

Empowering Choice and Voice

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Professional Training for Somatic Sex Educators

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Empowering Choice and Voice

Introduction

There are many barriers to empowered choice and voice in every body. Knowing how the autonomic nervous system functions and creating an embodied sense of safety are keys to dismantling barriers. The effects of trauma and neglect can only be changed by body-based exercises and experiences in a safe-enough relational environment. An intersectional lens is vital for understanding multiple dimensions of empowerment and disempowerment. Attachment wounding from early childhood and our sense of safety and belonging in the social world play out in ways we exercise choice and voice, or fail to do so.

Going Beyond “Consent”

We can assume people do not have ready access to choice and voice around sex.

Cultural silences preclude the possibility of open communication. Trauma, fear, shame and habit freeze our bodies and disempower our voices. Social forces and emotional needs profoundly impact our empowerment. People need to *learn* to speak their truth and ask for what they want in sexual situations.

The existing consent culture taught in standard sex education is inadequate to the task. The very notion of seeking *consent* to erotic touch implies looking for *permission* for something to happen.¹ People are well-practiced at offering permission for someone to do something physical *to* them. We commonly endure medical procedures, social touch we don't want, and sex that is less than optimal – all with consent. In contrast, very few people are well-practiced at attending to their desires in the moment, asking for what they want, and feeling encouraged to change their minds when things aren't going well. We need to create a new sexual culture that goes beyond consent.

We all have too much experience enduring unwanted touch. As children we are taught to endure hugs, pats on the head, pinches on the cheek, and kisses from relatives we would rather hide under the bed to avoid. Being tickled against our will is an all too-common game. Being forced to eat the food on our plate limits our bodily integrity. Family violence is commonplace. We live in a culture that normalizes sexual violence. Bad sex is even more common. People learn to endure. We forget – or don't know - what our Yesses, No's and Maybes **feel** like. And once we've been trained to endure, it's hard to get out of that habit. Enduring is a default mode for sexual experience in our culture. The whole concept of “consent” fails to account for this.

How can we learn to tune in simultaneously to head, heart, gut and genitals, and find alignment there with what we *want* to offer or request? When this ability is weak or does not yet exist in us, how can we make space to learn and have the opportunity to practice? In addition to requesting consent for something we want to do *to* someone, can we learn to offer what we are willing to do *for* them and suggest what we want to do *with* them, while noticing the difference?

¹ Here as in all my work I am guided by Betty Martin's teachings

Creating culture beyond consent requires neuroplastic change, so we can live outside our habitual responses and well-practiced cultural scripts. In order to make new neural pathways, we need to feel safe enough, and excited enough, and practice long enough to change our neural defaults.

To explore beyond consent with sexual partners, and ourselves, we can ask:

- *Are we feeling safe-enough to track our own shifting body sensations and emotions from moment-to-moment, so that we can really track our Yes, No or Maybe? Can we communicate when that changes?*
- *Is an activity something we are willing to offer, or something we deeply desire? Is it for me, for them, or for both (or all) of us? Are we communicating and in agreement about who the activity is for?*
- *Are we comfortable and emboldened enough with the person or people we are with to change our minds in the middle of an activity we have asked for or agreed to, if we stop enjoying it? Is our guidance welcomed, if we do that?*

Feeling Safe-Enough: Understanding the Autonomic Nervous System

Trauma specialist Bessel Van der Kolk writes, “Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.” He continues, “For our physiology to calm down, heal and grow we need a visceral feeling of safety.”

When we do not have this “visceral feeling of safety,” we cannot manage social interactions well. As described in Unit 1 materials, the amygdala in the brain senses danger before we can consciously evaluate a situation. Powerful neurotransmitters and neurohormones, including cortisol and adrenaline, get released into our system before we ever consciously notice we are afraid.

With nervous system distress, the ability to think and communicate is compromised. People may get angry, or run away (fight or flight); they may agree to something as a way to manage the situation (appease); they may freeze and feel incapable of acting or speaking; they may endure and dissociate. What they won't be able to do is track their own needs, communicate clearly, and ask for things to change, slow down or stop.

