

Sexual Disembodiment: Sexual Energy, Trauma, and the Body

Journal of Humanistic Psychology

1–26

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DOI: 10.1177/0022167821996144

journals.sagepub.com/home/jhp



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Abstract

This article introduces the concept of *sexual disembodiment* as a functional term for understanding the bodily dynamics of sexual trauma and the dissociative process that may follow. Its contribution lies in bringing an understanding of sexual health and sexual trauma into the framework of somatic psychology. It is suggested that sexual disembodiment can occur when the experience of sexuality causes distress; sexuality is then coupled with fear, dissociated to varying degrees, and suppressed from embodied awareness. While recognizing the primary role that biology and neurophysiology play in the formation of sexual identity, the authors also highlight the social construction of sexual life and suggest that oppression of nonnormative sexual identities can constrain healthy sexual expression. This article takes a holistic approach to sexual experience, combining an experiential understanding of sexual energy with a neurophysiological understanding of sexual trauma to frame a perspective on sexual disembodiment that is person-centered, socially informed, and critical of reductive tendencies within biomedical models of mental health. It is suggested that healing sexual disembodiment may be a critical step in liberating authentic sexual identity.

Keywords

sexual disembodiment, embodiment, dissociation, sexual trauma, sexual energy

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When the experience of sexuality involves confusion, discomfort, or distress, sexual feelings may be dissociated from conscious awareness (Lanius et al., 2014). This is true of sexual trauma, where dissociation of sexual experience is a common response to traumatic events that overwhelm a person's capacity to integrate those events at both psychological and neurobiological levels (Laughlin & Warner, 2004). In those cases, threatening sexual experiences are avoided, and the bodily sensations associated with sexuality go dormant in favor of the safer, less anxious state of being (Ogden et al., 2006). The primary aim of this article is to explore this dissociation and its impact on sexual identity in order to better understand the nature of sexual health and to provide a theoretical perspective that promotes the psychospiritual process of sexual healing. It is written for clinicians, healers, and individuals seeking to better understand the dynamics of sexual distress.

To this end, we introduce the concept of *sexual disembodiment*: the state where bodily sensations of sexual experience are, to greater or lesser degrees, split off from conscious awareness. By emphasizing the *bodily* sensations of sexual experience, and thus a bodily understanding of sexual trauma, we are situating this inquiry within humanistic and somatic psychologies, while drawing on modern developments in trauma theory (e.g., Levine, 1997; Porges, 2011). In contrast to allopathic, diagnostic models of the "mental health industrial complex" (Greene, 2019) that reduce subjectivity to biology and, in doing so, silence marginalized voices, this presentation is offered as a pragmatic tool for self-reflection and increased awareness. Our aim is not merely for the reduction of symptoms, but for an increase in awareness, creativity, and agency (Brown, 2017). In presenting the "label" of sexual disembodiment we cannot avoid the fact that descriptive psychological terms can become harmful reifications that oppress, alienate, and other those that are labeled. This history of oppression requires a sensitive relationship to psychological descriptors, recognizing their potential for guiding clinical interventions, eliciting greater self-awareness, and providing hope, while remaining acutely aware of their risks (Bassman, 2019).

Our article is also based on a collaborative inquiry wherein I, Jessica F. Smith, first envisioned the concept of sexual disembodiment while trying to come to terms with my own path of sexual healing. Now, as a clinician, I see the virtue of clarifying the often dark and confusing territory of sexual trauma-induced self-alienation, in order to make possible a path of healing for my clients, and for those that are seeking a more embodied understanding of sexual health. I, Samuel Malkemus, have spent the last decade teaching sexuality seminars and graduate courses, while working with clients and groups with a primary focus on the relationship between sexuality, healing, and transformation (c.f., Malkemus & Romero, 2012). We have pooled our

professional, personal, and intellectual resources to compose this article, which is grounded not only in psychological theory but also in the lived experience of sexual disembodiment and its treatment.

In the first section, we draw on somatic and humanistic psychological principles to underscore the foundational value of experiential knowledge for a thorough and holistic understanding of sexuality. We then explore the sociocultural forces that oppress sexual embodiment and then present the dynamics of sexual disembodiment and the relationship of those dynamics to sexual trauma, the nervous system, and the dissociated identity that may result. We hope to offer an interpretive framework to guide clinical interventions that stand as an alternative to medical interventions which pathologize the experience of sexual trauma and thereby exacerbate the recovery process (Peters, 2019). This alternative is especially prescient today, as the American Psychiatric and Psychological Associations increasingly focus on the biological origins of psychological conditions even though “not one biological marker (‘biomarker’) can reliably substantiate a DSM diagnostic category”—e.g., the unsubstantiated link between serotonin and depression (Kamens et al., 2017, p. 679). In contrast, our approach draws on perspectives that honor the lived reality of sexual experience and aim to heal psychological damage amassed from trauma.

Honoring Sexual Experience

Sexual experience has been framed in many ways. Freud’s (1905/1962) model of the psyche suggested that each person has a specific amount of available energy that could be depleted or enhanced. According to Freud, one of the central factors in the regulation of energy is the *libido*—the sexual drive which impels a sensual movement toward pleasurable engagement with the world. Many other psychodynamically inspired theorists, including Jung (1960), Reich (1936/1945), Winnicott (1986), and Perls (1973), advanced energetic theories. Yet it was Wilhelm Reich who most exclusively focused on sexuality. Reich’s (1936/1945) theory of *orgone* posits a universal, cosmic life-force energy accessible to human experience via the felt sensations of sexual-sensual energy and vitality. According to Reich, the stasis of orgone energy is the root cause of all pathology. Somatic psychology, in both theory and clinical praxis, can be traced to Reich and his approach of working with the body to liberate blocked orgone energy (Geuter, 2015).

