

FEATURED ARTICLES

Erotic Fantasy Reconsidered: From Tragedy to Triumph

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Abstract

Many people approach the inner workings of their erotic mind with great trepidation, believing that the content of their fantasy life is inappropriate in the context of a loving relationship. Our cultural taboos about erotic fantasy are so strong that the very idea of discussing sexual fantasy leads some of us to anxiety and shame. Fantasy, however, can be an ingenious way for the creative mind to overcome relational and intrapsychic conflicts around desire and intimacy. Therapists can help couples develop a view of fantasy as a narrative that creates a safe space to experience the pleasure that can invigorate their loving relationship. They decipher the meaning of sexual fantasies approaching them more as dreams or complex symbolic structures than as literal narratives of secret intentions. Once the depth, complexity, and healing qualities of the erotic imagination are realized, sexual fantasy can be viewed as a staging ground for action and escape that turns the tables on those responsible for earlier experiences of demoralization, defeat, and even trauma. In the following case presentation, the therapist, drawing from systemic couple therapy, psychodynamic, and body-oriented practices, describes the use of sexual fantasy in working with couples.

“A fantasy is a map of desire, mastery, escape, and obscuration; the navigational path we invent to steer ourselves between the reefs and shoals of anxiety, guilt, and inhibition. It is a work of consciousness, but in reaction to unconscious pressures. What is fascinating is not only how bizarre fantasies are, but how comprehensible; each one gives us a coherent and consistent picture of personality—the unconscious—of the person who invented it, even though he may think it the random whim of the moment.” Nancy Friday (*Men in Love* 1992, p. 14).

Sexual fantasies are a wellspring of information about the individual’s internal life and the relational dynamics of the couple. They remind us that sex isn’t something we do, but a place we go, inside ourselves and with another. Too often, couples focus almost exclusively on the act and the statistics of sex, especially if they are caught in a sexual stalemate. “Three times a week is too much, but twice, is too little.” “We both have orgasms, but sex is always the same . . . the whole thing lasts 10 minutes from beginning to end.” “Conditions are never

right, I can’t remember the last time we had sex.” The therapeutic approach described herein helps couples exit the “doing” story of sex, and enter their subjective and inter-subjective experience.

The erotic landscape is vastly larger, richer, and more intricate than any repertoire of sexual techniques. Sex is a receptacle for our longings, hopes, fears and struggles, and we invest our erotic encounters with a complex set of needs and expectations. We seek love, pleasure, escape, validation, ecstasy, to be seen, and even spiritual union.

In therapy, the role of sex in the couple’s life is explored: *What does sex mean for you? What do you seek in sex? What do you want to experience in your encounters?* A wide range of feelings and desires can be heard in answers such as: “A longing for communion and transcendence;” “An expression of pure love;” “The delightful feeling of being wanted, taken, ravished;” “The wish to be taken care off without having to earn it;” “The exuberance of release;” “A safe place to experience aggression, power, and control or the pleasure of losing control and surrender;” “The

melting of bodies which unleashes a unique kind of vulnerability and intimacy;” “The permission to relinquish responsibility and to step out of one’s familiar roles;” “An act of rebellion against social conventions and the excitement of toppling the rules of good citizenship;” “The experience of freedom, playfulness, naughtiness and transgression;” “The trespassing of taboos;” “A temporary merging being simultaneously in and out of one’s body, inside oneself and inside another.” Or simply as one partner said: “To feel good.”

