What is a Sex Addict? One Man's Journey Towards Self-Definition through Twelve-Step and Psychodynamic Treatment

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Abstract:

This case study describes a psychoanalytically oriented therapy with Drew, a patient who entered the therapy self-identifying as a "sex-addict" and struggling with aspects of the twelve-step paradigm espoused in the Sex Addicts Anonymous group he attended for the previous five years. I explore what effects and meanings the sex addict label had for Drew. Using our relationship as a gauge, I attend to the fluctuating emotions and meanings Drew attached to his intrusive thoughts and compulsive behaviors. Throughout, I explore the challenges and frustrations posed by a relational therapeutic stance, whereby I empathized with Drew in a "no-blame paradigm" (Cohn, 2014, p. 79), which, at times, became destabilized by Drew's inclination to self-pathologize his sexual activities and swallow whole the twelve-step "incurable disease" model of sexual addiction.

Keywords Addiction treatment; Compulsive Sexual Behavior; Hypersexual Behavior; Sex Addiction; Sexual Compulsivity; Sexual Preoccupation; Twelve-step Group.

Introduction

There are many theories of compulsion and addiction with wildly contradictory conceptual frameworks and recommended interventions. This paper outlines a treatment with a self-identified addict, Drew, wherein a non-judgmental witnessing of his story served as the intervention of choice, in a way that did not necessarily obviate the need for other treatments, but might serve as a guide for an adjunctive psychodynamic treatment for addicts also engaged in other treatment models (primarily the twelve-step format, which is the prevailing interpretive template in today's addiction environment.)

During the past 80 years, the twelve-step conceptualization of addiction has become the dominant mode for understanding certain compulsions in our society. This modality posits addicts as defective creatures whose only hope of containing and controlling their pathology is through abstinence and constant twelve-step vigilance. Notwithstanding this univocal ideology, what I keep seeing in my patients who self-identify as addicts and have attended the twelve-steps is that despite the social connection, acceptance, and brotherhood they feel at meetings, they bristle at the notion of being an abject label that can never be cured, that is defective, and that must follow an abstinence-only regimen for the rest of their living days. They're often left with a delimiting sense of being a category, with all the pathology residing inside themselves, yet with no acknowledgment that maybe the compulsive behavior is a symptom – a response to trauma. And maybe if the trauma were processed, acknowledged, and worked through, they might not necessarily have to identify themselves as damaged goods for the rest of their lives.

Ultimately, I'm not saying that the twelve-steps or a neuroessentialized (genetic and brain-centered) view is wrong, but that each individual is unique and does not fit into a simple label. Therefore, deeply exploring each individual's particular lived experience, which can be

therapeutic and transformative in and of itself, may be the wisest path when working with someone who has sexually compulsive thoughts.

Drew

My first session with Drew landed on a crisp, cool October afternoon. As he entered my office, I saw that my new patient had the sweet, pointy face of a Keebler elf. Even though I knew from his intake that he was 34-years-old, his manner and bearing reminded me of a little boy. He sat in the chair opposite mine, looked up at me, and smiled sheepishly. I gently smiled back and asked, "What brings you here?" Without pausing, Drew leaned forward and said, "I'm a sex and love addict." My head began to swirl. How could this slight, short, sweet-faced man be a sex addict? What is a sex addict? What is a love addict? I wanted to know what these labels mean. As he described his life, Drew made it clear that for him it was a compulsion to think about sexually charged scenarios. He spent hours each day watching porn and couldn't get to work, fall asleep, or make it through his day without turning to porn, Craigslist, Backstage, peep rooms, or some other sexually charged location, be it cyber or bricks and mortar. Sometimes, for Drew, leaving his apartment was so terrifying that he had to play porn on his phone while he crossed the threshold out the door, or he couldn't leave, gridlocked in his apartment as if by a magic spell whose only kryptonite was cybersex on his cell. At other times, such as after a stressful meeting at work, he hid in a bathroom stall, or even left work and walked to a local diner to scan prostitutes on the Backpage app. But he never called the prostitutes. Just looking at the ads and fantasizing about the potential assignations calmed him. That the frisson of excitement lay solely in the speculative potential for meeting made me wonder to what extent these prospective

assignations represented a regularly accessible, and easily titrated, surrogate for an acutely lacking and profoundly yearned-for feeling of human warmth and intimacy. It seemed Drew had become dislodged or cut off from an integral part of himself, a gravely bereft part starving for connection. Through some elemental internal calculus, porn, prostitution, and intimacy through dating sites became his only mechanism for reintegrating this splintered-off aspect of his subjectivity.

