

IMAGING ABILITY, MARITAL ADJUSTMENT, AND  
EROTIC FANTASY DURING SEXUAL RELATIONS  
IN MARRIED MEN AND WOMEN

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We hereby recommend that the dissertation prepared under  
our supervision by Linda Slama Kelly  
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Imaging Ability, Marital Adjustment, and Erotic  
Fantasy During Sexual Relations in  
Married Men and Women

General Statement of the Problem

The use of fantasy as a therapeutic tool in the treatment of sexual dysfunction is widespread and increasing. Psychological literature is replete with evidence that selective intervention into the client's fantasy behavior contributes to effective and expedient therapy (Abel & Blanchard, 1974; Evans, 1968; Husted, 1972; Lambley, 1974; Wolpe, 1974). This evidence is countered by reports of unsuccessful attempts to productively employ fantasy with those sexually distressed (Kockett, Dittmar, and Nusselt, 1975; Marquis, 1970; Thorpe, Schmidt, and Castell, 1963). Theoretical explanation of such inconsistent outcomes is diverse, conflicting, and empirically unsupported. The resulting paucity of reliable knowledge surrounding the dynamics of therapeutic fantasy has encouraged indiscriminate application of fantasy in the sex therapist's clinical regimen. Concern for a client's inability to utilize fantasy frequently develops after the client experiences frustration and discouragement from failure to respond to therapeutic guidance. Additional knowledge and information that more adequately prepare the



clinician to make enlightened methodological decisions concerning the client's fantasy behavior is urgently needed.

#### Purpose and Objectives of the Study

The present study was designed to contribute to the identification of the variables related to sexual fantasy activity. The specific purpose of the study was to explore the relationship of imaging ability and marital adjustment to the spontaneous sexual fantasy activity of married men and women during marital sexual interaction.

The objectives of the study were: (1) to investigate the relationship between imaging ability and the frequency of erotic fantasy during marital sexual interaction, (2) to investigate the relationship between marital adjustment and the function of erotic fantasy during marital sexual interaction, (3) to test for gender differences in the frequency of erotic fantasy in four stages of sexual arousal, (4) to determine the relative popularity of specific fantasy themes in married men and women, and (5) to ascertain the distribution of the content and frequency of erotic fantasy across four stages of sexual arousal.

#### Background of the Problem

The initial interest in sexual fantasies in the development and treatment of sexual dysfunctions can be attributed to Freud (1953). Sexual fantasies, he hypothesized, were a consequence of man's basic sexual arousal through their

pairing with masturbation. Thus, sexual fantasies from Freud's viewpoint were considered to be a dependent variable.

Some behavior therapists agreed with Freud concerning the proper position of fantasy in the causal paradigm (Barlow & Agras, 1973; Lobitz & LoPiccolo, 1972; Thorpe, Schmidt, & Castell, 1963). In the process of treating erectile failure and homosexuality, classical and operant conditioning techniques were applied to alter the client's sexual fantasies. Progressively vivid heterosexual fantasies were rewarded.

Recent empirical studies with a behavioral orientation have studied fantasy as an independent variable. The most frequent method of manipulation was the pairing of sexual images with the act of masturbation. Beginning with the orgasm stage and working back through earlier and less intense arousal stages, subjects were instructed to substitute fantasies that represented the therapeutic goal (e.g., heterosexual vs. homosexual, involvement vs. voyeurism, tenderness vs. assault) (Davidson, 1968; Jackson, 1969; Seagraves, 1976).

Interest in the individual differences associated with the acquisition of dysfunctional sexual fantasy was reflected by McGuire, Carlisle, & Young (1965). In a study of forty-five sexual deviants, including pedophiliacs, exhibitionists, homosexuals (then considered a deviance), voyeurs, and transvestites, the authors proposed that sexual deviations are

learned gradually rather than suddenly. Tracing the development of this learning, they found that fantasies are generated during masturbation to a memory. While the memory-fantasy may not be initially sexually stimulating, it acquires arousal properties through repetition. The authors concluded that since deviations were originally acquired solely by fantasy, they could be treated solely by fantasy. Only some of the case histories they reviewed coincided with their hypothesis. After further thought, they suggested that the role of fantasy in the development and treatment of sexual dysfunctions may be that of a type categorizer. The manner in which one responds and uses fantasy is itself a distinguishing characteristic of the individual.

Flowers and Booraem (1975) were concerned about individual differences in a client's responsiveness to treatment methods involving fantasy. They found that some clients have a sexual fantasy deficit. Their criteria for fantasy deficiency included "too much" or "too little," "failure" fantasy, "bizarre" fantasy, and fantasy devoid of color, action, or identifiable people (1975, p. 50-51). A 13-step imagination training program was developed as an adjunctive treatment for clients with impoverished fantasy. They found this additional training effective for increasing the client's receptivity to treatment techniques such as covert desensitization, thought stopping, covert assertion, and systematic desensitization.

Beck (1970) suggested that fantasy is a means to cognitive restructuring. He utilized clients' fantasies as concrete data for clarifying and pinpointing problems. Beck viewed fantasies as derivatives of specific hyperactive cognitive patterns. By means of case histories, he provided clinical evidence that the modification of the client's fantasies will assist in delineating cognitive distortions and promoting more realistic appraisal of problems.

Ellis (1960) claimed that fantasy is a creative behavior and essential for a happy sex life. His belief in the importance of sexual fantasy in marriage was revealed when he proposed teaching couples to daydream during coitus. Like Beck, Ellis was concerned with thought processes. Ellis valued fantasizing as a cognitive skill. Developing this skill in clients was seen as the core of any and all treatment of sexual dysfunction. Recently Ellis (1976) suggested that the content of therapeutically suggested sexual fantasy is relatively unimportant. Themes are best derived from the client. Anything is permissible; nothing is too deviant or trivial to be considered.

Gestalt therapists use fantasy as a tool for gaining awareness of parts of the phenomenological self. Fantasies, like dreams, movements, statements, and other expressions, are viewed as projections of the client's existential experience. In individuals with sexual dysfunction, fantasy often

operates to reinforce what Perls (1969) termed "as if" behavior and attitudes. Pre-determined consequences, developed and maintained through fantasy, block the natural inclination of the organism. Rather than modify the fantasy as a behaviorist would, the Gestalt therapist requests the client to confront the fantasy in order to own the responsibility for causing the dysfunction or distress. Once confronted and aware, the client then makes a choice to maintain the fantasy and retain the distress or to dissolve the fantasy and repossess the power and ability to obtain what is wanted and needed.

The foregoing survey of the role of fantasy in the treatment of sexual dysfunction presented increasing evidence that the underlying conceptual orientations are almost as varied as the therapy techniques themselves. The efficacy of fantasy as a therapeutic technique was amply reported in both the clinical and experimental literature. This affirmation was nevertheless tempered by recurring accounts of a small to moderate percentage of failures. The theoretical position of the investigator in question determined the explanation for failures to improve with fantasy methods. These failures were variously explained as faulty learning, blocking, resistance, or repression. A clearly stated and convincing explanation for the inconsistent outcomes that



resulted from the therapeutic employment of fantasy failed to emerge in the literature.

### Review of Related Research

#### Studies on erotic fantasy in married men and women.

Few previous studies were found that focused on the erotic fantasies of married persons. Among these studies, the topic of sexual fantasy was almost always subordinate to other primary interests. Furthermore, the study of erotic fantasy in married men and women has been glaringly disproportionate. Men have been neglected in sexual fantasy research.

A study by Hessellund (1976) included both men and women. Thirty-eight married couples were interviewed with regard to sexual fantasy and masturbation frequency. Men reported a higher occurrence of fantasy and fantasies containing more themes of group sex. Both sexes reported the absence of the spouse in about 50% of their sexual fantasies. An analysis of the fantasies caused Hessellund to conclude that while men tend toward fantasies of action-achievement oriented content, women tend toward fantasies of tender and emotional person-oriented themes. Hessellund's findings must be applied to the present study with caution. Since his study was conducted in Denmark, different sociocultural factors may have exerted influence upon the fantasy content. Also Hessellund's study centered on masturbation while this investigation focused on sexual interaction. The question

of a content link between masturbation fantasies and coital fantasies has been previously considered (Kinsey, Pomeroy & Martin, 1948; McGuire, Carlisle, & Young, 1969; Hollender, 1975). The consensus was that sexual fantasizing begins with masturbation. Those that are associated with good effect (orgasm) are maintained and carried into later heterosexual relations. Therefore, general content of masturbatory and coital fantasies were expected to be similar.

Hariton (1973) measured sexual fantasy and other ideation during intercourse. Her subjects were 141 suburban New York City housewives. An original questionnaire with other measures of sexual adjustment, attitude toward coital fantasy, intelligence, anxiety, and background, was administered to all subjects. Interviews of a 56 subsample were later conducted to thoroughly explore fantasy content background and adjustment. The findings most relevant to the present study were concerned with frequency of fantasy, content, and the relationship of these two variables to marital adjustment.

Hariton observed moderate to high levels of coital fantasy in 65% of her subjects. Of these, 37% fantasized every time they had marital coitus. The five most frequently occurring themes were: (1) being with an "imaginary lover" who had recognizable identity, (2) being overpowered or forced to surrender by an unidentifiable, dominating male, (3) doing something wicked or forbidden, (4) being in a

different place such as a car, motel, beach or woods, and (5) re-living a previous sexual experience.

A factor analysis of the data compared with information from later intensive interviews revealed that women who reported a high incidence of the "imaginary lover" fantasy only were likely to also report marital dissatisfaction. When this fantasy occurred along with other fantasies, conjugal problems were not expressed. The "force" fantasy was related to marital adjustment. Frequency of fantasy was not found to be related to marital adjustment.

Hariton's work represented the only systematic study of coital fantasy in married persons and must be considered avant-garde. Since it was the most closely related study found in the literature, it was extensively reviewed. There were several limitations of the study relevant to the present investigation. Important terms were ambiguous or illogical and confusing. Throughout the study she spoke of "coital" fantasies, suggesting themes of intercourse. The instrument, however, clearly included types of sexual interaction other than coitus. The frequencies and content are reported as occurring during sexual intercourse, yet the instructions on her instrument varied from "during sexual relations," to "during loveplay and during intercourse." In addition to expecting equivalent interpretations among all subjects, the readers are left with questions as to when



these fantasies actually occurred. From later interviews with the subsample of 56 women, Hariton remarked that the fantasies comprised a small part of the sexual act. She suggested that they occur before orgasm but not during orgasm. Later in her discussion she commented that most women find that erotic fantasy appears with increased arousal during sex. Since orgasm is the most intense stage of autonomic arousal her conclusions were found to be inconsistent and confusing.

The generalization of Hariton's findings was also limited by the fact that most of her subjects were Jewish (75.9%). Page (1973) reported that Jewish women were uniformly more anxious than Gentile women. In view of Page's findings, the results of Hariton's correlations between anxiety and selected fantasy attributes were suspect. Hariton found a relationship between high anxiety and high occurrence of fantasy. The high anxiety trait was a significant pivotal point in the fantasy syndrome that Hariton used to define the functional role of "coital" fantasy. The role, she concluded, was one of creative expression. What remains uncertain is whether the fantasies of non-Jewish samples appear to function in the same way other than as a creative behavior.

Finally, the present study was conducted in a very different geographical location from that of Hariton's

study. Shanor (1974) reported slight differences in both content and frequency of sexual fantasy according to geographical location and additional care in generalizing Hariton's findings to the present study was warranted.

In summary, Hariton's work provided the single study which could be viewed as a frame of reference in this present investigation. Hers was a statistically sophisticated and complicated (94 variables) investigation. The few variables directly related to the present study were reviewed. From this critique came several valuable questions which provided both impetus and caution. Finally the reader will observe that Hariton's study excluded men.

Fisher (1973) in a much less systematic study than that of Hariton requested married women to report the frequency of their sexual fantasies under several conditions. An open-ended questionnaire was given to 40 women. Their average age was 23.7 years and their average length of marriage was approximately two years. These women were primarily college educated, "middle-class white-collar," and residents of an urban area in upstate New York. Fisher reported several fantasy themes as occurring in moderate to high percentages of his sample. These fantasies were reported as occurring during coitus. Over 75% of the subjects fantasized being in a different place. More than 50% reported fantasies of rape, humiliation, and wickedness. Approximately 40% daydreamed

about having a partner other than the spouse. Nearly 30% expressed fantasies that dramatized simple sensory experiences. Fisher's results, like those of Hariton's, were based on a global and undelineated sexual activity. The open-ended questionnaire has previously been criticized as inferior to a more specific questionnaire for eliciting accounts of erotic fantasy. The subjects' youth, the short duration of marriage, and the small sample size were also attributes of Fisher's study that limited the generalizability of his results.

Three other studies in women's erotic fantasies by DeMartino (1963, 1969, 1974) were briefly reviewed. Each of the samples contained a substantial proportion of married women. In other respects two of the samples consisted of members of groups that might at best be called minorities (nudist, and the top two percent of MENSA, respectively). The remaining study had extreme methodological shortcomings, e.g., anonymity was lacking. The subjects were personal friends of the author, and the data were collected through interviews conducted by the author. Statistical analysis was sparse. Due to these many limitations, the studies were reviewed solely for a content analysis of the reported fantasies.

Themes reported frequently in DeMartino's study were similar to those reported in Hariton's and Fisher's

investigations. However some themes were more popular among DeMartino's subjects. Themes such as observing others, different coital positions, orgies, homosexuality, watching animals mating, and pretending to be a superior person occurred with unusual regularity. Davidson (1974) explained the difference in content in the DeMartino groups as a reflection of special characteristics of the subjects (e.g., nudists, extreme intelligence).

In summary, the review of related research on sexual fantasies of married men and women revealed that only one well developed systematic study of erotic fantasy during sexual interaction exists (Hariton, 1973). The male population has been entirely neglected. Most information on women's fantasies was limited to frequency counts of specified fantasy content. Also studies involving married couples was limited to masturbation activities. These deficits provided further confirmation of the breach between the understanding of sexual fantasy activity and the common practice of employing fantasy therapeutically in the treatment of sexual dysfunction.

Imaging ability and fantasy frequency. Attempts to unravel the complex questions related to successful therapeutic fantasy have focused on the individual's ability to respond to induced imagery. The relationship between imaging a situation and emotionally experiencing the situation



was studied by Rimm and Bottrell (1969). They were concerned with the therapist's dependence on the reliability of the client's self-reported ability to image. Rimm and Bottrell found that the subject's self-rated ability to fantasy fearful scenes correlated with physiological changes (respiration rate and depth) associated with the experience of fear (1969). Grossberg and Wilson (1967) found correlations between self-rated vividness of imagined fearful scenes and heart rate, GSR, and EMG. Other evidence of the influence of specific induced images upon the internal physiological states governed by autonomic nervous system was reported by Shapiro, Barber, DiCara, Kamiya, Miller, and Stoyva (1972). The results of all of these studies implied that when fantasy occurs, and the fantasy is vivid, ANS changes can be expected. Subjects who failed to obtain concomitant physiological response after fantasizing were likely to have images that are vague and poorly constructed.

Flowers and Booraem (1975) proposed that static and incomplete fantasies are characteristic of clients who have difficulty with behavioral interventions and sexual fantasy. They also reported minimal frequency of occurrence of erotic fantasy in clients who have "difficulty" (1975). Their findings suggested that infrequent sexual fantasy might be a predictor of client difficulty in responding to therapeutic measures requiring imaging activity. Prediction of a client's

difficulty in using fantasy to enhance sexual arousal prior to experiences of therapeutic failure would be of obvious clinical value. The quality of images and the frequency of fantasy appear to be two viable variables requiring further study.

Marital adjustment and fantasy function. The literature revealed that the primary clinical interest in erotic fantasy has been centered on fantasy function. Several theories concerning the function of sexual fantasies were available. These theories are diverse and often contradictory. Although the writings of theorists and clinicians overlap chronologically, the historical trend of dominant theories progressed from psychoanalytic and behavioral models to the cognitive and physiological models. This trend also represented a shift from a negative to a more positive view of the function of erotic fantasy. Contemporary literature contained evidence that the early theoretical developments were not discarded. The earlier psychoanalytic orientation toward sexual fantasy continued to be strongly supported by some authors (Fisher, 1973; Hollender, 1970; Shainess & Greenwald, 1971). The continued strength of psychoanalytic thinking concerning fantasy function is verified in the Psychological Abstracts where fantasy continues to be indexed as defense mechanisms or as thought disturbances.

Psychoanalytic theory explained fantasy as manifestations of wish fulfillment, of unreduced drives, or repressed intrapsychic conflicts; consequently only neurotic, maladjusted people were expected to fantasize. Fantasies were symptoms or symbolic representations of latent unconscious content. To admit fantasy was to announce one's illness, unhappiness, and inadequacy. Evidence for the theory appeared to have been developed primarily from the study of women. Reik (1967) believed immature and "frigid" women used fantasy to avoid sensations of sexual arousal. Deutsch (1944) and Horney (1967) concluded that erotic fantasy represents a woman's withdrawal from the husband, a fear of her own homosexuality, a need to suppress feelings of dominance, and an attempt to alleviate sexual guilt by renouncing responsibility for her sexual arousal. Though Hollender (1963) originally agreed with Reik, Deutsch, and Horney, he later modified his position (1970; 1975). Women, he believed, used fantasy to hasten arousal, to achieve orgasm, to satisfy a need for variety, and to take refuge in an arousing stimulus when discord occurs in the marriage.

The revised beliefs of Hollender more closely resemble the adaptive model of fantasy function which was theorized by Hartman (1958). Hartman viewed fantasy as a normal adaptive process. He proposed that some reality compensation

through fantasy should be expected to occur in all healthy people.

In the cognitive model of fantasy function, fantasy has been defined as a cognitive skill (Singer, 1966). Several studies (MacKinnon, 1970; Scheirla & Rosenblatt, 1961; Singer & Antrobus, 1963, 1970; Singer & Schonbar, 1961) demonstrated that individual differences in background and personality were related to the amount of inner fantasy activity. Individual variation in the amount of daydreaming was described as daydreaming styles, and these styles were seen as one aspect of an individual's cognitive personality.

The most recent theoretical model of fantasy function was the physiologically based model (LaTorre, 1973). The biochemistry of sexual arousal and the affective mapping of the hypothalamus and its connections in the limbic ring provided the hypothetical foundation for this model. Most of the investigations conducted on various non-human primate groups revealed close anatomical linkage between oral, aggressive, fearful, and sexual response. Walster and Bersehied (1971) found that human subjects behave aggressively or romantically depending on their perception of the source of a mild state of autonomic arousal. When subjects believed they were aroused by a shock or drug, they became aggressive. However, after exposure to sexually stimulating material they perceived their arousal as sexual and behaved



romantically. The physiological model is not yet fully developed; nevertheless, biologically based explanations for issues such as fantasy content and sex differences have been introduced as a new investigating alternative.

The clinical application of the different theoretical models of fantasy function has been uneven. Theoretical popularity appeared to be both a function of historical development and persuasive influence of psychotherapists. Because psychodynamic and behavioral orientations have prevailed, erotic fantasy has been primarily viewed as maladjusted or maladaptive behavior. Only in popular literature were erotic fantasies considered to be a natural enhancing component of general sexual behavior (Aldrich, 1975; Chartham, 1974; Friday, 1973, 1975; J., 1969; Lee, 1973; Lewis, 1974; Thorne, 1971).

Most of the theoretical frameworks of fantasy function shared the belief that the function of sexual fantasy is related to the quality of the interpersonal relationship between sexual partners. Surprisingly, few systematic studies have attempted to confirm this belief. The work of Hammerman (1961) and Miller (1969) verified the influence of interpersonal relationship on sexual fantasy. In their studies of masturbatory fantasies they found that qualifiers of the interpersonal relationship of fantasizer with the sex object were frequently incorporated into the fantasies. In

her study on coital fantasy of married women, Hariton (1973) also considered the relationship between marital satisfaction and some of the attributes of sexual fantasy. She found specific fantasy themes associated with various levels of marital satisfaction. Yet in discussing her findings, she suggested that coital fantasies are characteristic of the women, and not dependent on the relationship with the partner. The issue was further confused when she stated that anger and interpersonal resistance are likely to block erotic fantasy, whereas trust and relaxation would permit fantasies to occur. Hariton's position on the role of coital fantasy was later clarified (1977). "Fantasies," she said, "aren't a sign of mental trouble or even boredom with a lover; they mean a creative woman is savoring her own primitive richness."

The literature on fantasy function depicted a confusing and inconclusive picture. On one hand much of the confusion about sexual fantasy function is explained in terms of the status of the interpersonal adjustment of the sexually active partners. On the other hand, it seems that the function of the fantasy might be more directly concerned with its effect on sexual arousal and response. Viewed in this way the theories, clinical reports, and empirical findings suggested two general functions of sexual fantasy. These two functions can be described as follows: (1) Erotic fantasy serves to

distract the fantasizer from his immediate experience and this will result in an inhibition or slowing of sexual arousal and response; (2) Erotic fantasy serves to enhance the pleasurable aspects of ongoing sexual experience, and this will result in an heightening or hastening of sexual arousal and response. These definitions of the function of sexual fantasy might help future investigations of the relationship between marital adjustment and fantasy function avoid the tautological trap that was repeatedly revealed in the literature.

Sex differences in fantasy frequency. There is considerable disagreement in the literature as to which sex fantasizes more. Wagman (1967) studied the general daydreaming behavior of 206 college students, and found that his women subjects reported a higher frequency of daydreaming. Wooten (1973) found no sex differences in general daydreaming frequency. Singer (1975) in reviewing all studies known to him which compare sex differences, concurred with Wooten.

Regarding erotic fantasy, Deutsch (1944), Reik (1957), and Benedek (1968) concluded that women were more prone to fantasy. Singer supported this view (Hariton, 1973; Singer, 1975). He reasoned that the conditioning of sexual fantasy during adolescence was more likely to occur in women. He viewed female adolescence as particularly devoted to idealistic love and the likelihood of much romantic fantasy would

follow. Adolescent boys on the other hand were viewed as more stimulus oriented and more socially reinforced for early sexual activity. The result, said Singer, was less "channel space" (Singer, 1970) available for fantasy in the male. Singer carried this theme into adult sexual relations and has also suggested (1975, p. 169), "The man's role and sexual position is often somewhat more active. . . . it may leave less 'channel space' available for imagery and fantasy."

The work of Kinsey et al (1953) proved contradictory to Singer's hypotheses. Men were found to fantasize more frequently than women about both heterosexual and homosexual activity. This group also found that many women masturbate without erotic fantasy; almost no males are devoid of fantasy during masturbation. They concluded that the most frequent type of sexual stimulation in males was psychogenic, a conclusion which explains the male's more frequent premarital and extra-marital sexual contacts, as well as his greater desire for more frequent marital coitus. Apparently for Kinsey and his co-workers, "thinking about" was a precursor to doing. While the conclusions seem extreme, the statistics reported do give cause for caution in wholeheartedly accepting the theoretical propositions of the other authors.

