

The Effectiveness of Fantasy (Phantasm) Training on Improving Sexual Desire, Arousal, and Marital Relationship Quality in Men Aged 30 to 50

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Article type:
Original Research

Article history:

Received 26 December 2025

Revised 08 January 2026

Accepted 18 May 2026

Initial Publish 15 June 2026

Published online 01 November 2026

ABSTRACT

Sexual dysfunction and reduced quality of marital relationships are among the common problems observed in middle-aged men. The present study aimed to examine the effectiveness of fantasy (phantasm) training on improving sexual desire, arousal, and marital relationship quality in men aged 30 to 50. This study employed a quasi-experimental design with a pretest–posttest control group. The statistical population consisted of married men aged 30 to 50 who attended counseling centers in Tehran during the years 2024 and 2025. From this population, 30 participants were selected using purposive sampling and randomly assigned to an experimental group (n = 15) and a control group (n = 15). The experimental group received the fantasy training intervention, whereas the control group received no intervention. Research instruments included the ENRICH Marital Satisfaction Questionnaire (Olson, 1998) and the Sexual Function Questionnaire (Keller et al., 2006). Data were analyzed using multivariate analysis of covariance (MANCOVA) in SPSS software. The results indicated that fantasy training led to a significant improvement in sexual desire ($F = 18.36, p < 0.01, \text{effect size} = 0.405$), sexual arousal ($F = 12.82, p < 0.01, \text{effect size} = 0.322$), and marital relationship quality ($F = 8.90, p < 0.01, \text{effect size} = 0.248$) in the experimental group compared to the control group. The findings suggest that fantasy training can be used as an effective intervention to improve sexual functioning and enhance the quality of marital relationships among middle-aged men. These results highlight the importance of incorporating creative approaches in psychological interventions within the domain of sexual health.

Keywords: Fantasy training, sexual desire, sexual arousal, marital relationship quality, middle-aged men.

How to cite this article:

Haddad, A., & Mahmoodi Mozafar, M. (2026). Structural Modeling of Marital Satisfaction Based on Openness to Experience with the Mediating Role of Self-Compassion in Women with Breast Cancer. *Mental Health and Lifestyle Journal*, 4(6), 1-12. <https://doi.org/10.61838/mhlj.233>

Introduction

Sexual functioning is a multidimensional construct encompassing biological, psychological, relational, and sociocultural components, and it plays a central role in individual well-being and the stability of intimate relationships. Contemporary research has consistently emphasized that sexual desire, arousal, and satisfaction are not merely physiological phenomena but are deeply embedded in cognitive-emotional processes and interpersonal dynamics (1, 2). In this context, marital relationship quality is strongly influenced by the quality of sexual interactions between partners, as sexual expression serves as both a communicative and regulatory mechanism within intimate relationships (3, 4). Disruptions in sexual functioning, particularly among middle-aged men, have been identified as a significant contributor to

reduced marital satisfaction, emotional disconnection, and overall decline in quality of life (5, 6). Therefore, addressing sexual dysfunction and enhancing sexual functioning are essential priorities in psychological and relational interventions.

Sexual desire, as a core component of sexual functioning, has been conceptualized as a dynamic and multifactorial process influenced by internal drives, cognitive representations, and contextual stimuli. Theoretical models of desire emphasize the role of sexual “objects” and mental representations in shaping desire and directing sexual motivation (7, 8). Cognitive processes such as attention, memory, and imagination are fundamental in activating and sustaining sexual desire, particularly through mechanisms such as fantasy and mental imagery (9, 10). Empirical findings suggest that individuals who possess richer and more accessible sexual cognitions tend to report higher levels of desire and satisfaction, highlighting the importance of cognitive-affective engagement in sexual functioning (1, 11). Conversely, deficits in these processes may lead to hypoactive desire and diminished sexual responsiveness, which are commonly observed in clinical populations (12, 13).

Sexual fantasy, defined as the deliberate or spontaneous generation of erotic mental imagery, has emerged as a critical cognitive mechanism underlying sexual arousal and desire. Research indicates that sexual fantasies serve multiple functions, including enhancing arousal, facilitating emotional intimacy, and compensating for situational or relational constraints (8, 14). Fantasies can act as a bridge between desire and arousal by providing vivid cognitive stimuli that activate physiological responses and emotional engagement (15, 16). Furthermore, the content, frequency, and emotional valence of sexual fantasies have been shown to correlate with sexual satisfaction and relational quality (9, 17). While some studies have explored the role of fantasy in problematic or maladaptive contexts, such as harmful sexual behaviors, the broader literature supports its adaptive and facilitative role in normative sexual functioning when appropriately integrated into relational contexts (18, 19).

