Women’s Sexual Fantasies in Context: The Emotional Content of Sexual Fantasies, Psychological and Interpersonal Distress, and Satisfaction in Romantic Relationships

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Women’s Sexual Fantasies in Context: The Emotional Content of Sexual Fantasies, Psychological and Interpersonal Distress, and Satisfaction in Romantic Relationships

By

Sarah Constantine

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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Sarah Constantine

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

May 16th, 2017 Margaret Rosario

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THE CITY UNIVERSITY OF NEW YORK
Abstract

Women’s Sexual Fantasies in Context: The Emotional Content of Sexual Fantasies, Psychological and Interpersonal Distress, and Satisfaction in Romantic Relationships

by

Sarah Constantine

The Graduate Center and City College, City University of New York

Adviser: Margaret Rosario, Ph.D.

Background: Psychoanalytic thinkers propose that aspects of an individual’s sexual fantasies are related to her internal representations of self and significant others and her overall psychological and interpersonal functioning. The present study aims to elucidate the significance of sexual fantasies with respect to women’s emotional and interpersonal lives. The study evaluated a model, which hypothesized that internal representations of self and others (e.g. attachment security, maturity of object relations) along with psychological and interpersonal factors would predict both the emotional content (guilt, fear, affection) of written sexual fantasy narratives, and overall romantic satisfaction in heterosexual women. The study also hypothesized that the emotional content of sexual fantasies would mediate the relationship between internal representations of self/other and romantic satisfaction. Methods: Five hundred and thirty four women completed self-report questionnaires online. Subsequently, the sexual fantasies of 20 women (10 with higher levels of psychological and interpersonal distress, 10 with lower levels of psychological and interpersonal distress) were qualitatively examined and compared with respect to differences in their emotional and thematic content.
Results: The hypotheses were partially supported: women with more attachment anxiety, as well as more psychological symptoms and interpersonal difficulties, had more negative emotional reactions to their fantasies, were less satisfied with their current romantic relationship and reported less frequent sexual activity and orgasm with their current partner. Confirmatory factor analyses lead to revisions of the theoretical model.

Respecification of the study model found that psychological and interpersonal distress mediated the relationship between negative emotional reactivity to sexual fantasy and lower romantic satisfaction, and between negative emotional reactivity to fantasy and less frequent sexual activity with current partner. Conclusions: Current findings suggest links between women’s negative emotional reactivity to their sexual fantasies and lower satisfaction with both the emotional and sexual components of their current romantic relationship. The mediation model suggests that this relationship is explained by each of these factors association with psychological and interpersonal distress.
I would like to express my gratitude and appreciation to my committee members for their guidance and collaboration throughout my dissertation process. I am particularly grateful to my Chair, Dr. Margaret Rosario, for her invaluable research and professional mentorship throughout this endeavor. I also would like to express my appreciation to Dr. Diana Diamond for her assistance in conceptualizing and refining my dissertation topic, and for training me in the administration and coding of the Object Relations Inventory.

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The completion of my dissertation and doctorate would not have been possible without the inspiration, support, encouragement and companionship of my family and friends. I am exceedingly grateful to my parents, Jan and Lloyd, for their steadfast love and support throughout my life and up to the present. I am especially appreciative of my life partner, Terry Roland, for his unconditional love and unwavering commitment to me, and for his contribution of ideas and insights to this research. Finally, I would like to thank my dear friends and colleagues from City College, Dr. Karin Belser, Dr. Katie Eiges and Dr. Ian Pervil, for their friendship, inspiration and guidance through my graduate school career.
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Introduction

The meanings and functions of sexual fantasies as they relate to the psychological state and interpersonal life of the fantasizer are subjects that remain relatively understudied, but have profound implications for psychology research and clinical practice. The proposed study will test a model in which a woman’s internalized representations of self and other, her degree of psychological and interpersonal distress and her emotional appraisals of a reported recurrent sexual fantasy narrative will predict her capacity to integrate sexual and emotional intimacy in adult romantic relationships (Figure 1).

Figure 1. Latent model of the relationship between internal representations of self and other, psychological symptoms, emotional reactivity to sexual fantasy and romantic satisfaction. Note: The plus and minus signs and arrows indicate the direction of hypothesized relations.
In a landmark review of the research literature on sexual fantasies, Leitenberg and Henning (1995) define a sexual fantasy as “an act of imagination, a thought that is not simply an orienting response to an external stimulus,” and sexual fantasies “appear to be deliberate patterns of thought designed to stimulate or enhance pleasurable sexual feelings” (pp. 469-470). The evocation of sexual images or feelings in dreams, daytime reveries or flashbacks which seem to appear spontaneously or involuntarily outside of a specifically sexual context will not be included in the definition of a sexual fantasy for the purposes of this research. The following is an excerpt from the instruction section of an online questionnaire asking individuals in England and the U.S. to report on their sexual fantasies:

By “sexual fantasy”, we mean any private thought that crosses your mind during masturbation, or during sexual activity with a partner. People can also have sexual fantasies while watching or reading pornography or other kinds of literature. A sexual fantasy does NOT refer to a dream which occurs at night whilst asleep. Some people have referred to sexual fantasies as “waking dreams”—they tend to occur whilst awake, and they often lead to sexual arousal (Kahr, 2007, pp. 454-455).

For the purposes of this research, sexual fantasies are defined as thoughts and images that are deliberately conjured by an individual while he/she is awake, with the aim of achieving or enhancing sexual excitement and/or to facilitate orgasm.

**Limitations of Existing Research on Sexual Fantasies of Women**

Research in the area of sexual fantasy has focused on the content, frequency and the various contexts in which individuals imagine scenarios that stimulate or enhance experiences involving sexual arousal and erotic feeling. Largely absent from the empirical literature is whether and how sexual fantasies reflect developmental and interpersonal conflicts and achievements, and their connection to interpersonal outcomes,
such as the quality of romantic relationships, sexual satisfaction, and capacity to integrate sexuality with emotional intimacy. Given the variability in empirical findings on the psychological correlates and functions of sexual fantasies in women, more refined methods are needed to contextualize such fantasies in a woman’s relational past and present.

Further, empirical investigations of sexual fantasies have adopted somewhat of a dichotomous framework for viewing women’s sexual fantasies: as signifiers of pathology, trauma and/or inhibited sexuality, or of empowerment and a relatively guilt-free approach to sexuality. The proposed study will investigate the relationship between sexual fantasies, internal representations of self and other and satisfaction with the sexual and emotional aspects of romantic relationships in a community sample of women.

A woman’s cognitive-affective schemata involving her sexuality is highly complex and influenced not only by biology and socialization, but also by her unique history and experience of close relationships. While previous studies have examined cognitive and affective components of sexual fantasy narratives (e.g., Critelli & Bivona, 2007; Zurbriggen & Yost, 2004), none have examined such narratives with respect to underlying intrapsychic and relational processes.

In the first section of this proposal, I discuss how the attachment and object relations literatures view an individual’s ability to enter into and maintain mutually satisfying relationships. I will highlight how these theories converge and differ in describing the links between early relational experiences, fantasy and adult’s satisfaction in sexual and romantic relationships. In section two, I introduce contemporary psychoanalytic contributions to the question of why individuals fantasize about sex and
what psychic functions these serve. In section three, I review the research literature on sexual fantasies, starting with a brief review of the most widely researched areas of sexual fantasies and then focus specifically on the sexual fantasies of women. I also address the limitations of this body of research, mainly the absence of investigations of how sexual fantasies relate to intrapsychic as well as interpersonal factors. In section four, I review contributions to the theory of romantic love, and how romantic love differs from other couple relationships in that it integrates emotional intimacy with sustained sexual interest in one’s partner, and summarize the empirical links that have been made between sexual satisfaction and overall relationship satisfaction in couple relationships.

**Part I: Internal Representations of Self and Others in Romantic Relationships:**

**Theory and Research**

There has been lively debate and discussion in psychoanalytic circles regarding how attachment and object relations theories overlap and diverge (D. Diamond, Blatt, Stayner, & Kaslow, 1993, 2010; Fishler, Sperling, & Carr, 1990; Levine & Tuber, 1993; Levy, Blatt, & Shaver, 1998; Priel & Besser, 2001). Both theories center on the notion that human beings are innately driven to seek out relationships with caregivers and that early interpersonal experiences characterized by inconsistent care, abuse or neglect are likely to disrupt the development of healthy dependency and relatedness to others. Further, both constructs are viewed as cognitive-affective templates that orient and organize the way individuals view themselves in relation to others. In this section, each of
these theories will be discussed in relation to adult sexuality and satisfaction in romantic relationships.

**Attachment Theory, Romantic Relationships and Sexual Satisfaction**

Attachment theory, developed by John Bowlby (1969/1982), conceptualizes the propensity of young children to establish an affectional bond with their primary caretakers. This early attachment experience forms the basis of people’s internal working models of close relationships that persist from early childhood into adolescence and through adulthood. These internal models are conceptualized as directing the child’s expectations about the viability of relying on others for physical safety and emotional support. According to this theory, individuals who tend to feel safe and comfortable relying on significant others for support are conceptualized as securely attached. In contrast, those with a tendency to mistrust and/or avoid close relationships are viewed as insecurely attached. Research has consistently shown that parent-child attachment styles, as identified by Mary Ainsworth and colleagues (Ainsworth, Blehar, Waters, & Wall, 1978), correspond to attachment patterns in relationships with romantic partners (Hazan & Shaver, 1987).

Adult attachment has been classified into four distinct categories that describe an individual’s characteristic way of perceiving herself and romantic partners (Bartholomew, 1990). *Secure* individuals have a positive model of self and of others and tend to embrace and enjoy romantic relationships. Those classified as *Preoccupied* have a negative model of self and positive model of others. Those who fit the preoccupied classification feel very dependent on romantic partners for acceptance and emotional
support, believing that they can attain a sense of self-worth and a feeling of security from their relationship. *Dismissive* individuals have a positive model of self and negative model of other. They avoid intimacy due to their negative expectations of others and maintain a sense of self-worth by escaping potential rejection in romantic relationships. They may avoid relationships altogether, or keep romantic partners at an emotional distance. Those individuals classified as *Fearful* have a negative model of self and others. Such individuals struggle with feelings of inadequacy and expect to be rejected and/or exploited in romantic relationships.

**Attachment theory and romantic relationship quality.** Substantive research has been conducted linking secure attachment and positive experiences in romantic relationships (Bogaert & Sadava, 2002; Gentzler & Kerns, 2004; Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994; Simpson, 1990). Attachment theory contends that the quality of an infant’s relationship with her primary caregiver(s) will profoundly influence how she will approach and perceive romantic and sexual relationships as an adult. According to the attachment literature, insecurely attached individuals encounter more obstacles to enjoying sexually satisfying and emotionally committed relationships.

Studies have shown that securely attached individuals experience higher relationship satisfaction characterized by subjective reports of happiness in the relationship and are more likely to maintain their relationships over time compared with those who are insecurely attached (Hazan & Shaver, 1987, Simpson, 1990). Secure individuals have been found to have more long-term, stable and satisfying relationships characterized by higher levels of trust, intimacy, cohesion and support compared to those who are insecurely attached (Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994,
In a community sample of 792 young adults, individual who were classified as securely attached were more likely to be in committed relationships than those classified in any of the insecure orientations (Bogaert & Sadava, 2002).

Recent investigations into adult attachment have focused on attachment dimensions rather than typologies. Brennan, Clark & Shaver (1998) conducted a large factor-analytic study and identified two distinct dimensions of attachment: avoidance and anxiety. Attachment avoidance is characterized by difficulties being emotionally open and authentic in relationships due to the expectation that others are unreliable. Attachment anxiety is characterized by preoccupation with being abandoned or neglected in relationships due to feelings of inadequacy.

Research utilizing the dimensional scales of attachment has identified distinct sexual behavioral patterns between individuals who are classified with anxious and avoidant attachment. More avoidant individuals have a tendency to keep sexual partners at an emotional distance, and are more likely to engage in casual sexual relationships, and to endorse motives for engaging in sex that do not serve attachment aims (Cooper et al., 2006; Schachner & Shaver, 2004). Avoidant individuals have reported motives for engaging in sex that involve manipulation and control of their partner, avoiding conflict in the relationship and stress reduction (Davis, Shaver, & Vernon, 2004; Schachner & Shaver, 2004). Avoidant individuals have been found to handle their discomfort with physical and emotional intimacy by being more likely to either avoid sexual interactions altogether, or to engage in sexual activity outside of long-term committed relationships (Gentzler & Kerns, 2004; Schachner & Shaver, 2004; Tracy, Shaver, Albino, & Cooper, 2003). A study of 238 college students found that that avoidant attachment was positively
associated with having more partners outside of committed relationships (Gentzler and Kerns, 2004).

Anxiously attached individuals have a tendency to engage in sexual interactions with partners to enhance feelings of closeness in the relationship and to induce feelings of love and commitment in their partners (Shachner & Shaver, 2004). Tracy and colleagues (2003) found that anxious adolescents were more likely to engage in sex to feel close to their partner and to avoid abandonment. Other studies have found that anxious individuals report having sex to achieve emotional and physical intimacy, receive reassurance of their partner’s approval and availability, and to defuse emotional conflicts within the relationship (Davis et al., 2004; Schachner & Shaver, 2004). High scores on the anxiety dimension of attachment have been associated with a strong desire for long-term relationships and difficulties maintaining such relationships, as well as experiencing negative affect associated with one’s sexual experiences (Brennan & Shaver, 1995; Simpson & Gangestad, 1991).

Gentzler and Kerns (2004) used attachment dimensions to examine differences between secure and insecure individuals as they relate to sexual behaviors and appraisals of sexual experiences. They found a significant correlation between anxious attachment and negative affect associated with past sexual experiences for male and female participants. Gender differences have been found in the sexual-behavioral manifestations of insecurely attached individuals, particularly regarding anxious attachment. In women, anxious attachment is associated with elevated sexual activity (e.g. Boegart & Sadava, 2002), as well as risky sexual behaviors (Feeney & Noller, 2004). The opposite pattern is
found in men, wherein anxious attachment is associated with restricted sexual behavior (Cooper et. al, 2006).

**Attachment and Sexual Fantasies**

While there has been a breadth of research on the relationship between attachment and various behavioral, cognitive and affective aspects of sexuality, only a few studies have examined the relationship between attachment and sexual fantasies. In a sample of 176 men and women (Birnbaum, 2007), anxious attachment was positively correlated with sexual fantasies involving emotionless sex, sex with strangers, sex with multiple partners at the same time and, among women, sex with individuals other than one’s romantic partners. Anxious attachment was positively associated with fantasies involving sexual submission for both genders. A second study was conducted on a community sample of 115 participants examining open-ended sexual fantasy narratives and attachment orientations (Birnbaum, 2007). The sexual fantasy narratives were coded for various relational variables (e.g. wishes of the subject, response of others to the subject and responses of the subject to others). Anxious attachment was positively correlated with a desire for emotional intimacy and to be sexually irresistible to a partner, representing the self as both affectionate and helpless and viewing others as affectionate. Avoidant attachment was positively associated with sexual fantasies in which the self was viewed as both helpless and humiliated. In women, avoidant attachment was negatively correlated with the desire for intimacy, and positively correlated with a desire to escape reality. These findings suggest that internal working models of relationships, which are forged early in life (Bowlby, 1969/1982), are likely to influence the content of sexual fantasies, and that the variation in fantasy themes express relational goals and conflicts.
Further investigation of how interpersonal and intrapsychic factors (e.g. maturity of object relations, relationship satisfaction) relate to the emotional content of sexual fantasies is warranted for a better understanding of the underlying personal meanings and psychological functions of sexual fantasies.

**Object Relations Contributions**

Psychoanalytic theorists from various schools have converged on the view that an individual’s capacity to engage in and maintain satisfying close relationships requires an adequate degree of psychological autonomy (Blatt, 2006; Kernberg, 1977; Klein, 1946; Mahler, 1975). Contemporary object relations theorists view psychological development as a process of increasing psychic differentiation and integration of internal representations (Behrends & Blatt, 1985) with corresponding advances in interpersonal relatedness and reciprocity (Urist, 1977). According to Klein (1946), an individual has achieved mature object relations when she is able to tolerate and resolve anxieties that are inevitably stirred up in the context of relationships with primary caregivers. Klein uses the term paranoid-schizoid position to refer to a universal developmental phenomenon, whereby an infant experiences strong fears of being destroyed and persecuted. These persecutory fears derive from biological drives as well as real or perceived deprivations and attacks from caregivers. At this stage in development, the infant cannot distinguish his or her own mind and feelings from those of others. Therefore, she experiences her own reactions (i.e. rage) as a threat that originates externally. The infant’s insecurity and anxiety can be gradually allayed by accumulating real and imagined positive, gratifying experiences in relation to caregivers. Such experiences are referred to as “good objects” in psychoanalytic literature. Once internalized, these “good objects” allow the individual
to feel that the world is, more often than not, a benign and caring place. The internalization of good objects serves the essential functions of the ego -- to consolidate and integrate various aspects of the self and to counteract the development of a personality governed by rigid defenses.

According to Klein, normative psychological development involves working through the paranoid-schizoid position and entering into the depressive-position. In the depressive position, the individual has acquired a more realistic understanding of herself and the world. She has a sense of herself as being a separate person in relation to others, and is aware that people possess both positive and negative attributes that can co-exist. The anxieties that are stirred up in the depressive position involve fears of losing the object (because it is separate, and therefore can be lost), guilt regarding one’s aggressive impulses towards loved objects and, of course, the sadness of losing the fantasy of an ideal self and others. A more realistic view of the self and others facilitates the development of mutual and satisfying relationships because it enables one to tolerate painful interpersonal experiences without needing to denigrate oneself, the other or the relationship.

Mature object relations entail that an individual can adopt, respond to, and empathize with another person’s perspective. In order to do this, she must be able to distinguish between her own thoughts, feelings and motivations and those of others. The inability to clearly distinguish one’s own mental contents from that of others is captured in the psychoanalytic phenomena known as projection. In fact, individuals who have poorly developed object relations frequently engage in primitive defenses such as
projection, denial, idealization and devaluation of the self and/or other(s). Thus they have difficulties exhibiting empathy and regulating their emotional reactions to others.

**Object relations theory and adult romantic relationships.** Kernberg has written extensively on the connection between the quality of an individual’s object relations and her capacity for satisfying romantic and sexual relationships (e.g., Kernberg, 1977, 1995, 2011). Kernberg views mature love relations as the ability to integrate sexual and loving feelings in the same relationship. Various theorists agree (Kernberg, 2011; Person, 1999) that romantic love involves enduring admiration of one’s partner as well as sustained interest in the internal life of the partner over time, which is difficult for people who struggle to distinguish between their own mental states and that of others. Such individuals have a difficult time acknowledging or tolerating the ways in which their partners’ thoughts, feelings and behaviors are unique and different from their own. Personality pathology has been viewed as the manifestation of poorly developed or distorted object relations (Kernberg, 1991, 2011). Thus individuals with character pathology evidence less mature object relations and have more difficulties maintaining satisfying romantic relationships.

Kernberg (2011) contends that the inability to fall in love or maintain romance over time is a common feature of narcissistic pathology. Such individuals rely on excessive use of the defense projection to manage their aggression towards their partner. For example, individuals with narcissistic pathology envy others for being valuable and admired in their own right, due to their own painful feelings of inadequacy. For such individuals, their own envious, humiliated, and aggressive feelings are largely unconscious and are dealt with by seeing others as deficient. Those with difficulties
sustaining love have a tendency to focus on transactional aspects of romantic relationships (e.g. opportunities for financial or social status gain), and have difficulties reflecting on the physical and emotional experience and well-being of the significant other.

As object relations are conceptualized and measured along a continuum from representations that are characterized by minimal differentiation, complexity and splits to those that are increasingly distinguished, nuanced and integrated, there is much to gain from investigating an individual’s level of object relations with respect to her satisfaction in romantic relationships.

Object relations and sexuality. Various theorists contend that erotic desire and a search for sexual pleasure is always oriented towards another person, whether conscious or not, and that it expresses a longing for closeness and for the experience of fusion and a concomitant melting away of the boundaries between the self and other (Jacobson, 1964; Kernberg, 1991; Person, 1999). Such experiences of fusion simulate the experience of an infant being symbiotically merged with and entirely dependent on the mother (Kernberg, 1991). There is a threatening aspect to the experience of fusion that is particularly frightening for individuals who—for various reasons—have a poorly differentiated sense of themselves and constantly experience others as overwhelming and invasive. According to Kernberg (1991), one of the more exciting and frightening aspects of sexuality is that it powerfully enacts the transgression of the other’s boundaries, either through penetration or engulfment. This transgression represents the overcoming of various prohibitions against sexuality, including conventional judgments and denials, as well as Oedipal inhibitions. Sexual excitement is heightened by the feeling that the sexual object is both
available and retreating, and by the sense that the other needs to be forcibly taken. Thus, aggression is an essential ingredient of sexual excitement.