Yet research on sexual experience has not always utilized an energetic framework. In a separate evolution of sexual theory, emerging from behaviorism and experimental psychology, modern sex researchers worked to classify and quantify the process of sexual arousal and associated behaviors (e.g.,

Masters & Johnson, 1970). This empirical sex research, joined with the medical model of biological psychiatry, continues to pervade contemporary approaches to treating sexual trauma (Peters, 2019). The biological focus of the medical model, while having made significant contributions to human sexuality, stands in stark contrast to energetic theories of sexuality that focus on the phenomenology of sexual life.

Aligned with the psychologies of Freud and Reich, which sought to place sexual energy at the core of human health, we diverge from their specific theoretical orientations and embrace a more open-ended construct that highlights and honors the varieties of lived experience.¹ To this end, we draw on the concept of *sexual energy*, and define it as the felt experience of vitality, desire, and sensuality within the body. Defining sexual energy in terms of experience is suggested as a liberatory framework that empowers individual agency by giving every perspective a voice. Asserting the primacy of felt experience also subverts the insidious normalizing of definitions that are not reflective of the wide diversity of sexual experience, as this or that (hetero) genital act, and deconstructs essentialist claims that deny the radical fluidity of sexual identities (Brekhus, 2003). This emphasis on experience, which is central to humanistic psychology, makes explicit the fundamental role that bodily sensations play in shaping the way that sexual energy is brought to awareness. Additionally, our broad understanding of sexual experience, which includes vitality and sensuality, is congruent with a somatic approach to bodily life that does not reduce sexuality to genital sensation but recognizes that genital pleasure is but a part of the whole-bodied pleasures of being alive. Recognizing sexual energy as a bodily experience honors the unique and context specific diversity of experience, while appreciating the shared corporeal heritage (evolutionarily developed neurophysiological structures) of the human animal.

The Oppression of Sexual Experience

Sexual experience necessarily occurs within, and is impacted by, social context. A social constructivist understanding of embodied life explains disembodiment—the disavowal of, and disassociation from, bodily experience—as resulting from entrenched social oppression and its deleterious impact on self-concept. Examples include the legacy of a male-dominated society, which adversely impacts gender expression (e.g., Allen, 2000), denies women full ownership of their bodies (e.g., limits to reproductive rights; Hannafin, 2009; Lam, 2015), and spawns toxic dynamics in the sex industry (e.g., Coy, 2009). This constructivist narrative reveals how the social construction of “good” bodies leads to “anxious embodiment” around specific body parts

and sexual behaviors, compelling marginalized groups to conform to the sexual norms of the dominant paradigm: heterosexual, monogamous, male-dominant, and gender-binary (Fahs & Swank, 2015, p. 157).

To combat hegemonic sexual norms, this article draws on, and is aligned with, contemporary phenomenological research that honors the embodied experience of marginalized sexual identities. A few examples include studies of sexual identity for fat (e.g., Hester & Walters, 2016) and differently abled bodies (e.g., Hassouneh-Phillips & McNeff, 2005), gay men (e.g., Ravenhill & de Visser, 2018), lesbians (e.g., Heyes et al., 2016), transgender people (e.g., Bettcher, 2014), queer women of color (e.g., Martinez, 2003), as well as survivors of childhood (e.g., Back et al., 2011; Crete & Singh, 2015), and military sexual trauma (e.g., Monteith et al., 2019). This body of literature clarifies the struggles that people with nonnormative social identities face and illuminates the pernicious role that social oppression plays in the formation of sexual identity.

A primary cause of sexual disembodiment is thus rooted in the conflict that arises for individuals whose sexual identities and body presentations do not conform to the dominant paradigm. Sullivan (2008) proposed the term *wrong embodiment* for sexual minorities, especially transgender persons, as a way to make explicit the harmful nature of cultural stereotypes that perpetuate oppressive notions of bodily normalcy (p. 112). Wrong embodiment may be a cause and/or feature of sexual disembodiment for individuals who struggle with both their bodily gender expression and their embodiment of sexual energy.

The systemic oppression of nonnormative sexual identity is exacerbated by the fact that American culture is pervaded by sex negative (e.g., Berer, 2004) and body negative narratives (e.g., Cafri et al., 2005). The oppression of the erotic, what Lorde (1984) poetically described as “creative energy empowered” (p. 56), is a residue of Victorian and puritan historical forces that continue to guide contemporary discourse in psychology and sexuality. In this vein, Barratt (2010) concluded that American culture tends to be “simultaneously both compulsively sex-obsessive and compulsively sex-phobic” and contends that “both are compulsive reactions against the power of our bodymind’s inherently erotic potential, and both contribute to the mechanisms by which we become alienated from our embodied experience” (p. 146, italics omitted). When both sexuality and the body are culturally marginalized, embodied alienation becomes engrained, driving people to obsess over idealized sexual images while rejecting their own sexual identities.

