

SESSION 9

RELATIONSHIPS AND INTIMACY

Session Goals

In this session, group members will:

- Identify how MST may affect relationships, both past and present
- Identify how MST may impact intimacy, including sexuality
- Learn how to gain more awareness and set appropriate boundaries in relationships

Session Content

Setting the Agenda

- A. Note how relationships and intimacy may change following sexual trauma.** Trust plays a significant role in relationships. MST violates survivors' trust, which can lead to questioning relationships. They might wonder "What if I get close to someone and they hurt me?" or "What if no one loves me?" The "What ifs" can scare people from taking risks, even if they are calculated risks. But we can't have meaningful relationships without some trust and risk-taking.
- B. Review session objectives. The goal of this session is to work toward restoring relationships and intimacy that were negatively impacted by MST.**

Opening Exercise (REQUIRED) - "Defining Intimacy"

- A. Set up.** None.
- B. Discuss what intimacy means.** Ask group members to give you one- to two--word descriptions of intimacy. By definition, intimacy is feeling close and connected to someone. We can share intimacy with family, friends, co-workers, and ourselves.

Healthy Intimacy

- A. Distinguish intimacy from sex.** Making the distinction between intimacy and sex is essential. It takes pressure off survivors who may find physical closeness threatening or confusing. Intimacy and sex are often assumed to be the same thing. Although they influence one another, they are not the exact same. Sex can be a direct cause or consequence of being intimate with a romantic partner. It is possible, however, to have an

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intimate relationship with someone else (or us) that doesn't involve sex. Additionally, one could have sex without emotional intimacy.

- B. Describe characteristics of healthy and less healthy intimacy.** Healthy intimacy is based on trust, love, and unconditional acceptance. There is a balance between giving what the other person needs and receiving what we need. Less healthy intimacy involves too much taking or giving, lack of trust, and conditional love (i.e., love is withheld until certain demands are met).
- C. Normalize that many survivors of sexual trauma struggle with getting close to others.** It's a way to protect oneself from getting hurt again.
- D. Discuss ways to express intimacy with: a friend, family and children, and partner or spouse.** Examples include spending quality time, calling or videochatting, traveling together, or participating in a shared activity.
- E. When discussing intimacy with a partner/spouse, take some time to describe the possible need to reclaim one's sexuality.** Sexual difficulties are common after MST. These difficulties can be psychological or physical. Physical challenges include loss of sexual drive, erectile dysfunction in men, and pelvic inflammation and chronic pain for women. Psychologically, survivors may alter their appearance to be less sexualized, for example, by becoming very thin or overweight. Or they may experience increased anxiety, discomfort, or re-experiencing symptoms when engaging in consensual sexual activity, especially when their partner or the sexual acts bear any resemblance to the original MST experience.
- F. Elicit suggestions for how to communicate discomfort during sexual encounters.** Group members should not underestimate the emotional impact of a sexual touch or request. Some suggestions include asking one's partner to slow down or stop, taking a break from sex, or finding other ways to express intimacy.

Setting Limits

- A. Ask about the importance of setting boundaries.** Boundaries are the physical (e.g., personal space, touch), emotional, or mental (e.g., values, thoughts, opinions) limits that we set with others that determine what we will and won't tolerate. In other words, boundaries represent the "rules" of engagement. Sexual trauma is a serious boundary violation, which impacts the survivor's ability to either set clear boundaries or enforce boundaries. Sometimes it is difficult not to give in to what others want. On the other side, having such rigid boundaries that keep one separate from others feels alienating, isolating, and lonely.

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- B. Discuss what makes a boundary healthy.** Healthy boundaries allow both parties to maintain their self-respect while getting more of their individual needs met. Relationships with less healthy boundaries are often unbalanced, with one person giving too much and the other taking too much, and one or both persons' needs being neglected. Healthy boundaries are like rubber bands. They are solid and complete with no obvious weaknesses; they “hold things together.” They are also flexible and can withstand a challenge or be “stretched” if needed without breaking. When we struggle with boundaries, others may see that and take advantage of us. Or if we are too firm and rigid, others may avoid dealing with us altogether.
- C. Describe “traffic light” activity.** A natural second step with boundaries is assertiveness. Assertiveness requires that we define our boundaries to some degree. This exercise is designed to help with setting clear, healthy boundaries.
- 1. Ask group members to think about a specific person in their life with whom they have unhealthy boundaries.**
 - 2. Next, they will write:**
 - **Green light:** A behavior(s) they want that person to keep doing
 - **Yellow light:** A behavior(s) they want that person to do less
 - **Red light:** A behavior they want that person to stop
- D. Encourage group members to be specific about the behaviors that they want the other person to do (or not do). This makes it easier to communicate needs and set clear boundaries.**

Closing Exercise - How to Communicate Your Needs

- A. Set up.** You will need page 53 of the patient workbook. Divide into groups of two to three people. (You may also complete this activity as a large group.)
- B. Review instructions.** There are different aspects of an assertive response - what we say, how we say it, and our body language. In this exercise, group members will practice making a request using different words, tone, and body language.
- **Round 1 (words):** First, Partner A will say, “Do the dishes.” Next, Partner A will say “Will you do the dishes?” Partner B will repeat the activity.
- C. Briefly process group members’ reactions to Round 1.** Did they notice a difference? Which request would they be more likely to respond to?
- **Round 2 (tone):** Partner A will say “Did you do the dishes?” two to three times, emphasizing a different word with each repetition. For example, “Did you do the dishes?” vs. “Did you do the dishes?” Partner B repeats the activity.

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- D. Briefly process group members' reactions to Round 2.** Did they notice a difference? Which request would they be more likely to respond to?
- **Round 3 (body language):** Partner A will do a pose that expresses an emotion (e.g., anger, disappointment, joy) before saying “Did you do the dishes?” For example, Partner A may make an angry face and cross his or her arms before asking if Partner B did the dishes. The next time, Partner A may pose like he or she is disappointed. Partner A will repeat this two to three times before Partner B repeats the activity.
- E. Briefly process group members' reactions to Round 3.** Did they notice a difference? Which request would they be more likely to respond to?

Homework (Optional)

- Complete two additional “Boundary Setting” worksheets (found in Additional Resources section of patient workbook and Appendix B in manual).
- Review the “Communication Tips” handout (found in Additional Resources section of patient workbook and Appendix B in manual).