Fonagy (2006) asserts that psychoanalysis is lacking in a satisfactory developmental theory of sexual excitement and behavior. He critiques object relations theory for advocating a desexualized and disembodied view of human psychosexuality and reductively viewing sexual pathology as a manifestation of disturbed object relationships while overlooking the sensual and tactile aspect of sexuality and psychosexual development. Kernberg (1991, 2011) addresses this theoretical gap in his writings on mature love and sexual relations. He writes that the capacity for erotic desire is laid down in the mother-infant relationship, specifically by the mother’s stimulation of the infant’s body surfaces as an expression of love. Sexual inhibition occurs when pleasurable stimulation is insufficient or disrupted by erotic overstimulation or intense aggression from caregivers.

**Research on object relations and romantic satisfaction.** There has been minimal research grounded in Object Relations theory as it relates to interpersonal outcomes, including romantic satisfaction. Studies of clinical samples have found that increases in “differentiation-relatedness” (i.e. the ability to distinguish between one’s own and others thoughts and feelings and to empathize with another’s perspective without losing one’s own), were positively correlated with improved clinical functioning (Blatt, Stayner, Auerbach, & Behrends, 1996; Vermote et al., 2009). A study conducted with a non-clinical sample found a significant correlation between the complexity and affective tone of participant’s descriptions of self and others and their interpersonal adjustment as measured in a semi-structured interview about interpersonal episodes with
an close friend and with a disliked person (Leigh, Westen, Barends, & Mendel, 1992). I am unaware of any research that has examined object relations with respect to emotional and sexual satisfaction in romantic relationships or in relation to sexual fantasies. Nevertheless, the theoretical literature on this topic infers that more developed object relations would predict less negative emotional reactivity to sexual fantasies as well as greater satisfaction in romantic relationships.

**Relationship between Attachment and Object Relations**

There has been a notable dearth of empirical research investigating the links between attachment and object relations (Calabrese, Farber, & Westen, 2005) A study of 65 undergraduate and graduate students (Calabrese et al, 2005) found that individuals who were securely attached to their romantic partners tended to have more complex and differentiated views of themselves and others and were more likely to be in committed relationships. Similarly, a study of 120 women (Priel & Besser, 2001) found that individuals classified as secure gave maternal descriptions that were more complex, differentiated and integrated compared with those who were insecure. This study found significant differences in conceptual level and complexity of maternal descriptions between the three insecure categories of attachment.

A study of 189 undergraduate students (Levy et al., 1998) found that an individual’s object relations, as measured by differentiation-relatedness, ambivalence, degrees of benevolence/ punativeness and conceptual level in maternal and paternal descriptions, predicted statistically meaningful distinctions between secure and insecurely classified individuals. Insecure individuals’ representations were characterized by lower
benevolence, higher punativeness, less differentiation and lower conceptual level compared to secure individuals.

A major point of difference between the two theories is that attachment emphasizes the actual and observable experience of the relationship between an infant and her primary caregiver in shaping internal working models of relationships, while object relations highlights the significance of the infant’s fantasy life with respect to early relationships in the formation of internal representations of self, others and relationships. The object relations’ emphasis on the individual’s internal experience explains how such early relational experiences may be distorted or transformed by the infant’s mind. Goodman (2002) writes that libidinal and aggressive impulses, which vary with the infant’s temperament (Eagle, 1999), may distort her experience of early relationships. Thus a temperamentally anxious infant might have a difficult time internalizing an attentive and responsive caregiver, while a calm infant with an unresponsive caregiver may be able to internalize a fantasized nurturing relationship.

**What Does Sexual Fantasy Add?**

Diamond and colleagues (D. Diamond, Blatt, & Lichtenberg, 2007) contend that the attachment and sexual systems are independent motivational systems that mutually influence one another throughout life. It has been argued that while an individual’s sexuality is rooted in the sensual interchanges between the infant and her caregivers, the infant’s fantasies about these interactions shape her subsequent sexual fantasies and preferences (Blatt, 2006). Thus attachment and object relations describe overlapping but distinct aspects of an individual’s early sexual development. Further, attachment and
object relations do not fully explain adult sexuality. Diamond and colleagues (2007) contend that the attachment and sexual systems likely have different critical developmental periods as well as different activation patterns depending on the relational context. I propose that an adult’s sexual fantasies will express intrapsychic and relational patterns that overlap with, but are distinct from her internal working models of attachment, as such fantasies are activated specifically in a sexual context.

Attachment research supports the notion that internal representations of relationships influence the way that individuals approach and perceive their romantic and sexual relationships. Overall, insecurely attached individuals encounter more obstacles to enjoying sexually satisfying and emotionally committed relationships. There is a noteworthy lack of empirical research grounded in Object Relations theory as it relates to sexual and relationship satisfaction. Further empirical studies are needed to investigate how internal working models of attachment and object relations overlap and diverge, which is one objective of the proposed study. Further, the relationship between women’s sexual fantasies and her mental representations of relationships has been neglected in the empirical literature despite substantive theory that addresses how these constructs overlap and deviate from one another.

**Part II: Psychoanalytic Contributions to the Study of Sexual Fantasies**

The analysis of patient’s sexual fantasies has been a focus of psychoanalytic scholarship and practice since the field’s inception. While no consensus on the psychological functions of sexual fantasies has been reached, theorists from various schools of psychoanalysis agree that such fantasies derive from early experiences with caregivers
and reflect current intrapsychic and relational conflicts and achievements (Kernberg, 1991; Person, 1999; Stoller, 1979).

Early psychoanalytic views of sexual fantasies centered on Freud’s notion that fantasies (in general) serve as a temporary escape from experiences of trauma and frustration of a psychosexual nature. Freud viewed fantasies as the individual’s psychic attempts to compensate for frustrated sexual desires and aims, and hysterical symptoms as the spilling over of repressed sexual fantasies and longings. Interpretation of patient’s dreams, waking fantasies and free associations served as clues to the specific nature of the offending repressed impulses and memories. In accordance with such a view of the role of symptoms and dreams with respect to sexuality, it has been suggested that sexual fantasies represent a person’s unconscious or partly conscious desire for an individual or for sexual acts that have been repressed because they are felt to be unacceptable. Deutsch (1944) was one of the first theorists to write specifically about the sexual fantasies of women, and she argued that these fantasies were expressions of women’s repressed aggressively charged sexual impulses that they were forced by biology and society to inhibit in their conscious lives.

Psychoanalysts have proposed that sexual fantasies serve as a medium for expressing various wishes and conflicts of both a sexual and non-sexual nature that derive from early experiences with caregivers (e.g. Kernberg, 1995; Person, 1999; Stoller, 1979). According to Stoller (1979), sexual fantasies originate in childhood in response to frustrations and traumas suffered by the child at the hands of caregivers. Since children are inherently vulnerable and dependent on their parents, they are powerless to defend and avenge themselves against adults who have mistreated them,
except in their fantasies. Stoller’s theory of the origins of sexual fantasy is applied universally, as all humans begin life in a subjugated position. Thus he argues that an adult’s sexual fantasy scripts that lead to sexual excitement are idiosyncratic and reflect childhood traumas and conflicts as well as the child’s attempts to psychically repair and master these experiences.

Kahr (2007) writes that every sexual fantasy derives from a childhood trauma, advancing Stoller’s (1979) theory that sexual fantasies develop as a defensive mechanism against the child’s experience of being physically or emotionally harmed. In his case presentations, Kahr highlights how each fantasy may be linked to an experience of childhood trauma. These cases vary from individuals who enjoy healthy and satisfying romantic relationships with sexual liveliness to those with significant difficulties integrating sexual and emotional intimacy. Kahr identifies various functions served by sexual fantasies, including: wish fulfillment, self-comfort, establishment of object relationships, indulgence in masochistic punishment and defenses against intimacy and merger, mastery of trauma and discharge of aggression. The idea that all sexual fantasies derive from early experiences of trauma is reductive and inconsistent with empirical research findings that fantasizing about sex is normative for men and women (Leitenberg & Henning, 1995).

Person (1999) writes that the arena of sexual fantasy lends itself to the enactment of various object relationships, only some of which are inherently sexual. Thus, sex and sexual fantasies might serve as a medium for working through various conflicts, experiences of trauma and negative affective states that have their origin in early relationships. She writes that “sexual fantasies incorporate elements of our entire erotic
life, beginning with the earliest sensual pleasures (and pains) of the skin (Person, 1999, p. 255). To support the notion that sexual fantasies are laid down early in life, she invokes the phenomena of preferred or repetitive sexual fantasies, arguing that we do not consciously choose or construct our sexual fantasies and that what we find most sexually arousing can often take us by surprise. According to Person, each individual has a range of sexual fantasies and preferences that may lead to sexual excitement. Those without significant psychopathology have the capacity to become sexually excited by a broader range of fantasies compared to those with sexual pathology. In the case of individuals suffering from paraphilias, the range of phenomena that evoke arousal is severely constricted. The case of the paraphilias supports the notion that the templates for fantasies are encoded early in life in physical and psychological interchanges with caregivers and exert a powerful influence on sexual behaviors in adulthood.

Drawing from clinical work with individuals and couples, Kaplan (1995) contends that patients frequently recall early iterations of their adult sexual fantasies in childhood. She writes that in adequate parent-child relationships, the physical interchanges that take place between the child and parent(s) are sensually stimulating, though not overwhelming, to the child as well as the parents. This intersubjective context provides the foundation for healthy sexual development. The sense of physical well-being and low-intensity gratification by caregivers is reinforced over time and orients the individual to desire emotionally intimate sexual relationships that recall and amplify these earlier pleasurable experiences. However, when the child’s earliest relationships are disrupted by overwhelming, painful and intrusive events or interchanges, sexual desire
may become associated with fear or other negative mental states, predisposing the individual to seek out or imagine sexual scenarios involving harm to the self or other.

Kaplan (1995) writes that individuals with unusual or paraphilic fantasies can often recall specific childhood events that triggered such fantasies. To illustrate this point, she offers several clinical examples, including the case of a man with a persistent fantasy of massaging a woman’s nude legs and thighs who recalled that for years following his father’s death at the age of 5, his mother frequently asked him to massage her legs and thighs while she lay on a couch with her genitals exposed to him. Kaplan views such clinical phenomenon as substantiating Money’s (1986) theory of how childhood trauma is eroticized and encoded into an individual’s “love-map,” a term that denotes a mental template for an individual’s sexual fantasies and desires. According to Money, the eroticization of traumatic experiences is a defensive mechanism by which the victim temporarily gains a sense of control and mastery over the experience of trauma. The eroticization of painful experiences serves to protect the child by allowing her to preserve her relationship with the adults on whom she depends.

Kaplan (1995) writes that the majority of individuals who report sexual fantasies involving the eroticization of pain do not experience clinically significant difficulties in their romantic and sexual relationships. However, she focuses on problematic clinical presentations in her writing. She highlights two types of clinical presentations in which an individual’s fantasies are connected to problems in his or her sexual and romantic lives. One source of sexual difficulty is when a person feels the need to suppress his or her sexual fantasies because they are felt to be shameful or destructive to the relationship. Thus she argues that while it is difficult, if not impossible, to significantly alter one’s
sexual fantasies, clinicians can help an individual to become more comfortable with his or her fantasies and to incorporate them into their sexual and romantic lives in ways that feel safe and enjoyable for both partners. Another problematic clinical scenario is when individuals are only able to form erotic relationships that re-enact cruel and destructive relationships from their childhood.

Culling from Jungian and object relations perspectives, Knox (2003) proposes that sexual fantasies can serve the human psyche in the service of psychological defense, as well as those that facilitate psychological growth. She highlights the clinical utility of examining a patient’s sexual fantasies in psychotherapy, contending that sexual fantasies express unconscious wishes and conflicts and that reflecting on them allows individuals to explore his or her own conflicts, desires and intentions; thus, facilitating intrapsychic and relational transformations. Sexual fantasies in which the self or the other are reduced to body parts or objects, or are otherwise dehumanized, can serve to protect the individual from the terror of depending on others and the threat of abandonment. She contends that exploration of an individual’s sexual fantasies in a psychotherapeutic setting may facilitate awareness and resolution of psychological conflicts that contribute to his or her difficulties with developing or maintaining intimate relationships.

In summary, contemporary psychoanalytic theories converge on the notion that sexual fantasies serve as a medium for defending against as well as working through various conflicts, experiences of trauma and negative affective states that have their origin in early relational experiences with primary caregivers. Sexual fantasies have been viewed as serving the function of ego restructuring and integration in some contexts, and as perpetuating the pathology associated with trauma in others. While much of this
theorizing has been written about clinical phenomena, it may be applied normatively as all individuals experience some degree of intrapsychic and relational vulnerabilities and conflicts.

Drawing from various psychoanalytic schools, I propose that sexual fantasies elucidate an individual’s internal representations of the self and others that influences the degree to which she is satisfied with her romantic relationship(s). This argument augments object relations and attachment theory, which do not emphasize how the relationship between a child and her caregivers influence the development of her sexual fantasy life, nor how her fantasies relate to her enjoyment of sexual and emotional intimacy in adulthood.

**Part III: Current Research on Sexual Fantasies**

Researchers in the area of sexual fantasy have investigated the content, frequency and the various contexts in which individuals imagine scenarios that stimulate or enhance sexual arousal and erotic feeling. These investigations have drawn from psychoanalytic, cognitive and behavioral theories of the motives for, and functions ascribed to, sexual fantasies. Thus far, the empirical study of sexual fantasies has yielded innumerable questions about human sexuality and few answers with respect to what biological, social and emotional functions they serve for individuals. Research in this area has focused on common fantasy themes in men and women, gender differences in the frequency and content of sexual fantasies (see review by Leitenberg & Henning, 1995) and the relationship between sexual fantasies and the perpetration of criminal sexual offenses (Carabellese, Maniglio, Greco, & Catanesi, 2011; Maniglio, 2011; Seto & Lalumière, 2010). It has been repeatedly found that the most common sexual fantasies for both sexes
are 1) reliving an exciting sexual experience, 2) imagining having sex with one’s current partner, and 3) imagining having sex with a past partner or acquaintance (Leitenberg & Henning, 1995).

While men and women have endorsed similar thematic categories with respect to their preferred fantasies, gender differences have been found regarding the specific roles and activities endorsed by men and women in their fantasies. Men tend to have more sexual fantasies in total compared to women (Hicks & Leitenberg, 2001; Leitenberg & Henning, 1995). Significant differences in the content of sexual fantasies have also been found between men and women. In line with traditional Western sex role scripts and practices, it has been generally found that women are more likely than men to engage in fantasies involving sexual acts being done to them by a partner, while men are more likely to fantasize about performing sexual acts on a partner (Leitenberg & Henning, 1995; Zurbriggen & Yost, 2004). Women are more likely than men to endorse romantic/emotional fantasy themes (Birnbaum, 2007; Leitenberg & Henning, 1995).

**Sexual fantasies of Sexual Offenders**

Research on the sexual fantasies of sexual offenders supports the notion that sexual fantasies are influenced by early childhood experiences and reflect aspects of the internal life of the fantasizer, particularly as it relates to problems in early caregiver relationships. Researchers have sought an understanding of the relationship between fantasies of committing rape and sexual assault, humiliating or initiating other non-consensual sexual acts with people or animals—referred to in the literature as deviant sexual fantasies—and the perpetration of sexual offences (Carabellese et al., 2011; Maniglio, 2010, 2011). Studies have mainly focused on male perpetrators of sexual violence, as the vast majority
of identified sexual offenders are men (Steffensmeier, Zhong, Ackerman, Schwartz, & Agha, 2006). While deviant fantasies are viewed as playing a role in sexual offending, most men who entertain sexual fantasies containing non-consensual acts do not perpetrate sexual violence (Maniglio, 2011).

While the presence of deviant or otherwise atypical fantasies are not direct predictors of pathology or sexual offending (Maniglio, 2011; Leitenberg & Henning, 1995), deviant sexual fantasies have been linked to sexual offending in the research literature, and the modification of sexual fantasies plays a central role in sexual offender treatment programs (Carabellese et al., 2011). Empirical studies comparing sexual offenders with nonsexual offenders and with non-offenders have largely found that sexual offenders are more likely than controls to report deviant sexual fantasies, such as those involving coercing children or other adults to engage in sexual acts (Seto & Lalumière, 2010; Whitaker et al., 2008). These findings have prompted researchers to investigate the mechanisms by which deviant sexual fantasies may predict sexual offending. In a systematic review of the relationship between deviant sexual fantasies and perpetrators of sexual homicide, Maniglio (2010) found positive associations between such fantasies when combined with childhood sexual abuse, social deficits or sexual dysfunctions.

Theorists have proposed that the deviant sexual fantasies found in sexual offenders may be the result of the individual’s inability to cope effectively with the sequelae of childhood abuse and neglect (Marshall & Marshall, 2000; Ward & Beech, 2006). Specifically, such fantasies may serve as a means of soothing feelings of helplessness, low self-worth and social deficits that cause individuals to retreat into fantasies where
they can temporarily escape and overcome painful emotional states (Maniglio, 2010). Specifically, sexual offenders report more deviant sexual fantasies and increased masturbation following negative interpersonal experiences, particularly those involving feelings of rejection or humiliation. When deviant sexual fantasies are repeatedly associated with sexual arousal, they can become powerfully reinforced (MacCulloch, Gray, & Watt, 2000).

The findings from this body of research support the notion that adult sexual fantasies contain derivatives of early experiences with caregivers. Sexual fantasies that depict scenarios of domination, humiliation or inflicting pain on others may allow individuals to counteract painful feelings of having been abused, rejected or humiliated. While these investigations have focused on their relationship to sexual offending in men, there is a dearth of research into the psychological and behavioral correlates of sexual fantasies in female sexual offenders, as well as in non-clinical populations.

Women’s Sexual Fantasies

There has been substantive research supporting the belief that women who engage in frequent and varied fantasies tend to hold liberal sexual attitudes and engage in diverse sexual behaviors. Such fantasies are utilized to enrich and enhance sexual experiences. Studies have found that a greater frequency and variety of sexual fantasies are associated with greater sexual interest and activity (Arndt, Foehl, & Good, 1985; Pelletier & Herold, 1988; Purifoy, Grodsky, & Giambra, 1992). Specifically, it has been demonstrated that women who engage in frequent and varied types of fantasies have more sexual experiences (Strassberg & Lockerd, 1998), engage in a greater variety of sex acts.
(Pelletier & Herold, 1988), and have more sexual partners compared with those who report less active and vivid fantasy lives.

While studies have linked a variety of sexual experiences and higher sexual interest with sexual daydreams and fantasies (King, DeCicco, & Humphreys, 2009; Purifoy et al., 1992), there appears to be a lack of consensus relating a woman’s tendency to fantasize about sex and her overall reports of sexual satisfaction. One study found no associations between a woman’s tendency to engage in sexual daydreaming and her overall ratings of sexual satisfaction (Purifoy et al., 1992), while another found that women who fantasized more frequently about sex were more orgasmic with their partner (Arndt et al., 1985). The relationship between sexual fantasies in women and sexual satisfaction warrants further investigation. Research in this area has neglected the affective, interpersonal and contextual components of specific fantasy narratives.

Past research has found that women who engage in more frequent sexual fantasizing experience less guilt about their sexual lives (Leitenberg & Henning, 1995). In a sample of 136 undergraduate women, Pelletier and Herold (1988) found that individuals who reported greater sex guilt engaged in less frequent and varied sexual fantasies. Research in this area has focused on the content of women’s sexual fantasies while overlooking the affective tone of such fantasies and how these relate to her experience in romantic relationships.

**Women’s fantasies involving sexual submission.** A substantial body of research exists on women’s fantasies that involve sexual submission. The type of sexual fantasy that has come to be known as “rape,” “force,” or “overpowered” fantasies involve some
variation on being forced against one’s will to engage in sexual acts. A review of the research on women’s sexual force fantasies (Critelli & Bivona, 2008) estimated a prevalence of around 42% of women reporting a force fantasy, with 14% of women reporting that this type of fantasy was a recurring or favorite fantasy. The prevalence rates of such fantasies appear to be stable over the past 40 years despite vast shifts in the social location of women during that time period, as well as dramatic shifts in societal awareness about the social problem of rape. Taken together, these findings suggest that fantasies involving sexual force are quite common and thus should not—in themselves—be viewed as a sign of pathology. Studies have found that force fantasies in women that involve pain, humiliation and suffering are positively associated with feminist beliefs and liberal attitudes toward sex (Shulman & Horne, 2006; Strassberg & Lockerd, 1998). Numerous studies have found positive associations between women’s reported sexual force fantasies and a generally open attitude towards sex and sexual activities. Specifically, studies have found that women with sexual force fantasies had more sexual experiences and more sexual fantasies overall compared with women who did not report this type of fantasy (Gold, Balzano, & Stamey, 1991; Pelletier & Herold, 1988; Strassberg & Lockerd, 1998).