Frequently reported fantasy themes. The pattern of systematic study and theoretical speculation on erotic fantasy



content of married persons has paralleled that of all the other fantasy variables. Formal investigation has focused on married women only. Clinical observation and theoretical conclusions have centered again either on women's fantasy or on sex differences in fantasy activity.

Socio-cultural stereotypes of sex role identification have been a recurring issue in the study of fantasy themes. Wagman (1968) postulated that cultural stereotypes would be mirrored in the frequency of specific daydream themes in men and women. A daydreaming questionnaire (Singer and Schonbar, 1961) and four scales of the MMPI were administered to 206 college students of both sexes. As expected, significant correlations revealed that men's fantasies were more frequently assertive, sexual, heroic, and self-aggrandizing. Women predictably fantasized passive, affiliative, oral, narcissistic, and physical attractiveness themes most often. From these findings, one might expect women to report erotic fantasies such as submission, force, exhibition, irresistible self-concept, self-observation, cunnilingus, and fellatio. Men's fantasy would probably center on themes of domination, self-observation, aggression, harems, and sexual sophistication and irresistibility.

Barclay (1973) found great differences in the contents of male and female erotic fantasies. Essentially these differences supported Wagman's contention of social-cultural

enmeshment. Barclay's male subjects reported fantasies "like features from Playboy." Imaginary partners who were seductive and always ready for sex, exhibitionism with an all female audience, sex with many women at once (successively), and sex without emotional involvement were the common male themes. Romantic settings, e.g., meadows and flowers, sex with close friends (male), forced submission, rape, great physical beauty, pregnancy, and being held were frequent female themes. Barclay noted a large proportion of men who were stimulated by visual and olfactory stimuli, while women were more oriented toward feelings, romantic ideas, and touch.

Schimmel (1972) commented on frequently reported homosexual fantasies in males whose overall life style was heterosexual. He suggested that such fantasies are frequent in males who both wish for and fear closeness, or in men who are particularly anxious about "not producing orgasm in his partner" on every occasion. The lack of cultural sanction for physical closeness between men, and the cultural expectation of the "virile" man to produce female orgasms was believed by Schimmel to be the generating contexts for these fantasies. On this basis the author concluded that if men refrain from revealing their fantasies because of guilt, the homosexual theme would emerge as quite common in the normative population. Popular literature (J., 1969; Lewis, 1972)

reported most frequent male themes to be: a different and sexier partner, multiple partners, seduction while being passive, and oral intercourse.

Masochism in women's erotic fantasy almost always has been reported as a frequent theme. Clinicians have been particularly interested in these fantasies. Deutsch (1944) felt that masochistic fantasies were an innate female characteristic. She viewed these themes as sublimated eroticism, and attempts to prevent depression that might follow the act of "surrendering." Horney (1967) claimed that rape fantasies resulted from awareness of the vulnerability of the vagina. Reik (1960) believed masochistic fantasies expressed feelings of rejection.

Maslow (1942) provided the only systematic study concerning women's masochistic erotic fantasies. He proposed that these themes express a dominant-subordinate conflict rather than a sexual impulse. Dominant women were expected to resent the traditional submissive feminine position. Maslow concluded that in order to compensate for their resentment, women would fantasize that their partner had extraordinary power over her. This power was expressed as masochistic circumstance. Correlations of dominance test and rating scores with sex attitude, masturbation, and virginity were obtained. Maslow concluded that the high-dominant woman wished to be raped; the middle-dominance woman, seduced;

and the low-dominance woman wished only to reproduce or satisfy her husband.

Three recent studies (DeMartino, 1974; Fisher, 1973; Hariton, 1972) of women's sexual fantasies during sexual intercourse reported that the most frequently appearing theme was sex with another man (not the current husband). Rape or submitting by force was a second popular theme. Dramatized sensory experience fantasies were prominent in DeMartino's and Fisher's studies. Other locations, e.g., beach and woods appeared frequently in Fisher's and Hariton's work. Common content across studies are especially noteworthy, considering the variability in the method employed to gather content information. Hariton presented a highly structured questionnaire to her subjects. Fisher's subjects received an open-ended questionnaire, and DeMartino's group were simply asked to write and describe the fantasies that occurred. Since all these self-report methods are subject to potential limitations such as inability to recall, unwillingness to report, and inability to report, the consistent content reported is very convincing.

Erotic fantasy in four stages of sexual arousal. The understanding of the physiology of human sexual response was monumentally advanced in the research directed by Masters and Johnson (1966). In attempting to order a vast array gathering data, they divided the sexual response cycle into four



stages. These arbitrary divisions provided a frame of reference for explaining the various physiological events occurring during sexual response. Some of these events are so fleeting that they occur only during one of the four stages (e.g., clitoral retraction; testicular elevation and size increase). Other physiological events extend across stages of response (vaginal lubrication; penile erection).

The duration of each stage may vary among individuals. The duration of a stage may also vary among different instances of sexual activity for any individual. The nature and amount of somatogenic and psychogenic stimulation will determine the relative duration of each stage. The excitement and resolution phases are the longest lasting phases in each completed response cycle. The intensity of arousal experienced in each stage may vary on different occasions for women, but remains similar on all occasions for men.

Another sex difference occurs during orgasm. The sexual response can be inhibited or discontinued at any point for women. When men once reach the stage of orgasm (ejaculatory inevitability), orgasm will be completed regardless of distracting events or the cessation of stimulation.

The delineation of the four stages of sexual response proved to be valuable for the clarification and definition of the different sexual dysfunctions (Kaplan, 1974). By specifying the various dysfunctions as failures of

physiologic events to occur at specific stages of response, the propitious moment of therapeutic intervention became elucidated. For example, whereas the somatogenic and psychogenic stimulation occurring during the excitement stage will be the primary interest in cases of erectile failure, stimuli occurring during the plateau stage will be the concern when treating retarded ejaculation. Other sexual dysfunctions were similarly distinguished.

Kaplan (1974) proposed that the therapist treating sex problems direct the client to fantasize at a point in time determined by the specific dysfunction. In all cases this will include only the first two stages of sexual response. Hariton (1973) suggested that the fantasies reported by her subjects occurred prior to orgasm which would also include only the first two stages of sexual response. These comments of Hariton and Kaplan indicated that the amount of fantasy that normally does or therapeutically must occur will be greater in the first half of the sexual response cycle. Furthermore, since the first stage is almost always longer than the second, the amount of fantasy will probably be greater in the first stage. Fantasy that serves to increase sexual arousal will be unnecessary during the last stage of the response cycle. Exceptions to the last supposition may exist in women who desire multiple orgasms, or in very young men who do not require a long refractory period before the

next orgasm. In summary, a "normal" pattern of fantasy frequency may exist across the stages of arousal. This pattern would likely reveal a progressive decline in the amount of fantasy activity as the sexual response cycle proceeds. Studies of fantasy activity in the context of the four stages of sexual arousal were not found in the literature.

### Hypotheses

The following hypotheses were developed in response to the foregoing review of related literature on sexual fantasy:

1. There will be a significant positive relationship between self-rated imaging ability and reported frequency of sexual fantasy.
2. There will be a significant positive relationship between marital adjustment and type of fantasy function.
3. There will be a significant difference in the reported frequency of sexual fantasy of married men and women.
4. There will be a large proportion of married men who report sexual fantasies involving themes such as self-observation, oral sex, a partner other than one's spouse, and multiple partners.
5. There will be a large proportion of married women who report sexual fantasies involving themes such as a partner other than one's spouse, submission by force, intense sensory experiences, being irresistible, and oral sex.

In addition to these hypotheses, the frequency and content of sexual fantasies in each of the four stages of sexual arousal will be studied and compared on an exploratory basis.

#### Definition of Terms

For the purposes of this study, the following definitions were used:

Sexual fantasy was defined as a cognitive activity which included erotic imagery. The nature of the imagery involved in sexual fantasies was assumed to be that which was defined by Sheehan (1972) as imaginative imagery, memory imagery, and sensory imagery. The terms sexual fantasy, sexual day-dreaming, and erotic fantasy were used interchangeably throughout the study.

Sexual interaction was defined as any behavior between husband and wife which has as its purpose the giving and receiving of erotic stimulation. This behavior may or may not include coitus. The terms sexual relations and sexual interaction were used interchangeably throughout the study.

Imaging ability was defined as measured by the Shortened Form of the Betts Questionnaire upon Mental Imagery which is found in Appendix B. Imaging ability was the general capacity to experience visual, auditory, cutaneous, kinesthetic, gustatory, olfactory, and organic images, that are as clear and vivid as actual experience.



Marital adjustment was defined as measured by the Short Marital Adjustment Test which is found in Appendix B. Marital adjustment was the mutual accommodation of husband and wife in matters of family finances, recreation, demonstration of affection, ways of dealing with in-laws, self-disclosure, sex relations, philosophy of life, handling disagreements, outside interests, and appreciation of spouse.

Frequency of sexual fantasy was defined as measured by the Sexual Daydreaming Forms for Married Men and Women which are found in Appendix B. Frequency for each fantasy was determined as the percentage of time the fantasy occurs within all sexual interactions. Frequency of sexual fantasy for each stage of sexual arousal was the sum of the percentages of occurrence of all fantasies.

Function of sexual fantasy was defined as measured in the Sexual Daydreaming Forms for Married Men and Women which are found in Appendix B. Function referred to the effect of the fantasy upon the level of sexual arousal. Two types of fantasy function were delineated:

1. A distracting fantasy referred to the effect of diminishing the intensity of sexual arousal, or of slowing the rate of sexual response.

2. An enhancing fantasy referred to the effect of increasing the intensity of sexual arousal or hastening the rate of sexual response.



Stages of sexual arousal were defined in terms of physiological events. The four stages of arousal distinguished by Masters and Johnson (1966) included the following physiological events:

1. Excitement. This stage includes the attainment of erection in men and vaginal lubrication in women. Breathing becomes heavier, heart rate and blood pressure increase and "mottling" of the skin may occur. The scrotum contracts and thickens, the uterus balloons and begins to rise from the pelvic floor. The vagina enlarges, breasts swell, and the nipples become erect.

2. Plateau. In this stage the penis further enlarges to the limits of its capacity. The testicles elevate, enlarge, and increase in size by 50% or more. A few drops of mucoid fluid appear from the penile "urethra." Swelling and coloration of the labia minora, and the formation of the "orgasmic platform" (thickened tissue at the vaginal entrance) occurs in the female. The vagina further enlarges and the uterus further ascends. Sexual tension reaches its peak and at this point, the clitoris rotates  $180^{\circ}$  and retracts within the clitoral hood.

3. Orgasm. In this stage the male experiences ejaculatory inevitability and then emits semen during rhythmic contraction of the urethra, vas deferens, seminal vesicles, and the perineal and bulbocavernosus muscles. The female

experiences first a sense of suspension, then a sense of warmth, and then vaginal pulsations resulting from rhythmic muscle and uterine contractions.

4. Resolution. This stage consists of a return of the body to its basal state. The general and local sex-specific responses abate. Size and position of all organs in both sexes return to a pre-arousal state. Respiration, heart rate, and blood pressure decrease. In general, this stage is a physiological reverse of the first stage.

#### Significance of the Study

The decade of the 1970's has become an age of professional accountability. Criticism has been poignantly leveled at public services and public servants. Sex therapy, a rapidly advancing area of psychological services, has not escaped the scrutiny of public and professional judgement (Lowry and Lowry, 1975). The general call for validation of procedures is directly applicable to the therapeutic employment of sexual fantasy. Thus, the nature and function of sexual fantasy in human sexual behavior is a propitious topic of research.

A review of previous fantasy research suggested that the exploration of variables significantly related to erotic fantasy activity has only begun. The present study furthered the search for significant variables in five unique ways. First, this study included male subjects. Second, this study

included married couples. In the treatment of sexual dysfunction, the inclusion of both husband and wife in the therapeutic process has been championed by pioneer researchers and clinicians (Kaplan, 1974; Masters & Johnson, 1966). By including both marital partners in this study of sexual behavior, the experimental conditions more closely emulated clinical conditions. Third, this investigation was concerned with the individual's ability to image in various sensory modalities as a factor in the occurrence of sexual fantasy during sexual interaction. Fourth, the present study considered fantasy function in terms of its physiological consequences rather than in terms of the attributes of the interpersonal relationship between the sexual partners. By assuming a physiological function of fantasy, marital adjustment and fantasy function were distinguished from each other rather than defined in terms of each other. This distinction avoided the ambiguity of previous study. Fifth, this investigation explored sexual fantasy activity in separate stages of sexual arousal. Former research on sexual fantasy during sexual relations ignored the differences in response phases and relied primarily on global measurements of fantasy activity.

#### Limitations and Delimitations of the Study

The present study was limited to men and women who were at least 18 years old, who had been married at least one year,

who resided in one geographical area, and who had never received sexual counseling. As a consequence, the generalizability of the findings of this study is limited to the population from which this sample was drawn.

The variables under investigation were limited to imaging ability, marital adjustment, sexual fantasy frequency, sexual fantasy function, and sexual fantasy content. Demographic information was gathered only for the purpose of describing the sample. The demographic information was knowingly eliminated as a variable of the study.

Methodological constraints unique to the content and nature of this research were accepted as conditions of implementation of the study. These delimitations were identified as follows: (1) The sample was limited to 76 married men and women residing in North Central Texas. (2) The subjects were volunteers and did not represent a random sample.

(3) A standardized instrument for measuring sexual fantasy during sexual interaction was unavailable and an original questionnaire was developed for the purpose of this study.

(4) All measures obtained in the study resulted from self-reported information and were subject to the pitfalls of the fallacy of human memory and response distortions. This limitation of the study was compounded by the intimate nature of the topic. (5) The research setting was not identical for all testing sessions. Though testing conditions were highly



controlled and similar for all subjects, the overall atmosphere of the testing environment varied. For example, eight sessions were conducted in university classrooms, and seven sessions were conducted in private residences.

### Method

#### Subjects

Sampling procedure. In spite of the conducive Zeitgeist for sex research, disclosure of sexual experiences remains a hypersensitive area for most people. This presents methodological problems regarding sample selection. Probability sampling was thought to be unrealistic by Kinsey et al (1953). These researchers used a method of group sampling which was based on group pressure and leader influence. The major bulk of studies focusing on human sexuality have included samples of college students or clinical patients who were motivated to give research consent in exchange for, or as a requirement of, academic credit, or psychological services (Keats and Davis, 1971; Packard, 1968). Massive surveys distributed by mail have also been attempted as exemplified in studies conducted through the popular press (Shaver and Freedman, 1976). The return rate of this last approach is often quite low, e.g., the Hite Report (1977) resulted from the return of only 3% of the questionnaires which were originally distributed. These problems in sample selection for



sex research have reinforced widely held assumptions that the samples are not normative and the results are contaminated by the motivations of those who participate. These foregoing approaches to sample gathering were considered in terms of the scope and available resources of the present study. The Classic Diffusion model, a procedure combining elements of the other methods, was selected as the method of sample selection for this investigation. The Classic Diffusion model, a method of information dissemination in research and development (Farr, 1969), was chosen for its potential of generating a sample with a maximal amount of randomization, and of eliciting the cooperation of persons who ordinarily would not participate in a study concerning sexual behavior.

The pyramid structure of the model provided a friendly, individual, and relatively private and unpressured means of initial contact and request. Anonymity was assured by distancing the relationship between the subjects and the researcher. Three categories of people sources were contacted by the researcher. These were current graduated students, past graduate students, and acquaintances who had no relationship to the university the researcher was attending. Each person contacted was asked to randomly select one to three couples with whom they were acquainted and present them with a letter of request (see Appendix A).

Each subject has to be at least 18 years of age, married, and presently not be receiving sex therapy. These couples who were initially contacted were in turn invited to pass the letter of request to randomly selected acquaintances or relatives. Figure 1 illustrates the selection process.

Description of the sample. Thirty-eight married couples agreed to participate in the study. Subjects resided in an area known as the Metroplex, a geographical triangle having at each apex one of the cities of Denton, Fort Worth, and Dallas, Texas. Since insuring anonymity was a particular concern in the design of this study, demographic information was collected separately from the other test data. Therefore, the demographic characteristics of the sample serve a descriptive purpose only and were not considered variables in the study.

Table 1 presents the distribution of couples according to length of marriage. The majority of subjects were married between five and twenty years.

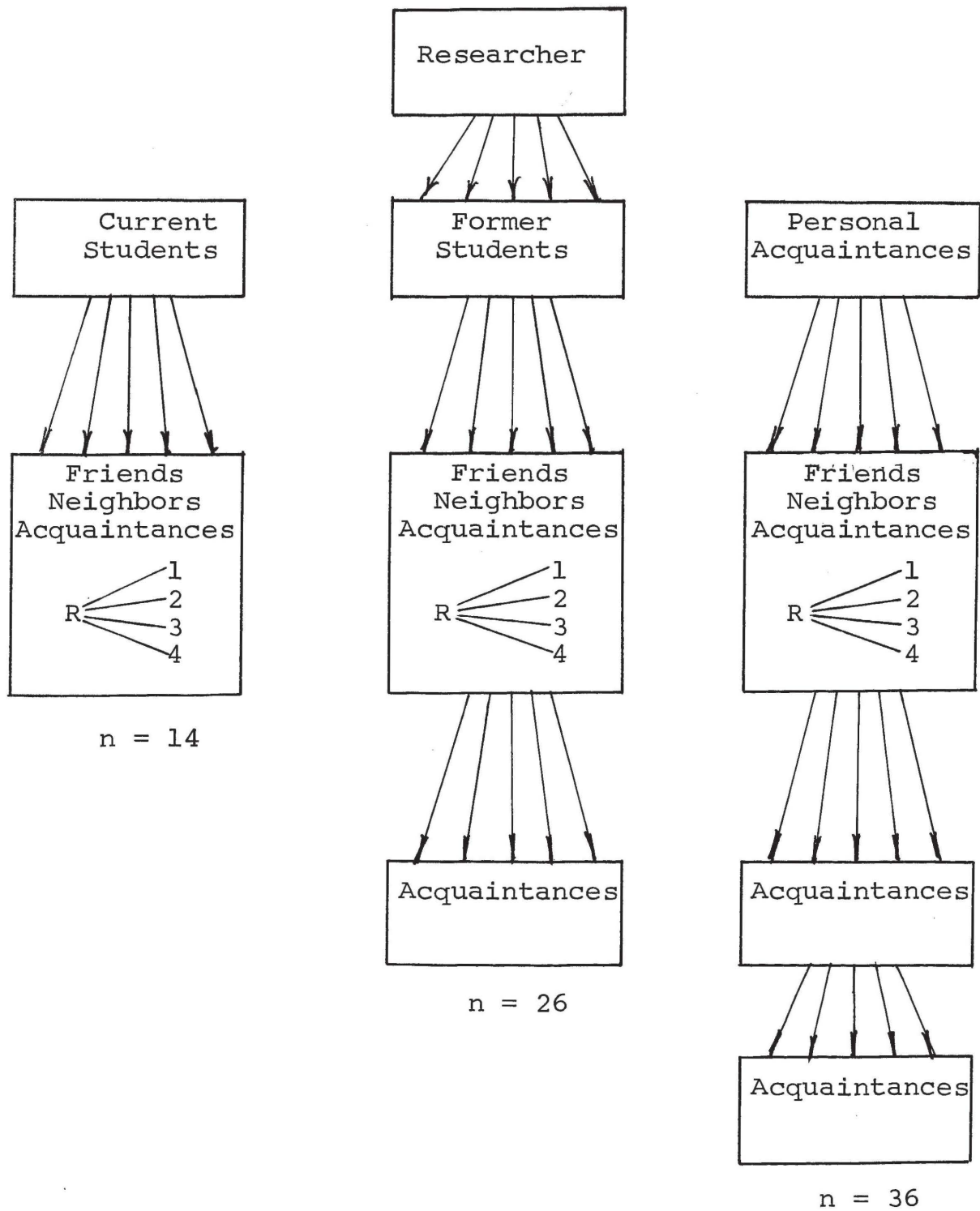


Figure 1. Diffusion model used as a method of sample selection in the study.

Table 1

## Distribution of Subjects by Length of Marriage

Years Married	Percentage of Total Subjects
1-4	13.2
5-9	34.2
10-19	34.2
20-29	13.1
30+	5.3

Note. N = 38 married couples

The reported income levels shown in Table 2 suggested that most participants were of the middle class.

Table 2

## Distribution of Subjects by Annual Income

Thousands of Dollars	Percentage of Total Subjects
0-5	2.6
6-15	27.6
16-30	46.1
31-50	21.1
50+	2.6

Note. N = 38 married couples

Tables 3, 4, 5, and 6 present the distribution of subjects by age, education, rearing locality, and religious involvement respectively. Since statistical analysis of the data included sub-groups of the subjects by sex, these demographic variables were reported as total sample characteristics and as men and women characteristics.

Table 3 indicates that approximately 70% of the participants were between 26 and 46 years old. Over half of the women were between the ages of 26 and 35, while 50% of the men were between 36 and 55.

Table 3  
Distribution of Subjects by Age

Years Old	Group		
	All	Women	Men
18-25	7.9	7.9	7.9
26-35	44.7	55.3	34.2
36-45	26.3	21.1	31.6
46-55	14.5	10.5	18.4
56-65	6.6	5.2	7.9
66+	0.0	0.0	0.0

Note. N = 76 for All subjects, N = 38 for Women only,  
N = 38 for Men only.



Table 4 reveals that most subjects attended college. Men as a group attained higher levels of education than women; almost one-half indicated graduate study.

Table 4  
Distribution of Subjects by Education Level

Highest Educational Level Attained	Group		
	All	Women	Men
Elementary school	2.6	5.2	0.0
High school	19.7	31.6	7.9
College	43.4	42.1	44.7
Graduate School	34.3	21.1	47.4

Note. N = 76 for All subjects, N = 38 for Women only,  
N = 38 for Men only

Table 5 shows little difference between men and women in geographical area of rearing. Most subjects were reared in the South and Southwest.

Table 5  
Distribution of Subjects by Rearing Locality

Geographical Area <sup>a</sup>	Group		
	All	Women	Men
West Coast	6.5	10.6	2.6
Southwest	51.3	52.6	50.0
Midwest	17.2	13.1	21.1
South	15.8	15.8	15.8
Ohio Valley	2.6	2.6	2.6
Northeast	1.3	6.0	2.6
Foreign Country <sup>b</sup>	5.3	5.3	5.3

Note. N = 76 for All subjects, N = 38 for Women only,  
N = 38 for Men only.

<sup>a</sup> No subjects named the Northwest, the Upper Midwest, or the East Coast.

<sup>b</sup> Foreign countries named were Argentina, Germany, Norway, Mexico, and South Africa.

Table 6 presents the religious involvement of the subjects. Almost 40% reported no church attendance and were evenly divided between those who hold religious beliefs and those who do not. Slightly more men than women indicated that they are not religious.

