Integral erotic polarity:
Managing and integrating our emergent sexuality from an AQAL perspective

Notes by Dr. Keith Witt

Psychotherapy that doesn't incorporate masculine/feminine typology and erotic polarity is severely compromised, especially when dealing with any form of relationship (and everything is relationships). Incredibly useful knowledge areas include:

Arousal systems.

- Lust, romantic infatuation, intimate bonding.
- Women's systems of "I'm the embodiment of erotic bliss," "Ravish me," and "Cozy, cozy."
- Men's system of, "I see her, I want her."

Levels of sexuality, from Deida.

- Genetic.
- Physiological pleasure.
- Acceptance.
- Fulfillment.
- Yogic healing.
- Spiritual practice.

Deida's 1st, 2nd, and 3rd stage moments.

- 1st stage is all about me.
- 2nd stage is about us and good, fair communication and compromise.
- 3rd stage is about opening to God.

Masculine/feminine aspects and essence.

- Male/female neurodevelopment, social development, and genetic/social

tendencies.
- Masculine/feminine essence and aspect.
- Polarity between masculine and feminine drives sexual charge and experience.

Tantric practices at each vMEME.

- Since motivation systems change with vMEME, practices also change in how they need to be conceptualized, taught, and practiced.

Sexual shame and the radical acceptance of self (as Self).

- Sexual shame varies with vMEME, hard-wired sexual tendencies and interests, cultural context, trauma history, psychosexual history, and emotional processing capacities in the family.
- A bad fit between culturally accepted sexual activity (for example, missionary style heterosexual sex in the dark after marriage vs. almost anything else) can amplify sexual shame.
- Sexual trauma can echo through life--sexualized in trauma scrambled sexual developmental circuits.

The psychotherapy hazard of unconsciously influencing your client to be your best version of yourself can be especially problematic with sexuality.

- Therapists, like everyone, tend to project their experiences, biases, and beliefs. When helping, the natural tendency is to try to influence people to be the best version the therapist can conceive of *him or herself.*
- I've learned to not free associate on possibilities with individuals and couples, because sexuality is a minefield and you can lose someone to a huge shame restimulation--the lingerie/redneck story.

The world is enacted both habitually and intentionally.

- **Our sexual essence/aspects informs lots of our habitual** processing and behavior, as well as what kind of **intentionality** more appeals to us (caring/rights, agency/communion, warrior/divine lover).
- **Intentionality** is self directing subjectivity in service of something (desire, principle, impulse, drive), which shapes subjective experience, which alters "self," which directs subjectivity, which...

- **Motivation systems** can come from principle, which changes with worldview (what's ethical can be wildly different from vRED through vGREEN, though values tend to stabilize in the 2nd tier).
- So, self as object of subjective awareness directs subjective awareness, which can influence self as object of subjective awareness, which directs subjective awareness, which...
- Spiritual practice, both emptiness and tantric, strengthens the circuit of soul directing subjectivity and action. This is always informed, mostly non-consciously, by our sexual essence/aspects.

All the Jungian archetypes--Warrior, Healer, Man of Wisdom, Ingénue, Divine Mother, Sex Goddess, Woman of Wisdom, Trickster, Puer, Synex--tend to be experienced differently by people with more masculine or more feminine essences--both within themselves and as they are felt and considered in others.

Every vMEME has sexual taboos. These reflect both genetic imperatives (like the incest taboo--a universal), and cultural blind spots and pathologies (like puritanical suspicion of all sensual pleasures).

- A good example of a cultural blind spot is the general condemnation (or denial) of computer pornography in the presence of *vast audiences* consuming computer porn. One study showed 50% "promise keepers," Christian men promising to not have sex until marriage, viewing porn *in the last month.* An Integral approach is to harness these audiences (who are in different stages of development) into dialectics of the parameters of healthy/unhealthy sexuality/intimacy as reflected in what absorbs any individual in the array of porn images available, and to keep these dialectics alive in the pursuit of healthy intimacy and sexuality (one goal of my Therapist in the Wild webseries--identifying dialectics and keeping them active).
- A problem with modernity, founded morally on sexually repressive agrarian religions, is that there are general taboos against discussing healthy sexuality at any developmental level, from infants to the elderly (weirdly, the most pro-sexual modern religion in terms of its sacred book is *Islam*).