While it has been demonstrated that fantasies involving sexual submission are endorsed by a large percentage of women, there is a lack of consensus regarding the relationship between fantasies involving rape and a history of sexual abuse. Researchers have investigated the important clinical question of whether women who had actually been sexually abused as children or adults would be more likely to fantasize about scenarios in which they were forced into sexual activity. The findings with respect to this
question have been mixed. Gold (1991) found that women with a history of childhood sexual abuse reported more incidences of force in their current and first sexual fantasies. Other studies have failed to find any relation between a history of sexual coercion and endorsement of sexual force fantasies in women (Strassberg & Lockerd, 1998). The variation in what has been found regarding the links between sexual force fantasies and experiences of sexual abuse is likely a reflection of the breadth of what has been conceptualized as a sexual force fantasy.

Force fantasies vary on a continuum between aversive and erotic, with many falling in between (Bivona & Critelli, 2009; Kanin, 1982). In a study in which women were asked for a written description of a rape fantasy (Bivona & Critelli, 2009), 45% of the fantasies were rated as completely erotic, 45% were rated as a mixture of aversive and erotic, and 9% were rated as completely aversive. Of those rated as completely erotic or having mixed elements, half of the respondents imagined that a current or former romantic partner was the perpetrator of the rape and was rated as highly or moderately physically attractive. However, for the aversive category, more than half of the perpetrators were viewed as being “faceless strangers” and 18% were “relatives”. In the erotic and mixed erotic and aversive fantasies, the perpetrator was never identified as a relative, and was less likely to be a stranger. The aversive category differed from the other two by the fact that women did not report arousal accompanying the described scenario. These findings point to the limitations of relying on fantasy checklists or content themes to draw inferences about an individual’s fantasy life. Given the variety of what has been defined as a force fantasy, it is essential to examine the specific affects and
interpersonal dynamics involved in a reported sexual fantasy, and to consider these in relation to an individual’s past and current relational experiences.

**Sexual Fantasies and Psychological Symptoms**

As previously discussed, psychoanalytic theory and practice points to links between aspects of an individual’s sexual fantasies and childhood trauma (Kahr, 2007; Kaplan, 1995; Stoller, 1979). Research on the fantasies of sexual offenders has also identified links between sexual fantasies involving extreme pain and harm to the self and others to childhood sexual abuse, proposing that such sexual fantasies are among the sequelae of childhood trauma (Maniglio, 2010). Childhood trauma has been linked to impaired psychological functioning and psychopathology such as post-traumatic stress disorder (L. R. Cohen & Hien, 2006; McLean, Toner, Jackson, Desrocher, & Stuckless, 2006), substance abuse (Cohen & Hien, 2006), depression (Fowler, Allen, Oldham, & Frueh, 2013) and anxiety (Chu, Williams, Harris, Bryant, & Gatt, 2013). I am unaware of any research into the relationship between the emotional quality of a woman’s sexual fantasies and her psychological and interpersonal functioning.

**Part IV: Romantic Love: Theory and Research**

Theorists have distinguished romantic love with continued sexual interest from other types of love that characterize couple relationships. Berscheid and Walster (1969) identified two major types of love—passionate and companionate. Passionate love, synonymous with being in love, involves an intense longing for the other and continued sexual interest in the context of an emotionally committed relationship. Companionate love involves attachment, emotional intimacy and commitment, but does not require sexual desire or attraction (Berscheid & Walster, 1969; Grote & Frieze, 1994). The term
romantic love has also been distinguished from companionate love in the theoretical and research literature. Romantic love is characterized by “intensity, engagement and sexual interest” (Acevedo & Aron, 2009, p. 59).

Sternberg (1986) theorized that in long-term relationships, passionate love declines in a linear progression and is replaced by companionate love. Others have argued that romantic love may persist under the right conditions, such as when partners share new and challenging activities (Aron, Norman, Aron, McKenna, & Heyman, 2000). Contemporary psychoanalysts have debated whether maintaining sexual excitement in long-term couple relationships is possible. Mitchell (2002) argues that humans are innately driven to conjure up the illusion that we are in control of our partners and our relationships, as a means of defending against feeling powerless and vulnerable with respect to our beloved. However, such attempts to omnipotently control a relationship stifle eroticism, as sexual passion is fueled by the longing for another who is elusive and unpredictable, and by the sense of surrendering one’s physical and emotional experience to the sexual situation. Person (1999) writes that when an individual perceives sex with a partner as entirely permitted and freely given, the transgressive aspect of sex is diminished which contributes to sexual boredom. Kernberg (2011) challenges the notion that sexual passion necessarily quiets down substantively, arguing that sexual disinterest is indicative of unconscious conflicts in the couple’s object relationships, which may be addressed in therapy.

**Psychological Symptoms and Relationship Satisfaction**

Numerous studies have found relationship satisfaction to be negatively correlated with various psychological and interpersonal problems, including depression (Peleg-Sagy
According to the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition, an enduring and pervasive pattern of interpersonal difficulties that lead to clinically significant distress or impairment are among the diagnostic criteria for various personality disorders (American Psychiatric Association, 2013, p. 646).

**Research on Romantic Love and Satisfaction in Romantic Relationships**

Researchers have repeatedly found strong associations between sexual satisfaction and relationship satisfaction (Butzer & Campbell, 2008; Byers, 2005; Kisler & Christopher, 2008; Sprecher, 2002). A meta-analysis of 25 studies assessing individuals in romantic relationships (Acevedo & Aron, 2009) found high correlations between romantic love and relationship satisfaction in long-term and short-term couples, and moderate correlations between companionate love and relationship satisfaction. A longitudinal study of 87 individuals in long-term relationships (Byers, 2005) found that sexual satisfaction and relationship satisfaction changed concurrently. Similarly, a longitudinal study of 101 dating couples found that sexual satisfaction was positively and significantly correlated with measures of relationship satisfaction, intimacy and love at baseline and over time (Sprecher, 2002). Further, participants who reported greater sexual satisfaction at Time 1 were more likely to be together six months later, at Time 2.

Studies have found links between the quality and quantity of couples’ sexual activity and measures of romantic love (Aron & Henkemeyer, 1995; Metts, Sprecher, & Regan, 1998). A population-based survey of 3,240 men and 3,304 women (Smith et al., 2011) found that both men and women who were dissatisfied with their frequency of sex
reported less overall sexual satisfaction as well as lower relationship satisfaction. In a review of the past decade’s research into sexuality in marriage and dating, Christopher and Sprecher (2000, p. 1004) wrote “more theoretically driven research is needed to identify how factors associated with the individual, the relationship, and “the environment” might interact to affect sexual satisfaction.” The proposed study will investigate potential links between women’s psychological and interpersonal difficulties and the emotional quality of her sexual fantasies, and whether each of these variables predict her sexual and emotional satisfaction with her romantic partner.

**Part V: Case Study and Conclusion**

**Case study: Object Relations, Sexual Fantasies and Romantic Outcomes**

To illustrate the model I have proposed, I searched for clinical or non-clinical case studies of women’s verbatim sexual fantasy descriptions that also included basic information about her developmental history and sexual and romantic relationship history. I searched in PSYC INFO and included the key word terms “case study” “sexual fantasy,” “female” and “narratives.” In conducting this search, I found that the only studies that included raw fantasy descriptions, background information and data analysis were clinical case studies of sexual offenders. Therefore, there is very limited case data on sexual fantasies outside of research on sexual offenders and Kahr’s (2007) case studies from his pilot interviews.

The following case study demonstrates how thematic and affective attributes of sexual fantasy narratives can be viewed as expressions of an individual’s internal representations of self and other. This case study, selected from Kahr’s (2007) large-scale study of sexual fantasies, includes both the verbatim sexual fantasy narrative as well as
demographic and developmental data. Such data are largely lacking from the literature on sexual fantasies, as most studies provide either the verbatim transcript or fantasy summaries without any background information, which does not allow for the examination of the fantasy in the context of the individual’s demographics or history.

“Graziella” is a 31-year-old, heterosexual female who reported having as many as 30 male sexual partners over the course of her lifetime but who had never had a long-term romantic relationship. Graziella’s father was physically abusive to her mother during the first year of her life. Her mother succeeded in cutting off contact with Graziella’s father after that first year; however, she subsequently became involved in relationships with men who were physically and sexually abusive towards her (the mother). When asked about a history of physical and/or sexual abuse, Graziella reported a specific incident in which her mother slammed her against a glass table, causing the glass to shatter and requiring Graziella to visit the hospital to receive extensive stitching. When asked about her most arousing sexual fantasy, Graziella described the fantasy she used during masturbation:

It’s no big deal, really, because not much happens, but I am sitting down on a settee, just like this one, and I am naked. Suddenly, a pair of arms—I know they’re a woman’s arms—comes around from behind, and starts to caress my tits. It feels unbelievable. I have no idea who this woman is, I never see her face. She then starts to run her hands through my hair, and she pushes me over, and I am leaning down, and then she caresses my back and my shoulders. It feels amazing, very sensual, very erotic, not at all like male sex. [pause] And that’s it. I come and come and come. [pause.] I know there’s not that much to it, but I just love the thought of this faceless woman massaging my back and breasts and all that. It really does it for me. (Kahr, 2007, p. 335)

Some of the elements of this fantasy that are particularly salient are the passive role of Graziella and the anonymous identity of her partner who pleasures her to orgasm. Graziella remains inactive throughout the fantasy and never makes eye contact or touches
the other woman. Graziella’s sexual fantasy seems to lack some of the essential components of mature object relations. Specifically, this fantasy lacks in reciprocity or mutuality. Graziella passively receives pleasure, and there is no mention of any specific attributes, emotions or desires on the part of the anonymous woman. That the fantasy, which is described by Graziella as being very sensual and pleasurable, is uni-directional and devoid of any physical penetration may be indicative of her difficulties integrating sexual feelings with emotional intimacy, as evidenced in her non-engagement in long-term sexual and romantic relationships.

Graziella’s fantasy narrative suggests that she has achieved a level of differentiation and relatedness in which sexual feelings and a sexual encounter with another person is tolerable and even enjoyable, as the fantasized encounter is not experienced as overwhelming or intrusive. At the same time, the fantasy is lacking in mutual emotional and sexual attunement. The faceless woman who gives Graziella pleasure in the fantasy evokes the notion of a part-object representation: a relationship with another that exists solely to satisfy one’s own needs. Graziella’s lack of agency and control over the sexual encounter described in the fantasy suggests that her sense of herself as an autonomous agent of her desires remains tenuous, and that she experiences relationships as uni-directional.

Objectives and Hypotheses of the Proposed Study

The current study involved heterosexual premenopausal women who were in a romantic relationship of at least six months duration. Past empirical research strongly supports a relationship between secure attachment and satisfaction in romantic relationships (e.g. Brennan & Shaver, 1995; Gentzler & Kerns, 2004). Drawing from
object relations theory, I proposed that individuals who have a poorly differentiated sense of themselves in relation to others are more likely to have difficulties experiencing actual relationships as both sexually and emotionally satisfying. The sexual fantasy measure adds an expressly sexual component to the study of internal representations of self and other and love relations, which is lacking in the object relations and attachment literature on this subject.

Based upon previous theory and empirical findings regarding women’s sexual fantasies, I evaluated the proposed model in which the emotional tone of a woman’s recurrent sexual fantasy (fear, guilt and affection) mediates the relations between internal representations of self and others (attachment, object relations) and romantic satisfaction (emotional satisfaction, sexual satisfaction, frequency of sexual activity with partner) in women, while adjusting for psychological and interpersonal factors (general psychological symptoms, personality pathology, interpersonal difficulties (See Figure 1).

The hypotheses follow:

1. Higher levels of attachment avoidance and anxiety, lower levels of object relations and more psychological and interpersonal difficulties will predict more fear and guilt and less affection in association with a common sexual fantasy.

2. Higher levels of attachment avoidance and anxiety, lower levels of object relations and more psychological and interpersonal difficulties will predict less sexual and emotional satisfaction and less frequent sexual activity with one’s current partner.

3. The emotional ratings of sexual fantasies will partly explain (mediate) the relationship between internal representations of self and others and romantic
satisfaction, and between internal representations of self/other and romantic satisfaction, such that more sexual and emotional satisfaction and more frequent sexual activity are partly explained by less fear and guilt and more affection associated with a common sexual fantasy.
Methods

Participants

The 534 participants were heterosexual women, 18 to 45 years of age (M= 27.05, SD=6.62). The sample comprised 78% Caucasian/White, 8% Latino, 3% Asian, 3% African-American and about 6% other race/ethnicity. A total of 1,608 female participants were recruited to participate in the study and 55% of these participants (N=879) were eligible and consented to participate in the study. Eligibility criteria required that participants were biologically female, identified as primarily heterosexual, between the ages of 18 and 45, were currently in a dating relationship of at least 6-months duration, had sexual intercourse in a past or current relationship and reported having had a sexual fantasy. Exclusion criteria included menopausal or postmenopausal women and/or previously reported diagnoses of bi-polar disorder, schizophrenia, psychosis, or dementia. Women who identified as other than primarily heterosexual were excluded in order to minimize the sample size needed to detect potential sexual orientation differences.

Of the 879 eligible participants, 60% (N=534) were included in the analyses. The remaining eligible participants were excluded from the study because of missing data (N=345). Of the eligible participants, completers and non-completers were compared on numerous demographics, including age, race/ethnicity, relationship length, religion and religiosity, level of education, annual household income, marital status and having children. No significant differences were found between the groups on any of these demographic variables.
Procedure

The women were recruited online via Craigslist, Twitter, Facebook and Reddit. All measures were administered on-line through PsychData.com. Interested participants self-administered an anonymous screening questionnaire that included demographic items.

Eligible participants completed the consent form and were informed that participants who took the study would be entered into a raffle to win a $50 Amazon gift card. Participants were assured of their confidentiality. After consent was obtained, participants proceeded to answer approximately 220 self-report questions. Of these, twelve questions were open-ended, while the remaining were close-ended. The total participation time was approximately 45-60 minutes.

Measures

_Screening and Demographics questionnaire_ consisted of basic demographic questions such as age, race/ethnicity, education, religious affiliation, and income as well as eligibility screeners such as their current relationship status, the length of their current relationship, their sexual orientation and whether or not they had sexual fantasies. Further, participants were asked self-report questions regarding whether they have ever been diagnosed with various psychiatric conditions (e.g. bi-polar disorder, schizophrenia, psychosis). Participants were also asked to indicate whether or not they had begun menopause. Table 1 is a summary of the measures used in the current study and their reliability coefficients (See Appendix II for study questionnaires).
Table 1

List of Measures, Subscales, Constructs, Number of Items, and Cronbach’s Alphas for Each Observed Variable

<table>
<thead>
<tr>
<th>Measure</th>
<th>Construct/ Response scale</th>
<th># of items</th>
<th>Cronbach’s Alpha for study sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences in Close Relationships (ECR) (Brennan, Clark, &amp; Shaver, 1998)</td>
<td>Attachment Avoidance: discomfort with intimacy and dependence on partner</td>
<td>18</td>
<td>.86</td>
</tr>
<tr>
<td></td>
<td>Attachment Anxiety: preoccupation with responsiveness and availability of partner</td>
<td>18</td>
<td>.92</td>
</tr>
<tr>
<td>Object Relations Inventory (ORI) (D. Diamond, Kaslow, Coonerty, &amp; Blatt, 1990)</td>
<td>Degree of psychological differentiation from, and empathic relatedness to significant others</td>
<td>2</td>
<td>Inter-rater reliability Kappa= .82</td>
</tr>
<tr>
<td>Inventory of Personality Organization (IPO) (Kernberg &amp; Clarkin, 1995)</td>
<td>Personality pathology</td>
<td>58</td>
<td>.95</td>
</tr>
<tr>
<td>Brief Symptom Inventory (BSI) (Derogatis, Yevzeroff, &amp; Wittelsberger, 1975)</td>
<td>General psychological functioning</td>
<td>53</td>
<td>.96</td>
</tr>
<tr>
<td>Inventory of Interpersonal Problems-32 (IIP-32) (Barkham, Hardy, &amp; Startup, 1996)</td>
<td>Difficulties in interpersonal relationships (e.g. being overly aggressive or overly dependent on others)</td>
<td>32</td>
<td>.92</td>
</tr>
<tr>
<td>Attitudes Towards Masturbation Scale (Young &amp; Muehlenhard, 2009)</td>
<td>Measure adapted to assess guilty feelings associated with reported sexual fantasy</td>
<td>12</td>
<td>0.88</td>
</tr>
<tr>
<td>Discrete Emotions Scale (DES-IV) (Izard, Libero, Putnam, &amp; Haynes, 1993)</td>
<td>Measure adapted to assess fear associated with reported sexual fantasy</td>
<td>3</td>
<td>0.76</td>
</tr>
<tr>
<td>The Index of Sexual Satisfaction (ISS) (Hudson, Harrison, &amp; Crosscup, 1981)</td>
<td>Satisfaction with the sexual component of a romantic relationship</td>
<td>25</td>
<td>0.95</td>
</tr>
<tr>
<td>The Relationship Assessment Scale (RAS) (Hendrick, 1988)</td>
<td>Emotional Satisfaction in the context of a romantic relationship</td>
<td>7</td>
<td>0.88</td>
</tr>
</tbody>
</table>
Attachment. The *Experiences in Close Relationships (ECR)* (Brennan et al., 1998) is a 36-item scale that assesses the attachment dimensions of avoidance and anxiety with respect to an individual’s overall experience of romantic relationships. The anxiety dimension measures the level of preoccupation with attachment-related worries, such as availability and responsiveness of the attachment figure. The avoidance dimension indicates the degree to which a person is uncomfortable becoming emotionally intimate with and relying on others. Each of these dimensions consists of 18 items. Some examples of items measuring attachment anxiety include: I worry a fair amount about losing my partner’s love; When romantic partners disapprove of me, I feel really bad about myself; I need a lot of reassurance that I am loved by my partner; I rarely worry about my romantic partner leaving me (reverse scored). Examples of items measuring avoidance include: Just when my partner starts to get close to me I find myself pulling away; I find it difficult to allow myself to depend on romantic partners; It helps to turn to my romantic partner in times of need (reverse scored). Participants are asked to rate the extent to which they agree or disagree with each item, on a 7-point Likert scale, ranging from 1= disagree strongly to 7= agree strongly.

The ECR yields two separate scores. The anxiety score (items: 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36) is the mean of all anxiety items. The avoidant score (items: 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35) is calculated in the same manner.

ECR shows good reliability, with Cronbach’s alphas of .91 for anxiety and .94 for avoidance (Brennan et al., 1998). The measure was derived by a principle components analysis of previously established measures assessing attachment and related
interpersonal constructs (Brennan et. al, 1998). Higher anxiety scores were correlated with established measures of attachment anxiety (e.g. Simpson, 1990) and fear of abandonment (Brennan & Shaver, 1995). Individuals who scored higher on anxiety exhibited more vigilance with respect to their partner’s level of interest and commitment to the relationship (Brennan et al., 1998). Avoidance was related to established measures of avoidance of, and discomfort with, emotional closeness (Feeney, Noller, & Callan, 1994; Simpson, 1990). Avoidant individuals were less likely to rely on romantic partners for emotional support, and to provide such support to their partners (Brennan et al, 1998).

Object Relations. Object Relations were assessed using the The Differentiation-Relatedness scale of the Object Relations Inventory (D. Diamond et al., 1993, 2010). The Object Relations Inventory (ORI) measures unconscious processes that are expressed while describing significant others (e.g., self, romantic partner, mother, father, therapist), and may also be applied to other types of narrative descriptions (Diamond et al., 2011). The Differentiation-Relatedness (D-R) scale takes into account two distinct but interrelated developmental progressions that reflect aspects of an individual’s personality organization and her level of psychological functioning. On one axis is the differentiated, integrated, realistic and essentially positive view of the self and others, and on the other is the capacity to engage in mutually satisfying and empathically attuned interpersonal relationships. The measure is scored on a 10-point scale ranging from marked self-other boundary confusion on the low end of the scale to increasingly higher levels of self-other differentiation and increasing capacities for empathy and intersubjectivity towards the high end of the scale. The measure has demonstrated construct validity, as increases in
D-R scores have been associated with decreased psychological symptoms in clinical samples (Blatt, 2006; Vermote et al., 2009).

