

Electronic Journal of Human Sexuality, Volume 9, Nov. 24, 2006

www.ejhs.org

Learning to Write Their Own Scripts

Vera Sonja Maass, Ph.D.

Paper presented at the Annual Meeting of the Society for the Scientific Study of Sexuality

November 10, 2006, Las Vegas, Nevada

Sexual fantasies serve a function in the development and maintenance of sexual desire, and as such their connection to individuals' attitudes and behaviors in real life has intrigued professionals in the field. In particular, the roles of dominance and submission in both men's and women's fantasies have been a topic of investigation (Zurbriggen & Yost, 2004). It is not surprising that men's fantasies were found to be more sexually explicit than women's fantasies and it is equally not surprising that men see themselves as more dominant in their fantasies than do women.

Of Interest to Clinicians

Of interest to clinicians is the investigators' observation that some of the women fantasized about being sexually domineering. But what did the women focus on in their fantasies? They seemed to attend mainly to their partner's sexual pleasure rather than their own. This raises the question that if the women's main goal was the men's pleasure rather than their own, how was this interpreted as sexual dominance?

When exploring the results regarding desire and pleasure in sexual fantasies, the investigators found that men described the sexual desire and pleasure of their partners as well as their own, while women focused on their own desire and pleasure, not their partners'. On the surface, this observation seems to contradict the earlier one regarding sexual dominance in women's fantasies. The explanation offered for this finding was that the women allowed themselves in fantasy what they could not afford to do in reality, perhaps based on Vance's (1989) argument that it can be dangerous for women to express sexual desire and seek sexual pleasure. Is this a realistic reflection of our current knowledge?

The Case of Jenny

Jenny, a registered nurse, had been in treatment for depression. When her spirits lifted, so did her libido. She was bored in her marriage but found excitement in an affair with a young man. Jenny observed her lover to learn what pleased him then she supplied it. She felt powerful as her lover became dependent upon her and she wondered if she could be as successful with other men. She added another lover and another. Her husband found out and threatened with divorce. Jenny promised to end her affairs and remain faithful to her husband. In time, however, she became depressed again. With the excitement of the affairs gone, life became too boring. Her psychiatrist hospitalized her because of suicidal tendencies.

Released from the hospital, Jenny's mind strayed back to the excitement of her sexual adventures. She missed the preparation and practice of her skills in her fantasy-life; she craved the excitement of the men's desire for her. She had worked hard to be the best lover in every man's life she ever got involved with. Soon she started on a new collection of lovers. To Jenny, the men's level of desire for her was a measure of her power and control. At the same time she became dependent on the excitement derived from the anticipation in her fantasies how she would get the man to the point of peak desire to the moment in reality when she considered granting his wish. Some of her fantasies were more satisfying than the real-life encounters; some

men cared little about Jenny's pleasure once their desire was fulfilled.

According to Jenny's description, the cycle started with her feeling insecure, not important—perhaps even worthless. These contemplations naturally led to depression. For distraction from the depression, she thought about ways to could make herself desirable to any man. As she fantasized about applying her skills, her mood improved and she felt the twinge of excitement. She felt powerful. Any disappointing encounter was followed with another conquest to wipe out the previous disenchantment. The level of risk to her health increased steadily in the pursuit of her escapades.

If Jenny had agreed to write her own script in sexual fantasies about **her** sexual enjoyment, what would it have been? Could she have focused long enough on herself after attending to the pleasures of others for so long?

The Clinician's Challenge: Sexual Fantasies in Women with Hypoactive Sexual Desire

As is well known, women who experience hypoactive sexual desire hardly indulge in sexual fantasies or sexual thoughts, yet it would be most beneficial to them. For those women, who are in a committed relationship and their lack of sexual desire poses a problem to the quality of the relationship, periods of anxiety develop between spaced out sexual intercourse events. During those anxiety-filled periods the women steadfastly refuse to think about sex. It is as if they don't want to spoil their non-sex time with thoughts about sex. When they finally cannot put it off any longer, they experience the sex act as displeasing because they do not allow themselves to relax and they have not used any aids, such as fantasies, in preparation. How can we persuade women to engage in sexual fantasy with scripts that are to their own liking, that stress their own enjoyment instead of compliance with their lovers or just quietly enduring it?

Therapy Model (cognitive-behavioral approach)

Early in the therapy process, during the challenge phase, clients state as the challenge in their lives that they need to develop some sexual interest, unless their partners would not insist on sex, which is unrealistic in most cases. While exploring the obstacles to sexual interest (and there are many, such as lack of time, lack of energy, etc.) it is also helpful to establish some options that would make it easier for the woman to develop an interest in sex.