Feeling safe-enough or unsafe in a given situation has little to do with objective conditions. We must be able to hold a feeling of safety in the living tissues and electrical and chemical signals of our nervous system. In Stephen Porges words, we need a *neuroception* of safety. Co-creating this embodied *neuroception* of safety is foundational to having empowered choice and voice in sexual situations.

Nervous System Change

Understanding nervous system function and the impact of trauma, neglect and social context helps take away shame about our personal and cultural failures to feel sexually alive and empowered. Paul Gilbert, developer of Compassion-Focused Therapy, notes:

given the structure and function of our nervous system, the norms and expectations of our society, and the trauma and neglect we

have experienced,

who we are, and how we cope, is not our fault.

And given the power of our nervous system to respond and change in response to our thoughts, our choices, and our practices

who we are, and how we cope, becomes our responsibility.

As we began to explore in Units 1 and 2, we can change our nervous system with exercises that engage and rewire neural systems, gradually building our capacity to regulate our physiological states. With patient practice, we may find unconscious processes no longer run us. Instead of fear, shame, stress, arousal, distress and indifference being feelings that happen or never happen *to us*, we can work with our nervous system to invite feelings that serve us better in different situations. By learning to regulate our autonomic nervous system function to some degree, we can more easily choose to live in harmony with our values. We can feel safe-enough to use our voice in safe-enough situations, and with that empowerment, we can invite the possibility of unfolding erotic joy.

Somatic Inquiries

We can explore how we feel a sense of “Yes,” “No,” “Maybe,” and “I changed my mind.” How does “No” feel in the body? Where do we feel a No? In the belly? In the face? Is there a muscle clench? A temperature change? Paying attention to the cascade of body sensation that occurs when we ready our bodies for fight or flight helps people understand and honor their No. We can also notice if our No feels habitual, or whether No is new and hard for us, in a particular situation or relationship.

How does “Yes” feel in the belly? Does the heartbeat slow or accelerate? What happens in the facial muscles? What is the different felt sense of an

excited “Yes!” and a relaxed “Oh, Yes...”? What is the different felt sense with a “Well, okay, if you want to, yes...”? Paying attention to the different body sensations with different forms of “Yes” helps us stay in touch with our own wishes, tracking when agreement is heartfelt and when it is triggered by a distressed nervous system’s ‘appease’ response.

What does “Maybe” feel like? What does it feel like to say, “I changed my mind!”? What does it feel like to disappoint someone? These can be fun, embodied explorations that help us to empower our own choice and voice and that of others. We will be working and playing with these processes during Core Course 2 (Embodiment Intensive).

Building capacity for mindful awareness of body sensations, we can simultaneously learn how to use breath, movement, imagination, sound and touch to recalibrate our bodies’ responses and to feel more resourced in our neuroception of being safe-enough in safe-enough situations and relationships. While it always remains important to track real threats, with patient practice we can learn to put an end to enduring – at least in safe-enough situations – and to feel and speak our truth in erotic exchanges.

Sexual Trauma, Neglect and the Nervous System

The shocking statistics on sexual assault, rape, child sexual abuse and partner violence show that sexual trauma is commonplace. Trauma can be chronic, with ongoing sexual exploitation that reoccurs over and over. This is often the case for the one in five children who are sexually abused before they turn 18 years old. Trauma is sometimes a single terrifying event of violence or assault. One in five women is raped. Trauma can also be subtle. Oppressions, micro-aggressions and chaotic life conditions

result in lasting injury. Sexual violence is pervasive and it is also targeted. Trauma happens more frequently to women than to men, and more frequently to Black and indigenous women and women of color than to white women. Queer, gay, lesbian and bisexually-identified people are disproportionately subjected to sexual violence. Transgender people face even more violence. Living in a culture where sexual trauma is both commonplace and targeted affects us all.

