



How trauma & PTSD can impact your sex life

Guest: Rafaella Fiallo

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[00:00:09] Jaia Bristow

Hello and welcome to the Trauma Super Conference. My name is Jaia Bristow and I'm one of your hosts. And today I am so happy to be joined by Rafaella Fiallo. Welcome, Rafaella.

Rafaella Fiallo

Hi. Thank you so much for having me.

Jaia Bristow

Thank you for joining us today.

So, Rafaella Smith-Fiallo is a licensed sex and trauma therapist and sexual liberation activist who will guide you to reimagine pleasure throughout your journey of healing trauma, increasing relationship intimacy and releasing shame.

She owns Healing Exchange, a therapy private practice, and cofounded Afrosexology, a sex positive, pleasure based sexuality education business. Her work has been featured in numerous media outlets like *HuffPost*, *Teen Vogue*, *Vibe Magazine*, *Broadly*, and other online and print publications.

So, Rafaella, today we're talking about sex and PTSD. So I'm curious first to hear more about what PTSD and sexual trauma have in common.

Rafaella Fiallo

So oftentimes, when we talk about different types of trauma and sexual performance and function, people tend to live in this space of sexual trauma, specifically impacting sexual desire and sexual functioning. But what we found through research is actually it is the presence of having PTSD symptoms that correlates more with being able to target or identify those who may struggle with sex in the future.

And so I think it's really something to point out because I have clients who have actually reached out and said, I don't know why I'm struggling with sexuality. I have trauma, but it's not sexual trauma. And so being able to validate and affirm people's experiences because usually the conversation is about sexual trauma causing sexual problems. And so I think starting there and letting people know that that's not the case, is really helpful for a lot of people.

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And so with the presence of PTSD symptoms, when you think about it, why is that? Why is the presence of PTSD symptoms likely to predict sexual problems? It's because then that means that the nervous system is still responding to that trauma. When you're hyper vigilant, when you're anxious, when you have some of those thinking patterns that change your world view and your self view, then that's still indicative of some nervous system imbalance. And we know that in order to experience pleasure, to be relaxed enough to engage and connect with someone and feel safe enough to engage with someone, our nervous system has to be relaxed. And so if there's the presence of PTSD symptoms, that's indicating that the nervous system is still activated in a way where you might be less likely to connect, more hyper aroused in terms of your responses, which is going to get in the way, a little bit, of sexual behavior, sexual functioning.

So that's how it's linked together. And so hopefully that can help people just understand a little bit more about what's happening in their body and their mind, because oftentimes the guilt and the shame gets in the way, too, even some self blame. And so I like to lead with that piece of psycho education for folks so that we can say, this is what's happening, this is why, and then we can better start to think about what treatment may look like.

Jaia Bristow

So now that we've talked a little bit about the impact and the correlation between PTSD and sexual trauma, and the impact PTSD can have on one's libido and sexual experiences, can you talk a bit about how that manifests, how that shows up?

Rafaella Fiallo

Yeah. Absolutely. So you hit on a few things already talking about the libido. And that can be interesting topic, too, because already in our society, we have this idea about if I want sex, if I'm interested in sex, then I should just be able to have it. Or if I become aroused, I shouldn't have difficulty. And that's just not how our bodies work. I like to say our bodies are so resilient, so strong and so brilliant, but also there's a lot of memory and messages that get stored in our body that makes things a little bit more complex to try to interpret meaning around.

And so libido, that tends to turn up where it's like, I'm really into this person, or I'm really having a good time but maybe I'm having some concerns with erection or wetness or vaginal lubrication, and I'm not really understanding where that disconnect is happening.

And something to remember when it comes to sexual arousal, that happens in the same part of the body where fight and flight lives. And so that alone can be triggering when we are having an increased heart rate, when our breathing may be a little bit more increased, like fast paced, because then that can sometimes signal to the body, oh, this is danger. The last time I was breathing like this, the last time my heart rate was increasing, my blood pressure was high, that meant I was in danger. And so sometimes that message in the brain is, well we need to shut things down. We're like, this is not sexy time because it reminds me of danger time. And so some people have a hard time figuring out why, if this is something I want to do, this is a consensual and fun experience, my body is not responding in a way that is enabling me to proceed with pleasure and engaging in sex with this person. And so being able to identify that is really helpful.

