52	18.32	5.33	24.05	6.17	24.22	0.000	0.60/1.00

Note. N = 35 for analyses. The first listed Cohen's d is for the self-help group posttest effect size and the second is for the erotic fiction group posttest effect size. All dependent variables were analyzed using repeated measures ANOVAs, except an ANCOVA was used for FSFI Desire. For all measures, higher scores indicate higher levels of sexual functioning. HISD = Hurlburt Index of Sexual Desire (range = 0 – 100); Desire = Female Sexual Functioning Index Desire subscale (range = 1.2– 6); Arousal = Female Sexual Functioning Index Arousal subscale (range = 0–6); Lub = Female Sexual Functioning Index Lubrication subscale (range = 0–6); Orgasm = Female Sexual Functioning Index Orgasm subscale (range = 0–6); Sat = Female Sexual Functioning Index Satisfaction subscale (range = 0–6); Pain = Female Sexual Functioning Index Pain subscale (range = 0–6). Total = Female Sexual Functioning Index Total Score (range = 2–36).

*p ≤ .05 **p ≤ .01 ***p ≤ .001

Table 3-2. Summary table for the long term effects of time on dependent variables in the self-help group

Measure	Pretest		Posttest		6- Week Follow-Up		95% Confidence Intervals		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	Pre- to post	Post- to Follow-up	Pre- to Follow-up
HISD	36.5	9.88	42.62	12.81	40.50	17.05	[-10.30, -1.95]	[-2.04, 6.29]	[-9.61, 1.61]
Desire***	1.83	0.60	3.00	1.09	3.11	1.10	[-1.65, -0.68]***	[-0.50, 0.28]	[-1.76, -0.80]***
Arousal	2.41	1.25	3.50	1.50	2.71	1.29	[-1.98, -0.20]	[0.10, 1.48]	[-1.14, 0.54]
Lub	3.00	1.66	4.08	1.60	4.21	1.88	[-2.10, -0.08]	[-0.73, 0.47]	[-2.40, -0.04]
Sat**	2.80	0.77	3.75	1.22	4.00	1.40	[-1.57, -0.33]**	[-0.98, 0.48]	[-1.93, -0.47]**
Orgasm	2.62	1.67	3.75	1.72	3.75	1.88	[-2.14, -0.11]	[-0.96, 0.96]	[-2.13, -0.13]
Pain***	2.57	1.48	3.17	1.22	4.67	2.04	[-1.05, -0.15]***	[-2.09, -0.92]	[-2.81, -1.40]***
FSFI Total**	15.25	6.01	21.26	7.11	22.47	7.91	[-9.48, -2.54]**	[-3.93, 1.52]	[-11.19, -3.25]***

Note. *N* = 16 for analyses. For all measures, higher scores indicate higher levels of sexual functioning. Significance levels next to scale name pertain to repeated measures ANOVAs; significance levels next to confidence intervals pertain to pairwise comparisons. HISD = Hurlburt Index of Sexual Desire (range = 0 – 100); Desire = Female Sexual Functioning Index Desire subscale (range = 1.2– 6); Arousal = Female Sexual Functioning Index Arousal subscale (range = 0–6); Lub = Female Sexual Functioning Index Lubrication subscale (range = 0–6); Org = Female Sexual Functioning Index Orgasm subscale (range = 0–6); Sat = Female Sexual Functioning Index Satisfaction subscale (range = 0–6); Pain = Female Sexual Functioning Index Pain subscale (range = 0–6). Total = Female Sexual Functioning Index Total Score (range = 2–36).

p* ≤ .05 *p* ≤ .01 ****p* ≤ .001

Table 3-3. Summary table for the long term effects of time on dependent variables in the erotic fiction group