Our emotional history shapes our erotic blueprint and is expressed in the physicality of sex. Accordingly, there is a strong connection between our attachment map—defined as our expectations, conflicts, hopes and disillusionment with intimate connections—and our sexual feelings and behaviors: Tell me how you were loved, and I’ll tell you how you make love. Were our parents or caregivers responsive to our needs or were we expected to monitor theirs? Did we turn to them for protection or did we flee to protect ourselves? Was pleasure celebrated, suspiciously tolerated or simply dismissed? Did we feel safe to trust? Were we rejected? Humiliated? Abandoned? Were we held? Rocked? Soothed? Did we learn to receive or to be denied; to dare or to be afraid? Did we figure out not to expect too much and to hide when we were upset? In our family, we sense when it’s okay to thrive and when others might be hurt by our zest. We learn how to feel about our body, our gender and our sexuality. And we learn a multitude of other lessons about whom to be and how to act that seep straight into our erotic life. All these experiences shape our beliefs about ourselves and our expectations from others. They are part of the dowry each man and woman brings to the unknown continent of adult love. Part of this emotional scorecard is obvious, but much of it is unspoken, concealed even from ourselves.

Upon careful listening to clients’ erotic revelations, it becomes clear that fantasies are an imaginary transposition of their emotional needs into the

creation of a paradigmatic erotic schema. A valuable creative resource, fantasies transform our emotional and existential quests into sources of pleasure. They offer us an imaginary pathway to repair, compensate, and transform. A couple is a gathering place where we bring these imaginary elaborations to bear. There is a dialectical relation between the power and dominance, the surrender, the dependency, and the care that we toy with in our sexual fantasies and the reality of a couple’s life. The same power imbalance we fight about in the kitchen, may incite our sexual excitement after dinner. It is, however, beyond the scope of this article to delve into the tensions and inconsistencies of power dynamics in couples and the intersections with sex.

One patient Joanna, a 51 year-old lab technician, has always approached the inner workings of her erotic mind with great trepidation. “Something would creep in and it would be dismissed before it could ever develop,” she says. “You know, my fairy tale fantasy has always been ‘Oh, why don’t we just cuddle? Wouldn’t it be nice to just, like, rub my back?’ But I realized my fantasy was very different.”

Tell me how you were loved, and I’ll tell you how you make love.

She describes herself as a child living in the background of her family, often feeling invisible. She tells the story of how one night she woke up vomiting in her bed, afraid to call her parents for fear that it would disturb them and that they wouldn’t take her seriously. She left a crumb on the side of her mouth, hoping that someone would notice her distress in the morning. They didn’t.

The theme of invisibility looms large in the making of her erotic blueprint. It is dominated by the words: “I have enough, I don’t need any more.” The intricacies of our desire often lie buried in the details of our childhood. Our sexual proclivities, arise from the thrills, challenges and

conflicts of our early life.

Joanna tells me that she has a deep wish for people to see her. “I want them to notice me, to watch me, to admire me, to *know* me.” “Is this wish realized in your fantasies?” I ask. She tells me that she likes to be blindfolded and tied up. “In my fantasies, it’s all about me. I don’t have to do anything.” I try to decipher the meaning of sexual fantasies by approaching them more as dreams or complex symbolic structures than as literal narratives of secret intentions. What happens in the fantasy of “tie me up” that meets that need?

Joanna explains: “When I am tied up, I don’t have to think, I don’t have to give or be nice. I cannot *not* let you give to me and I can’t give anything because I’m tied up.”

Understanding what fantasies do for our clients helps therapists to understand the emotional needs they bring to their sexual encounters. A good fantasy states the problem and offers the solution.

Recognizing the depth, complexity and healing qualities of the erotic imagination, we explore sexual fantasy as a staging ground for action and escape that turns the tables on those responsible for earlier experiences of demoralization, defeat and even trauma.

For Joanna, the restraint is not about force or being over powered. Rather it bypasses the ways that she stops herself from receiving pleasure, a lifelong habit of self-abnegation and disappearing in the background. When she is tied up she can only be given to, she needs not worry and feel guilty that she’s taking too much, and she feels no pressure to instantly return the favor. In her fantasy, she is put in a situation where she has no other choice but to

receive, legitimately and abundantly.

