

Prenatal and Perinatal Influences on Adult Sexual Intimacy

How the Birth Process Shapes our Sexual Self

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ABSTRACT

Relationships are at the core of our experience in life. As the field of psychology is beginning to understand more, our prenatal experiences may impact the quality, depth, security, and duration of our relationships, and, more specifically, our adult primary attachment bonds. One could posit that the pre- and perinatal phase of life is a relationship learning lab; the imprints we experience here may carry us forward, toward satisfaction or difficulty, to fulfilling bonds or painful struggles, and everything in between. But not only the adult primary attachment relationship in general is impacted, but the sphere of sexual intimacy may be as well. This paper explores the potential influences of the birth process on the development of the sexual self, starting with a discussion of the similarities between birth and sexuality, then exploring how birth may shape our access to sexuality as a natural force, our autonomic nervous system capacity, and the way in which interventions can shape our sexual response cycle and the consciousness states we access during sexual encounters. The ideas discussed in this article are based on observations in clinical practice over a period of 15 years, and leave room for further research on the intersection of PPN psychology and sexology.

Keywords: prenatal, sexuality, birth interventions, adult attachment relationships

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*The less nature was interfered
with during birth,
the less interference there often is
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As the field of pre- and perinatal (PPN) psychology has been stating for 100 years, and as my colleagues have discussed in their respective articles in this issue of *IJBP*, our earliest developmental phase from pre-conception through birth may impact all aspects of our self: our personality, the way our physiology forms, our psyche, our capacity to feel safe, and, of course, our relationships (Evertz et al., 2021). To the prenatate, everything she encounters is a relational experience; every event may be perceived as a meeting between the self in various stages of development and the outer world – such as the uterine wall during implantation, mom's psyche meeting and relating to the baby, nourishment entering her body through the umbilical cord, the contractions she is encountering during labor, etc. Everything informs and

shapes the developing being's implicit sense of self in relationship, how valued she feels, how deserving of love and care, how attuned to, and how met, seen, felt, understood (Castellino, 2012; Emerson, 1998). Our future relationships, especially our primary attachment relationships, may be strongly impacted by these early relational imprints. It is hypothesized that one area where this implicit relational learning is later expressed is in adult sexual relationships, which have a strong influence on our relational wellbeing and happiness throughout our adult lifespan (Rank, 1929; Reich, 1927). The sexual beings we become are shaped by our developing autonomic nervous system patterns, our attachment imprints expressed in sexual encounters, the erotic themes alive in our psyche, our sexual capacity, and so much more. This article explores the theory that these influence on our sexual self begins in the PPN phase, and is based on my clinical experience and observations. Many of the ideas presented are original, and would benefit from further research and study.

From preconception through birth, every event may be part of the puzzle that eventually creates our sexual self (S. D. Theismann, personal communications, 2012–2024). In this paper I have chosen to focus on the impact of the birth process on the formation of our adult sexual self, as opposed to other aspects of the PPN period. Of course, our sexuality is formed by many experiences in our life, and yet, just as in other aspects of our psychosomatic organism, if a certain foundational imprint is laid down during this time, it will likely exert an undeniable influence, no matter what happens later. I will first cover the connections between birth and sexuality, and then discuss different ways in which our birth can leave an imprint on our sexual self.

Birth and Sex: How Similar Are They?

Our whole pre- and perinatal history shapes us profoundly, yet our birth tends to be the most accessible and obvious place to enter the exploration of how we were impacted by our earliest history. Similarly, I have found it helpful to start at birth when supporting clients in the exploration of the PPN influences on their sexuality. While the sexual self may be shaped by the whole of the pre- and perinatal phase, it is often the most obvious to dis-

cern how we were impacted by the way our births unfolded, at least at the beginning of our exploration. As both a PPN somatics practitioner and a somatic sex and intimacy coach, I can often learn a lot about a client's sexual self, their challenges and strengths, by getting information about their birth history. The correlation between the two easily becomes apparent if one knows what to look for.

