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ORIGINAL ARTICLE

Sexual fantasies and female hypoactive desire[☆]

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Summary In the clinical experience of sexual disease, we often have to investigate sexual fantasies of patients. Our group has felt the need to class the sexual fantasies as modern clinical rules, beginning from a retrospective examination of cases treated by medical sexual service. Then we tried to make uniform the ways to collect sexual reveries. We examined 326 clinical cases. Sixteen of them were rejected because of the absence or insufficiency in the medical history of sexual fantasies. By means of the analysis of 308 cases, we made a classification of fantasies according to various criteria: depending on time, depending to the type of sexual activity represented in them, the relationship established by partners and their ability to share individual fantasies, the role represented by him/herself within his/her imagination. Afterward we suggested a possible use of sexual fantasies, in the therapy of hypoactive sexual desire disease in women. The goal of treatment is therefore to enhance the sexual sphere, using the fantasies to bring back the erotism in the partner and in the relationship. To perform this, anticipatory fantasies can be created using in them the partner's itself. The aim of the therapy to overcome the decline of desire is to bring back arousal in the relationship, in the person involved and in the situation in order to obtain an improved sexual response. We analyzed 52 cases, four of them gave up the therapy after a few meetings, while the others ended it. Only nine of these 48 obtained a small improvement, whereas the others returned to the whole normality, tested also with FSFI. We are currently starting research on sexual fantasies in Italy. This for both an updated finding survey and to build a clinical tool like a repertoire of fantasies in order to facilitate the collection of sexual fantasies.

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Introduction

We can define sexual imagination as the faculty that man has to mentally eroticize himself through the creation of conscious mental representations with erotic charge. It is capable of activating a desire, a general and genital arousal to the point that for much fantasy is the real engine of sexual activity (Pasini et al., 1987).

Sexual fantasies are particularly important because they constitute the expression of our sexual "habitus" free from hesitation, personal conflicts and unencumbered by the rules imposed by the environment. Certainly, they are sensitive to the cultural context of reference and vary according to sexual identity and age (Fossi and Mascari, 2001). These fantasies generally derive their strength from more or less explicit sexual content, although sexual contents may not possess erotic charge. They can take the form of a single image, a representation of more rapid images (plurisegmental fantasies) or a structured setting (Pasini et al., 1987). In general, the sexual fantasy serves to fill a sexual-emotional specific need and is therefore more likely to be present at the time when the need becomes more pressing, with the aim to restore, temporarily, the intrapsychic homeostasis that satisfies basic psycho-emotional needs such as the need to be valued, the need for fusion and the need for security (Pasini et al., 1987).

Sexual fantasies can:

- represent an important aid in strengthening sexual identity;
- have compensatory function, compensating for the deficiencies of reality;
- have a defensive use;
- have an adaptive function: to correct any divergence of sexual responses of the subjects involved in a relationship, being able to harmonize them or compensate them;
- to activate, maintain and awake desire, sexual arousal, encouraging orgasm;
- improve the relationship with the body.

In any case it has been determined that sexual fantasies usually do not prevent sexual pleasure and have absolutely no indication of psychopathology (Fossi and Mascari, 2001). Our group has found their use particularly useful in the treatment of predominantly female hypoactive desire.

Clinical classification of sexual fantasies

Given the importance that imagination plays in sexual activity, our group believes that the use of imagination can become a very useful tool to better define the type of personality and relationship of the couple we are facing. This method is essential for the diagnosis but also during the treatment of sexual disorders.

This is the reason why we made a retrospective analysis of the cases considered in our sexological outpatients' clinic during the years 2009 and 2010. We examined 326 clinical cases. Sixteen of them were rejected because of the absence or insufficiency in the medical history of sexual fantasies. By means of the analysis of 308

cases we made a classification of fantasies according to various criteria. Depending on time, that is when the fantasies present themselves, they can be distinguished as:

- preliminary fantasies: sexual initiative and proposal;
- responsive fantasies: sexual response;
- receptive fantasies: sexual host (reception);
- anticipatory: apart from sexual activity;
- appetizing: the imminence of occurring sexual activity;
- intercurrent: present during sexual activity.

In relation to the content, a distinction in convergent and divergent was already made (Pasini et al., 1987). We have taken it and clarified.

Fantasies can be distinguished according to the type of sexual activity represented in them.

Another classification considers the relationship established by partners and their ability to share individual fantasies. According to this new criterion, we can identify several fantasies:

- shared: if they are accepted by both partners and therefore made explicit;
- shareable: if the fantasy created by one of two partners has the possibility to be made explicit without emotional-relational difficulty;
- private: when the individual fantasies have no chance, at that time of the relationship, to be explained to his/her companion, for fear of offending or fear of being judged.

Another important element is the role represented by him/herself within his/her imagination:

- actor within the scene;
- spectator of what is represented;
- director of the scene;
- designer, chooses settings and writes the screenplay;
- creates the cast, sets out the various characters necessary for the realization of the fantasy;
- operator, assigned to the "shooting" of the scene, preferring the best shots for him/her.

Of course multiple roles may be taken.

Analysis of fantasies

In dealing with sexual disorders, it is important to analyze the possible advantages such a person derives from the sexual disorder. Resistance to change is particularly strong when the disturbed sexual conduct almost ensures a vital role in the psychic economy of the subject, it is beneficial to the relationship, or it is supported by problems the partner has (Dettore, 2001). This analysis cannot be reduced to an interdisciplinary approach. From the year 2008, in our sexological activity based on an integrated cross-disciplinary approach, the group meets up at least once a month. During these meetings, we realized that the sexual imaginary medical history is extremely useful.

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