Sex Addiction

I'd worked with many self-identified alcoholics and drug abusers, but, before meeting Drew, I had never met a self-identified sex addict. As I researched the term, I found a tapestry of theories and academic squabbles over whether the category even exists, who fits the category, and the best treatment for someone who fits the category (if you believe the category or pathology even exists.) One thing for certain is that the term has taken on a life of its own, and the notion of a "sex addict" has become firmly ingrained in our popular consciousness. Over the past 40 years, the use of the term has grown at a dizzying rate. *The New York Times* alone made zero references to "sex addict" in the 1960s, then one in the 1970s, 15 in the 1980s, 51 in the 1990s, and 61 between 2001 and 2007 (Reay, Atwood & Gooder, 2013, p. 5). What caused this explosion? Could it be the combustible mix of the Internet and the 24-hour news cycle injected into the lives of the rich and powerful? Maybe, due to the speed and lack of privacy in our Internet age, more celebrities, politicians, and business leaders are caught in sex scandals that invariably bring more attention to the issue of sex and sexuality. Crushed under the weight of cultural scrutiny and judgment, those caught in sex scandals can jettison responsibility for engaging in societally prohibited sexual practices by accepting the "sex addiction" disease,

which can be treated medically at a rehabilitation facility, where "addicts" leave not only treated for their medical problem, but with less taint of immorality and criminality.

Could the explosive growth of the "sex addiction" label also be a reaction against the convulsive effects of the Internet on our collective sexuality? With the birth of the web and other modern technologies, we're in the midst of mindspaces and digital intersubjective matrices of human sexuality that allow for almost endless cyber-sexual exploration. Maybe society's "superego" is reacting against this openness by pathologizing individuals who overindulge in this brave new world. One clear beneficiary of pathologizing sexual thoughts and behaviors is the constellation of addiction entrepreneurs and their highly profitable sex addiction rehab businesses. There has also been frenetic growth in twelve-step groups that specifically target *sex addicts*: Sex Addicts Anonymous, Sexual Recovery Anonymous, Sexaholics Anonymous, Sexual Compulsives Anonymous, Sex and Love Addicts Anonymous, etc. The twelve-step movement, which, like almost any evolving movement, always needs new members in order to thrive and flourish, has quickly set up shop in this attractive new market.

The word addict originally meant, "slave" or to be a "slave to something." What a great target for the rehab industry and the twelve-step movement: the person who is a slave to their sexual thoughts. Who among us isn't a slave to our sexuality, sexual thoughts, and sexual self-image? There's a commonly disseminated meme, based on questionable interpretations of Masters and Johnson's groundbreaking work on human sexuality, that the average boy thinks about sex every seven seconds. Obviously, this is an urban myth. But men participating in a 2012 study by Ohio State researchers had sexualized thoughts, on average, nineteen times a day (Fisher, Moore, & Pittenger, 2012). If the deeply intertwined sex rehab and twelve-step groups (most rehab businesses employ some aspects of the twelve-step methodology) can successfully

pathologize repeated and intrusive thoughts about sex, then they are surely creating a huge new market for their services.

There's no question that there are people, including Drew, who suffer terribly from their obsessive thoughts and behaviors around sex. What is unclear is to what extent these are symptoms of deeper issues and problems, which, if they did not manifest as sexually compulsive thoughts and activities, might come out in other compulsions or self-harming behaviors. Depending on whom you read, these underlying mechanisms are problems in attachment, shame, impulse control disorders, obsessive-compulsive disorders, neurobiological disorders, etc. I suspect the underlying cause of "sex addiction" varies greatly from person to person, which calls for a singularly tailored approach for each unique individual. I hoped to find out directly from Drew, by listening closely and openly to his story, first, how he viewed and experienced himself as a unique person, and second, as a set of symptoms and labels.

During our second session, Drew recounted a horrific childhood at the mercy of his intrusive and abusive father, who couldn't keep his hands off Drew, while Drew's scared and distant mother stood by, unable to protect him. If the family rode in the car, his father squeezed Drew's leg until it hurt; if they watched TV, his father knuckled Drew's head raw. Each morning, in a cramped bathroom, Drew was forced to watch his naked father shave and shower. With moist eyes, Drew described his father's "naked balls right near my face." Even though Drew was undersized for his age, his father forced him to have pose-offs in the mirror, humiliating Drew for his tiny calves. When Drew was eleven-years-old, he and his father stopped at a local YMCA to clean up after one of their long bike trips. There, in a public shower, his father soaped Drew's entire body, including his genitals. With a hard edge to his voice, Drew denounced the other men in the shower for standing by and doing nothing. As our work together

unfolded, this became a recurring theme: other adult men not helping Drew and even revictimizing him. I felt inspired to offer Drew a different experience—if he would let me.

In her article "Beyond doer and done to: An intersubjective view of thirdness," psychoanalyst Jessica Benjamin describes sharing her feelings with a severely traumatized patient. "I also found myself telling her spontaneously that no matter what she did, she would always have a place in my heart, that she could not break our attachment or destroy my loving feelings" (2004, p. 36). After hearing what Drew had been through, I had a strong urge to share similar feelings with him. But I abstained because I sensed that he would feel impinged upon by such a strong and personal communication so early in our relationship. In a sense, I followed my own abstinence model, abstaining from an overly close emotional connection with Drew because these feelings seemed dangerous and capable of overwhelming him, or possibly even both of us. To protect Drew, my plan was to communicate these feelings nonverbally by gaining his trust slowly, over a long period.