The relational dimension of sexual functioning further underscores the importance of communication, emotional intimacy, and shared meaning in sexual experiences. Sexual satisfaction is closely linked to the ability of partners to communicate desires, preferences, and fantasies in a safe and supportive environment (17, 20). Interventions that enhance sexual communication and cognitive awareness have been shown to improve both sexual functioning and marital quality (21, 22). In addition, educational and therapeutic approaches targeting sexual health literacy and self-efficacy have demonstrated significant effects on improving sexual functioning and relational outcomes (23, 24). These findings highlight the potential of structured interventions to address cognitive and relational barriers to sexual satisfaction.

In recent years, there has been growing interest in integrating cognitive-behavioral and experiential techniques into sex therapy, with particular attention to the role of imagination and fantasy. Studies have shown that interventions incorporating fantasy-based components can significantly improve sexual function, orgasmic capacity, and overall quality of sexual life (25). Similarly, sexual education programs that address cognitive schemas and emotional responses have been effective in enhancing positive sexual experiences and reducing dysfunction (26, 27). The integration of fantasy into therapeutic protocols allows individuals to explore and reconstruct their sexual narratives, thereby increasing flexibility, creativity, and emotional engagement in sexual interactions (28, 29). This approach is particularly relevant for individuals

who experience discrepancies between desire and arousal, as it provides a mechanism for aligning cognitive and physiological processes.

Despite the growing body of evidence supporting the role of fantasy in sexual functioning, there remains a relative lack of structured interventions specifically designed to train individuals in the effective use of sexual fantasy. Existing research has primarily focused on descriptive and correlational aspects of fantasy, with limited attention to its application as a targeted intervention (16, 20). Moreover, cultural and contextual factors may influence individuals' attitudes toward fantasy, potentially limiting its utilization in clinical and educational settings (14, 17). Addressing these gaps requires the development and evaluation of systematic training programs that can enhance individuals' awareness, acceptance, and use of fantasy as a tool for improving sexual functioning.

In the Iranian context, research on sexual health interventions has increasingly emphasized the importance of culturally sensitive approaches that address both individual and relational dimensions of sexuality. Studies have demonstrated that interventions targeting sexual self-efficacy, communication, and emotional regulation can significantly improve marital satisfaction and sexual quality of life (4, 30). Additionally, psychometric validation of sexual functioning measures has provided reliable tools for assessing intervention outcomes in clinical populations (31). However, the application of fantasy-based interventions remains underexplored, particularly among middle-aged men, who may face unique challenges related to aging, stress, and changes in relational dynamics (5, 32). These factors highlight the need for innovative and evidence-based interventions tailored to this population.

Taken together, the existing literature suggests that sexual fantasy represents a promising yet underutilized component of sexual health interventions. By enhancing cognitive engagement, emotional expression, and relational communication, fantasy-based training has the potential to address key mechanisms underlying sexual dysfunction and marital dissatisfaction. Therefore, the present study aimed to investigate the effectiveness of fantasy (phantasm) training on improving sexual desire, arousal, and marital relationship quality in men aged 30 to 50 years.

Methods and Materials

Study Design and Participants

The present study was quasi-experimental and employed a pretest–posttest control group design using a two-group matched design with pretest and posttest. The statistical population consisted of all married men aged 30 to 50 years in Tehran who referred to counseling centers in 2024 due to sexual problems. The minimum required sample size for experimental studies is 20 participants (Cohen & Keogh, 2002, p. 157). Considering potential attrition and to ensure adequate statistical power, 100 men with sexual problems were purposively selected and completed the research questionnaires. Among them, 30 individuals who obtained less favorable scores were selected as the final sample. These 30 participants were then randomly assigned to two groups: an experimental group ($n = 15$) and a control group ($n = 15$). Inclusion criteria included being married, having at least two years of marital life, willingness to participate in the study, literacy, absence of chronic physical illnesses and medication use, and absence of severe psychological disorders such as depression, borderline personality disorder, and obsessive-compulsive disorder (based on self-report). Exclusion criteria included absence from more than two sessions, receiving psychological intervention