- There are actually fewer taboos discussing *unhealthy sexuality* like rape, priest pedophilia scandals, or teen pregnancy statistics. This subtly influences sexuality in general to become merged conceptually with *unhealthy* sexuality, creating confusion and mixed messages--especially to children and adolescents as they progress through psychosexual developmental levels without permission to be sexual or clear messages how to engage in age appropriate thought, experimentation, and behavior.
- Sexuality which is non-exploitative and free from unnecessary shame is wonderful--we mostly agree--but remains largely unexamined in many areas apart from sexual pathology.
- How icky sexual talk feels is often a function of *state.* There are conversation that feel OK after sex, or during a lecture by an expert, that feel icky in other states of consciousness--influencing people to avoid those conversations.
- Sexual avoidance responses are largely run from shame dynamics begun with our earliest training on talking about sexual pleasure, and touching and playing with bodies and genitals. These sexual avoidance responses often reflect unconscious and conscious parental and social shame dynamics.
- Since these dynamics are to a certain extent inevitable for the foreseeable future, informed deconstruction of taboos and cultivation of healthy sexual thinking, communication, and behaviors become central developmental milestones for all of us in our psychosexual development.
- An Integral approach identifies psychosexual centers of gravity, unique love maps, and kinks/blocks/internalized conflicts (at any age), and helps people uplevel *to the next stage* in a healthy version that is hot for them and prosocial/pro-healthy-intimacy.

Lust, romantic infatuation, and intimate bonding are interconnected *drives,* that manifest differently in men and women.

- **Drives** are different from emotions. Many emotions can be associated with a drive. Drives don't have characteristic facial expressions.
- **Teachers** who aren't *feeling* a drive, are at risk for *ignoring* that drive in their transmissions. Thus non-turned-on teachers have made dismissing or facile pronouncements about sex. This begs the question, what do they think and do when they *are* turned on?

- **Lust in women**--sexual desire--is episodic, often elicited by power, presence, quality of attention, and trustworthiness in a man.
- **Lust in men** is more constant, based as it is on visual cues and hunger for youth and beauty.
- **Lust is heightened in romantic infatuation**, but after the window passes (6 to 18 months according to some, but I've found it can be days, weeks, or years) and resolves into intimate bonding, women are often no longer as sexually charged as when "in love," and rather than desire leading to arousal, they find arousal leading to desire. Men are also less urgent sexually when in intimate bonding, but, being visual erotic with a more constant drive, tend to stay more interested in sex.
- **From this transition from infatuation-amplified lust to intimate bonding-blunted lust comes many sexual/relationship problems of the modern age,** because the female lust drive, being episodic, can seem to largely *disappear* in women during stress, childrearing, menopause, and long term intimate bonding.
- **An integral understanding of intimacy and relationship** in couples can counter the negative effects of the above and harness lust and romantic infatuation to enhance intimate bonding--it is a developmental orientation that relies on multiple perspectives.

Secret programming which even deep reflection doesn't reveal, influences us constantly: Lot's of research on attraction, repulsion, decision making, will power, aggression, habits, happiness, emotional control systems, and dominance (among many other dimensions), shows that we are influenced to varying degrees by genetically driven and developmentally influenced drives and biases--often different *in* men and women and *between* men and women. How do we best address, manage, and balance these forces as we guide ourselves through life, love, and development, and what are some examples of how they show up?

- The biceps study. Large biceps men (presumably with lots of upper body strength) are more likely to want to keep resources if they are wealthy, and redistribute them if they are poor.
- People can reliably determine upper body strength in men (not women) from tone of voice.

- There is a body of sexual arousal research--Meredith Chivers, Helen Fisher, Marta Meana, Lisa Diamond--demonstrating sexual and relational arousal biases hardwired in our brains.
- Attachment research, from insecure to secure to earned secure, informs us of the relational context out of which sexuality emerges.
- Neuroeconomics studies the genetics of motivation, choice, and action--for instance, sex, gambling, food, advertising, fear, and attribution theory. We are fascinated by these forces, as evidenced by popular non-fiction like *Nudge, Outliers, Blink,* and *Sex at Dawn.*
- Gender preference research, and practical experience (isn't *Kosmic Consciousness* informed by the masculine/feminine polarity between Tammy Simon and Ken Wilber?)
- **Integrally Informed psychotherapy** takes into account all the above perspectives both consciously and nonconsciously in practitioners and clients.

Disable a level individually or interpersonally and the levels above either disappear or are severely distorted or compromised. Examples:

- Trust.
- Security.
- Mutual satisfaction.
- Confidence in fulfillment.
- Confidence in solving problems and resolving conflicts.

This is not widely understood in static models of personality, development, or intimacy, which tend to miss the dynamic nature of states roiling constantly through our being, bringing with them characteristic emotional valance, autobiographical stories and ideas, impulses, and varying levels of empathy and self-reflection.

We are constantly informed by drives that harness our mind/body/consciousness systems in service of habits of belief and behavior to respond in patterned ways that can be either consciously observed and evaluated from our principles or not

observed at all.

- If we can consciously observe and evaluate from principled positions that *also can be observed and evaluated,* we vastly enhance our response flexibility and can choose pro-social thoughts/behaviors/perspectives, and pro-development thoughts/behaviors/perspectives.
- If we can't consciously observe and evaluate, our tendency is to have our habits harness our brain to rationalize and enable our impulses--both healthy and unhealthy.