During one of our early sessions, Drew delineated his sex addiction in more detail. As he gripped the armrest, he said half-aloud, "I spend hours looking at my computer. I have multiple screens up, and I watch porn, as well as Myspace and Craigslist and OKCupid. I watch movies and TV shows, but I always have to have at least one small screen with porn going. I call this edging. I'll do this for hours and will only climax once every hour. I can do it three times in three hours."

As Drew summarized his obsessive rituals, I wondered about his affective experience during these rituals. "What does it feel like while you're doing this?" I asked. Drew shook his head and sighed. "It's just something I have to do. I can't say it feels good. I always feel depressed afterward. Often I'm not even watching porn. I spend hours looking at personal ads on

dating websites, comparing the women, trying to find the perfect one. It's like I'm OCD. All the women I look at are earthy and sweet-looking, and I want them to have big breasts." Drew fidgeted, looking down bashfully, like a boy having the birds and the bees talk with his father for the first time, then continued, "I feel like the looking and trying to meet them are the important parts, and once I meet them the sex is less important. I've convinced prostitutes to come to my apartment and spend time with me for no money." Drew continued to finger the fabric covering the armrest as he pressed forward with his explanation. "I feel like pushing things to the extreme point of danger, but just before the actual act of having sex, is what's exciting for me. Though if I do meet them, I want them to hold me in their arms, against their breasts, for hours on end. This is the only thing that relaxes me."

"You just want to be held," I probed.

Drew stole a glance at me. "Yeah. But I also want them to tease me and hurt me. I ask them to insult me and to punch me in the groin every once in a while. I almost never read, but last year I spent the night with a woman I met on OKCupid doing this, and it relaxed me so much I was able to read a book."

I wonder if Drew, through a warped prism, was reauthoring the sexualized script his father inscribed within him: pushing sexual titillation and intimacy as close to the edge as possible without actually having intercourse, this time, however, with Drew in control.

Empathy

Hearing about Drew's childhood, I felt called upon to be the person who makes what Donna Orange (2009), a prominent psychoanalyst specializing in Kohutian self-psychology, calls "the empathic stretch" (p. 239), a stance where I communicate that no matter how alien or

pathologized the *other*—Drew—might be, at some juncture in our shared humanity, there is the ability to understand this other. This empathic stretch, though, is particularly fraught with a patient like Drew. Some psychotherapists, such as Michael Rosenbaum (2009), believe the therapist's words, "should allow the patient to feel and recognize that the therapist not only knows what he or she is talking about but has also lived it" (p. xv). I think this goal is too far-reaching. I hoped to convey to Drew that I understood and could relate to his experience of having compulsive behaviors without actually communicating that I had "lived them." Drew said that his sex addiction often aroused sexualized feelings in others, and I did not want to think about this happening to me. I was not so much concerned about engaging in behaviors like Drew's, but I flinched at the idea of having Drew's voice in my head when I worked with other patients.

Soon after meeting Drew, I asked a member of my supervision group, Justin, how to work with Drew. Justin worked at a private midtown Manhattan sexual addiction clinic and suggested Drew and I keep count of how many days he'd been sober and make this our primary focus. Without complete sobriety, Justin said, any other work would be impossible. I wondered if, in some ways, this was a kind of safety net that the sexual addiction clinic employed: By creating an almost unachievable goal that was solely the patient's responsibility, if the therapy failed, all the fault could be laid at the feet of the patient and would never be due to the therapist's or clinic's lack of empathy or support. I considered this authoritative approach, but sensed that Drew wasn't looking for this kind of external control anymore. Before coming to see me, Drew had been in a twelve-step group, Sex Addicts Anonymous (SAA), for the previous five years. I imagined, that by seeing me, he was manifesting an inchoate yearning for a different experience from what his twelve-step meetings offered. I surmised that after years of twelve-step meetings,

about which he told me gut-wrenching stories of his sponsor yelling at and humiliating him, as well as other group members and leaders violating various other boundaries, Drew was looking to be heard, to be seen, and to feel accepted, not shamed or surveilled.