The birth process itself appears to have many similarities to the sexual act: we enter an intense and intimate process in collaboration with someone very close to us. Our bodies and our psyches are in connection, and are going through a transformative experience together while in an altered state of mind due to hormones and neurotransmitters. This altered state may also allow a deeper connection to aspects of our self that we might not contact in our everyday lives: our transcendent self, as well as more primal, animal-like states of being, and other states that are usually suppressed by our higher brain functions. These include implicit somatic memories, both of a traumatic or resourcing nature. And just as during birth, to have great sex, our higher brain function must step back; our frontal lobes must let go and allow something else to take over. Michel Odent, the obstetrician and pioneer of natural birth, has written about giving women champagne toward the end of labor to suppress the neocortex and allow the fetus ejection reflex to emerge (Odent, 1987). Similarly, if our thinking brain will not relax, alcohol or other substances can allow us to let go during intercourse and touch into more primal states, including reaching orgasm, which shares similarities with the fetus ejection reflex. Another resemblance is that both birth and sex are attachment and bonding events. How our birth unfolds has a powerful impact on our attachment to our mother, and how a couple's sexuality unfolds has an equally profound impact on their secure attachment with each other (Diamond et al., 2014). During birth and during sex, we find our way through physiological states of arousal, with waves of activation and relaxation, until the process comes to an end. As mentioned above, in birth there is the fetus ejection reflex, during sex there is orgasm, and even though birth and sex can both complete without these culminating events, the physiological capacity for them is present in us all. Due to these similarities, our implicit somatic memories from birth may arise when we engage in sex, and vice versa. The latter is acknowledged in

the midwifery world by the understanding of how a woman's sexual trauma can impact her labor and delivery (Simkin & Phyllis, 2004). This points to another connection between the two processes – namely that, of course, the same body parts are involved. Somatic memories that are held in the pelvis, the cervix, vagina, and vulva get triggered by other processes that involve these same areas. It also means we can work on our sexuality and heal our birth trauma, or the other way around. Many of my clients report improved sex lives after doing birth trauma-focused sessions (S. D. Theismann, personal communications, 2012–2024). The birth imprints that show themselves might be strengths we bring to our sex life, or they might be traumatic aspects of the birth, which our psyche is trying to integrate. Sexuality in a safe container, such as a secure relationship, may therefore present an opportunity to heal and repattern the pain some of us still carry from our births, while at the same time strengthening and deepening our primary attachment relationship. In the next section I will explore some of the specific ways in which birth can influence our sexuality.

Birth Influences on Sexuality

1 Birth as an Influence on Our Access to Sexuality as a Natural, Primal Force

Birth is a naturally unfolding, psycho-somatic-spiritual process and the same is true for sex. One of the major ways in which our birth may create an imprint on our sexuality is whether our mother was allowed and supported to let this natural process emerge, take over and take her to the completion of the birth, including post birth bonding, instead of so many interventions that she lost connection with the natural and primal aspects of birth. The intention of supporting a natural process to unfold is held by some birthing teams and not by others. Most modern obstetric practices have lost sight of this natural aspect of birth and the medical field has just recently begun to re-orient to some extent, depending on the country, hospital and attending doctor. If the mother's body was able to give birth with the natural process remaining primary, even if interventions did happen, it leaves an imprint of allowing us more access to our natural sexuality. I have worked with clients from countries with less medicalized birthing practices,

who were born at home, coming from an unbroken lineage of home birthing in their ancestry. Unless other imprints get in the way, they tend to have a very simple, uncomplicated and direct access to their sexuality (S. D. Theismann, personal communications, 2012–2024). The less nature was interfered with during birth, the less interference there often is with the sexual impulse. Uncovering the natural sexual impulse is essential for satisfaction and meaning in sex, as well as for our psychological and physical health (Reich, 1927). This leads to less need for reliance on stimulation tools such as pornography, substances, and fantasy. While none of these necessarily are problematic if used in the right way, being dependent on them without more direct embodied access to sexual impulse leaves us missing out on much of the psychological and physiological benefits that sexuality has to offer.

2 Birth as an Influence on Secure Bonding and Attachment in Sexual Relationships

Another aspect of how birth can impact our sexuality is how accessible secure attachment is during intimacy. As mentioned above, both birth and sex can be seen as bonding and attachment events. The emotional attunement and closeness between mom and baby during the perinatal phase is often later mirrored in the adult's ability to be attuned and emotionally close during sexual intimacy. This can have a profound impact on the quality and duration of our primary attachment relationships, which play a central role in how physically healthy we are, how long we live, our success in life, and the level of happiness and fulfillment we experience on a continuous basis (Heller, 2021). No other factor has such a strong influence on our lives as the partner we choose and stay together with. During birth, the mother-baby dyad is in a beautiful dance of intimacy with each other, feeling each other, moving with each other, much as adults do during sex. Was the mother able to be present with herself during labor, did her birth team support her to do so, and was she able to be present with her baby? Was she able to respond to her own and the baby's impulses, and did the two of them receive the right support to navigate challenges? Did she feel safe and held so that the baby could feel safe and held as well, or were they both scared and overwhelmed? Whatever happened on the attachment level – whether mom and her baby were able

to keep a sense of security with each other – may later show up in sexuality. During birth, we learn how to be connected during one of the most intense experiences we will ever have, and go through it together. We learn to trust that the other will be there with us, and will hold us and meet us, no matter how hard it gets. If mother and baby stay connected, this can be invaluable learning for our romantic relationships – for how to be with our partner in all aspects of the relationship, and specifically during intimacy. If the mother was not adequately supported, from the inside and outside, and loses connection with her baby, this can leave an attachment imprint that may arise during sex as well. Disconnection experiences during birth tend to be overwhelming or traumatic for the baby. As these memories are touched on implicitly during sexual connection, we may unconsciously shy away from them, and might avoid deeper emotional intimacy. Being able to feel bonded and secure with our partner makes intercourse an opportunity to strengthen our relationship each time it happens, rather than a potentially disconnecting event.

