# DISSOCIATION AND SEXUALITY

#### WEBINAR

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Behind the symptoms are the "Problems"

Symptom has developed as a survival strategy

Symptom is logical, rational, and adaptive

Symptom remission is dependent on understanding the logical development and allowing for a more optimal solution.

# PART 1 TRAUMA AND DISSOCIATION

"More understanding is needed in psychological and physiological processes underlying intergenerational transmission of trauma." (p.202)

"...A child who herself did not suffer sexual abuse, for example, but is nonetheless subjected to her mother's overly promiscuous attitudes (or, conversely, a strict approach to dating) will inhabit many shades of her mother's fears, emotional reactions to men, and defensive adaptations." (p.191)

> — Ginot & Schore, Intergenerational Enactment of the Trauma: Role Unconscious Self-Systems

"Emotional intensity among survivors and their children [are] expressed in hyper- or hypoarousal affective states such as fear, mistrust, and helplessness.

Consequently, **the child's trauma-suffused unconscious map** (unique to each individual, of course) **is made up of many shades of emotions and meanings**, echoing a parental, emotional, and cognitive self-state." (p.192)

 Ginot & Schore, Intergenerational Enactment of the Trauma: The Role Unconscious Self-Systems "Indeed, wide-ranging studies have demonstrated that children of trauma survivors suffer from generally higher levels of cortisol (the stress hormone) in some cases and low levels in others.

In either case, these levels indicate a constant state of arousal and numbing defense." (p.202)

> Ginot & Schore, Intergenerational Enactment of the Trauma: Role Unconscious Self-Systems

#### Perfect Storm: Physiologic hyperarousal, social anxiety, fears of rejection, and pornography.

Most begin watching porn at age 11, which encourages them to "shut off" feelings that would otherwise help them get close to others.

# INHIBITING FACTORS

- Unrealistic Expectations
- Overdependence on visuals rather than touch, sensation
- Dehumanization

### ACCELERATING FACTORS

- Sexual taboo
- Medicating problems
- Depression
- Loneliness
- Intimacy difficulties
- Other addictions

## DISSOCIATION AND INTERNET USE

- Overuse of Internet pornography is considered similar to a dissociative condition. There can be huge time distortions, a universal, harmful consequence reported in the loss of time.
- Dissociative trance is characterized by an acute narrowing or complete loss of awareness of immediate surroundings, that which manifests as profound unresponsiveness or insensitivity to environmental stimuli.
- Unconscious finger movements on the mouse, or otherwise at the computer, searching for the object of intense erotic stimulation.
- Linkage of sexual addiction and dissociation is the "addict self," which people talk about as a separate personality, which they believe takes control and has a will of its own.

### TOP 10 SEXUAL PROBLEMS from USING PORN

- Avoiding or lacking interest in sex with a real partner
- Experiencing difficulty becoming sexually aroused with a real partner
- Experiencing difficulty getting or maintaining and erection with a real partner
- Having trouble reaching orgasm with a real partner
- Experiencing intrusive thoughts and images of porn during sex
- Being demanding or rough with a sexual partner
- Feeling emotionally distant and not present during sex
- Feeling dissatisfied following an encounter with a real partner
- Having difficulty establishing or maintaining intimacy with a real partner
- Engaging in out-of-control or risky sexual behaviors

# PART 2 SEXUALITY, DISORGANIZED ATTACHMENT, & THE SELF SYSTEM

# OGAWA STUDIES

- 126 children with disorganized attachment were followed until age 19. Prediction of Dissociative Disorder from maternal unavailability and disorganized attachment in the first 24 months of life was more predictive than trauma. Trauma history did not add to the predictability of dissociation after disorganized attachment.
- Specifically, concurrent maternal dissociative symptoms, disrupted maternal affective communication, and maternal lack of involvement at 12 months contributed to dissociative symptoms at age 19.

#### CONTRADICTORY ASPECTS OF SEXUAL AROUSAL

When the template is formed on the basis of an early experience of terror related to abandonment or engulfment by the caretaker, potential relationships can activate intense survival fears.

The individual experiences contradictory emotions of sexual arousal while simultaneously feeling fear and lacks feeling deserving of kindness and affection. The fear can either shut down potential sexual arousal or potentiate it.