About six months after we began working together, Drew started dating a thirty-five-year-old woman named Debbie. Over the following few weeks, it became clear that Debbie was turning into a girlfriend. As Debbie spent more time at his place, Drew talked about how gratifying it felt to decorate his apartment in ways that were more reflective of himself. Yet, Drew still struggled between a budding intimacy with Debbie and a pervasive dissatisfaction with their sex life. "This relationship with Debbie is ridiculous," Drew vented, his voice rising. "What am I doing? We only have sex once a week." He grimaced, shook his head, then blurted, "But I'm a sex addict. I want sex every minute of every day. I barely get to have sex once a week and I can't tell if Debbie even likes it." Drew paused, swallowed deeply, then chuckled, "I'm like what the fuck, and when I complain to her she responds *we are having sex*." Drew's back stiffened and he looked up past me, eyes narrowing at something over my shoulder, almost as if he were speaking to an imaginary interlocutor. "But we're not having sex as I define sex; we're just lying around and hugging and kissing. I'm like you don't understand what I'm looking for. I'm looking for pain and suffering. I'm looking to hurt you a little bit and me to be hurt a little bit. That's what is calming to me."

I hesitated for a heartbeat. Drew's allusion to sadomasochistic rituals and the hint of violence unsettles me, not because I have a moral or psychological quibble but due to his own conflicted feelings swirling around these desires, as well as with Debbie's seeming discomfort with this register of intimacy "How would you hurt each other?" I asked.

“Just fucking the shit out of each other,” Drew explained. He shifted his weight in the chair, slouching further down. “Nothing violent, but I want rough sex. That's what calms me. It stays with me.” I’m reminded of Drew’s story about relaxing into a book, almost for the first time in years, after a night of intermittent groin-punching by a woman he’d met on OKCupid. “Now I feel like I'm losing my ability to work. I feel so ugghhh,” Drew groaned. “I'm becoming so depressed and low without sex fueling me up.” Drew, now completely slumped in the chair, paused for a beat then suddenly brightened and exclaimed, “But, I’m just saying my thoughts out loud. I'm not actually doing anything I shouldn’t. I keep in touch with Debbie every day, texting three to four times a day, and talk on the phone with her for an hour each night. I see her, talk to her, and I take care of her when I can. You know, she takes care of me, and I'm honest with her.” Drew paused for a moment in thoughtful silence. Then, a realization crept over his face and he conceded with a chuckle, “I guess I have what you would call a relationship.” Shrugging bashfully, he added, “And I'm enjoying that.”

The lurching swings in Drew’s mood and tone as he shared his story left me bewildered, my emotional gyroscope spun by the crosscurrents of his sadomasochistic porn fantasies set against his warm commitment to Debbie and desire to be honest and loyal to her. Not to suggest that S&M is incompatible with a warm and mutually nurturing love relationship, but that Drew’s semi-covert fantasies created choppy emotional currents that buffeted Drew and Debbie as they negotiated their budding intimacy.

It was clear that Drew was, in a sense, disconnecting from Debbie as he compulsively watched porn. He made it very clear to me, however, that he never met with other women and he never physically cheated on Debbie. It was as if the porn was a secret, hidden corner of himself, which filled Drew with an intimacy of which he could never have enough. And yet, by not

meeting with other women, he was not wholly transgressing and could keep his deepest feelings of guilt at bay. While Drew was single, he was able to dissociate for hours into a porn dream world, but the presence of Debbie, a subjective other, seemed to act as a mirror that woke Drew from his dream and confronted him with a certain awareness of his emptiness that the porn had helped to hide in some ways. Also, by keeping most of his hidden porn life separate from his relationship with Debbie he was, in a psychoanalytic sense, using the primitive defense of splitting wherein he kept sex and intimacy separate. When children are treated as narcissistic extensions of the parent, rather than as independent subjective entities, according to Vaknin, they "develop to become adults who are not sure that they do exist (lack a sense of self-continuity) or that they are worth anything (lack of stable sense of self-worth, or self-esteem)" (2001, p. 309). It's as if Drew felt that at any moment he would fall off a cliff—the metaphor he used to describe the feeling he had when he desperately yearned for sex—and that the thought of sex was the harness that restrained him, keeping him from free falling and disintegrating into nothingness.

Over the next few months, Drew and I worked on helping him confront, accept, and sit with his painful affective states—to do what is now commonly referred to as mentalization, which is one's ability to "understand the thoughts, feelings, and behaviors of oneself and others" (Berry and Berry, 2014, p. 246). I hoped our alliance would allow Drew to mentalize the overwhelming affect he experienced when Debbie felt too close. Over time, Drew did begin to become aware of and mentalize these typically unreflexive, unformulated, and unconscious feelings and patterns. At a session one year into our work together, Drew was able to reflect on his habitual emotional patterns.

"I had this fantasy about asking Debbie to go to the Grand Canyon. I think that's escapey behavior on my part," Drew speculated.

Drew and I had devoted many sessions to exploring the torment he experienced when he spent extended time with Debbie, a torment that was hard for Drew to reconcile with his fierce desire to feel connected and committed to her. I wanted to help him unpack his fears.

"How is it escapey?" I asked.

"I think it's to avoid being with Debbie in the here and now. I can't just relax and enjoy my time with her right now."