Understanding what fantasies do for our clients helps therapists to understand the emotional needs they bring to their sexual encounters. A good fantasy states the problem and offers the solution. It is an ingenious way for our creative mind to overcome all sorts of relational and intrapsychic conflicts around desire and intimacy. Psychoanalyst Michael Bader (2002), whose brilliant book *Arousal* offers an in-depth discussion of the undercurrents of fantasy, explains that in the sanctuary of the erotic mind we find a psychological safe space to undo the fears, inhibitions and prohibitions that roil within us. Joanna frees herself from her psychological constraints and the limits put upon her by her conscience and her self-image. The ability to go anywhere in our imagination is a pure expression of individual freedom. It is a creative force that can help us momentarily transcend reality. In the playful twist of her erotic imagination, being entrapped unleashes her freedom.

Sex therapist Jack Morin (1995) explains that the erotic imagination is inventive in undoing, transforming, and redressing the traumas of the past. The very experiences that caused us the most pain in childhood sometimes become the greatest sources of pleasure and excitement later on.

Joanna’s husband, Carl, recounts one of his formative memories: One evening as he sat next to his mother on the sofa watching TV, he unexpectedly brushed his leg against her skin and instantly recoiled in fear, a powerful blend of terror and longing. The tenderness he craved was a transgression into dangerous territory. This incident became a seminal experience in the shaping of his erotic blueprint. Carl’s mother spent much time on the sofa smoking cigarettes and watching soap operas on television and he learned to hide his vulnerabilities and need for tender connection.

During the day, Carl was an engineer in charge of an entire division. After hours, his libidinal pursuits went in overdrive with on-line

porn, or off-line revelries, all depicting older women and young men/boys. In his imaginary world, the adult Carl could experience the needs the little boy had to repress – tenderness, softness, vulnerability, and dependency. All these repudiated emotions fueled his erotic scripts. There, Carl the man can play the little boy without suffering the pain of the little boy who was refused the soothing, loving touch of mother. In his fantasies he is not needy: the women always want him, they never say no, they know exactly what he needs and are happy to give it to him. Reliving the little boy is frightening; to play him is enchanting. Fantasies express truths about ourselves that are hard to get at otherwise. They reveal us at our most bare, and in their own mysterious way they convey our deepest wishes.

Unfortunately, Carl's metaphors got confused. Need and desire got mixed up. Joanna is clear about that. "I don't mind nurturing the little boy, but I don't want to have sex with the little boy." She sees him as demanding; he sees her as withholding. She wishes he would desire her, he says why don't you want me? And both are saying: "See me, hear me, touch me, feel me."

Delving into narratives of fantasies, de-pathologizing them, translating the metaphors and the power of the turn-ons, connecting them to the person's emotional history, and then creating a bridge between past and present, self and other, are important steps in the therapeutic process. While for some, sharing fantasies is intimate (the exposure of a unique nudity to one's partner) others would rather maintain an intimacy with themselves and prefer to host their revelries privately. This paper does not do justice to the intricacies and dilemmas of fantasy disclosure: Whether to tell? When? How? What for? Whether to enact them, and if so, how far? This paper discusses how we can use fantasies in therapy as a metaphoric language to address sexual impasses in the individuals and in the couple. Narrating our fantasies is an exercise in self-description, which

in turn promotes differentiation between partners. It elicits separateness and curiosity, which is at once alluring and threatening. To turn the spotlight on oneself, and to invite the other into a vulnerable territory puts responsibility on each person to own whom they are. It is the other side of blame. It involves not only trusting the other, but also the belief that one is worth being known, loved and desired.

When clients open the door to their imaginary musings, offering literal translations can be tempting. Yet, any element of a fantasy—any object, toy, type of light, time of day, smell or smile—has a subjective meaning that only the author of the plot stands to interpret.

One day, Joanna planned a sexual encounter. She put a note on the door that read "Help me!" and then she tied herself to the bed. When Carl arrived she sensed his hesitation, but she stayed focused on herself, and did not worry about him. Her desire wasn't contingent on him; it was about her.