And then also, if you have a freeze response history, then that can happen there, too. And so I work with people who really struggle once they get aroused, because again, that experience of arousal

may feel like, to the mind and the body, danger. And they get stuck. And they don't understand why they're feeling stuck and they freeze and clam up and are having a really hard time struggling and processing what all of that means.

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And so some of it is that type of physiological response. And then, of course, you have the more cognitive thoughts such as, do I deserve pleasure? Am I safe? Can I trust my body? Because maybe there was something happening in the body during trauma where we're really trying to put the pieces together, and we second guess ourselves. So that's part of trauma work, too, is trying to reconcile some of those cognitive thoughts about self in the world, that can also show up during sex and may make it a little bit harder to get to a point of arousal or even feeling safe within self to say, I can make this decision and move forward with engaging in a sexual act with a person or people, whatever the case may be.

And so those are some of the things that typically come up with the clients that I work with. It's just trying to rewire the body, because as we know, what fires together, wires together, we have that saying and understanding. And so just doing the work to give the body the space and data to start to reconnect meaning and redefine experiences so that it's not always going to link back to the traumatic experience that occurred in the past.

Jaia Bristow

Amazing. And so how does one do that? How does one break that link between trauma and sexual experiences?

Rafaella Fiallo

I use a lot of body based practices like somatic therapy and also EMDR and IFS as well, so internal family systems because when you follow that theory it talks about the parts that exist in self and their different roles. So we have managers, we have exiles. And so some questions that I may ask a client are going to help us explore what part may be showing up that may be prohibiting a sexual self from being more active, or active in the way that we want it to be active. So sometimes people do experience hyposexuality or hypersexuality. They may feel like they have out of control sexual behavior. They may feel like they're using sex for coping in a way that doesn't feel pleasurable but it's something that they can control.

And so how can we do some work to figure out, like how do we find out what's happening with that part? How is that part showing up? And then also with somatic, when we talk about mindful practices, you can have mindful sex as well. And so bringing in the senses that we have access to and the senses that we enjoy. So for someone who may be hyper aware of smells, they may not want to tune in too much because you could smell everything and that might be a turn off. I can smell garbage in the kitchen that I forgot to take out and now I'm turned off.

So oftentimes we do talk about tuning into your senses, but I also think it's important to figure out what are your favorite ones to engage. Some people may really love to have music that's going to be present, or have a favorite candle or incense, or maybe there's a certain material that they can lie on that feels really grounding and soothing. Pleasant things that can help you stay focused. We know just in general, people, a lot of people are distracted during sex. It's not just people who have experienced trauma. We're always connected to things. We have a bunch of lists that we have to get

to. Sometimes you may be just like, okay, after this I need to go grocery shopping. You're creating a grocery list in your head.

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And so mindful sex practices are helpful. They're going to be helpful for everyone. And so just being able to tune in and slow down and be present with your body. And even if your body is saying, maybe this is too much, I'm not sure what's happening, how can we stop in the moment, too, and redirect, talk to our partner and say, we need to pause. As opposed to trying to make our body do things because we want to. Because then we're sending that message that I'm pushing myself to do something that I'm really not enjoying, as opposed to let's stop and pause and check in. Maybe we cuddle for a little bit. Maybe we go get something to snack on, maybe watch a little TV, and we can come back to it later.

And so all of that is part of being mindful because we're listening to what's happening in our body, and we're responding in a way that helps us ground in the moment. As opposed to just like, we just need to push through this thing and get it over with. That's not sending the message to our body of pleasure, of being grounded and feeling safe.

And then, as I mentioned, EMDR. I practice EMDR as well. And that has been really helpful in helping people sit with discomfort and then also soothe in the moment. So we use certain scenarios that may not be specifically related to the trauma, it could be about sex specifically. So let's put you in the mindset of a situation when you were becoming aroused or you were in the bed or hooking up and you felt triggered or something was happening in your body that felt really unsafe. How can we use EMDR practices to see that experience and get the body to rewire that way?

