

Shining a Light on Sexuality: Some Early Thoughts on Integrating Sexuality into AEDP Theory and Practice

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Until recently, sexuality has remained largely in the shadows in experiential psychotherapies, including AEDP¹. AEDP, as well as these other individual experiential psychotherapies, more commonly focus on the embodied felt-sense of emotional and relational experience but have relatively neglected the domain of sexual experience. As David Bell wondered on a recent AEDP listserv discussion, “I feel a void in emotion-focused psychotherapy, which can heal the belly and heart centers but rarely touches on the sex center or sexual drives and energy. We can transform the heart but what about the pelvis?” In this column, we aim to bring sexual experience into the AEDP spotlight and begin to consider how to integrate this crucial realm of human experience with the transformation of mind and heart, emotion and intimacy.

¹ Our focus here is on individual psychotherapy, and not couple therapy.

In AEDP, we privilege transformance, the inherent, lifelong drive toward healing, growth, vitality and expansion. In adulthood, sexuality is a primary playground on which to express and explore vitality, intimacy, play, adventure and vulnerability. It is an aspect of self deeply intertwined with attachment, identity, embodied sense of self, access to pleasure, energy and expression of exploratory drives. Therefore, expanding AEDP's theoretical and clinical horizons to include experiential work with sexual experience seems a natural evolution of our model. The AEDP model inclusive of sexuality is a model enriched with yet another dimension in which we can awaken and release transformance strivings, deepen connection with self and other, and unleash waves of positive affect.

Sexuality is a multi-factorial, biopsychosocial phenomenon, with sexual behavior and attitudes strongly shaped by familial history and cultural norms. An inclusive, but almost certainly not exhaustive, list of components that influence an individual's sexual experience include:

- a) genetic makeup;
- b) sexual identity and gender identity;
- c) personality traits (i.e., risk-taking vs. safety-seeking, introvert vs. extrovert, degree of openness), and how those traits manifest variably with different sexual partners;
- d) body image (i.e., self-acceptance vs. predisposition to shame);
- e) libido or sexual drive/energy;
- f) capacity for intimacy with self/other;

- g) messages and experiences in the family of origin (including past trauma, implicit and explicit messages about sex, physical boundaries);
- h) goodness of fit/match with a given partner;
- i) cultural, societal, religious factors; zeitgeist of the moment in time;
- j) past sexual experiences;
- k) sexual fantasy life; and
- l) the extent to which anxiety does or does not inhibit sexual self-expression.

These factors create a unique constellation for each individual at a given moment in time that drives preference and expression, internal emotional/sexual experience and sexual behaviors.

One challenge we face as we seek to create an AEDP-specific formulation of sexuality is how to frame this dimension of human experience through a transference lens: in other words, not through the lens of pathology or what is broken, but rather, in the true ethos of AEDP, how to unlock the full radiant power and health of sexuality in a given individual, how to peel back the layers of shame, anxiety and trauma that can hold hostage sexual energies, or distort the expression of sexuality in defensive patterns of expression. To this end, we have *begun* to graft a theory/phenomenology of sexual experience onto AEDP's four states of emotional processing. This is how we're thinking about it:

In State One, sexual encounters might be characterized by distress, defensive engagement and disconnection either from one's own embodied sensual experience, and/or from a sexual partner's embodied experience (remember we are focusing on the individual's sexuality and sexual experience). Defensive stances toward sexuality may tend toward the pole of avoidance, passivity and compliance, or may swing to the opposite pole of compulsive behaviors, or even exploitative or abusive encounters. In this state, individuals are highly subject to the trappings of distorted family or cultural scripts or traumatic enactments that keep them from open, authentic, embodied sexual experiences.

At the same time, transference strivings are always present, even if only as glimmers. Side by side with distress and defense-led sexual experience can be glimmers—or more than glimmers—of yearnings, desire, awakening of sexual interest, or other bodily, energetic or relational manifestations of stirrings of sexual interest.

In dynamic interplay with State One is State Two's pathogenic sexual experience, in which sexual encounters evoke distressing feelings of shame, anxiety, guilt, and/or unbearable aloneness. These feelings can emerge in response to arousal and/or sexual interest, or during the sexual encounter or after the moment has passed, leaving residual feelings of shame or emptiness. In this state, being sexual may also trigger traumatic flashbacks of sexual abuse in the form of

memories, body sensations or terror; or alternately dissociation (back to State One). These emotional experiences in response to sexual interest and/or during sex may serve to reinforce defensive patterns of coping in State One. Clearly, these kinds of experiences need transforming before State Two experiences can be had.

On the transference side, the shift from State One to State Two is marked by playful pre-engagement, in which individuals experiment with limited openness to test out the safety. This state transformation may take the form of flirting, playful approach/avoidance, glimmers of desire and longing that press for expression, and an alternating between vulnerability and self-protection. If enough signals of safety and reciprocity are present, the individual can proceed to State Two: adaptive core affect sexual experiences.

In State Two, the individual's sexual experience is being able to tolerate, enjoy and be moved by desire and arousal. In State Two, there is an opening to deep connection to embodied sexual experience, both within the self and/or with one's sexual partner. Hallmarks of this stage include a stance of willingness to surrender to vulnerability, and a largely unimpeded flow of coordinated relational affects, such as love, feeling cared for and caring for the needs of the other, as well as a flow of intersubjective experiences of sensual pleasure, exploratory play and sexual fantasy. There is a willingness to trust and be safe in the exposure and vulnerability of the moment, as well as connection to authentic self-experiences. Inhibitions are low, roles can be flexible as opposed to rigid or prescribed, and the individual is open to and actively engaged in whatever it takes to co-create reciprocity, mutuality and balance in tending to each other's needs and pleasure.