within the past six months, presence of chronic physical illness, and unwillingness to continue participation in the study. After identifying eligible participants and obtaining the necessary permissions and coordination with relevant authorities, the researchers visited designated centers according to a pre-planned schedule. Following an explanation of the research objectives, 100 individuals were purposively selected for screening. Questionnaires were distributed, and 30 individuals with the least favorable scores were selected and randomly assigned to experimental and control groups (15 participants in each group). The experimental group received the intervention sessions, while the control group did not receive any intervention. Subsequently, a posttest was administered to both groups. Ethical considerations were observed, including obtaining informed consent through a clear explanation of the study objectives at the outset, as well as ensuring confidentiality and anonymity of participants' information. Finally, after the completion of the intervention sessions, the emotion regulation questionnaire was re-administered to the participants.

Data Collection

The ENRICH Marital Satisfaction Questionnaire, developed by Olson (1998) in its 47-item form, consists of 12 subscales, including idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, family and friends, egalitarian roles, and religious orientation. This instrument is designed on a five-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree), with scores ranging from 1 to 5 assigned to each item. Olson, Fournier, and Druckman (1989) reported Cronbach's alpha coefficients for the subscales of idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, and egalitarian roles as 0.90, 0.81, 0.73, 0.68, 0.75, 0.74, 0.76, 0.48, 0.77, 0.72, and 0.71, respectively. Across several studies, the reliability coefficients of ENRICH subscales have ranged from 0.68 (egalitarian roles) to 0.86 (marital satisfaction), with a mean of 0.79. Test-retest reliability over a four-week interval ranged from 0.77 (leisure activities) to 0.92 (sexual relationship and idealistic distortion), with an average of 0.86. In Iran, Soleimani (1994) first calculated and reported internal consistency coefficients of 0.93 for the long form and 0.95 for the short form. In a study titled "The Role of Irrational Beliefs in Marital Dissatisfaction," Soleimani (1994) reported that the questionnaire was first translated and then reviewed by psychology experts, who confirmed its content validity. Subsequently, the questionnaire was administered to a group of 11 participants, and its reliability was calculated using Cronbach's alpha, yielding a coefficient of 0.93. Due to the large number of items and participant fatigue, a shorter form was developed by calculating item-total correlations and selecting items with relatively high correlations. This selection was conducted proportionally across different subscales, resulting in a 47-item version. The reliability of this version was again assessed in a group of 11 participants, yielding a Cronbach's alpha of 0.95. After reviewing the original questionnaire and its psychometric properties, this method was approved by the academic supervisor and used to assess marital satisfaction.

The Sexual Function Questionnaire was developed by Keller, McCarvey, and Clayton in 2006. This instrument consists of 14 items and measures four subscales: desire, arousal, orgasm, and pleasure. Responses are scored on a five-point Likert scale (1 = never to 5 = always). The total score is obtained by summing all items, with possible scores ranging from 14 to 70. Higher scores indicate better sexual

functioning, whereas lower scores reflect sexual dysfunction (Keller et al., 2006). Keller et al. (2006) reported a Cronbach's alpha of 0.89 for men and reported subscale reliability coefficients of 0.71 for desire, 0.84 for arousal, 0.76 for orgasm, and 0.80 for pleasure. Lianzeh et al. (2011) assessed the divergent validity of this instrument and reported a statistically significant correlation of -0.263 ($p < 0.01$) with the Center for Epidemiologic Studies Depression Scale. In Iran, Babazadeh (2016) reported a Cronbach's alpha of 0.64 for the total scale and subscale coefficients of 0.75 for desire, 0.61 for arousal, 0.71 for orgasm, and 0.68 for pleasure. Babazadeh (2016) also evaluated the convergent validity of the instrument by calculating its correlation with the International Index of Erectile Function, reporting satisfactory convergent validity ($p < 0.01$).