Table 6

Distribution of Subjects by Frequency of  
Church Attendance

Frequency of Attendance <sup>a</sup>	Group		
	All	Women	Men
Weekly	39.7	39.7	39.7
Some - annually	13.2	18.4	7.9
Holidays only	7.9	7.9	7.9
None - Religious Attitude	21.1	18.4	23.7
None - Not Religious	18.1	15.6	20.8

Note. N = 76 for All subjects, N = 38 for Women only,  
N = 38 for Men only.

<sup>a</sup>

Church attendance meant recurrent services of any  
organized religion.

No persons currently in therapy were accepted as subjects in this study. Table 7 presents the subjects' previous experience with counseling. More women than men received individual or group therapy. No one in the sample reported experience with sex therapy.

Table 7  
Distribution of Subjects by Experience  
With Counseling

Type of Counseling Experience	Group		
	All	Women	Men
None	75.0	71.0	79.0
Psychotherapy	9.2	13.2	5.2
Marriage or Family Therapy	15.8	15.8	15.8
Sex Therapy	0.0	0.0	0.0

Note. N = 76 for All subjects, N = 38 for Women only,  
N = 38 for Men only.

Finally, the subject orientation toward participation in sex research is indicated in Table 8. Overall subjects, more reported that they felt they would normally participate in sex research. For men and women groups the proportion of those who would and would not normally participate were reversed. Slightly more of the women reported that they would usually agree to participate in sex research, and slightly more of the men reported that they would not usually agree.

Table 8  
Distribution of Subjects by Attitude  
Towards Participation

Participation in Sex Research <sup>a</sup>	Group		
	All	Women	Men
Normally would participate	44.7	57.9	47.4
Normally would not participate	55.3	42.1	52.6

Note. N = 76 for All subjects, N = 38 for Women only,  
N = 38 for Men only.

<sup>a</sup> Subjects were asked to indicate whether or not they would ordinarily participate in a research project concerning aspects of their sexual behavior.

To summarize, a general profile of the sample revealed that participants in this study tended to show economic and marital stability (relative to length of marriage), to be religiously oriented and reared in the southern United States, and to have had no counseling experience. Men, as compared to women, in the sample were more educated, older, and were slightly less likely to volunteer for research which focuses on sexual behavior.



### Instruments

A three-part questionnaire was administered to all subjects. Part 1 consisted of a Shortened Form of Betts Questionnaires Upon Mental Imagery (shortened QMI) (Sheehan, 1967a). Part 2 was a Short Marital Adjustment Test. (MAT) (Locke and Wallace, 1959). Part 3 was either a Sexual Daydreaming Form for Married Men (SDMM) or a Sexual Daydreaming Form for Married Women (SDMW) depending on the subject's sex. The daydreaming forms (Part 3) were created by the researcher for this study. A copy of each of these instruments is located in Appendix B.

Shortened Form of Betts Questionnaire Upon Mental Imagery. The shortened QMI (Sheehan, 1967a) was developed through a factor analysis of a comprehensive but prohibitively long list of imagery items that were created by Betts (1909). Imagery ability is measured in seven sensory modalities (visual, auditory, cutaneous, kinesthetic, gustatory, olfactory, and organic). Subjects are asked to image a variety of things, such as "the prick of a pin," "drowsiness," "cooking cabbage." The subject then rates each image on a 7-point scale ranging from 7 (no image present at all) to 1 (perfectly clear and vivid as the actual experience).

The test requires approximately 10 minutes to complete and yields a total vividness of imagery score resulting from

the sums of vividness of imagery scores for each sense modality.

The QMI was standardized on 280 Australian men and women ranging in age from 16 to 40 years. Cross validation between the original and shortened forms of the QMI was established with an independent sample of 60 subjects. This test yielded a correlation of .92 between the long and short forms (Sheehan, 1967a). Sheehan (1967b) also tested the reliability of the shortened form and its suitability for use with American college students. Using a sample of 62 American males, a test-retest procedure was performed at a seven-month interval. Average vividness ratings were similar for the American and Australian subjects with the single exception of the organic modality. American males reported significantly more vivid imagery  $t(200) = 2.12$   $p < .05$ . The reliability coefficient was .78, and Sheehan concluded that the generalizability of the test was confirmed. Although the QMI was originally standardized on a college population, the suitability for use with these adults was expected. Also, since the subjects' responses in this study were to be compared to each other and not to an external norm, the efficacy of using the QMI in the present study was further strengthened.

Sheehan, (1966a, 1966b, 1972) investigated the validity of the QMI. His studies have shown statistically significant

results for the relationship of good imaging ability to other behaviors such as pattern recall and accuracy of reproductions according to size, clarity, and luminance. QMI ratings have also been found to be related to a variety of other tests of imaging ability. Danaher and Thoresen (1972) reported positive correlations between the shortened QMI visualization scale and Block Test 1 and 2 vividness ratings (Sheehan, 1966b),  $\underline{r}$  (32) = .45,  $\underline{p}$  < .05 and  $\underline{r}$  (32) = .57,  $\underline{p}$  < .01 respectively. Rehm (1973) found responses on the QMI were positively correlated to both a task which called for the production of visual images, and an ability for imagining emotional scenes,  $\underline{r}$  (73) = .50,  $\underline{p}$  < .01, and  $\underline{r}$  (73) = .56,  $\underline{p}$  < .01 respectively. Richardson (1969) made a thorough study of the long history of research on imagery ability. He concluded that the Betts test and the Sheehan revision of it remain the most important tests of imaging ability to be developed since Galton's first attempts in 1880.

Short Marital Adjustment Test. With the exception of the first attempt by Hamilton, efforts to measure marital adjustment numerically have resulted in long, many-item tests (Hamilton, 1929; Burgess and Wallis, 1953; Terman, 1938; Wallace, 1947). Through item analysis of "the most respectable tests," Locke and Wallace succeeded in constructing a multiple choice fifteen-item test that proved to be

both reliable and valid (Locke and Wallace, 1959). The test takes ten minutes to complete and gives possible scores ranging from 2 to 158 points. Subjects place themselves along Likert type scales according to their evaluation and perception of the marriage. Areas of marital adjustment measured by the scale include family finances, sex relations, dealing with in-laws and friends, and preferences. Response choices range from "always agree" to "always disagree." In addition to these items are questions concerning conflict resolution, leisure time, happiness and satisfaction with the marriage, mate choice, and self-disclosure to the marriage partner. All responses are weighted and the total score is calculated by summing the scores on each item. Locke and Wallace note that item validity was established in the previous tests from which the items were constructed (1959). Computed by the split-half technique and corrected by the Spearman-Brown formula, the reliability coefficient in a sample representing 236 marriages was .90 (Locke and Wallace, 1959). Concurrent validity was obtained in the same study by comparing mean scores between a matched group of 48 marriages of known difficulty and of known adjustment. Significance was observed when the adjusted group mean was 135.9 compared to the difficulty group mean of  $71.7 \pm (94) = 17.5$ ,  $p < .025$ . The percentage of scores over 100 for the maladjusted group were 17% while they were 96% for the adjusted



group. The test's clarity and wide range of content contributed to the expectation that its use in the study would produce a meaningful and accurate measure of marital adjustment.

Sexual Daydreaming Forms for Married Men and Women.

The SDMM and the SDMW were original questionnaires designed for use in this study. Separate forms for men and women were constructed to accommodate the differences in content and six referents. The objective and the format of the two forms were identical. They were designed to measure the erotic fantasies of married men and women that occur during sexual interreaction with a spouse.

The fantasy themes on the SDMW were derived from previous research studies on normative sexual fantasies in women (Davidson, 1976; DeMartino, 1969, 1974; Fisher, 1973; Hariton, 1977). Some of the items were adapted from a section on the Erotic Fantasy Questionnaire (Davidson, 1974), and from Part 3 of the Daydreaming Inventory for Married Women (Hariton, 1975). Themes were selected from these sources primarily on the basis of their reported frequency of occurrence among subjects. Those most frequently reported fantasies were listed, duplicates, eliminated, and very similar fantasies were collapsed into a more general thematic statement.



No systematic studies on men's sexual fantasies were found in the professional literature. Potential content for the SDMM was selected from personal interviews with married men and from popular literature (Hilton, 1972; J., 1969; Lewis, 1974; Thorne, 1971). Fantasies that appeared frequently in what was judged by the authors as not pathological contexts, were listed and developed into statements.

Kinsey et al (1948, 1953) asked subjects about masturbatory fantasies, and Hariton and Singer (1974) and Hemellund (1976) asked women about coital fantasies. Usually, however, erotic fantasies in previous questionnaires have been presented as free-floating phenomena. Concern regarding the frequency or context of occurrence was absent. For purposes of this study, it was necessary to place each fantasy in the context of sexual interaction with a spouse. Four stages of sexual arousal delineated and defined in the research of Masters and Johnson (1966), were chosen as the fantasizing context. Physiologically based, these four stages (excitation, plateau, orgasm, resolution) have become a frame of reference for the explanation of several sexual dysfunctions (Kaplan, 1974). Since the use of fantasy in the treatment of sexual dysfunction is a primary interest in the present research, the investigation of fantasy, in the same arousal stages was expected to yield relevant and discriminating information.

A frequency scale was needed to obtain a measure of amount of fantasy activity. Related questionnaires have employed summated rating scales which included end anchor points such as "never" and "very often." The subject then is to impose a sense of equal intervals at three points in between (Davidson, 1974; Hariton, 1973). Respondents are known to impose a sense of equal intervals (Maranell, 1974), and these responses show a high degree of internal consistency. The possibility exists however that subjects may be operating from a different baseline as to actual rather than relative interpretation of the points. "Very often" may in fact mean a range of actual amounts of time. Response sets may influence responses (Maranell, 1974). In order to avoid the disadvantages of vaguely defined anchor points, the researcher chose actual amounts of time as points along a 5-point scale. These time points were expressed as percentages of the total number of sexual interactions. That fantasy frequency was rated according to real time was a unique addition to the measure of frequency in the research of sexual fantasy. The expectation was that the meaningfulness of the frequency variable would be strengthened. A final element in the structure of the sexual fantasy questionnaires was a functional measure of fantasy. The effect of the fantasy on the subjects' sexual responses and arousal level was nominally categorized into two distinct functions.

A fantasy was considered either "distracting" or enhancing." These two categories and their definitions were derived from theoretical and clinical literature concerning the function of sexual fantasy. The definitions are found in the first section of this study within the subheading "definition of terms."

The format of the SDMM and SDMW consisted of 20 fantasy items that were rated in terms of frequency of occurrence and function. These two measures were obtained for each of the four stages of sexual arousal. The fantasy forms required approximately 20 minutes to complete.

#### Pilot Research

Preceding the main study, two smaller independent pilot samples were administered the SDMM and SDMW. An on-going relationship with the same partner for at least one year was the criteria for subject selection. The purpose of the first pilot study was to investigate the functionality of the fantasy questionnaires. The purpose of the second pilot test was to examine the reliability of the fantasy questionnaires.

The first pilot study. The first pilot study included 42 subjects, consisting of 20 men and 22 women. There were four objectives of the study: (1) to investigate the clarity and ease of performance of the questionnaires, (2) to investigate the face validity of the questionnaires, (3) to

determine the comfort level of subjects with the fantasy content, and (4) to determine the reliability of responses as judged by the subjects themselves.

The subjects were asked to complete the SDMM or SDMW in a private working space. As in the main study, questions were answered individually and all discussion and interaction between subjects during the testing were prohibited. After completing the SDMW or SDMM, all subjects were administered a post-testing questionnaire (see Appendix B) composed of items designed to answer the researcher's questions surrounding the functionality of the SDMM and the SDMW.

The results of the first pilot study indicated that the frequency scale and the definition for the distracting function of fantasy needed revising. The frequency scale was expanded from three to five response choices and a choice of zero (no occurrence) was added. The definition for the distracting function of fantasy was revised for clarity. Fantasies reported by a minimum of 25% of the subjects, during any stage of arousal were included on the final form of the SDMM and SDMW. Approximately 68% of the original items of the SDMM and 71% of the original items of the SDMW met this criterion for final inclusion. An additional fantasy theme concerning sensory experiences was added to the SDMM since it was written in by 25% of the men on the "blank" fantasy space provided on the original fantasy forms.



Fantasies were differentially reported in the various arousal stages. The number of different, enhancing, and distracting fantasies steadily decreased as the sexual response progresses. These data also indicated variation among subjects in all stages of arousal according to the different numbers and functions of the fantasies. Subjects' responses to fantasy function indicated that subjects could be classified according to type of fantasy function. Most subjects were "enhancers," some were "enhancers and distractors," and a few were "distractors." The variance of the frequency and content scores among subjects and across arousal stages and the distribution of subjects into fantasy function categories, suggested that the SDMM and SDMW provide discriminating measures of content, frequency, and function of fantasy during sexual interaction.

The subjects reported comfort with the subject matter of the questionnaires. The percentage of subjects reporting no items as offensive or embarrassing was 95.00% and 90.91% for men and women respectively.

Finally the first pilot study indicated that the subjects judged their responses on the fantasy forms to be highly reliable. Each subject was asked to judge the accuracy of the responses on the SDMM and SDMW. The average reported accuracy rating was  $\bar{M} = 4.5$  on a 5-point scale, with five meaning "absolutely accurate and reliable."



It was expected that with revisions of the frequency scale and the definitions of distracting fantasy, the fantasy questionnaires would provide subjects with a vehicle for reporting content, frequency, and function of sexual fantasy occurring during sexual interaction.

The second pilot study. Based on recommendations of the researcher's advisory committee, a second pilot study was designed to test the validity of the revised forms of the SDMM and SDMW. A new pilot sample of 12 men and 14 women was administered the revised forms of the SDMM and the SDMW. The subjects of the pilot study were also required to complete a Description of Sexual Fantasies (DSF) (see Appendix B). The DSF is an original questionnaire created for the second pilot study. Each item requested a description of a fantasy that occurs during sexual interaction. The described fantasy must fulfill a named criterion. The criterion corresponded to a property of the responses on the SDMM and the SDMW. Thus, items on the DSF requested descriptions of fantasies such as those that occur during specific stages of sexual arousal, with a specific frequency or with a specific function. The order of administration of the DSF and the SDMM or SDMW was reversed for 50% of the male and female subjects who were randomly selected. This procedure of reversing the order of administration of the SDMM or the SDMW and the DSF was employed in an

attempt to counter any possible bias that might be inherent in the sequence of exposure to the instruments.

Responses on the two instruments were compared for each subject. Three independent judges, who had graduate training in psychotherapy, rated the correspondence of the responses on the two instruments according to the designated fantasy property. The three judges reported the percentage of response correspondence on the DSF and the SDMM or the SDMW to be 72.67, 77.71, and 72.12 respectively. The average percentage of response matches among the judges was  $\bar{M} = 74.16$ . The matched scores of the group completing the SDMM or SDMW first, and the group completing the DSF first were compared for each judge. No significant difference was found in any of the three comparisons,  $t(24) = 1.62$ ,  $t = .21$ ,  $t(24) = .41$ .

In summary, the correspondence of responses on the two types of fantasy instruments that was found by all three judges established concurrent validity of the SDMM and the SDMW as a self-report measure of fantasy activity during sexual interaction.

### Procedures

Data collection. A total of 15 testing sessions were conducted over a seven week period. Testing took place in university classrooms and in private residences. Subjects were tested in pairs or in groups of four to eight.

Husbands and wives attended the session together, but were separated during the testing session. Privacy was provided by placing each subject in a separate working area, by monitoring the environment to prevent external interruptions, and by answering all questions individually. Talking and non-verbal communication were discouraged and were not permitted between spouses. All sessions were conducted by the researcher. A male assistant was present at all of the sessions to increase the comfort level of male subjects should questions arise concerning the sexual material. Sessions lasted an average of one hour and ten minutes.

Before separating the couples into working areas, the researcher gave an oral description of the procedures and the potential risks and benefits of the study (see Appendix A). Following this description the subjects were asked to sign a consent form which acknowledged their awareness of the nature and procedures of the study and their willingness to participate (see Appendix A).

After obtaining consent, each subject was given a questionnaire to complete.

When all test materials were completed and collected, subjects were debriefed. Statements concerning the objectives and hypotheses of the study were made to those who were interested. Comments were made regarding any feelings the subjects might have about their fantasy activity.

Concern that a subject might feel they were extreme or unusual because of the amount or content of their fantasies led to statements such as, "There is not a right or wrong way in which to respond on the Sexual Daydreaming Forms."

The sessions were concluded by the examiner's expressing appreciation for the subjects' cooperation and offering to send to them through their original contact a short description of the results of the study.

Data analyses. Because of the exploratory nature of this research, the design of this study was correlational. Sexual fantasy had not been previously investigated with regard to married couples, thus the relationship of husband and wife scores on measures of erotic fantasy during sexual interaction was unknown. A significant relationship between spouse scores on a given variable was seen as an indication of a potential artificial inflation of results of any subsequent statistical test including the correlated variable. Therefore, previous to the statistical testing of the study's hypotheses, husband and wife scores on all major variables were correlated. When a significant correlation on any variable was found, all further statistical tests were conducted with a sub-sample including only one randomly selected member of each marriage.

The tests of the study's hypotheses involved the following statistical tests: (1) the Pearson Product-Moment



Correlation statistic was used to test the relationship between imaging ability and fantasy frequency suggested in the first hypothesis of the study, (2) the Biserial and Pearson Product-Moment Correlations were used to test the relationships between marital adjustment and fantasy function suggested in the second hypothesis, (3) the Point-Biserial Correlation statistic was used to test the relationship between men and women scores on fantasy frequency suggested in the third hypothesis, and (4) frequency distributions were constructed to test the thematic popularity of men's and women's fantasies suggested in the fourth and fifth hypotheses. These frequency distributions were based on an analysis of each of the 20 fantasies described in the SDMM and SDMW. Three scores were obtained for the tabulation (Table D in Appendix C): (1) average frequency was the mean percentage of total sexual interactions in which the fantasy occurred, (2) percentage of subjects was the proportion of men or women within the total sub-samples reporting the fantasy, and (3) rank was a presentation of the fantasy resulting from the total score obtained from the product of the average frequency and the percentage of subjects. Rank resulted in the ordering of the 20 fantasies according to their popularity. The first five rank positions were chosen as the criteria for support of hypotheses four and five.



The adopted level of significance was five percent ( $p = .05$ ) and interpretations of the results of all correlational tests reflected this level as the criterion for rejecting the null hypotheses.

### Results

This chapter begins with a report of correlations between husband and wife scores which are used to determine the appropriate sample for all subsequent correlation analyses. The next several sections present data relevant to each major hypothesis or exploratory objective of the study. Correlates of fantasy frequency precede correlates of fantasy function. Sex differences in fantasy frequency are examined, followed by an analysis of the frequency distributions of the 20 fantasy themes for men and the 20 fantasy themes for women. The chapter concludes with descriptive data of fantasy frequency across stages of sexual arousal.

#### Correlations Between Husband and Wife Scores

Husband and wife scores on imaging ability, marital adjustment, frequency of fantasy, and type of fantasy function were correlated. Table 9 depicts the correlation matrix of these spouse scores.

Marital adjustment scores have been previously shown to be significantly correlated among husbands and wives when using the Locke and Wallace instrument,  $r(44) = .47$ ,

Table 9

Correlation Matrix of Husband and Wife  
Scores on Selected Variables

		Husband <sup>a</sup>								
		IA	MA	E	P	O	R	Dis.	Enh.	Type
Wife <sup>b</sup>	IA	.17								
	MA		.51*							
	E			.01						
	P				.21					
	O					.31				
	R						-.27			
	Dis.							.18		
	Enh.								.19	
	Type									.16

Note. The selected variables included imaging ability (IA), marital adjustment (MA), fantasy frequency across the excitement (E), plateau (P), orgasm (O), and resolution (R), stages of sexual arousal, total number of distracting (Dis.), total number of enhancing (Enh.) fantasies, and type of fantasy function (Type).

a N = 38

b N = 38

\* p < .001

$p < .005$  (Murstein, 1961). A positive relationship between spouse scores on marital adjustment was also found in the present study,  $r(36) = .51$ ,  $p < .001$ . These statistical findings were consistent with the logical expectation that similarity exists between spouse scores on a measure of marital relationship. To obviate the effect of this relationship, the test of the second hypothesis was conducted with a subsample which included only one member of each marriage.

No significant correlations were found on spouse scores on imaging ability or fantasy frequency. Consequently, in testing the first hypothesis which concerned these variables, all 76 subjects in the sample were included. Likewise, in testing the third hypothesis concerning sex differences in fantasy frequency, all 76 subjects were included in the sample. The relationship problem did not exist for husband and wife scores on fantasy content because the instruments that measured sexual fantasy of men and women were not identical with regard to content.

#### Hypothesis 1

A positive relationship between imaging ability and fantasy frequency was predicted by the first hypothesis of this study. Table 10 presents the Pearson Product-Moment Correlations of imaging ability and fantasy frequency for each stage of sexual arousal. Of interest is the fact

that the values shown in the table were expressed as negative correlation coefficients. If significant these values would have meant that low scores on imaging ability represented more vivid images and high scores on fantasy frequency represented more frequent fantasy. Though negative correlation coefficients did appear in all stages of sexual arousal, they were not significant at the 5% level of significance chosen for this study. The first hypothesis was clearly unsupported.

Table 10  
Simple Correlations of Imaging Ability and  
Fantasy Frequency

	Fantasy Frequency in Each Stage of Sexual Arousal			
	Excitation	Plateau	Orgasm	Resolution
Imaging Ability	-.06	-.15	-.14	-.11

Note. N = 76

### Hypothesis 2

Hypothesis Two predicted a positive relationship between marital adjustment and fantasy function. In order to test this hypothesis two types of correlations were performed. First a Biserial Correlation between marital

adjustment and type of fantasizer was performed. Next, the relationship between marital adjustment and the number of enhancing and distracting fantasies reported was investigated with simple correlation.

To obtain the sample for the Biserial Correlation coefficient, the subjects were grouped into two types of fantasizers. Group 1 included subjects who reported both enhancing and distracting fantasies; this group contained 18 subjects. Group 2 included subjects who reported only enhancing fantasies; this group contained 20 subjects. Table 11 depicts the means, standard deviations, and Biserial Correlations derived from the test of marital adjustment and type of fantasizer. A significant positive relationship was found between degree of marital adjustment and type of fantasizer,  $r(36) = .41$ ,  $p < .02$ . Subjects reporting well-adjusted marriages had only enhancing erotic fantasies during sexual interaction. On the other hand, subjects who reported moderate degrees of marital adjustment had both enhancing and distracting fantasies during sexual interaction.



Table 11

Biserial Correlation Coefficient for Fantasy Function  
Groups With Marital Adjustment

	Group 1 <sup>a</sup>	Group 2 <sup>b</sup>	$r_{bis}$
Marital Adjustment	$\underline{M} = 90.35$ $\underline{SD} = 29.90$	$\underline{M} = 99.81$ $\underline{SD} = 30.76$	.41*

Note.  $\underline{M}$  = group mean and  $\underline{SD}$  = group variance.

<sup>a</sup> Group 1 (N=18) included subjects who reported both enhancing and distracting fantasies.