# INTEGRATION vs DISSOCIATION

**Pathological Dissociation**, which can most often be traced to disorganized attachment in infancy, represents a profound distortion of core self-process, complicating integration. The result can be internalizing a sense of defectiveness, self-criticism, and intrapersonal hostility to protect the idealized image of the caregiver.

When dissociation prevails, there is fragmentation of self. Vulnerability to dissociate coping mechanisms is more likely in the absence of experiences of reliable support and self-efficacy. Dissociative processes interfere with the formation of a personal narrative and verbal exchange, undermining the integration of traumatic events with other experiences.

# DISSOCIATION AND SELF-DEVELOPMENT

Sexual and physical abuse at the hands of family members cause the child to split off experiences, relegating them to an inaccessible part of the self.

Dissociation of one's experiences sets the stage for loss of one's true self.

The true self becomes corroded with inner "badness" and is concealed at all costs. Persistent attempts to be "good," thus leading to a socially acceptable self, are experienced as non-authentic. The adolescent is compelled with the demand to create multiple selves in different contexts.

### CRITICAL PART

- Holding myself to unrealistic or impossible standards
- Criticizing myself for criticizing myself
- I can't recover!
- I'm dead
- I'm a failure
- I'm worthless
- I'll always be rejected
- My dreams will never come true
- I'm disgusting
- I'm stupid
- I'll never be successful
- I'm a disappointment
- Everything I do is disappointing
- I have to be perfect
- I'm too broken even for therapy
- I hate myself!
- Why did I let it happen?
- I can't stop comparing myself to everyone
- I have to bottle up my emotions
- I have no help or support

- Everyone is judging me
- I should have...
- Why didn't I...?
- I'm hopeless
- No one would like me if they knew the real me
- I mess everything up
- What's wrong with me?
- Everything is too hard
- I'm a liar!
- Everyone I meet is a liar!
- I must not upset anyone
- I deserve pain
- I deserve humiliation
- I'll always be alone
- I don't deserve their love
- Push everyone away
- I'm like a cancer to everyone
- I'm weak
- I should be better
- I can never better
- If I'm not perfect. I'll be punished

### CRITICAL PART & SEXUALITY

- My body being accepted by my sexual partner is the one way to true acceptance
- I can't enjoy sex because I'm constantly wondering if I disgust my partner
- I have to be perfect to be lusted after
- Sex is the only way to be happy with myself
- I'm dirty/a slut
- Sex is scary
- Sex feels foreign and uncomfortable
- I obsess over my imperfections while enganging in sexual activity
- I don't enjoy sex
- I don't have a sex drive
- I'm nervous when strangers touch me
- I don't want to be seen as just a sexual object

"Sex is dirty. It feels good but I don't want no part of it. It only makes life miserable. Your penis will fall off if you have sex too often. All it's good for is causing trouble. You can't feel sex, you can only hurt it. After all, my Mom uses it to fuck my dad and Johnnie. That's all men are good for, so Mom can fuck them. Well, fuck them all, I don't want to have sex. It's evil and good for nothing. It only makes me feel bad. It's why Mom is never home, she's out fucking and hurting men. I wonder if she has other kids. I hate sex. If I cut my dick off, Mom would like me better. She hates boys—she just want their dicks. She keeps them on her trophy shelf. Johnnie and Dad are fools. They think she wants their stupid, useless dicks. Well, everyone knows that they're ugly and should be cut off. I'd cut yours off if Mom asked me to. After all, what's it good for? It just gets you in trouble. That why Mom liked my sister Julie more. She doesn't have a dick. Girls always call the shots--you can't put your stupid dick inside of them unless they let you. And they only let you if you beg and plead. And you're good at that because you can only please Mom by giving her your dick. She makes you such a fool. Sex is her toy to enslave me. She uses it to control Johnnie and my dad. And they hate her, but because of sex, they are tied to her. What weaklings they are. If they would stop wanting to have sex, then she could not control them. They're like robots, she pushes their buttons with sex. They're idiots and they deserve what they get. She doesn't do anything and they follow her sex smell because they have no brains. I like beating off with Brian. The sperm goes right where it belongs—in the toilet. I always want Brian to beat me off—he does it really good. See, sex is dirty, but we need it to survive."

