

# Sexual Pleasure in Light of Intersubjectivity, Neuroscience, Infant Research, Relational Psychoanalysis, and Recognition Theory<sup>1</sup>

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## ABSTRACT

Unlike other species, humans can experience sexual pleasure as an intersubjectively achieved sense of interpersonal union, a phenomenon that is distinct from other forms of sexual experience. Infant studies demonstrate that the human capacity for intersubjectivity is present at birth. Right-brain to right-brain affective communication can be achieved between infant and caregiver through the cultivation of complex processes of mutual affect attunement and regulation — thus giving rise to reciprocal psychological and psychophysical experiences of mutual pleasure. The human polyvagal nerves allow genetically-driven neuroception of safety and danger — of potential pleasure and pain — in human relationships. Recognition and attachment theories clarify how these and other primal human response systems can be cultivated toward mutual pleasuring in infancy and early childhood. *Interpersonal pleasuring is foundational to later experiences of reciprocal and mutual sexual pleasure accompanied by a sense of psychological attunement and union.*

*Keywords:* sexual pleasure, sexual, intersubjectivity, neuroscience, infant for research, recognition theory, relational psychotherapy

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## Intersubjective Sciences Offer a Fresh Vantage Point

Objective views of human psychological and neurological development have slowly given way in recent years to an understanding that *human developmental processes can best be understood by reference to culturally-constructed, subjectively-defined interpersonal relational processes* (Berger & Luckmann, 1966; D. B. Stern, 1992; Aron, 1996). The research and theory generated by the intersubjective disciplines has profound implications for the human experience of sexual pleasure.

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## The Intersubjective Perspective

While the topics of subjectivity and intersubjectivity have interested philosophers for several centuries, only during the past few decades have the development of subjectivity and the maintenance of intersubjectivity been scrutinized in a wide range of multidisciplinary studies, including neurobiology, infant research, and relational psychotherapy. Philosopher Jürgen Habermas, in *A Theory of Communicative Competence* (1970), speaks about “the intersubjectivity of understanding” to mean both an individual capacity and a social domain. Infant researcher Colin Trevarthen (1980) observes in early infancy a phase of “primary intersubjectivity” characterized by *mutual sharing of intent* as an effective psychological activity. Infant researcher D. N. Stern (1985, 2004) sees intersubjective relatedness as a crucial step in self development as the infant becomes able to share subjective experiences, especially affective ones. Further, Stern has come to consider the capacity and drive for intersubjective communication as innate and present from birth (2004).

Stated simply: “I am a subject, an agent of my desires, thoughts, and actions. You are a subject, an agent of your desires, thoughts, and actions. When we come together for an *intersubjective engagement* over a period of time, something else begins to happen that affects us both.” Intersubjective theories provide different ways of thinking about our shared intersubjective experiences, and how the self develops through intersubjective exchanges.

In recent years psychotherapists from divergent schools of thought have begun to formulate various kinds of relational views of self-development. These formulations rest on the belief that the *human mind emerges from and continuously exists within interactional processes*, rather than being simply constructed or conditioned as a separate or isolated mind-self.

One of the clearest formulations holds that the central theoretical construct of intersubjectivity theory is the “intersubjective field,” defined as “a system composed of differently organized, interacting subjective worlds” (Stolorow, Brandchaft, & Atwood, 1987, p. ix). Robert Stolorow and his colleagues use intersubjective “to refer to any psychological field formed by interacting worlds of experience, at whatever developmental level these worlds may be organized” (Stolorow & Atwood, 1992, p. 3). “The concept of an intersubjective system brings to focus both the individual’s world of [personal] experience and its embeddedness with other such worlds in a continual flow of reciprocal mutual influence” (p. 18). The subjectivity of sexual experience is a critical aspect of the intersubjective field.

Psychoanalyst Jessica Benjamin (1988) formulates a sequence of theoretical stages for the development of intersubjectivity:

1. *Primary recognition* — is “to affirm, validate, acknowledge, know, accept, understand, empathize, take in, tolerate, appreciate, see, identify with, find familiar . . . love [the other]” (pp. 15-16).
2. *Mutual recognition* — includes “. . . emotional attunement, mutual influence, affective mutuality, sharing states of mind . . . . Research reveals infants to be active participants who help shape the responses of their environment, and ‘create’ their own objects” (p. 16).