I was heartened to hear Drew acknowledge the paradox of his conflicting feelings toward Debbie and wanted to reassure him. "That wouldn't surprise me, considering everything you went through as a kid. It can take a long time to change old patterns." If Drew can manage to stay with Debbie, and feel the anger and frustration that a real other brings, the hope is that he can slowly learn to tolerate closeness with another person without feeling an overwhelming impingement and imminent annihilation. If he can allow Debbie's authentic affectionate feelings to touch him, he may even begin to stimulate the germ of a nascent self-empathy. But, when Debbie solely functions as a fantasy stand-in for the nurturing, loving mother that Drew always wanted, she can't possibly perform this role successfully, and this frequently leaves Drew feeling furious. With his own mother, this anger—for not doing enough to protect him—calcified, and Drew never moved past it. Hopefully, with Debbie's help, Drew can refashion a new relational template in which Debbie sheds the role of the frustrating, persecutory maternal surrogate that causes him so much pain and frustration (borne out of unmet developmental needs) and he can have some guilt (the healthy kind, a la Klein's developmental milestone of the depressive position) for taking his anger out on Debbie. This guilt – or empathy – will not only allow him to connect and have a relationship with Debbie, but also might be a model for how he can learn to feel empathy toward himself and quell his tormenting inner voice.

When Drew watches porn for hours, he describes the actors as family because he knows them so well from repeated viewing. In this family, he is both independent and in control, unlike his family of origin. From a Kohutian perspective, it seems the safety and control Drew feels when watching porn is superficial and destined to leave him empty; only real, messy, and challenging relationships with three-dimensional people can give him a deeper sense of connection and safety. Heinz Kohut, the creator of the self-psychology school of psychoanalysis, states:

> Values of independence are phony, really. There is no such thing. There can be no pride in living without oxygen. We're not made that way. It is nonsense to try and give up symbiosis and become an independent self. An independent self is one that is clever enough to find a good selfobject support system and to stay in tune with its needs and the changing of generations. To that system one must be willing to give a great deal. (1985, p. 262)

Drew had been living a stifling emotional life enveloped in a fog of porn and sexualized thoughts. These obsessions kept him from disintegrating, yet also kept him from the vital relational bonds he ached for, the emotional oxygen that both Debbie and I offered, and which Drew desperately gasped for despite a collapsed lung of traumatic childhood relationships.

At Drew's next session, I met him in the waiting area a couple minutes after our scheduled start time. I gestured for him to follow me, and we walked silently, me in front and Drew behind, down the long hallway that led to my office. I imagined Drew staring at the back of my head, and that gaze felt like a stick pressing into me. I was reminded of a guard and an inmate walking down death row to the execution chamber. Eventually, we reached my office,

and I sat in my customary spot, farthest from the door, while Drew took the other chair. I looked at him and sensed frenetic activity behind his impassive expression.

"What's going on?" I started.

"Oh just my normal thoughts."

I pressed forward, "What normal thoughts?"

Drew grinned sheepishly. "That you don't care about me and that I'm not important."

I felt a prickle on my neck at the obstinate resolve of Drew's self-loathing. "What makes you feel that way?" I prompted.

Drew paused and his smile quickly fell away. "When you start the sessions late," he offered tentatively. He looked at me with wide puppy-dog eyes as if bracing himself for an attack.

"What's that like for you?" I asked.

"It makes me angry. Like you're just leaving me there and don't care or think about me. It's kind of like when I was a kid with my mother. When my dad was away on business, my mom was like a friend or even treated me like a little boyfriend, but as soon as my father came home she was really neglectful and forgot about me. My father was the opposite. He paid a lot of attention, but it was lots of negative attention." As Drew revealed his childhood, his body crumpled into the chair while his eyes locked on mine, as if beseeching me for any hint of a reassuring gesture or comment. I felt cleaved, as if Drew was simultaneously moving toward and away from me. He continued, "Like when I was a kid, I bit my nails, and this enraged my father. He would have me come into his room, and he would look at my nails. If they were bit, which they always were, he would ask me if I thought I deserved to be punished. If I said no, he would let me go, but then would give me the silent treatment for a couple of weeks and be really mad at

me and eventually punish me anyways. So, I'd say yes, and then I would have to go pick the belt from his closet that he would use to give me three lashings. I would hand it to him and then pull my pants and underwear down and lay over his lap. He would then give me the lashings. There was a bin of *Playboy*s next to his bed that I would stare at while he hit me. If I cried, he would keep hitting me, and if I didn't cry, he'd stop after just the first three. Sometimes, he and Mom would leave the house after, and I'd be alone. I'd lie down on the sofa and cry into the cushion. I can clearly remember the smell of that wet cushion on my face like it's in front of me right now. Then I'd go back up and retrieve the bin of *Playboy*s from my parents' room and take them to the living room and lay them out in a grid. I'd put Post-its on them, so I could remember in what order to put them back. Then I'd dream about and compare the different women in the pictures. I'd try to decide which ones had which flaws, and which ones were the most perfect. There was one centerfold that I was the most obsessed with. She was softer and curvier than most of the others. Maybe that's why I'm so attracted to large-breasted women. This is when I really started masturbating. At around twelve-years-old, I started doing this like four times a day and really learned to get instant sexual gratification all the time. I never learned any impulse control around sex." As he ended his story, Drew was pale and trembling.