17

# PART 3 AFFECT REGULATION & SEXUALITY

### ABUSE-RELATED, TENSION-REDUCING BEHAVIORS

— Brier, 1992

- Engages in activities designed to provide one or more of the following: (a) temporary distraction; (b) interruption of dissociative or dysphoric states; (c) anesthesia of psychic pain; (d) restoration of control; (e) distress-incompatible sensory input; (f) temporary filling of perceived emptiness; (g) self-soothing; and (h) specific relief from guilt or self-hatred.
- Sense of calm and relief ensues. Subsequent guilt or self-digust at having engaged in such activities may also be present, along with sense of not being in control of one's actions.
- Reinforces use of tension-reducing mechanisms in the future: "Behavior that reduced pain is likely to be repeated in the presence or threat of further pain."

# AFFECT REGULATION

- Self-care, Nurturing
- Emotional Regulation
- Self-control (anxiety as signal)
  - Values
  - Esteem
  - Cohesion

Depending on something external, which provides an illusion of control, is a means of dealing with something *inside*.

# FOOD AND SEX ADDICTION

Characterized by a loss of control, despite catastrophic consequences, in an attempt to:

- Alleviate inner-tension
- Self-soothe
- Counteract anguished feelings of emptiness and alienation.
- Compensate for feeling something is missing
- Simulate the feeling of connection to a caretaker
- Modulate intense emotion

PART 4 DISSOCIATION & SEXUALITY

# DISSOCIATION AND SEXUALITY control

From a dissociative process perspective, thinking about how the normative but separate domains of sensuality and sexuality creates a need to discover the subjective nature of a person's sexuality and the extent to which real sensuality might exist during sexual activity. Sexuality without sensuality needs investigation.

The absence of a clear and coherent sense of being present in one's body and experiencing the sensations associated with sexual activity, including the simply sensual ones, is an indicator of the dissociative isolation of somatic experience from awareness. The human need to hold and be held is missing in action when this isolation of somatic experience occurs.

→ "I'd rather be knitting than having sex, and while I'm doing it with him, I'm a million miles away — but he never notices."

## RELATIONSHIPS AND SEXUALITY

In sex therapy, entitlement refers to the therapist giving the client permission to not to be sexual.

For example, a therapist might say: "It is understandable that, given what happened to you and what you've done to yourself as a result of what was done to you, and the destructive influences on your choice of partner and the relationships you've each created, you do not feel sexual.

It would be a miracle or even dysfunctional if anyone could feel sexual under these circumstances.

## SEXUAL DESIRE AS A SELF-FUNCTION

Sexual desire in such cases can be largely anxiety-driven, as the desire is to conquer the other, or multiple others. In order to continually feel accepted, the individual is driven to compulsively seek affirmation of their acceptability as a way of combating deep self-hatred. Thus, hypersexual individuals are starving for attention, affection, touch, or validation. But, without the structural capacity to meet these needs, they can pnly achieve a tenuous, fleeting sense of reassurance and pseudo-intimacy. Hyposexuality, on the other hand, sets up a shield to protect the individual from anticipated rejection and prevents the vulnerability of allowing another close enough to recognize perceived self-defectiveness.

## DISSOCIATION AND SEXUALITY

The apparent compulsion to repeat tragic scripts is about a desperate, unconscious effort to create coherence when exquisitely painful and meaningful unintegrated experience lacks personal narrative and consciousness for intense emotion. The repetition compulsion reflects a tension between dissociative processes activated by fear versus associative processes undermined by irresolvable confusion (pieces of the puzzle are dissociative inaccessible) that seek coherence and relief from emotional pain. We repeat because the dissociative process maintains the isolation of the elements of experience often riddled with shame, terror, hatred, helplessness, and all the other miseries of the human tragedy. This leaves only a narrow corridor (of apparently addictive behavior) down which action compulsively moves us as it tries to tell our story. (Chefetz, 2015)

PART 4 DISSOCIATION & SEXUALITY

### COMMON FEATURES

### SEXUAL AND DISSOCIATIVE DISORDERS

- Vulnerable to temporary episodes of depersonalization
- Secretiveness is a way of life
- Relationships have a quality of falseness (pseudo-relationships)
- Rigidity of cognitions and distortion of thinking
- Standards of perfection are adopted in hopes of gaining acceptance and approval
- Appears powerless in relationships
- Frequent comorbid chemical dependency and self-mutilation, which may function to distract from affect or avoid regressions
- Fears of intimacy
- fears of abandonment
- Relationships themselves may be triggering