As a child, Joanna would leave minor marks on her body, like the crumb mentioned previously, hoping to be noticed. She was accustomed to receiving little response from her parents, and had learned to protect herself from disappointment by leaving signs that were so subtle that, if nobody noticed them, she could easily pretend they never existed. We named this the "crumb approach." For many years she would initiate sex with Carl using the same subterfuge. She would come on to him in a vague and non-committal manner so that when he refused her advances, it was barely evident she had ever taken initiative.

That day, she didn't just leave a crumb on her lip, she put herself in full view. There was nothing sheepish or tentative about her seduction. Not surprisingly, Joanna reveals that this was the first time in decades that she had an orgasm with Carl. She describes how she felt alive. We agree that the energy comes from her sense of

self-worth, and healthy entitlement that drive her action. Joanna was in the realm of desire, of owning the wanting. The script is sexual, but the risks she takes and the healing she experiences are quintessentially emotional. The pleasure is commensurate with the meaning, far beyond its specific theatricality.

Reflecting on her boldness, Joanna tells me that in the past she would immediately whisk away any sexual thought she had. As she has become more comfortable with her thoughts, more open and connected to her sexuality, she meets herself anew. “I realized that I wanted to be dominated. I wanted him to be rough, which was so far away from where I ever thought or even dreamed that I would be. I didn’t want to be hurt, though. I was very aggressive, very forthcoming with my wants. ‘I would like you to tie me up. I would like you to blindfold me. I don’t want to know what you’re going to do until you do it.’ Like that. And it was good. She said, “Oh my God, this is what it feels like to be alive.”

When I inquired if she had feared Carl’s reaction, she smiled and showed me with her hand how she had blindfolded herself. Some people may be very scared to place themselves in such an explicitly helpless state, but for Joanna, being unable to see freed her from self-consciousness, inhibition, and worry about Carl’s reaction. Her disempowerment was a staged, assertive, and playful way to get Carl’s attention, and he could, in turn, sidestep the allusions to the depressed mother on the couch. This time, he was able to respond to his wife with erotic fervor and desire. It was clear that he didn’t need her. He wanted her.

Clearly, fantasies are not experiences we necessarily want to live in reality. When we act them out, we are playing, and when we play, we are in pretend mode, we are in control, especially if we decide not to be. To play we need to be free; to be free we need to feel safe. We don’t play jail when we live in one. Fantasies are subversive,

creative acts. Perhaps sex is never just sex?

Early childhood experiences of touch, play, or trauma become the cornerstone of our adult erotic life. In fact, one facet of the erotic blueprint that highlights the irrationality of our desire is that what excites us most will often arise from our childhood hurts and frustrations. Carl knew what he liked, but he had no idea what was so powerful about it. He had always sexualized his needs but he hadn’t connected the dots. Growing up, he learned to live on a diet of quick pecks on the cheek from his mother to satisfy his emotional needs. Sex was the place where he lodged his need for security, for caring and communion. It was a perfect storage place for his suppressed emotional needs. When he would feel rejected, his reactions could be extreme. For people like Carl, sexual frustration is physical and the emotional price they pay can feel unbearable. For them, sex is a lifeline through which they nurture their need for giving and receiving affection, love, care, tenderness, and for attunement. It is also a venue where they can be assertive, demanding, greedy, needful, where they express themselves authentically and communicate in their most intimate voice. After all, it isn’t only sex Carl is being denied, it’s an entire emotional landscape that becomes sealed off.