Within the cognitive-behavioral therapy framework the exploration of options is a natural next step following the identification of challenges (or problems). Once the woman has agreed that it would be in her best interest to develop a positive sexual attitude, the use of sexual fantasies is introduced as a vehicle to focus on what she wants (not necessarily her partner) and how to best get it. This part of the work amounts to a gentle struggle where one—the therapist—tries to invoke the desirable aspects and the other—the client—is reluctant to yield to temptation.

It is most important to cover details of the sexual situation that are pleasing and desirable to the woman. The clinician needs to make sure that the woman—as she constructs her own scenario of the fantasy—is not focusing primarily on her partner's pleasure or wishes. In her fantasy she becomes the architect of the fulfillment of her own wishes. It is her pleasure that is the most important aspect. It is the therapist's responsibility to defuse or inactivate clients' subconscious attempts to sabotage the function of the fantasy by shifting the focus from her pleasure to that of her partner. Of course, that does not mean she does not care about her partner at all, but in the fabrication of sexual fantasies he is the secondary target.

Lisa's case history: A young woman, who had received testosterone supplement treatment, reported a "change of attitude" as her interest in sex increased despite significantly subnormal testosterone levels. Lisa stated as her goal increase in sexual desire. In order to meet this challenge she had to redefine her goal. In the past, Lisa had complied with sex initiated by her husband because she wanted to please him. What should her new goal be? Sexual activities should be in some way exciting—or, at least, pleasing—for Lisa.

Earlier explorations had revealed that Lisa regarded sex to be "dirty" although there was no history of trauma. At the time the therapist did not address the issue; attempts to convince Lisa that there was nothing dirty about sex carried the risk of building up resistance in Lisa's mind. Now the issue needed to be explored, because without change in her underlying beliefs, engaging in sexual intercourse would only have reinforced her notion of sex being dirty. Lisa would have dutifully complied again with her husband's wishes. Women are experts in complying with the wishes of others.

Lisa was surprised to hear her therapist ask how, in her mind, sex could be made inviting. Her answer came fast and she seemed stunned by it: Extravagant! Elegant! Glamorous! What would keep Lisa from designing her role and environment in such a way that she would feel glamorous during sex? Lisa put her fantasy skills to work, which previously had been misused in fantasizing about sex within the framework of her reality, including the notion of ‘dirty’. These fantasies functioned like “antifantasies”—as described by Kaplan (1995). To make sex inviting, Lisa had to be willing to design her own role in it. If sex was appealing to her as a glamorous woman in an extravagant setting, then therapy could guide her in freeing herself from the opinion of others—or what she thought their opinions were—and setting the stage appropriately for her own enjoyment.

During the initial phase in therapy Lisa had mentioned that she should be less materialistic and strive to be more spiritual instead. Her statement of being materialistic had the ring of criticism to it—most likely criticism from others. The connection between “materialistic” on the one hand and “extravagant and glamorous” on the other reveals the struggle concerning her wishes and the opinions of others. Lisa, as an interior decorator, worked hard to provide elegance and glamour for her clients, but she felt guilty applying her talents for her own enjoyment.

For Lisa the issue was more than having sex with her husband, the man she loved, and more than her testosterone level; it was about giving herself the freedom to arrange her world in such a way that she felt special and important in it. As Lisa learned to write her own script in her fantasies for her enjoyment, Jenny had perfected her skills in fantasy and reality, believing she was the dominant one in sexual encounters but actually she was serving the interests of others. Learning the true meaning of individuals’ fantasies requires the patience to explore clients’ cognitions at deeper levels.

References:

Kaplan, H. S. (1995). *The sexual desire disorders*. New York: Brunner/Mazel.

Maass, V. S. (2007). *Facing the complexities of women’s sexual desire*. New York: Springer Science + Business Media, Inc.

Vance, C. V. (1989). *Pleasure and danger: Exploring female sexuality*. London: Pandora.

Zurbriggen, E. L., & Yost, M. R. (2004). Power, desire, and pleasure in sexual fantasies. *The Journal of Sex Research, 41*, 288-300.

Contact Information :

V. S. Maass, Ph.D., 8204 Westfield Blvd., Indianapolis, IN 46240

Phone: (317) 251-8448

E-mail: livskill@iquest.net

[Return to Program Page](#)

[Return to Front Page](#)