

When the Therapist is Aroused: Sexual Feelings in the Therapy Room

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Abstract

This article focuses on the therapist's self-regulatory skills as vital to the process of addressing sexual feelings as part of psychotherapeutic interaction. How do we support ourselves as psychotherapists in containing and exploring sexual feelings, impulses and thought patterns while staying within the ethical boundaries of a psychotherapeutic relationship? Psychomotor exercises with precise individual dosing are described to support containment of sexual arousal. Training in gender skills through psychomotor awareness is a pathway to replacing old automatic, defensive strategies with containment and coping anchored in the present.

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Sexual feelings in the therapy room

How do we react if our client is sexually attracted to us and we sense a sexual reaction in our own body? What if our client, or we ourselves, romanticize the connection between us with a subconscious sexual subtext? Or if we listen to a story of sexual abuse and our body responds sexually – perhaps with sadistic or masochistic impulses – at the same time as we feel disgusted by the story? In my experience as a psychotherapist all of the above will sooner or later find their way to the therapy room. As I have met them, I have searched for tools to help me handle these situations, while working to establish a system of norms around 'healthy coping' with sexuality. In a culture where the trend is either exaggerated sexualizing of contact or the absence of sexuality in the contact field, I see the above as a substantial collective challenge, which becomes even more important to address as a psychotherapist, as we become role models for 'healthy coping'.

The ethical boundary

It is my standpoint – in accordance with the ethical rules of The Danish Psychotherapist Association – that any sexual acting out between therapist and client is incompatible with

therapy. Upholding this principle, as well as promptly reacting if we find the necessary boundary disrespected by ourselves or colleagues, is crucial. But how do we manage sexuality within this ethical boundary? One solution is for the therapist to avoid or deny his/her own sexual feelings in the therapy room. This will lead to a lowered, or even a lack of, sensitivity towards sexual feelings as part of interaction with the client. Another more functional solution is for us to sense and contain our own sexual feelings, impulses and thought patterns, and find ways to use this emerging information constructively in the therapeutic process, viewing it as part of the therapist's counter transference.

Gender skills

Coming from the Bodydynamic tradition some years back, I initiated the development of an approach called 'gender skills'. We were a group of colleagues exploring which psychomotor skills support our sense of gender identity, gender role identity, containment of sexual feelings and manifestation of sexuality.

To me this became an important element of how I personally dealt with sexuality and, consequently, my development as a therapist. Working with basic skills that are represented in the muscle system supports a sense of "healthy coping". No matter what our history is with regard to sexuality, there is a psychomotor potential within our body, and when focusing on precise dosing of muscle activation it becomes possible to use this knowledge to help create new imprints. In my opinion, dealing directly with traumatic imprints accounts for only a small part of the psychotherapeutic healing process. The biggest challenge lies in how we access new neural networks to replace old automated survival strategies with containment and coping anchored in the present. Phenomena that might prove interesting to investigate with regard to sexuality may include concrete body sensations, emotional states, arousal states and thought patterns. Typically, if the ability to contain the energy of sexuality is lowered, either through "giving up" or "controlling" in the muscles¹, we step into automated coping strategies and lose access to curious exploration. Locked patterns can take different forms – such as overwhelm ("I get overwhelmed and defensive when I feel sexual arousal in the therapy room"), avoidance ("I almost never feel sexually aroused in the therapy room") or over-identification/sexualization ("I get a kick out of sexuality emerging in the therapy room. I want it to continue – for me"). Examining locked patterns is as interesting and meaningful as examining the underlying emotional states, but this examination requires an adequate containment capacity.

Containing sexual arousal

In my view, containment of increased arousal is the key skill for "healthy coping". If we are able to contain the energy of the arousal – when it is faint and somewhat diffuse, when it is full of life, and when it is characterized by high arousal – it offers the potential to:

- Curiously observe and examine the phenomena
- Either name these phenomena internally or express them in the contact field with the client
- Reflect on them
- And consciously choose how to relate to them

¹ Patterns of "giving up" or "control" in the muscles are called hypo- and hyper-response in the Bodydynamic tradition. Both types of muscle response are seen as defense mechanisms or coping strategies, which help us to manage feelings and impulses that are not available consciously to contain and own - in contact with a given context. Bentzen, Bernhardt & Isaacs 1997 and Brantbjerg, 2005, 2007 and 2008.