<sup>b</sup> Group 2 (N=20) included subjects who reported only enhancing fantasies.

\*  $p < .01$

The Pearson Product-Moment Correlation coefficients on marital adjustment and number of enhancing and distracting fantasies revealed that a significant negative correlation existed between marital adjustment scores and number of distracting fantasies,  $r(36) = -.41$ ,  $p < .01$ . Subjects reporting poorly adjusted marriages had greater numbers of distracting fantasies. However, the number of enhancing fantasies were not significantly associated with marital adjustment.

The significant findings of the two tests of the relationship between marital adjustment and fantasy function substantially support the second hypothesis of this study.

### Hypothesis 3

Hypothesis Three proposed that men and women differ significantly in fantasy frequency in each stage of sexual arousal. Table 12 presents the means, standard deviations, and Point-Biserial Correlation coefficients of fantasy frequency by sex. No significant differences were found in the frequency means by sex groups.

Table 12

Point Biserial Correlations for Men and Women  
Groups<sup>a</sup> With Fantasy Frequency

Fantasy Frequency <sup>b</sup>	Women	Men	$r_{pb}$
Excitation	$\underline{M} = 12.92$ $\underline{SD} = 8.33$	$\underline{M} = 10.03$ $\underline{SD} = 9.24$	-.16
Plateau	$\underline{M} = 11.78$ $\underline{SD} = 58.33$	$\underline{M} = 9.97$ $\underline{SD} = 9.31$	-.10
Orgasm	$\underline{M} = 8.81$ $\underline{SD} = 8.65$	$\underline{M} = 6.19$ $\underline{SD} = 7.39$	-.16
Resolution	$\underline{M} = 3.95$ $\underline{SD} = 4.50$	$\underline{M} = 2.97$ $\underline{SD} = 4.81$	-.11

Note.  $\underline{M}$  = group mean and  $\underline{SD}$  = group variance.

<sup>a</sup> N = 38 for both groups

<sup>b</sup> Fantasy frequency was reported in four stages of sexual arousal.

A notable observation from these statistical tests was the fact that the correlation coefficients were consistently negative in each stage of sexual arousal. This trend was not observed in the correlation coefficients of husband and wife scores on fantasy frequency (see Table 9). Instead, husband and wife frequency scores during the most intense stages of sexual arousal were positively related. The difference in the direction of the relationship between fantasy frequency scores in the gender groups and in the spouse groups stimulated a further investigation of the relationship between fantasy frequency and marital adjustment. A simple correlation between marital adjustment and fantasy frequency was executed for each stage of sexual arousal. Table 13 presents the correlation coefficient of this analysis. Frequency of fantasy activity was found to be significantly negatively related to marital adjustment over all stages of sexual arousal,  $r(36) = -.34$ ,  $p < .05$ . Greater degrees of marital adjustment were associated with less frequent occurrences of erotic fantasy during sexual interaction. This negative relationship was maintained at significant levels during both the plateau and orgasm stages of sexual arousal,  $r(36) = -.41$ ,  $p < .01$ , and  $r(36) = -.33$ ,  $p < .05$  respectively.

Table 13  
Simple Correlations Between Marital Adjustment  
and Fantasy Frequency

	Fantasy Frequency in Each Arousal Stage				
	Excitation	Plateau	Orgasm	Resolution	Over All Stages
Marital Adjust-ment	-.27	-.41**	-.32*	-.19	-.34*

Note. N = 38

\* p < .05

\*\* p < .01

In conclusion, hypothesis 3 was not supported by the findings of the study. Through subsequent analysis a negative relationship was established for marital adjustment and frequency of fantasy activity over all stages of sexual arousal.

#### Hypothesis 4

Hypothesis 4 predicted that select sexual fantasy themes would be reported by a large proportion of married men. Specifically, themes expressing self-observation, oral sex, another partner, and multiple partners would rank high among married men. Table 14 presents a summary of the rankings of the 20 men's fantasies in each stage of sexual arousal and over all stages of arousal. Overall, the stages



Table 14

Summary of Rankings of Each Fantasy Theme  
for Married Men

Fantasy Item Number	Theme	Rank in Stages				Over- all
		Excita- tion	Pla- teau	Or- gasm	Reso- lution	
1	Another partner	4	5	12	13	1*
2	Fellatio	3	6	7	9*	2
3	Hurting Partner	11	8	2	8	8*
4	Cunnilingus	2	3	6	5	3*
5	Self-Observation	6	1	3	6	1*
6	Location	9	13	13 *	11	9*
7	Past Experience	10	9	9 *	7	4
8	Several Women (passive)	8	10	11	10	6*
9	Several Women (active)	12	17	9 *	12*	8 *
10	Group Sex (bisexual)	18	19	13*	12*	11
11	Being Watched	13*	14	8	12*	9*
12	Watching Others	15	16	15	9*	12
13	Anal Intercourse	13*	12	14	12*	6 *
14	Being Irresistible	7	7	10	1	8*
15	Sucking Breasts	1	2	5	3	3*
16	Homosexual	19	20	17	9*	13
17	Verbal Stimuli	5	4	1	2	5
18	With Prostitute	16	18	13 *	7	7
19	Being Forced, Overpowered	17	15	16	12*	12
20	Intense Sensory Stimuli	14	11	4	4	10

\* Asterisks indicate tied-ranks

of the sexual response cycle, "sex with someone other than the spouse," and "watching oneself engage in sexual activity" tied as the most popular fantasy themes. The second and the two third ranked themes all involved oral activity. The fourth most popular theme was "reliving a past sexual experience." "Having romantic or sexy things said to me" (the fantasizer) ranked fifth.

The rank order of themes varied across stages of sexual arousal. Only two themes retained a position in the top five rankings across all stages of arousal. These were "having romantic or sexy things said to me," and "sucking voluptuous breasts." "Cunnilingus" retained a high rank in all stages except orgasm. "Observing oneself" remained as a high ranked fantasy during plateau and orgasm. "Someone other than spouse," ranked high only during excitation and plateau, and "intense sensory experience" during both orgasm and resolution. The least popular themes over all stages were "having sex with a man", "watching others engage in sex," and "being forced or overpowered." The "homosexual" theme was the least popular fantasy in all stages except in resolution where it received a low-middle rank. Finally, "having sex with several women" received middle rankings and "multiple partners" themes received middle to low rankings over all the arousal stages.

From this frequency analysis of married men's fantasies, Hypothesis Four was moderately supported. As expected, themes of oral sex, someone other than spouse, and self-observation were reported by a large proportion of married men. However, the expected high frequency of multiple partner themes did not occur in this sample.

#### Hypothesis 5

Hypothesis Five predicted that married women would report most frequently erotic fantasy themes such as someone other than spouse, forced submission, oral sex, intense sensory experiences, and being irresistible. Table 15 summarizes the rankings of the 20 women's fantasies in each stage of sexual arousal for all stages of sexual arousal. The five highest ranking fantasy themes for married women over all stages of the sexual response cycle were imminent intro-mission, verbal stimulation, cunnilingus, and location of sexual activity.

Rankings of women's fantasy themes varied across stages of sexual arousal. The most consistently ranked theme was intense sensory experience. From an initial middle ranking in excitation, this fantasy theme ranked first during plateau and remained first for the duration of the response cycle. Only two erotic fantasies retained high rankings consistently across arousal stages. These were "being somewhere else," and "having romantic or sexy things said to me."

Table 15

Summary of Rankings of Each Fantasy Theme  
for Married Women

Fantasy Item Number	Theme	Rank in Stages				
		Excita- tion	Pla- teau	Or- gasm	Reso- lution	Over- all
1	Verbal Stimuli	5	4	5	4	2*
2	Another Partner	10	14	12	5	4
3	Watching Others	16	18	18	15*	12
4	Imminent Intromission	2	2	3	7	1
5	Being Forced, Overpowered	9	10	13	14	7
6	Being Watched	8	12	9	9	5*
7	Location	3	5	2	3	3*
8	Body Image	11*	8	10	10*	8*
9	Cunnilingus	1	3	6	6	2*
10	Several men (active)	14	13	7	13	11
11	Indifference	11*	16	20	10*	9
12	Hurting Partner	17	19	17	11	13
13	Homosexual	18	20	19	16*	15
14	Several men (passive)	13	9	8	13*	10
15	Being irresistible	4	7	4	2	3*
16	Group sex (bisexual)	15	15	14	16*	11
17	Anal Intercourse	19	17	16	15*	14
18	Prostitute	12	11	11	12	8*
19	Fellatio	6	6	15	8	5*
20	Intense Sensory Experience	7	1	1	1	6

\* An asterisk refers to tied ranks



The fantasy of imminent intromission ranked high in all stages except resolution, and "being irresistible" ranked high in all but the plateau stage of arousal. The least popular fantasies were centered on themes of homosexuality, hurting one's partner, and watching others engage in sexual activity.

Hypothesis Five was moderately supported. As expected, themes of intense sensory experiences, being irresistible, and cunnilingus appeared in a large proportion of women. However, themes of someone other than spouse, and being forced did not occur as frequently as was expected.

#### Fantasy Across Sexual Arousal Stages

The amount of fantasy activity occurring in each stage of sexual arousal was compared and contrasted. Table 16 depicts means and standard deviations of the frequency of fantasy scores in each arousal stage for all subjects. These statistics suggest a decreasing pattern of fantasy activity as the sexual response cycle progresses. Similar patterns also emerge when fantasy activity is analyzed for each sex group. Figure 2 and Figure 3 illustrate the pattern of fantasy activity across the stages of sexual arousal for men and women groups respectively. The percentage of subjects reporting each of the twenty fantasies progressively diminishes as sexual arousal increases and then abates. A comparison of the two figures indicates both that the mean

percentages of occurrences of the 20 fantasies decreases at a similar rate, and that the number of fantasies reported in each percentage category is distributed in similar pattern. As a result of these observations an ANOVA for repeated measures (two groups of subjects x four stages of fantasy frequency) was performed. Since Hypothesis Three previously revealed gender similarity in fantasy frequency scores, no differences were expected between the men and women subject groups, and only arousal stages was predicted to be significant. Table 17 summarizes the results of the analysis, which clearly supports the prediction. A Tukey range test was then applied to the frequency means among arousal stages. Table 18 shows that only between excitation and plateau did a significant difference fail to emerge in reported fantasy frequency.

Table 16

Summary of Means (M) and Standard Deviations (SD)  
of Fantasy Frequency

	Frequency in Arousal Stages			
	Excitation	Plateau	Orgasm	Resolution
Means	11.44	10.80	7.50	3.45
Standard Deviations	8.80	8.75	8.01	4.59

Note. N = 76

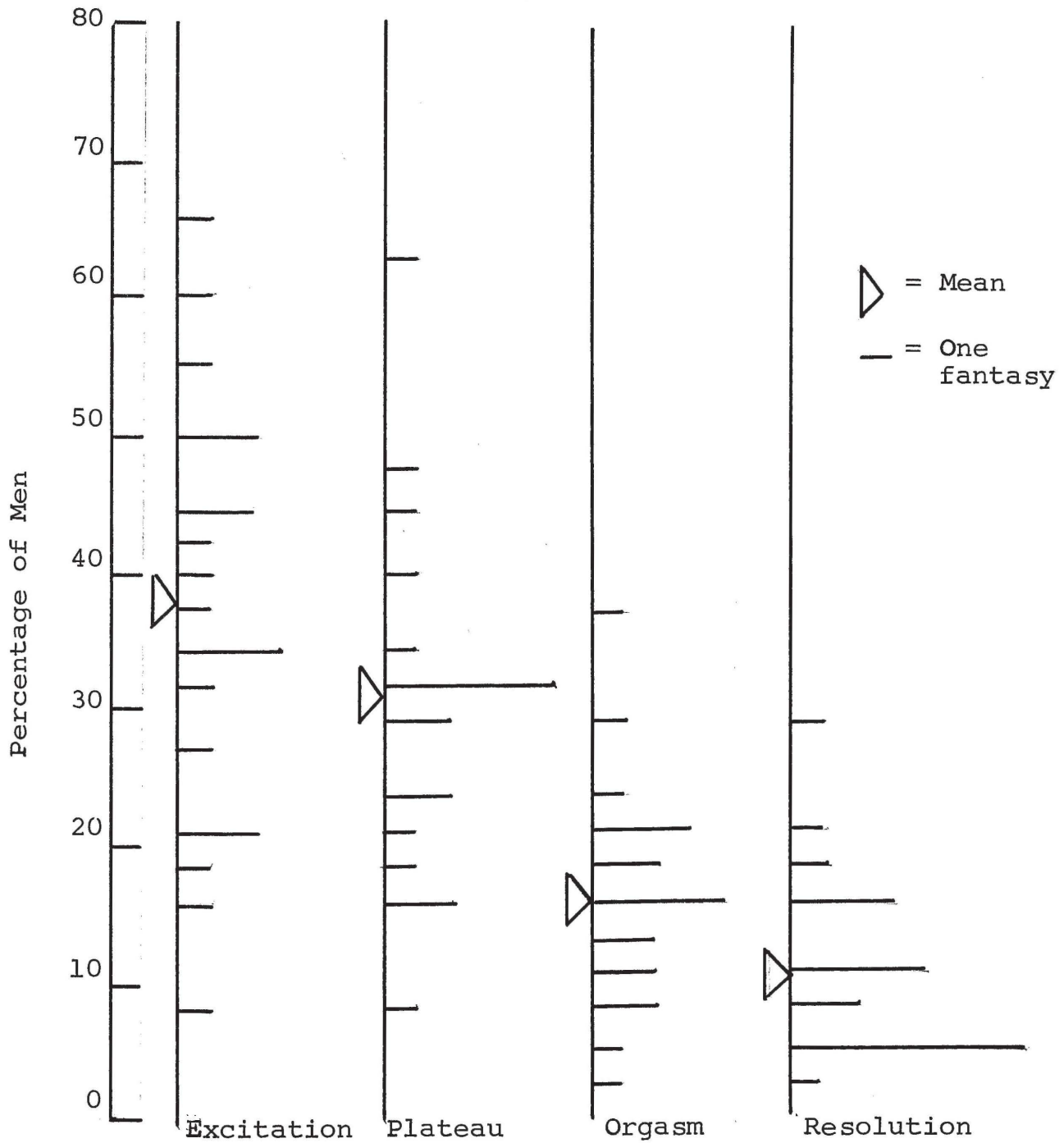


Figure 2. Distribution of percentages of occurrence of each of the twenty fantasies by arousal stage for married men.

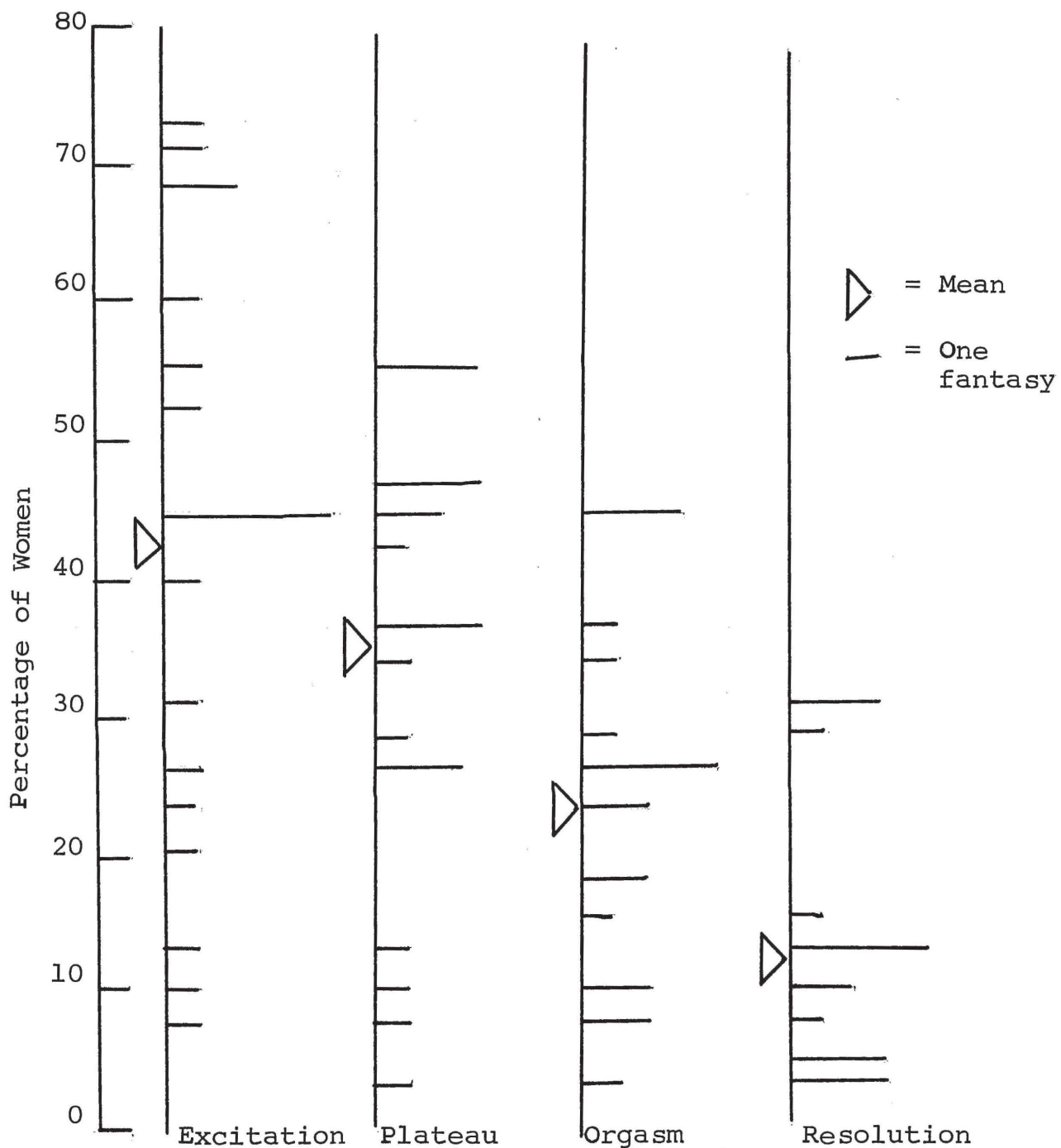


Figure 3. Distribution of percentages of occurrence of each of the twenty fantasies by arousal stage for married women.



Table 17  
 Analysis of Variance of Fantasy Frequency  
 of Men and Women in Four Arousal Stages

Source	df	MS	F
Between - Subjects	75		
Sex (B)	1	274.74	1.56
Error (b)	74	176.42	
Within - Subjects	228		
Stages (A) <sup>a</sup>	3	1022.38	49.48*
A x B	3	11.97	.58
Error (w)	222	20.66	
Total	303		

<sup>a</sup> Stages of sexual arousal included excitation, plateau, orgasm, and resolution.

\* p < .001

Table 18

Summary of Range Test of Significant Differences  
Between Mean Fantasy Frequency Scores

Source	Mean Difference	Tukey's Range Products
Excitation-Resolution	8.00	1.89*
Excitation-Orgasm	3.95	1.81*
Excitation-Plateau	0.64	1.67
Plateau-Resolution	7.36	1.81*
Plateau-Orgasm	3.30	1.67*
Orgasm-Resolution	4.05	1.67*

\*  $\underline{p} < .05$

### Summary

Three of the study's five hypotheses were supported by the results of statistical tests and analyses of the data. A significant relationship was found between marital adjustment and fantasy function. Specific fantasy themes were found to occur in the reports of the majority of married men as expected. Also, specific fantasy themes occurred to a majority of married women as predicted. Unexpected themes appeared popular in both groups and some themes that were expected to rank high in occurrence did not.

Two of the study's hypotheses were not supported. No significant relationship was found between imaging ability and fantasy frequency. Likewise, no significant difference was found in the fantasy frequency of married men and women.

Other major findings of the study included the following: (1) husband and wife scores are not significantly related on measures of sexual fantasy during sexual interaction, (2) a significant negative relationship was found between marital adjustment and fantasy frequency, and (3) the pattern of fantasy activity decreases as the sexual response cycle progresses.

### Discussion

The discussion is organized into three sections. Discussion in the first section is based on the objectives and results of the study and proceeds in a repeating sequence of inference, evidence, and implication. Inferences are derived from the findings of the study. Evidence for inferential support is discussed in relation to current theory, practice, and previous research. Implications, developed from the inferences, are limited to suggestions for clinical consideration. The second section consists of a critique of the study and proposals for future research. The third section summarizes the salient points of this exploratory investigation and concludes with a theoretical perspective and a statement of the significance of the research.

### Inferences, Evidence, and Implications

Communication of sexual fantasies between married partners. The first major finding of the study resulted from a test of relationship between spouses' scores on all major variables. Spouses' scores on sexual fantasy were found to be unrelated. From this finding it is inferred that the sexual fantasy activity of marital partners is mutually independent. Although an extensive explanation of this inference is beyond the scope of this study, a brief discussion of this finding is relevant to the general exploratory purpose of searching significant variables of sexual fantasy.

One possible explanation for the lack of relationship between husband's and wife's fantasy patterns is expressed in the literature as a belief that erotic fantasies are not openly discussed. Fantasy is generally considered a private event (Sheehan, 1972). Privacy appears to be especially characteristic of erotic fantasies and the absence of communication of sexual fantasies between marital partners is reported in both popular and professional literature. Books and manuals directed toward the general public have frequently advised the mutual sharing of erotic fantasies as a means for increasing sexual self-actualization and interpersonal intimacy (Comfort, 1972; Kass & Stauss, 1975; Newhorn, 1973). These literary sources often profess such sharing techniques to be new and revolutionary, thereby emphasizing the



assumption that fantasy exchanges do not normally occur. Clinicians also support the notion that shared sexual fantasy is a rare attribute in marital interaction (Hollender, 1970; Kaplan, 1974; Masters & Johnson, 1966; Nims, 1975; Schimel, 1972). Client's reports of guilt and anxiety concerning their fantasies during coitus was frequently noted (Barclay, 1973; Flowers & Booraem, 1975; Kaplan, 1974; Wish, 1975). Further evidence that sexual fantasies are private matters, even between spouses, was found in the course of the present study. The researcher was consistently faced with the expressed concern of individual subjects that the reported erotic fantasies would remain secret from their spouses.