Intervention

The intervention protocol consisted of a structured, multi-session fantasy (phantasm) training program grounded in the sexual response framework of Masters and Johnson. In the first session, following initial orientation, participants were provided with simplified psychoeducation regarding the concepts of sexual desire and sexual object, supported by an instructional video; participants were then encouraged to reflect on and discuss whether they were aware of their own sexual object(s). In the second session, the trajectory of sexual arousal was introduced and examined, with emphasis on participants' awareness of their sexual stimuli and the identification of potential disruptions in the arousal process, particularly among those who reported awareness of desire but difficulty in arousal. The third session focused on the concept of sexual fantasy and its functional role, during which participants were guided to explore their mental imagery, identify underlying assumptions associated with their fantasies, and learn strategies to strengthen and access these cognitive scenarios; particular attention was given to the mechanisms linking fantasy to psychological and physiological arousal. In the fourth session, the application and effectiveness of fantasy in sexual relationships were further elaborated, with a specific focus on establishing connections between desire and evocative mental imagery that facilitates arousal; for some participants, this phase required extended engagement depending on individual needs. In the final session, after ensuring participants' comprehensive understanding of key constructs—including sexual object, desire, arousal, and fantasy—a posttest assessment was administered to evaluate the effectiveness of the intervention.

Data Analysis

Statistical results were analyzed using SPSS software through analysis of covariance (ANCOVA), with all statistical assumptions appropriately met.

Findings and Results

The mean and standard deviation of age in the experimental and control groups were 39.466 ± 1.756 and 40.133 ± 1.661 , respectively. The frequency and percentage of participants with a high school diploma were 9 and 30.0%, respectively. The frequency and percentage of participants with a bachelor's degree were 15 and 50.0%, respectively. The frequency and percentage of participants with a master's degree were 6 and 20.0%, respectively. In this section, descriptive statistical findings are presented in tables and figures.

Table 1. Mean and Standard Deviation of Sexual Function and Marital Quality Variables in Experimental and Control Groups at Pretest and Posttest

Variables	Groups	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Desire	Experimental	12.866	0.716	15.266	0.777
	Control	13.000	0.624	13.133	0.809
Arousal	Experimental	16.733	0.847	18.533	0.904
	Control	16.866	0.893	17.000	0.985
Marital Quality	Experimental	124.200	5.629	132.066	5.395
	Control	123.933	5.585	124.133	5.575

As shown in Table 1, the means and standard deviations for sexual function and marital satisfaction variables in both experimental and control groups at pretest and posttest are presented. The pretest and posttest means for the experimental and control groups in the variable of desire were 12.866 and 13.000, and 15.266 and 13.133, respectively. The pretest and posttest means for arousal were 16.733 and 16.866, and 18.533 and 17.000, respectively. The pretest and posttest means for marital quality were 124.200 and 123.933, and 132.066 and 124.133, respectively.

Before data analysis, Levene's test for equality of variances was conducted to examine the homogeneity of variances. The results indicated homogeneity of variances for the variables of desire, arousal, orgasm, pleasure, and marital satisfaction ($p > 0.05$), supporting the use of analysis of covariance (ANCOVA). This indicates that the experimental and control groups were homogeneous in terms of variances prior to the intervention. Another assumption of ANCOVA is the homogeneity of regression slopes. The results of the group \times pretest interaction for the study variables showed that regression slopes were not statistically significant ($p > 0.05$), indicating that the assumption of homogeneity of regression slopes was met. The Kolmogorov–Smirnov test was used to assess the normality of the distribution of scores. The results confirmed the normality assumption in both groups ($p > 0.05$). Subsequently, ANCOVA was applied.

Table 2. Results of Box's M Test for Homogeneity of Covariance Matrices

Box's M	F	df1	df2	Sig.
1.914	0.282	6	5680.000	0.946

The results presented in Table 2 indicate that the assumption of homogeneity of covariance matrices was not violated (Box's M = 1.914, F = 0.282, $p > 0.05$).

To compare the experimental and control groups based on posttest scores, while controlling for pretest effects, a multivariate analysis of covariance (MANCOVA) was conducted to determine the effectiveness of fantasy (phantasm) training on improving desire, arousal, and marital satisfaction in men aged 30 to 50 years. The results of MANCOVA are presented in Table 3.

Table 3. Results of Multivariate Analysis of Covariance on Posttest Scores of Desire, Arousal, and Marital Quality

Test	Value	F	Hypothesis df	Error df	Sig.	Effect Size
Pillai's Trace	0.709	18.695	3	23	0.001	0.709
Wilks' Lambda	0.291	18.695	3	23	0.001	0.709
Hotelling's Trace	2.439	18.695	3	23	0.001	0.709
Roy's Largest Root	2.439	18.695	3	23	0.001	0.709

As shown in Table 3, multivariate analysis of covariance (MANCOVA) results indicate that the experimental and control groups differ significantly in at least one of the dependent variables.