As we discussed in Unit 1 and 2, trauma can lead to lifelong difficulties accessing sexual pleasure and navigating sexual relationships. As victims contend with their lived experience of terror and powerlessness, physiological responses can get stuck in the body. Years after a specific trauma ends, some survivors continue to chronically embody the nervous system responses evoked by deep distress.

The physiological and psychological effects of neglect are also profound. Experiments in psychobiology and neuroscience have consistently found that neglect has a dysregulating effect on the nervous system. Most children are born into a world that disregards their sexuality and admonishes or exploits its expression. Adults typically have their sexual experiences rationed to occasional and unsatisfying exchanges. This neglect in itself can be traumatizing.

Unresolved ‘stuck’ trauma or neglect can be lodged in our nervous system structure and function, so that many people live with a chronic neuroception of unsafety around sex. Our nervous system is sensing danger, even when the reasoning part of our brains thinks a situation is safe-enough. We find it impossible to communicate our needs, try new things, and ask for what we want. And every time we fail to find our empowered choice and voice in sexual situations, we groove dysregulated nervous system responses more deeply.

Sexual trauma is both an individual and collective experience. By working and playing to transform our personal neurobiology so we can feel more safety with beloved partners and playmates, and communicate more freely, we also look to understand and transform the social context.

Power Dynamics and Empowered Choice and Voice

As discussed in Unit 1, oppression and privilege are experienced in the related and interacting social locations each person occupies. Intersecting axes of privilege and oppression have a deep impact on our capacity for agency and the relevance of bringing empowered choice and voice into our lives.

Kimberle Crenshaw cautions that an image of empowerment that refers only to dominant cultural norms can have disempowering consequences. What assumptions are we bringing into play about the best course of action for a person? How are those assumptions shaped by race, class, age, ability and other intersecting factors? How is the precarity of the person we are, or we are with, going to be impacted by an assertion of agency? Are we – or people we want to be sexual with – enmeshed in social and economic dependencies that make empowered choice and voice impossible? A person dependent on family support, a person without privacy or independent access to information, a person without a job, a home, enough to eat, or access to a social safety net will not be able to choose to act freely. Conditions for consent and empowered choice and voice are impossible to create when there are such disempowering social conditions.² For example, young people who are enmeshed in emotional and financial dependencies cannot navigate empowered sexual

² with thanks to Dr. Meg John Barker

relationships with adults. Where there is violence or the threat of violence, within relationships or in the surrounding social environment, asserting choice and voice can be fatal.

In all relationships, there are power dynamics and that need to be recognized and mindfully accounted for. We can start to notice, in small ways, before getting naked with people, how differences in gender, race, age, class, attractiveness, social status, mental health, physical ability and other vectors of privilege and oppression might factor into our capacity to feel safe-enough to track our own sensations and emotions, and notice and express what we want and don't want from moment-to-moment. Bringing an intersectional awareness into our erotic life is vital in creating sexual culture beyond consent.

Attachment Patterns, Belonging, and Empowered Choice and Voice

Our experiences in relationships shape our physiology, alter the functioning of our autonomic nervous system, and even have an impact on our genes. Our early experiences of love or the absence of love make deep grooves in our nervous systems, establishing “attachment patterns” that affect our biophysical capacity for independent agency and empowered choice and voice throughout life. Insecurity in the relational environment, and the embodied experience of being unwelcome, misattuned and not-belonging, have profound impacts on our capacities for the assertion of agency.

Standard sex education offers simple prescriptions on consent – people should say No when they don't want to do something, practice safe sex, and boldly ask for what they want. Such prescriptions are worse than

meaningless without awareness of the impact that attachment patterns and relational insecurities have on our ability to know ourselves independently of others' needs, and feel resourced enough to take relational risks.

Love and Survival

Love is crucial to our survival. As newborn humans we are completely dependent on our caregivers. We are vulnerable and dependent much longer than most mammals. The care of others is what creates enough safety for our bodies, brains and nervous systems to evolve into somewhat independent, self-regulating systems.

