When Sex Hurts More Than It Heals:
Untangling Pleasure, Pain, and Meaning in the Consulting Room
Part 1 of the "Hidden Realities of Sexuality" Series

An online webinar with

Jordan Dixon

Zoom Webinar

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Times:

6:00 pm – 9:00 pm, London UK

1:00 pm – 4:00 pm, New York, USA

CPD hours: 3

Location: Online streaming only

(all our webinar tickets now include complimentary access to a video recorded version for 1 year or 3 years, **depending on the ticket type)**

"I thought sex would make me feel close again. Instead, I felt emptier — like I'd vanished from my own body."

Sex is often imagined as a space of connection, yet for many clients it becomes where they most acutely feel their absence. Beneath the language of function and performance lie quieter stories — of depletion, avoidance, or repetition. For some, sex regulates anxiety rather than expressing desire; for others, the pursuit of "normal" sex becomes a source of pain in itself.

In this opening session of *Hidden Realities of Sexuality*, **Jordan Dixon invites clinicians to examine these paradoxes through an integrative, research-informed lens that joins psychological, cultural, and relational understandings of sexuality.** Moving beyond mechanical models of sex, we explore how meaning, safety, and agency are constructed — and sometimes lost — within intimacy.

When Pleasure Becomes Regulation

For some clients, sexual contact offers not connection but relief — a momentary escape from loneliness, fear, or shame. The very act that promises closeness may reproduce disconnection. When the nervous system carries unintegrated experiences, arousal and anxiety can fuse; the body's longing for touch coexists with its reflex to retreat.

Through clinical examples, **Jordan shows how sexual behaviour can become communication: the body expressing what words cannot.** "Why do I keep having sex I don't want?" one client asks. "Because it's the only time I feel chosen." Such moments reveal how sexuality may serve survival strategies long before it serves intimacy.

Beyond the Linear Model

Traditional models of desire assume predictable sequences — arousal, plateau, climax, resolution. Contemporary research highlights how these frameworks can obscure complexity and inadvertently reinforce shame. When therapy focuses on restoring "function" through techniques or prescriptions, it risks colluding with cultural ideals that disconnect clients from their emotional lives.

Jordan encourages therapists to shift from repairing dysfunction to interpreting meaning. ***What does sex represent for this client? What does it protect, express, or avoid?*** By reframing the question from *how often* to *what for*, therapy moves from problem-solving to deeper understanding.

Cultural Scripts and the Making of Shame

Desire never exists in a vacuum. Clients absorb powerful messages about gender, pleasure, and worth from families, faith traditions, culture, and media. These "invisible rules" dictate who feels allowed to want, who must withhold, and whose pleasure is prioritised. For clients living at intersections of marginalisation — through race, body, disability, class, or sexuality — shame compounds.

Recognising these wider social influences allows therapists to locate distress within systems of power and expectation, not within individual pathology. **A client may feel "broken" because their desire doesn't align with a partner's, or equate their worth with how wanted or responsive they are.** A queer client might describe feeling invisible in relationships shaped by heteronormative scripts, or an asexual client may internalise shame for not meeting culturally expected levels of desire. In each case, the therapeutic task becomes one of cultural translation as much as psychological insight.

The Body as Archive

Sexual difficulties often carry embodied memories. Every pause, tremor, or aversion may hold implicit knowledge of what was once unsafe. Rather than treating the body as a system requiring correction, Jordan frames it as an archive — a living record of adaptation and survival.

Learning to attend to this archive means tracking tone, breath, and micro-movements as part of the clinical story. Therapists discover that the body narrates the client's history long before conscious memory can articulate it.

Clinical Process: From Fragmentation to Integration

When early experiences fragment the self, one part may reach for closeness while another defends against it. Jordan offers practical, integrative strategies for helping clients rebuild safety in intimate contact:

- Tracking shifts in tone, posture, and energy to detect dissociation or protective withdrawal
- Slowing the pace of sexual narratives to allow embodied awareness to surface
- Validating ambivalence, recognising both the wish for and fear of connection
- **Using micro-moments of attuned therapeutic presence to model secure engagement**
- Titration and dual awareness, moving between activation and grounding to expand tolerance for arousal

These interventions help clients transform sex from re-enactment to choice — so pleasure becomes a language of authentic connection rather than compulsion or duty.

The Therapist's Role: Witness, Not Technician

Working with erotic distress evokes strong countertransference: protectiveness, discomfort, even fascination. Jordan emphasises the value of embodied empathy — using the therapist's own somatic responses as clinical information rather than distraction. When therapists notice constriction, distance, or over-regulation in themselves, these signals often mirror what the client cannot yet voice.

The task is not to prescribe solutions but to stay present as shame, desire, and fear emerge in the room — creating conditions where what feels unbearable can become speakable.

From Distress to Meaning

Healing occurs not by avoiding the erotic but by reclaiming it as information — an indicator of safety, autonomy, and vitality. As clients begin to experience arousal without collapse or dissociation, pleasure becomes a sign of integration: the body remembering how to live, not merely survive.

Key Learnings

- Differentiate sexual distress as communication rather than dysfunction
- Recognise how cultural ideals of "normal" sex perpetuate shame and disconnection
- **Integrate contemporary research on desire and arousal diversity into case formulation**
- Develop embodied attunement skills for detecting protective patterns in erotic narratives
- Use countertransference as compass rather than contamination
- Support clients in moving from re-enactment to authentic agency and connection
- Apply integrative, meaning-centred approaches that honour diverse expressions of sexuality

About Jordan Dixon

Jordan Dixon is a COSRT-accredited psychosexual and relationship psychotherapist based in London. Her integrative practice blends psychodynamic, existential, gestalt, and person-centred approaches with attachment theory, contemporary sex research, and social policy insight. She works inclusively across the spectrum of gender, sexual, and relationship diversity. Jordan co-authored a chapter in *Sexual Minorities and Mental Health* (2023), and her teaching is known for its depth, clarity, and compassion — helping therapists translate complex theory into grounded clinical intuition.

The Series: Hidden Realities of Sexuality

When Sex Hurts More Than It Heals inaugurates *Hidden Realities of Sexuality* — a four-part exploration of how pleasure, pain, power, and perception intersect in therapy. Each webinar stands alone or can be taken as part of the full programme spanning trauma, shame, neurophysiology, and desire.

Join Jordan Dixon for this opening session — a deep dive into how sexuality both reveals and conceals the self, and how the therapist's embodied presence can help clients rediscover meaning, safety, and aliveness.

There is no known commercial support for this program.

Questions and requests for information: cpd@nscience.world

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