

THE LANGUAGE OF LOVE

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Inspired by Judi Keshet-Orr and Sarah Collings in Self & Society, June-July 04

I very much welcome Judi Keshet-Orr and Sarah Collings' article *Psychosexual and Relationship Therapy in the 21st Century* in June-July issue of *Self & Society*. I am glad to hear of the changes in thinking in sex-therapy and applaud the authors' efforts, through their use of psychotherapeutic methods, to balance the medical and psychological models. This is no easy task, for, as we know, medics are generally against interdisciplinary thinking in their haste to objectify, while therapists happily psychologise everything. I am less convinced, however, from reading their article of how successful their venture can be, nor am I won over by their list of terminology still in use. There is a danger in going for integrative solutions that one model gets bolted onto another. Nevertheless, I do believe that the most crucially needed development for current psychology, psychotherapy, education and spirituality is to bring sex back squarely onto the agenda, and that therapists are in the best position to start doing this.

So I would like to take the opportunity here, not to criticise these very experienced colleagues, but to point out where I feel there may be an opening for a different approach, and how their article has helped me try to express it. I would be delighted if my response could encourage a dialogue to begin in these pages, in the hope of broadening out this important debate, and encouraging some

healthy and passionate intercourse (bad pun intended!) from readers.

Dialogue and language is where we need to start, I believe. I do not agree that it is difficult to talk to clients about sexuality, despite what people often imagine, or what the specialists may like to suggest. You don't need a special therapeutic alliance nor a special language. It is not like discussing 'bowel habits'. You do need to have done your homework and to be able to stay embodied and real, however, and, importantly to stay *dyadic* (more about this below), rather than having recourse to a plethora of terms. What do I mean by homework? For one, being as conscious as one can in one's own relationship, and secondly, staying abreast of new developments in the understanding of sexuality, as Keshet-Orr and Collings clearly intend.

In this context it is a pity that they seem not to have heard of *Sexual Grounding Therapy*, which is new to this country but has been going strong on the continent and in parts of the Americas for some years. Rooted in, but going beyond Reichian Body Energetics, Willem Poppeliers' Sexual Grounding Therapy has a precise understanding of how bodies actually work and respond to each other, as well as the consequences of personal history on internal and external body relationships. It illustrates how a child's need for (and lack of) parental mirroring and support of both genital and heart development affects the subsequent expression and regulation of sexual energy, both internally and in relationships. Strong in theory, it has a dynamic methodology that uses the body's cellular memory in family structures, and which can frequently repair and restore

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sexual awareness, sexual confidence, and sexual responsibility.

In contrast, in the theoretical department, Gestalt won't help you a lot, and while Attachment Theory is relevant and good common sense, it won't do for *most* work with sexuality, because it covers the areas which are by definition pre-Oedipal. Sexuality has mostly more to do with a later age, itself saddled with awkward terminology, I'm afraid: *the Oedipal Phase*.

This developmental phase is one of differentiation, and includes the child's focus of awareness and energy on the genitals and the need (or refusal) to identify with the same gender parent, in preparation for stages to come. There are many hitches here, and many complex psychological binds and repetitions that can result from how this phase was negotiated. Consequential patterns can easily go undetected until they emerge in perplexing form in adult life. Counsellors and other professionals can get lost in unknown territory here, as we learn from Tantra teachers who are doing lots of brave work normalising sexuality, but are often unguided and uninformed. Similarly, counsellors and therapists can end up either repressing sexual issues or even regrettably acting out with their clients, which happens more frequently than we would like to imagine. Sexual Grounding Therapy has a lot to say here as well as in the puberty and adolescent phases, and is an invaluable guide for dealing with the important and profoundly neglected subject for all counsellors, therapists and health-workers: sexual transference and counter-transference.

Returning to the subject of language, I claimed earlier that speaking about sexuality with clients is not that difficult. Perhaps I should have said that it is largely a matter of language and attitude. I believe that the required attitude may be hindered by the development of a rational expert-like status. It needs to be more homely, like the atmosphere between a mother and a father who still love and desire each other. Or perhaps, as we sometimes suggest to our couple-counselling students, a sexy grandmother can be good ego ideal to invoke. More philosophically, this attitude could be thought of as more *post-rational* than *rational*, and like all such skills they are not so far away from us as we seem to think.

No single mammal was born except through sex. Sexuality remains the core of our human energetic system. But we have done a lot of splitting from it, and with it, and sex-specialisation runs the risk of increasing the split. We are undeniably sexual beings, yet many of us find it difficult even to think of our parents' act of sexual love, which created us. Sex specialists work hard to normalise and to rename things. We might all be happier, however, if we were encouraged to use a language of love, to imagine, for example, our parents happily fucking for us.