Measure	Pretest		Posttest		Follow-Up		95% Confidence Intervals		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	Pre- to post	Post- to Follow-up	Pre- to Follow-up
HISD	37.00	4.81	40.72	8.24	41.45	12.67	[-9.449, 2.045]	[-6.333, 4.878]	[-12.831, 3.922]
Desire**	2.12	0.67	3.32	0.82	3.16	1.31	[-1.824, -0.576]**	[-0.489, 0.816]	[-1.844, 0.228]*
Arousal	3.30	1.75	3.76	1.64	2.70	1.39	[-1.277, 0.349]	[0.424, 1.703]	[-0.433, 1.643]
Lub	4.22	1.80	4.69	1.70	4.17	2.21	[-0.968, 0.041]	[-0.622, 0.000]	[-1.210, 1.319]
Sat**	2.69	0.56	3.96	1.03	3.56	1.36	[-1.916, -0.584]**	[-0.033, 0.833]	[-1.721, -0.024]*
Orgasm	2.90	1.70	4.03	2.05	3.89	2.30	[-1.866, -0.388]	[-0.818, 1.109]	[-1.916, -0.048]
Pain***	2.40	1.66	3.16	1.58	4.65	2.34	[-1.565, 0.038]***	[-2.953, -0.028]	[-3.269, -1.240]**
FSFI Total**	17.65	6.02	22.95	7.12	22.14	9.81	[-7.685, -2.897]***	[-3.144, 4.744]	[-9.005, 0.023]*

Note. *N* = 11 for analyses. For all measures, higher scores indicate higher levels of sexual functioning. Significance levels next to scale name pertain to repeated measures ANOVAs; significance levels next to confidence intervals pertain to pairwise comparisons. HISD = Hurlburt Index of Sexual Desire (range = 0 – 100); Desire = Female Sexual Functioning Index Desire subscale (range = 1.2– 6); Arousal = Female Sexual Functioning Index Arousal subscale (range = 0–6); Lub = Female Sexual Functioning Index Lubrication subscale (range = 0–6); Org = Female Sexual Functioning Index Orgasm subscale (range = 0–6); Sat = Female Sexual Functioning Index Satisfaction subscale (range = 0–6); Pain = Female Sexual Functioning Index Pain subscale (range = 0–6). Total = Female Sexual Functioning Index Total Score (range = 2–36).