So those are things I typically use. But I think what is usually most accessible to people if they're not in therapy at the moment, is to practice more mindfulness during sex, and mindfulness in general. So the more we do things, the more likely we're going to apply it to other areas of our life. And so I think it's really important that when we're learning these coping skills and practicing more around listening to our body and our nervous system, that we do it as much as possible. So that way, when something does happen, it's almost a second nature response as opposed to, okay, wait. What am I supposed to do? I'm not really used to this.

And so even things like deep breathing I always recommend to my clients. Five times a day, just notice where you are and just take a deep belly breath. And then if you can do something more intentional for a minute, 3 minutes, 5 minutes, how can you build it into your everyday, as opposed to only using it in a crisis or coping situation? Does that make sense?

Jaia Bristow

That does make sense. And I really appreciated the point you made about tuning in and then communicating that to one's partner, for example, rather than just feeling pressured to push through, which is so often an automatic response when we feel triggered, especially if we're feeling triggered in situations where we feel we shouldn't be, like sex where we feel we should be feeling pleasure. And especially if we don't have specifically sexual trauma and we have other traumas that get triggered in that moment, and we feel like, oh my God, why am I feeling this way? This should be enjoyable. This should be fun. This should be pleasurable. And so I'll just shut down the part of my brain that's telling me that it's all too much right now. And of course, that just reinforces the trauma patterns rather than helping calm the nervous system.

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So I think the idea of tuning in, of using mindfulness practices in everyday life as well as in sexual situations, communicating with one's partner, slowing things down, is really helpful.

Rafaella Fiallo

Yeah. Absolutely. And also you reminded me of something that I'm even surprised at myself that I didn't mention first, is redefining sex. And so I think we oftentimes get caught in this idea of sex looking one way, being in a certain type of mindset, and that really closes us off, especially if we are struggling with certain positions, certain scenarios, be it linked to trauma or just our nervous system. And so being able to take some of that autonomy and power back and saying, hey, you know what? I want to explore my sexuality or sex in this way, it can be a lot more affirming and validating for people. Because then you get to explore and you get to really redefine sex and pleasure instead of just, this happened to me and now I only have access to sex in this way, which is just really invalidating. It's going to be triggering for a lot of people.

And then when you're talking about the negative self talk and worldview, that also leads us to people experiencing postcoital dysphoria, which is basically feeling sadness, depressed, a lot of guilt and blame after sex. And that can happen too, when people are really struggling with believing that what they're doing with their body is okay. People can experience that after orgasm and just feel a lot of guilt around, I don't deserve this, how could I enjoy this after what I've experienced? And can just feel a conflict, an internal conflict about what it means to experience pleasure, especially if you may be having a hard time experiencing pleasure in other areas of our lives. And if there's any religious undertones about sex and pleasure, then that can also contribute to just feeling bad about ourselves after a consensual sexual experience.

And so I like that you mentioned that because I see that as well where people are just feeling a lot of guilt afterwards and they're not sure why. And so I just want to let people know that that could be why. It's just internal messaging, and your relationship to pleasure, and being able to redefine your relationship to pleasure in a way that is going to allow you to experience more, and be more open to it, without the guilt, and the blame, and the shame, and the triggers or even the questions of, how could I allow myself to feel this in this way, but not with my family. I'm still struggling to meet up with people and hang out, and I haven't painted in years, or I've lost interest in all my hobbies but I experienced orgasm or pleasure in this scenario. So it's just like, trauma does a number on us.

Jaia Bristow

It really does.

Rafaella Fiallo

And it can be really surprising how it shows up. And so just being able to let people know that it doesn't look just one way, is just so affirming and validating for people.

Jaia Bristow

I really appreciate you bringing in this notion of postcoital dysphoria. It's not a term I've heard until today, and it's something that I actually have experienced. And the way that showed up was actually during orgasm, feeling waves of shame and guilt rather than waves of pleasure. And it started very

early on before I was even fully sexually active. That used to happen when I was fooling around, as we say.

