Love, Desire and Trauma

Human Sexuality defined by Identity oriented Psychotraumatherapy (IoPT)

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What is this picture telling you about human sexuality? Is it Art, Pornography or Sexual traumatisation of a girl?
Human Sexuality

• The capacity to procreate is deeply embedded in the living human organism
• Is influenced by genes and hormones from conception on
• The human organism sexually ripens in between 9 (female) and 13 (male) years
• Is highly active in the years of fertility (20 to 40) and decreases with aging
• Can be connected with the desire to have children or the fear of creating children and the desire not to become pregnant
Human Sexuality

- Is experienced as a drive, urge or desire
- Is connected with intense physical sensations and emotions (lust, joy, pride, disgust, shame, guilt)
- Types of sexual behaviour: observing, competing, flirting, copulating, masturbating, getting pregnant, giving birth, breast feeding
- There is shame of showing sexuality in the public
- Sexual shame can be imposed on a person and make him/her deeply unhappy
Human Sexuality

- Determines the attractiveness of a person for others
- Is in many cases connected with the desire to love and to be loved
- Is seen as a basic element for long lasting partnerships and marriage
Human Sexuality

• Has no natural role models
• Is different between male and female sexuality
• Patterns of gender behaviour are formed culturally and individually
• Is influenced by conventions and (religious, financial, political) interests
The Matriarchy Modell

- Women chose their sexual partners
- Marriages do not exist
- Property belongs to the mother lineage
- Men live and work in their mother clan
- Men do not claim their children
- Worshiping ancestors and the holiness of Mother Natur
- About 100 small ethnicities are living like this
The Patriarchal Modell

- A man purchases a woman
- Property, woman, children are owned by men
- Women are forced to have children
- Femal sexuality is controlled by the male society
- God is a male authority
- Wide spread in most societies even in the 21st Century
Modern Family Modell

- Women and men are worth equal
- Relations can be temporary
- Both want to work
- Both partners are responsible for their children
- Childcare is outsourced pretty early
- Believe in romantic love, democracy and social welfare
Expectations and Attributions to Sexuality

Prescriptions

• A proper man has to be …
• A real woman should …
• A child is not allowed to …
• Elderly people should not …
• …

Idealisations

• Pretty woman
• Mr Right
• Holy virgin
• Honor of the family
• …
Possibilities for sexual Identifications

• Mother and father
• Siblings or relatives
• Actors, singers
• Sportsman and -woman
• Pornography
• ...

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Healthy Sexual Identity

• I
• with my free will
• in my own body
• with my own feelings
• with my own fantasies
• with my own practises
• in my relationships
Human Sexuality

• Can be incomplete at the level of the body
• Can stay primitive through lack of education or social support and (religious) ideologies
• Can be traumatized by ignorance and violence
• Can be used to destroy another person
Types of Sexual Trauma

- Sexual abuse during childhood in varying degrees of severity
- Incest, i.e. non voluntary sexual intercourse with relatives
- Rape within or outside of a partnership
- Rape as a strategy of war
- Pornography
- Prostitution
- Ritual sexual sadism
Sexual Trauma within a family

- Entangles the child with their family with long lasting consequences
- Is often a process over many generations
- Is one of the most awful expressions of a perpetrator-victim-dynamic
Taumatised Bonding System

- Traumatised mothers and fathers, who should be the main resource for the healthy development of their children, put them permanently under stress.
- The child is not able to behave in a healthy way.
- In such a system you are either a victim or a perpetrator or both in combination.
- You can’t develop your healthy identity within such a system.
Sexual Trauma and Aspects of Bonding

• Abusing love and confidence
• Confusing love and aggression
• Destroying the boundaries between the older and the younger generation
• Reversing responsibility between perpetrator and victim
• Loosing trust in parents, siblings, relatives, teachers and psychologists
Sexual traumatisation produces a profound confusion of feelings for the child.