In this way, Tolman (2002) suggests that, in the United States, sexual disembodiment has become routine in the development of female sexuality, as a

result of a patriarchal paradigm that commodifies, objectifies, and oppresses women's bodies. This normative process involves losing touch with one's ability "to know one's own needs and desires" (p. 199). Disconnection from embodied experience, Tolman points out, results in part from a paradox inherent in the patriarchal construct that requires women to be both *passive* in their sexual presentation and *active* in defending themselves from the persistent desires of men—that is, to protect themselves from the risks of disease, pregnancy, or condemnation, and to pursue men as romanticized affirmers of self-worth rather than as sources of corporeal desire and pleasure. The social inscription of this paradox, revealed through Tolman's (2002) qualitative study of the sexual experiences of teenage girls, provides a clear example of how sexuality is formed and defined by social and historical conditions.²

Systemic oppression marginalizes and suppresses sensual-sexual experience. While the preceding examples have been largely limited to nonnormative sexual experience, it is worth stressing that all individuals are adversely affected by systemic sexual oppression (Sue, 2010). Our presentation aims to contribute to a broader cultural healing of sexually oppressive historical structures by introducing a concept that makes explicit how this oppression negatively impacts sexual health.

The Suppression of Sexual Experience

In contrast to disease models of mental health, we propose a person-centered model of sexual disembodiment that implies putting the context and experience of each individual first and letting go of judgments about what is the "most healthy" way of being (Raskin & Rogers, 2000). Supported by research in trauma theory (e.g., Levine, 1997; Porges, 2011), *embodiment*—the moment to moment cultivation of the mind–body relationship—is held as a general indicator of health. This person-centered approach allows each person to assess the relevance of this model to their journey of healing, thereby empowering individual agency while qualifying essentialist tendencies to label disembodiment as unhealthy in all instances.

Aligned with psychodynamic approaches to trauma (e.g., Nijenhuis et al., 2010), we propose that sexual disembodiment reflects a distancing of conscious awareness from erotic bodily sensations. This distancing of conscious awareness inhibits a corporeal (or even spiritual) opening to the pleasurable flow of sexual energy: the felt experience of vitality, desire, and sensuality within the body. Sexual disembodiment manifests as lack of bodily awareness and thus a lack of mind–body integration. In such cases, thoughts become substitutes for sensual bodily experience, reflecting a disidentification, disavowal, or disconnection of sexuality from the "who" that

one considers oneself to be. This experience may be accompanied by the internalized, and possibly unconscious, fear of feeling sexual. Sexuality is thus suppressed from conscious awareness and may be paired with a behavioral pattern of withdrawing from situations that elicit sexual experience (Ogden et al., 2006).

In the following subsections, we first explore the mind–body connection to clarify the concept of disembodiment. Next, we present a broad understanding of trauma—environmental, interpersonal, and situational—and suggest that trauma—events that overwhelm the bodymind’s capacity to integrate those experiences—is the primary cause of sexual disembodiment. We then explore how trauma impacts the nervous system, leading to habituated defensive responses in the face of sexual experience. Last, we explore the mechanisms of dissociation and their impact on sexual embodiment in order to lay a framework for clinical interventions and healing.

Dynamics of Disembodiment

Within the framework of psychospiritual healing and transformation, understanding embodiment involves recognizing the value of an intentional cultivation of a more whole-bodied way of being in the world. Embodiment, from this perspective, is the fruit of a developed relationship between mind and body, whereas disembodiment reflects a more fragmented and undeveloped relationship, lacking fluid communication between conscious awareness and the somatic dimensions (e.g., emotional, instinctual, and kinesthetic) of bodily life. As the Japanese philosopher Yasuo Yuasa (1987) noted, in the process of developing embodied awareness,

one starts from the experiential assumption that the mind-body modality changes through training the mind and body by means of cultivation (*shugyo*) or training (*keiko*). Only after assuming this experiential ground does one ask what the mind-body relation is. That is, the mind-body is not simply a theoretical speculation but is originally a practical, lived experience (*taiken*), involving the mustering of one’s whole mind and body. The theoretical is only a reflection on this lived experience. (p. 18)

This pragmatic emphasis reveals how the idea of a unified mind–body, found in somatic psychology, has theoretical value; yet at the level of lived experience the relationship between mind and body is an enacted practice rather than a given. Embodiment is thus not a static experiential state that can be achieved and forever maintained. Instead, given the ever-shifting field of relations that shape experience moment-to-moment, embodiment is more accurately construed as an ever-changing quality of awareness that is

contingent on a multilayered context.³ This perspective reflects the dynamic variability that is continuously shaping one's capacity to be present with the energetic movements of bodily life (Siegel, 2012).

Embodiment and disembodiment can thus be seen as reflecting opposite poles along a gradation of conscious states, indicating the degree to which one's experience is enriched and informed by corporeal wisdom. From this perspective, disembodiment refers to the dissociation or distancing of conscious awareness from bodily sensation. Disembodiment can take many forms, including being "more in the head," being dissociated from certain parts of the body (e.g., the pelvic area), or being largely disconnected from the felt experience of bodily sensations and emotions. The latter may include a disconnection from one's capacity for interoception (sensing inner physiological processes, such as digestion and sexual arousal), proprioception (a sense of the position and movement of the body), and neuroception (sensing and responding to environmental cues of threat or safety)—all typical forms of disconnection in severe psychological conditions (e.g., Porges, 2011; Stephensen & Parnas, 2018).