I ask him if he ever puts his hands on Joanna’s face. He doesn’t. On her arm, yes, so too on her shoulder and her leg, but never the face. The face is the most vulnerable place to receive touch. When we hold someone’s face in our hands, or vice versa, it creates an inescapable focus between two people, a reminder of the primal parent–child gaze. Till now, Carl has only known motherly care and tender touch visually on a computer monitor screen. So I created an enactment in which he could experience some of his emotional needs in a non-sexual way, and with a real live woman, his wife. The therapeutic intervention was to have Joanna hold his face so he could have a safe embodied encounter being

gently held. At the start, Carl felt nauseated; he said he had a knot in his stomach. Once again his proclivity to physicalize feelings is at work here. It is palpable in his body. As the exercise progresses, slowly and carefully, Carl the adult will receive what the boy never did, clearing the way for the boy to grow into a man.

Similar to hypnotic induction, Carl is guided to take in the experience. I tell him, “As this new relatedness grafts itself under your skin, let it travel through you, through your nose and into the extremities of your fingers. As you take in her contact, you will breathe through the knot in your stomach, and at some point you will surrender to the embrace. From there you will reach for her face, but not by hunting for her – rather you will reach her from within yourself.”

This enactment took a quite some time. While Carl soaked up the connection, I gently pressed him to nestle on Joanna, a sign of how far back he had to go and start from infancy onward. From a place of receiving, he slowly began to give. He held Joanna, her body, her face, his hands caressing. When he finally disentangled himself he seemed to have come back from afar. He said, “I don’t feel sick anymore. When I started, I felt really small, scared. Then I saw myself getting younger. I felt like a baby. I never experienced anything like that. I didn’t know what to expect. I felt small, safe, loved, and then I started feeling myself getting a little older and bigger. And it still felt good, but in different way. And then it felt like wanting to give. Like an expression. It felt like it was just a part of me. It felt legitimate. And I wasn’t punished. Nothing bad happened. It’s a good feeling, to get this in real life, in real flesh.”

In the past, Carl would often approach Joanna pretending to say: “I want you,” but really saying: “Do you want me?” even, demanding: “Want me!” His focus was on receiving. But he needed to add the dimension of giving. This is not something strange and new for him. Their relationship

is infused with generosity, but not their sex life. It is the sexualizing of these obfuscated needs that makes all this so blurry. In sex, he has to shift from needing the mother to wanting a woman, that is, to differentiate the motherly touch from the woman’s sexual response. Then, Joanna can feel wanted instead of needed, and they will mark the first step out of their erotic ambush. The point is not at all to eradicate need or dependency. Carl and Joanna depend on each other for so much. Their relationship offers them a sense of grounding and anchoring, a feeling of belonging, and continuity. This mutuality and reciprocity has made their 26 year-long marriage remarkably resilient. They have relied on each other to build a home, raise children, bury parents, acquire an education, change careers, discuss their personal challenges, wipe their tears, and lately, travel and discover other coasts. But in the realm of sex, the confusion between need and desire had become an erotic death sentence.

Later, Carl reported a few mini breakthroughs in which he connected with his manly desires. He felt in charge; he “knew” he wanted Joanna, and their lovemaking felt full. One day he came home with nail polish to give Joanna a pedicure. The color was dark, not a mommy color. Another day he brought a silk scarf to add texture to the softness and to blindfold her. One evening when she refused his advances, he took the scarf and used it to masturbate in front of her. The little boy who had a tantrum of despair and rejection, now discovers that he can self sooth in the presence of his wife. His imagination is flowing and play has replaced shame. Having found the pleasures of the “real,” we were able to go back and examine Carl’s historical quests for this exact encounter on-line.

Upon listening and probing the intricacies of the erotic imagination therapists can uncover the shrewdness of fantasy – its energy, its artful efficiency, its healing qualities and its psychological

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tour de force. Our fantasies combine the uniqueness of our personal history with the broad sweep of the collective cultural imagination – the incentives and the prohibitions, the ideals and the repressions, what we are told is sexy and what we are told is forbidden. They bridge the gap between the possible and the permissible.

Fantasy is the alchemy that turns this jumbled mishmash mixture of psychic ingredients into the pure gold of erotic arousal – a powerful antidote to libidinal demise in the relationship.

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