3. *Actual interpersonal interaction* — "is the development of the self within relatedness and interpersonal interaction. The accent here is on the self that is affected by the other's recognition or lack of such so that the child feels either confirmed or denied in his/her sense of agency and self-esteem" (p. 18).
4. *Intersubjective mutual recognition* — occurs when "the individual grows in and through the relationship to other subjects . . . The other whom the self meets is also [recognized as] a self, a subject in his or her own right . . . we are able and need to recognize that other subject as *different and yet alike*, as an other who is capable of sharing similar mental experience" (pp. 19-20).

Some writers see the intersubjective and relational perspectives as replacing the traditional (Freudian) intrapsychic psychological perspective. Others (myself included) view the two perspectives as complementary — one highlighting the psychological dimension that develops *within* individuals, the other highlighting the psychological dimension that develops between individuals. Most relational theorists now view both perspectives as essential to our understanding of ourselves and our relational embeddedness with others.

Intersubjective theory generally distinguishes two subjects in the process of *interacting and recognizing* each other from one subject observing or influencing another. The main experience of intersubjectivity is one of being *with* rather than one of observing and interpreting. Sameness and difference exist simultaneously in the tension of intersubjective mutual recognition (Benjamin 1988, 1995). The goal of psychotherapy in this view is for both participants in the context of a mutually-evolving, co-constructed intersubjectivity to come to recognize each other and know themselves more fully in order to attain more creativity, flexibility, freedom, and passion in living and loving.

### The Neuroscience Perspective

UCLA neuropsychologist Alan Schore (1999; 2003a,b; 2013) has skillfully analyzed the results of thousands of brain imaging and other neurological and infant relational studies concluding that the centerpiece of human development is the mutual affect regulation process established through right-brain to right-brain affective channels available to the infant at birth. UCLA developmental neuropsychiatrist Daniel Siegel (1999, 2007) has amassed research evidence demonstrating that *human neurobiological development is guided by interpersonal processes from birth throughout the life cycle. All of these studies make clear that the human brain and neurological systems are actually formed according to relationships that are and are not available in early development.*

I wish to call attention to one small piece of Schore's work on the subject of shame since, as we know, sexual experience is universally imbued with shame. Schore begins his discussion of the neurological substrate of shame with a review of Margaret Mahler's (1968) developmental theory highlighting the "practicing" subphase of separation-individuation that extends from about 10 to 18 months. Schore (2003b) makes a case for the abrupt change that occurs in infant-maternal behavior as the interpersonal focus shifts from the early pleasure principle to the later reality principle:

In optimal growth-promoting environments, the interactive mechanism for generating positive affect becomes so efficient that by the time the infant begins to toddle he is experiencing very high levels of elation and excitement . . . . At 10 months, 90% of maternal behavior consists of affection, play, and caregiving . . . . In sharp contrast, the mother of the 13- to 17-month-old toddler expresses a prohibition on the average of every nine minutes. In the second year, the mother's role now changes from a caregiver to a socialization agent, as she must now persuade the child to inhibit unrestricted exploration, tantrums, bladder and bowel function (i.e., activities that he enjoys) . . . . In other words, in order to socialize the child, she must now engage in affect regulation to reduce the heightened levels of positive affect associated with the pleasure of these activities. How does she do this? In fact there is one very specific inhibitor of accelerating pleasurable emotional states, one negative emotion that is closely associated, both psychologically and neurologically, with positive affects. Shame, a specific inhibitor of the activated ongoing affects of interest-excitement and enjoyment-joy, uniquely reduces self exposure or exploration powered by these positive affects . . . . The negative affect of shame is thus the infant's immediate physiological-emotional response to an interruption in the flow of an anticipated maternal regulatory function . . . . In other words, shame, which has been called an "attachment emotion" . . . is the reaction to an important other's unexpected refusal to enter into a dyadic system that can recreate the attachment bond . . . . This intense psychophysiological distress state, phenomenologically experienced as a "spiraling downward," reflects a sudden shift from energy-mobilizing sympathetic-dominant to energy-conserving parasympathetic-dominant autonomic nervous system activity . . . . In such a psychobiological state transition, sympathetically powered elation, heightened arousal, and elevated activity level instantly evaporate. This represents a shift into a low-keyed inhibitory state of parasympathetic conservation-withdrawal . . . that occurs in helpless and hopeless stressful situations in which the individual becomes inhibited and strives to avoid attention in order to become "unseen." (pp. 17-18)