Like many psychological conditions, we propose that distress is the primary signifier of sexual disembodiment. During periods of acute or prolonged distress, sexual experience threatens and, in some cases, overwhelms psychological functioning, leading to the experience of dissociation (e.g., Bion, 1962/2004). As discussed below, this distress can drive neurobiologically entrained defenses that facilitate safety and homeostasis and that reflect an innate bodily wisdom: the capacity for self-regulation (Ogden et al., 2006). While we think of dissociation as dysregulation, in the face of distress it actually serves to maintain homeostasis.

The role of distress in sexual disembodiment is a crucial point of clarification, since it distinguishes the motivating factor through which sexuality is *disidentified* (i.e., assigned a psychological value of "not me."). For example, disidentification may be part of a conscious framing of sexual identity, as when a person identifies as asexual and recognizes that they do not have an intrinsic need for sex. Conscious framing stands in contrast to a dissociative process where sexual experience threatens and overwhelms psychological functioning. While there may be a variety of outcomes, as when overwhelm leads to a conscious disidentification, our approach is relevant to individuals that *both* experience fear and distress in response to sexual energy *and* recognize that healing is needed. A personal recognition of this dynamic, perhaps with external support from a caring therapeutic professional, is a necessary condition of its functional application and descriptive utility.

The dynamics of sexual disembodiment thus involve the experience of distress in the face of sexual content, leading to energetic dysregulation,

dissociation from sensual processing, behavioral adaptations, and disidentification of sexual identity. This complex state of being often causes emotional confusion because, at the instinctual level, we may be impelled toward sexual connection with others (Malkemus, 2015). In other instances, the absence of sexual impulses and sensations may not be noticed and focus is driven toward other life domains. In cases where the absence is not noted, sexual energy, at some point, perhaps as the result of an unexpected environmental cue, may impose itself on awareness. When such a person feels distressed about this imposition and wants to explore their difficulty accessing their sexuality, they may begin to look through their life history to better understand who they have become; their attention may inevitably turn toward trauma. Yet there may be no acute traumatic situation to look to, leading to even greater confusion. To better understand the intricacies of this situation, we explore the concept of sexual trauma and the types of nonacute trauma that may result in sexual disembodiment.

Sexual Trauma

Because sexual energy is a complex feature of human experience, sexual disembodiment can manifest in a variety of forms, and be driven by a variety of causes. In our view, these diverse causes can largely be understood within the concept of sexual trauma. Modern trauma theory (e.g., Levine, 1997), which is a cornerstone of somatic psychology, defines trauma as an acute or prolonged *experience* of distress that leaves an enduring negative impact, overwhelming a person's capacity to process and make sense of that experience. This negative impact endures in neurobiological patterning as the body becomes trapped in the unresolved threats of past experience. Sexual trauma is any trauma that touches on the sexual domain and does not necessarily have to involve direct sexual assault, a point which is elaborated on below.

Modern trauma theory is comprised of a diversity of approaches that draw on biological and psychological models—for example, somatic experiencing (Levine, 1997), polyvagal theory (Porges, 2011), interpersonal neurobiology (Siegel, 2012), affective neuroscience (Panskeep, 1998), sensorimotor psychotherapy (Ogden et al., 2006), and modern attachment theory (Schoore, 1994, 2002). Trauma theory interweaves neurobiological research (both human and animal), case studies, and clinical experience, recognizing that trauma changes the human nervous system, alters perception, and reduces the capacity to respond to life events from a place of balance. Trauma shapes experience—and when trauma involves sexuality, sensitivity to sexual energy can be exaggerated or blunted, resulting in dysregulation of neurobiological

processes and a corresponding distortion or suppression of sexual energy (e.g., Ogden et al., 2006; Porges, 2011).

While there are many ways to frame sexual trauma, we suggest three primary constellations, reflecting the environmental, interpersonal, and situational factors that lead to sexual disembodiment: devitalization, emotional wounding, and sexual conflicts. Each form of trauma is guided by the phenomenological definition of trauma outlined above.

First, we turn to *devitalization*, a common symptom and source of sexual disembodiment that, when present in the developmental environment, may be considered a form of sexual trauma. Devitalization, as the word implies, reflects a diminishment of vitality—the enthusiasm, aliveness, and energy available for constructive and purposive action (Ryan & Frederick, 1997). Devitalization is correlated with sexual dysfunction, reduced quality of life, depression, and, consequently, poor health (e.g., Balon, 2008). It is also linked to greater vulnerability to physical and viral stressors (e.g., Cohen et al., 2006), higher rates of mental illness (e.g., Penninx et al., 2000), and greater prevalence of negative emotions (e.g., Ryan & Frederick, 1997). While there are many causes for the depletion of vitality (e.g., medical ailments), here we wish to focus on what occurs when there is a chronic deficit of vitality in the developmental environment.

Because the developmental environment is the energetic matrix in which identity formation occurs (Winnicott, 1986), a lack of vital coherence can have a significant impact on sexual identity and quality of life. An environment is vitally coherent when it is aligned with an individual's vital needs, for example, those that would nourish one's vital aliveness (Malkemus, 2015). A lack of vital coherence results in devitalization—a stagnation of, and, to varying degrees, dissociation from one's vital (sexual) energy, which is often experienced as somatic–energetic distress, anxiety, or depression (Cornell, 2015; Reich, 1933/1990). The source of such distress often remains unseen because it is the result of an absence of vitality that has never before been experienced. This explains why sexual disembodiment may not be reported among mental health symptomology and defines the utility of careful therapeutic assessment of the underpinning dynamics. The possibility that a devitalized, and thus neglectful, developmental environment can lead to sexual disembodiment supports our contention that there is a foundational relationship between vitality and sexuality. If sexuality cannot be reduced to genital function and desire alone, and instead includes the whole-bodied experiences of sensuality and vitality, then an expanded understanding of sexuality emerges that recognizes devitalization of the developmental environment as a form of sexual trauma.