Renaming sexual difficulties just doesn't do it for me. Creating ever more obtuse or even user-friendly names may be useful within a profession, but it not only sidelines love, it also ignores an important power dynamic. This is that people who get to name things have psychological ownership. Even, and in fact especially, rank post-modernists tend to fall headlong into this trap. Look how many names we have come with over the past twenty years for people whose skins are not white! With the best will in the world the expert/incompetent relationship gets recreated, psychological curiosity is diminished for both worker and client, and the therapist feels guilty for harbouring a desire to find a non-rational way

to view these phenomena. What is worse is that scientific naming opens the field more widely for corporate pharmaceutical exploitation of our fear and sense of inadequacy, the danger of which Keshet-Orr and Collings note.

For me, this naming represents a movement in the wrong direction – towards a left-brained pro-rational position and away from a more synthetic and systemic relational stance. It is not just a philosophic objection; it is simply that this approach cannot work. All sex happens in the context of a relationship - excepting perhaps abuse and acting out, where we can think of it occurring in a relationship vacuum, or where inner and outer relationships are not differentiated. Sex is always regulated by the psychosomatic forces within the relationship. It is therefore always a systemic event, even a social one. This is true even when a problem seems to be located only in one partner. It is always more meaningful to think about the relationships inside that person, rather than naming it as a syndrome.

For example, a man who has difficulty sustaining an erection or who ejaculates too fast has a relationship problem. To be precise, he is in a triangular relationship state. His anxiety has become an all-important third in both his relationship with his partner and that with his own self-image. He is then incapable of relating directly, or dyadically, to his partner in this situation. All sexual relating now ends up being through the medium of his 'problem' to his partner – a three-way process. One reason why Viagra 'works' so well, is that psychologically it takes over the third place that the anxiety previously occupied.

Physically, of course, it shuts down the valve through which the blood is able to return to the heart, if it so desires. In doing so, it produces an internal relationship sensation as if the penis were indeed a third thing, as if it doesn't quite belong to its body, neither to its conscious will nor to its autonomic system. This is a very weird

feeling - I recommend trying it once, just for the experience - providing a sense of detachment, which, though it may be temporarily confidence building, is hardly what most males need to learn. It returns the user imaginatively to the realm of what in Gender Psychology we call *the Male Wound*, full of detachment and distance, and which is his creative task to overcome. In this respect it is a regressive solution.

Nevertheless, a sex therapist may well help our hypothetical client feel marginally better about himself by saying that he has a common syndrome and he is not alone with this problem. It is a well known psychological truth – in deference to the name-lovers we may call it the Rumpelstiltskin Factor – that if people have a problem named then their difficulties are normalised, and they are able to come into relationship with it. Useful as this can be, it is only an Elastoplast Solution. It is working with the secondary problem, rather than going to the heart of the matter.

Sexual Grounding goes in the opposite direction, encourages relationship, externally and internally, even between body parts, which have very simple names. And, strangely enough, in the above example, Sexual Grounding might consider that Viagra does answer a very specific cultural lack, in that it gives permission for *erective potency* itself. This is the essential pre-procreative condition of human beings – external in males, internal in females – which ideally would be welcomed, celebrated and supported by parents when it arises in puberty. Externally, erective potency is in service of life, internally of the heart. Crucially, a Sexual Grounding Therapist considers the place of the heart in sex, for it is the heartbeat that pulses in the veins of both penis and vagina, that directs the flow of blood to swell for full arousal.

Why do most sex-therapists avoid this organ in their account of sexuality? In their article,

Keshet-Orr and Collings do not mention the word 'heart' once, except when mentioning the fear generated by 'heart attacks'. And yet the popular media, perhaps unconsciously, knows we need to bring the heart back into sex, according to recent films like *American Beauty* or *Something's Gotta Give*.

So returning to our example, we might try to include our client's heart. Instead of focussing on the anxiety in our client's head or in his gut, what would it be like to encourage him to begin a conversation between his heart and his genitals, for example? What would his heart say to his genitals? Is his heart sad for having been excluded from sexuality? What does his heart want to say to his partner's heart? What does his penis want to say to her vagina? Which organ is more shy? Which has been more encouraged or mirrored by which parents in his family of origin?