3 Birth as an Influence on Our Autonomic Nervous System Capacity

Another aspect of how birth shapes our sexual self is by leaving an imprint on autonomic nervous system (ANS) capacity. The mother's nervous system states shape the baby's ANS capacity throughout pregnancy, depending on the nature of her own window of tolerance (Evertz et al., 2021). However, for most mom-baby dyads, with few exceptions, there will not have been an event of physiological equivalence to birth in the later developmental stage of pregnancy, making it a uniquely formative experience for both mom and baby on the nervous system level. It is akin to a rite of passage, and one could say that this ritual is re-lived during sexual encounters. How much intensity can we hold during sexuality and still be present, before a part of us starts to become overwhelmed? Are we able to sustain high states of energy for longer periods of time, or does our body shut down? Do we trust high energy states and feel safe in them? Sexuality asks our nervous system to be able to flow through both parasympathetic and sympathetic dominant states, with higher levels of energy than during everyday life. It also invites states of relaxation and arousal at the same time, so our energy can build

slowly until it culminates in orgasm (Richardson, 2020). To let go into orgasm, we need to trust letting go of control, which means we need to have a certain level of sense of safety in our ANS. As safety diminishes, our social nervous system becomes less available, making it harder to stay emotionally connected to our partner. Birth trauma leads to freeze and dissociation states, shrinking our window of tolerance and potentially making higher states of sexual arousal inaccessible. The experience of not being able to access strong sexual feelings can be painful and leave clients feeling helpless, confused, or even as if something is wrong with them (Nagoski, 2015). For some people, the experiences they had during birth that forced them outside their window of tolerance, such as states of fear, aggression, or dissociation, have become part of their arousal patterns and erotic themes (S. D. Theismann, personal communications, 2012–2024). Being able to support clients adequately by making sense of their experience and putting it into a birth memory context, while also helping them to integrate their history, can allow clients to increase their window of sexual arousal and have more agency around their sexuality.

4 Birth Interventions as a Major Influence on the Sexual Self

The interventions that happen during birth play a prominent role in our sexual imprints. My teacher Dr. Ray Castellino was a master at both understanding and teaching birth intervention imprints, and the gross and subtle distinctions between various drug imprints and manual or surgical interventions – not only the interventions, but also the doctor's, midwife's or nurse's state of consciousness as they administer the interventions can play a role in the imprint that is created. In general, we differentiate between chemical and surgical interventions; chemical interventions (medications) change the state of being from the inside, while surgical or manual interventions change it from the outside. A chemical imprint will in most cases either slow down the system (for example, anesthesia drugs, epidurals) or speed it up (induction or augmentation agents, like synthetic oxytocin (Pitocin)). This feels markedly different from natural slowing down or speeding up, which are experienced as an organic shift in the shared tempo and rhythm of mom and baby. Since the baby is exposed to the substance entering the bloodstream via the

umbilical cord, the subsequent changes tend to be experienced as an internal shift in physiology and consciousness. The baby feels different on the inside, with the sense that “I have changed,” rather than the more accurate perception that “something else changed me.” Yet this inner change is not natural, does not originate from the inside, and is therefore not connected to the self (Castellino, 2012).

From my observations in clinical practice, it appears that in sexuality this may look like sudden slowing down, stalling, or even coming to a complete stop (perhaps labor stopped due to too much pain medication). It can also manifest as disconnection from self, partner, and erotic energy (due to the drug’s mind-altering imprint). The disconnection that occurred during labor between mom and baby may now be occurring between sexual partners on the physiological, emotional, and mental level. Clients often tell me they don’t know why they lose connection with their sexual energy at certain points during the erotic encounter; it just happens and does not really make sense in the context of the present moment. In many cases this will match with a history of anesthesia given to mom during labor (S. D. Theismann, personal communications, 2012–2024).