Schore thus calls our attention to a developmentally determined physiological process mediated by maternal attunement and misattunement that occurs during Mahler's practicing subphase, so that a toddler alternates between elated states of self-aggrandizement and pride when affirmed, and deflated states of shame and helplessness when disconfirmed. In an essentially normal process of "disruption and repair" the good-enough caregiver induces stress and decreased activity through misattunement, and reinstates increased activity and positive affect through reattunement. But, of course, this process occasionally goes awry even in optimal child-rearing situations, and becomes disastrously shameful in non-optimal situations. Just how and how much each of us was subjected to physiologically disabling shaming experiences in toddlerhood and in later life profoundly affects how we address later interpersonal situations, including potentially pleasurable intersubjective sexual engagements.

Addressing the issue of pleasure and pain from a somewhat different angle, neuropsychologist Stephen Porges (2004) from the University of Illinois introduces the concept of neuroception as a subconscious system for detecting threats and safety:

By processing information from the environment through the senses, the nervous system continually evaluates risk. I have coined the term neuroception to describe how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. Because of our heritage as a species, neuroception takes place in primitive parts of the brain without our conscious awareness. The detection of a person as safe or dangerous triggers neurobiologically determined prosocial or defensive behaviors. Even though we may not be aware of danger on a cognitive level, on a neurophysiological level, our body has already started a sequence of neural processes that would facilitate adaptive defense behaviors such as fight, flight, or freeze . . . A child's (or an adult's) nervous system may detect danger or a threat to life when the child enters a new environment or meets a strange person. Cognitively, there is no reason for them to be frightened. But often, even if they understand this, their body betrays them. Sometimes this betrayal is private; only they are aware that their hearts are beating fast and contracting with such force that they start to sway. For others, the responses are more overt. They may tremble. Their faces may flush, or perspiration may pour from their hands and forehead. Still others may become pale and dizzy, and feel precipitously faint. . . . To create relationships, humans must subdue these defensive reactions to engage, attach, and form lasting social bonds. Humans have adaptive neurobehavioral systems for both prosocial and defensive behaviors . . . . By processing information from the environment through the senses, the nervous system, continually evaluates risk. As evolution has proceeded, new neural systems have developed. These systems use some of the same brain structures that are involved in defense functions to support forms of social engagement . . . . When our nervous system detects safety, our metabolic demands adjust. Stress responses that are associated with fight and flight, such as increases in heart rate and cortisol mediated by the sympathetic nervous system and hypothalamic-pituitary-adrenal axis, are dampened. . . . In the presence of a safe person, then, the active inhibition of the brain areas that control defense strategies provides an opportunity for social behavior to occur spontaneously. . . . In contrast, when situations appear risky, the brain circuits that regulate defense strategies are activated. Social approaches are met with aggressive behavior or withdrawal . . . . (pp. 19-22)

Porges and his research collaborators speak to evolutionary forces in vertebrate nervous systems that have allowed the expansion of affective and behavioral repertoires and that have molded both human physiology and behaviors. "A product of this phylogenetic process is a nervous system that provides humans with the ability to express emotions, communicate, and regulate bodily and behavioral states" (p. 22).

Porges has been especially interested in various kinds of interpersonal situations and how the polyvagal system of nerves that regulate the prosocial and withdrawal states that a person has developed over a lifetime profoundly affects how that person experiences, at a subconscious level, the safety-pleasure or danger-pain of interpersonal opportunities, such as sexual engagements. He asks how any particular person manages to override her or his instinctually triggered danger-pain defensive strategies in order to make use of the safety-pleasure interpersonal opportunities such as those afforded by sexual and other intimate interpersonal engagements. Thinking intersubjectively, we can see that our inner worlds of subjectivity — formed on the basis of a lifetime of interpersonal traumas — are highly likely to trigger our danger-pain defenses in any intimate encounter. How do two individuals work to override their relational fears in order to create mutually rewarding sexual experiences?

### **The Infant-Caregiver Erotic Interaction Perspective**

The past three decades have seen the emergence of a community of baby-watchers, ingeniously researching every possible aspect of infant life they can define and observe. (See Lichtenberg, 1983; D. N. Stern, 1985; Tronick, 1998; Sander, 1995; Beebe et al., 2005; Fonagy, 2001; Beebe & Lachmann, 2003.) Summarizing recent infant research from a dyadic systems point of view with an eye to shedding light on intimate adult interactions and therefore, adult sexuality, Beebe and Lachmann (2003) develop three principles of salience for considering infant-caregiver interactions and lifelong attachment issues: (1) moment-to-moment ongoing self-and-other interactive regulations; (2) disruption and repair of interactive connections; and (3) the special impact of interactive moments of heightened affect.