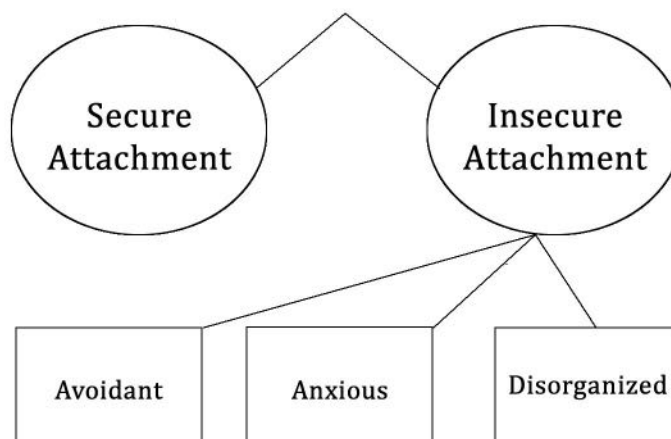
The 'danger sensor' in the brain, the amygdala, is fully developed before we are born. In utero we feel autonomic nervous system cycles of peace and excitement, fear and pleasure. But the cortical structures that allow us to interpret and regulate body sensations and reactions don't develop until many years later. (The cerebral cortex adds 70 per cent of its mass after birth and grows to 90 per cent of its adult size during our first three years of life.) When feeling fear and deep distress, an infant cannot comfort itself. Threats activate sympathetic nervous system hyperarousal, increasing heart rate, blood pressure, and respiration. This hyperarousal is soothed when a caregiver's loving attention and pleasant touch generates an inner bath of bliss neurochemistry to calm the inner bath of distress neurochemistry.

When reassuring reconnection with a loving caregiver reliably follows short periods of distress, an infant eventually learns to calm its own dysregulated nervous system, to self-reassure and self-regulate. We biophysically learn that separation does not mean ongoing distress, but only a period of challenge that will be followed by more comfort and connection. Thus we literally build our individual nervous systems with the help of loving relationships. Secure attachment, together with manageable challenge, build biophysical systems that offer an internal

locus of control.

The quality and quantity of love available in early relationships shapes our biophysical response to others: our vigilance, our fear, our habitual tendency to feel playful, distressed, alienated or cherished. Children develop attachment styles that can be described as either ‘secure’ or ‘insecure.’ A child with a secure attachment style feels consistently connected with loving caregivers. They have a sense of their own independence as well as trust and attunement with their tribe. Children who are not so fortunate (the majority of children raised in the dominant culture) usually develop insecure attachment styles that can be further differentiated as avoidant, anxious and disorganized. Attachment styles established in childhood set habitual relationship patterns throughout life. These attachment styles are grooved into the living cells and electrical and chemical signals of each person’s nervous system. They operate involuntarily and unconsciously, and yet, thanks to neuroplasticity, they can be changed.

Attachment styles, figure by Caffyn Jesse, based on Diane Poole Heller



Secure attachment

When you are coming from the perspective of secure attachment, it is much easier for you to regulate your emotions and be the person you want to be. You are relaxed with being alone, and you really enjoy your relationships. You can ask for what you want from a partner. You are likely to do what's necessary to practice safer sex, and to protect yourself from unwanted pregnancies.

Avoidant attachment

When you are coming from the perspective of avoidant attachment, you will tend to be the center of your own universe: self-absorbed and relatively dismissive of the importance of love and relationship. You live in your head and suppress your feelings. You will have trouble saying Yes to opportunities for profound connection. Communicating your authentic needs is difficult because you don't want to need anything from anyone. When people ask you for things emotionally or sexually, you can feel overwhelmed or alienated. You want to close. If you are needy or hurt, you want to isolate.

Anxious attachment

When you are coming from the perspective of anxious attachment you will tend to be *preoccupied* with your relationships. Other people always seem to love you inadequately. You are worried, jealous and untrusting. You want to cling. If things aren't working out, you can feel desperate, shaken to the core. You will have trouble saying No to any relational requests. Communicating your authentic needs is difficult because you are so afraid

of rejection.