The failure of married couples to disclose their fantasies may partially account for the absence of related fantasy scores found in this study. There still remains, however, the possibility of an indirect influence of one's fantasy behavior upon that of the spouse during sexual interaction. In the question of fantasy frequency, for example, two conflicting suppositions can be proposed concerning the indirect influence of a spouse's fantasy activity. On one hand, fantasy activity may psychologically remove the fantasizer from the immediate situation. The psychological distance of one of the sexual partners might be construed as a fertile condition for the onset of fantasy. That is, being

"abandoned" is sexually unstimulating and encourages one to take refuge in erotic fantasy. If this assumption were true, a positive relationship in fantasy frequency of sexual partners should exist. On the other hand, fantasy can be viewed as a psychogenic source of sexual arousal, rather than a cause of sexual withdrawal. During sexual interaction, the fantasizer's partner is confronted not with the fantasy but with the effect of the fantasy activity. The increased arousal and responses of one of the sexual partners might be construed as an infertile condition for the onset of fantasy in the other partner. That is, being confronted with a highly aroused sex object is itself sexually stimulating and discourages one from seeking other stimulation such as fantasy. If this assumption were true, a negative relationship in fantasy frequency should exist between sexual partners. The failure to observe a relationship in spouses' scores on fantasy frequency suggests that neither of these suppositions is valid. The data resulting from a single measure of fantasy frequency are clearly insufficient evidence to make a definitive statement concerning the mutual influence of partners' fantasy behavior. Nevertheless, the inference of no relationship, which was derived from the results of this study was strengthened by the fact that the type of fantasy function, and the number of different themes fantasized were also found to be unrelated.

The interrelatedness of spouses' erotic fantasy is clearly complex and multifaceted phenomenon. Further clarification of the nature and dynamics of the interacting variables is needed before specific therapeutic implications can be deduced. There are, however, a few general implications that merit attention and they can be summarized as follows: most couples entering treatment for sexual dysfunction bring with them an unacknowledged aspect of their sexual interaction. This aspect is the sexual fantasy activity that occurs during their sexual relations. Masters and Johnson (1974) explained the attainment of enhanced sexual interaction as a function of improved communication. Whether achieving better communication necessitates disclosure of covert sexual behavior is an issue still open to and in need of much discussion, but the need for exploration and resolution of any negative feelings and anxieties surrounding on-going sexual fantasies is clearly indicated before the decision can be made to employ fantasy therapeutically.

The importance of imagery states to therapeutic fantasy.

A specific objective of the study was to investigate the relationship between imaging ability and fantasy frequency. A positive relationship between these two variables was hypothesized, and the results failed to support the hypothesis. The inference derived from these findings is that imaging ability and fantasy are independent factors. This

inference conflicts with the observations of Flowers and Booraem (1975). They reported that the fantasies of clients who exhibited difficulty in responding to therapeutic imagery techniques revealed concurrent deficits in the quantity and sensory quality of fantasy activity. The incongruence between the inference of this study and the reports of Flowers and Booraem suggests that yet unnamed variables may be operating that are related to both the sensuous and quantitative properties of sexual fantasy.

The recent studies of McLemore (1976) and Danaher and Thoresen (1972) have direct bearing on the question at hand. McLemore, after reviewing the validity and reliability of imagery measures, suggested that individuals differ in the extent to which they "dis-associate" (dissociate) aspects of their experience. He argued that imagery states may be a more appropriate measure than imagery traits. Since fantasy frequency and sensuous qualities of fantasy are imagery traits, the focus of this study and the observations of Flowers and Booraem (1975) may have been misplaced. Further evidence that this may be the case is found in the work of Danaher and Thoresen (1972). They, like Flowers and Booraem, were concerned with the client's susceptibility to therapeutic methods which utilize fantasy. Danaher and Thoresen concluded that in most therapeutic regimens, simple vividness of the image is insufficient to produce positive effect when



employing fantasy therapeutically. They suggested that actual involvement in the fantasy, e.g., the client-as-actor is essential. These studies (McLemore, 1976; Danaher and Thoresen, 1972) suggest that a "state" of identification with the fantasy is necessary, and the capacity for identification with a fantasy is an individual characteristic of the fantasizer. The lack of relationship between imaging ability and fantasy frequency that was found in this study can be explained after a re-examination of these two measures in the study. The imagery state that was required in the two instruments which measured imaging ability and fantasy frequency was clearly different. Fantasy frequency was reported from items that required the ability of the fantasizer to identify with the fantasy (see Sexual Daydreaming Forms for Married Men and Women found in Appendix B). Vividness of imagery in the various senses was determined from items that did not require the subject to identify with the image (see Shortened Form of the Betts QMI found in Appendix B). If the imagery state is the determining variable that McLemore, Danaher, and Thoresen believe it to be, the lack of relationship between imaging ability and fantasy frequency that was found in this study is not surprising. Furthermore, if further research produces evidence that these fantasy traits and this imagery state are related, measures of fantasy frequency and imaging ability in the various senses could serve as a means

of predicting the probability of a client's success with therapeutic fantasy techniques. However, neither the Betts QMI (1909) or Sheehan's modification of it (Sheehan, 1967a) would be appropriate measures of imaging ability because these tests do not incorporate the appropriate imagery state.

The interaction of imaging ability, fantasy frequency, and imagery state appears complex. Speculation on the nature of the interaction must include the suggestion that the importance of sensory awareness can not be underestimated in the ability to project oneself into a fantasy. Some of the sexual daydreaming items that were measured in this study emphasized the visual sense, while other emphasized the auditory, tactile, gustatory, or kinesthetic senses. The data in this study revealed that subjects who reported a greater number of different fantasies usually also reported a greater percentage of fantasy activity during sexual interactions. Thus, those subjects who were able to project themselves into fantasy themes that varied widely in their sensuous qualities had the greatest fantasy frequency.

Implications for clinical consideration in the absence of more conclusive information, are not modest. Certainly, the decision to use fantasy intervention as the treatment of choice could warrant a more extensive diagnosis than simply a measure of the client's ability to image vividly. The therapist should carefully consider the client's capacity

for projection and identification with the fantasy content. Finally, the importance of sensory awareness in all the senses indicated that the common techniques in sex therapy, such as sensate focus and non-demand pleasuring, could serve as an effective prelude to methods which focus on fantasy activity.

Counterindications for the therapeutic use of fantasy.

Significant relationships between marital adjustment and fantasy function were found in this study. From these data the writer infers that the degree of marital adjustment coincides with the manner in which sexual fantasy is used to effect the level of sexual arousal. Individuals who have only enhancing sexual fantasies during sexual interaction with their spouse also have well adjusted marriages. Those individuals who report both enhancing and distracting sexual fantasies have moderately adjusted marriages. Furthermore, the quantity of distracting fantasies occurring during sexual interaction increases as the degree of marital adjustment decreases.

The existing theoretical models for fantasy function fail to adequately explain these relationships. Some models explain fantasies only in relation to marital dissatisfaction and do not consider the fantasy activity of people who are happily married. Other models explain fantasies only in relation to one type of function, i.e., all sexual fantasies



during sexual relations are viewed either as distracting and undesirable, or as enhancing and desirable. The explanations of fantasy function remain limited in their clinical application because they attend only to the relative psychological distance of the sexual partner during sexual encounters. An adequate theory of fantasy function is needed that includes an explanation and evaluation of sexual fantasy function in terms of its physiological effects. Such a theory would view the fantasy activity as pragmatic behavior which can be valued only as the fantasizer's objectives. From this framework, both distracting and enhancing fantasies have potentially positive and negative values. If an individual wishes to accelerate or intensify the sexual response, enhancing fantasies would be desirable, and distracting fantasies would be undesirable. The opposite is true when an individual wishes to retard or inhibit the sexual response. A theory that interprets the function of fantasy according to its arousal and response consequences would be directly applicable to the treatment, since sexual dysfunctions include either responses that are in need of acceleration or responses that are in need of retardation.

Several therapeutic implications derive from the inference that marital adjustment is an important factor in determining how sexual fantasy is employed. For example, the therapist may have to consider the degree of total marital



adjustment of the clients as a part of any decision to employ fantasy techniques in treatment. Should changing the rate or intensity of sexual arousal by use of fantasy be the therapeutic objective, fantasy techniques with clients who have poorly adjusted marriages may be counterindicated. The therapist needs to explore the current spontaneous sexual fantasies of such couples to determine whether the client has both enhancing and distracting fantasies available in the existing fantasy repertoire. Furthermore, such an exploration should extend beyond information regarding the content of the client's fantasy. Knowing how these specific themes affect the sexual response may also be necessary. The results of this study suggest also that the frequency of a client's fantasy is an inadequate indicator for the selection of that specific fantasy for therapeutic intervention. The most common fantasies may not be the ones that serve the desired objective and directing the client to employ familiar fantasies may result in therapeutic error.

The relationship between function types of fantasy to degrees of marital adjustment has other implications for therapeutic intervention. These implications are explicated in the controversy concerning the viability of relieving the sexual distress as the only therapeutic goal.

Some clinicians, who view a sexual dysfunction as merely a symptom of a broader dysfunctional marital system, do not

believe that symptom relief is an adequate goal of therapy (Greene, Lustig, & Lee, 1976). Others insist that symptom relief is the only proper goal of sex therapy, and any other benefits that result are fortunate by-products (Masters & Johnson, 1970). Still others suggest that in each case the decision must be made anew (Kaplan, 1974). Fantasy is only one of many techniques available for the treatment of sexual dysfunction. However, the inferred association of fantasy function and marital adjustment implies that when fantasy techniques are being considered, attention to the total interactive pattern may be necessary. Fantasy can be a means of communication (Palmgreen, 1971). A marital partner may consciously or unconsciously use fantasy as an indirect means to communicate. Fantasy experienced as an arousing device, may be used to give positive messages to the sexual partner such as trust, intensity, and availability. Conversely, fantasy experienced as an inhibitor may be useful to express negative messages such as disinterest, distrust, or resentment. Styles and patterns of communication are well established in marital relationships (Satir, 1967), and the manner in which couples employ fantasy for communication is likely to reflect the overall patterns of communication in the marital system. Attention to the patterns of a couple's sexual fantasy function may be beneficial to the therapist not only as indicators of sexual interaction

but also as indicators of the general interaction within the marriage.

Gender similarity of fantasy frequency. From the results of the correlational test of fantasy frequency scores by sex, the researcher inferred that men and women do not differ in the amount of sexual fantasy that occurs during marital sexual relations. Money's (1973) support of this inference is emphatic. He believes that there are only four imperative differences between men and women: women menstruate, gestate, and lactate; men impregnate. Attempts to identify crucial psychological imperatives which follow these biological imperatives pervade the sexual fantasy literature. Wooten (1973) provided a possible explanation for the sex differences that are reported in previous research. He explained that methodological differences in gender studies are responsible for the reports of significant sex differences in fantasy. A comparison of this study with those that have found differences in fantasy frequency between men and women, reveals many methodological variations. Though Kinsey (1953) and Hesselund (1976) observed more frequency fantasy in men, their observations focused on sexual activity associated with masturbation rather than sexual interaction. The Kinsey group merely generalized their observations to coitus, pre-marital, and extramarital sex. The mental sexual hyperactivity they found in men was extrapolated as proof

that men seek more sexual activity than women. Besides, the difference in the sexual activity focus in this study and those of Kinsey and Hesselund also vary with regard to the means of collecting the information. Both the Kinsey group and Hesselund relied on the interview method. Male subjects talked to men about sexual activity, and their female subjects talked to men about sexual activity. More than 20 years have passed since Kinsey's research; yet, researchers today would be naïve to discount the obvious factor of experimenter bias. Even when volunteering, women may be inhibited in the disclosure of intimate sexual details to a man. On the other hand, inflation of facts and figures may occur in an attempt to impress the investigator.

Knudsen, Pope, and Irish (1967) found the questionnaire method superior in reliability to the interview method when the content of the inquiry involved morally defined behavior. Their study focused on a comparison of the two methods for eliciting information from women on topics that reflected behaviors imbued with cultural value judgements. One aspect of the inquiry involved sexual behaviors. Knudsen et al concluded that subjects provide more accurate information when they are presented a questionnaire than when they are required to make statements in a vis à vis situation. Their findings suggest that the findings of the present study may



be more reliable than those of Kinsey and Hesselund by virtue of the methodology that was employed. However, Knudsen's study involved only women and the sample was quite small (3); therefore the generalization of his study to the present investigation is limited. The significance of the Knudsen et al study is that it tests and confirms Wooten's hypothesis that methodology is highly influential with the outcomes of research into such behavior as sex.

Another explanation of sex differences in sexually oriented studies is that suggested by Gagnon and Simon (1973). Gagnon and Simon point out that sexual behavior develops in a socio-cultural context. From their frame of reference, the trend of women to report more fantasy is easily explained. Two possibilities exist: (1) the findings in this study represent the "natural" frequency of fantasy for the sexes, or (2) the swift change from Victorian asexuality to liberated sensuality, has resulted in a temporary 'sexual hyperactivity' in women. The second possibility seems less likely. Though the historical perspective may be meaningful when considering women in general over time, to assume a historical identification by individual women who, as in this sample, are primarily in their second and third decade of life seems unwarranted. In conclusion, the inference of gender similarity in fantasy frequency is amply supported and aptly summarized

in the contention that almost all gender differences in sexual behavior are culturally determined and therefore optional (Money, 1973).

An unscheduled exploration of the relationship between marital adjustment and fantasy frequency was prompted by the noticeable differences in the direction of the relationship between fantasy frequency for gender and spouse groups (see results of hypothesis 3). The significant negative correlation found between fantasy frequency and marital adjustment suggests that the natural gender similarity of fantasy frequency may be influenced or masked under certain conditions within the marital relationship.

The notion of gender similarity in fantasy frequency suggests several implications for the researcher and clinician. First, sex bias in methods of data collection and sexist instruments insensitive to social change may distort results. Second, comparisons across studies are reliable only when the methods of data collection are similar. Third, clinicians unaware of personal historical or socio-cultural biases with regard to gender differences in fantasy activity may inadvertently encourage gender differences unnaturally. Finally, clinicians might attend better to individual and group propensity to fantasize. Explanations for these differences are likely to be rooted in socio-cultural experiences rather than biological determinism.

Gender similarity in fantasy content. One of the most surprising results in this study was the similarity of fantasy content patterns for both sexes. Only four years ago Barclay (1973) reported great differences in fantasy content during sexual intercourse in men and women groups. In the present study, the equivalent patterns suggest: sexual fantasy is a common component of sexual interaction for married men and women; romantic and erotic themes are similarly distributed in men and women's sexual fantasy themes; some fantasy themes are independent of the arousal stage, and some are stage-dependent; and the reporting of frequency distributions of fantasy themes is highly misleading when reported without regard to arousal stage of occurrence.

Several sources support the inference that sexual fantasies are a normal aspect of marital sexual relations (Ellis, 1976; Hariton, 1973; Kaplan, 1974; Sullivan, 1969). All 76 subjects in this study reported some sexual fantasy, and within men's and women's groups fantasy was reported in every stage.

Some fantasy themes that were consistently popular and independent of arousal stage were similar for both genders. These themes included both romantic and purely erotic content, whereas those frequent stage-dependent themes that differed in the two groups, were found to be primarily erotic content. A dominance of erotic over romantic fantasy for

both sexes challenges stereotypes of male and female orientations to sexual stimuli. Given that the subjects had an even number of erotic vs. romantic fantasies from which to select, the similar distribution of themes for both sexes is more convincing as a normal state. Recent experimental evidence from indirectly related studies supports the notions of gender similarity. Specific themes presented through various modalities (slides, films, literature, audiotapes) have been shown to be equally more arousing to men or more arousing to women (Byrne & Lambreth, 1971; Byrne, Cherry, Lambreth, & Mitchell, 1976; Heiman, 1976; Sigusch, Schmidt, Reinfeld & Widemann-Sutor, 1970).

Some stage-independent low ranking fantasies appear common in both sex groups. Both sexes report a low incidence of "homosexual" and "voyeuristic" fantasies. An interesting reciprocal set of fantasies is conveniently matched in the findings of the content analysis of this study. Men rarely fantasize "being forced or overpowered" while women rarely fantasize "forcing or hurting my partner." Men report the "homosexual," "voyeuristic," and "being with a prostitute" fantasies more in resolution. It may be that these themes are more exotic than erotic and are enjoyed for their novelty after achieving maximum sexual arousal.

In the final analysis, most fantasy themes are stage-dependent; their relative frequency of occurrence appears



to interact with specific arousal stages. Stage-dependent fantasy generates interesting speculation with regard to the relationship between fantasy content and function. As previously mentioned, content and function relationships are often presumed, but these presumptions are based on a definition of function as a psychological phenomenon. "Sex with someone other than spouse" is often theoretically associated with unhappily married individuals who use fantasy to compensate or to provide an escape from an undesired situation. These explanations of the relationship between content and fantasy function are not substantiated in the present research. Themes such as "sex with someone other than spouse," "reliving a past sexual experience," "being some where else," and "homosexual sex" were reported by subjects with a wide range of marital adjustment scores. "Sex with someone else," in fact, was more often found in individuals with high scores in marital adjustment.

An analysis of specific stage-dependency and reported function of the fantasy suggests a probable relationship between content and function. The content distributions for both men and women revealed many stage-dependent fantasies. Men most often reported "sex with someone else" as enhancing during excitation and plateau stages of arousal. Though this fantasy occurred rarely during resolution for men, when it did appear, it was frequently reported as

distracting. Women, on the other hand, most often reported this fantasy as occurring during excitation and resolution and in these instances the fantasy was usually experienced as enhancing. Men frequently reported "hurting my partner" as a distracting fantasy occurring during orgasm. The anticipation or anxiety over hurting the partner during the most involuntary period of arousal may reflect actual or anticipated discomfort or pain communicated to men during their orgasm. Messages of this sort could, over time, influence men's fantasy during orgasm. Women frequently report "multiple partners delighting me" during orgasm. Unlike the male, the female orgasm can be abruptly discontinued through the slightest distraction. Fantasy which provides the stimuli of several men appears to maintain the duration and intensity of orgasm. A final example serves as the most obvious evidence that fantasy content and fantasy function are associated as a control of physiological effect. Women frequently reported "imminent intromission" as an enhancing fantasy in all stages except resolution. The conclusion is obvious.

The final inference which deals with content refers to fantasy content popularity. Because married men's fantasies during sexual interaction have not been previously studied, examples will be chosen from the men's content distributions. Two themes tied as the top ranking themes over all stages.

These were "sex with someone other than spouse," and "observing myself having sexual relations." Previous studies focusing on fantasy content usually stop at this point and if analysis of the present study ended here, these two themes would have been reported as the most popular of married men during sexual interaction. However, further analysis showed this was not exactly correct. The theme, "sex with someone other than spouse" received four different rankings in the four different arousal stages, ranking first, then seventh, then eighth, then seventeenth respectively. When considering sexual fantasy during or after orgasm, the assumption that this theme is most popular is quite false. "Observing myself having sexual relations" received rankings of eighth, then first, then first, then fourth. In the same manner, when referring to a specific level of arousal, the assumption that this was the most popular theme is also false. From this point of view reports of fantasy content from previous studies must be considered unreliable because subjects may have been cueing themselves to a particular arousal stage when reporting fantasy. Whether all subjects cued to the same stage and whether subjects were consistent in their stage cueing is unknown. Whatever the cases, the point is that content comparisons between this study and previous studies, which

make global reports of fantasy popularity across all stages, must be made with great reservation.

Implications from the inferences about the fantasy content distributions are several. First, fantasy being a common component of normal functional sexual interaction suggests its viability as a therapeutic technique for the treatment of sexual dysfunction. For example, the complete absence of fantasy during sexual activity may be a contributing factor to sexual difficulties. Though logically sound, this implication needs further study. Also from a therapeutic point of view the frequency with which fantasy occurred in the sample suggests that it may be more available and therefore easily manipulated than other aspects of sexual interaction. Second, the gender similarity in the popularity of erotic and romantic themes implies that past studies involved sex-biased methodologies, or that social changes have influenced sexual behavior. Third, the stage-dependency of specific themes implies that some fantasies have a higher probability of eliciting specific physiological results than others. The therapist may be able initially to suggest specific fantasy themes to clients who lack fantasy activity. Because specific sexual dysfunctions are also stage-dependent a matching of possible effective fantasy content to specific dysfunctions may be feasible, especially for clients with an impoverished fantasy life.



Finally, the therapist may find it valuable to assist the client in distinguishing differences in fantasy content across arousal stages. Suggestions to change or stay with specific fantasies as the sexual response progresses may prove therapeutically advantageous.

The fantasy frequency cycle in sexual arousal. Measuring the frequency of sexual fantasies at four different stages of sexual arousal revealed a fantasy pattern previously unreported in psychological literature. This pattern expresses a natural relationship between the degree of covert and overt sexual arousal in the sexual response cycle. During the first three stages of sexual arousal there is an inverse relationship, i.e., as physiological arousal intensifies, the amount of sexual fantasy activity is reported to diminish. During the last stage, the relationship between fantasy and sexual response is direct, that is, further diminution of fantasy and arousal occurs simultaneously. This clearly observable fantasy frequency cycle during sexual interaction suggests that an optimum proportion of psychogenic vs. somatogenic stimulation may exist at specific stages of arousal.

#### Criticism and Future Directions

Criticism of the study. The significance of the conclusions from this study must be tempered by the fact that there are a number of difficulties associated with the methodology. The study of human sexual behavior is a highly

sensitive topic which engenders much resistance. The study of sexual fantasy is compounded by the problem of reliance on self-report measures of fleeting private events that occur during a time of high physiological arousal. Sampling, experimenter, and volunteer biases are almost impossible to eliminate or control.

The lack of available standardized instrumentation is another methodological shortcoming of the study. The uniqueness of this study demanded a new format for the measure of sexual fantasy. Thus, a direct relationship of the study's data to findings of related research is absent so that comparisons must be conservative. Also the administration of the instruments used in this study followed a set sequence. The reader is cautioned that possible sequencing effect may exist. The nature of a bounded choice questionnaire such as the Sexual Daydreaming Forms for Married Men and Women suggest that the data on the fantasies may have been strongly dependent on the inclusion and exclusion of specific fantasy themes. Comparisons with related studies must also consider the limitations of the instruments. Finally, the manner in which frequency of fantasy was measured may be too broad to capture more definitive data on fantasy frequency. The subjects, forced to choose between widely spaced percentages on the frequency scale, may have chosen in such a way to inflate or deflate overall numerical frequency values.

The characteristics of the sample produced other limitations of the study. The sample size was small, particularly when using sub-samples. The high degree of education and relative youth of the subjects limits the generalizability of the findings. Moreover, in the interest of insuring complete and irrevocable anonymity, the individuals demographic information was lost. The lack of these data limited the comparison of variables within the sample.

Finally, the exploratory nature of the study and the paucity of related research encouraged the use of correlational analyses. The possibility that significant relationships are due simply to chance must be carefully considered.

Future research. The inferences and implications developed in this study suggest both areas in need of further exploration, and points of departure for intervention research.

The interaction of married partner's sexual fantasies needs further study. Questions concerning fantasies that are shared, fantasies that are not shared, how sharing affects sexual arousal and satisfaction need to be asked.

An analysis of the frequency, content, and function of sexual fantasies in married couples experiencing different sexual dysfunctions is needed. Comparisons across couples grouped according to type of dysfunction, and lack of

dysfunction, might assist in the more direct application of findings to the clinical setting.

Replication of the present study with additional measures of sexual interaction would be fruitful. Clarification of the average duration of each stage of the couple's interaction would be important. Amount and kinds of sexual activity that occur will provide new variables for study. How the partners feel about their fantasies may further clarify the relationships of fantasy frequency, function, content and marital adjustment. A replication with parallel instruments is needed to test further the gender similarities and differences. Finally, a replication of the study on similar and on different populations which include the demographic characteristics as variables may reveal other influencing factors in fantasy patterns. The questions of relationship between length of marriage, age education or religiosity and fantasy frequency, content, and function beg to be answered.