[00:17:39]

And so I'm curious as well if you can talk a bit more about that and what one can do to help people who are struggling with postcoital dysphoria. And then maybe talk about other ways that our bodies and minds can sometimes have very physical ways of manifesting trauma.

Rafaella Fiallo

So one of my favorite, right now, to go to practices that I recommend for people is to practice before care, during care and after care. So after care is a term that is well known and used in the BDSM, kink community that basically just talks about how are we? After a play scene, after sex, how are we going to tend to one another and tend to ourselves to make sure that we are okay? That can look like cuddling, that can look like tending to hot spots that were struck, that can look like eating, that can look like checking in with one another mentally and emotionally. Like, how's everything going for you? And how was that experience for you?

But also incorporating, what does our conversation look like before we engage in anything? Talking about our triggers, our boundaries, safe words. Talking about any history that is important that we feel safe to talk to people with. Checking in during. So when it comes to people who've experienced trauma and who are having struggles with sex, I really stress when I'm speaking to couples specifically, but even when I'm working with an individual is, how do you keep the lines of communication open during sex? How, as a partner that is a partner of a sexual trauma survivor or trauma survivor in general, how do you notice these nuances in the body? That you can check in and say, hey, I'm noticing that you look glazed over. Or your body just got really frozen and stuck in a position. Or I'm noticing the changes in your breath. Or just stopping and bringing that person to a space where they can realize it on their own. Like, oh, I did. I was holding my breath and it wasn't in a pleasurable orgasmic breathing type of way. Or I am feeling really stuck, or I stopped responding to you.

And so it's both of our responsibility to check in and make sure that we're doing that work together. And so that's, like, during care, making sure that everything is continuing to be consensual, that we're checking in with emotions and physical needs. And then, of course, I already talked about after care and what that can look like. I think when we are doing that, that can be those micro moments when we're reaffirming to the body, this is consensual. I am safe. This is pleasurable. I'm with a partner who is considered and cares about my pleasure and my safety. I'm speaking up for myself. I'm getting my needs met. And so it prevents you from waiting to the very end when all that stuff comes crashing down, and you're starting to feel and question all these things that you've had. It's just like, how can we interrupt that in the meantime?

And so that's one of my go to practices where we can involve our partners and make sure that we're more present in the moment, vocally, and in tune with our body. And then, of course, like I said before, I think mindful sex practices would still be helpful here. That can be breathing, paying attention to our senses, setting up the scene and the space to be more appealing and help us feel more grounded. And it can be meditation, too, you can meditate during a sexual experience.

And so all of that again, just helps with our nervous system and grounding and soothing. And that's really what we're looking for when we're talking about feeling out of control, feeling guilt, feeling blame, is how are we using these practices to say, no, there's nothing to be ashamed of, there's

nothing to blame myself for? This is a pleasurable experience that I want to have, and I deserve it. And those practices affirm that you do deserve those things.

[00:21:45] Jaia Bristow

Wonderful. I really like that.

And so then I'm curious about, yes, as well as postcoital dysphoria, we also talked at the very beginning about erectile dysfunction, struggles with vaginal lubrication. I know there's things like vaginismus as well which can develop as a result of trauma. Could you talk a little bit more about those conditions and any other conditions you know where the body responds physically to trauma and it can impact one's sexuality?

Rafaella Fiallo

Yeah. Absolutely. So when working with folks who may be experiencing erection concerns and they've experienced trauma, you also have to look at again, what's happening in the body. So usually before we look at trauma, people go to the doctor, they're looking at blood flow, they're looking at blood pressure, they may have tried certain medications, and when they finally get to therapy and I do a trauma history, I'm just like, okay. We can see all that stuff is maybe present but we know that when we sustain long periods of time where cortisol is being released and adrenaline is being pushed throughout the body, that impacts our body for the long-term, and can look like chronic pain and chronic illnesses.

So it's like, how often are we saying that the reason why I'm experiencing high blood pressure and all this other stuff is genetics versus trauma versus ongoing nervous system dysregulation and imbalance? And so when we look at it, PTSD centered trauma treatment is really foundational in treating so many of these other things that people are experiencing on a physiological level with their bodies when it comes to their health and wellness. And so working with folks, it has been doing that trauma work where we've been able to see a change in their relationship with their erection.