Additionally, for an individual who developed with caregivers lacking vitality and a healthy relationship to their own sexual energy, the emergence of sexual feelings and desire, and the sudden surge of ensuing vitality, can cause distress and confusion. Such confusion may be an expected outcome in a developmental environment of stagnant vital energy brought about, in part, by caregivers that are the products of systemic oppression and intergenerational trauma. In this way, the energetic constitution of the developmental environment may negatively affect sexual identity and expression. This developmental understanding of trauma recognizes that identity is shaped moment to moment and that trauma can occur in the often subtle and prolonged absence of interpersonal and environmental coherence (Siegel, 2012). While the person may well survive, perhaps with a feeling that something is missing, the possibility of vital flourishing, of fully thriving, is doubtful unless a process of healing is engaged (Cornell, 2015).

Systemic oppression and intergenerational trauma have an immense impact on the “domesticated self” that arises through immersion in a devitalized environment, yet a disconnection from the natural world and the earth-based cycles of life and death may play an equally critical role (Foster, 1987). Immersion in nature has been shown to have significant vitalizing effects (e.g., Ryan et al., 2009), yet restrictive child-rearing and educational practices can exacerbate a child’s disconnection from nature and greatly constrain a child’s free instinctual expression (e.g., Grolnick, 2002; Rohner, 1975). This disconnection and restriction can stifle capacity for spontaneous joy and the self-pleasure that comes from being free to follow one’s bliss, a capacity that is foundational for healthy human development (e.g., Panskeep, 2001; Stern, 1985) and healthy sexual expression (e.g., Heller & LaPierre, 2012; Reich, 1929/1942). Healthy self-indulgence allows for a surrender to the throes of pleasure and a yearning for more, and its root lies in our instinctual curiosity and positive resonance with sensual pleasure (e.g., Meana, 2010; Snyder, 2018). As Richard Louv (2008) noted in his presentation of nature-deficit disorder: “passion is lifted from the earth itself by the muddy hands of the young; it travels along grass-stained sleeves to the heart” (p. 159). An awareness of devitalization recognizes the deep link between sexuality and vitality, opening a pathway toward vitalization, and thus sexual healing. When vitality is not nurtured, sexuality is usually affected.

The second form of trauma leading to sexual disembodiment is *emotional wounding*. Working with emotions lies at the core of psychotherapy and trauma-based approaches to healing, and yet is often overlooked in conflicts of sexual expression due to an emphasis on biological treatments. Many clinicians and sex therapists contend that emotional conflicts are the primary factors that impinge on sexual experience (e.g., Cohn, 2011; Snyder, 2018),

such as when sexual experiences involve objectification, violence, and lack of emotional connection. In such cases, the message is often received that sexuality is not safe and should be avoided.

Sex involves physical intimacy, and may therefore evoke attachment patterns—developmentally constellated emotional bonds—structured in infancy (Bowlby, 1988). Intimacy thus has the potential to reawaken one's survival demands for love (Bion, 1962/2004). For individuals who lacked sensitive emotional attunement from their primary caregivers, intimacy can be coupled with pain, fear, and shame. An adult with this experience may avoid intimacy at all costs due to the difficult emotions such closeness brings to the surface, threatening psychological stability (Cohn, 2011). In this way, sex can be a “genital only” affair that is devoid of heart (Barratt, 2010), acting as a defense against the threat of intimacy (Stoller, 1975).

The third form of trauma involves *sexual conflicts*. Perhaps the most common concern brought to sex therapy for treatment, sexual conflicts range from experiences of childhood sexual abuse to experiences of sociocultural oppression for sexual minorities, women, and transgender/gender nonconforming people (Butler et al., 2010). In each case, difficult and sometimes devastating experiences explicitly related to sexuality can lead to a somatic shutting down of sexual energy due to lack of safety, acceptance, and understanding. In these instances, it is not uncommon for sex to be approached with fear and confusion until a process of healing and self-acceptance begins (Haines, 2007).

Devitalization, emotional wounding, and sexual conflicts reflect the environmental, interpersonal, and situational factors that contribute to sexual trauma and the coupling of distress with sexual experience. Given the lasting devastation that sexual trauma can cause, the possibility of healing and achieving greater sexual embodiment warrants attention. Having reviewed the nature and potential causes of sexual disembodiment, we now turn to the neurobiological processes that play out in the experience of sexual disembodiment.

The Traumatized Nervous System. Distress and fear in the presence of sexual experiences may indicate a traumatized nervous system attempting to defend against perceived threat. Aligned with modern trauma theory, we suggest that sexual disembodiment may originate in, and be perpetuated by, trauma-induced defensive reactions: the body's attempt to maintain homeostasis.⁴ The autonomic nervous system (ANS), which regulates the basic biological functions of the human body (e.g., heart rate, digestion, organ function), is attuned and responsive to environmental safety and danger (Porges, 2011). *Neuroception* is the nervous system's capacity to, automatically and

unconsciously, discriminate degrees of environmental threat: “the nervous system evaluates risk in the environment and regulates the expression of adaptive behavior to match the neuroception of an environment that is safe, dangerous, or life-threatening” (Porges, 2011, p. 17). If the ANS detects danger in the face of sexuality, then sexuality will be defended against and dissociated, as described below.