Hearing this story, every fiber in me shrank. By forcing him to choose his own punishment, Drew's father sundered Drew's psyche. He turned Drew against himself by fashioning in him a grim belief that his natural instincts and physical desires, such as biting his nails, were to be avoided and punished, or at the very least, kept out of sight. Looking back at his childhood, it's not much of a surprise that Drew spends his days thinking he's not good enough and regularly dissociates into a private dream world of porn and online fantasy objects.

Psychoanalysis

Visualizing Drew's intrapsychic structure through the lens of his early physical punishments, one could imagine Drew associating his beatings to an overly close and intimate relationship with his mother, while simultaneously fantasizing about joining forces with his dad and being part of the team that brutalizes himself—with all the sexual energy that accompanies those assaults. He also escaped into a *Playboy*-fueled dream world of sex with inanimate images. But in his internalized mental schema, Drew was never allowed to consummate these sexual relations with an actual woman because if it wasn't secret and hidden (as with the *Playboy*s or Internet porn) it was too risky; his father might find out and then beat or even castrate him. Despite Drew's occasional descriptions of aggressive sexual fantasies, he was generally terrified of sex and of disappointing his partner. This often caused Drew to ejaculate prematurely, which caused him great shame. He combated this shame by cuddling and masturbating with women and generally avoiding intercourse. With Debbie, these feelings of shame began to lessen, and Drew proudly reported whenever they had "good, normal sex."

In *A Child is Being Beaten*, Freud (1919) outlined a theory explaining the libidinal circuit operating in children who fantasized about beatings. For Freud, the adolescent male fantasy of being beaten by a woman represents "I am loved by my father," (p. 390) and this hidden desire is transmuted into the fantasy: I am being beaten by my mother. The seed of the fantasy is "derived from a feminine attitude towards his father" that must be disguised in an inverted gender cloak to attenuate any risk of castration, as well as to sidestep any superego injunctions against male femininity. In his theory, Freud strongly believed that even though the manifest aggressor in the fantasy was a woman, if there was a beating involved, then the cathexis must be a positive homoerotic valence towards the father. For the male patient, "the beating-phantasy has its origin

in an incestuous attachment to the father," and what Freud later called the "inverted attitude, in which the father is taken as the object of love." Drew may have formed a sexualized bond with his father (whom he both feared and idolized), but due to internalized injunctions against homosexuality (per Freud's theory) transformed his fantasy object into an earthy, large-breasted woman, who occasionally punched him in the groin. This sadomasochistic fantasy may have been further fueled by guilt over an attraction to his mother, who sexualized him whenever his very intimidating father was not home—an attraction for which he likely felt guilty, and for which he deserved punishment.

A few months later, another pattern emerged. After particularly intense sessions, Drew left hurriedly without making eye contact. I decided to ask him about it at the start of a subsequent session.

"I wonder if what we talked about at the end of our last session made you uncomfortable. I felt as if you left quickly," I mused.

"No. I was very interested," Drew explained, "but I don't know how to leave or how to do transitions. If it were up to me, I would have stayed for hours, and I know I'm not allowed to do that, so I quickly run away."

"You've mentioned before you have a hard time transitioning," I noted.

"Yeah. That's why I'll stay in my apartment looking at porn for hours and not go to work—the transition seems overwhelming," Drew said. "Sometimes, I play porn on my phone and watch the video as I leave my apartment, so that I can make the transition to outside. It reminds me of when I was a kid. I was always sneaking ice cream from the kitchen up to my room. But I was always too scared afterwards to take the bowls back downstairs. So I ended up

with a large stash of ice cream bowls and spoons hidden under my bed that felt like a bogeyman under there but I was paralyzed to do anything about it."

I have a sense of the ice cream bowls and spoons as a metaphor for Drew's sex addiction. Besides the obvious phallic and yonic symbols that a spoon and bowl might point to, one can think of the ice cream (sweet mother's milk) as a sense of returning to a very early state of fusion with his mother, arguably the best possible feeling Drew could have. If Drew's life was a permanent self-torture at the hands of his internalized father imago, then taking a "hit" of ice cream would be an escape, albeit a short one, from his chronic mental pain. But wary of his father's watchful gaze, any evidence of this escape must remain hidden; in the case of the bowls and spoons, under his bed. One can imagine sex working along the same libidinal circuits as the ice cream, but the "hit" can last much longer; Drew can edge for hours at a time. Ruth Cohn, a therapist who specializes in working with couples dealing with intimacy issues, equates a sexual escape into porn, which Drew does for hours on end, to a way of managing the almost ever-present, overwhelming affective states that are a residue of early attachment trauma:

> In the sexually compulsive partner, I usually find a desperate attempt to self-regulate or manage intense affects and body states. Beneath that, however, is nearly always some expression of trauma. It may be attachment trauma owing, for example, to a parent who was physically intrusive and emotionally neglectful, a parent whose rage was overwhelming, or a parent who was seductively over-stimulating or sexually abusive. (2014, p. 79)

According to Cohn's blueprint, Drew would have suffered a double dose of traumatic antecedents: a physically intrusive father and an emotionally neglectful mother.