And then also sometimes with people with penises, there's a lot of shame and embarrassment, too. So you have, maybe a trauma history, and then nestled in there we start to have some performance anxiety or just expectations about what it means to perform with the penis, what it means to be a man, what does it mean to have sex with a person and a lot of it is focused on penetration. And that's where coming into redefining sex is so helpful. Because I've worked with couples who just felt like their sex life was going to be over because of erection concerns, as opposed to there's so many other things that we can do with bodies. And so many things that we can do with our mind before bodies are even in the picture. And how that is deeply intimate and helps us connect and is pleasurable and satisfying.

And so getting people to tune in with different ways that their body has needed touch, that their mind has wanted to be engaged on an intimate level, but since we've been so penile centered that all that gets pushed to the wayside and we never tune into it. And just reminding people that, trauma aside, but just the way bodies function, they will change, we will not have access to our bodies in the way that we always have. And so how can we get used to redefining our pleasurable experiences? So that way, as things do occur, we don't feel like, oh, well, this part of my identity is over. I have to put sex away forever.

I've worked with couples who have been in their late 70s and 80s, and let them tell it, they're having the best sex in their life that they've ever had because they've been able to redefine what it means to

connect and be intimate with one another. As opposed to saying, well, we're too old for that so let's just sit down and watch TV together. That's the only way that we can be intimate.

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That was a long way of just talking about ED or erectile dysfunction or erection concerns.

And then similar things with self lubrication or vaginal wetness. And you mentioned vaginismus, which is really common for survivors of trauma.

Jaia Bristow

Could you let the audience know what vaginismus is?

Rafaella Fiallo

Yes. So vaginismus is a condition in which a person with a vulva and vagina experiences difficulty or painful penetration. And so the muscles start to restrict and contract in which penetration is not an option for people.

Jaia Bristow

And that's a physical manifestation of what is commonly thought of to be a psychological condition. Is that correct?

Rafaella Fiallo

That is correct. Yes. And oftentimes it is linked to trauma and trauma of all sorts.

So I work with folks who come in, kind of what I said at the beginning, who is just like, I don't understand why I can't have sex, why I'm experiencing pain. And that is also a conversation where we're like, can we take penetration off the table? Because now your body is already bracing for this pain, for this to be the experience. And we're continuing to link those situations together, which is sex is going to be painful. Penetration, specifically, is going to be painful. Because we keep trying but the body is like, no, this is not what I want. This is not going to happen.

So that's one of those situations that does come up. And when people start to process their traumas, and one thing that I've seen come up in the last couple of years when I was working with clients is, I guess we'll call it maybe religion based trauma, and working with clients coming in for sexual concerns. And the trauma that they're telling me about is more of a religious based, psychological based trauma. And what it means to be sexual and negative messages they've got about purity and what sex as a woman means for them in their community. And so when they did want to experience it, all those messages came and just made sex a difficult thing to have, based on that type of trauma. Which oftentimes we don't talk a lot about mental emotional trauma and how that shows up in the body as well, just as any physical type of trauma.

And so I just wanted to point that out because that is real, that happens. And a lot of people do carry a lot of shame about self, about their behaviors, about their identity, based on messages that they've received in whatever religious practice that they engage in. And so how being able to disconnect some of that has been helpful in releasing the shame and the blame and feeling like they're a bad person, to enable them to have more satisfying, intimate and sexual relationships while also still being

able to hold their religion dear to them. So not everyone is like, I'm going to reject my religious upbringing, but being able to redefine things for themselves that is more affirming to their lifestyle.

[00:29:19] Jaia Bristow

I think as well, because we're talking about physical manifestations of trauma and psychological difficulty and conditions, such as erectile dysfunction, vaginismus, difficulty with vaginal lubrication, etc. And I think sometimes when people hear, psychological, or that it's a mental health condition, or a psychological condition, people can be very dismissive of the physical symptoms and the reality that it is a physical manifestation and the physical symptoms are just as real as other physical conditions.