With respect to scoring, lower-level responses tend to be characterized by a singular, rigid and polarized affective tone or perspective while higher-level responses integrate and incorporate multiple affects and points of view. Lower scores indicate a perceived lack of agency and responsibility in relationships, and a tendency to view one’s own thoughts and feelings as the result of external factors. Higher-level responses reflect an understanding of how one’s own characteristics, behaviors and affects influence her interpersonal relationships. Themes that reflect the developmental levels described below are rated and the final score given to a participants’ description reflects the modal score of the entire response.

The 10 developmental levels of self and other representations, along with some examples of responses selected from the manual (Diamond et al., 1993/2010) are presented below:

1. **Self-other boundary compromise.** Level 1 responses reflect that the individual’s basic sense of his or her own physical cohesion is compromised. The self is not viewed as physically distinct and separate from the representations of others.
   
   a. **Father (Level 1).** Caring. Wants me to be better. Says he’ll be the happiest person when I come out of the telepathic wind. Nobody knows what that means. Smart people know. When my thoughts are go’in out of my head, around the world. He told me he’ll be the happiest person when that stops -- he thinks of me every day.
2. Self-other boundary confusion. Affective or intellectual boundaries are confused, fused, or compromised. Level 2 responses may indicate that the respondent feels overwhelmed by the task, as evidenced by statements such as “I don’t know.”

- Father (Level 2). Yes, he is rather, I don’t know, a little, I really don’t know, it’s hard to explain, I really don’t know what he is like, it doesn’t feel like I really know my father, even though I do maybe, I don’t know, but he is really, he is really, I don’t know he doesn’t show much of himself, it feels like he is weighed down by something, I don’t know. No, I don’t know, it doesn’t feel like I actually know him, I don’t know why. (Interviewer: He doesn’t show much of himself?) No, what he's feeling or thinking and so on. That is, you don’t notice him much until he gets mad, or when he gets irritated then he gets really, he gets really abrupt, but otherwise nothing … he’s … not much in any case.

3. Self-other mirroring. The consolidation and stabilization of representations is dependent on viewing the self as a mirror of the significant other, or the significant other as a mirror of the self.

- Mother (Level 3). Very pretty lady - she's, let's see . . . 5’4”, brownish colored hair, hazel eyes. She kind'a looks like me. Our noses are the same, and our beauty marks are in the same spots. Isn't that weird? One day I checked, and we had them in the same spot. She has glasses like me. She wears contacts. We both love clothes. We fit into the same size.

4. Self-other idealization or denigration. Responses indicate polarized, unitary and unmodulated idealization or denigration of the self or another.

- Father (Level 4). My father and mother have been divorced since I was about 2. He was a drunk who never worked and beat my mother up when he came home. He was very attractive. They met in High School. My mother finished with honors—he never even got up to the sophomore year. He was recently hit by some kids one day while he was drunk. Later this hit on the head caused internal hemorrhaging. He is now nothing more than a vegetable who refused to remember me. He only remembers me as a 2 year old. Well we haven’t needed him since he left—we don’t now.

5. Semi-differentiation. A tenuous and semi-differentiated consolidation of representations are achieved through the splitting of positive and negative
attributes, or a rigid adherence to concrete physical properties in the description.

Opposition to completing the task may also be considered a level 5 response.

- Self (Level 5) Depends on how I'm feeling. Sometimes I'm outgoing but other times I'm withdrawn. I don't know. (Interviewer: What else?) I don't want to describe myself. (Interviewer: Why?) Cause I get upset when I do. (Interviewer: Can you tell me what upset you?) I'm either too conceited or too modest to answer that.

6. Emergent, ambivalent constancy and cohesion. Responses reflect an emergent sense of an integrated, differentiated and related individual. Level 6 responses give only a vague, surface-level sense of the individual’s characteristics and relationships with others.

- Self (6). I’m a person who – I think I am very good at understanding people and am liked by people … I am really interested in people, which make people think I am interesting too, because I am really interested. But many of my ideas that I also stand up for – I don’t think that – I am not the average teenager, I think instead that I am … it may sound very elitist, but I think that I go a little further than most when I think about what’s going on in the world and how things are. I’m a little skeptical about everything going on around me and what I see.

7. Level 7 responses reflect a consolidated, stable sense of self and others, emphasizing unique characteristics. There is a clear indication of understanding the thoughts and feelings of others, though relationships are described in unidirectional terms.

- Self (Level 7). Very quiet. Have a hard time socializing with others. I want to be liked by everyone. I try to be as creative as I can with my art work and with ideas I have. I like to be myself and not try to be someone else. I try to make a good appearance, when I'm going somewhere. Too much of a perfectionist with everything I do. I'm not as socially active as I'd like to be. That's it!
8. Level 8 responses reflect an individuated, cohesive and empathically related self and an understanding of the bidirectional influence in the relationship between the self and the other.

- Significant other (Level 8). What do you want to know? He's someone special. I learned how to have a relationship with somebody, to argue and hate... and love... and still care. He taught me... we taught each other how to be close and not to be hurt... although I still feel it... He gives me a different feeling from other people. ... a good one. And he's standing by me leaving, helping me find a place, just being there for me whenever I need him. That's it.

9. Level 9 responses include all of the qualities of the Level 8 responses, but reflect a greater awareness of the complex ways in which the qualities, affects and behaviors of each individual in a relationship are continually influencing those of the other.

- Maternal description (Level 9). My mother - has my name. Her description is about 5'8", grayish-brownish hair, green eyes, normal weight - little chubby. She is 49 years old. I've learned so much about my mother in the past few months I don't know where to begin. She's very emotional. She doesn't want to let me grow up -- although she has to. She's caring and understanding of me and tries very hard to help me the best way she thinks is necessary. That's good enough - that's what I'm trying to say.

10. Responses include all of the qualities of a level 9 response with a more explicit recognition of one’s own and others subjectivity and the need to negotiate these in relation to others.

- Mother (Level 10). She's... kind of neurotic... she tries hard with her kids and her husband. She's basically a very nice person and I'd say she's wise from experience, from all she's been through. She doesn't like to hurt people but I think she can be hurt easily. She's organized and she's very practical but she's got problems. She knows what's going on now, she's smart about people and things. I understand my mother a lot better now than I did when I first came to the hospital, and I know that the way I see
her now is a result of my treatment. In six months I may see her differently.

For administration of the ORI, the participants were given the following written prompt: “Describe yourself. Tell what kind of person you are. Please do your best to fill at least half of the provided box with text.” Respondents were provided ample space to record their response. After completing this response, participants were given the same instruction to describe their current romantic partner. The scale was designed to yield a single score for each description that reflects the modal score of the entire response. Two independent raters scored the responses. For the purposes of this study, only the descriptions of self were scored and included in the analysis. An interrater reliability analysis using the Kappa statistic (J. Cohen, 1960) was performed to determine consistency among raters for 100 cases. Int rater reliability was found to be Kappa=0.82.

**Psychological Symptoms.** Psychological symptoms were assessed using two broad measures of psychological functioning. The *Brief Symptom Inventory (BSI)* (Derogatis et al., 1975) is a 53-item self-report scale designed to assess psychological symptoms and overall psychological functioning in clinical and normative samples. The measure consists of nine symptom dimensions (Somatization; Obsessive-Compulsive; Interpersonal Sensitivity; Depression; Anxiety; Hostility; Phobic Anxiety; Paranoid Ideation; Psychosis). Example of items include: “Numbness of tingling in parts of your body”; “Having to check and double-check what you do”; “Feeling inferior to others”; “Poor appetite”; “Nervousness or shakiness inside”; “Feeling easily annoyed or irritated”; “Feeling afraid in open spaces or on the streets”; “Feeling that most people cannot be trusted”; “The idea that someone else can control your thoughts”. Respondents are asked
to rate how much they have experienced each symptom item within the past 7 days using a 5-point scale (0=Not at all, 4=extremely).

The scale was designed to yield an overall score of symptom severity, the Global Severity Index, by first calculating the mean of the items that comprise each subscale and then finding the mean of the combined subscale scores. Higher scores indicate a greater breadth and intensity of symptoms. The measure has shown good reliability, with internal consistency for the various symptom dimensions of .70 or above (Croog et al., 1986; Derogatis & Coons, 1993; Derogatis & Melisaratos, 1983). Further, the measure has evidenced excellent validity: All symptom dimensions were found to be convergent with the previously established symptom measures (Derogatis & Melisaratos, 1983). Symptoms of personality pathology were assessed using the three primary clinical scales of the Inventory of Personality Organization (IPO) (Kernberg & Clarkin, 1995). The IPO was developed to measure and classify personality pathology in accordance with Kernberg’s (Kernberg, 1984, 1996) psychodynamic model of personality organization that is grounded in object relations theory. The clinical subscales of this measure assess the extent to which an individual has a solid sense of self, a flexible and adaptive way of viewing the world and other people, and can tolerate and empathize with differences between oneself and others.

The Reality Testing subscale contains 21 items (e.g. I can't tell whether I simply want something to be true, or whether it really is true; I can't tell whether certain physical sensations I'm having are real, or whether I am imagining them.) The Primitive Defenses subscale contains 16 items (e.g. “I think people are basically either good or bad, there are
few who are really in between”; “People tend to respond to me by either overwhelming me with love or abandoning me.” The Identify Diffusion subscale contains 21 items (e.g. “I see myself in totally different ways at different times;” “It is hard for me to be sure about what others think of me, even people who have known me very well.” Respondents are asked to rate how much they agree with each item using a 5-point scale (1=Never True, 5=Always True). The mean is computed, with higher scores indicating a greater breadth and intensity of symptoms. Cronbach’s alpha for this measure was .95.

These scales evidenced good reliability, with Cronbach’s alphas of .88 for Reality Testing, .88 for Identify Diffusion and .81 for Primitive Defenses in a study of 249 male and female undergraduates (Lenzenweger, Clarkin, Kernberg, & Foelsch, 2001). Further, these scales were found to be closely associated with established measures of negative affect, irritability and aggressive dyscontrol in the same study. These scales were also found to be positively correlated with established measures of personality pathology (e.g. psychosis, schizotypy) as well as standard measures of depression and anxiety in a sample of 55 undergraduates (Foelsch, 2000; Lenzenweger et al., 2001).

**Interpersonal Difficulties.** Interpersonal difficulties were measured using a short version of the *Inventory of Interpersonal Problems (IIP-32)* (Barkham et al., 1996). The measure assesses the level of difficulties people experience in their interpersonal relationships. The measure consists of 8 factors that tap into the following interpersonal content areas: difficulties being sociable; difficulties being assertive; being overly aggressive; being overly personal or open with thoughts and feelings; being overly attentive to others needs; difficulties being supportive; difficulties being emotionally involved; being overly dependent. Some examples of items include: “It is hard to make
friends”; “I argue with other people too much”; “I put other people’s needs before my own”. Adequate reliability has been demonstrated for this measure, with Cronbach’s alphas for the various scales ranging from .70 to .88 (Barkham et al., 1996). The scale was designed to yield subscale scores and an overall score. First, the mean of items that comprise each subscale are found, and then the subscale scores are averaged to produce the overall score. For the purposes of this study, only the overall score was used for analysis. In this research, Cronbach’s alpha for this measure was .92.

This scale has been shown to differentiate between individuals in the general population and those in an outpatient population regarding various interpersonal difficulties, such as problems with socializing, aggression and dependency (Barkham et al., 1996). A psychometrically similar version of this measure was found to distinguish individuals with personality disorders from those with other psychiatric diagnoses (Pilkonis, Kim, Proietti, & Barkham, 1996).

**Sexual Fantasy.** Respondents were provided with the following definition of a sexual fantasy: “A sexual fantasy is a private thought or scenario that may cross a person’s mind in a sexual context (including masturbation, sexual play or sexual intercourse) for the purpose of enhancing sexual excitement and/or to facilitate orgasm. For these purposes, the imagined scenario may be produced voluntarily or felt to occur spontaneously in a sexual context. However, a dream that includes sexual content, which occurs while sleeping, is not considered a sexual fantasy here” (Kahr, 2007). Daydreams that occur outside of an explicitly sexual context are not considered a sexual fantasy for the purpose of this research.
Participants were asked to provide a written description of a specific sexual fantasy. The prompt for this question read: “In the space below, please describe, in as much detail as possible, one of your most frequently occurring sexual fantasies.” After completing the fantasy log, participants were asked a series of questions regarding the fantasy they reported. Questions include: “How often do you have this fantasy?” Do you have this fantasy during masturbation/ during sexual activity with your partner/ during sexual intercourse? Respondents were also asked to identify a primary “self” character (the person in the fantasy that they identify as themselves or as the character that they most identify with) and the most significant other character (if there are more than one) in their fantasy. In the event that the fantasy did include another person, the participants were asked to identify if there is an object in the fantasy that they consider central to the fantasy. Participants were then asked the following: “In responding to the following questions, please consider your thoughts and feelings while you described and imagine this fantasy.” The following scales were administered to respondents to complete with respect to her written fantasy.

**Guilt.** Guilt associated with the reported sexual fantasy was measured by a 12-item, self-report instrument based on a subscale of the *Attitudes Towards Masturbation Scale* (Young & Muenlenhard, 2009). The scale was developed to assess positive and negative feelings associated with masturbation. This measure has been adapted for the purpose of this study to assess guilt with respect to the reported sexual fantasies. The guilt subscale (items 136, 138, 142, 143, 153, 154, 155, 167, 168, 169, 171, 179) measures guilty feelings. Examples of items include: “embarrassed”, “ashamed”, “degraded” and “immoral”). Respondents were asked to endorse how strongly they
experienced each of the presented items with respect to each of their written sexual fantasies. Items were rated on a 6-point Likert-scale ranging from 1=not at all to 6= Very Strongly.

The scale has demonstrated good reliability, as the authors reported Cronbach’s alpha ranging from .71 to .97 for the various subscales. High guilt scores were associated with lower endorsement of masturbation, fewer reasons for wanting to masturbate and more reasons for avoiding masturbation. The item scores were summed and a mean score calculated for each fantasy. Higher scores indicated more guilt associated with the fantasy. In this research, Cronbach’s alpha for this measure was .87.

**Fear.** Fear associated with the reported sexual fantasy was assessed using a 3-item self-report scale, based on a subscale of the *Discrete Emotions Scale (DES-IV)* (Izard et al., 1993). The scale includes the following items: “Feel scared, uneasy, like something will harm you”; “Feel fearful, like you’re in danger, very tense”; “Feel afraid, shaky, and jittery”. Cronbach’s alpha coefficient of .83 has been found for this scale (Izard et al., 1993). Further, higher scores on the scale were correlated with established measures of neuroticism and aggression. For the purpose of this study, respondents were asked to rate the degree to which they experienced each item on a 6-point Likert scale ranging from 0=Not at all to 5= Very Strongly while describing or thinking about the fantasy. The mean of the three items were computed to yield the scale score. Higher scores indicated greater fear with respect to the fantasy. Cronbach’s alpha for this measure was .76.
**Affection.** The extent to which participants view the interaction between the identified “self” and “other” characters as affectionate was assessed using a 4-item Intimacy scale (Debrot, Cook, Perrez, & Horn, 2012), rated on a 5-point Likert ranging from 0=does not apply to 4= applies very strongly. Sample items are: “feelings of being secure”; “feelings of being cared for”, “feelings of being close to” and “feelings of being understood by the partner”. This measure was developed for a study of 102 unmarried heterosexual couples with test-retest reliability ranging from .88 to .96 in a female sample (Debrot et al., 2012). The Intimacy scale was positively correlated with a measure assessing the degree of kindness and responsiveness shown to one’s partner, as well as a measure of perceived responsiveness of the partner to one’s own emotional and physical needs (Debrot et al., 2012). Cronbach’s alpha for this measure was .92.

**Outcome Variables: The Capacity to Integrate Sexual and Emotional Intimacy**

**Relationship Satisfaction.** The *Relationship Assessment Scale (RAS)* (Hendrick, 1988) is a 7- item, single factor scale that measures the respondents overall emotional satisfaction in a marital or dating relationship. The questionnaire assesses several aspects of relationships, including the extent of problems in the relationship, the amount of love felt towards the partner, and the degree to which the partner meets one’s expectations and needs. Some examples of items include: how many problems are there in your relationship?; how much do you love your partner?; how good is your relationship compared to most? Participants were asked to rate these items on a 5-point Likert scale, ranging from 1=low to 5= high. The mean of the seven items was computed to yield a score for relationship satisfaction, wherein the higher the score, the more satisfied the respondent is with the relationship. RAS shows good reliability, with Cronbach’s alpha of
.86 (Hendrick, 1988). Further, the scale demonstrated satisfactory validity when correlated with established measures of dyadic satisfaction and love, and was found to effectively discern between couples who remained together, and those whose relationships had ended at follow-up. In this research, Cronbach’s alpha for this measure was .88.

Sexual Satisfaction. The Index of Sexual Satisfaction (ISS) (Hudson et al., 1981) is a 25-item scale measuring the degree to which the respondent is satisfied with the sexual component of a dyadic relationship, and the extent to which problems are perceived with regard to the sexual relationship. Some examples of items include: “I feel that my sex life is lacking in quality;” “Our sex life is monotonous;” “Our sex life is very exciting” (reverse scored). Items are scored on a 7-point Likert scale, ranging from 1= none of the time to 7=all of the time. After the positively worded items are reverse scored, a score is calculated by taking the sum score of all items, then subtracting 25 to yield the scale score. Scores may range from 0 to 100. Lower scores indicate greater satisfaction and fewer problems with the sexual aspect of the relationship. This measure has demonstrated high internal consistency, with Cronbach’s alpha ranging from .90 to .92 (Hudson et al., 1981). Further, the measure evidenced excellent validity when correlated with marital satisfaction, general contentment and self-esteem. Cronbach’s alpha for this study was .95

Frequency of Sexual Activity and Orgasm. Participants were provided with a brief definition of sexual intercourse, sexual activity and orgasm, and then asked whether they have had penile-vaginal sexual intercourse during the past 6 months. If participants answered yes to this question, they were asked to indicate which of the following best
describes how often they have had intercourse during the past 6 months: daily, weekly, monthly, less than monthly or not at all. Next, participants were asked about how often they engaged in sexual activity other than sexual intercourse and how often they experienced orgasm during sexual activity with their partner.

**Overview of Quantitative Analyses**

Descriptive statistics were used to describe the sample’s demographics as well as psychiatric, sexual and relationship histories. Descriptive statistics were examined for each of the primary study variables to evaluate the assumptions of univariate normality. Further, linear regressions were performed between the demographic variables including age, race/ethnicity, current relationship length, education, annual household income, having children, religion, religiosity and each of the primary study variables. This was done to identify potential covariates for which adjustments were needed to test the hypothesized model.

Descriptive statistics were calculated to describe the demographics of the sample and their psychiatric, sexual and relationship histories. Chi-square tests of Independence were conducted to compare participants who completed and who did not complete the online survey. Descriptive statistics were examined for each of the study variables to evaluate the assumptions of univariate normality. Further, linear regressions were performed between the demographic variables including age, race/ethnicity, current relationship length, education, annual household income, having children, religion, religiosity and each of the primary study variables. This was done to identify potential covariates that need to be controlled for, prior to testing the hypothesized model. Six of
the demographic variables were significantly related to at least one of the path model
variables. The core model variables were residualized by removing the effects of the
relevant demographic variables.

Structural Equation Modeling (SEM) was used to test the model of the present
study using Mplus, Version 7. SEM was preceded by a Confirmatory Factor Analysis
(CFA). The CFA identified the latent constructs. Revisions were made to the theoretical
model based on the CFA findings. The Sobel normal theory test was used to test for the
indirect effects of emotional reactivity to sexual fantasy on romantic satisfaction and
frequency of sexual behavior.

Power analysis for proposed structural equation modeling (Figure 1) was
conducted, stipulating standardized regression coefficients (β) of small-to-medium effect
size, β = .10 to .30 (Kline, 2005). Five hundred participants would be required to test the
proposed model with a power of .80.

Overview of Qualitative Analyses

As previously described, the sexual fantasy narratives were assessed using self-
report measures for the quantitative analyses. In this section, I elaborate on some
qualitative aspects of the sexual fantasy narratives elicited in this study, such as what
characters are featured in the fantasy (e.g. the self; significant other; a stranger) as well as
fantasy themes (e.g. submission, rape/force) that were common within the sample.