Beebe and Lachmann propose that *affectively charged expectancies* based on these three principles of self-and-other mutual regulatory interaction are stored in infancy as *prototypical or foundational presymbolic representations* that later evolve into relational interactive possibilities that form the foundation of adult relationships and sexual engagements. This point of view (see Tronick, 1998; Beebe et al., 2005; Fonagy, 2001; Beebe & Lachmann, 2003) is consistent with fifty years of somewhat differently-formulated attachment research (for example, Fonagy, 2001), as well as relational psychotherapy research. (See Benjamin, 1988, 1995, 1998, 2012.)

Infant research has established that human babies at birth are already equipped — through genetically-driven processes of mirroring, synchrony, curiosity, and the capacity for affective resonance — to search out and make creative use of various aspects of the inner (subjective) rhythmic and affective life of their caregivers (Beebe & Lachmann, 2003; Fonagy et al., 2002; D. N. Stern, 1985, 2004; Trevarthen, 1980.) The Boston Change Process Group has been particularly invested in ferreting out exactly how early relational processes promote intersubjective development and the implications of these change processes for lifespan development (see, for example, one of their early papers: Stern et al., 1998).

Attachment research likewise makes clear that the attachment motivational systems in humans are governed by intersubjective processes occurring between infants and caregivers (see Diamond & Marrone, 2003; Fonagy, 2001, 2002).

Of special interest in considering the origins of mutual sexual regulation are the infant studies that involve both mimicry and affect-mirroring — that is, the parent's use of facial and vocal expression to represent to the child the feelings she either mimetically reflects or assumes in her interactions that the infant has. Research indicates that the image of the caregiver mirroring the internal experience of the infant comes to organize the child's emotional experience. Thus, the self is not merely open to environmental influence — *the self is constituted through its interactions with the mirroring social environment*. The caregiver's mirroring display is internalized and comes to represent an internal state, but it can do so only under certain conditions, which include sufficient emotional attunement, together with signaling to the infant that the affect the caregiver is expressing is not her own but the child's. These relational processes are foundational for later experiences of sexual pleasure as intersubjectively generated and reciprocally shared.

Infant researcher Ed Tronick (Beebe & Lachmann, 2003) has suggested that, in the process of mutual regulation, each partner (mother and infant, or therapist and patient) affects the other's "state of consciousness" (state of brain organization). As each affects the other's self-regulation, *each partner's inner organization is expanded into a more coherent, as well as a more complex, state*. In this process, each partner's state of consciousness expands to incorporate elements of consciousness of the other in new and more coherent forms. While these intersubjective processes of mimicry and affect mirroring have been defined and studied in infancy in a variety of ways, they have also been demonstrated to be lifelong processes characteristic of all intimate intersubjective relating including experiences of mutually shared sexual pleasures.

In considering the implications of infant research for understanding the establishment of erotics in adult relationships, Benjamin (1988) says, "These [early] internalized schemas lead to expectations of closeness vs. distance in relating, of matched and met vs. violated and impinged upon experiences, and of an erotic dance, [each schema being] fundamental to mutual attunement and pleasure in adult sexuality as well as to movements and mutual empathy in the analytic relationship" (p. 160). Benjamin views these early sensual experiences of mutual attunement as becoming internalized as interactional or intersubjective schemas. When they reappear in later intimate relationships, including the therapeutic relationship, she refers to them as *erotics of transference*.

Benjamin writes extensively on the importance of mutual recognition in intimate relationships, moments when mutual attunement between separate minds and bodies is achieved. "In erotic union this attunement can be so intense that the separation between self and other feels momentarily suspended [and] *a choreography emerges that is not reducible to the idea of reacting to the outside*. In erotic union the point is to contact and be contacted by the other — apprehended as such" (p. 184). Says Benjamin:

In erotic union we can experience that form of mutual recognition in which both partners lose themselves in each other without loss of self; they lose self-consciousness without loss of awareness. . . . This description of the intersubjective foundation of *erotic life* offers a different perspective than the Freudian construction of psycho-sexual drive phases, for it emphasizes the tension between interacting individuals rather than that within the individual. (pp. 27-29)

## The Perspective of Relational Psychoanalysis and Recognition Theory

Relational psychoanalysis has sought to integrate these various lines of study with massive implications for how we view sexuality. Relational concepts in psychoanalysis can be traced from the early work of the Hungarian psychoanalyst Sandor Ferenczi (1931/1955a, 1933/1955b), through the Interpersonal work of Harry Stack Sullivan (1953) and the foundational studies in self and other relational psychology of Greenberg and Mitchell (1983) and Hedges (1983/2003), to the groundbreaking Stephen Mitchell (1988) text, *Relational Concepts in Psychoanalysis*.