#### **COMMON FEATURES**

### SEXUAL AND DISSOCIATIVE DISORDERS

- Inadequate regulation of self-esteem
- Poor control of affect
- Unstable, diffused identity
- Lack of introspective awareness
- Paucity of self-soothing and nurturing
- Separation of psychological self (psyche) from physiological self (soma).
- Need states to become dyssynchronous
- Psychological needs become displaced in somatic fields (i.e. fear becomes 'fatness' for example)

#### THE TEAM ROOM TRADE STUDY

From 1965 to 1968, Laud Humphreys, an ordained Episcopalian minister, conducted dissertation research on men who have impersonal sex with men (Humphreys, 1970). Without disclosing his role as a sociology researcher, Humphreys played the role of "watchqueen," that is, he looked out for intruders while men performed oral sex on men in the public restrooms of parks in major metropolitan areas. Because he passed himself off as a voyeur — one who derives sexual gratification from observing the sex acts of others — he was permitted to watch acts that occurred in bathroom stalls without doors. Among other things, he gathered data on locations, the frequency of the acts, the age of the men, the roles they played, and whether money changed hands.

— James M. Dubois, Ethics in Mental Health Research, 2007

"A thing which has not been understood inevitably reappears; like and unlaid ghost, it cannot rest until the mystery has been solved and the spell broken."

— Freud, 1909

"Until we are able to tolerate what we need to feel in order to provide the associative links, of which the dissociation process robs us, we are destined to repeat the action that tells the story of what is too painful to coherently know."

-Russell, 1998

#### THE TEAM ROOM TRADE STUDY cont'd...

Among the positive outcomes Humphreys cites was the dispelling myths that the men he studied were dangerous social deviants. He found that most were married to women and had children, only 14% were exclusively homosexual and identified themselves as gay.

Many within the gay community welcomed his research and in some police districts, it led to decreased raids and sodomy arrests. Others were upset because they believed that his research findings — published in a paperback book — basically presented the average man with a "how-to" manual i.e., with information on how to obtain cheap impersonal sex with men.

Sex addiction is not about sex.

Eating addition is not about food.

Feelings of shame, fear, and helplessness blend into affect scripts related to power and control, or loss thereof.

Rage and powerlessness are efforts to re-establish a sense of control.

"Using the Adult Attachment Interview, [Fonagy et al.] found that the mother's sense of personal security is greatly related to her ability to coherently reflect on past experiences, including traumatic ones. What is being implied is that it is not necessarily the severity of the trauma that determines one's level of felt-security and the ability to engage in secure attachment, but the extent to which a victim of trauma has allowed himself or herself to think about it and attempted to integrate it into a coherent meaning and sense of self."

> — Ginot & Schore, Intergenerational Enactment of the Trauma: Role Unconscious Self-Systems

## COHERENCE

A most significant aspect of people's account has been found to be the degree of coherence. Coherence has been variously described, but there is some broad agreement that it consists of: *orientation* — a clear setting out of the context and participants in a story; *structure* — events are connected over time and in terms of cause; *integration* – the events, feelings, and meanings are connected together and add up (Baerger & McAdams, 1999).

In terms of the Adult Attachment Interview, coherence has been seen in terms of the discrepancies between general evaluative descriptions and specific illustrations offered (Holmes, 1999). For example, some accounts start with statements that the attachment to a parent was close and good, but in contrast, considerable effort is required for the individual to produce any examples, and these might be quite contradictory.

# REFLEXIVITY

Accounts vary in the extent to which people are able to reflect on their experiences, for example, to remember how they felt, why they felt like this, or how else they may have felt. Importantly, this also relates to their abilities to form ideas about other's internal states; for example, to be able to consider what might have been going on in the mother's or father's minds — feelings, intentions, needs, and explanations that may have guided their actions (Fonagy et al., 1991; West, 1997). This has variously been termed, "Psychological-mindedness, Sociality" (Kelly, 1955; Procter, 1981, 1984) and 'theory of mind' (Baron-Cohen, 1997), according to Fonagy et al.

"The development of the reflexive self is, thus, intrinsically tied to the evolution of social understanding. It is through the appreciation of the reasons behind the actions of his caretakers and siblings that the child can come to acquire a representation of his own actions as motivated by mental states, desires, and wishes." (p.209)