For the qualitative analysis, the sexual fantasies of a subgroup of participants with
higher levels of psychological and interpersonal distress were compared to a subgroup
reporting low psychological and interpersonal distress. The selection of cases was based
on the following: Factor scores were generated for the psychological and interpersonal distress factors. The standard deviations for those scores were estimated and used to identify cases whose scores on this factor were equal to one or more standard deviations below and above the mean. Following this method, 23 cases were identified as falling two standard deviations or more below the mean, indicating less psychological and interpersonal distress. There were no cases identified that were equal to or greater than two standard deviations above the mean. There were 68 cases found to be equal to or greater than one standard deviation below the mean, and 65 cases found to be equal to or greater than one standard deviation above the mean. Ten cases were selected from each of these groups using an online random selection tool. After reading through the selected fantasies, it was found that several of the fantasies in each group were either blank or consisted of one or two sentences, thus containing insufficient detail for a qualitative analysis. Ten more cases were randomly selected from the higher and lower psychological distress subsample. New cases were added to each group in the order in which they were randomly selected, until both groups consisted of ten fantasies containing more than two sentences. These two groups of participants’ fantasies were compared regarding the content and emotional tone of their sexual fantasies. Inter-rater reliability was not established for the qualitative portion of this study.
Results

Demographic Characteristics

Table 2 contains descriptive statistics with respect to participants’ demographics. The women were relatively young (\(M=27.05, \ SD=6.62\)), nearly half (47%) between ages 18 and 24. They were largely Caucasian (78%), and rated themselves as non-religious (62%). The women were highly educated, with over half of participants having earned a Bachelor’s Degree or higher (56%). More than half of the participants reported being in their current relationship for more than 2 years, and half of the participants reported living with their current partner and defined their relationship as being exclusive. Three quarters of the sample reported being unmarried and more than that reported not having children. In terms of psychiatric history, the majority of participants reported that they had been diagnosed with depression at some time in their life (61%), and nearly a quarter (24%) reported a history of anxiety.

Table 2

Participant Demographics (N=531)

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Participant Response</th>
<th>% (n)</th>
<th>N</th>
</tr>
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<tbody>
<tr>
<td>Age (years)</td>
<td>18-24</td>
<td>47%</td>
<td>250</td>
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<tr>
<td></td>
<td>25-34</td>
<td>39%</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>35-45</td>
<td>14%</td>
<td>76</td>
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<td>Race/Ethnicity</td>
<td>Caucasian/Non-Latino</td>
<td>78%</td>
<td>413</td>
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<tr>
<td></td>
<td>Hispanic/Latino</td>
<td>8%</td>
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<tr>
<td></td>
<td>Asian</td>
<td>6%</td>
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</tr>
<tr>
<td></td>
<td>African-American/ Non-Latino</td>
<td>3%</td>
<td>14</td>
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### Education

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<tr>
<th>Degree</th>
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<td>Bachelor’s Degree</td>
<td>37%</td>
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<td>High School/GED</td>
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<td>Master’s Degree</td>
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<tr>
<td>Associate’s Degree</td>
<td>15%</td>
<td>81</td>
</tr>
<tr>
<td>JD/ MD/ PHD</td>
<td>3%</td>
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### Annual Household Income

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<th>Count</th>
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<td>$25,001-50,000</td>
<td>29%</td>
<td>156</td>
</tr>
<tr>
<td>$0-25,000</td>
<td>26%</td>
<td>136</td>
</tr>
<tr>
<td>$50,001-75,000</td>
<td>18%</td>
<td>94</td>
</tr>
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<td>$75,001-100,000</td>
<td>11%</td>
<td>61</td>
</tr>
<tr>
<td>More than $100,000</td>
<td>14%</td>
<td>77</td>
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### Relationship Length

<table>
<thead>
<tr>
<th>Length</th>
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</thead>
<tbody>
<tr>
<td>More than 3 years</td>
<td>42%</td>
<td>226</td>
</tr>
<tr>
<td>More than 6 months, less than a year</td>
<td>27%</td>
<td>144</td>
</tr>
<tr>
<td>More than a year, less than 2 years</td>
<td>19%</td>
<td>99</td>
</tr>
<tr>
<td>More than 2 years, less than 3 years</td>
<td>12%</td>
<td>62</td>
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### Relationship status

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
<th>Count</th>
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<tbody>
<tr>
<td>Seeing someone exclusively, living together</td>
<td>52%</td>
<td>278</td>
</tr>
<tr>
<td>Seeing someone exclusively, not living together</td>
<td>43%</td>
<td>228</td>
</tr>
<tr>
<td>Seeing more than one person, living with one or more of them</td>
<td>3%</td>
<td>15</td>
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<tr>
<td>Seeing more than one person, not living together</td>
<td>2%</td>
<td>11</td>
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</table>

### Marital Status

<table>
<thead>
<tr>
<th>Status</th>
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<td>Single</td>
<td>69%</td>
<td>366</td>
</tr>
<tr>
<td>Married</td>
<td>25%</td>
<td>135</td>
</tr>
<tr>
<td>Divorced/ Separated</td>
<td>6%</td>
<td>28</td>
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### Have Children

<table>
<thead>
<tr>
<th>Status</th>
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<tbody>
<tr>
<td>No</td>
<td>80%</td>
<td>426</td>
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<tr>
<td>Yes</td>
<td>20%</td>
<td>100</td>
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<td>Religion</td>
<td>Atheist</td>
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<td>------------------</td>
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</tr>
<tr>
<td></td>
<td>Agnostic</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>Roman Catholic</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Other Christian</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Protestant</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Jewish</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Religiosity</td>
<td>Not at all</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>A little Bit</td>
<td>21%</td>
</tr>
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<td></td>
<td>Moderately</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Quite a bit</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Extremely</td>
<td>0.8%</td>
</tr>
<tr>
<td>Self-reported Psychiatric Conditions (current or history)</td>
<td>Depressive Disorder</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>Anxiety Disorder</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>Eating Disorder</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic Stress Disorder</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse/ Dependence Disorder</td>
<td>2%</td>
</tr>
<tr>
<td>Recruitment Site</td>
<td>Reddit.com</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>Facebook</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Craigs List</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Twitter</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 3 includes information about participants’ recent sexual activity and sexual fantasy behaviors. Most of the study sample reported having penile-vaginal sexual intercourse within the past 6 months, with 76% of participants reporting that they have had sexual intercourse at least once every other month during this time period. Similarly,
most participants reported that they had engaged in sexual activity other than penile-vaginal intercourse at least once in two months. More than half of participants reported that they had experienced orgasm during sexual activity with their romantic partner at least once during the previous two months. Most of the participants reported utilizing their most common fantasy during masturbation. A little less than half reported experiencing their fantasy during sexual intercourse with their partner, while more than half reported experiencing their sexual fantasy while engaged in sexual activity other than intercourse (e.g. oral sex, mutual masturbation) with their partner.

Table 3  
Participants’ recent (during the past 6 months) sexual activity

<table>
<thead>
<tr>
<th>Sexual History</th>
<th>Response</th>
<th>%(n)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Penile/ Vaginal Intercourse</td>
<td>Once in 2 months– once in 4 months</td>
<td>55%</td>
<td>247</td>
</tr>
<tr>
<td></td>
<td>Once per month – twice per month</td>
<td>30%</td>
<td>133</td>
</tr>
<tr>
<td></td>
<td>Once in 6 months</td>
<td>7%</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Once weekly</td>
<td>4%</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>2 times per week- daily</td>
<td>4%</td>
<td>17</td>
</tr>
<tr>
<td>Sexual Activity other than Penile/ Vaginal Intercourse</td>
<td>Once in 2 months– once in 4 months</td>
<td>53%</td>
<td>229</td>
</tr>
<tr>
<td></td>
<td>Once per month- twice per month</td>
<td>29%</td>
<td>124</td>
</tr>
<tr>
<td></td>
<td>Once weekly</td>
<td>5%</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2 times per week- daily</td>
<td>4%</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Once in 6 months</td>
<td>9%</td>
<td>37</td>
</tr>
<tr>
<td>Frequency of orgasm during sexual activity with partner</td>
<td>Once in 4 months– once in 6 months</td>
<td>39%</td>
<td>170</td>
</tr>
<tr>
<td></td>
<td>Once in 2 months</td>
<td>20%</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Once per month- twice per month</td>
<td>13%</td>
<td>67</td>
</tr>
<tr>
<td>Frequency</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
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<td>----</td>
<td></td>
</tr>
<tr>
<td>Once per week - 4 times per week</td>
<td>7%</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>&gt;4 times per week - daily</td>
<td>13%</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>None in 6 months</td>
<td>5%</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

Do you utilize this sexual fantasy... during masturbation?
- Yes: 47% (201)
- No: 53% (224)

during sexual intercourse with your partner?
- Yes: 18% (78)
- No: 82% (345)

During other sexual activity with your partner?
- Yes: 22% (92)
- No: 78% (331)
Relations Among Observed Variables.

Table 4 lists the relations among the observed variables. Women with less attachment anxiety reported significantly fewer psychological symptoms and interpersonal difficulties, less guilt regarding their sexual fantasies and more emotional and sexual satisfaction with their current partner. Fewer psychological symptoms, symptoms of personality pathology, and interpersonal difficulties were associated with higher levels of object relations and lower fear and guilt associated with their sexual fantasy, and greater emotional and sexual satisfaction. Less fantasy guilt was associated with less fantasy fear and correlated with more fantasy affection. More fantasy affection was also positively correlated with emotional satisfaction and sexual satisfaction.

Sexual satisfaction was strongly and positively related to emotional satisfaction, frequency of sexual intercourse, frequency of other sexual activity and frequency of orgasm. Emotional satisfaction was also correlated with greater frequency of sexual intercourse, greater frequency of other sexual activity and greater frequency of orgasm. Frequency of intercourse was strongly and positively correlated with frequency of other sexual activity and frequency of orgasm with partner.

Notably, the women in this sample endorsed more attachment anxiety, and more psychological and interpersonal difficulties compared with previously established non-clinical norms for the measures utilized to assess these constructs.
Table 4 Correlation Matrix of the Observed Model Variables

<table>
<thead>
<tr>
<th>Construct</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
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<tbody>
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<td>1. Less Attachment Avoidance</td>
<td>1</td>
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<tr>
<td>2. Less Attachment Anxiety</td>
<td>.19*</td>
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<tr>
<td>3. Higher Level of Object Relations</td>
<td>.12</td>
<td>.16</td>
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</tr>
<tr>
<td>4. Fewer Personality Disorder Symptoms</td>
<td>.34**</td>
<td>.47**</td>
<td>.23*</td>
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<td>5. Fewer Psychological Symptoms</td>
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<td>.46**</td>
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<td>7. Less Fantasy Guilt</td>
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<td>.20*</td>
<td>.03</td>
<td>.30**</td>
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<td>8. Less Fantasy Fear</td>
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<td>.03</td>
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<td>.23*</td>
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</tbody>
</table>

* p < 0.05  ** p < 0.01
<p>| | | | | | | | | | |</p>
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<tbody>
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<td>.51</td>
<td>.49</td>
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</tbody>
</table>

*p<.05, **p<.001  Note: Higher scores on the Object Relations measure indicate greater maturity of object relations.
Measurement Model

Confirmatory factor analysis (CFA) was conducted to generate the hypothesized latent variables. A CFA of the originally hypothesized four-factor model (internal representations of self/other, psychological symptoms, emotional reactivity to sexual fantasy and emotional/sexual satisfaction) failed to generate a satisfactory solution. Specifically, the hypothesized measurement model generated negative variances and standardized factor loadings greater than one, both of which are indicative of a model that does not provide an acceptable fit to the data. In addition, two of the four hypothesized factors, i.e. psychological symptoms and internal representations of self/other, were found to correlate beyond the mathematically acceptable upper limit of 1.0. Given that fact, the indicators of these two proposed factors were merged into one, new psychological and interpersonal distress factor.

Table 5 presents the standardized coefficients of the original CFA. The object relations measure, which was originally hypothesized to be an indicator of the Internal Representations of Self/Other factor loaded quite weakly on this factor and for this reason was deleted from the measurement model. Attachment avoidance also loaded weakly on the Internal Representations factor and was deleted to improve the model’s fit. Finally, the Affection variable was deleted as an indicator of the Emotional Reactivity to Sexual Fantasy factor because its factor loading was marginal on this latent factor. Given these results, the hypothesized measurement model was modified in a series of successive revisions to the original hypothesized factor structure.
The Romantic Satisfaction factor was sub-divided into two latent factors, Romantic Satisfaction and Frequency of Sexual Behavior, to improve the fit of the confirmatory factor analysis. As there was a considerable range in the factor loadings of the observed variables for the original Romantic Satisfaction factor, it was decided to separate the indicators of this factor into two factors, one reflecting the subjective component of romantic satisfaction, and a second reflecting the behavioral (sexual) component of romantic satisfaction. As a result of this revision, the factor loadings of each of these two new factors were noticeably higher, suggesting that each of these two new factors was more internally homogenous than was the case when the same indicators were used to operationalize a single factor.
<table>
<thead>
<tr>
<th>Construct</th>
<th>More Developed Internal Representations of Self/Other</th>
<th>Less Psychological and Interpersonal Distress</th>
<th>Emotional Reaction to Sexual Fantasy</th>
<th>Greater Romantic Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Attachment Avoidance</td>
<td>0.38**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Attachment Anxiety</td>
<td>0.56**</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Higher Level of Object Relations</td>
<td>0.25*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewer Personality Disorder Symptoms</td>
<td></td>
<td>0.85**</td>
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</tr>
<tr>
<td>Fewer Psychological Symptoms</td>
<td></td>
<td>0.83**</td>
<td></td>
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</tr>
<tr>
<td>Fewer Interpersonal Difficulties</td>
<td></td>
<td>0.76**</td>
<td></td>
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<tr>
<td>Less Fantasy Guilt</td>
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<td>1.05**</td>
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</tr>
<tr>
<td>Less Fantasy Fear</td>
<td></td>
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<td>0.40**</td>
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</tr>
<tr>
<td>More Fantasy Affection</td>
<td></td>
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<td>0.04</td>
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</tr>
<tr>
<td>Greater Sexual Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td>0.86**</td>
</tr>
<tr>
<td>Greater Emotional</td>
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<td>0.70**</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Greater Frequency of Intercourse</td>
<td>Greater Frequency of other Sex Activity</td>
<td>Greater Frequency of Orgasm</td>
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*p < .05, **p < .001
After incorporating these revisions to the originally hypothesized factor structure, a final CFA was fit to the data. The chi-square test of model fit for the revised model was found to be statistically significant, i.e., $\chi^2 (38) = 71.038$, $p < .001$, suggesting that the revised model did not fit the data. However, it is well known that this particular fit statistic is sensitive to sample size. As the current study sample has 534 cases, this result is not surprising. Large samples like that in this study confer substantial statistical power to reject the null hypothesis ($H_0$) of “perfect fit” even though the discrepancy between the actual and model-implied covariance is minor. For this reason, the Root Mean Square Error of Approximation (RMSEA = .04; 90% CI = .026, .055), the Comparative Fit Index (CFI = .977), and the Tucker-Lewis Index (TLI = .967) are also reported. These three model fit statistics indicate that the revised confirmatory factor analysis model provides a reasonably good fit to the data.

Table 6 presents the standardized factor loadings for the revised confirmatory factor model. Each factor loadings is $\geq .56$, indicating that the observed variables are strong indicators of the constructs on which they load.

Internal consistency reliability coefficients for the four factors were computed using the “Composite Reliability” statistic (Hair, Black, Babin, & Anderson, 1992, p. 450). A commonly used minimum standard for acceptable reliability is .70 (Nunally, 1978). The composite reliability coefficients for these four factors are 0.85 for Psychological and Interpersonal Distress, 0.60 for Emotional Reactivity to Sexual Fantasy, 0.81 for Romantic Satisfaction, and .76 for Frequency of Sexual Behavior.
Table 6

*Standardized Coefficients for Revised Confirmatory Factor Model*

<table>
<thead>
<tr>
<th>Construct</th>
<th>Less Psychological and Interpersonal Distress</th>
<th>Less Negative Emotional Reactivity to Sexual Fantasy</th>
<th>Greater Romantic Satisfaction</th>
<th>Greater Frequency of Sexual Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Attachment Anxiety</td>
<td>0.56*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fewer Personality Disorder Symptoms</td>
<td>0.88*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewer Psychological Symptoms</td>
<td>0.84*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewer Interpersonal Difficulties</td>
<td>0.75*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Fantasy Guilt</td>
<td></td>
<td>0.65*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Fantasy Fear</td>
<td></td>
<td></td>
<td></td>
<td>0.66*</td>
</tr>
<tr>
<td>Greater Sexual Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td>0.94*</td>
</tr>
<tr>
<td>Greater Emotional Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td>0.71*</td>
</tr>
<tr>
<td>Greater Frequency of Intercourse</td>
<td></td>
<td></td>
<td></td>
<td>0.79*</td>
</tr>
<tr>
<td>Greater Frequency of Other Sexual Activity</td>
<td></td>
<td></td>
<td></td>
<td>0.73*</td>
</tr>
<tr>
<td>Greater Frequency of Orgasm with Partner</td>
<td></td>
<td></td>
<td></td>
<td>0.63*</td>
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</tbody>
</table>

*p < .05
Table 7 presents the correlation matrix of the 4 latent variables derived from the measurement model. As expected, the Psychological and Interpersonal Distress and Negative Reactivity to Sexual Fantasy constructs are positively, moderately and significantly associated with each other (r = .47, p < .001), such that participants who endorsed more psychological and interpersonal distress also reported more fear and guilt regarding their recurrent sexual fantasy. Also as expected, the Romantic Satisfaction and Frequency of Sexual Behavior constructs are positively and strongly correlated (r=.62, p < .001), such that participants reporting higher emotional and sexual satisfaction with their current partner also reported more frequent sexual behaviors with their current partner. Less psychological and interpersonal distress was significantly and positively associated with higher romantic satisfaction (r = .39, p < .001) and with greater frequency of sexual behaviors (r= .26, p<.001). That is, participants reporting lower psychological and interpersonal distress were more satisfied with her current romantic relationship and engaged in more frequent sexual behavior with her current partner. Contrary to expectation, there was no significant relations between Negative Emotional Reactivity to Sexual Fantasy and Romantic Satisfaction, nor between Negative Emotional Reactivity to Sexual Fantasy and Frequency of Sexual Behavior.
Table 7

Pearson Correlations of the 4 latent factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Less Psychological and Interpersonal Distress</th>
<th>Less Negative Emotional Reactivity to Sexual Fantasy</th>
<th>More Romantic Satisfaction</th>
<th>More Frequent Sexual Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Psychological and Interpersonal Distress</td>
<td></td>
<td>.47**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Emotional Reactivity to Sexual Fantasy</td>
<td></td>
<td></td>
<td>.15</td>
<td></td>
</tr>
<tr>
<td>More Romantic Satisfaction</td>
<td>.39**</td>
<td></td>
<td></td>
<td>.61**</td>
</tr>
<tr>
<td>More Frequent Sexual Behavior</td>
<td>.25*</td>
<td>.04</td>
<td></td>
<td></td>
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</tbody>
</table>

*p < .05, **p < .001

Structural Equation Model (SEM)

The hypotheses regarding the links between psychological and interpersonal distress, negative emotional reactivity to sexual fantasy, overall romantic satisfaction and frequency of sexual behavior were assessed utilizing structural equation modeling. Table 8 presents the correlational matrix of the 4 latent variables derived from the measurement model.
Table 8

Pearson Correlations of the 4 latent factors—Revised SEM

<table>
<thead>
<tr>
<th>Factor</th>
<th>Less Emotional Reactivity to Sexual Fantasy</th>
<th>Less Psychological and Interpersonal Distress</th>
<th>More Romantic Satisfaction</th>
<th>More Frequent Sexual Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Emotional Reactivity to Sexual Fantasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Psychological and Interpersonal Distress</td>
<td>0.47**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.04</td>
<td>0.39**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Romantic Satisfaction</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.15</td>
<td>0.25**</td>
<td>0.61**</td>
<td></td>
</tr>
<tr>
<td>More Frequent Sexual Behavior</td>
<td></td>
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*p<.05, **p<.001
The chi-square goodness-of-fit statistic for the hypothesized model indicated that the model did not adequately “fit” the data ($\chi^2$ (38) = 77.91, p < .001). However, the RMSEA (.045), along with its 90% confidence interval (90% CI: 0.031, 0.059), indicate that the model provides a reasonably good fit to the data. Similarly, the CFI (= 0.979) and TLI (=.969) support this conclusion.