Noting the numerous difficulties encountered over the years with Freud's biologically-based instinct approach to sexuality, Mitchell, in his relational approach, reverses the classical formula — that internalized object relationships transferred into adult relationships memorialize infantile sexual conflicts — to read that *interactive adult sexuality expresses early relational configurations*. Stated differently, Freud's "bottom up" approach to sexuality as *biological drive conflicting with psychological structures* is replaced in intersubjective and relational views with a "top down" understanding that *current intersubjective experiences of sexuality express prior-learned relational possibilities* — for good or for ill. In his 2002 book, *Can Love Last?*, Mitchell further develops the intersubjective and relational aspects of sexuality, sexual inhibition, and sexual pleasure.

Heavily influenced by the feminist accent on the historically destructive male-subject/female-object dominance/submission split, the relationists emphasize that the human mind is not monadic but dyadic in nature. *Vitalizing dynamic human relationships are seen as constituted by co-constructed intersubjective erotics — that is, by interpersonal interactions, dances, or idioms that are formulated as a "third" force or vector mutually created by and influencing both participants.*

Relational psychotherapy encourages — through studying affective transactions in the ongoing therapeutic relationship itself — the establishment, resumption, and/or expansion of reciprocal affect attunement processes that are essential to human sexual pleasure and other forms of relational intimacy (Mitchell, 1988; Benjamin, 2013).<sup>2</sup>

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<sup>2</sup> There are several general features which characterize the relational approach:

1. Symmetry exists between the two separate and equal subjectivities who engage each other toward achieving mutual recognition (and negation) in the intersubjective field of psychotherapy and psychoanalysis. Yet asymmetry also characterizes the therapeutic situation, in that the therapist can be seen as an experienced expert, facilitator, and leader — although at times the asymmetrical roles can also reverse.
2. The co-creation of a mutually-achieved rhythm and harmony of relating and the emergence of a co-constructed set of relational realities evolves in the therapeutic relationship that is rich, complex, and often confusing and contradictory.
3. Mutually-engaged ego and self boundaries are in constant flux between fruitful and dangerous interpenetrations. The emergent sense of the importance and reality of the relationship itself (often referred to as "the third") can be fruitfully studied by the therapeutic dyad.
4. Numerous dialectics of personality formation — for example, oedipal/preoedipal, narcissistic/object love, depressive/manic affective splits, passive/active participation, and masculine/feminine gender attributes — may all be mutually experienced and worked through in the relational context.
5. A full array of developmentally-determined relational patterns becomes mutually engaged and worked through in the transference/countertransference matrix.
6. Internalized personality functions and structures featuring increased flexibility, expanded horizons, and novel possibilities of relating are thought to emerge from the relationally-centered treatment process (Hedges, 1983/2003, pp. xxiii).

*Recognition Theory* has evolved as a recent integration of contemporary neuroscience, infant research, and relational psychoanalysis that offers a fresh vantage point for considering human sexuality. Recognition Theory suggests that *human sexual pleasure can be progressively harnessed and expanded by a reciprocally relating couple as a special form of intersubjective engagement*. That is, analogous to mother-child and therapist-client intersubjective exchanges, it is possible for the intimately relating couple to co-create a steadily expanding matrix of pleasurable erotic interaction based on mutual recognition and balanced complementarity.

According to Recognition Theory, if any two individuals desire to enhance their mutual pleasuring — sexual or otherwise — a reciprocal commitment to a mutually interactive, intersubjective relating process is paramount. (See Benjamin, 2013.) Benjamin has characterized the age-old “doer/done to” — active and passive, sado-masochistic, gender-tagged — modes of relating (sexual and otherwise) as “the bonds of love,” and challenged us in our personal and professional relationships to work toward achieving and enjoying balanced relational complementarities characterized by egalitarian mutual recognition and caring (1988, 1995, 1998, 2005). She advocates that a relating couple strive toward equality and mutuality characterized by alternating and reciprocal sharing of the doer/done-to loads.