p* ≤ .05 *p* ≤ .01 ****p* ≤ .001

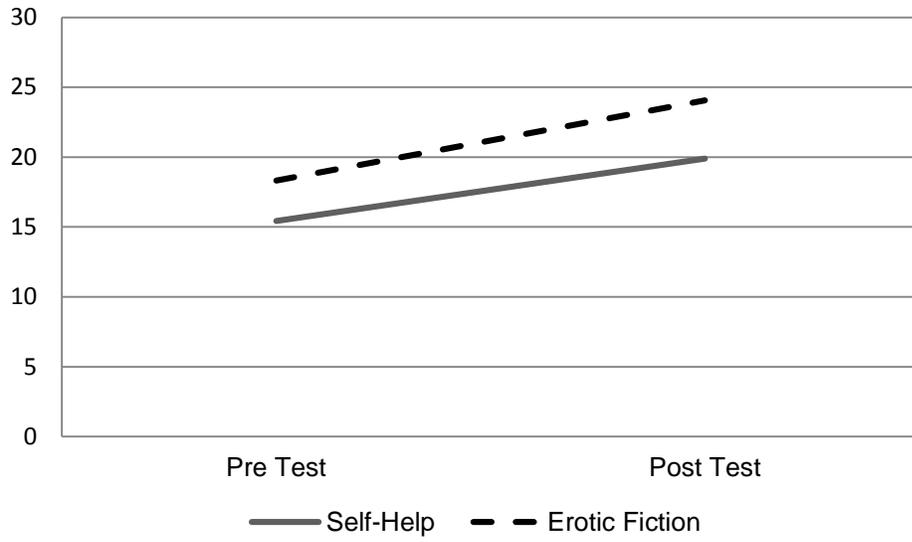


Figure 3-1. Short term time effects for FSFI total

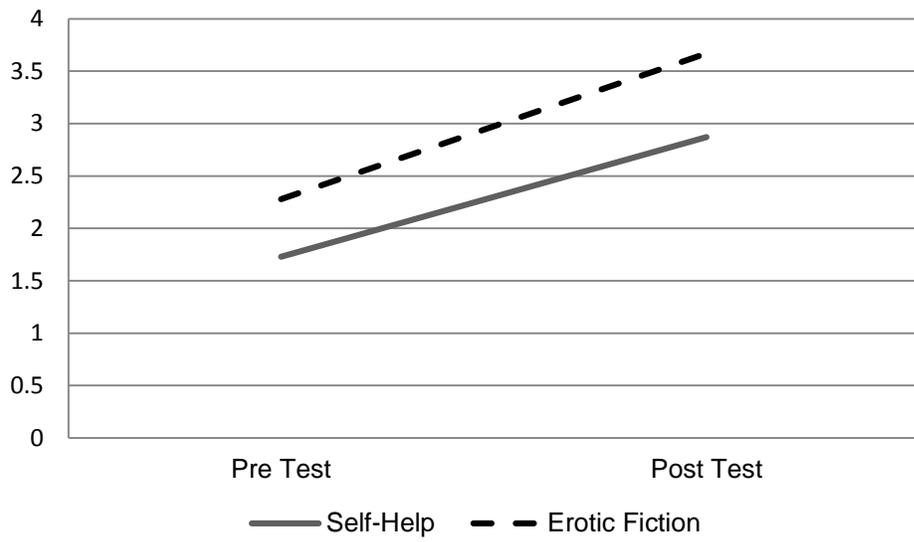


Figure 3-2. Short term time effects for FSFI desire

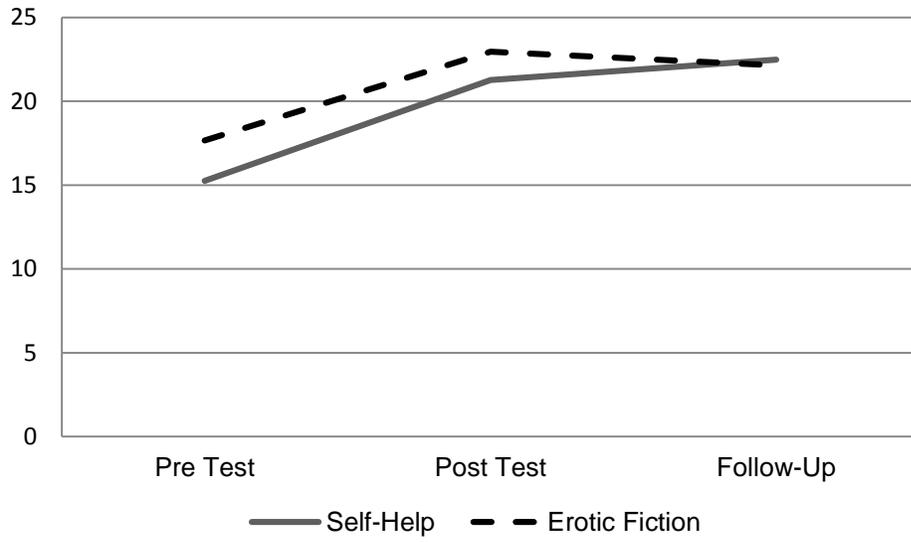


Figure 3-3. Longer term time effects on FSFI total

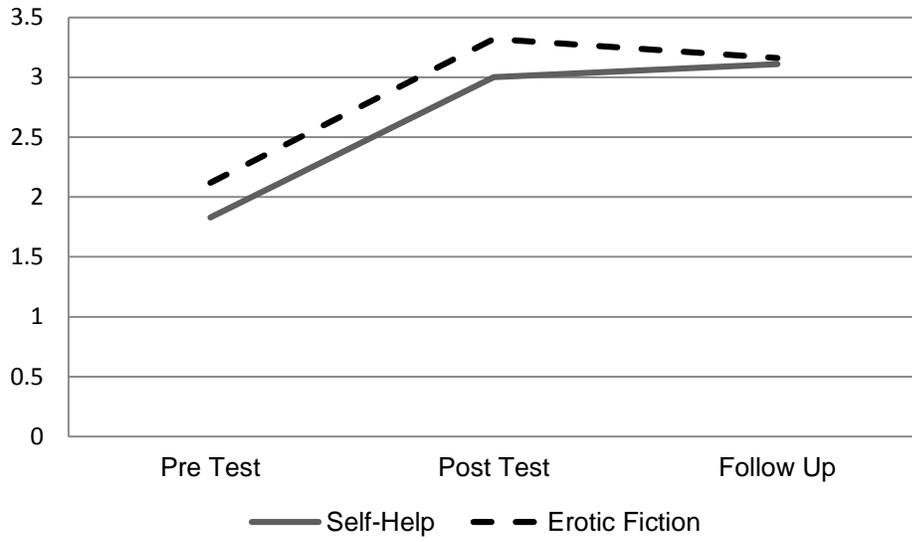


Figure 3-4. Longer term time effects on FSFI desire

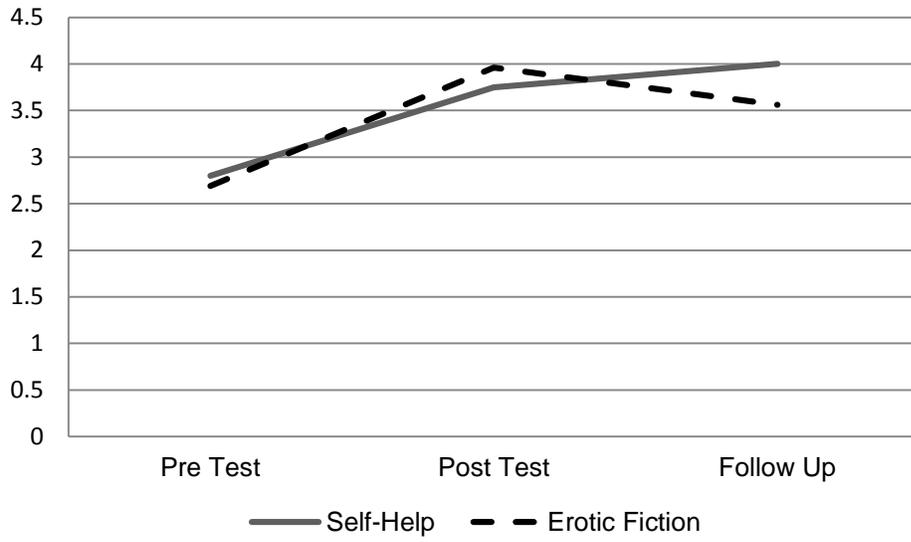


Figure 3-5. Longer term time effects on FSFI satisfaction

CHAPTER 4 DISCUSSION

As far as the authors of this study could determine, this is the first study in approximately 20 years to evaluate the effects of erotic fiction on female sexual functioning. Further, it is also the first study to compare the efficacy of erotic fiction and self-help for alleviating low sexual desire among women. In line with predictions made at the outset of the study, women in both conditions (i.e., those who read the erotic fiction book and the self-help book) experienced significant improvement in sexual desire (across two measures), sexual satisfaction, sexual arousal, lubrication, orgasm, pain reduction, and overall sexual functioning from the baseline to post-intervention, with no statistically significant differences between them but with effect sizes generally in the small range for the self-help book group and generally in the medium to large range in the erotic fiction book group. Additionally, contrary to our prediction that these gains would be maintained only in the self-help group at the six-week follow up, both groups maintained their gains on the same measures and for all, the effect sizes were in the same range (i.e., large). Specifically, in both groups, gains were maintained on one measure of sexual desire, as well as on measures of sexual satisfaction, reduction in sexual pain, and overall sexual functioning. In short, both books resulted in the same pattern of change across time.

The similar efficacy of the two books in increasing sexual desire and sexual functioning from baseline to post-intervention deserves exploration, particularly given that one was written as a treatment and the other was not. Specifically, the self-help book was written as an intervention for women with low sexual desire, and it incorporated psychological principles and techniques, while the erotic fiction book was

written from an entertainment rather than a treatment perspective. One explanation for the equivalency of two books written from diverse perspectives is that both books comprise effective albeit distinct treatments that impact women's sexual thoughts and functioning. For instance, the self-help book might promote sexual functioning via psychological techniques such as cognitive behavioral methods and mindfulness, or by encouraging women to engage in honest communication with their partners, whereas the erotic fiction book might improve sexual functioning by providing written models of passionate sex, and encouraging participants to fantasize about sex. In sum, both books may be effective, but through different mechanisms of change.