At the same time, anesthesia imprints can also allow access to expanded states of consciousness and connection to spiritual states, especially once integrated (Castellino, 2012). In sexuality, this may appear as transpersonal experiences, which can be deeply meaningful. It is hypothesized that consciousness has learned to expand beyond natural boundaries via the anesthetic, and can enter this imprint during sexuality. A draw toward sexuality as a spiritual path, or toward mind-expanding substances during sexual encounters, are other possible ways in which this imprint can play out.

A person born to a mother who received labor-inducing or augmenting agents may later experience a sudden activation in their nervous system during sexual encounters. This increase in internal tempo can disrupt resonance with both their partner and their inner presence. A disconnected rush may be experienced, alternating with a slowing down phase – a signifier of the Pitocin imprint – that creates strong waves of contractions that do not have the same felt sense quality of natural contractions. They may also lean toward taking more

risks or entering sexual encounters too quickly for their own system. It appears that Pitocin can create a “false yes” in the system, an artificial moving forward, for which the body or psyche may not be ready. With support, clients can learn how to re-attune to their natural yes and natural tempo as expressed in their lives and intimate relationships.

Since drug imprints alter the inner tempo, they have an especially strong impact on our sexual flow. How fulfilling sexuality is has a lot to do with the ability to stay with the naturally building energy of the body, in what is termed the sexual response cycle by William H. Masters and Virginia E. Johnson, pioneers in the field of sexology, and which correlates to the concept of sequencing in the field of PPN Psychology as taught by William Emerson and Ray Castellino (Masters & Johnson, 1966; Castellino, 2012; Emerson, 1998). Both notions point to the fact that we carry an imprint of how we move through events, which repeats itself again and again. It is my hypothesis that chemical imprints influence the way we move through our sexual response cycle, making it slower or faster at times, and sometimes causing stops or sudden re-starts, a phenomenon I have termed “sexual sequencing.” The right support and relational contact in those moments may allow for the integration of those imprints, thus fostering more ease, coherence, and relationality.

Surgical or manual interventions, such as C-section, forceps, and fundal pressure can also create changes in the sexual arc. But in my clinical experience, these will likely be experienced less as a nervous system shift than as a change in person’s response and feeling toward their partner. This means the person might experience a defensive response, or have an impulse to move closer or farther away, or might have other sudden changes in emotional responses to their partner, although they may not feel a strong shift in their inner tempo or state of consciousness.

It is possible that all birth interventions leave a strong imprint on our sexual response cycle, impacting how we move through the event of a sexual encounter (S. D. Theismann, personal communications, 2012–2024). In my view, every intervention holds the potential not only for challenges, but also for strengths – possibly gifting us capacities we might not have had without living through those interventions. Finding the gifts that our birth in-

terventions bring to our sexual encounters can be another result of doing our own PPN-oriented work.

5 Birth as an Influence on Consciousness States during Sexuality

While sexuality can support our physical, emotional and relational health, it may also provide a doorway to more presence with unconscious layers of the self and expanded states of consciousness (Odent, 2009; Richardson, 2020). In this way, our sexual experiences can become a tool for our psycho-spiritual development, similar to certain meditation practices. There are methods that utilize sexuality as a tool in this way (Nitschke, 1995). Having a birth history that forced our consciousness to contract, withdraw, disconnect, or expand can make accessing these subtle states more difficult, or in some cases easier, as mentioned on the topic of anesthesia imprints. The mother's state of consciousness during labor, and the personal and transpersonal states she accesses, provide learning for the baby, teaching her new states of being (McCarty, 2004). The way the birth team holds the birth – as a medical event or as a transformative process of psycho-spiritual dimensions – plays a role in mother's experience, and the states of consciousness she accesses. This early experience may shape how the individual, as an adult, perceives sexuality – as a transformative process, a mechanical event, or somewhere in between. If we want to

support a more conscious, peaceful sexuality for humanity, with less force, violence, and trauma, making modern birthing practices more conscious and peaceful could be supportive. As my beloved teacher Ray Castellino used to say: "Our birth is a recapitulation of our conception" (Castellino, 2012). To expand on this thought, sexual encounters impact conception, which impacts birth, which impacts sexual encounters.

Conclusion

Unintegrated past experiences, especially implicit memories, invite our psyche to move toward healing and resolution. It is hypothesized that as we enter the sphere of sexuality, which can hold much similarity to our birth, these unresolved experiences may arise. This could make sexual intimacy a unique opportunity for individuals and couples to resolve their birth history and find deeper and more secure attachment. The depth of connection that arises when we touch into our pre- and perinatal imprints while in relationship to another person can create an exceptionally strong bond. Supporting our clients to make sense of what they experience during their sexual encounters as a doorway into their PPN history could allow them to understand themselves and their partners in a deeper way, and move toward sexual lives that are more fulfilling and conscious. Further research in this area would be beneficial in order to expand and deepen these ideas.



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