Somatic Sexology Considerations for Assessment & Intervention
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South African Research & Training Gaps & Propositions

- Social work training in human sexuality & sex therapy is still lacking.
- Traditional talk-therapies on its own is limited for adult survivors of childhood sexual abuse (ASCSA) /rape & for people with severe disabilities (PWD) as the sexual needs of people with disabilities are mostly ignored or not considered.
- Why? Deep seated violations/trauma that happened on the erogenous body memory level have not being dealt with properly.
- No touch culture /fear of touch as being only sexual/abusive instead of healing & nurturing too.
- Consider integrating Somatic Sexology / Sexological Bodywork / Tantric-Taoist practices / Lingam/Penis & Yoni/Vulva/Vagina acupressure / massage intervention techniques.
- Various factors needs to be considered & developed, e.g. ethical, statutory, training standards etc. e.g. Association of Certified Sexological Bodyworkers in California have state-approved profession of Certified Sexological Bodyworkers with a Code of Professional Conduct, Ethics & Training Standards HTTP://SEXOLOGICALBODYWORKERS.ORG/ETHICS/
Sexual Health Assessment Questions

Sample suggested wording (Barratt & Rand, 2009):

1. “How sexually **active** are you? . . . With men, with women, with both?”
2. “How much are difficulties becoming or staying **aroused**, such as getting or keeping an erection, a part of your experience?”
3. “How much are difficulties becoming aroused a part of your experience? . . . Is discomfort ever a problem? If playing inside your vagina (such as with a finger, dildo, or in penile-vaginal intercourse) is your choice of activity, is lack of lubrication or dryness ever a problem?”
4. With difficulties with arousal or with orgasmic satisfaction, there is a crucial follow-up question: “How much does this happen when you give yourself pleasure?” or “How much does this happen if you stimulate yourself?”
5. “How much do you have difficulties with the pleasurable processes of **orgasm**, or with ejaculation?” “How much do you have difficulties with pleasure and with coming to orgasm whenever you want?”
6. “How much have **medical issues** affected your sexual pleasure?”
7. “What **other concerns** or questions about your sexual pleasures might you like to discuss?”
8. “What do you know about ways to **protect** yourself and your partners from sexually transmitted infections? . . . What else do you know about promoting your sexual health?”

<table>
<thead>
<tr>
<th>Dominant Emotional Problem</th>
<th>Style of Work</th>
<th>Corresponding Chakra</th>
<th>Primary Inspiration</th>
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</thead>
<tbody>
<tr>
<td>Anxiety, insecurity, Physical pain related to kidney and urinary tract and intestines, Incontinence, shame</td>
<td>Acupressure through the vagina, pelvic massage</td>
<td>Root</td>
<td>Chinese medicine</td>
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<tr>
<td>Sexual and hormonal problems Pains during intercourse Problems with lust, joy, excitement, and orgasm, shame Low self esteem, Polarity problems Sexual energy work</td>
<td>Pelvic and anal massage/ acupressure through the vagina and anus Use of vibrator</td>
<td>Hara, Root</td>
<td>Hippocratic medicine, Indian tantric tradition, Chinese medicine</td>
</tr>
<tr>
<td>Relational problems Problems with men after incest, rape and other violations, hate, anger, shame, guilt</td>
<td>Pelvic and anal massage, acupressure through the vagina and anus Controlled sexual abuse</td>
<td>Solar plexus</td>
<td>Hippocratic med. Chinese medicine</td>
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<td>Problems with integrating Love and sexuality “Sex love split”, Adultery Prostitution, Sexual domination/submission</td>
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Sexual healing through the vagina by pressing on the tissues and helping the patient to identify and process the repressed feelings and old traumas held by the pelvic organs[ * ]. The vagina is penetrated with one or two fingers, and all the structures of the pelvis are systematically worked through. The patient is invited to open up to the feelings hidden in the tissues and these feelings are then processed in holistic existential therapy.
Tantric Practices as Therapeutic Intervention

• Tantra is seen as an energetic approach for body-mind-soul integration, using various techniques as sound, breath, meditation, touch & erogenous massage.

• Tantra originated in the Hindu-Jain-Buddhist traditions. Tantric practices are also compatible and in many ways identical with the mystical spirituality found in Taoism, Sufism, and some aspects of Kabbala, as well as indigenous shamanic methods.

• Tantra embrace holistically the ecstatic poetics of being human that focuses on a deepest longings for the divine and is a personalized spiritual training and practice toward the process of unification of body-mind-soul.

• Tantra also have several expanded ways it can be understood, e.g. methods of going beyond & transformation of ‘poison/blockages’ into healing.

• As there are a multitude of varieties of tantric practices, many do not involve any sexual activity, but all are intensely focused on the spiritual-erotic dimensions of humanity.
• Tantra have been popularised in the West by focussing more on some specific procedures to **improve intimacy, enrich sexual satisfaction & to enhance orgasmic experience** (Neo-Tantra).

• Certain methods & procedures from tantric spiritual practices can be applied for **enhancing erotic connections & healing sexual distress, ‘disability’ & ‘wounds’**.

• Though, to apply tantric wisdom appropriately within professional sexology, there is a prerequisite: For tantric methodologies to be effective, participants need to be somewhat open to the experience of **subtle energies** within their embodiment.

• **Vibrational healing** energies are neither just physical, nor non-physical, nor mental, nor material, and yet an ontological quality of a **field of consciousness** that pervades our being-in-the-world.

• **Prana, the life-force**, is an all-embracing universe of intentionality. To become **vulnerable to the experience of vibrational erotic energies** occurring within us all, one or more of the following five modalities can/are used: **Breath, Movement, Sound, Visualisation & Touch** - Tactile experience, sometimes including genital sexual activity, solo or partnered.
Interconnected ways in which tantric methods may contribute to the effects of clinical & educational sexology (adapted from Barratt & Rand, 2007):

1. Affirm the Holistic Naturalness and Ethicality of Sexual Expression
2. Facilitates Addressing Scripts of Shame/Guilt/Fear/Anxiety about Bodily Functioning
3. Enables Listening to the Polysexual "Voice" of our Embodiment
4. Assist in Reintegrating Sexuality with Emotional-Spiritual Connectedness
5. Contributes to Achieving Authenticity in Relationships
6. Allows Growing beyond our Traumatic Histories
7. Expands Erotic Potential beyond Penile/Vaginal/Anal/Oral Encounters
8. Celebrates Sexuality/Sensuality in all its Diverse Modalities
9. Enhances Orgasmicity
10. Experiencing Altered States of Consciousness or Mystical Experiences
11. Opportunity for Personal Growth and for Growth of the Relationship
12. Experiencing Connection to the Larger Community of Humanity
13. Experience of Being Creative / Inspiring a Creative Component
14. Experiencing Viewing Oneself & One’s Partner as Divine
15. Male Having Experience of Practicing Ejaculation Control & No Goal of Orgasm
Sample Sources

• Barratt. 2010. *The Emergence of Somatic Psychological and Bodymind Therapies*.