The structural equation model tested both the direct effects of emotional reactivity to sexual fantasies on both outcome variables, and the indirect effect on the outcome variables through the mediating variable, psychological and interpersonal distress. Figure 2 presents the standardized regression coefficients, i.e., the direct effects, in the structural equation model. As hypothesized, less fear and guilt regarding the reported sexual fantasy was associated with lower levels of psychological and interpersonal distress ($\beta = .47$, p < .001), such that women who reported less guilt and fear regarding their sexual fantasy were less anxiously attached and endorsed fewer psychological symptoms and interpersonal difficulties. Also as hypothesized, lower levels of psychological and interpersonal distress predicted more satisfaction with the current romantic relationship ($\beta = .39$, p < .001). Further, less psychological and interpersonal distress predicted more frequent engagement in sexual intercourse and other sexual activity, and more frequent orgasms during sexual activity with their partners ($\beta = .25$, p < .001). No significant direct effects were found between fear and guilt regarding the reported sexual fantasy and romantic satisfaction ($\beta = .04$, p > .05).

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1 A 90% confidence interval is the standard generated by the Mplus program and is the recommended statistic for use with the RMSEA statistic (Brown & Cudek, 1993).
nor between fear and guilt regarding the sexual fantasy and frequency of sexual activity
($\beta = .15$, $p > .05$).
Figure 2. Revised Structural Equation Model of Sexual Fantasy on Romantic Satisfaction and Sexual Behavior via Psychological and Interpersonal Distress. *p < .05
In addition to these five direct effects, there are two possible indirect or mediated effects in the revised model: (1) emotional reactivity to sexual fantasy on romantic satisfaction via psychological and interpersonal distress and (2) emotional reactivity to sexual fantasy on frequency of sexual activity with partner via psychological and interpersonal distress. Results of this analysis support a fully mediated model, in which the links between a woman’s fear and guilt regarding a common sexual fantasy and her romantic satisfaction, and between fear and guilt about the fantasy and her frequency of sexual activity with her partner, were largely explained by her higher reports of psychological and interpersonal distress. These findings indicate that women who reported less fear and guilt regarding a common sexual fantasy were more satisfied with their current romantic relationship, and that this association is largely explained by their lower reports of psychological and interpersonal distress ($\beta = .52$, $p < .001$). There is also a significant indirect effect of emotional reactivity to sexual fantasy through less psychological and interpersonal distress on more frequent sexual activity ($\beta = .40$, $p < .05$). Therefore, psychological and interpersonal distress significantly mediated, i.e. explained, the relationship between lower negative emotional reactivity to sexual fantasy and higher frequency of sexual activity.

**Results of Qualitative Analysis**

A qualitative analysis was initiated for a more detailed and in-depth analysis of the thoughts, feelings and possible meanings expressed or implied in specific sexual fantasies, and for the purpose of examining differences between fantasies that share a common theme (e.g. submission, force fantasy). As discussed previously, most research on the content of women’s sexual fantasies has focused on general fantasy themes (e.g.
submission, force fantasies, romance), which reveals little about the fantasizer’s thoughts and feelings about the fantasies. While the quantitative analysis studied women’s self-reported emotional ratings of their sexual fantasy narratives, the qualitative analysis adds my own clinically-trained and psychodynamically-oriented, albeit highly subjective examination of the affects and cognitions expressed in selected fantasy narratives.

In this section, I compare the sexual fantasy narratives of participants whose scores on the psychological and interpersonal distress latent variable were equal to or less than one standard deviation from the mean, indicating lower psychological and interpersonal distress, with those fantasy narratives whose scores were equal to or greater than one standard deviation from the mean, indicating higher psychological and interpersonal distress.

**Qualitative comparison of the sexual fantasies of women with high and low levels of psychological and interpersonal distress.** The following analyses examines commonalities and differences between two groups of fantasies (low psychological and interpersonal distress vs. high psychological and interpersonal distress) with respect to 1) the expression of negative emotions and/or cognitions regarding the sexual act(s) described in the fantasy narrative, 2) the expression of positive emotions and/or cognitions regarding the sexual act(s) described in the sexual fantasy 3) aspects of aggression, physical force and of dominating or relinquishing control in the fantasy narratives. Finally, I examined fantasies from both groups with respect to fantasizing about someone other than their romantic partner as well as participants’ thoughts about acting out aspects of their sexual fantasies in reality.
For the purpose of this analysis, when one or more characters in the fantasy experienced physical or emotional discomfort or unpleasant thoughts or feelings such as fear, guilt or embarrassment, these are referred to as expressed negative emotions or cognitions. Expressed positive emotions and cognitions are when a character in the fantasy experiences pleasant thoughts, feelings or sensations, such as feeling emotionally intimate with one’s partner, feeling attractive or feeling cared for. Descriptions of sexual arousal are treated as a neutral feeling or experience, as it refers to the physical response and/or mental awareness of being sexually excited that may accompany positive, negative, ambivalent and neutral thoughts or feelings.

**The emotional tone of sexual fantasies.** In the higher psychological distress group, three out of ten respondents articulated negative thoughts or feelings in their fantasy narratives. One respondent in this group wrote: “The ‘actors’ in my fantasies are very vocal and often use dirty language and humiliation of the submissive.” Another participant wrote: “It is a fantasy of domination and control; usually being held down or tied in some way; of non-consensual (but pleasurable) sex; of feeling frightened and out of control but also aroused.” By contrast, none of the fantasies in the lower psychological distress group conveyed negative thoughts or feelings experienced by any of the characters in the fantasy regarding the sexual act(s) or interaction taking place in the fantasy description.

In the lower distress group, the majority of participants described positive thoughts and feelings in their fantasy descriptions. One participant wrote: “It involves me being tied up and him taking total control over me. Doing whatever he wants with my body. Nothing humiliating, almost like he worships my body and it is a new land to
be discovered.” Another respondent described a fantasy “imagining my friends with
benefits ejaculating inside me without any sort of birth control, like we are trying to
make a child.” Regarding this same fantasy, the respondent concluded “I just imagine
the closeness of the act and the comfort that it brings me.”

A third participant in the lower distress group described a fantasy involving
herself and her actual husband, though in the fantasy they are divorced and her husband
is married to another woman. In the fantasy, she and her ex-husband are spending time
alone together for the first time since they separated. Prior to describing a sexual
interaction involving “passionately touching and kissing,” the participant wrote:

We are admiring each other constantly, looking at each other's bodies and
remembering the wonderful times we had together, regretting breaking up. We
are talking alone and can't resist each other as we miss our incredible sex life that
we always had.

This fantasy seems to affirm the respondent’s current relationship with her
husband, in that she creates a story and an emotional context in which she and her
husband rediscover an irresistibly strong emotional and sexual connection following a
period of separation.

The fantasies written by participants from the higher distress group were largely
devoid of expressions of affect, either positive or negative. The fantasies in this group
focused primarily on the physical acts and sensations occurring in the fantasy rather than
their emotional content. An example of this is found in the following two fantasies
description from the higher distress group:

Besides the pleasurable feelings that intercourse brings, when i think and
visualize the actual penile penetration of in and out motion makes me reach
orgasm faster. Also, if there is some kind of dirty talk including the word "fuck"
and its derivatives and "wet pussy", and "hard cock" it brings thoughts of the penetration again, and it brings me to orgasm.

Another participant in the higher distress group wrote:

ok so, in one of my most frequent fantasies, I am on a bed with 2 men and a woman. the men are touching me and the other woman as her and I kiss and touch each other. her and I continue to play with each other, kissing, touching, licking, sucking, and the men continue to play and touch us. after lots of touching and petting and kissing one of the men will sit me on his dick and start fucking me, moving me up and down, the girl will be sucking on my breasts and touching my pussy as I get fucked by the man, soon the other man comes to me, now I have one dick in my ass and the other in my pussy. they are both fucking me at the same time, getting my hair pulled, soft smacks on my face and ass. I'll be making out with the girl and touching her breasts and pussy, somehow, im now on all fours with a man fucking me from behind, as I play with the woman, I touch her breast, suckle them, caress them, I softly lick her pussy lips, slowly opening her pussy I slide my tongue up and down, then I use my fingers to open her wide, I spit in it and start to eat her out, all while I get fucked by one guy from behind, and she gets fucked by the other guy. as I touch and lick her pussy and ass, I lick his dick and balls, I take it out of her and put it in my mouth.

In the above narrative, the emphasis is on the physical acts and sensations associated with the sexual scenario. This fantasy is devoid of any overt expression of emotions, either positive or negative. One possibility for this observed emphasis on physical actions and bodily sensations is that women with greater psychological and interpersonal distress may attend closely to concrete elements of a sexual encounter—the physical actions, characteristics and sensations—as a means of distancing from potentially overwhelming emotions and cognitions that are stirred up in the context of sexual and romantic relationships.

Elements of aggression, physical force and control in sexual fantasies.

References to aggression, the use of physical force, and of dominating or relinquishing control were common in both groups of sexual fantasies examined in this analysis, although there were qualitative differences between the two groups of fantasies.
with these similar general themes or elements. The fantasies in the lower distress group that contained elements of physical force and/or being controlled generally did not express negative emotions and cognitions about the imagined sexual encounter, and they described more pleasant and benevolent interactions between the characters in the fantasy compared with those in the higher distress group. The following is the full text of a fantasy written by a woman in the lower distress group, which contains some elements of non-consent:

I am usually flattered and seduced. Not against my will, but I am reticent. It’s usually with a nice, blue collar, strong man. The fantasy has much more to do with flattery and emotions than erotic sensations. The only thing 'hot' is the refusal and fuss I make beforehand, and the surrender (not to desire, but to being 'conquered') afterwards. My fantasies are nearly always about feeling flattered, loved and 'wowing' some man, and rarely focus on actual acts other than kissing. I get somewhat turned on, but not 'hot'. I don't fantasize very often. I am always the 'innocent' and smart, attractive woman, he is always the strong, driven man, wanting to be 'healed' by being with me.

This fantasy description suggests that the fantasizer’s resistance and eventual giving in to the sexual encounter is particularly sexually arousing to the author. In this fantasy, the male character’s sexually dominant behaviors are fueled by his desire and need for the fantasizer. The overall affective tone of the fantasy is positive, of feeling attractive and admired, and there are indications that the fantasizer experiences a sense of empowerment regarding her sexual attractiveness and the impact she has on her sexual partner.

For a comparison, the following is the full text of a fantasy involving physical force and non-consent from the higher distress group:

It is a fantasy of domination and control; usually being held down or tied in some way; of non-consensual (but pleasurable) sex; of feeling frightened and out of
control but also aroused. I am always me, not a character, and the man in the scenario is usually not defined, a stranger.

This fantasy depicts a non-consensual sexual encounter that is accompanied by fear and sexual arousal. The overall emotional tone of this fantasy is the fantasizer’s sense of feeling out of control and frightened. The non-consent and loss of agency in this fantasy is strong and unambiguous, in contrast to the previous fantasy in which the fantasizer’s resistance is somewhat playful and certainly not coercive.

The following is the full text of another fantasy from the lower distress group with elements of physical force and giving up control:

I envision a strong man, taking control and being aggressive. Passionate kisses, puts me up against a wall, maybe a lil head thud because he slightly pushed me into the wall! while kissing me, he is taking off my clothes and his hands are feeling all over my body. He doesn't ask me what I want, because he's doing it! His fingers go up the back of my neck into the hair at the base of my skull & he grips & pulls my head to the side as he kisses and bites the side of my neck. His hands are like magic as he inserts them inside of my vagina & fingers my G spot while sucking on my nipples. He pushes me onto the bed and continues to rock my world until I'm all sweaty and begging him to get his, because I'm done! I'm the one being pleasured & the other man is a stranger or a celebrity.

The fantasizer imagines a physically strong and dominant male with whom she experiences “passion.” In this fantasy, there are several examples of the male figure using physical force to control the sexual interaction, and this use of force seems to sexually excite the narrator. There are no clear indications that she feels afraid, uncomfortable or violated. There are several indicators of positive affect in statements such as “He doesn’t ask me what I want because he’s doing it!” and that he “continues to rock my world.” The man in the fantasy knows the woman’s needs without her having to communicate them to him. She feels that her partner’s hands are magic because he
knows how to please her and the fantasy focuses on her pleasure. In the case of this respondent, who reports low psychological and interpersonal distress, imagining that her sexual partner is either a stranger or a celebrity may allow her to more freely experience her own sexual desire and pleasure.

The following is a fantasy from the higher distress group that also involves physical force and submission:

I don't have *one* fantasy that repeats itself, but several "scenes" that are usually Inspired by porn I've seen or porn I'd want to see. They are usually about very rough sex, spanking, BDSM. Mostly, the dominant is male and the submissive female, but it changes occasionally. I fantasize about plenty of things that I don't plan on living out in real life.

This fantasy describes sexual “scenes” in which the male character is generally dominant and performs acts that elicit strong bodily sensations, including the possibility of experiencing pain. Similar to other fantasies in the higher distress group, this fantasy description centers on the physical acts that take place in the fantasy, and there is no specific emotional tone to the description. The author comments that she does not plan to act upon her sexual fantasy in reality, but there is insufficient information here to understand why. I propose that further inquiry into the affects and cognitions associated with a recurrent sexual fantasy in therapeutic settings may yield new insights into that individual’s psychological conflicts and problematic patterns in their interpersonal relationships, including their romantic relationships.

**Fantasies about one’s current partner vs. someone else.** There was no clear pattern of differences between the higher and lower distress groups as to whether the sexual fantasies involved the fantasizer’s current romantic partner. In the lower distress group, five of the ten fantasies involved the fantasizer’s romantic partner compared to
six out of ten fantasies in the higher distress group. In the low distress group, the
characters in the non-partner fantasies were described in the following ways: “my
friends with benefits;” “a blue collar strong man;” “a stranger or a celebrity;” and “a
previous partner.” One of the participants in this group described a fantasy theme with
variations that sometimes included her current partner and sometimes did not.

In the higher distress group, one non-partner fantasy featured “a stranger” and
another involved two non-specified males and one female. Two women in this group
described fantasies that did not involve herself or her partner. One of these fantasies
involved “two guys hooking up, usually fictional characters from a TV show or movie
(so I know what they look like, but it’s not so creepy as fantasizing about real people).”
The other featured a dominant male and a submissive female character with the
participant’s comment that “Sometimes I identify with the female in the fantasy, but
mostly I’m “watching” from the outside.”

Are sexual fantasies wishful thinking? There were participants in both groups
who shared their thoughts about whether or not they wanted, or thought it possible, to
enact their fantasy in their real life sexual interactions. The following is a fantasy
description written by a woman in the lower distress group who was considering acting
out her fantasy in real life.

It bounces between a three some with two men who are strangers in a semi public
place, like the stockroom in the mall, and a threesome with my husband and
another man. The level of degradation can vary, but my husband is always taking
care of me and the strangers are very dominating. I don't really get a choice in
how everything moves forward. Sometimes I have imagine my husband with
another woman. Him coming home and telling me the details of the encounter
while we are having sex. This is one we might try out in real life as well.
Actually all of them are on the table if we so choose.
This description touches on three fantasy variations, two involving her husband along with other people and one that involves only strangers. In the fantasy involving her husband and another man, she notes that her husband “is always taking care of me,” suggesting that she experiences a sense of safety and satisfaction from her husband’s role in the fantasy. In the fantasy involving her husband with another woman, the fantasizer is sexually aroused and seems to have some positive associations regarding her partner’s involvement with another woman. That the participant and her husband have considered enacting these fantasies in their sexual repertoire suggests that they have discussed their fantasies and that there is some impetus for the couple to explore them in their sex life. That this woman feels comfortable enough discussing, and possibly enacting, her fantasies with her partner, suggests that she is not significantly distressed by the content of her fantasies.

The following is the fantasy of a participant in the higher distress group who is also interested in acting out her sexual fantasy with her partner:

Lucky for me, my boyfriend and I routinely discuss our fantasies, and which ones we can make happen. But, my personal favorite may not happen anytime soon. My biggest fantasy is a MFM threesome. I’m a big fan of giving oral, and I love the idea of my mouth and my pussy filled with cock. I can orgasm from penetration (I know, I’m lucky), and I really want to know what it feels like to be pounded in both places, at the same time. Once I convinced the boyfriend that he could hold my head against his cock and pound my face (I may or may not be submissive…), he’s been more into some of this stuff.

Similar to other fantasies from the higher distress group previously discussed, the emphasis of this fantasy is on concrete actions, characteristics and physical sensations. The fantasizer is aroused by the idea of being penetrated, “filled,” and roughly handled simultaneously by two different men. Also consistent with other fantasies from the
higher distress group, there is little emotional content or interpersonal context in this fantasy. Similar to the previous fantasy discussed, the author of this narrative has been able to discuss her fantasies with her current partner and incorporate some of these fantasy elements into her sexual repertoire with her partner.
**Discussion**

The present study investigated the relations between a woman’s internal representations of herself and of significant others (i.e. attachment security, object relations), her psychological and interpersonal difficulties, emotional reactions to her sexual fantasies (i.e. guilt, fear, affection) and the degree to which she is satisfied with both the sexual and emotional aspects of her current romantic relationship. It was predicted that women with more positive internal representations of self/other (measured by attachment anxiety, attachment avoidance, maturity of object relations) and with more psychological and interpersonal distress (psychological symptoms, symptoms associated with personality disorders, interpersonal difficulties) would report more negative thoughts and feelings (measured by guilt, fear) associated with their sexual fantasies, as well as more positive feelings (affection) regarding their fantasies. It was also hypothesized that women who reported more positive internal representations of self/other and less psychological and interpersonal distress would endorse greater satisfaction with their current romantic relationship, and report more frequent sexual activity with their current partner. Further, it was expected that women with less negative thoughts and feelings associated with their recurrent sexual fantasy would report more satisfaction with their current romantic relationship, and more frequent partnered sexual activity. Finally, it was proposed that a woman’s emotional ratings of her reported sexual fantasy would partly explain the link between her psychological and interpersonal distress and her romantic satisfaction as well as her frequency of sexual activity with her partner.
As expected, women who reported less negative emotionality regarding their sexual fantasies endorsed less psychological and interpersonal distress, such that women who reported less guilty and fear about their fantasies were less anxiously attached, and endorsed fewer psychological symptoms and interpersonal difficulties. Women who endorsed less psychological and interpersonal distress reported greater satisfaction with the sexual and emotional components of their current romantic relationship, and more frequent engagement in sexual activity with their romantic partner (e.g. sexual intercourse, other sexual activity and orgasm).

The modified structural equation model (Figure 3) produced a significant mediation effect, in which the relationship between a woman’s emotional reaction to her sexual fantasy and her emotional and sexual satisfaction with her current partner was largely explained by her level of psychological and interpersonal distress. Similarly, the links between women’s higher ratings of guilt and fear regarding her sexual fantasy, and a lower frequency of sexual activity and orgasm with her partner, was explained by level of psychological and interpersonal distress.

The results support the theory that women who experience less distress regarding their sexual fantasies are less likely to exhibit significant psychological and interpersonal difficulties, and thus are more likely to enjoy sexually and emotionally satisfying romantic relationships and to engage in more frequent sexual activity with their partner.

In considering the implications of this study’s findings, it is important to highlight how the initial theoretical model (Figure 1) was altered to better fit the empirical data. The originally proposed Internal Representations of Self/Other factor was
designed to assess the psychological impact of early caregiving relationships (attachment anxiety and avoidance, object relations) morphed primarily into a measure of the absence or degree of currently reported psychopathology and interpersonal strife. A final respecification of the model (see Figure 3) yielded a revised model in which negative emotional reactivity (fear and guilt) associated with a recurrent sexual fantasy predicted psychological and interpersonal distress, which in turn predicted romantic satisfaction and the frequency of sexual activity with the current romantic partner.

**Psychological and Interpersonal Distress and Romantic Satisfaction**

The results of the present study highlight the links between women's internal representations of self/others, her psychological and interpersonal functioning and her satisfaction in adult romantic relationships. These findings lend support to attachment and object relations theories, which argue that a person’s characteristic ways of viewing herself in relation to significant others that originate in childhood exert a significant influence on her psychological health and her capacity to form and maintain healthy romantic relationships in adulthood (e.g. Bowlby, 1969/1982; Hazan & Shaver, 1987; Kernberg, 1995).