A developmental study which traces the fantasy patterns according to stage of the marriage would offer valuable information for the sex therapist. The comparison of the fantasy of newly-weds to the fantasy of those married a decade or more may reveal frequency and content changes in the progress of marriage. Such specifics can be immediately applicable to therapy. For example, the identification



of life cycle crises which affect the fantasy component of sexual interaction may provide clues to the etiology and treatment of the dysfunction.

Finally, research which attends to the methodological problems involved in sexual fantasy is greatly needed. The effect of the experimenter's sex on reports of fantasy activity, the instrument formats and methods of reliability and validity would advance research in sexual fantasy as well as suggest which, if any, of the previous studies are apt to be more reliable sources of information than are others.

Furthermore, identifying the physiological measures associated with specific fantasy content would address the question of relationship between fantasy content and function. This information could contribute much to the theoretical incongruencies that exist in the literature.

The study of sexual fantasy and its viability as a therapeutic tool is in its infancy. The future researcher has before him or her almost unlimited possibilities of problems upon which to build a study.

#### Summary and Conclusions

Sexual fantasy has been employed as a therapeutic technique in the treatment of sexual dysfunction with varying success. The clinical application of sexual fantasy appears to surpass the prevailing knowledge of the nature of sexual

fantasy. Influenced by this discrepancy, the present study was developed to explore further the nature and structure of sexual fantasy and the relationships of sexual fantasy to selected individual and interpersonal variables.

The individual ability to image and the interpersonal adjustment in the marriage were studied in relationship to fantasy frequency, function, and content. The variables of fantasy activity were measured across four stages of arousal in the human sexual response cycle. The specific objectives of the study were (1) to ascertain the distribution of the content and frequency of sexual fantasy across four stages of sexual arousal, (2) to investigate the relationship between imaging ability and the frequency of sexual fantasy during sexual interaction, (3) to investigate the relationship between marital adjustment and the function of sexual fantasy during sexual interaction, (4) to test for gender differences in the frequency of sexual fantasy in four stages of sexual arousal, and (5) to determine the relative popularity of specific fantasy themes reported by married men and women.

An anonymous questionnaire consisting of three parts was answered by 38 married couples. Privacy and anonymity were assured. The three parts of the questionnaire were: (1) a shortened form of the Betts Questionnaire Upon Mental Imagery (QMI), (2) a Short Marital Adjustment Test (MAT),

and (3) either a Sexual Daydreaming Form for Married Men (SDMM) or a Sexual Daydreaming Form for Married Women (SDMW). The QMI yielded a total imaging ability score and seven sub-scores of imaging ability within specific sensory modalities. The MAT yielded a total marital adjustment score and a sub-score on sexual adjustment. The SDMM and SDMW yielded a score for frequency of each of 20 fantasies and a classification according to function type for each fantasy. These frequency and function measures were obtained for the four stages of sexual arousal. Demographic information was collected for the sole purpose of describing the sample.

Spouses' scores on all variables were correlated to prevent subsequently artificial inflation of results. A significant relationship was found in spouses' scores on marital adjustment. All later correlations that included scores on marital adjustment were based on a randomly chosen sub-sample including only one member of each married couple.

No relationship between imaging ability and fantasy frequency was found. This lack of relationship suggested that the imaging ability needed for sexual fantasy includes an ability to project oneself into the fantasy. This ability was not measured in this study.

A significant relationship between marital adjustment and fantasy function was observed. Well adjusted marriages

are related to fantasies which serve to enhance sexual arousal and response. The possibility was entertained that fantasy can be a means of communication in sexual interaction which reflects the dynamics of communication in the marital system.

Gender similarity in fantasy frequency and fantasy content was observed in the sample. These findings were attributed to social changes and bias free instrumentation.

A pattern of decreasing frequency and content of sexual fantasy was found to occur as the sexual response cycle progressed. A natural inverse relationship between the degree of covert and overt sexual arousal in the first three stages of the sexual response cycle was inferred from this finding.

Implications of the findings were limited to clinical suggestions which must await confirmation from future investigations. Some implications were suggested as points of departure for future research. However, the study revealed that the therapist dealing with sexual fantasy is confronted with a complex phenomenon. The complexity is reflected in both the androgynous and systemic nature of erotic fantasy. Sexual fantasy is an inherent human potential, and a natural covert level of sexual response. Unrestricted by sociocultural expectations, the androgynous nature of sexual fantasy apparently emerges. Gender similarity of sexual



fantasy provides an important source of reciprocal rewards which can contribute to satisfaction within the sexual relationship.

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APPENDIX A  
COMMUNICATIONS FOR CONSENT



REQUEST FOR PARTICIPATION IN A RESEARCH STUDY ON IMAGING  
ABILITY, MARITAL ADJUSTMENT, AND COITAL FANTASY

Dear Couple,

I am conducting a research study designed to add to our current understanding of human sexual behavior. Today, more people seek professional help in overcoming mental or emotional difficulties of all kinds, including those regarding their sexual behavior. As a result, many new methods and techniques have been developed for use in psychotherapy, marriage counseling, and sex therapy, and the number of therapists trained to use these techniques is rapidly increasing. In some instances, however, the techniques have far exceeded the underlying knowledge we have concerning them. While we know that these methods work in most cases, we often do not know why, or why in some cases they do not work. Such is the situation regarding the use of imagery and fantasy for fully functioning and healthy sexual behavior. This study hopes to make a valuable contribution toward the very large task of remedying this lack of understanding.

A common problem in collecting information on human sexuality is the reluctance of people to disclose their sexual experiences, even in the interest of science. Shyness and fears of embarrassment inhibit participation in such research. Consequently, most research in this area has been limited to a very narrow range of the general population. Usually this has meant college students and clinical patients. A few, although very few, studies involved volunteers from the general public. We are limited if we wish to apply these results to people other than students, patients, and volunteers. On this very issue, in fact, one study found that the results from a group of volunteers was significantly different than those from a group of non-volunteers when the content focused on disclosing sexual behavior. So, we are in dire need of learning more about the sexual behavior of "normal," functioning people of various ages, occupations, philosophies, and educational backgrounds if we desire wise and efficient therapy and therapists in our society.

Should you agree to participate, it would mean devoting approximately one hour to filling out a questionnaire. You would be asked to sign a consent form that states that you are informed as to the content, risks, and procedures in the study, and that you are free to withdraw at any time.

Other than this consent form, your responses will be completely anonymous. You will not put your name on any of the test materials. You will work alone and without interruption. The many precautions that have been taken to insure your rights and welfare will be explained to you.

I hope you will agree to participate. I sincerely believe you would find the study interesting, personally and generally. There will be a minimum of seventy subjects in this investigation. Should you wish to know the overall results of the research, they will be made available to you.

Thank you for your consideration.

Sincerely,

Linda Kelly  
Doctoral Candidate  
Department of Psychology  
Texas Woman's University

## ORAL DESCRIPTION OF THE STUDY

(Read to Subjects in Order to  
Obtain Informed Consent)

When you were contacted and asked to participate in this study, you were told briefly about the content and procedures involved in this investigation. Before beginning the study, I am going to describe in greater detail, the procedures and potential risks and benefits to you as a participant in this study. After all of your questions have been answered in this regard, I will give you a form to sign giving your consent to act as a subject in this research. This procedure is devised to assist in protecting your rights and welfare. It is an effort to insure that you are informed as to the nature, procedures, and potential risks and benefits of the research project. It has been prepared in accordance with the guidelines provided by the Department of Health, Education, and Welfare and Texas Woman's University policy.

This study concerns aspects of human sexual behavior in marriage. The purpose of the study is to contribute to the knowledge and its application in the fields of marriage and family counseling, sexual therapy, and general psychotherapy.

The procedures are as follows:

Each subject will be given a private working area and asked to complete a questionnaire consisting of three parts. Part 1 will measure the subject's capacity for creating various fantasies and images. Part 2 will measure the degree of marital adjustment experienced by the subject. Part 3 will request the subject to disclose the nature of his/her fantasy activity during sexual relations with one's spouse. Upon completing the questionnaire, the subject will return all materials to the examiner immediately. The examiner will monitor the room to prevent interruptions and will individually answer any questions that you may have regarding the testing while you work.

These procedures involve the following potential risks and discomforts:

- (a) public embarrassment.  
To avoid any such personal embarrassment, I have made an effort to provide you with a comfortable setting in which to participate in



the study. You should not expect to come in contact with anyone other than those directly involved in this research study. You will work independently and in a private space. Only those necessary to assist you will be present while you work. All materials are to be completed anonymously and in no way will your responses be associated with your name.

- (b) improper release of data.  
The information in the questionnaire will remain in the possession of the researcher only. Precautions will be taken to secure this material while analyses are being performed. Once results are analyzed statistically, the questionnaires will be destroyed and responses will be discussed only in statistical terms. All results will be reported in the researcher's dissertation or in later professional articles. Should you wish your contribution to be included only in statistics for the dissertation and not for subsequent professional papers, place an "X" in the upper right hand corner of your questionnaire.
- (c) mental or emotional discomfort stimulated by content of the questionnaire.  
Most people find the content of the questionnaire interesting and beneficial to their growth in self-awareness. Some items may initially cause you to feel surprised or even uncomfortable. These items were devised from research and literary sources and included because of their frequency of occurrence in normal human sexual behavior. There is no intent to offend you. Your honesty and integrity are vital to this study, however, in the event that you find an item unduly disturbing, you are free to disregard this item and continue on with the rest of the questionnaire. Should you find upon later reflection or discussions with your spouse that you are uncomfortable about any part of the questionnaire's content, the researcher will further discuss this study with you. You may reach the researcher through the Psychology Department at this University.



These procedures also involve the following possible benefits to yourself or others:

- (a) increased self-awareness.  
People are usually interested in experiences that contribute to their self-understanding. Completing the questionnaire should stimulate you to reflect upon yourself. You may find some surprises in your answers and thus gain a new awareness about yourself. This study will tap three areas of your experience: your ability to imagine through the various senses; your perception of the mutual accommodation and compatibility in your marital relationship; and your thought processes that occur during sexual relations with your spouse.
- (b) heightened communication between spouses.  
With relationships that involve commitment and emotional intimacy, increased disclosure and sharing of experience can heighten the partners' mutual understanding and appreciation. This includes respecting each other's rights to privacy of thought. While there is no expectation or requirement of occurrence of this process for this study, it does remain as a potential benefit to the couples who participate.
- (c) contribution to the knowledge and application of therapeutic technique in psychotherapy, marriage and family counseling, and sex therapy.  
Fantasy is currently a technique frequently employed in many types of counseling. While we know that it is often an effective technique, we know little about why it works, or does not work with some people. There is a pressing need to bring our understanding in line with our methods if we are to produce effective and efficient psychological services for the general society. What will be learned from this study may make a useful contribution toward alleviating this deficiency in the therapeutic field.

If you have any further questions before giving consent I will attempt to answer them at this time. Should you wish to discontinue your participation in the study at any time you are free to do so.

## CONSENT TO ACT AS A SUBJECT FOR RESEARCH AND INVESTIGATION

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time.

---

Date

---

Signature

---

Date

---

Witness

## CERTIFICATION BY PERSON EXPLAINING THE STUDY:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

---

Date

---

Signature

---

Position

---

Date

---

Witness



# National Council on Family Relations

1219 UNIVERSITY AVENUE SOUTHEAST

MINNEAPOLIS, MINNESOTA 55414

AREA CODE 612 331-2774

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May 4, 1977

Ms. Linda Kelly  
1205 Pin Oak  
Denton, TX 76201

Dear Ms. Kelly:

This is in response to your letter of April 12th. You have our permission to use the instrument entitled "Marital-Adjustment Test" by Harvey J. Locke and Karl M. Wallace. You must have the permission of both authors however. Their addresses are as follows:

Karl Wallace  
334 North Mission Drive  
San Gabriel, CA 91775

Harvey J. Locke  
975 Calle Angosta  
Thousand Oaks, CA 91360

Sincerely,

*Margaret J. Bodley*  
Margaret J. Bodley

Mrs. Linda Kelly  
1205 Pin Oak  
Denton, Texas  
76201  
May 22, 1977

Dr. Harvey J. Locke  
975 Calle Angosta  
Thousand Oaks, California  
91360

Dear Dr. Locke,

I have selected for my dissertation research an instrument that you co-authored and had published in the Marriage and Family Living, 1959, 21, 251-255. The article was titled, "Short Marital Adjustment and Prediction Tests: Their Reliability and Validity". In this journal, it states that permission to use these materials must come from both authors and editor. I have received permission from the editor and your co-author, Dr. Wallace. Will you also give me permission to use the "Marital Adjustment Test" in my research?

Thank you for your consideration of this request.

Sincerely,

*Linda Kelly*  
Linda Kelly

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

*H. J. Locke*  
*6/1/77*



Mrs. Linda Kelly  
1205 Pin Oak  
Denton, Texas  
76201  
April 12, 1977

Dr. Karl M. Wallace  
334 North Mission Drive  
San Gabriel, California  
91775

Dear Dr. Wallace,

I have selected for my dissertation research an instrument that you co-authored and had published in the Marriage and Family Living, 1959, 21, 251-255. The article was titled, "Short Marital Adjustment and Prediction Tests: Their Reliability and Validity". In this journal, it states that permission to use these materials must come from both authors and editor. Will you give me permission to use the "Marital Adjustment Test" in my research?

Thank you for your consideration of this request.

Sincerely,

*Linda Kelly*  
Linda Kelly

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

*K M Wallace*

*4-19-77*

**APPENDIX B**  
**INSTRUMENTS**

## DEMOGRAPHIC INFORMATION

So that I may know the characteristics of the participants,  
will you please check the appropriate boxes below.  
NO NAMES PLEASE!

Years married:

☐ 1-4      ☐ 5-9      ☐ 10-19      ☐ 20 or more

Joint annual income:

☐ 0-5,000   ☐ 6-15,000   ☐ 16-30,000   ☐ 31-50,000   ☐ over 50,000

	WIFE	HUSBAND
EDUCA- TION:	<input type="checkbox"/> grade school <input type="checkbox"/> high school <input type="checkbox"/> college <input type="checkbox"/> graduate school	<input type="checkbox"/> grade school <input type="checkbox"/> high school <input type="checkbox"/> college <input type="checkbox"/> graduate school
AGE:	<input type="checkbox"/> 18-25 <input type="checkbox"/> 36-45 <input type="checkbox"/> 56-65 <input type="checkbox"/> 26-35 <input type="checkbox"/> 46-55 <input type="checkbox"/> 66+	<input type="checkbox"/> 18-25 <input type="checkbox"/> 36-45 <input type="checkbox"/> 56-65 <input type="checkbox"/> 26-35 <input type="checkbox"/> 46-55 <input type="checkbox"/> 66+
WHERE REARED:	<input type="checkbox"/> West Coast <input type="checkbox"/> East Coast <input type="checkbox"/> Northwest <input type="checkbox"/> Northeast <input type="checkbox"/> Midwest <input type="checkbox"/> Southwest <input type="checkbox"/> South <input type="checkbox"/> Ohio Valley <input type="checkbox"/> Upper Midwest <input type="checkbox"/> Foreign Country _____ (which)	<input type="checkbox"/> West Coast <input type="checkbox"/> East Coast <input type="checkbox"/> Northwest <input type="checkbox"/> Northeast <input type="checkbox"/> Midwest <input type="checkbox"/> Southwest <input type="checkbox"/> South <input type="checkbox"/> Ohio Valley <input type="checkbox"/> Upper Midwest <input type="checkbox"/> Foreign Country _____ (which)
RELIGI- OSITY	<input type="checkbox"/> attend services weekly <input type="checkbox"/> attend several times a year <input type="checkbox"/> attend only on holidays <input type="checkbox"/> do not attend, but am religious <input type="checkbox"/> do not attend, am not religious	<input type="checkbox"/> attend services weekly <input type="checkbox"/> attend several times a year <input type="checkbox"/> attend only on holidays <input type="checkbox"/> do not attend, but am religious <input type="checkbox"/> do not attend, am not religious
COUN- SELING EXPERI- ENCE	<input type="checkbox"/> have never been counseled <input type="checkbox"/> received psychotherapy <input type="checkbox"/> received marriage or family counseling <input type="checkbox"/> received sex therapy	<input type="checkbox"/> have never been counseled <input type="checkbox"/> received psychotherapy <input type="checkbox"/> received marriage or family counseling <input type="checkbox"/> received sex therapy
PARTI- CIPA- TION	<input type="checkbox"/> would ordinarily not participate in research of this kind <input type="checkbox"/> would be likely to volunteer for research of this kind	<input type="checkbox"/> would ordinarily not participate in research of this kind <input type="checkbox"/> would be likely to volunteer for research of this kind

## PLEASE NOTE:

The "Shortened Form of Betts' Questionnaire Upon Mental Imagery" was developed by Peter Sheehan at the University of Sydney, Australia, as part of a research project on visual imagery, supported by the U.S. Public Health Service, NIMH Grant M.3950, principal investigator Dr. J. D. Sutcliffe. This instrument has been deposited as Document 9147 with ADI Auxiliary Publication Project, Photoduplication Service, Library of Congress, Washington, D. C. 20540.



## A Shortened Form of Betts' Questionnaire

### Upon Mental Imagery

#### Instructions for Doing Test

The aim of this test is to determine the vividness of your imagery. The items of the test will bring certain images to your mind. You are to rate the vividness of each image by reference to the accompanying rating scale, which is shown at the bottom of the page. For example, if your image is "vague and dim" you give it a rating of 5. Record your answer in the brackets provided after each item. Just write the appropriate number after each item. Before you turn to the items on the next page, familiarize yourself with the different categories on the rating scale. Throughout the test, refer to the rating scale when judging the vividness of each image. A copy of the rating scale will be printed on each page. Please do not turn to the next page until you have completed the items on the page you are doing, and do not turn back to check on other items you have done. Complete each page before moving on to the next page. Try to do each item separately, independent of how you may have done other items.

---

The image aroused by an item of this test may be -	
Perfectly clear and as vivid as the actual experience	...Rating 1
Very clear and comparable in vividness to the actual experience	...Rating 2
Moderately clear and vivid	...Rating 3
Not clear or vivid, but recognizable	...Rating 4
Vague and dim	...Rating 5
So vague and dim as to be hardly discernible	...Rating 6
No image present at all, you only "knowing" that you are thinking of the object	...Rating 7

---

An example of an item on the test would be one which asked you to consider an image which comes to your mind's eye of a red apple. If your visual image was moderately clear and vivid you would check the rating scale and mark "3" in the brackets as follows:

<u>Item</u>	<u>Rating</u>
5. A red apple	(3)

Now turn to the next page when you have understood these instructions and begin the test.

Think of some relative or friend whom you frequently see, considering carefully the picture that rises before your mind's eye. Classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

<u>Item</u>	<u>Rating</u>
1. The exact contour of face, head, shoulders and body .....	( )
2. Characteristic poses of head, attitudes of body, etc. ....	( )
3. The precise carriage, length of step, etc. in walking .....	( )
4. The different colours worn in some familiar costume .....	( )

Think of seeing each of the following, considering carefully the picture which comes before your mind's eye, and classify the image suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

5. The sun as it is sinking below the horizon ..... ( )

Rating Scale

The image aroused by an item of this test may be -	
Perfectly clear and as vivid as the actual experience	.... Rating 1
Very clear and comparable in vividness to the actual experience	.... Rating 2
Moderately clear and vivid	.... Rating 3
Not clear or vivid, but recognizable	.... Rating 4
Vague and dim	.... Rating 5
So vague and dim as to be hardly discernible	.... Rating 6
No image at all, you only "knowing" that you are thinking of the object	.... Rating 7

Think of each of the following sounds, considering carefully the image which comes to your mind's ear, and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

<u>Item</u>	<u>Rating</u>
6. The whistle of a locomotive .....	( )
7. The honk of an automobile .....	( )
8. The mewling of a cat .....	( )
9. The sound of escaping steam .....	( )
10. The clapping of hands in applause .....	( )

#### Rating Scale

The image aroused by an item of this test may be -

Perfectly clear and as vivid as the actual experience	.... Rating 1
Very clear and comparable in vividness to the actual experience	.... Rating 2
Moderately clear and vivid	.... Rating 3
Not clear or vivid, but recognizable	.... Rating 4
Vague and dim	.... Rating 5
So vague and dim as to be hardly discernible	.... Rating 6
No image at all, you only "knowing" that you are thinking of the object	.... Rating 7

Think of "feeling" or touching each of the following, considering carefully the image which comes to your mind's touch, and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

<u>Item</u>	<u>Rating</u>
11. Sand .....	( )
12. Linen .....	( )
13. Fur .....	( )
14. The prick of a pin .....	( )
15. The warmth of a tepid bath .....	( )

#### Rating Scale

The image aroused by an item of this test may be -

Perfectly clear and as vivid as the actual experience	.... Rating 1
Very clear and comparable in vividness to the actual experience	.... Rating 2
Moderately clear and vivid	.... Rating 3
Not clear or vivid, but recognizable	.... Rating 4
Vague and dim	.... Rating 5
So vague and dim as to be hardly discernible	.... Rating 6
No image at all, you only "knowing" that you are thinking of the object	.... Rating 7



Think of performing each of the following acts, considering carefully the image which comes to your mind's arms, legs, lips, etc., and classify the images suggested as indicated by the degree of clearness and vividness specified on the Rating Scale.

<u>Item</u>	<u>Rating</u>
16. Running upstairs .....	( )
17. Springing across a gutter .....	( )
18. Drawing a circle on paper .....	( )
19. Reaching up to a high shelf .....	( )
20. Kicking something out of your way .....	( )

### Rating Scale

The image aroused by an item of this test may be -

Perfectly clear and as vivid as the actual experience	.... Rating 1
Very clear and comparable in vividness to the actual experience	.... Rating 2
Moderately clear and vivid	.... Rating 3
Not clear or vivid, but recognizable	.... Rating 4
Vague and dim	.... Rating 5
So vague and dim as to be hardly discernible	.... Rating 6
No image at all, you only "knowing" that you are thinking of the object	.... Rating 7

Think of tasting each of the following considering carefully the image which comes to your mind's mouth, and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

<u>Item</u>	<u>Rating</u>
21. Salt .....	( )
22. Granulated (white) sugar .....	( )
23. Oranges .....	( )
24. Jelly .....	( )
25. Your favorite soup .....	( )

#### Rating Scale

The image aroused by an item of this test may be -

Perfectly clear and as vivid as the actual experience	.... Rating 1
Very clear and comparable in vividness to the actual experience	.... Rating 2
Moderately clear and vivid	.... Rating 3
Not clear or vivid, but recognizable	.... Rating 4
Vague and dim	.... Rating 5
So vague and dim as to be hardly discernible	.... Rating 6
No image at all, you only "knowing" that you are thinking of the object	.... Rating 7

Think of smelling each of the following, considering carefully the image which comes to your mind's nose and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

<u>Item</u>	<u>Rating</u>
26. An ill-ventilated room .....	( )
27. Cooking cabbage .....	( )
28. Roast beef .....	( )
29. Fresh paint .....	( )
30. New leather .....	( )

### Rating Scale

The image aroused by an item of this test may be -

Perfectly clear and as vivid as the actual experience	.... Rating 1
Very clear and comparable in vividness to the actual experience	.... Rating 2
Moderately clear and vivid	.... Rating 3
Not clear or vivid, but recognizable	.... Rating 4
Vague and dim	.... Rating 5
So vague and dim as to be hardly discernible	.... Rating 6
No image at all, you only "knowing" that you are thinking of the object	.... Rating 7

Think of each of the following sensations, considering carefully the image which comes before your mind, and classify the images suggested as indicated by the degrees of clearness and vividness specified on the Rating Scale.