Trauma-driven defensive responses are similar to defensive responses in other animals where fear of predatory attack has created specific survival related behavioral patterns (e.g., van der Hart et al., 2006). The neuroception of danger activates the ANS and “the animal defenses of attachment cry, fight, flight, and alert freeze are aroused to ensure survival” (Ogden & Fisher, 2014, p. 405). At the extremes of the ANS arousal spectrum, hyperarousal (overactive) and hypoarousal (suppressed) involve responses that operate at an automatic, largely unconscious, level. With urgent sympathetic activation (hyperarousal), “muscle tone, heart rate, sensory acuity, and alertness are all high to help a person appraise a situation more fully before taking action” (p. 405). If the sympathetic system fails to assure safety, then the parasympathetic system subdues sympathetic action to enable immobilization defenses: the submissive freeze response (Corrigan, 2014). This hypo-aroused state leads to a “relative decrease in heart rate and respiration and . . . a sense of ‘numbness,’ ‘shutting down within the mind,’ and separation from sense of self” (Siegel, 1999, p. 254) despite massive amounts of circulating adrenaline from the sympathetic activation (Lanius, 2014). These defensive survival responses take energetic priority over play and exploration, leading to the suppression of sexual experience in most states of extreme arousal (Ogden et al, 2006).

We suggest that extreme states of ANS arousal are characteristic of sexual disembodiment, enabling defensive responses to threat (e.g., aggression, submission, or escape). Yet when a person is unable to fully express these instinctual defensive behaviors or discharge the somatic–emotional energy awakened, it may lead to dissociation and adverse trauma symptoms that maintain nervous system arousal long after the traumatic event(s). In other words, when a person has had their survival instincts obstructed, the “energetic residue of these [obstructed responses] later become unwelcome intruders” in present awareness (Corrigan, 2014, p. 131), such as fear during sexual encounters. Another complication arises when survival instincts become habituated from chronic use in persistently traumatic settings and are later enacted in nontraumatic settings without distinction (e.g., Rothschild, 2000). With the habituation of survival defenses the traumatized person loses the capacity to select situationally appropriate and effective responses to their challenging world.

In this way, the distress of sexual trauma is written into the body and remains physiologically as fluctuations in ANS arousal—that is, the degree of ANS excitation, which exists on a gradient from readiness to relaxation (Rothschild, 2000). In order for an embodied experience of safety and psychological stability, ANS arousal requires modulation (e.g., a reduction of stress) because too much intensity can overwhelm the system and impair functioning. Healthy individuals respond flexibly to a lot of stimulation, while being sensitive enough to discriminate within a range of stimuli (Williamson & Anzalone, 2001). Trauma, on the other hand, impacts one's *window of tolerance*, a zone of optimal arousal, leading to distortions in assessment of environmental safety (Siegel, 2012); instead of taking the time to sort out ambiguous environmental cues, those outside of the optimal arousal zone may trigger a defensive reaction to protect from perceived/projected situational danger. Experiences outside the window of tolerance cause ANS activation—hyperaroused (fight or flight) or hypoaroused (submission or freeze) defensive actions—resulting in a dysregulated nervous system (Ogden et al., 2006). Lack of regulation can have damaging long-term consequences, negatively affecting physical and psychological health (e.g., Lanius et al., 2014; Sapolsky, 2004), and laying the groundwork for sexual disembodiment.

Dissociation. Within trauma theory, sexual disembodiment is closely related to the experience of traumatic dissociation (e.g., Lanius et al., 2014). From this perspective, dissociation is viewed as an evolutionarily adaptive response to painful situations and emotions. It reflects a way of reframing the past by disconnecting, and sometimes forgetting, traumatic experience (Laughlin & Warner, 2004). Dissociation is a defining characteristic of sexual disembodiment due to the key role that it plays in suppressing nervous system arousal and resultant bodily sensations of sexual-sensual experience.

Dissociation can be seen as a common function of the psyche that is adaptive to contextual needs (e.g., creative coping in stressful situations) and that exists on a spectrum with varying degrees of nervous system arousal (e.g., Fisher, 2001). Dissociation has, for instance, been documented in the face of minor stressors, such as giving students an unsolvable math test (Bandura et al., 1988). It also occurs without the presence of distress, such as when a therapist puts aside their personal life to attend to their client (Fisher, 2001). During a traumatic event, however, dissociation occurs via extreme nervous system excitation, which involves a sudden withdrawal from bodily experience and a suppression of emotional and cognitive processing (Lanius et al., 2014). In relation to sexual experience, a dissociative response occurs when the pain and distress that an individual feels is greater than their resources,

which would allow for healthy coping (e.g., being present with difficult emotions and sensations) and thus for a gradual shifting of their neurobiological patterning. For example, “stress and depression may ensue when a person is unable to escape (flight) from a chronically aversive situation, be assertive (fight) in an abusive relationship, or seek the help (attach) of those who may be supportive” (Corrigan, 2014, p. 131).