If this is too difficult to imagine, or begins to sound too psychological, think of the 'conversation' people are often able to have with their hands or with their lips. They can express so much, and are often more relaxed than when the genitals get fully involved. We begin to realise that we don't really have much experience of language in lovemaking. Dirty talking can be fun, but it is only a minimalist dialogue. What do we say to each other, or how do we dialogue with the other within ourselves? Do we call the partner 'he'/'she' when we think of them, or do we call them 'you'? In other words do we dare relate directly, even in our minds? What kinds of conversations would we long to have if we were less shy of wanting, less ashamed of our sexual impulses, more confident in our bodies? Do we dare bring our hearts into an activity which we have been falsely taught to be all, or only, about our genitals? Men often find it difficult when woman say they want them to be more emotionally present during sex. If they allow their hearts to speak

they may find that they begin to weep; if they can tolerate this experience they may well express an erection of an altogether different quality.

A large part of our difficulties with sex is that our society has bolted a notion of sexual freedom – and now sexual consumerism – directly on top of years of sexual repression in our collective psyches. Having done this too fast, and lacking the confidence to develop a simple language about this, we are now in a state of collective over-excitement. Pushing sexuality out to the specialists can collude with this splitting off and over-excitement; the gamut of techno-words to describe the 'problems' only exacerbates it. It also takes sexuality into the same and wrong direction – the mind. This is evident when we see the extent of sexual fantasy proliferation on the internet, fuelled by offers of magically engorged body-parts and unreal promises of women to allow you to look at them, claiming they want to have sex with you, quite without any relational connection at all. All you need is a computer and money. It is a cerebral sexuality stored and amplified in the virtual universe - our cyber-ceramic cortical extension.

Moreover, when we approach our clients' sexuality as an objective problem, or refer them to specialists, we run the risk of repeating the original problem with sex. This is that because they have been made taboo, genitals are seen as different from the rest of the body and have become imaginatively over-charged. Most of us were treated by parents and teachers as if our genitals did not exist, or if they did, they were unlikely to be approved of, rather seen only as a source of problems. We were not related to directly as people with genitals, but triadically. So we can replay this wounding by continuing to objectify clients' sexuality, the client's genitals. As the third thing in a triangle with the sex-therapist they only have value if they have a problem requiring attention.

In contrast, genitals can be made real and re-honoured. Our bodies know perfectly well how to make love if we let them. We may have to allow them to relearn and to wean the over-excitement out of them, particularly the genitals. The recently deceased Barry Long had much to say about this, for example. What is difficult, however, particularly for couples in long-term relationships is to keep sex going, especially while creating fear and frustration together. This is principally because the conversation about it, the language, the style of avoidance or recriminations. In short, the negotiations are so fraught with emotional traps, particularly those of rejection, that people would rather settle for distance rather than re-risk rejection. And the corporate culture encourages relationship-at-a-distance; look how lovingly people gaze at their little screens on their mobiles, and love to whisper sweet nothings to their co-phoner whenever they are doing something else.

So while we are at one level in a state of over excitement, with our heads and genitals colluding together in avoiding contact with our hearts, we are at the same time extraordinarily bad at asking for what we want. Again the fear of rejection is ever present and centuries of shame for wanting to be sexual is never far from the surface, despite the image of our current society. So, by and large, we remain silent in our hearts about sex, and professionals risk supporting this position.

Such things are affairs of the heart, and our culture is still at an elementary level in heart functioning. Emotional literacy is in general is extremely low; people's hearts are so often tense and afraid rather than strong and supple, and this has been supported by patriarchy and exploited by consumerism. So, given the normal difficulties of life, given that so many people seem to have such low expectations, coupled with astonishing skills to endure relationships that are so full of distance, so unable to talk

and share together, is it any wonder that our hearts fail to pump blood in the right way to the sex organs? Is it not utterly congruent? Haven't our hearts been excluded from sex? Why should they continue to function as planned if they are not listened to?

So what can we do? Should we go the whole hog and make all these apparent sexual dysfunctions normal? Is this the direction that the 'sexperts' may lead us if we are not careful?

This is why language matters. The language of the heart is the language of love. It uses verbs more often than nouns. Sexual Grounding Therapy encourages people to think about the acts of giving and receiving, of opening and pulsing, for example. Such words have to do with the body. As an experiment, try to say the word 'opening' to your self and observe the effect. All the 'dysfunctions' enumerated by Keshet-Orr and Collings could be described as fears or ignorance to do with *receiving or giving* in external relationships and problems with *regulating excitement* in internal relationships.

Approaching the subject in this way, therapists do not need more words made important with capital letters, which we alter from time to time to suit the current climate, but we do need to be real and embodied human beings. We can then encourage our clients back into their bodies. Both the medical model and the regular psychological one have in common the tendency to do otherwise. But it does not have to be the end of the story.

Further reading

Duffell, Nick & Løvendal, Helena, *Sex, Love and the Dangers of Intimacy* (Thorsons 2002)

Long, Barry, *Making Love* (Barry Long Books 1996)