Rafaella Fiallo

And the fact of the matter is that it's all connected. So when we understand what's happening in our brain and how our brain processes information, we have to have a relationship with our emotions. And then our brain says what these emotions mean by using data and other scenarios to say, okay, if my heart beat's racing, is it anxiety? Is it excitement? Am I looking forward to this thing or am I completely dreading this thing? But it uses history to be able to tell us this is the way we're going to associate. History and also just society.

So if you go into a dark alley your brain is probably going to say, oh, I've heard that this is a dangerous thing. Maybe my heart rate is increasing because of that. As opposed to, it's light outside and I see my best friend and my heart rate increases. It's like, oh, this is excitement. You love this person. You can't wait to talk with them. So we have these context clues, and we have all this history that informs the way that our brain makes meaning and then how our body responds to it.

And so when we feel like, oh, well, this is a mind thing. You just need to think differently. Or it's not like a body based thing, that people don't fully understand how it's connected, for sure.

Jaia Bristow

And talking about how everything is interconnected, let's also talk about how trauma can impact libido. We touched upon it a little bit at the beginning, but I think it's important for people to recognize that libido can be very fluctuating, it's not always stable, and it can be impacted by lots of different things. But one of the ways it can really be impacted is trauma.

Rafaella Fiallo

I think even looking at the poly vagal theory by Stephen Porges is really helpful here. So what I was saying earlier about our bodies and desire and arousal is that, when we are in parasympathetic, the ventral vagal relaxed state, that is a space in which we can experience sexual desire. When we are more in control of our breathing. But in order to orgasm, our nervous system goes into fight or flight. And so our breathing becomes a little bit more rapid, a little bit more shallow, heart rate increases, our body immobilizes or increased movement.

And so when we're looking at the function of the body and how the body may make meaning of that, then that's when we may be able to see some disconnect about sexual interest and libido and sexual arousal and desire. Because again, the brain and the body could be saying, we don't need to be activated right now because that means that we're not safe.

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And so being able to do the work to tune into the body, to just do some grounding, to reassure, this is a place, a person, where I feel safe or I'm connected, this is consensual. So we can move forward with experiencing sex or having the sexual experience.

And when the libido comes into place... Are you familiar with Emily Nagoski's work, *Come as You Are*? I highly recommend.

Jaia Bristow

The name rings a bell. I think someone recommended it to me recently, so I'll definitely be checking it out.

Rafaella Fiallo

Yes. So all of our sex therapists and sex educators are huge fans of that piece of work, and we recommend it often because it really breaks down a lot of stuff about what's happening in the body, and in the mind, when it comes to sex and sexuality. So I think that's a really good book.

But in her book, she also talks about how we get this idea about arousal and libido and sexual desire all wrong. So we have this idea of a sex drive. Like you have a green light, boom, you drive the car, you're ready to go. And she's just like, no, we have a drive to eat, we have a drive to drink, we have a drive to stay safe, but sex is not a drive. There are so many factors that influence our desire and ability to increase our arousal.

And oftentimes in our society, due to media and the way that we just promote, I won't say sex per se, but sexiness and sexuality, we have this idea that something's wrong with us if we have a wanting and willing partner, we're just not mentally or physically there, like something is wrong with us. As opposed to understanding how our mental health and mental state impacts our desire. How our literal environment impacts our desire, how our relationship and connection can be something that makes us feel disconnected from the idea of having sex. From our trauma history, our religion background, our relationship history. There's so many factors that happen so quickly, because again, our brain is putting these messages together faster than we can even notice.

And then it's like, well, of course you wouldn't be in the mood to have sex or to experience sexual arousal because the elements are just not right. They're not in the favor for it. But we end up thinking that you have a thought, I should get wet, you have a thought, I should have an erection. Why is there this disconnect?