Table 4. Results of Univariate Analysis of Covariance on Posttest Scores

Source	Variable	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Power
Group	Desire	38.717	1	38.717	18.364	0.001	0.405	0.985
	Error	56.925	27	2.108				
	Total	6348.000	30					
Group	Arousal	20.892	1	20.892	12.820	0.001	0.322	0.932
	Error	44.002	26	1.630				
	Total	9863.000	30					
Group	Marital Quality	443.121	1	443.121	8.904	0.001	0.248	0.820
	Error	1343.703	27	49.767				
	Total	505401.000	30					

As shown in Table 4, the F ratio for the univariate ANCOVA for the variable of desire was significant ($F = 18.364$, $p < 0.01$), indicating a significant difference between the experimental (fantasy training) and control groups. Therefore, fantasy training was effective in improving sexual desire among men aged 30 to 50 years. Similarly, the F ratio for arousal was significant ($F = 12.820$, $p < 0.01$), indicating that the intervention was effective for the experimental group. This finding shows that there was a significant difference in arousal between the experimental and control groups at posttest. Thus, fantasy training was effective in improving sexual arousal. The F ratio for marital quality was also significant ($F = 8.904$, $p < 0.01$), indicating a significant difference between the experimental and control groups. Therefore, fantasy training was effective in improving marital relationship quality among men aged 30 to 50 years.

Discussion and Conclusion

The findings of the present study demonstrated that fantasy (phantasm) training had a statistically significant effect on improving sexual desire, sexual arousal, and marital relationship quality among men aged 30 to 50 years. Specifically, the multivariate analysis confirmed that the intervention produced meaningful differences between the experimental and control groups across the dependent variables, and subsequent univariate analyses revealed that these effects were robust for each outcome. These results indicate that structured training focused on enhancing awareness and utilization of sexual fantasy can effectively influence both intrapersonal sexual processes and interpersonal relational outcomes. From a theoretical perspective, these findings align with contemporary models of sexual functioning that conceptualize desire and arousal as products of complex interactions between cognitive, emotional, and relational systems rather than purely physiological responses (1, 2). The improvement observed in the experimental group suggests that activating cognitive mechanisms—particularly through guided fantasy and mental imagery—can facilitate the activation of sexual desire and the amplification of arousal responses.

The significant increase in sexual desire among participants in the experimental group can be interpreted in light of cognitive theories emphasizing the role of mental representations and sexual “objects” in the initiation of desire. Sexual desire is often triggered by internal cues, including imagined scenarios and symbolic representations, which can be intentionally cultivated through training (7, 8). The intervention protocol in the present study, which explicitly targeted the identification and strengthening of sexual objects and fantasies, likely enhanced participants’ capacity to access and utilize these internal stimuli. This finding is consistent with research demonstrating that individuals who engage more frequently and vividly in sexual fantasy report higher levels of desire and satisfaction (9, 11). Moreover, previous studies have shown that deficits in sexual cognition, including limited fantasy engagement, are associated with hypoactive sexual

desire, suggesting that interventions aimed at enriching cognitive content can effectively address such deficits (12, 13). Therefore, the observed improvement in desire may reflect the successful activation of cognitive-affective pathways that underlie sexual motivation.

Similarly, the enhancement of sexual arousal observed in the experimental group can be explained by the role of fantasy as a mediator between desire and physiological response. Sexual arousal is not solely dependent on external stimuli but can be internally generated through vivid mental imagery and emotional engagement. The training provided in this study emphasized the development of fantasy scenarios and the connection between these scenarios and bodily responses, which likely facilitated more efficient activation of arousal mechanisms. This interpretation is supported by empirical evidence indicating that sexual fantasies can significantly increase arousal by activating neural and psychological processes associated with anticipation and reward (15, 16). Furthermore, research has shown that individuals who experience difficulties in arousal often benefit from interventions that enhance cognitive stimulation and attentional focus on erotic cues (1, 9). The findings of the present study are also consistent with the results of intervention-based research demonstrating that fantasy-oriented techniques can improve sexual functioning and reduce dysfunction, particularly when integrated into structured therapeutic programs (25). These results highlight the importance of addressing cognitive and imaginative processes in interventions targeting sexual arousal.