The following body exercises can support the ability to contain sexual arousal and are useful in the therapy room, either to support the therapist without the direct involvement of the client, or as part of the exchange between therapist and client.²

Exercise 1

Sit on a chair with both feet connected to the floor. Feel your sitting bones and do small circular movements with them. Feel how the circular movement also activates the area around your physical balance point right in front of the 4th and 5th lumbar vertebrae. Make the circular movements smaller until you simply come to rest on the sitting bones. Feel how your weight meets the chair and the floor and how the chair and floor come up to meet your buttocks and feet. (This exercise helps us contact the skills of centering and grounding). Lightly push your feet into the floor. This push triggers an upward movement through the whole body. You can push with the outside of the feet, the whole foot and the inside of the feet. Try all three versions to explore your personal sensory experience. Pushing with the inside of the feet activates muscles on the inside of your legs, pelvic floor and connective tissue all the way up the front of the spine. This activation will energize areas of the body that are central to the containment of sexual arousal (and other emotions) and supports a body positioning that support sensing your gender. Pushing with the outside of your feet activates muscles on the outside of your legs and further up along your back. This activation will potentially support skills such as boundaries and how you carry and position yourself. Both sets of skills may support the ability to contain sexual arousal. Be aware of dosing when doing these exercises – they can all be done with more or less power, fast or slow, briefly or for longer periods of time. Precise dosing may make the difference between an exercise being effective or not.

Exercise 2

Sit on a chair with both feet to the floor. Place your palms on the inside of your knees and let your hands/arms offer resistance to your legs pushing inwards. Feel how your inner thigh muscles and pelvic floor and perhaps your lower abdominal muscles are activated. This movement gathers energy in your centre and your genitals. For some people, pushing with the feet works best, while for others pushing with the knees works best. Boundaries can also be supported by placing your hands on the outside of your knees, pushing the knees outward while arms/hands offer resistance.

These simple exercises support me in maintaining a sense of contact with and containment of my sexuality, in my life in general and particularly in my work. My favorite is to lightly push the insides of my feet into the floor. The movement triggers sensory contact with my pelvis and my genitals, supporting a sense of carrying and owning my sexual energy in a centered way. In the therapy room I use the exercises to support my presence. I can do that without bringing attention to it in the explicit contact field, or I can do it while teaching the skill to my client, telling them what helps me manage the sexuality I sense in the room. For me, this muscle activation supports a healthy I-you boundary, while simultaneously acknowledging the presence of sexuality. The inner thigh muscles, pelvis, abdominal and hip muscles, and the iliacus muscle that 'coats' the inside of the pelvis are the primary muscle groups that support containment of sexual arousal. Awareness of this body container may be

² Body exercises will always touch upon both a basic psychosocial potential and upon biographical experience associated with the potential. The intention behind the instruction may define whether the exercises will promote a sense of resource or if regressive material is activated.

supported in various ways, yet what feels supportive is very individual depending on which muscles are characterized by control or giving up.

Exercise 3

Activating the abdomen, pelvic floor and inner thighs supports sensing a muscular container for sexual arousal to be held in. The transversus abdominis plays a key part in establishing a physical container for sexual arousal. To establish awareness of this muscle, kneel on all fours and let your belly relax fully. Activate the muscle by imagining 'sucking in' the navel slowly, or think of contracting horizontal muscle fibers reaching all the way down to the lowest part of the stomach. Repeat this a few of times. Contract/gather your stomach, hold the activation while breathing in and out, and then slowly let it go. Stand or sit and repeat the movement of activating/gathering your stomach muscles. Remember dosing. The activation can be very slight and still be effective. Sometimes it is only effective when done very gently. The pelvic floor and the horizontal abdominal muscles work together and are often activated together. You may enhance the connection to the pelvic floor by slightly pulling your legs together while activating the abdominal muscle. Stay connected to your breath. 'Gathering' your stomach is about strengthening the sense of a physical container. It is not about holding your breath or creating a space you cannot breathe in.

For me, contact with the horizontal abdominal muscle in the lower abdomen in particular has been an important part of establishing a safe physical container for my sexuality. Knowing that I have a muscular container for sexual energy to be built and contained in, provides safety and enables me to be curious and open in my contact with clients about sexuality.

Exercise 4

The iliacus muscle that 'coats' the inside surface of the pelvic bones directs movement of the pelvis back and forth, making it key for the positioning of the pelvis. With this pelvic tilt we can decide whether to move our genitals forward or pull them back. This is part of regulating visibility and the sensing of sexuality in a contact field. Stand with your feet shoulder width apart and move your ankle joints and knees, slightly bending the knees. Slowly move your pelvis back and forth and experiment with the extent of the movement. Examine how you feel about positioning your pelvis. Do you have a habitual position? Do other positions offer new options for the sensing and containing of sexuality? Do you sense activity in the muscle?

Simultaneously bring your attention to the front surface of your sacrum, which is also part of the internal pelvic space. Start by bringing attention to your tailbone perhaps by touching it to get a sense of location then sense the difference between moving your attention up the back of the sacrum and up the front of your sacrum. Are you able to find a pelvic tilt that supports the sensing and containment of your sexuality?