Both hyperaroused and hypoaroused states of ANS arousal are forms of dissociation and may involve experiences of derealization—feeling the external world as unreal—and depersonalization—feeling detached from one’s body and thoughts (Ogden et al., 2006), including sexuality. When prolonged, such states may reflect the far end of the disembodiment spectrum, revealed here by survivors of sexual abuse putting words to their experience:

- When I am dissociated, the vividness of things fade. The colors are less bright and everything feels distant or separate from me.
- I can’t really feel my body anymore. I feel like I am floaty. I can’t find me. Sometimes I look down at my arm and wonder if that is really mine.
- I hold my breath and just go blank. I can’t think or feel. (Haines, 2007, p. 42)

For survivors of sexual trauma, the body, and the painful memories and emotions that it holds, can be a threat to nervous system homeostasis, pushing a person out of an embodied experience of the world (Rothschild, 2000). Yet the wisdom in this protective response cannot be understated, as it allows a person to continue their life despite the impact of confusing and painful experience(s). For instance, in the case of childhood sexual abuse:

If noticing or remembering [the trauma] alienates or angers the very person upon who she depends to survive, then dissociating or forgetting part of the abuse in order to keep the knowledge at bay may be singularly wise, because, at all costs, a relationship with the caretaker must be preserved. (Laughlin & Warner, 2004, p. 288)

The utility of dissociation is worth keeping in mind to avoid pathologizing an experience that is already a heavy weight to carry.

Another important dimension of dissociation is how, through a lack of support to resolve traumatic experience, whole aspects of a person’s identity may become split off from conscious awareness. This structural understanding of dissociation is found in Janet’s (1889) original definition of the term: the splitting of conscious awareness into different parts. A structural

definition of dissociation suggests that sexual experience may be held outside of conscious awareness, creating an isolated identity fragment (a sexual part) that retains an energetic–emotional charge but is not integrated with a person’s conscious identity (Fisher, 2017; van der Hart et al., 1998).

The disavowal of different parts of the self is thought to originate in traumatic experiences, especially in early development, where an individual’s needs are denied and they have no choice but to accommodate themselves to the painful situation(s) (Paulsen & Lanius, 2014). Left unresolved, this conflict requires a dissociative split to manage the trauma that overwhelms the capacity to process and make sense of experience. Structural dissociation is driven by an extreme avoidance of the emotional parts of self, containing affectively charged traumatic memories that are inherently aversive to conscious (egoic) identity (Steele et al., 2005). The *phobia of traumatic memory* (Janet, 1904), and its inherent painful emotions, causes habitual suppression of nervous system arousal and leads to a number of common strategies for managing experience, including fleeing a situation with ready-made excuses or energetically closing down to a given environment (Heller & LaPierre, 2012).

In sexual disembodiment, when a person is faced with sexual experience, structural dissociation is maintained by entrenched neurobiological patterning that inhibits the processing of experience—sensation, emotion, and cognition—necessary for embodied presence (Paulsen & Lanius, 2014).⁵ Lack of integration among sensation, emotion, and cognition leads to *traumatic coupling*, whereby sensations, feelings, or thoughts that occurred during a traumatic event are neurologically linked to the traumatic event itself (Levine, 1997). Thus, whenever these specific sensations, feelings, or thoughts are elicited in the present, they are immediately associated with past trauma. In this way, the past intrudes on present sexual experience as that experience continues to elicit traumatic memory, distort perceptual acuity, and trigger dissociation.

Finally, it is worth highlighting how the concept of dissociation has become a “catch-all” for many kinds of symptomology, leading to conflicting definitions and perspectives (Spitzer et al., 2006). We have drawn on the concept of *traumatic* dissociation for describing the core aspects of sexual disembodiment, yet we do not feel that the concept of dissociation, with its many uses and meanings, is adequate for capturing all the dynamics covered above. Dissociation can, and does, describe disidentification from sexual identity. Dissociation can, and does, describe disconnection from the conscious experience of sexual bodily sensations and cues. But, in our view, dissociation does not capture the full spectrum of this constellation, which

together forms a picture of a confused sexual identity and a nervous system that becomes deregulated when processing sexual cues.

To answer the question “why the concept of sexual *disembodiment* and not sexual *dissociation*?” we return to a main objective of this article: to bring an understanding of sexual health and sexual trauma into the framework of somatic psychology. Embodiment is a fundamental principle of somatic psychology, a field that places primary emphasis on the role of the mind–body connection in psychological healing. We chose disembodiment over dissociation to make the body explicit, and to counter the widespread *cognicentrism* (mind-centeredness) of contemporary psychology, which holds bodily experience as secondary to cognition (e.g., Malkemus & Romero, 2012). While there is a growing recognition of bodily experience in presentations of dissociation, dissociation is commonly presented as a splitting-off of conscious contents, and the bodily dimension is unacknowledged. Disembodiment implies its opposite—the cultivation of embodiment: “the moment to moment process by which human beings allow awareness to enhance the flow of thoughts, feelings, sensations, and energies through our bodily selves” (Aposhyan, 2004, p. 52). The concept of sexual disembodiment is thus a call to recognize the foundational role of bodily experience in sexual life.

Conclusion

We have suggested that sexual disembodiment is driven by sexual trauma and maintained by habituated behavioral patterns that are themselves undergirded by neurobiological defensive responses. To summarize the dynamics of sexual disembodiment: (1) Sexual trauma overwhelms the capacity to integrate experience. (2) Unresolved trauma—whether developmental, systemic, or acute—results in fear and distress in the face of sexual experience. (3) Fear and distress cause a defensive response of dissociation when an individual’s sense of safety is threatened. (4) Traumatic dissociation, and the fragmented self that occurs with it, leads to a disavowal of, and disconnection from, sexual experience. (5) Sexual disembodiment becomes habituated.