And so just letting people know that fortunately our bodies do not work like that, especially as we age, not only because of age, but as we get older we just have more experiences that feed the way that we are making meaning in our nervous system and in our body. And we can also experience a disconnect about, mentally I want to be there but physically we're not on the same page or vice versa. Physically, it's like, oh, okay. I'm feeling some vaginal wetness, or I have an erection but I'm at work right now. This is not the place. So that's called arousal non-concordance, when it's just not communicating in the same way.

So it makes sense when you look at having a history of trauma and looking at all the factors that are going to impact the way that we experience desire and arousal and sexual interest, that our libido, for

the word that is most common, is going to be impacted as well. And so that's kind of how PTSD and trauma all impacts the way we experience arousal, desire and libido.

[00:36:56] Jaia Bristow

Thank you for that.

And I'm also really glad that you brought in, I think you called it arousal non-concordance, because that was actually going to be my next question to you. Because we've talked a lot about what happens when our minds want to have sex and our bodies aren't responding the way we'd like them to. But I know that we sometimes can have the opposite where our bodies respond, and you talked about work, but sometimes we can even be in a more sexual situation where mentally, there's something about the person, perhaps, that we don't really want to or some of it boils down simply to consent as well. But it can be confusing, and partly it can be due to hormonal changes. Especially I think this happens a lot as teenagers, where our bodies do certain things that maybe our minds are less wanting. Or like at certain cycles for those of us who have menstrual cycles, for example, which are impacted by hormones or impact hormones.

But yes, can you talk more about this concept of arousal non-concordance, and what happens when our bodies are ready to have sex but our minds don't want to? And then how can that impact or trigger trauma responses?

Rafaella Fiallo

And vice versa. So how I usually see this come up is a lot of confusion regarding self consent, self trust boundaries. Because on one hand you may say, okay, I like this person. This is consensual. I want to be here. But something is not really helping me follow through. And people do struggle with it, can I trust myself at this moment? Am I feeling like I'm making a decision or am I just doing it because I'm already here? Am I trying to meet some expectation? And what does that feel like?

And so working with trauma survivors, that is a conversation that comes up a lot is, what do you do when you want to have sex and your body isn't responding in the way that you want to? Does that mean you just stop? Is there a missing piece that we need to delve a little bit more deeper into? Should I push through it?

And it can get very complex because, earlier I just said, if you don't want to, if your body is not responding, don't push yourself because you don't want to make those wires fire together and stay together and all that stuff. But it's a lot more nuanced than that a lot of times.

And so one question that I typically ask people is, when it comes to sexual initiation, what is your preference and your style? Because sometimes people are really caught off guard. Some people need to be worked up throughout the day with some cute texts and just like, flirting and teasing. Some people want to be touched. Some people want to be mentally stimulated. Some people are saying, you could just walk in the room and say, hey, you're ready? And they can go.

And so a lot of times we don't talk about these types of things with our partners. Like, how do you like to be turned on? How do you like for me to express to you that I'm interested in sex? And so being able to know that for ourselves, maybe even playing around with different situations with a partner, and having this conversation with one another, maybe we have different styles of initiating. And that's why I'm just like, absolutely not. You just walked in here, I'm watching Netflix, and you disrupted me. Maybe I just got home from work and I'm so keyed up from a hard day that that's the last thing on my

mind. But maybe eating, venting about my day, relaxing and then bringing into the conversation, sex, can be helpful, and that can help us get the time that we need to get my body and brain on the same page.

[00:40:38]

Because we also know that, for folks with vulvas, it can take anywhere from 10 to 15 to over 60 minutes before we get to the stage of arousal that feels like we are ready to have sex with someone. And so if we know that to be true, and we know that people are typically like, okay, ready to go, what are we doing?

So being able to just have a better understanding of our bodies and our turn ons and our turn offs, and not just in the sense of physically what do you like to look at? What turns you on and turns you off in that way? But also the sexual initiation piece, because that in itself can be a big turn off and can be really disjuncting for people, especially if they have any type of trauma. If you touch them and they're not aware, they're very hypervigilant, that can be a shocker and a turn off.