Benjamin recognizes that due to long-conditioned doer/done-to modes of relating established during the course of growing up, mutuality in dyadic relatedness is always difficult to achieve, and bound to break down periodically, so that both members of a relating couple must be constantly on the alert to bring up for mutual consideration and processing these moments of split-off or dissociated experiencing that disrupt balanced complementarity and dysregulate the ongoing affective life of the couple. *These expectable cycles of balanced complementarity followed by breakdown and repair—studied extensively by infant researchers (for example, Beebe & Lachman, 2002)—can be said to form the nexus of intersubjective experience in sexual as well as non-sexual intimate relationships*. Benjamin points out that key moments in intersubjective intimate engagement become mutually experienced as interpersonal union, and are not simply analyzable in terms of stimulus and response or cause and effect.

### **Conclusion: Intersubjectivity in Sexual Pleasure, in Psychotherapy, and in Life**

We have always intuited that intersubjectivity is a crucial component to sexual pleasure. However, the recent contributions of the intersubjective sciences — neuroscience, infant research, relational psychoanalysis, attachment research, and recognition theory — have added new clarity and possibilities to our understanding. The emerging findings regarding the crucial importance of mutual interpersonal affect attunement lead to new understandings of the nature of pleasurable sexuality, as well as what makes psychotherapy and other forms of intimate relating rewarding.

We have always understood that one aspect of therapy is a modeling effect. But we have not yet fully grasped how crucially important *the modeling of the intersubjective experience* can be. If, as therapists, we are willing to develop a more intersubjective attitude, then we will be able to help people not only with their sexuality, but with other kinds of intimate engagements as well.

The big news is that we have a new understanding of attunement, attachment, intersubjectivity, and reciprocal recognition. If we therapists want to help our clients in more substantial ways to live more pleasurably in an increasingly complex world, we need to be willing and able to take advantage of the new discoveries of intersubjectivity.

We might even think of therapy as somewhat of a laboratory opportunity to model an intersubjectivity that leads to a greater capacity for enjoyment of intimacy in other relationships, as well as to increased sexual pleasure. Modeling intersubjectivity places more demand and responsibility on the therapist to be willing and able to participate consciously in an emotionally alive and attuned intersubjective engagement. It demands a certain self-awareness and a willingness to engage as a well-bounded participant.

If therapists are too focused on seeing themselves as separate and objective rather than as relational beings, that is, as performing an objective task rather than a subjective one, then the new intersubjectivity discoveries will be lost to them.

### **Intersubjectivity's Greatest Challenges**

1. We resist the complex relating required by intersubjectivity.
2. We are ambivalent and uncertain about the many feelings that intersubjectivity necessarily stirs up.
3. We resent that others aren't perfect objects for us to engage with—that they are not better relating partners. This unconsciously reminds us of all the other times in our lives that our relating partners were unresponsive, unreliable, or disappointing.
4. We resent having to muster up sufficient maturity to open ourselves up to engaging intersubjectively with whomever shows up in our lives — because of our own needs to be nurtured, soothed, or idealized.
5. We fear aggressive feelings. Therapists repeatedly explain to clients that there is a difference *between angry feelings and acting on them in an attacking way*, but in intersubjective engagements we may sometimes have a hard time telling the difference.
6. We fear erotic feelings. Therapists work hard to explain the differences between *erotic feelings and boundary-less sexual acting out*, but when engaging in intersubjective experience we sometimes have a hard time keeping to that distinction.
7. In personal as well as professional relationships we somehow want to “just be there” and to be free from the more chaotic, wet, and messy intersubjective feelings especially when the subject is sexuality that tends to be chaotic and messy in the first place.
8. We are reluctant to enter into the subjective personal and sexual worlds of others. Understanding shame as an attachment emotion helps here. Because of our developmental histories, people expect to be shamed for their sexuality and for their personhood. While they hope to be heard and respected, when we receive them with our own subjective agendas rather than meeting them where they are, they necessarily experience shame that puts a damper on anything potentially pleasurable.

*Sexual and other intimate pleasure as an intersubjective psychological event requires that two people freely enter into each other's world of subjective experience and then, amidst uncertainty and confusion, co-create their own special erotic paradise together.*



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