Given the conflicted relationship to sexuality and the body in American culture, as well as the ongoing oppression of sexual and gender minorities, the challenges of achieving an embodied sexual life are vast. Admittedly, an embodied sexuality is not possible in many regions of the world today, as war, authoritarian regimes, and dogmatic religious doctrines pose severe challenges to sexual safety. Nevertheless, the development of a coherent sexual self that embraces sexuality without fear of threat or judgment remains an ideal even if social and environmental conditions deny its fulfillment. Where possible, it is through a growing acceptance of sexual energy

that one may realize their inherent value and worth as a sexual being. Acceptance of sexual energy may awaken trust in the capacity to manage and enjoy sexual experiences and begin the gradual process of transforming entrenched neurobiological patterning. It may also bolster a more tolerant stance toward the diversity of sexual experience, burgeoning a new era of liberated sexual expression.

In the preceding pages, we have suggested that sexual embodiment is an important aspect of psychological health. It is reflected in a neurobiologically coherent nervous system that can effectively respond to sexual experience without dysregulation. Effective modulation of nervous system arousal decreases stress and allows for a whole-bodied surrender to erotic pleasure. Being at ease with sexual energy—capable of enjoying the basic sensations of sensual pleasure, vitality, and desire—can lead to profound positive shifts in the neurobiological systems that underlie one's experience of the world (Ogden & Fisher, 2015). In presenting the dynamics of sexual disembodiment, we have attempted to introduce a somatically informed concept that anchors sexual identity and sexual trauma in bodily experience. More research is needed that brings advances in somatic psychology to bear on the dynamics of sexual health and the embodiment of sexuality, yet it is our hope that the theoretical explorations of this article may assist in developing healing interventions, and, in this way, be of service to those seeking to live richer and healthier sexual lives.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Notes

1. Our work here is indebted to the psychologies of Freud and Reich yet it is beyond the scope of this article to enter into the intricacies of their theoretical positions. While both libido and orgone are conceptualized as forms of sexual energy that are accessible to experience, they also come with theoretical limitations. Briefly stated, these limitations involve Freud's tendency toward reductionism and

Reich's conflation of experiential, experimental, and cosmological definitions. For a sophisticated presentation of Freud's energetic psychology, the reader is referred to Barratt (2019), and for an overview of the concept of energy in Reich and body-psychotherapy, the reader is referred to Wehowsky (2015).

2. For example, Tolman (2002) includes the account of Inez, a 17-year-old, who describes her first sexual experience. For Inez, this experience was a positive one as she was in love with her boyfriend, felt "wanted" by him, and was able to connect with him in a physical way. Here is Inez's account of the experience: "The first time I ever had sex, it was something that I least expected it. I didn't actually go to his house and expect something to happen, because it, he was kissing me, and I felt like I wasn't there, it was like my body just went limp. It was like, I had went out with him for a year, and I was like, I was like wow, and um, he was just kissing me, and I was like, and then all of a sudden like, just, like my body just went limp, and then everything just happened. To me, I feel like I didn't notice anything." Tolman highlights Inez's lack of connection to her own sexual pleasure and suggests that it reflects the cultural disavowal of female desire: "girls are under systemic pressure not to feel, know, or act on their sexual desire."
3. Sheets-Johnstone (2009, 2010, 2014, 2018) has repeatedly critiqued the concept of embodiment as a "lexical band-aid" that serves to cover the dualistic Cartesian wound of a "schizoid metaphysics" (2009, p. 215) that perpetuates the mind-body split. She suggests that the concept of embodiment is a reified abstraction divorced from bodily experience, covering over the "qualitative dynamics of tactile-kinesthetic-affective bodies" (2018, p. 7) that reveal how mind and body are of one piece. Her critique is not unfounded and is addressed at the widespread, uncritical use of embodiment, particularly as utilized within cognitive science, wherein the voice of the lived body is often absent.
4. It is worth noting the multiple interpretive frames through which defensive responses can be understood. In this article, we are largely referring to the instinctual survival responses that have developed during mammalian evolution. Though our focus is on automatic neurobiological responses to trauma, we also recognize the value of psychological interpretations of defense (e.g., psychodynamic, analytic, attachment, and ego-psychology) and do not wish to limit our presentation to a neurobiological interpretation.
5. For further discussion of how traumatic dissociation becomes entrenched, see Levine (2008) and Nijenhuis et al. (2010).

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Author Biographies



Samuel Arthur Malkemus is an interdisciplinary thinker and holistic counselor whose work focuses on healing personal and collective trauma through a psychospiritual and integrative lens. A professor of clinical psychology and consciousness studies, he leads courses and seminars in holistic sexuality and transformative education both internationally and in the San Francisco bay area. With a private practice in holistic counseling he is committed to helping his clients find vibrant health by working with body, heart, mind, and spirit. You can find out more about him at www.instituteofholistictransformation.com.



Jessica F. Smith is an associate marriage and family therapist specializing in teenagers, with a concentration on identity development and relationship to self. She is informed by her background in social work about the challenges that systemic issues impose on self-development. She currently resides in the East Bay of California, where she earned her master's degree in holistic counseling psychology from John F. Kennedy University, with a specialization in somatic psychology. Jessica's practice is heart-centered and includes spiritual and energetic perspectives on health and healing. She is also currently working on research targeting the social construction of weight bias.