**Revisions to the Model: Attachment Avoidance and Object Relations**

**Attachment.** As previously discussed, the attachment avoidance and object relations constructs were not included in the final model because they did not load on the specified latent factor. One possibility for why attachment avoidance did not correlate as strongly with the other constructs on the psychological and interpersonal distress factor may have to do with differences between the two attachment strategies and their
emotional and behavioral correlates. Shaver and Mikulincer (2002) have written extensively on the development of attachment related strategies and defensive processes. Specifically, attachment anxiety has been viewed as the hyperactivation of the attachment system, wherein an individual seeks intimacy and closeness to the attachment figure, is acutely sensitive to the possibility of relationship threats and is particularly reactive to negative thoughts and emotions regarding the relationship. In contrast, attachment avoidance is viewed as a deactivation of the attachment system wherein an individual avoids dependency on others due to the expectation that attachment figures will not be available in times of need. Studies have found that individuals who score high on the anxious dimension of attachment tend to focus and ruminate more on distressing thoughts and situations, while more avoidant individuals tend to distance themselves emotionally, cognitively and physically from the source of their distress (Birnbaum, Orr, Mikulincer, & Florian, 1997; Mikulincer & Florian, 1995; Mikulincer, Shaver, & Pereg, 2003). Peregr and colleagues (2004) found that more anxious individuals rated their partners more negatively after being exposed to negative emotional cues while avoidant individuals did not. This body of research suggests that avoidant individuals may be less reactive to negative emotional cues and interpersonal distress. Therefore, the weakness of the attachment avoidance construct in this model may be partly explained by differences in how individuals with different attachment styles experience and report negative emotional states and interpersonal distress.

A study of 45 participants (Fraley, Fazzari, Bonanno & Dekel, 2006) who worked or lived near the World Trade Center in New York City at the time of the September 11th, 2001 terrorist attacks found significant differences in the psychological
health of individuals who were rated as more avoidant compared with those who were rated as more anxious with regard to attachment by close friends and relatives prior to and following the 9/11 terror attacks. The results of this naturalistic experiment found that more avoidant individuals were rated similarly to those who were securely attached on psychological adjustment both before and after the terrorist attacks, while more anxious individuals were rated as less psychologically healthy both before and after the attacks. These findings suggest that attachment avoidance is not as reliably predictive of poor psychological health compared to attachment anxiety. Future research should focus on investigating what factors contribute to differences between attachment avoidance and attachment anxiety with respect to an individual’s psychological adjustment and health.

**Object relations and romantic satisfaction.** The object relations factor did not load on the psychological and interpersonal distress factor. A possible explanation for the weak factor loading is that the measure of object relations, the Differentiation-Relatedness scale of the *Object Relations Inventory (ORI)* (D. Diamond et al., 1993, 2010), may not be sufficiently sensitive enough to capture differences in psychological and interpersonal distress in a fairly heterogeneous, non-clinical sample. Although the majority of women in this sample reported a lifetime history of depression, individuals with a history of major psychiatric impairment (e.g. bi-polar disorder, schizophrenia) were excluded from this research. Further, there was a low incidence of self-reported psychiatric difficulties other than depression in this sample. The standard deviation for the object relations measure was low (SD= .79), indicating little variation of scores in the sample.
Psychological and Interpersonal Distress and Sexual Fantasies

Drawing from the psychoanalytic literature on sexual fantasies, I proposed that women’s emotional ratings of a recurrent sexual fantasy would reflect her internal representations of self/others and her psychological and interpersonal satisfaction.

This research found that women with more attachment anxiety, more psychological symptoms and more interpersonal difficulties, experienced more guilt and fear in connection with their reported sexual fantasy. This research finding extends the empirical literature on the psychological and interpersonal correlates of sexual fantasies and supports theoretical literature on this subject, specifically the notion that sexual fantasies are influenced by an individual’s early relationships with caregivers and reflect an adult’s ongoing psychological and interpersonal difficulties (e.g. Kernberg, 1991; Person, 1999; Stoller, 1979).

Further, this finding extends the empirical literature regarding differences between women who experience guilt regarding their sexual fantasies and those who do not, suggesting that women with heightened psychological and interpersonal distress experience more guilt regarding their sexual fantasies.

The current study joins an emergent body of research supporting the notion that a person’s internal representations of self and others are reflected in the emotional content of her sexual fantasies. This study’s finding regarding the links between psychological and interpersonal distress and negative emotional ratings of a recurrent sexual fantasy are consistent with Birnbaum’s (2007; 2011) findings that more anxiously attached individuals reported sexual fantasies with distinct emotional themes from those low on
attachment anxiety. Research involving a community sample of 48 co-habitating couples investigated the relationship between attachment dimensions, the quality of couples' daily interactions and the content of sexual fantasies over the course of 21 days. The study found that more anxiously attached individuals portrayed others in their sexual fantasies as more affectionate and pleasing compared to those low on attachment anxiety (Birnbaum et al., 2011). Further, attachment anxiety in women was associated with sexual fantasies depicting the self as more humiliated and helpless, but only on days when they reported more negative interactions with their partner. This latter finding suggests that the emotional content of sexual fantasies may be influenced by an individual’s perception of her relationship quality that varies from day to day.

**Sexual Fantasies and Romantic Satisfaction**

Contrary to the study’s hypothesis, the emotional quality of a woman’s sexual fantasy was not directly related to her romantic satisfaction, or to how often she engaged in sexual activity with her partner. Therefore, the emotional quality of the fantasy, operationalized in this study as higher ratings of guilt and fear, did not explain the significant correlation between a woman’s psychological and interpersonal distress and her level of satisfaction with her current romantic relationship, nor the frequency in which she engages in sexual activity and experiences orgasm with her current partner.

There are various possible explanations for this lack of a significant finding. It is likely that for many women, the people, sexual acts and overall scenario that they find most sexually exciting in the realm of their fantasies differs from what they value most in their emotional and sexual interactions with their romantic partner. This explanation is
supported by past research findings that the most common fantasies reported by men and women are about as likely to involve the fantasizer’s current partner as they are someone other than his or her current partner (Hariton & Singer, 1974; Hicks & Leitenberg, 2001; Leitenberg & Henning, 1995). Such non-partner fantasies are often referred to as extradyadic fantasies. A study of university students and employees found that the proportion of extradyadic fantasies were higher for individuals who had been in their current relationship longer, and that a greater number of prior sexual partners was associated with a higher proportion of extradyadic fantasies in women (Hicks & Leitenberg, 2001). Relationship length and prior number of sexual partners are just two examples of numerous potential variables that contribute to differences in the content of sexual fantasies. If, as past research indicates, it is common for women to fantasize about sexual interactions that do not involve her romantic partner, it may be that women’s sexual fantasies are somewhat independent of her feelings about her relationship with her romantic partner.

Theoretical discourse on the sexuality and attachment behavioral systems and how these overlap, diverge and mutually influence one another may partly explain this study’s finding that guilt and fear associated with a common sexual fantasy were not directly related to romantic satisfaction or to the frequency of sexual activity. Many theorists writing on attachment theory, object relations and sexuality propose that the sexual and attachment behavioral systems diverge in ways that are clinically relevant (D. Diamond et al., 2007; L. Diamond, 2003; Weinstein, 2007). Diamond and colleagues (2007) critique the attachment literature for not adequately investigating how sexuality influences attachment throughout an individual’s lifetime. In their volume, attachment
and sexuality are viewed as distinct behavioral systems that “might differ in the 
conditions of their activation, in the class of objects towards which each was directed, 
and finally in the difference in the “sensitive phases” in the development of each, which 
are likely to occur at different ages” (D. Diamond et al., 2007, p. 5).

Lisa Diamond (2003) presents a biological and behavioral model of romantic 
love and sexual desire that emphasizes the functional independence and bi-directional 
influence of the behavioral systems that regulate social bonding and sexual desire. She 
defines sexual desire as the wish, need or motivation to seek out sexual activity or sexual 
release, and uses the term affectional bonding to signify an emotionally intimate 
relationship that may or may not involve a sexual component and is the adult corollary 
of the infant-caregiver attachment relationship. She argues that, as infant-caregiver 
attachments are gender neutral, so too are affectional bonds. She writes that sexual desire 
may facilitate affectional bonding, and affectional bonding may lead to the development 
of novel forms of sexual desire. While Diamond (2003) focuses on the implications of 
this theory for the study of sexual orientation, it may relate to various aspects of human 
sexuality.

Considering the current study’s finding regarding the lack of a direct relationship 
between a woman’s negative emotional reactivity to her sexual fantasy and romantic 
satisfaction, it may be that a woman’s recurrent sexual fantasies contain traces of her 
early life experiences and relationships that persist in her imagination as a private 
psychosexual sphere that is somewhat independent of what she finds most gratifying in 
her sexual and emotional interactions with her romantic partner.
Weinstein (2007) writes about the interplay of the attachment system and infantile sexuality in directing and regulating an individual’s bodily needs and excitement. She views infantile sexuality as an underlying organizer of a person’s sexual desires as well as other creative processes, which originate in infancy and persist throughout the lifespan in ways that are largely unconscious. She distinguishes between the attachment relationship, which are the observable behaviors between the infant and her caregiver(s), and infantile sexuality, which is how these early relationships along with other environmental events are filtered and reconstituted by the child’s cognitions and fantasies as a means of regulating bodily excitement. Weinstein views the attachment relationship as determining the infant’s initial capacity for bodily pleasure, and sexual fantasy as an arena in which an individual may repeat the dynamics of her attachment relationships or rework her internal models of self and others. In the case of individuals with significant disturbances in their attachment relationships, repetition of such dynamics in their sexual fantasies are viewed as attempts to master anxiety and overstimulation generated by such disturbances. Thus she contends that sexual fantasies may also serve as a vehicle through which an individual might rework her internal models of self and others, including her attachment patterns, and thus increase her capacity for sexual pleasure. In explaining the relationship between these constructs and the potential for, and limitations of transforming internal representations of self and others and the capacity for sexual pleasure, Weinstein (2007, p. 129) writes:

Infantile sexuality, on the other hand, emerges from a relationship between the excitement of the body and language, a piece of which can never be reclaimed as an interpersonal experience. It is this capacity of sexuality to be free of the environment that also gives it its generative potential- to retransform the world and to potentially reconfigure that which has not been successfully traversed earlier. However, the mutative power of sexuality is also limited by its roots in
the body, and sexual behavior will bear the markings of the patterning of bodily rhythms, time, and the predictability of gratification and solace that grew from the first relationship.

One implication of this perspective is that there may be some aspects of an individual’s sexual fantasy life that are patterned by her earliest relationships and remain in the psyche somewhat insulated from the influence of her interpersonal and romantic experiences. In this way, aspects of a woman’s fantasy life may be imprinted early in life and persist somewhat independently of what she desires in her relationship with her romantic partner.

**Implications of the Current Study Findings for the field of Female Sexuality and Sexual Fantasies**

The current study’s findings support the theory that sexual fantasies express women’s desires and emotional conflicts in ways that might not be otherwise apparent in her clinical presentation and that may be outside of her conscious awareness (Kaplan, 1995; Knox, 2003; Person, 1999). The development of more refined therapeutic methods and assessment tools to analyze the emotions associated with a reported sexual fantasy in research and therapeutic settings might enable the fantasizer to reflect upon, modify and integrate previously avoided and/or unconscious wishes and beliefs and to develop more positive schemas regarding their sexuality and their intimate relationships, which in turn may strengthen their romantic satisfaction.

These findings suggest that emotional aspects of women’s sexual fantasies are related to her sense of psychological and interpersonal wellbeing. One implication of this research is that a woman’s negative appraisals of her sexual fantasies may reinforce or perpetuate her psychological and interpersonal difficulties. In clinical settings,
exploration of a woman’s thoughts and feelings about her sexual fantasies might facilitate more comfort and acceptance regarding aspects of her sexuality and her sense of self. This research suggests that a woman who experiences strong negative emotions (e.g. guilt, fear) in association with her sexual fantasies could benefit from discussing these thoughts and feelings with a therapist with the goal of increasing awareness of, and resolving, problematic psychological conflicts and interpersonal patterns. For women who have experienced sexual or other types of abuse or trauma, exploration of sexual fantasies might help to elucidate unconscious or dissociated emotions and beliefs about themselves, the world, and her enduring traumatic responses that may continue to impede her psychological wellbeing, interpersonal effectiveness as well as romantic and sexual satisfaction.

The emotional content of women’s sexual fantasies in relation to psychological and interpersonal functioning. The qualitative analysis of written sexual fantasy narratives compared ten women endorsing higher levels of psychological and interpersonal distress with ten who reported lower distress. This analysis focused on the emotional content of women’s sexual fantasies in connection with psychological and interpersonal distress, as well as some common fantasy characteristics and themes within the qualitative subsample. The aim of this portion of the study was to highlight some differences between the fantasies of women with lower and higher levels of psychological distress. A secondary aim was to discuss some common themes and elements between the two subgroups.

Comparison of these two groups yielded differences in the emotional tone of the sexual fantasies, in that women who were more distressed expressed more negative
thoughts and feelings in their fantasy narratives as well as fewer positive thoughts and feelings, and tended to focus more on the physical acts and sensations of the fantasies and less on the emotions evoked in the context of the fantasy. Thus the qualitative analysis augments this study’s quantitative findings regarding the links between negative emotional reactivity to one’s sexual fantasy and psychological and interpersonal distress.

**Submission and Non-Consent in Women’s Sexual Fantasies**

Thematic categorization of the sexual fantasies in this sample supports past research on the prevalence of women’s sexual fantasies that involve non-consensual sexual acts. As previously discussed, a recent literature review (Critelli & Bivona, 2008) on women’s sexual force fantasies found that approximately 42% of women reported a force fantasy, and 14% reported that this type of fantasy was a recurrent or favorite fantasy. In the current sample, approximately 25% of the sexual fantasies elicited by the prompt to describe a recurrent or favorite sexual fantasy involved the respondent being in a submissive role, with approximately 12% of the total sample of fantasies involving the fantasizer being forced into, or not consenting to, sexual acts by a fantasized partner. While the psychological and interpersonal meanings underlying sexual force fantasies are beyond the scope of this research, the ubiquity of various forms of sexual submission, physical force and non-consent in the overall sample of sexual fantasy narratives, which were found in the fantasies of both the lower and higher psychological and interpersonal distress groups, supports Kernberg’s (1991) assertion that aggression and the transgression of one’s own or other’s physical and psychological boundaries may be key ingredients to sexual excitement.
Limitations of the Study

There are several limitations to the current study regarding methodology and the generalizability of findings. This research was in some ways an exploratory study because the constructs and measures included in the study model have not been utilized in the same configurations in previous research. Two of the measures included in the final study model, the scales assessing fear and guilt regarding the reported sexual fantasy, had not been used in past research to assess thoughts and feelings about sexual fantasies. Also, as previously noted in the results section, the internal consistency reliability coefficient for the sexual fantasy measure developed for this study was 0.60, which is relatively low. Future research should focus on the validation of a cognitive-emotional scale that is designed specifically for the evaluation of sexual fantasies. This research is an initial step in the development of such a measure.

The recruitment for this study involved a self-selection bias. This may have drawn women who are more comfortable than the average woman at thinking about and disclosing issues regarding their sexuality and sexual fantasies. Further, recruitment and implementation of this study was conducted entirely through the internet which has both methodological advantages and disadvantages (Wright, 2005). Some potential disadvantages include a lesser degree of attentiveness on the part of participants while completing the research protocol and a reduced sense of accountability to provide detailed and genuine responses. Further, recruitment using social media likely contributes to self-selection bias.

As discussed in the results, the study sample was relatively young, largely defined themselves as non-religious and were mostly unmarried and without children. A
large proportion of the sample endorsed a history of depression during their lifetime. As such, this sample may not be representative of the general population of women in the United States. That being the case, the quantitative analyses controlled for multiple confounding variables including relationship length, socioeconomic status, education, religiosity and ethnicity.

Since a major finding of the current study concerned women’s emotional-cognitive schemas regarding their sexual fantasies, future studies should focus on refining the measures that would assess this aspect of women’s sexual fantasies. For example, future studies should develop measures assessing other emotional constructs (e.g. shame, affection) and include more questions assessing what aspects of these fantasies are most emotionally salient. As sexual fantasies are believed to reflect unconscious thoughts and emotions that may not be adequately assessed by self-report ratings, future research on the meanings and functions of women’s sexual fantasies should develop and apply coding schemes to analyze the cognitive-affective schemas expressed in sexual fantasy narratives. An example of this type of research is Birnbaum’s (2007) attachment-oriented sexual fantasy checklist which he adapted from the Core Conflictual Relationship Theme (Luborsky, 1977), a system for identifying central interpersonal themes in narratives. Future studies should examine the emotional quality of sexual fantasies from other theoretical perspectives, specifically object relations.

Additionally, this study did not aim to decipher the influences of physical, sexual and psychological trauma on the emotional quality of women’s sexual fantasies. Although the current research addressed some aspects of a participants’ sexual and
romantic relationship history, it did not obtain a comprehensive developmental history, including a trauma history. As this study was limited to women in the general population, there is also a need for research on the sexual fantasies of women in clinical settings.

A major limitation of this study as far as extending our understanding of female sexuality and the generalizability of findings is that this sample excluded women who identified their sexual orientation as other than primarily heterosexual. Thus women who identified as bisexual, lesbian or in any way other than primarily heterosexual were excluded from the study. While the purpose of the exclusion criteria was to reduce variability and eliminate confounding variables related to sexual orientation as well as individuals who are biologically female but identify as gender-fluid, it is important to study diverse women across sexual orientations and gender identifications to more accurately address issues regarding female sexuality, psychological health and romantic satisfaction.

Another limitation concerns the length of the survey, which contained over 220 items and required 45-60 minutes to complete. As a result, the final sample that was included in the analyses was around 60% of the consented and eligible participants. The remaining consented and eligible participants were excluded from the analysis due to missing data. Although the completers and non-completers did not differ significantly on the demographic variables, they may have varied on other variables that were not considered in this study.
The qualitative portion of this research was conducted using a small sample of fantasies and may not be representative of women in the general population. Another limitation concerns the qualitative analysis, which was conducted by only one reader and thus inter-rater reliability could not be established.

**Conclusion and Future Directions**

The present study aimed to expand the literature on female sexual fantasy, particularly in relation to internal representations of self and other, psychological and interpersonal functioning and romantic satisfaction. Sexual fantasy has been the subject of rich theoretical inquiry throughout the field of psychology’s history, with many eminent psychoanalytic thinkers proposing that an individual’s sexual fantasy life originates from a confluence of early life events, the infant-caregiver relationships and her idiosyncratic psychological lens with which she perceives the world, and that such fantasies contain clues and indicators of her current psychological and interpersonal struggles and achievements. There has also been abundant research into the prevalence, frequency and thematic content of male and female sexual fantasies and far fewer studies of their emotional quality and their psychological and interpersonal implications. The findings of the present study suggest that women who experience more guilt and fear associated with their recurrent sexual fantasy exhibit more symptoms of psychopathology and interpersonal distress. Future research should assess and examine the level of object relations (e.g. the Social Cognition and Object Relations Scale for Interview and Narrative Data (Westen, Barends, Leigh, Mendel, & Silbert, 1994) articulated in women’s sexual fantasy and other personal narratives relevant to her psychosexual life.
The present findings signal the importance of further investigation into the emotions and cognitions expressed in women’s sexual fantasy narratives. The qualitative approach to the study of women’s sexual fantasy narratives would be valuable in identifying common emotional-cognitive themes expressed in women’s fantasies as well as deciphering the meanings and functions of such fantasies for specific women when analyzed alongside various developmental and personal variables (e.g. trauma history, sexual history, compatibility with romantic partner(s)). An important topic for future research into female sexual fantasies are what factors contribute to a woman’s desire or efforts to disclose her fantasies to her partner and enact aspects of her fantasy life in her sexual behaviors with her romantic partner, and how communication and enactment of sexual fantasies might influence her satisfaction with her romantic partner(s).

The clinical implications of the current study emphasize the importance of exploring the sexual fantasies of women with significant psychological and interpersonal distress. Therapeutic assessments and interventions addressing the personal meanings and functions of sexual fantasies should focus on illuminating and repairing conflicts regarding attachment related difficulties and internalized object relations. In this way, analysis of the emotional tone and content of women’s sexual fantasies may be a conduit to revealing previously unexamined, and/ or unconscious beliefs about the self and others as well as relational patterns, thus facilitating psychological and interpersonal growth and enhancing romantic and sexual satisfaction.
APPENDIX I

Pre-study Screening Questionnaire

1. What is your zip code?

2. Your sex is?
   Male
   Female

3. Your age is?
   (Numeric)

4. When you think about sex, do you think of yourself as primarily
   Heterosexual/Straight
   Homosexual/Gay/Lesbian
   Bisexual
   Other

5. Are you currently in a romantic relationship?
   No
   Yes

6. How long have you been in your current romantic relationship?
   Less than 6 months
   More than 6 months, less than a year.
   More than a year, less than 2 years.
   More than 2 years, less than 3 years.
   More than 3 years.