These exercises can be combined so you sense the abdominal and pelvic floor activation while working with the pelvic tilt. The possibilities for exploration are endless, and individual selection and dosing are crucial as to whether this type of exercise will build personal resources or not. For me, as I described in relation to exercise 3, sensing an internal pelvic space optimizes my sense of safety regarding sexuality. Pelvic movement can also ignite sexuality leading to a heightened arousal level. If my sexual energy is already awake, and it is more about being present with it, sensing the internal muscular space that supports this presence is important. The experience of sexual arousal can simply be there in a contained form, which offers me time and space to include it as part of the phenomena I observe in the contact field with the client. I can include it as part of the explicit therapeutic exploration, or if I

choose, I can merely contain it inside myself, thereby allowing it to be part of the counter transference phenomena I do not verbalize.³

New skills – new possibilities

The aforementioned exercises all focus on supporting containment of sexual energy by activating specific muscle groups or muscles. The exercises thereby train the ability to self-regulate in relation to sexual arousal.⁴ There are no body exercises that provide access to a resourceful experience for everybody - it takes active selection and precise dosing to seek out what will optimize our unique presence and our ability to contain and self regulate.

Activating psychomotor skills will always directly touch into two layers of consciousness. One is the original potential connected to the muscles being activated. The other is our individual history linked to this potential. Thus, these exercises hold the ability to provide access to both new potential and also call on biographical material. If the exercises are performed with no attention to dosing, they might even prove to be re-traumatizing because of their ability to precisely touch into implicit memory. This is my reason for focusing on individual dosing and selection. The examples above are a small selection from a wide repertoire. My key intention behind this article is to communicate part of my personal experience with containing sexual arousal in the role of therapist and generalize it so it can hopefully become useful to other psychotherapists.

Self regulating skills

Ideally, self-regulation starts in a state in early childhood, when contact with ‘adequate’ caretakers helps us regulate our emotional states and subsequently to develop skills that make self regulation possible. According to attachment theory, seeking out help to regulate emotional states will continue to be triggered in stressful and anxiety provoking situations. This mechanism follows us our whole life. The difference is in how quickly we are able to shift into accessing self regulation skills. From this perspective the therapist’s self regulating skills are vital. If I am able to regulate my own emotional arousal when sexuality is brought up in the therapy room explicitly or implicitly, I am able to offer the client a contact that will help him/her through the transition from care seeking to the ability to self regulate and explore.

The challenge of examining our own sexuality

I know it is sensitive to work with sexuality, and perhaps even more so when the vehicle is sensory awareness in the body. From personal experience I know how much vulnerability and shame can be associated with acknowledging and owning the parts of your relationship to sexuality that are not fully functional and age appropriate, that did not grow into a full-fledged adult sexuality, and that did not find functional boundaries, but are characterized by either trauma or patterns from personality development. Perhaps it is even more shameful when you are a psychotherapist and are supposed to be able to help others regulate their emotional states.

It may be challenging to take a closer look at behavior that covers up, hides or protects low resourced aspects of ourselves, a tendency that can also lead us to remaining isolated and blind to the fact that our struggles are part of a much greater collective issue. It might also cause conscious or subconscious resistance when you are invited to explore patterns in your body related to sexuality

³ Counter transference is here defined very broadly as all reactions triggered in the therapist when interacting with the client. Bang 2002.

⁴ Today *affect regulation* is thoroughly examined within the field of neuropsychology (Schore 2008, Siegel 2006, Hart 2006, McCluskey 2005, Stern 2004 a.o.).

in the context of a workshop— both as a therapist and in general. Another possibility could be that conscious or subconscious resistance is triggered by encounters in our history associated with sexuality that might cause a natural skepticism as to whether the workshop facilitator or therapist is capable of handling the subject and contact in a functional and supportive way.⁵

The importance of acknowledging patterns

A body oriented approach offers an opportunity to reach behind well established self images, establishing contact with parts of us that may be otherwise difficult to access on a conscious level. It also offers an opportunity to explore patterns we may not have discovered in ourselves. A body oriented approach is one way for us as psychotherapists to look into our patterns related to sexuality. There are others. To me the key is not how we do it but that we do it. I am curious as to how we as professionals can support each other in this challenge.

BIOGRAPHY

Merete Holm Brantbjerg is a psychomotor therapist trained in Denmark 1975-1978 and a co-creator of Bodydynamic Analysis. She developed Resource Oriented Skill Training as a psychotherapeutic approach to trauma work. Merete leads trainings and workshops in Scandinavia, North America and London, and maintains a private practice for therapy and supervision.

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⁵ Over the years the field of psychotherapy has shown many examples of blurry boundaries on sexuality from therapists to clients or workshop participants. (Frederiksen 1996).

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