Another explanation for the equivalency of the two books is that there is a construct that cuts across both. Specifically, perhaps both books (i.e., the self-help book, which offered women guidance, validation and normalization regarding sexual dysfunction and the erotic-fiction book, which promoted women's ideas, thoughts, and fantasies about sex) provided women a feeling of empowerment and control. Richgels (1992) argued that low sexual desire in heterosexual women is "the result of a woman's gender role socialization and the systematic control of her sexuality by the dominant culture." Keeping with this feminist perspective, other researchers analyzing the relationship between women's gender roles and a mutually satisfying sexual relationship with a partner claim that "social messages typically discourage women from initiating sex" (Zimmerman, Holm, Daniels & Haddock, 2002). It is therefore possible that both books were efficacious because they provide messages that encouraged women to embrace their sexual desires and pleasures. In this way, each book might have empowered women, and provided a feeling of being in control of one's own desire.

Another explanation for the equivalent changes in both groups is the simple act of doing something that one believes could help, or what has been termed the “placebo effect.” Past research comparing placebo medications to active pharmacological treatments for female sexual dysfunction have shown that women in the placebo condition often improve significantly in their sexual functioning. This finding, which mirrors findings of randomized controlled placebo trials for other conditions (e.g., irritable bowel syndrome, and chronic lower back pain), has led some to speculate that a placebo may actually spur physical changes through a mind-body interaction (Kaptchuk et al, 2008; Marchand e. al., 1993; Meston, 2004). In the present study, it is possible that simply participating in this study, and reading a book, provided the women with a sense that they were doing something to enhance their sexual well-being. This, in turn, might have been sufficient to improve their sexual functioning. Future research conducted with a qualitative methodology could help to more clearly ascertain the mechanism of change across both books, and to determine if their equivalency is due to distinct mechanisms of change, an active change mechanism that cuts across both, or the placebo effect.

Nevertheless, while this study did not find statistical differences in the change across both groups from pre- to post-test and also found a similar pattern of maintenance of gains at follow-up, other results in this study point to some possible differences between the two books. First, there was a striking difference between the attrition rates in the two groups. In the self-help group, attrition from pre- to posttest was 5%, and attrition from posttest to follow-up was 16%. In the erotic fiction group, attrition from pre- to posttest was 40%, whereas attrition from posttest to follow-up was 32%.

Second, the erotic fiction book resulted in larger effect sizes for all the dependent measures at post-test. Taking these two findings together, it is possible that participants had a stronger reaction (either positive or negative) to the erotic fiction book as compared to the self-help book. To explain, the ability of the erotic fiction book to assist with one's problem of low sexual desire may have been perceived as lesser by those in the erotic fiction group as compared to those in the self-help book. Participants in the erotic fiction group may have dropped out of the study because they were disappointed to not receive the self-help book and perceived the erotic fiction book to have lesser face value to help with their problem. Alternatively, they may have begun reading the book and found it was not helping with their desire problem; in fact, the one participant in the erotic fiction group who gave a reason for dropping out at post-test said just this. Thus, it may be that erotic fiction is helpful only for only a small subset of women, but for these women, it is extremely helpful. This would explain the higher effect sizes found for the women who read the erotic fiction book as compared to the self-help book, and is an explanation that is also bolstered by the greater percentage of women in the erotic fiction condition than in the self-help condition who reported finishing the entire book. Again, a qualitative study on participant's reactions to both types of books would be quite useful.

Also potentially informative is an examination of the maintenance of gains in the erotic fiction group. It is not surprising that many of the gains made by the group who read the self-help book (i.e., *A Tired Woman's Guide to Passionate Sex*) were maintained at follow-up, given that this effect was found in a prior study testing the efficacy of the book (Mintz et al. 2012). However, it is important to note that contrary to