<u>Item</u>	<u>Rating</u>
31. Fatigue .....	( )
32. Hunger .....	( )
33. A sore throat .....	( )
34. Drowsiness .....	( )
35. Repletion as from a very full meal .....	( )

#### Rating Scale

The image aroused by an item of this test may be -	
Perfectly clear and as vivid as the actual experience	.... Rating 1
Very clear and comparable in vividness to the actual experience	.... Rating 2
Moderately clear and vivid	.... Rating 3
Not clear or vivid, but recognizable	.... Rating 4
Vague and dim	.... Rating 5
So vague and dim as to be hardly discernible	.... Rating 6
No image at all, you only "knowing" that you are thinking of the object	.... Rating 7



- |                 |       |                    |
|-----------------|-------|--------------------|
| Very<br>Unhappy | Happy | Perfectly<br>Happy |
|-----------------|-------|--------------------|

	Always Agree	Almost Always Agree	Occasion- ally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
2. Handling family finances						
3. Matters of recreation						
4. Demonstrations of affection						
5. Friends						
6. Sex relations						
7. Conventionality (right, good, or proper conduct)						
8. Philosophy of life						
9. Ways of dealing with in-laws						

10. When disagreements arise, they usually result in:  
\_\_\_ husband giving in \_\_\_ wife giving in  
\_\_\_ agreement by mutual give and take
11. Do you and your mate engage in outside interests together?  
\_\_\_ all of them \_\_\_ some of them \_\_\_ few of them \_\_\_ none of them
12. In leisure time do you generally prefer:  
\_\_\_ to be on the go \_\_\_ to stay at home?  
Does your mate generally prefer:  
\_\_\_ to be on the go \_\_\_ to stay at home?
13. Do you ever wish you had not married?  
\_\_\_ frequently \_\_\_ occasionally \_\_\_ rarely \_\_\_ never
14. If you had your life to live over, do you think you would:  
\_\_\_ would marry the same person \_\_\_ marry a different person  
\_\_\_ not marry at all
15. Do you confide in your mate:  
\_\_\_ almost never \_\_\_ rarely \_\_\_ in most things  
\_\_\_ in everything

SEXUAL DAYDREAMING FORM  
FOR MARRIED WOMEN

INTRODUCTION

PRIOR RESEARCH HAS SHOWN THAT MOST PEOPLE HAVE DAYDREAMS EVERYDAY. ALSO WE KNOW THAT MANY PEOPLE HAVE DAYDREAMS OR BRIEF FANTASIES DURING SEXUAL RELATIONS. THIS PART OF THE QUESTIONNAIRE IS DESIGNED TO EXPLORE DAYDREAMS THAT MARRIED MEN AND WOMEN HAVE DURING SEXUAL RELATIONS WITH THEIR SPOUSE. THERE ARE TWENTY ITEMS THAT DESCRIBE DAYDREAMS AND FANTASIES THAT YOU MIGHT HAVE OR MIGHT BE SIMILAR TO THOSE YOU HAVE WHILE ENGAGING IN SEXUAL RELATIONS WITH YOUR HUSBAND. EXCLUDE ANY DAYDREAMS OR FANTASIES THAT YOU HAVE DURING OTHER ACTIVITIES IN YOUR DAY. YOUR HONESTY IS VERY IMPORTANT TO THIS RESEARCH AND YOUR ANSWERS WILL HELP US LEARN MORE ABOUT THE NATURE OF THIS KIND OF THINKING.

INSTRUCTIONS

For each daydream you will consider three questions:

1. Stage: During which stage(s) of your sexual interaction does the fantasy occur?
2. Frequency: How often does the daydream tend to occur?
3. Function: How does the daydream tend to affect your sexual response?

The next page contains all the definitions you need to help you answer these questions. It is a loose page so that you can continue to refer to it as you turn the pages.

Read each daydream and indicate:

First - the frequency by circling the appropriate number on the frequency scale in the stage(s) in which the daydream occurs.

Second - the function by checking the appropriate blank for the stage(s) in which the daydream occurs. If you circle "0" on the frequency scale, there is no need to check the blank for function.

### DEFINITIONS

STAGES: We can describe a sexual response as four distinct stages of arousal.

**EXCITATION:** This stage refers to the onset of erotic feelings, usually resulting in erection in men and vaginal lubrication in women. Other signs may be: faster heart rate, skin flush, breast swelling and nipple erection. Some referred to this stage as "being turned on."

**PLATEAU:** This stage occurs immediately prior to orgasm when arousal has reached it's peak. It is a much more intense state than the general excitation stage.

**ORGASM:** This is the most physically intense stage characterized by ejaculation in men, and rhythmic muscle contractions in both men and women. Sometimes this is referred to as "coming."

**RESOLUTION:** This is the stage where the body is returning to "normal." It is the reverse of excitation, erections and all other signs of sexual arousal diminish or disappear.

FREQUENCY: This scale should be used to indicate "how often" a daydream occurs to you.

0% (never): This refers to "I cannot recall ever having this daydream."

25% (about  $\frac{1}{4}$  of the time): This refers to an occasional daydream, or "I have this fantasy approximately  $\frac{1}{4}$  of the time that we have sexual relations."

50% (about  $\frac{1}{2}$  of the time): This refers to a frequent daydream, or "I have this daydream about  $\frac{1}{2}$  of the time we have sexual relations."

75% (about  $\frac{3}{4}$  of the time): This refers to a daydream that occurs very often, or "I recall having this daydream approximately  $\frac{3}{4}$  of the time we have sexual relations."

100% (always): This refers to "I have this daydream every time we have sexual relations."

FUNCTION: This category should be used to indicate how the daydreams relate to your sexual responses.

DISTRACTS: This refers to an effect of diminishing the intensity of sexual arousal or of slowing the rate of sexual response.

ENHANCES: This refers to an effect of increasing the intensity of sexual arousal or of hastening rate of the sexual response.



# DAYDREAMS

1. I IMAGINE THAT CERTAIN ROMANTIC OR SEXY THINGS ARE BEING SAID TO ME.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

2. I IMAGINE THAT I AM HAVING SEXUAL RELATIONS WITH SOMEONE ELSE.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

3. I IMAGINE I AM WATCHING OTHERS ENGAGE IN SEXUAL RELATIONS.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

4. I IMAGINE THAT I AM ABOUT TO BE ENTERED VAGINALLY.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

5. I IMAGINE I AM BEING OVERPOWERED OR FORCED TO SURRENDER SEXUALLY.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

6. I IMAGINE THAT I AM BEING WATCHED WHILE ENGAGING IN SEXUAL ACTIVITY.

	excitation	plateau	orgasm	resolution
	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

7. I IMAGINE I AM HAVING SEXUAL RELATIONS SOMEWHERE ELSE (beach, kitchen, car, woods, etc.).

	excitation	plateau	orgasm	resolution
	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

8. I IMAGINE THAT PARTS OF MY BODY (breasts, hips, thighs, etc.) ARE A DIFFERENT SIZE OR SHAPE.

	excitation	plateau	orgasm	resolution
	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

9. I IMAGINE THAT SOMEONE IS STIMULATING ME WITH THEIR MOUTH.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

10. I IMAGINE THAT I AM DELIGHTING SEVERAL MEN AT ONCE.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

11. I IMAGINE I AM INDIFFERENT OR BUSY DOING SOMETHING ELSE WHILE MY PARTNER STIMULATES ME. (reading, driving, etc.)

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

12. I IMAGINE I AM HURTING OR FORCING MY PARTNER WHILE HAVING SEXUAL RELATIONS.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

13. I IMAGINE I AM HAVING SEXUAL RELATIONS WITH ANOTHER WOMAN.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

14. I IMAGINE THAT I AM BEING MADE LOVE TO BY SEVERAL MEN AT ONCE.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

15. I IMAGINE THAT I AM AN EXOTIC, IRRESISTIBLE AND SEXUALLY SOPHISTICATED WOMAN.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

16. I IMAGINE THAT I AM AT A GROUP ORGY OF BOTH MEN AND WOMEN

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____



17. I IMAGINE THAT I AM ENGAGING IN ANAL INTERCOURSE.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

18. I IMAGINE THAT I AM A PROSTITUTE OR STRIPTEASE DANCER SEXUALLY AROUSING MANY MEN.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

19. I IMAGINE THAT I AM DELIGHTING MY PARTNER WITH MY MOUTH.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

20. I IMAGINE VARIOUS INTENSE SENSATIONS (bright colors, vivid sounds or textures, etc.)

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

SEXUAL DAYDREAMING FORM  
FOR MARRIED MEN

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INSTRUCTIONS

For each daydream you will consider three questions:

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FUNCTION: This category should be used to indicate how the daydreams relate to your sexual responses.

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# DAYDREAMS

1. I IMAGINE THAT I AM HAVING SEXUAL RELATIONS WITH SOMEONE ELSE.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

2. I IMAGINE THAT MY PARTNER IS STIMULATING ME WITH HER MOUTH.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

3. I IMAGINE THAT I AM HURTING OR FORCING MY PARTNER WHILE ENGAGING IN SEXUAL RELATIONS.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

4. I IMAGINE THAT I AM STIMULATING MY PARTNER WITH MY MOUTH.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

5. I IMAGINE THAT I CAN SEE MYSELF HAVING SEXUAL RELATIONS.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

6. I IMAGINE I AM HAVING SEX SOMEWHERE ELSE (beach, car, woods, living room, etc.).

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

7. I IMAGINE I AM IN THE PAST RELIVING A CERTAIN SEXUAL EXPERIENCE I ONCE HAD.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

8. I IMAGINE I AM BEING PLEASURED BY SEVERAL WOMEN AT ONCE.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

9. I IMAGINE I AM DELIGHTING SEVERAL WOMEN AT ONCE.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 59 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

10. I IMAGINE I AM IN A GROUP SEXUAL EXPERIENCE WITH BOTH MEN AND WOMEN.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

11. I IMAGINE THAT I AM BEING WATCHED WHILE ENGAGING IN SEXUAL ACTIVITY.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

12. I IMAGINE I AM WATCHING OTHERS ENGAGE IN SEXUAL RELATIONS.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

13. I IMAGINE I AM ENGAGING IN ANAL INTERCOURSE WITH MY PARTNER.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

14. I IMAGINE THAT I AM AN IRRESISTIBLE AND SEXUALLY SOPHISTICATED MAN.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

15. I IMAGINE I AM SUCKING VOLUPTUOUS BREASTS.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 59 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

16. I IMAGINE I AM HAVING SEXUAL RELATIONS WITH ANOTHER MAN.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____



17. I IMAGINE THAT CERTAIN ROMANTIC OR SEXY THINGS ARE BEING SAID TO ME.

STAGES:	excitation	plateau	orgasm	resolution
FREQUENCY:	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
FUNCTION:	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

18. I IMAGINE THAT I AM HAVING SEXUAL RELATIONS WITH A PROSTITUTE.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

19. I IMAGINE I AM BEING OVERPOWERED OR FORCED TO SURRENDER SEXUALLY.

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

20. I IMAGINE VARIOUS INTENSE SENSATIONS (bright colors, sounds, vivid textures, etc.).

excitation	plateau	orgasm	resolution
0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____	distracts _____ enhances _____

## Post-Testing Questionnaire\*

(1st Pilot Study)

1. What part of the instructions were most difficult to understand?

0 What to report in each stage

4.76 How to use the frequency scale

0 How to report the function of fantasy.

23.81 What to do if I do not have the fantasy.

0 Other? \_\_\_\_\_

2. Which definitions were confusing or otherwise difficult to understand?

0 The stages of arousal

26.20 The frequency choices

35.71 The functions

3. Were any of the stages of sexual response foreign to your experience?

0 excitation

0 orgasm

0 plateau

0 resolution

4. Did you find any of the fantasy content offensive or embarrassing?

Men = 5.00

Which #'s Men = 23

Women = 9.10

Women = 6, 21, 25

Yes

Men = 95.00

No

Women = 90.91

5. How would you rate the accuracy of your responses on the questionnaire? Consider such things as difficulty remembering in your answer.

unreliable and inaccurate      1      2      3      4      5      absolutely reliable and accurate

(M=4.5)

6. Any other comments concerning your experience with the sexual fantasy questionnaire would be appreciated.

\* Percentage of subjects responding on each item.

## Description of Sexual Fantasies

## (Second Pilot Study)

Most people have fantasies or daydreams everyday. These fantasies occur at all times during all types of activity. The following statements ask you to describe some of your erotic fantasies that occur during sexual interaction with your partner. First, take a few minutes to recall the sexual fantasies you have while having sexual relations. Then, describe your fantasies that fit the criteria in each statement.

1. Briefly describe a sexual fantasy that you have most of the times that you have sexual relations.
2. Briefly describe a sexual fantasy that occurs to you only rarely when you are having sexual relations.
3. Briefly describe a sexual fantasy that you have when you are first aroused and becoming sexually excited.
4. Briefly describe a sexual fantasy that you have when you are intensely excited, just before orgasm.
5. Briefly describe a sexual fantasy that occurs to you during orgasm.
6. Briefly describe a sexual fantasy that occurs after orgasm, when your arousal is waning.
7. Briefly describe a sexual fantasy that you have during sexual relations that increases or further heightens your sexual arousal and response.



8. Briefly describe a sexual fantasy that occurs to you during sexual relations that decreases your arousal or interferes with your sexual response.

## APPENDIX C

### RAW DATA

Table A

## Scores on Imaging Ability (I.A.)

Sub. No. a	Match. No. b	Total I.A.	Subscales of I.A.						
			Visual	Auditory	Tactile	Kinesthetic	Olfactory	Gustatory	Organic
1	1	94	10	17	15	11	16	12	13
2	1	75	10	10	14	9	10	15	7
3	2	62	5	10	10	7	8	10	12
4	2	118	16	17	16	15	15	22	17
5	3	98	14	14	15	16	12	14	13
6	3	100	18	15	15	15	13	10	14
7	4	78	20	18	9	7	5	12	7
8	4	89	14	13	14	15	12	9	12
9	5	78	10	19	10	13	6	11	9
10	5	109	19	15	19	16	14	16	10
11	6	117	16	16	20	21	10	15	19
12	6	70	13	7	16	6	9	10	9
13	7	107	15	11	13	15	18	18	17
14	7	169	19	21	29	18	20	27	35
15	8	85	8	11	11	11	16	13	15
16	8	63	7	12	5	11	10	9	9
17	9	84	13	12	11	8	13	12	15
18	9	80	15	14	10	10	13	10	8
19	10	89	8	10	7	17	17	20	10
20	10	61	10	11	8	5	11	9	7
21	11	80	7	11	8	8	10	17	19
22	11	121	17	10	17	15	23	23	16
23	12	71	8	7	11	6	13	16	10
24	12	79	7	13	9	8	13	15	14
25	13	156	20	29	35	15	19	25	13
26	13	83	8	12	20	9	13	11	10
27	14	51	9	10	5	6	7	35	9
28	14	93	23	10	16	9	1	11	17
29	15	91	18	17	12	11	10	10	13
30	15	94	12	11	14	13	19	11	14
31	16	106	9	17	11	14	19	19	17
32	16	85	5	12	17	20	9	10	12

Table A (continued)

Sub. No. a	Match. No. b	Total I.A.	Subscales of I.A.						
			Visual	Auditory	Tactile	Kinesthetic	Olfactory	Gustatory	Organic
33	17	96	12	6	15	11	20	18	14
34	17	65	9	12	6	9	8	11	10
35	18	44	8	5	6	5	8	7	5
36	18	80	8	16	23	7	9	9	8
37	19	108	14	19	11	5	30	21	8
38	19	67	8	18	9	9	7	7	9
39	20	42	5	5	8	5	7	5	7
40	20	62	10	6	9	9	9	9	10
41	21	95	14	18	11	17	12	10	13
42	21	88	12	10	14	12	12	11	17
43	22	104	8	11	11	20	17	20	17
44	22	87	8	13	13	12	13	15	13
45	23	70	8	4	12	8	13	12	10
46	23	101	16	11	17	19	10	14	14
47	24	63	11	7	10	6	7	11	11
48	24	82	12	9	11	9	15	13	13
49	25	83	15	14	15	15	11	8	5
50	25	99	11	14	18	15	16	15	10
51	26	90	11	15	14	15	12	12	11
52	26	96	11	14	13	12	16	16	14
53	27	81	11	9	6	11	18	15	11
54	27	94	17	15	14	11	12	12	13
55	28	80	11	13	13	7	16	10	10
56	28	74	11	6	12	9	17	9	10
57	29	111	17	10	10	16	22	20	16
58	29	130	16	17	22	16	22	22	15
59	30	57	12	9	7	8	7	8	6
60	30	90	17	13	12	11	15	11	11
61	31	99	17	15	18	11	16	12	10
62	31	106	22	16	13	13	16	12	14
63	32	113	18	18	22	14	13	13	15
64	32	112	17	13	14	17	15	19	17
65	33	76	15	5	14	12	10	8	12
66	33	45	7	3	5	7	10	6	7



Table A (continued)

Sub. No. a	Match. No. b	Total I.A.	Subscales of I.A.						
			Visual	Auditory	Tactile	Kinesthetic	Olfactory	Gustatory	Organic
67	34	80	6	18	15	12	11	6	12
68	34	97	12	11	17	12	19	15	11
69	35	115	14	24	17	16	16	18	10
70	35	81	11	5	10	10	15	17	13
71	36	43	8	5	6	8	7	6	5
72	36	82	12	10	18	7	13	14	8
73	37	81	10	10	8	8	12	11	15
74	37	45	11	6	5	5	8	5	5
75	38	85	8	12	14	13	16	11	11
76	38	109	16	18	20	12	13	14	16

<sup>a</sup> All odd subject number, 1 through 75 represent female subjects. All even numbers, 2 through 76 represent male subjects.

<sup>b</sup> Match numbers represent married couples. The matched numbers designate a husband and wife subject set.

Table B

Subject Scores on Marital Adjustment (MA), Sexual Adjustment (SA) and  
Function of Fantasy by Arousal Stage<sup>a</sup>

Subject No. b	Match No.	MA	SA	Distracts				Enhances			
				Stage 1	Stage 2	Stage 3	Stage 4	Stage 1	Stage 2	Stage 3	Stage 4
# 1	1	155	15	0	0	0	0	6	3	1	1
2	1	155	15	0	0	0	0	6	9	0	0
# 3	2	84	5	2	0	0	2	0	0	0	0
4	2	83	12	1	1	1	1	0	0	0	0
# 5	3	86	5	1	1	0	0	18	15	6	3
6	3	102	5	0	0	0	0	12	12	8	0
7	4	28	1	0	0	0	0	6	7	7	1
# 8	4	68	4	0	1	0	1	13	9	3	3
# 9	5	44	1	2	2	2	2	0	0	0	0
10	6	67	5	2	0	0	1	2	1	1	0
11	6	139	15	0	0	0	0	0	1	0	0
#12	6	100	12	2	2	0	0	3	2	1	2
#13	7	132	12	2	0	0	2	7	3	3	2
14	7	144	12	0	0	0	0	5	0	0	0
15	8	118	5	0	0	0	0	6	7	6	3
#16	8	134	12	0	0	0	0	6	5	0	0
17	9	125	12	4	3	0	2	12	14	14	6
#18	9	113	12	0	0	0	0	9	10	7	0
19	10	105	4	3	2	1	1	14	7	5	6
#20	10	122	4	1	0	0	1	15	16	14	6
#21	11	130	12	0	0	0	0	8	5	0	0
22	11	124	12	0	0	0	0	9	6	4	3
#23	12	110	12	2	1	1	0	7	2	1	0
24	12	48	5	2	1	0	0	6	8	4	7

Table B (continued)

Subject No. b	Match No.	MA	SA	Distracts				Enhances			
				Stage 1	Stage 2	Stage 3	Stage 4	Stage 1	Stage 2	Stage 3	Stage 4
#25	13	58	5	5	3	0	0	8	5	0	0
26	13	111	12	0	0	0	1	5	4	4	1
27	14	92	5	0	0	0	0	9	8	9	0
#28	14	56	1	0	0	0	0	2	4	1	0
29	15	122	12	0	0	0	0	6	7	6	1
#30	15	126	5	0	0	0	0	5	3	0	0
31	16	45	5	1	0	1	1	6	9	9	5
#32	16	138	12	1	0	0	0	3	12	1	0
#33	17	49	1	0	0	0	0	11	14	8	3
34	17	31	4	0	0	0	0	1	1	1	1
#35	18	98	12	0	0	0	0	6	1	1	0
36	18	91	15	0	0	0	0	7	3	2	4
37	19	74	4	0	0	0	0	10	5	0	1
#38	19	40	1	0	0	0	3	9	6	2	0
#39	20	136	12	0	0	0	0	0	1	0	0
40	20	110	12	0	0	0	0	1	1	1	1
41	21	116	12	0	0	0	0	7	7	6	5
#42	21	101	12	0	0	0	0	9	8	9	1
43	22	126	12	0	0	0	0	5	4	1	0
#44	22	77	12	0	0	0	0	4	5	1	0
45	23	150	15	0	0	0	0	4	1	0	0
#46	23	149	15	0	0	0	0	2	2	0	2
47	24	133	12	0	0	0	0	1	5	5	0
#48	24	109	12	1	1	1	1	17	16	15	12
49	25	80	1	2	4	4	4	11	10	8	8
#50	25	49	1	1	1	1	1	1	0	0	0
51	26	123	12	0	0	0	0	8	10	7	4

Table B (continued)

Subject No. b	Match No.	MA	SA	Distracts				Enhances			
				Stage 1	Stage 2	Stage 3	Stage 4	Stage 1	Stage 2	Stage 3	Stage 4
#52	26	120	5	1	0	0	0	3	6	0	0
#53	27	79	15	0	0	0	0	10	6	4	2
54	27	89	12	1	1	1	0	14	9	4	0
55	28	119	12	1	1	0	0	11	12	7	5
#56	28	85	5	0	0	0	0	4	6	5	2
#57	29	101	12	0	0	0	0	10	8	9	7
58	29	133	12	0	0	0	0	4	1	1	0
59	30	102	12	1	0	0	0	8	2	1	0
#60	30	118	5	0	0	0	0	4	3	1	0
#61	51	91	4	3	0	0	0	5	5	0	0
#62	31	62	1	0	0	0	0	3	4	0	0
#63	32	110	12	1	1	1	1	7	6	7	4
64	32	108	5	0	0	0	0	9	2	2	0
#65	33	116	12	0	0	0	0	25	2	9	6
66	33	93	14	2	0	2	1	2	6	4	2
67	34	92	12	1	1	0	0	2	4	2	0
#68	34	113	5	3	3	0	0	4	5	3	0
#69	35	110	5	2	1	1	1	2	6	0	6
70	35	110	12	0	0	0	0	6	1	1	1
#71	36	127	15	0	0	0	0	3	6	3	0
72	36	80	5	0	0	0	0	9	12	8	0
73	37	109	5	0	0	0	0	7	4	1	0
#74	37	81	12	1	1	1	1	18	16	14	1
75	38	104	12	0	0	0	0	14	14	14	0
#76	38	107	12	0	0	0	0	12	13	13	0

- a. Arousal stages are (1) excitation, (2) plateau, (3) orgasm, (4) resolution.
- b. The # symbol next to the subject numbers indicates those subjects randomly selected from each couple pair for use in all statistical tests using only half of the total sample.