The improvement in marital relationship quality observed in the experimental group represents another important outcome of the study. Sexual functioning is closely linked to relational satisfaction, as it contributes to emotional intimacy, communication, and mutual understanding between partners. Enhancing sexual desire and arousal can lead to more satisfying sexual experiences, which in turn strengthen the overall quality of the marital relationship. The findings of this study are consistent with prior research demonstrating that sexual satisfaction is a key predictor of marital quality and stability (3, 4). Moreover, interventions that target sexual communication and cognitive engagement have been shown to improve relational outcomes by fostering openness and reducing interpersonal tension (21, 22). In the context of the present study, the use of fantasy training may have facilitated greater awareness of personal desires and preferences, thereby enabling more effective communication and interaction within the marital relationship.

The results of this study are also supported by a broader body of literature emphasizing the role of sexual fantasy in relational dynamics. Sexual fantasies can serve as a tool for enhancing intimacy and connection when shared or integrated into the relational context (11, 17). They allow individuals to explore their desires in a safe and controlled manner, which can reduce anxiety and increase confidence in sexual interactions. This is particularly relevant for individuals who experience performance-related concerns or difficulties in expressing their needs. The present findings align with studies showing that sexual self-efficacy and communication are positively associated with sexual satisfaction and relational quality (20, 23). By increasing participants' ability to generate and utilize fantasies, the intervention may have enhanced their sense of control and competence in sexual situations, thereby contributing to improved relational outcomes.

In addition to supporting existing theories, the findings of this study contribute to the growing literature on the effectiveness of innovative and integrative approaches in sexual health interventions. Traditional sex therapy has often focused on behavioral techniques and physiological processes, whereas the present study highlights the value of incorporating cognitive and imaginative elements into intervention protocols. This

approach is consistent with recent trends in psychological therapy that emphasize the integration of cognitive, emotional, and experiential components to address complex human behaviors (28, 29). Furthermore, the use of fantasy training as a structured intervention represents a novel contribution to the field, as previous research has largely focused on descriptive aspects of fantasy rather than its therapeutic application (18, 19). The positive outcomes observed in this study suggest that fantasy training can be a valuable addition to existing therapeutic modalities.

Cultural considerations also play an important role in interpreting the findings of this study. In many contexts, including Iranian society, discussions of sexuality and fantasy may be influenced by social norms and taboos, which can limit individuals' willingness to explore and express their sexual desires. The structured and educational nature of the intervention may have provided a safe environment for participants to engage with these topics, thereby reducing stigma and facilitating personal growth. This is consistent with research indicating that culturally sensitive interventions that address cognitive and emotional aspects of sexuality can significantly improve outcomes in diverse populations (24, 27). Additionally, the findings align with studies highlighting the importance of sexual health literacy and education in promoting well-being and relational satisfaction (23, 30). By providing participants with knowledge and skills related to fantasy and sexual functioning, the intervention may have empowered them to take a more active role in their sexual and relational lives.

Despite the strengths of the present study, several limitations should be acknowledged. The sample size was relatively small and limited to men aged 30 to 50 years in a specific urban context, which may restrict the generalizability of the findings to other populations. The use of self-report measures may also introduce bias, as participants may have responded in socially desirable ways. Additionally, the study did not include a long-term follow-up, making it difficult to assess the durability of the intervention effects over time. Another limitation is the absence of partner-related data, which could provide a more comprehensive understanding of relational dynamics.

Future research should aim to address these limitations by including larger and more diverse samples, as well as incorporating longitudinal designs to evaluate the long-term effectiveness of fantasy-based interventions. It would also be valuable to examine the role of partner involvement in enhancing the outcomes of such interventions, as well as to explore the mechanisms through which fantasy influences sexual and relational functioning. Additionally, future studies could compare fantasy training with other therapeutic approaches to determine its relative effectiveness and identify potential synergistic effects.

From a practical perspective, the findings of this study suggest that incorporating fantasy-based training into sexual health interventions can be an effective strategy for improving sexual functioning and marital quality. Practitioners should consider integrating cognitive and imaginative techniques into their therapeutic protocols, particularly for clients who experience difficulties in desire and arousal. Providing education about the role of fantasy and creating a safe space for its exploration can help reduce stigma and enhance engagement in therapy. Furthermore, training programs can be adapted for use in counseling centers, clinical settings, and educational programs to promote sexual well-being and relational satisfaction.

Acknowledgments

The authors express their deep gratitude to all participants who contributed to this study.

Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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