Later, in the same session, an awkward silence hung in the air. I looked at Drew, and he flashed a sheepish smile, almost giggling.

"What is it like when there's a silence between us?" I asked.

Drew shrank in his seat and spoke in a hushed and tremulous voice, "It's terrible. I feel scared of you."

I cringed internally at the chasm that still spanned the emotional space between us. "Does it remind you of anything?" I coaxed.

"I think in general I'm uncomfortable around men," Drew speculated, "and I've felt that way my entire life. I think that may be partly why I'm a sex addict, and why I'm obsessed with women."

Drew's discomfort during shared silences between us developed into a recurring theme. I sensed that I became too much of an other, of a real person, when we sat silently. This was intolerable to him because *real* other people, according to his "internal working model of social relationships" (Bowlby, 1969), were likely to annihilate him. Drew's constant talking acted almost as a cloak, or even a blanket, to protect him from my presence overwhelming him. I felt that if Drew could learn to tolerate more silence between us, it might help him with affect regulation in his other relationships. I didn't want to torture him though, and I didn't think he was ready for long silences just yet. We shared another stretch of quiet, which I decided to interrupt.

"Where are you?" I asked.

"I went to an SAA meeting the other night," Drew declared. "I hadn't been in a couple of months, and it was helpful."

The Twelve-Steps

Whenever Drew mentioned SAA (Sex Addicts Anonymous), I felt conflicted. He often described SAA as having a shaming quality, which made me wonder about its helpfulness. But, when I questioned Drew about some of the shaming messages he'd received from SAA, he quickly backtracked and ascribed this negativity to just a few bad apples in the group, who, he said, he could choose to ignore. I had a sense that SAA replaced his father as the feared authoritarian voice in his head. And though he wanted me to commiserate and console him about the shame SAA sometimes made him feel, when I resonated with his angry feelings, the rebellion became too real. For Drew it was just too dangerous, in much the same way that standing up to his dad felt too dangerous. Drew then told me more about the SAA meeting he'd been to.

"The first forty-five minutes were crazy," Drew vented. "It was an older man who was obnoxious to me, and I thought, *I'm not going back*. And then someone shared in a way that touched me, and it made it all worth it. People always say that's what SAA is like."

"What touched you?"

Drew paused for a moment and reflected. "The man who shared said he wanted his obsession with sex to go away, and I understood how he felt."

"What would you replace it with if it went away?"

"Well, when I stopped sex completely five years ago, when I first started SAA and tried to be abstinent, I became obsessed with cars and with counting and organizing things, and also with work and jobs and having as many as possible." Drew sighed and bowed his head. "I may have just traded in one obsession for another."

Drew seems to shift between different views of SAA. The more positive story he recounts is that he was at a low point in his life when he first went to SAA, and it gave him a place to be honest about himself and feel accepted. If Drew's addiction comes out of a need to assert a cut-off, hidden part of himself, then being able to nudge that part out into the open through safe interpersonal relationships would be a good first step towards recovery. Having a place that offers structure and support could help Drew with his lack of self-cohesion and over-dependence on his father's subjectivity, which he has internalized. Lance Dodes, a professor of psychiatry at Harvard University, believes that group structure and support are the keys to the success of twelve-step groups such as AA and SAA. He writes that the principal benefit of any twelve-step group "is its social function. AA is a place where, with some notable exceptions, people feel accepted. Early in the process of quitting drinking this can be valuable for those who can make use of it" (Dodes & Dodes, 2014, p. 122). When Drew first joined SAA, it provided a feeling of acceptance and community he desperately had been searching for.

However, despite the many benefits of programs such as SAA, there are some dark undertones. The cornerstones of twelve-step programs are the actual twelve steps and the literature associated with them, such as the Big Book of AA written by Bill Wilson. This literature communicates to its members that they have a disease. Framing one's problem as a disease can help remove external judgments about the addict's behaviors since the addict's actions are, based on this view, the product of a genetic, biologically determined disease and not a conscious choice. However, despite the twelve-step insistence on the disease model of addiction, no convincing research backing it up currently exists; nor does there exist any legitimate scientific test, clear genetic marker, or pathogenesis to this *disease*. And by strictly adhering to this model–wherein the addict has not only a disease, but also a defect–the twelve-

step discourse communicates to the addict that they are congenitally and permanently damaged, with no hope of recovery, only the possibility of perpetual maintenance and control of their disorder. This paradigm can lead to hopelessness in the twelve-step initiate; moreover, the word "defect" has a shaming quality reminiscent of the language that the addict may have heard as a child; a language that would have led to feelings of helplessness and shame, possibly the original root causes of their compulsive, addictive behavior.