Disorganized attachment

A child might develop a disorganized attachment pattern if they have violent and abusive caretakers, or if they can't find a strategy that works with unpredictable caregivers. From the perspective of disorganized attachment, relationships are often chaotic. You might get angry easily, startle easily, yell or snap at people, feel you don't belong anywhere, be despairing, moody, fearful, or be frightening to others. Sometimes you feel immobilized, disconnected, or 'gone.' You crave intimacy and you fear it. You vacillate between clinging and closing, saying Yes and No – and never feel quite sure what is right for you. It's easy for you to ignore your own instincts. Instead of defending yourself or getting away from situations that could be dangerous for you, you are liable to dissociate and get confused.

Learning new attachment patterns

We can change our attachment patterns and foster more secure attachment within ourselves, but only with mindful self-awareness of our attachment patterns and habits, along with safe-enough places to experiment, safe-enough relationships to experiment in, and ongoing, patient practice. Without this work to recognize and reorganize our attachment patterns, they will show up unconsciously in all our relationships, including during work with clients in a somatic sex education practice.

Belonging and the Navigation of Normal

“Attachment patterns” is a language that helps us understand the neurobiology of relational experiences in our families of origin, plus therapeutic relationships and other dyads. Another aspect of attachment is our experience of being welcomed and cherished – or not – in the larger world. The experience of security or precarity in society is a crucial part of our relational experience and is similarly inscribed in each person’s nervous system function. In Unit 1 (see the e-book on *Troubling Normal*) we considered the impact of the social on the soma, and the ways in which cultural norms are produced and policed in our souls and societies. Belonging or not-belonging in normative environments profoundly affects our capacity to feel empowered in our sexual choices. There are many inner and outer forces that work to create feelings of entitlement, need, vulnerability, worthiness or vigilance within us. The various oppressions that are mediated through sex and relationship impact whether we feel safe-enough to exercise independent agency, and how we do that. The creation of counter-normative relational environments and experiences of safety, belonging and dignity are vital aspects of fostering secure attachment and empowered choice and voice.

Attachment, Belonging and Sexual Boundary Violations

Attachment styles and social experiences of precarity or privilege create deeply wired vulnerabilities and entitlements within us. Recognizing – and helping clients to recognize – the impact of relational experiences and environments on nervous system function becomes an important part of building the somatic awareness needed to make more empowered choices. Attachment patterns and social insecurities are often aspects of sexual boundary violations, as we consider in the other e-book for this Unit (*Somatic Sex Education and Client Empowerment*).

Conclusion

Staci Haines, a foundational figure for somatic sex education who we will study much more in Core Course 3, writes:

“To be good at consent takes learning and practice. You may assume that consent is an easy or obvious process, but usually it is not. It is something we learn how to do, and many of us did not have very good lessons. Consent is initially an inside job. To get good at consenting, you need to be in touch with your own desires, mental and emotional states, and the feelings and sensations in your body. You need to know what you like sexually, and where you are willing to explore. You need enough information to make a decision that serves your interests. Finally, you need to know how to communicate your consent to your partners. Each of these aspects of consent requires learning and practice.”

We have reviewed some of the factors affecting our ability to speak our truth and ask for what we want in sexual situations. These include cultural paradigms, nervous system responses and habits, embodied trauma, power dynamics, attachment patterns, and experiences of belonging or not belonging in the larger social world. We can offer ourselves and each other space to create new sexual culture beyond consent. This requires our courage, understanding and ongoing willingness, as well as patient somatic practice.

References and Resources

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Paul Gilbert, Compassion-Focused Therapy, cited in Linda Graham

Staci Haines, [Healing Sex--Six Easy Pieces](#), is a series of essays on healing from sexual trauma and a video course that will be part of the somatic sex education training in Core Course 3. Note especially the last essay on Consent: <http://www.eroticmassage.com/article/1743>

Diane Poole Heller, www.dianepolleheller.com for many free and paid resources on attachment

Caffyn Jesse, *Science for Sexual Happiness*

Betty Martin is a somatic sex educator who offers a wealth of free resources on empowered choice and voice at www.bettymartin.org

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