INTIMACY, SEX, & CHILD ABUSE

the FAMILY SYSTEMS INSTITUTE

CHALLENGING CASE PRESENTATION

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Conventional trauma work

Trauma is not as an *event*, but the subjective reaction by a person to that event.

*... **only** those who have developed at least substantial symptoms trauma-related disorders over the course of their lives [are considered] traumatised*

(Van der Hart, Nijenhuis & Steele, 2005, p. 414).

Symptom and intrapsychic focus

The “givens” of the “trauma milieu”

Children with relational stability and multiple positive, healthy adults invested in their lives improve

Children [and adults] with multiple transitions, chaotic and unpredictable family relationships, and relational poverty do not improve even when provided with the best “evidence-based” therapies.

In many cases, these children's caregivers or parents have similar developmental traumas, loss, or neglect

(Perry, 2009, pp. 252-253).

Neurobiology of trauma

Autonomic responses triggered e.g. fight/flight/freeze including overactivity of amygdala and underactivity of hippocampus

May be acute or chronic

“Should it be one size fits all” when…

Trauma-focused treatments typically include

- repeated in vivo and/or imaginal exposure to the trauma,
- reappraisal of the meaning of the trauma and its consequences (cognitive interventions), or some combination of these techniques.

[Utilised] for a range of PTSD sufferers, including rape victims, survivors of childhood abuse, refugees, combat veterans, and victims of motor vehicle accidents…

[But] approximately 40% of treatment completers maintain their PTSD diagnoses after Trauma Focused interventions… and even among those who no longer have PTSD, the majority still suffer from significant residual symptoms….

(Marylene Cloitre, 2015, p. 3).

What is Systems Anxiety?

Instinctual *relational* sensitivities to

Expectations

Attention

Distress

Approval

Manifested in chronic anxiety

(Kerr, 2008)

Anxiety and emotional reactivity

Both terms are used here interchangeably

Not only does the person respond to threat but we also respond to threat perceived by others

For the amygdala to respond to threat, the prefrontal cortex has to shut down

Reactivity and anxiety in one person therefore is tied to reactivity in another and this can shut down the intellectual system

Chronically anxious responses to sexual abuse

Transmitted in way disclosure or non-disclosure of child sexual abuse is managed/ responded to

by survivor and members of family of origin

The *who*, *what*, *where and when* of this information is crucial in understanding a systems response and the emotional process of that system.

Integrating Intellectual and Emotional Systems

DIFFERENTIATION OF SELF

Is measured against an individual's capacity to distinguish between their instinctually driven emotional reaction (fight/flight/freeze/fix) and their thoughtfully considered goal directed functioning and to take action on the basis of this reasoning

(Bowen, 1978)

MAINTAINING FUNCTIONING UNDER STRESS

skepticalthayne.com

Chronic anxiety in couple relationship

Sensitivity to spousal distress and to gendered and societal expectations:

> “Am I meeting my partners’ ‘needs’ adequately?”
>
> “If she/he found me attractive, she/he would ‘want’ me more.”
>
> “There is something wrong with me.”

Very little solid self: the unconscious question:

> “How do you want me to be?”

Sense of comfort with self is connected to putting the environment (others) at ease.

When symptom only focus

Without a systems view, problems in a PTSD/complex trauma sufferer will be explained with linear cause and effect thinking

The tendency then is to use psycho education to improve individual effectiveness which focuses on the nature and treatment of the illness

“Dysfunctional sex”

The paradox of sex is that when it is functional and satisfying sexuality plays a small, positive role in the relationship, 15–20%, enhancing vitality and satisfaction. However, when sex is dysfunctional, conflictual, or avoided resulting in a non-sexual relationship,

sex plays an inordinately powerful role (particularly early in a marriage), draining the relationship of intimacy and threatening marital stability (Keim & Lappin 2002)

(McCarthy & Thestrup, 2008, p. 139).

Conventional sex therapy

“Touch exercises”

Strategies dealing with low sexual desire include “just do it!” to “turn on” the “automatic” sex responsiveness

“Disorders” of sexual desire

With couples experiencing issues related to sex and intimacy, the intense focus shifts to the partner resolving their sexual abuse “issues” so that they are a more willing and available partner.

Low desire versus high desire – assumptions or truths?

Partners vary around their levels of desire for sex

Sex is a “natural” function

Partners who have lower desire have issues related to sex

The low desire partner controls the frequency of sexual intimacy

The partner who has higher desire is the “sex expert”.

The “work” of intimate relationships

Truisms about marriage and relationships abound: “Intimate relationships take work”, and “Intimacy requires trust”. Work in intimate relationships is seldom specified beyond “spending time together” and communicating”: trust always implicitly refers to one’s partner. In actuality, the work of intimate relationships is self-maintenance in the face of fears of betrayal and abandonment (i.e. self-validated intimacy). The most important “trusting relationship” is the relationship one has with oneself.

(Schnarch, 1991, p. 131).

Sexual intimacy sequence

How is it an “elicitation window” (Schnarch, 1991) into the rest of the relationship?

Intimacy Dynamics (Schnarch, 1991)

High Differentiation	Low Differentiation
Some capacity for self-validated intimacy: Self disclosure is relatively independent of partner's behaviour or dynamics in the relationship; low need for reciprocity.	**Dependence on other-validated intimacy:** Self-disclosure is dependent on partner's behaviour or dynamics in the relationship: high need for reciprocity.
High intimacy tolerance ☙ : Partner's tolerance sets upper limits of relationship norms for frequency and intensity of intimacy. The individual is capable of unilaterally pushing norms.	**Low intimacy tolerance:** The individual's tolerance sets upper limits of relationship norms for frequency and intensity of intimacy. Partner's pushing of norm creates considerable anxiety.

☙ *i.e. aspect of differentiation which refers to the ability to maintain a clear individual identity and modulate one's anxiety as one (and one's partner) discloses increasingly core aspects of self* (Schnarch, 1991, p. 124).

A more solid self in sex…

Developing and maintaining a solid sense of self greatly shapes your sexual desire. Your reflected sense of self and solid self often outweigh hornyness, hormones or your desire for intimacy and attachment in controlling your desire. Issues of selfhood trump neurotransmitters like oxytocin and vasopressin testosterone, dopamine, serotonin, and norepinephrine every time

(Schnarch, 2009, From an "Idea To Ponder" in *Intimacy & Desire)*.