Table C

Subject Scores on Frequency of Fantasy By Arousal Stage

Excitation				
Subject Number	Match Number	Average Amount of Time Fantasizing <sup>a</sup>	Number of Different Fantasies <sup>b</sup>	Fantasy Score By Frequency Definition
1	1	1.66	6	7
2	1	1.66	6	10
3	2	3.00	2	6
4	2	1.00	1	1
5	3	1.21	19	23
6	3	1.08	12	13
7	4	3.00	6	18
8	4	1.92	13	23
9	5	1.00	3	3
10	5	1.00	5	5
11	6	.00	0	0
12	6	1.00	10	6
13	7	1.00	9	9
14	7	1.60	5	7
15	8	1.00	10	8
16	8	1.33	6	8
17	9	1.31	16	21
18	9	1.11	9	10
19	10	1.50	16	21
20	10	1.53	17	26
21	11	1.13	9	9
22	11	1.00	9	3
23	12	1.75	9	14
24	12	1.25	8	10
25	13	1.38	13	18
26	13	2.40	5	12
27	14	2.20	10	22
28	14	2.00	2	4
29	15	1.14	7	6
30	15	1.00	8	6
31	16	2.29	7	16
32	16	1.00	5	4
33	17	1.50	11	15
34	17	3.00	1	9
35	18	1.50	6	9

Table C (continued)

Subject Number	Match Number	Average Amount of Time Fantasizing <sup>a</sup>	Number of Different <sup>b</sup> Fantasies	Fantasy Score By Frequency Definition
36	18	1.00	10	10
37	19	1.45	11	16
38	19	1.00	9	2
39	20	.00	0	0
40	20	1.00	1	1
41	21	2.44	7	15
42	21	1.25	9	10
43	22	2.20	5	1
44	22	1.00	6	5
45	22	1.00	4	4
46	23	1.00	2	2
47	24	1.00	1	1
48	24	2.59	17	44
49	25	1.54	13	20
50	25	2.00	2	4
51	26	1.57	7	11
52	26	1.80	4	5
53	27	1.18	11	13
54	27	1.00	4	15
55	28	1.67	10	20
56	28	2.00	12	8
57	29	1.20	10	12
58	29	1.25	4	15
59	30	2.22	9	20
60	30	1.00	4	4
61	31	1.55	11	17
62	31	1.00	4	4
63	32	2.40	10	14
64	32	1.09	11	12
65	33	2.25	4	39
66	33	1.75	4	7
67	34	1.00	4	3
68	34	1.14	7	8
69	35	1.13	15	17
70	35	1.23	6	11
71	36	1.00	3	3
72	36	1.43	7	10
73	37	1.59	7	9
74	37	1.94	18	35
75	38	1.79	14	25
76	38	1.67	12	20

Table C (continued)

Plateau				
Subject Number	Match Number	Average Amount of Time Fantasizing <sup>a</sup>	Number of Different Fantasies <sup>b</sup>	Fantasy Score By Frequency Definition
1	1	1.33	3	4
2	1	1.44	9	13
3	2	.00	0	0
4	2	1.00	1	1
5	3	1.24	17	21
6	3	1.17	12	14
7	4	2.86	7	20
8	4	1.73	11	19
9	5	1.50	2	3
10	5	1.00	1	2
11	6	1.00	1	1
12	6	1.00	5	4
13	7	1.00	3	3
14	7	.00	0	0
15	8	1.00	14	9
16	8	1.00	6	5
17	9	1.53	17	26
18	9	1.33	9	12
19	10	1.00	16	13
20	10	2.89	9	26
21	11	1.40	5	7
22	11	1.50	6	9
23	12	1.67	3	5
24	12	1.55	9	14
25	13	1.33	9	12
26	13	2.60	5	13
27	14	2.25	4	18
28	14	1.50	4	6
29	15	1.71	7	12
30	15	1.00	3	3
31	16	3.43	7	24
32	16	3.00	11	21
33	17	1.29	14	18
34	17	3.00	0	3
35	18	3.00	1	3
36	18	1.00	5	6
37	19	1.80	5	19

Table C (continued)

Subject Number	Match Number	Average Amount of Time Fantasizing <sup>a</sup>	Number of Different Fantasies <sup>b</sup>	Fantasy Score By Frequency Definition
38	19	2.60	5	13
39	20	3.00	1	3
40	20	1.00	1	1
41	21	2.53	6	14
42	21	2.00	8	10
43	22	2.25	5	9
44	22	1.00	5	5
45	23	1.00	1	1
46	23	1.50	2	3
47	24	1.00	5	5
48	24	2.35	3	40
49	25	2.00	13	26
50	25	3.00	1	3
51	26	1.40	10	14
52	26	1.00	5	1
53	27	2.00	10	12
54	27	1.00	6	10
55	28	1.67	12	20
56	28	2.00	6	12
57	29	1.36	10	15
58	29	1.00	1	1
59	30	2.25	2	5
60	30	1.00	3	3
61	31	2.40	5	12
62	31	1.00	1	1
63	32	1.22	9	11
64	32	1.00	3	2
65	33	1.00	3	32
66	33	2.33	6	14
67	34	1.20	4	6
68	34	1.25	8	10
69	35	1.00	6	6
70	35	1.00	1	1
71	36	1.50	5	9
72	36	1.46	13	19
73	37	1.00	4	4
74	37	1.94	16	31
75	38	1.93	14	27
76	38	1.77	13	23



Table C (continued)

Orgasm				
Subject Number	Match Number	Average Amount of Time Fantasizing <sup>a</sup>	Number of Different Fantasies <sup>b</sup>	Fantasy Score By Frequency Definition
1	1	3.00	1	3
2	1	0.00	0	0
3	2	0.00	0	0
4	2	1.00	1	1
5	3	1.50	6	9
6	3	1.78	9	16
7	4	3.33	7	20
8	4	1.88	8	15
9	5	1.00	4	3
10	5	1.00	2	1
11	6	0.00	0	0
12	6	2.00	0	2
13	7	1.33	3	4
14	7	1.00	0	0
15	8	1.00	10	8
16	8	0.00	0	0
17	9	2.88	8	23
18	9	0.00	0	7
19	10	1.00	14	10
20	10	4.00	6	25
21	11	0.00	0	0
22	11	1.75	4	7
23	12	1.00	1	4
24	12	1.25	0	6
25	13	0.00	0	0
26	13	2.75	4	11
27	14	1.88	1	17
28	14	2.00	1	2
29	15	2.33	6	14
30	15	0.00	0	0
31	16	2.60	10	26
32	16	4.00	1	4
33	17	1.86	8	13
34	17	1.30	2	3
35	18	4.00	1	4
36	18	1.00	5	3
37	19	0.00	0	0

Table C (continued)

Subject Number	Match Number	Average Amount of Time Fantasizing <sup>a</sup>	Number of Different <sub>b</sub> Fantasies	Fantasy Score By Frequency Definition
38	19	2.00	2	4
39	20	0.00	0	0
40	20	1.00	1	1
41	21	3.50	4	14
42	21	1.09	1	12
43	22	2.00	1	2
44	22	0.00	1	2
45	23	0.00	0	0
46	23	0.00	0	0
47	24	2.00	5	10
48	24	1.56	16	25
49	25	2.00	12	24
50	25	3.00	1	3
51	26	2.00	9	13
52	26	1.00	0	0
53	27	1.44	7	5
54	27	1.00	5	5
55	28	1.86	7	13
56	28	2.40	5	12
57	29	2.22	8	20
58	29	1.00	1	1
59	30	1.00	1	1
60	30	3.00	1	3
61	31	0.00	0	0
62	31	0.00	0	0
63	32	1.20	8	10
64	32	1.00	9	1
65	33	2.44	9	22
66	23	3.00	6	18
67	34	1.00	3	1
68	34	1.00	3	3
69	35	0.00	8	0
70	35	1.00	1	1
71	36	2.33	3	7
72	36	1.86	8	13
73	37	3.00	1	3
74	37	3.00	4	12
75	38	1.43	14	27
76	38	1.47	13	22

Table C (continued)

Subject Number	Match Number	Resolution		
		Average Amount of Time Fantasizing <sup>a</sup>	Number of Different <sup>b</sup> Fantasies <sup>b</sup>	Fantasy Score By Frequency Definition
1	1	7.00	1	4
2	1	0.00	0	0
3	2	3.00	2	6
4	2	1.00	1	1
5	3	4.00	6	4
6	3	0.00	0	0
7	4	2.00	1	2
8	4	2.00	4	8
9	5	3.00	0	3
10	5	1.00	0	1
11	6	0.00	0	0
12	6	1.00	2	2
13	7	1.00	4	4
14	7	0.00	0	0
15	8	2.00	2	4
16	8	0.00	0	0
17	9	1.25	8	10
18	9	0.00	0	0
19	10	1.50	7	9
20	10	1.43	7	10
21	11	0.00	0	0
22	11	1.33	3	4
23	12	0.00	0	0
24	12	1.16	6	7
25	13	0.00	0	0
26	13	1.00	2	2
27	14	0.00	0	0
28	14	0.00	0	0
29	15	2.00	1	3
30	15	0.00	0	0
31	16	1.00	6	6
32	16	0.00	0	0
33	17	2.00	3	6
34	17	1.30	1	3
35	18	0.00	0	0
36	10	2.00	5	8
37	19	2.00	1	2
38	19	3.50	2	7

Table C (continued)

Subject Number	Match Number	Average Amount of Time Fantasizing <sup>a</sup>	Number of Different Fantasies <sup>b</sup>	Fantasy Score By Frequency Definition
39	20	0.00	0	0
40	20	1.00	1	1
41	21	2.80	5	14
42	21	1.00	0	1
43	22	0.00	0	0
44	22	0.00	0	0
45	23	0.00	0	0
46	63	1.00	2	2
47	24	0.00	10	0
48	24	1.07	13	14
49	25	1.55	11	17
50	25	3.00	1	3
51	26	1.50	6	9
52	26	0.00	0	0
53	27	1.50	2	3
54	27	0.00	0	0
55	27	1.60	5	8
56	28	0.00	0	5
57	29	1.14	7	8
58	29	0.00	0	0
59	30	0.00	0	0
60	30	0.00	0	0
61	31	0.00	0	0
62	31	0.00	0	0
63	36	1.60	5	0
64	32	0.00	0	0
65	33	2.20	5	11
66	33	1.00	1	1
67	34	0.00	0	0
68	34	0.00	0	0
69	35	1.00	0	7
70	35	1.00	1	1
71	36	0.00	0	0
72	36	0.00	0	0
73	37	1.00	21	2
74	37	1.29	7	22
75	38	0.00	0	0
76	38	1.29	7	9



Table D

Rank Order of Twenty Fantasies of Married Men  
According to Frequency of Occurrence

Excitation				
Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
15	Sucking breasts	1.83	60.52	1
4	Cunnilingus	1.86	55.26	2
2	Fellatio	1.87	50.00	3
1	Another person	1.24	65.78	4
17	Verbal stimuli	1.63	50.00	5
5	Self-observation	1.65	44.74	6
14	Being irresistible	1.53	39.44	7
8	Several women (passive)	1.24	44.74	8
6	Location	1.67	31.58	9
7	Past experience	1.25	42.11	10
3	Hurting partner	1.80	27.02	11
9	Several women (active)	1.14	36.84	12
11	Being watched	1.15	34.21	13*
13	Anal intercourse	1.15	34.21	13*
20	Intense sensory experience	2.23	15.78	14
12	Watching others	1.08	34.21	15

Table D (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
18	With prostitute	1.38	21.05	16
19	Being forced, overpowered	1.43	18.42	17
10	Group sex - bisexual	1.13	21.05	18
16	Homosexual	1.00	7.89	19
Plateau				
5	Self-observation	1.66	63.15	1
15	Sucking breasts	1.88	47.36	2
4	Cunnilingus	2.06	42.10	3
17	Verbal stimuli	2.38	34.21	4
1	Another partner	1.35	44.73	5
2	Fellatio	1.91	31.57	6
14	Being irresistible	1.40	39.47	7
3	Hurting partner	1.67	31.57	8
7	Past experience	1.73	28.94	9
8	Several women (passive)	1.50	31.57	10
20	Intense sensory experience	1.78	23.63	11
13	Anal intercourse	1.33	31.57	12
6	Location	1.75	21.05	13
11	Being watched	1.27	28.94	14

Table D (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
19	Being forced, overpowered	1.67	15.78	15
12	Watching others	1.25	21.05	16
9	Several women (active)	1.11	23.68	17
18	With prostitute	1.29	18.42	18
10	Group sex - bisexual	1.56	15.78	19
16	Homosexual	1.67	7.89	20
Orgasm				
17	Verbal stimuli	2.62	21.05	1
3	Hurting partner	1.90	28.94	2
5	Self-observation	1.43	36.84	3
20	Intense sensory experience	2.50	21.05	4
15	Sucking breasts	1.89	23.68	5
4	Cunnilingus	2.00	21.05	6
2	Fellatio	1.86	18.42	7
11	Being watched	1.57	18.42	8
7	Past experience	1.67	15.78	9*
9	Several women (active)	1.67	15.78	9*
14	Being irresistible	1.50	15.78	10
8	Several women (passive)	1.60	13.15	11

Table D (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
1	Another partner	1.17	15.78	12
6	Location	1.40	13.15	13*
10	Group sex - bisexual	1.75	10.52	13*
18	With prostitute	1.75	10.52	13*
13	Anal intercourse	2.33	7.89	14
12	Watching others	2.50	5.26	15
19	Being forced, overpowered	1.00	7.89	16
16	Homosexual	1.00	2.63	17
Resolution				
14	Being irresistible	1.45	28.94	1
17	Verbal stimuli	1.63	21.05	2
15	Sucking breasts	1.43	18.42	3
20	Intense sensory experience	1.66	15.78	4
4	Cunnilingus	1.50	15.78	5
5	Self-observation	1.33	15.78	6
7	Past experience	1.25	10.52	7*
18	With prostitute	1.25	10.52	7*
3	Hurting partner	1.66	7.89	8
2	Fellatio	2.00	5.26	9*



Table D (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
12	Watching others	1.00	10.52	9*
16	Homosexual	1.00	10.52	9*
8	Several women (passive)	1.33	7.89	10
6	Location	1.50	5.26	11
9	Several women (active)	1.00	5.26	12*
10	Group sex - bisexual	1.00	5.26	12*
11	Being watched	1.00	5.26	12*
13	Anal intercourse	1.00	5.26	12*
19	Being forced, overpowered	1.00	5.26	12*
1	Another partner	1.00	2.63	13

Table E

Rank Order of Twenty Fantasies of Married Women  
According to Frequency of Occurrence

Excitation				
Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
9	Cunnilingus	1.75	73.68	1
4	Imminent intromission	2.19	55.26	2
7	Location	1.73	68.42	3
15	Being irresistible	1.52	71.05	4
1	Verbal stimuli	1.46	68.42	5
19	Fellatio	1.65	52.63	6
20	Intense sensory experience	1.94	44.74	7
6	Being Watched	1.47	44.74	8
5	Being forced, overpowered	1.41	44.74	9
2	Another partner	1.70	60.53	10
8	Body image	1.29	44.74	11*
11	Indifference	1.29	44.74	11
18	Prostitute	1.33	39.47	12
14	Several men (passive)	1.70	26.32	13
10	Several men (active)	2.00	21.05	14
16	Group sex - bisexual	1.33	31.58	15

Table E (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
3	Watching others	1.22	23.68	16
12	Hurting partner	1.20	13.16	17
13	Homosexual	1.00	10.53	18
17	Anal intercourse	1.00	7.89	19
Plateau				
20	Intense sensory experience	2.24	55.26	1
4	Imminent intromission	2.71	44.74	2
9	Cunnilingus	1.86	55.26	3
1	Verbal stimuli	1.89	47.37	4
7	Location	1.57	55.26	5
19	Fellatio	1.88	42.11	6
15	Being irresistible	1.67	47.37	7
8	Body image	1.79	36.24	8
14	Several men (passive)	1.77	34.21	9
5	Being forced, overpowered	1.29	44.74	10
18	Prostitute	1.43	36.84	11
6	Being watched	1.73	28.95	12
10	Several men (active)	1.26	36.84	13
2	Another partner	.84	47.37	14

Table E (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
16	Group sex - bisexual	1.30	26.32	15
11	Indifference	1.20	26.32	16
17	Anal intercourse	1.00	13.16	17
3	Watching others	1.00	10.52	18
12	Hurting partner	1.33	7.89	19
13	Homosexual	1.00	7.89	20
Orgasm				
20	Intense sensory experience	2.59	44.74	1
7	Location	1.82	44.74	2
4	Imminent intromission	3.00	26.32	3
15	Being irresistible	1.71	44.74	4
1	Verbal stimuli	1.69	36.84	5
9	Cunnilingus	2.15	26.32	6
10	Several men (active)	2.00	26.32	7
14	Several men (passive)	1.69	28.95	8
6	Being watched	1.75	23.68	9
8	Body image	1.71	23.68	10
18	Prostitute	2.13	18.42	11
2	Another partner	.85	34.21	12
5	Being forced, overpowered	1.43	15.79	13



Table E (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
16	Group sex - bisexual	1.14	18.42	14
19	Fellatio	.77	26.32	15
17	Anal intercourse	1.50	10.53	16
12	Hurting partner	1.50	7.89	17
3	Watching others	1.00	10.53	18
13	Homosexual	1.00	7.89	19
11	Indifference	2.00	2.63	20
Resolution				
20	Intense sensory experience	1.75	31.58	1
15	Being irresistible	1.67	31.58	2
7	Location	1.42	31.58	3
1	Verbal stimuli	1.45	28.95	4
2	Another partner	1.67	15.79	5
9	Cunnilingus	1.80	13.16	6
4	Imminent intromission	2.00	10.53	7
19	Fellatio	1.60	13.16	8
6	Being watched	1.67	7.89	9
8	Body image	1.00	13.16	10*
11	Indifference	1.00	13.16	10*
12	Hurting partner	2.50	5.26	11

Table E (Continued)

Fantasy Item Number	Theme	Frequency Mean	Percent of Subjects	Rank
18	Prostitute	1.00	10.53	12
10	Several men (active)	1.50	5.26	13*
14	Several men (passive)	1.50	5.26	13*
5	Being forced, overpowered	2.00	2.63	14
3	Watching others	1.00	2.63	15*
17	Anal intercourse	1.00	2.63	15*
13	Homosexual	0	0	16*
16	Group sex - bisexual	0	0	16*

## VITA

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DATE OF  
BIRTH: April 7, 1943 BIRTHPLACE: Los Angeles, CA  
FAMILY: Married: Harry Thomas Kelly  
Daughters: Tamarin My (August, 1973)  
Lara Lien (December, 1976)

### EDUCATION:

1974-present	Texas Woman's University	Ph.D.	Psychology Specialization: Marriage & Family Therapy Minor: Clinical Psychology
1967-1968	University of California Los Angeles	M.A.	Dance Specialization: Movement Therapy
1963-1965	University of California Los Angeles	B.A.	Dance Minor: Social Science
1960-1963	University of California Santa Barbara		Major: Biology Minor: French

### ORGANIZATIONAL AFFILIATIONS:

American Dance Therapy Association  
American Psychological Association  
American Association for Marriage and Family Counselors  
Association for Humanistic Psychology

### EMPLOYMENT EXPERIENCE:

1975-1977	Teaching Assistant, Texas Woman's University Psychology Department
1974-1975	Teaching Assistant, Texas Woman's University College of HPER
1973-1974	Instructor in Dance, University of Illinois, Chicago Circle Department of Physical Education Faculty Sponsor & Director of Chicago Circle Dance Theatre
1971-1973	Movement Specialist, National Program on Early Childhood Education, St. Louis, Missouri

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1972	Consultant-Instructor, M.A.T. Program, Webster College, St. Louis
1971-1972	Consultant-Therapist, Girls' Home (Residential Treatment Center) St. Louis
1969-1972	Curriculum Developer-Dance Specialist, Aesthetic Educa- tion Program CEMREL, St. Louis
1970	Dance Instructor, Children's Dance, Washington University, St. Louis
1968-1969	Instructor in Dance - Gifted High School Students Program University of California, Los Angeles, Extension
1967-1969	Therapist, Los Angeles Child Achievement Center, Sherman Oaks, CA Movement Therapist, Attitudinal Counselor
1968	Dance Instructor, McGroarty Cultural Arts Center, Tujunga, CA
1966	Assistant Teacher, Project Head Start, Torrance, CA

HONORS: Graduate with Honors, U.C.L.A., 1965  
Graduate Fellow Teaching Assistantships, T.W.U.  
1974  
1975  
1976

WORKSHOPS AND PRESENTATIONS:

Workshops: "Creative Movement for Children" The Learning Center,  
St. Louis  
"Expressive and Creative Movement for Pre-School  
Children" Model Cities In-service Training,  
Chicago, Illinois, 1974  
"Dance and Music in Aesthetic Education" Extension  
Institute, UICC

Presentations: "Value of Movement Education" Parent and Teacher  
Groups, St. Louis, 1972-3  
"The New Movement" article in Saturday Review of  
Education, May, 1973  
"Research - A Dimension of the Dance Therapist"  
8th Annual Conference - ADTA - October, 1973



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"Dance in Education" - American Dance Guild Annual  
Conference, Washington, D.C., 1971

"New Directions in Education - the Future"  
National Education Association Annual Convention  
St. Louis, 1970

THESIS: "The Foundation of a Body Image: A Theoretical Model"

DISSERTATION: "Imaging Ability, Marital Adjustment, and Erotic  
Fantasy During Sexual Relations in Married Men  
and Women

ARTICLES: "Dance Therapy, A Discipline?"  
1972 Conference Proceedings - ADTA

"Biological Integration - Implications for Therapeutic  
Process" 1974 Conference Proceedings - ADTA