So really having these vulnerable but necessary conversations, when it comes to experiencing and exploring with sex, that we don't talk about. I'm even thinking about in sex education, which we know how that is, but when we're talking about something like initiation, I know I've never been in a class of sex education as a kiddo. Or even when I took human sexuality in college we weren't having conversations about libido in this way and how do we express interest and show that we want to initiate sex with someone in a way that is going to be received well? How do we communicate about this and our boundaries? It's not there. But luckily we can do the work now and know that it's very helpful. But yeah, I think I answered the question.

Jaia Bristow

Thank you. And I think we're coming to an end soon but I have one last question for you, which is about working on one's sexuality when one isn't in sexual partnerships or partnership.

So, for example, do you have any tips for people, whether it's during masturbation or during... You talked about mindfulness techniques, not just during sex, but what advice do you have for people who, maybe the trauma has been so much that they can't engage in sexual activity right now with another person. So how does one manage that with oneself?

Rafaella Fiallo

So you already mentioned one which is, solo sex, masturbation, exploring with yourself in that way. But there's also so many other things that you can do to explore your erotic self. From exploring with your senses, but also reading erotica, watching pornography if you're interested in that. And that's to get ideas of things that you may be into or not into.

Checking out a yes, no, maybe checklist. And so that is a list of so many different things. It talks about boundaries, it talks about contraceptives and other ways to protect ourselves, but also talks about acts and behaviors and kinks and positions. And you can just read that to expose yourself to what would it be like to experience that? And we may have a very visceral response. Like immediately that's a no. Absolutely not. Or something is like, absolutely yes. And some people may be in that maybe range of I need more information and education, or maybe in a specific type of relationship I'll be okay with this behavior.

[00:44:06]

And I think when it comes to exploring our sexuality we get hung up in this idea that we actually have to be engaging in sex to explore our sexual selves. But there's so many different ways to expose ourselves to our interests and what other people are into and reading to say, maybe, maybe not, or absolutely, I do want to try that.

And so just stepping out of the box a little bit and listening to the nervous system. So going through the checklist, like I said, you may have a visceral reaction, that's your nervous system responding as well. So how can we listen to it and honor it and say, okay, I hear you loud and clear. That is not something that you want to consider right now.

And I even encourage people to do that with any type of list that they make. So I have a list that I love, it's 120 coping skills and self-care activities, or something like that. And I'll have my clients maybe go through 10 and say, all right, I want you to sit with it, and what is your nervous system saying to you when it says, go ride your bike at the park? For some that may be like, outside? No, I'm not ready to be in public, whatever the case is.

But we can listen to our nervous system and then when we listen to it and hear what it has to say, then we can decide if we want to push it or what type of mini exposure therapies on ourselves do we want to do to start to learn to soothe around that thing. So just doing the work to listen to our nervous system and honor it and then be able to move on from there.

Jaia Bristow

Wonderful. So Rafaella, how can people find out more about you and your work and any of your upcoming projects?

Rafaella Fiallo

Yes. Well, I am [@healingxchg](#) on all social media. That's also my website, healingxchg.com and that's the best way to see what I have going on.

And won't be doing much for a little bit just because I'm taking a little mini break. But I will still try to share things I'm participating in or events that I really support and love, so you can keep up with me there.

Jaia Bristow

Wonderful. And it's good to know you're practicing what you preach in terms of self-care

Rafaella Fiallo

Yes. Thank you. You have to.

Jaia Bristow

Do you want to tell us a little bit about your course on Erotic Self-Expansion as well?

[00:46:33] Raffaella Fiallo

Yes. Thanks for bringing that up.

So I offer a course called *Erotic Self-Expansion for Sexual Trauma Survivors*. I get a lot more in depth talking about neuroscience and the brain and the body and different parts of the brain that are activated during sex. And so that was a really fun course. I'm glad that you mentioned that.

And that is through MSTI, which is [Modern Sex Therapy Institute](#). So you can just Google that and check out all the stuff they have to offer. But you can also check out my course if you're really geeking out about the brain when it comes to sexuality.

Jaia Bristow

Wonderful. Well, thank you so much for taking the time with us today. I really appreciate it.

Raffaella Fiallo

Thank you so much again for having me. It's been a pleasurable conversation, and I'm really looking forward to hearing other people's talks as well.