Sexual trauma is often included in a trauma biography.
The Psychotrauma Biography

Trauma of being a Perpetrator

Trauma of Sexuality

Trauma of Love

Trauma of Identity
Psychological Splitting at a sexual Trauma

Section 1: Healthy ‘I’, ‘will’, love, desire …

Section 2: anxieties, shame, rage, hate, pain, disgust

Section 3: Many symptoms and surviving strategies, i.e. drug abuse, feeling guilty
Sexual Trauma and Aspects of a Shock-Trauma

• 1. State: freezing, numbing, behaving as if dead
• 2. State: leaving the body, observing oneself from outside
• 3. State: giving up oneself and one’s own will
Symptoms of Sexual Trauma

- Nightmares and sleeping disturbances
- Various anxieties
- So called “eating disorders”
- Learning difficulties
- Extreme clinging
- Extreme withdrawal
- Depression, lack of feelings
- Physical illnesses
Symptoms of Sexual Trauma

- Dislike of one’s own body
- Disgust of sexuality
- Shamelessness
- Self-harming behaviour
- Promiscuity, Prostitution, Masochism, Sadism
- Drug Abuse
- Hostility
- Criminality
- Confusion and Madness
Self Harming Behaviour as a Trauma Surviving Strategy, in order to...

- Overcome numbness
- Resolve the internal pressure
- Make oneself unattractive
- Cry for help nonverbally
- Re-stimulate the experience of violence
- Act the introjected perpetrator towards oneself
- Express hate about one’s own weakness
“Eating Disorders” as Trauma Surviving Strategies connected with a Sexual Trauma

• So called “Anorexia”: Attempt to control one‘s body reactions, e.g. desire and lust
• So called “Bulimia”: vomiting out the penis and the swallowed sperm
• So called “obesity”: making one‘s body unattractive to the perpetrator
Inner Parts of sexually traumatized Children

• Split off traumatized parts with panic, shame, disgust
• Parts that hate the perpetrator
• Parts that do not trust anybody
• Parts that have love illusions about the perpetrator
• Parts that want to sexually satisfy the perpetrator
• Parts that feel disgust about their own helplessness
• Parts that feel guilty
• Parts that feel shame for the perpetrator
• Still available: healthy parts
Re-enacting the Sexual Trauma

- Is done unconsciously by the Surviving parts
- Hoping to free oneself from the intolerable internal states and
- To gain control over perpetrators
The dynamics of a sexual trauma is one of the main causes for so called mental diseases such as “Borderline”, “Schizophrenia”, “Psychoses”, “Dissociative Identity Disorder” and “addictions”.
The victims of Sexual Trauma can easily become the perpetrators in the next generation.
Vicious Cycles of Sexual Trauma

- Sexually traumatized girls become mothers that traumatize their own children emotionally and sexually.
- Sexually traumatized mothers ignore or do not see the sexual traumatisation of their daughters by others.
- The girls of sexually traumatized mothers have a high risk of becoming sexually traumatized themselves.
- Sons of traumatized mothers become emotionally confused and are at high risk of becoming sexually abused by their mothers.
- Those sons are at a high risk of becoming sexual perpetrators themselves later on.
Silencing, denying and lying are necessarily part of a Sexual Trauma
Those who are not able to see their own sexual trauma are not able to see the sexual trauma in others.

There is a risk of blindness and over-compensation: to see sexual trauma nowhere and everywhere.
Problems when seeking for psychotherapeutic support when being sexually traumatized

• Loyalty towards the perpetrators is still very high
• It seems impossible to accept being a victim of such shameful cruelties
• Feelings of shame are too massive
• There are now visual memories
• Closeness with a therapist produces panic
Principles of Identity oriented Psychotraumatherapy (IoPT) with regard to Sexual Trauma

• First focusing on the “Trauma of Identity” and establishing a healthy ‘I’ and free will
• Secondly becoming aware of the “Trauma of Love” and the entanglements with the perpetrator(s)
• Connecting specific symptoms with the sexual trauma
• Helping to realize the unthinkable: that parents or relatives are perpetrators of a sexual trauma
Principles of Identity oriented Psychotraumatherapy (IoPT) with regard to Sexual Trauma

- Helping to speak out facts and truth
- Clearing feelings of responsibility and guilt
- Seeing the needs of children for closeness, love and body contact as normal
- Helping the person to remember and to deal with the experience of no visual memory
- Understanding the perpetrator parts within the victim
- Helping to open up for good feelings again
I want my self.
Literature