7. Are you pregnant?
   No
   Yes

8. Are you currently going through menopause?
   No
   Yes

9. Are you postmenopausal (did you already have menopause)?
   No
   Yes

10. Have you ever had sexual intercourse with a?
    Man
    Woman
    Both
Neither

11. Have you ever had penile-vaginal sexual intercourse?
   No
   Yes

Please read the following definition of a sexual fantasy before answering question 12. A sexual fantasy is a thought, image or scenario that may cross a person’s mind in a sexual context (including masturbation, sexual activity or sexual intercourse), for the purpose of enhancing sexual excitement and/or to facilitate orgasm. A dream that includes sexual content, which occurs while sleeping, is not considered a sexual fantasy. Daydreams that occur outside of a sexual context are not considered a sexual fantasy for the purpose of this survey.

12. Have you ever had a sexual fantasy?
   No
   Yes

13. Have you ever been diagnosed with any of the following psychological or psychiatric conditions? (check all that apply)
   None
   Depressive disorder
   Anxiety disorder
   Panic disorder
   Posttraumatic stress disorder
   Eating Disorder
   Sleep Disorder
   Substance abuse/dependence disorder
   Bipolar disorder
   Personality disorder
   Schizophrenia
   Psychosis

14. How did you hear about this research study?
   Facebook
   Craigs List
   Twitter
   Reddit
   Other (please specify)
APPENDIX II
STUDY QUESTIONNAIRES

1. What is your date of birth? (Month/Day/Year)

2. Your race or ethnicity is?
   - African-American, Non-Latino
   - Hispanic/Latino
   - Asian
   - Native American
   - White/Caucasian, None-Latino
   - Other (Specify)

3. What is your annual household income?
   - $0-25,000
   - $25,001-50,000
   - $50,001-75,000
   - $75,001-100,000
   - More than $100,000

4. Are you?
   - In School – part-time
   - In School – full-time
   - Not in school

5. Are you?
   - Employed – part-time
   - Employed – full-time
   - Unemployed
   - Disabled

6. What is your highest level of education?
   - High School/GED
   - Associate’s Degree/2-year college degree
   - BA/BS
   - MA/MS/MBA, or any other Master’s level degree
   - JD/MD/PhD

7. Which of the following best describes your religious beliefs?
   - Roman Catholic
   - Protestant
   - Other Christian
   - Hindu
   - Jewish
Buddhist
Muslim
Atheist/None
Agnostic
Other (please specify)

8. How religious are you?
   Not at all
   A little bit
   Moderately
   Quite a bit
   Extremely

9. What best describes your present relationship status: (Please select one)
   Uninvolved
   Seeing more than one person, not living together
   Seeing more than one person and living with one or more of them
   Seeing someone exclusively, not living together
   Seeing someone exclusively, living together

10. Legally, are you?
    Married
    Divorced
    Separated
    Single

11. Approximately how many serious or committed romantic relationships (one in which you had a deep emotional attachment to the other person) have you had in your life?

12. What was the length of your longest relationship?

13. Do you have children?
    No
    Yes

14. Are you pregnant?
    No
    Yes
EXPERIENCES IN CLOSE RELATIONSHIPS (ECR)

The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it.

1. I prefer not to show a partner how I feel deep down.
2. I worry about being abandoned.
3. I am very comfortable being close to romantic partners.
4. I worry a lot about my relationships.
5. Just when my partner starts to get close to me I find myself pulling away.
6. I worry that romantic partners won't care about me as much as I care about them.
7. I get uncomfortable when a romantic partner wants to be very close.
8. I worry a fair amount about losing my partner.
9. I don't feel comfortable opening up to romantic partners.
10. I often wish that my partner's feelings for me were as strong as my feelings for him/her.
11. I want to get close to my partner, but I keep pulling back.
12. I often want to merge completely with romantic partners, and this sometimes scares them away.
13. I am nervous when partners get too close to me.
15. I feel comfortable sharing my private thoughts and feelings with my partner.
16. My desire to be very close sometimes scares people away.
17. I try to avoid getting too close to my partner.
18. I need a lot of reassurance that I am loved by my partner.
19. I find it relatively easy to get close to my partner.
20. Sometimes I feel that I force my partners to show more feeling, more commitment.
21. I find it difficult to allow myself to depend on romantic partners.
22. I do not often worry about being abandoned.
23. I prefer not to be too close to romantic partners.
24. If I can't get my partner to show interest in me, I get upset or angry.
25. I tell my partner just about everything.
26. I find that my partner(s) don't want to get as close as I would like.
27. I usually discuss my problems and concerns with my partner.
28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.
29. I feel comfortable depending on romantic partners.
30. I get frustrated when my partner is not around as much as I would like.
31. I don't mind asking romantic partners for comfort, advice, or help.
32. I get frustrated if romantic partners are not available when I need them.
33. It helps to turn to my romantic partner in times of need.
34. When romantic partners disapprove of me, I feel really bad about myself.
35. I turn to my partner for many things, including comfort and reassurance.
36. I resent it when my partner spends time away from me.
Disagree strongly
Disagree
Somewhat disagree
Neutral/Mixed
Somewhat agree
Agree
Agree strongly
OBJECT RELATIONS INVENTORY

Describe yourself. Tell what kind of person you are. Please do your best to fill at least half of the provided box with text.

________

Describe your current significant/romantic other. Tell what kind of person he is. Please do your best to fill at least half of the provided box with text.

________
BRIEF SYMPTOM INVENTORY (BSI)

Below is a list of problems people sometimes have. Read each item carefully and mark one of the boxes (numbered 0 to 4) that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

1. Nervousness or shakiness inside
2. Faintness or dizziness
3. The idea that someone else can control your thoughts
4. Feeling others are to blame for most of your troubles
5. Trouble remembering things
6. Feeling easily annoyed or irritated
7. Pains in the heart or chest
8. Feeling afraid in open spaces or on the streets
9. Thoughts of ending your life
10. Feeling that most people cannot be trusted
11. Poor appetite
12. Suddenly scared for no reason
13. Temper outbursts that you could not control
14. Feeling lonely even when you are with people
15. Feeling blocked in getting things done
16. Feeling lonely
17. Feeling blue
18. Feeling no interest in things
19. Feeling fearful
20. Your feelings being easily hurt
21. Feeling that people are unfriendly or dislike you
22. Feeling inferior to others
23. Nausea or upset stomach
24. Feeling that you are watched or talked about by others
25. Trouble falling asleep
26. Having to check and double-check what you do
27. Difficulty making decisions
28. Feeling afraid to travel on buses, subways, or trains
29. Trouble getting your breath
30. Hot or cold spells
31. Having to avoid certain things, places, or activities because they frighten you
32. Your mind going blank
33. Numbness or tingling in parts of your body
34. The idea that you should be punished for your sins
35. Feeling hopeless about the future
36. Trouble concentrating
37. Feeling weak in parts of your body
38. Feeling tense or keyed up
39. Thoughts of death or dying
40. Having urges to beat, injure, or harm someone
41. Having urges to break or smash things
42. Feeling very self-conscious with others
43. Feeling uneasy in crowds, such as shopping or at a movie
44. Never feeling close to another person
45. Spells of terror or panic
46. Getting into frequent arguments
47. Feeling nervous when you are left alone
48. Others not giving you proper credit for your achievements
49. Feeling so restless you couldn’t sit still
50. Feelings of worthlessness
51. Feeling that people will take advantage of you if you let them
52. Feelings of guilt
53. The idea that something is wrong with your mind

Not at all
A little bit
Moderately
Quite a bit
Extremely
INVENTORY OF INTERPERSONAL PROBLEMS-32
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1. Say "no" to other people.
2. Join in on groups.
3. Keep things private from other people.
4. Tell a person to stop bothering me.
5. Introduce myself to new people.
6. Confront people with problems that come up.
7. Be assertive with another person.
8. Let other people know when I am angry.
9. Socialize with other people.
10. Show affection to people.
11. Get along with people.
12. Be firm when I need to be.
13. Experience a feeling of love for another person.
14. Be supportive of another person's goals in life.
15. Feel close to other people.
16. Really care about other people's problems.
17. Put somebody else's needs before my own.
18. Feel good about another person's happiness.
19. Ask other people to get together socially with me.
20. Be assertive without worrying about hurting the other person's feelings.

The following are things that you do too much:
21. I open up to people too much.
22. I am too aggressive toward other people.
23. I try to please other people too much.
24. I want to be noticed too much.
25. I try to control other people too much.
26. I put other people's needs before my own too much.
27. I am overly generous to other people.
28. I manipulate other people too much to get what I want.
29. I tell personal things to other people too much.
30. I argue with other people too much.
31. I let other people take advantage of me too much.
32. I am affected by another person's misery too much.

Not at all
A little bit
Moderately
Quite a bit
Extremely
INVENTORY OF PERSONALITY ORGANIZATION

1. I am a "hero worshiper" even if I am later found wrong in my judgment.
2. I feel that people I once thought highly of have disappointed me by not living up to what I expected of them.
3. I feel it has been a long time since anyone really taught or told me anything I did not already know.
4. It is hard for me to trust people because they so often turn against me or betray me.
5. I need to admire people in order to feel secure.
6. I find myself doing things which at other times I think are not too wise like having promiscuous sex, lying, drinking, having temper tantrums or breaking the law in minor ways.
7. People tell me I have difficulty in seeing shortcomings in those I admire.
8. I feel I don't get what I want.
9. People tell me I behave in contradictory ways.
10. I think people are basically either good or bad: there are few who are really in between.
11. People tend to use me unless I watch out for it.
12. I act in ways that appear to others as unpredictable and erratic.
13. I have favorite people whom I not only admire, but almost idealize.
14. I find myself doing things which feel okay while I am doing them but which I later find hard to believe I did.
15. People tend to respond to me by either overwhelming me with love or abandoning me.
16. I tend to feel things in a somewhat extreme way, experiencing either great joy or intense despair.
17. I feel like a fake or imposter, that others see me as quite different from the way I really am.
18. I feel I'm a different person at home as compared to how I am at work or at school.
19. I feel that my tastes and opinions are not really my own, but have been borrowed from other people.
20. Some of my friends would be surprised if they knew how differently I behave in different situations.
21. I fluctuate between being warm and giving at some times, and being cold and indifferent at other times.
22. People tell me I provoke or mislead them so as to get my way.
23. I can't explain the changes in my behavior.
24. I do things on impulse that I think are socially unacceptable.
25. I get into relationships with people I don't really like because it's hard for me to say no.
26. My life, if it were a book, seems to me more like a series of short stories written by different authors than like a long novel.
27. I pick up hobbies and interests and then drop them.
28. When others see me as having succeeded, I'm elated and, when they see me as failing, I feel devastated.
29. I am afraid that people who become important to me will suddenly change in their feelings towards me.
30. It is hard for me to be sure about what others think of me, even people who have known me very well.
31. Being alone is difficult for me.
32. I see myself in totally different ways at different times.
33. In the course of an intimate relationship, I'm afraid of losing a sense of myself.
34. My life goals change frequently from year to year.
35. My goals keep changing.
36. After becoming involved with people, I am surprised to find out what they are really like.
37. Even people who know me well cannot guess how I'm going to behave.
38. When everything around me is unsettled and confused, I feel that way inside.
39. I am not sure whether a voice I have heard, or something that I have seen is my imagination or not.
40. When I'm nervous or confused, it seems like things in the outside world don't make sense either.
41. I feel almost as if I'm someone else, like a friend or relative, or even someone I don't know.
42. I think I see things which, when I take a closer look, turn out to be something else.
43. When I am uncomfortable, I can't tell whether it is emotional or physical.
44. I can see things or hear things that nobody else can see or hear.
45. I hear things that other people claim are not really there.
46. I have heard or seen things when there is no apparent reason for it.
47. I find that I do things which get other people upset and I don't know why such things upset them.
48. I can't tell whether certain physical sensations I'm having are real, or whether I am imagining them.
49. I feel that my wishes or thoughts will come true as if by magic.
50. People see me as being rude or inconsiderate, and I don't know why.
51. I understand and know things that nobody else is able to understand or know.
52. I know that I cannot tell others certain things about the world that I understand but that to others would appear crazy.
53. I have seen things which do not exist in reality.
54. I feel as if I have been somewhere or done something before when I really haven't.
55. I can't tell whether I simply want something to be true, or whether it really is true.
56. I believe that things will happen simply by thinking about them.
57. Somehow, I never know quite how to conduct myself with people.

Never True
Rarely True
Sometimes True
Often True
Always True
SEXUAL FANTASY LOG

Please read the following definition of a sexual fantasy before responding to the following questions:

A sexual fantasy is a private thought, image or scenario that may cross a person’s mind in a sexual context (including masturbation, sexual play or sexual intercourse) for the purpose of enhancing sexual excitement and/or to facilitate orgasm. For these purposes, the imagined scenario may be produced voluntarily or felt to occur spontaneously in a sexual context. However, a dream that includes sexual content, which occurs while sleeping, is not considered a sexual fantasy here.” (Kahr, 2007) Daydreams that occur outside of a sexual context are not considered a sexual fantasy for the purpose of this research.

1. In the space below, please describe, in as much detail as possible, one of your most frequently occurring sexual fantasies.
   
2. How often do you have this fantasy?
   daily
   weekly
   monthly,
   less than monthly
   not at all

Do you have this fantasy...

3. During masturbation?
   Yes
   No

4. During sexual activity with your partner?
   Yes
   No

5. During sexual intercourse with your partner?
   Yes
   No

6. In the space below, please identify (in a sentence or less) which of the characters in this fantasy is you, or most similar to you, and the most important or significant other character, if any, in this fantasy.
   
This scale consists of a number of words that describe different emotions or feelings. Please indicate the extent to which each word describes the way you felt while
describing and thinking about this fantasy. Record your answers by indicating the appropriate number on the five-point scale.

7. Sexually Aroused
8. Disappointed
9. Feelings of being secure with partner
10. Regretful
11. Sinful
12. Feeling close to partner
13. Disgusted
14. Sexually excited
15. Guilty
16. Feel scared, uneasy, like something might harm you
17. Ashamed
18. Feelings of being cared for by partner
19. Feel afraid, shaky and jittery
20. Turned-on
21. Pathetic
22. Degraded
23. Feeling understood by the partner
24. Feel fearful, like you’re in danger, very tense
25. Strange
26. Embarrassed
27. Sexually hot
28. Immoral
29. Remorseful
30. Sensuous

Not at all
Slightly
Moderately
Considerably
Very strongly

31. Please describe, in as much detail as possible, a sexual fantasy that you feel uncomfortable or embarrassed about?

Repeat questions 2-30
RELATIONSHIP ASSESSMENT SCALE

Please answer the following questions with respect to your current romantic relationship.

1. How well does your partner meet your needs?
2. In general, how satisfied are you with your relationship?
3. How good is your relationship compared to most?
4. How often do you wish you hadn’t gotten into this relationship?
5. To what extent has your relationship met your original expectations?
6. How much do you love your partner?
7. How many problems are there in your relationship?

Low
2
3
4
5
High
INDEX OF SEXUAL SATISFACTION (ISS)
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This questionnaire is designed to measure the degree of satisfaction you have in the sexual relationship with your partner. It is not a test, so there are no right or wrong answers.

1. I feel that my partner enjoys our sex life
2. Our sex life is very exciting
3. Sex is fun for my partner and me
4. Sex with my partner has become a chore for me
5. I feel that our sex is dirty and disgusting
6. Our sex life is monotonous
7. When we have sex it is too rushed and hurriedly completed
8. I feel that my sex life is lacking in quality
9. My partner is sexually very exciting
10. I enjoy the sex techniques that my partner likes or uses
11. I feel that my partner wants too much sex from me
12. I think that our sex is wonderful
13. My partner dwells on sex too much
14. I try to avoid sexual contact with my partner
15. My partner is too rough or brutal when we have sex
16. My partner is a wonderful sex mate
17. I feel that sex is a normal function of our relationship
18. My partner does not want sex when I do
19. I feel that our sex life really adds a lot to our relationship
20. My partner seems to avoid sexual contact with me
21. It is easy for me to get sexually excited by my partner
22. I feel that my partner is sexually pleased with me.
23. My partner is very sensitive to my sexual needs and desires
24. My partner does not satisfy me sexually
25. I feel that my sex life is boring

None of the time
Very rarely
A little of the time
Some of the time
A good part of the time
Most of the time
All of the time
SEXUAL BEHAVIOR SCALE

1. Have you had penile-vaginal sexual intercourse (genital contact involving the insertion of the penis into the vagina) during the past 6 months?
   Yes
   No

2. If you answered yes to question 1, which of the following best describes how often you have had penile-vaginal intercourse during the past 6 months?
   Daily (1 or more per day)
   4-6 times per week
   2-4 times per week
   About once per week
   About twice per month
   About once per month
   About once in 2 months
   About once in 4 months
   About once in 6 months

3. Have you engaged in sexual activity with a partner other than penile-vaginal intercourse (e.g. hand/ manual stimulation of the genitals/clitoris, oral stimulation of genitals/ clitoris,) during the past 6 months?
   Yes
   No

4. If you answered yes to question 3, which of the following best describes how often you have engaged in sexual activity other than intercourse during the past 6 months?
   Daily (1 or more per day)
   4-6 times per week
   2-4 times per week
   About once per week
   About twice per month
   About once per month
   About once in 2 months
   About once in 4 months
   About once in 6 months

5. Have you experienced orgasm during penile-vaginal sexual intercourse or other sexual activity involving your partner during the past 6 months?
   Yes
   No

6. If you answered yes to question 5, which of the following best describes how often you have experienced orgasm during penile-vaginal sexual intercourse or other sexual activity (not including solo masturbation) during the past 6 months?
Daily (1 or more per day)
4-6 times per week
2-4 times per week
About once per week
About twice per month
About once per month
About once in 2 months
About once in 4 months
About once in 6 months
Do you have sexual fantasies?

JOIN A STUDY ON WOMEN’S SEXUALITY AND ROMANTIC RELATIONSHIPS

We are conducting a study at City University of New York to learn more about women’s sexual experiences and fantasies.

You may be eligible to participate if you are:

* Female
* Between the ages of 18 and 45
* In a romantic relationship for 6 months or longer
* Heterosexual
* Not pregnant
* Not menopausal

Study participation involves filling out a confidential online survey

ALL INFORMATION WILL BE CONFIDENTIAL

CHANCE OF WINNING $50 Amazon.com

For more information, please click on the link below.

YOUR PARTICIPATION WILL ENHANCE OUR UNDERSTANDING OF WOMEN’S SEXUAL FANTASIES AND ROMANTIC SATISFACTION
APPENDIX IV

ENTER THE RAFFLE TO WIN

$50-AMAZON.COM GIFT CERTIFICATE

♦ There will be 20 raffle drawings during the course of the study

♦ One drawing will occur for every 25 participants who participate in the study

♦ Participants will have 1 in 25 chance of winning the raffle

♦ You can skip any question(s) and still be able to participate in the raffle

By clicking YES, you are giving permission to enroll you in the raffle.

☐ YES

☐ NO

Please provide your name and email below so that the gift certificate can be sent to you if you win the raffle. You will not be included in the raffle without this information. (This info will be used only for this raffle.) This information will not be used for any other purposes than to contact you if you win this raffle.

Name:__________________________________________________________

Email:__________________________________________________________

ALL INFORMATION WILL BE CONFIDENTIAL
APPENDIX V

Qualitative Data on Sexual Fantasy Themes within the Study Sample (n=462 written sexual fantasy descriptions).

<table>
<thead>
<tr>
<th>Fantasy Themes</th>
<th>Number of fantasies with theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being submissive</td>
<td>120</td>
</tr>
<tr>
<td>Same sex/ female-female</td>
<td>74</td>
</tr>
<tr>
<td>Force/ non-consent</td>
<td>59</td>
</tr>
<tr>
<td>Romance/Love</td>
<td>47</td>
</tr>
<tr>
<td>Group sex/ “Orgy”/ “Gang Bang”</td>
<td>47</td>
</tr>
<tr>
<td>Threesome (with other male or female)</td>
<td>46</td>
</tr>
<tr>
<td>Being watched/ exhibitionism</td>
<td>25</td>
</tr>
<tr>
<td>Anal sex</td>
<td>24</td>
</tr>
<tr>
<td>Sex with an authority figure (e.g. teacher)</td>
<td>17</td>
</tr>
<tr>
<td>Being dominant</td>
<td>16</td>
</tr>
<tr>
<td>Being caught in the act</td>
<td>10</td>
</tr>
<tr>
<td>Being impregnated</td>
<td>8</td>
</tr>
<tr>
<td>Having a penis</td>
<td>7</td>
</tr>
<tr>
<td>Watching others</td>
<td>6</td>
</tr>
<tr>
<td>Sex with relatives/ incest</td>
<td>5</td>
</tr>
<tr>
<td>Bestiality</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: This is not an exhaustive list of fantasy themes within the sample, and many fantasies were coded as having more than one theme.