the hypothesis, those reading the erotic fiction book evidenced similar long-term effects. The initial hypothesis that women in the erotic fiction group would not maintain gains was based on past research findings that women exposed to non-violent sexually explicit visual materials evidence only short term increases in sexual desire and established sexual practices (Brown, Amoroso & Ware, 1976; Fisher & Kohut, 2013, Fisher & Davis, 2007; Schmidt & Sigusch, 1970). However, it is important to consider both differences between reading a book and watching a video, as well as differences in the methodology of these past studies compared to the present study. In the past studies, participants watched sexually explicit visual stimuli in a controlled experimental space, while in the present study participants read sexually explicit fiction at their comfort and convenience. Reading erotic fiction may have encouraged participants' imagination and development of fantasy to a greater extent than viewing sexually explicit material. Research comparing the effects of different types of media on imagination found that watching television, which seems similar to watching videos, contributed to a more passive mental process (Carnegie Commission, 1979). On the other hand, listening to radio media may be more similar to reading fiction in terms of the amount of mental investment. Salomon's (1990) argues that "the amount of learning stimulated by a medium varies as a function of the mental effort invested in it" (Greenfield, Farrar & Beagles-Roos, 1986). Therefore, it is possible that the mental investment utilized in reading erotic fiction allowed participants to learn skills to activate their imagination and engage in fantasy that could then be accessed for a longer duration even after finishing the book. Also, the fact that participants in the present study were able to read and engage with the erotic material in a setting where they

naturally would choose to engage in sexual thoughts or behavior (i.e., at home rather than in a laboratory) may also be responsible for the longer term maintenance of gains than has been found for women watching sexually explicit media in a laboratory condition.

Although this study adds to the limited research on bibliotherapy, and more specifically on erotic fiction as a treatment for low sexual desire, there were some methodological concerns. First, although statistical significance and medium to large effect sizes were found in a majority of the outcome measures, the sample size of the study was small ($N = 35$ at post-test and $N = 27$ at follow-up), as is the case with most bibliotherapy studies (Van Lankveld, 2009). Indeed, while a study with a large sample would be predicted to yield the same time effects (i.e., changes within both groups after reading the book), it may be that such a study would also yield statistically significant interaction effects indicating that one type of book outperforms the other, a notion supported by comparing the effect sizes across the groups at post-test. Second, the lack of diversity within the sample limits the generalizability of this study. For instance, most of the participants in the present study identified as White, Christian, highly educated, and reported high-income levels. A study with a more diverse sample is sorely needed. Finally, both the self-help book and the erotic fiction book only cater to heterosexual married couples, thus limiting their clinical utility with same-sex individuals. A study with lesbian women suffering from low sexual desire is needed, using self-help written for this or a more inclusive population and erotic fiction written from a lesbian perspective.

Other avenues for additional research include a replication study, using different self-help and erotic fiction books. Additionally, research on erotic fiction as bibliotherapy for other types of sexual dysfunctions could be conducted. The results found for longer term improvement in pain and short-term improvement in lubrication suggest that erotic fiction might also be helpful for female sexual pain and arousal concerns. Research could also explore the use of erotic fiction with couples instead of individuals. Finally, future research could also investigate the comparative efficacy of female centric visual pornography and erotic fiction for enhancing sexual desire.

Despite its limitations, the results of this study provide evidence that clinicians may consider recommending either one or both of the books (self-help and erotic fiction) used in this study with heterosexual female clients with low sexual desire. These books could be especially useful to women who are unable to afford face-to-face counseling for low sexual desire. Clinicians may also choose to recommend this book in the early stages of treatment or as a supplement to ongoing face-to-face counseling (Norcross, 2006). As noted by Mintz (2012), bibliotherapeutic interventions with evidence of efficacy can be used by clinicians before treatment begins, during counseling, or after termination of counseling in order to serve as an ongoing resource. Nevertheless, given the high dropout rate in the erotic fiction group, clinicians should closely monitor client reactions to the written materials.

This study has broader implications beyond the efficacy of the two books studied here. First, this study contributes to the debate regarding the definition of bibliotherapy, by providing support for the more inclusive definition of bibliotherapy (Hubin et al., 2011) that includes both self-help and imaginative sources (e.g., fictional books). In the

present study, the erotic fiction book was shown to be just as effective as the self-help book, rebutting the claim of some researchers that only self-help books can be considered bibliotherapy (van Lankveld, 2009). Second, this study adds to the limited literature on the efficacy of bibliotherapy, which has the ability to provide treatment to larger populations in a non-stigmatizing modality (Harwood & L'Abate, 2010). Third, this study contributes to the understudied area of treatments for low sexual desire, providing those who suffer with two easily accessible and potentially effective remedies. It is hoped that this study will serve as a starting point for more current research on the efficacy of all types of bibliotherapeutic interventions for low sexual desire in women.

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BIOGRAPHICAL SKETCH

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