In State Three, individuals are in the throes of transformative sexual experiences and the powerful, positive emotional correlates that accompany them. This state may be most accessible in new encounters or early in a sexual relationship, as new sexual experiences are emerging, but may also arise in mature relationships that are entering a transformative phase or achieving new depths of emotional/sexual connection. This state is characterized by the felt-sense of vulnerability, feeling moved, awe or wonder at the power of somatic sexual experiences, as well as the power of the connection and sexual encounter. A sense of newness and tremulousness may accompany the transformation of the individual's relationship to their sexual own selves and to that of their partners. In this state, there may be a strengthening of the overall attachment bond, and extension of an existing attachment bond to the dimension of sexuality, and/or a fusion of the physical/sexual and emotional bonds with the partnership.

Finally, in State Four, sexuality can interweave with integrative, unitive and/or transpersonal/spiritual experiences, as sexual experiences can give rise to oceanic feelings of connection, bliss, expansion, harmony of body and mind, and an expansive loosening of boundaries of the self. In one version of State Four experience, the individual's boundaries between the self's pleasure and other's pleasure dissolve, leading to feelings of unity and transcendence; individuals in this stage can experience an almost trance-like state of focus, absorption and presence. In another version of State Four experience, the individual can feel a deep sense of ease, flow, and relaxation and a sense of calm, clear, deeply accepting and loving of self, body, and other.

Conceptualizing sexuality as another dimension of human experience in which evolution, transformation and healing are possible may open new horizons for our patients. Instead of feeling stuck in a frozen pattern of “this is just how sex is for me/us,” open, detailed discussion of patterns of sexuality and their emotional correlates can imbue new hope and new possibilities. Having a map encourages exploration and builds a sense of safety for clinicians and patients alike.

A key question that emerges as we contemplate how to integrate exploration of sexuality as a theme in AEDP therapy is how to assess areas of strength and impairment and potential in the area of sexuality. AEDP is primarily an emergent model, in which information-gathering unfolds organically as part of the dynamics of the experiential process. Given that some patients may not spontaneously volunteer information about sexual desire, fantasy life, sexual functioning and behaviors, this can present a quandary. How to access this domain of experience in order to integrate it into practice if the information is not readily disclosed? We, as AEDP clinicians, may consider highlighting the theme of sexuality early in treatment as an invitation to co-explore over the course of treatment. Clinicians might also consider their own comfort level in broaching or exploring themes of sexuality. If the topic is “out of bounds” in the psyche of the therapist, it will be, by default, out of bounds for the patient.

Before closing, we would like to touch briefly on two other issues related to sexuality, as a springboard to further consideration and elaboration. The first is the relationship of attachment templates to sexuality. Sexuality straddles two realms: the realm of private, internal experiences and the realm of shared relational

experiences. As clinicians, we have encountered both examples of concordance and discordance of these two realms. Concordance is apparent when secure-partner relating gives rise to satisfying, coordinated sexual relating, or where disorganized attachment is mirrored in chaotic or frozen State One patterns of sexual relating. However, just as often, we witness a discordance, where an individual's secure attachment relationship to their spouse or partner does not extend to the sexual dimension. Sexual relations and desire in the relationship may be split off, impoverished or anguished, even when the relational attachment bond is secure. Conversely, an individual with chaotic and disorganized attachment may be able to access otherwise-rare states of openness, freedom, ease, fulfillment and connection in the sexual realm. In this instance, sexuality may be harnessed as a transference portal, a place where self-at-best emerges and can be tapped to further develop relational and emotional functioning. This variability seems to suggest that, while sexuality is intimately related to relational and emotional capacity, it is by no means a linear or straightforward dynamic. There appears to be a complex and nonlinear interaction of the three fields of a) sexuality, b) relational capacity and 3) emotional capacity that can influence how sexual relating is expressed in a given relationship. No simple 1:1 (or 1:1:1) applies across the board. To the contrary, it behooves us to explore each realm, maintaining awareness of the separate existence of the other two realms.

A related phenomenon concerns the sequence of rupture, repair and re-coordination as it applies to the phenomenology of sexual experience. (See diagram 2). How do sexual partners deal with ruptures in the moment, in which one partner

may be—in their individual, internal experience—in a deep or transformative state, while the other person may be in a discordant State One experience? How does this relational discordance affect, or not affect, individual sexual experience? How do couples cope with these sexual micro- or macro- ruptures and bring the dyad back into a level of re-coordination? What happens when one partner has a trauma history and experiences traumatic flashbacks or memories during sex? How is this “repaired” in the dyad and safety re-established? Need State Three and State Four be shared, dyadic experiences, OR can they also be private, individual experiences occurring in discordant dyadic states? Can interpersonal resonance in shared sexual states amplify the sensations, connection and experience in order to make the achievement of States Three and Four more likely?

These are some initial food-for-thought questions to consider as we deepen our exploration of how to integrate sexual experience and functioning into our opus of AEDP theory and interventions.