Curiously, in the twelve-step diseased (neuroessentialized) view of addiction, the diagnostic criteria for whether someone has the disease is not tied to the quantity, symptoms, or effects of the compulsion. It seems to rest primarily with the subject's decision (or requirement by an outside force) to attend a twelve-step meeting and interact with the leaders and members of the twelve-step group, who tend to have no scientific training. From my anecdotal experience working with many patients who have attended twelve-step groups, I've never heard of someone attending their first twelve-step meeting, sharing their story, and then being told by a leader or other members of the group that they are not an alcoholic, sex addict, food addict, etc. Since the labels we and others give ourselves inevitably define us, and delimit the ways in which we can inhabit our lives, one might be wary of attending a twelve-step group, where one is almost guaranteed to be stamped with a fiercely unforgiving label.

Despite these questions about the validity of the science behind the disease model of the twelve steps, some believe this model should be embraced because it contributes to the addict's positive self-worth. If addicts are born with a disease, then they can argue that they are not morally to blame for their actions. This has both positive and negative consequences. In studies conducted on the general public's perception of people with mental illness, Buchman, Illes, & Reiner, 2011, reported that "investigations examining public views of people with mental illness

found that moral responsibility was mitigated when individuals were described as having a mental illness based on biological rather than psychosocial factors" (p. 74). This seems to show that *neuroessentializing* a person's problem lessens the moral judgments that the average person will make about them. But there is a serious consequence to this benefit: The average person sampled in the study, when presented with the disease model of addiction, thought it, "less likely that a person could be successfully treated" (Buchman et al., p. 74). Stigma against people with a "brain disease" also increased, and this stigma was so strong that it leaked into anyone who was seen as being genetically related to the diseased entity. Buchman et al., found that when the recruits polled in their study were presented with a brother or sister of a person with a purported brain disease, "levels of social distance from the sibling of the affected person were found to increase, particularly as it related to the intimacy of dating, marriage, and having children" (p. 74). Sadly, for the addict, the attenuation of moral condemnation inherent in a disease model comes at a steep price: amplified alienation.

For SAA, its members are always in recovery. "Ultimately this leads to dependency on the group rather than on a healthy self-reliance," Dodes argues. "I believe that there is a method to this madness. It keeps the revolving door constantly revolving and the money keeps rolling in" (2014, p. 114). Dodes detects sinister motives at work in the continued success of AA and other twelve-step groups, despite his claims of their incredibly low success rates. He believes, based on a meta-analysis of multiple studies, that the AA twelve-step groups only succeed for "5-10%" (p. 1) of the people who join them. Dodes believes an industry of extremely profitable rehab clinics based on the twelve-steps is invested in funding research and lobbying that perpetuates the ubiquity of twelve-step programs despite their failures and weaknesses.

Turning oneself over to a higher power—God—is another tenet of the twelve-steps. For Drew, I imagine, the group represented God. Thus, when the group let Drew down, it was particularly painful for him, as he hadn't yet developed the inner resources to withstand this abandonment. Drew told me that his first sponsor often verbally abused him with yelling and insults, yet Drew located the blame in himself for being attracted to and choosing an abusive sponsor. Later, Drew decided to try therapy with a man who was both a psychotherapist and leader in his SAA group. Eventually, this man deeply betrayed Drew's trust by inappropriately sexualizing the relationship. It took Drew two years to give therapy another chance, and he vowed never to see a "sex addiction specialist" again. That's how he ended up in my office, because at that time I had no specific training in sexual addictions.

Erving Goffman, a sociologist who specialized in group structure, social relationships, and the creation of self through interactions with social structures, spoke of our need to both belong to groups, yet, at the same time, assert our individual identity by resisting the group. Being part of a group can give us a sense of safety and acceptance, while our resistance to that same group can give us a feeling of selfhood and individuality. "Without something to belong to," Goffman writes in Asylums:

> We have no stable self, and yet total commitment and attachment to any social unit implies a kind of selflessness. Our sense of being a person can come from being drawn into a wider social unit; our sense of selfhood can arise through the little ways in which we resist the pull. Our status is backed by the solid buildings of the world, while our sense of personal identity often resides in the cracks. (1964, p. 320)

Maybe, in a nod to Goffman's theory, a group experience, such as a twelve-step group, can help Drew feel belonging and structure, while a less structured and more open psychodynamic psychotherapy with someone like me can allow his personal, subjective identity to blossom.

Narrative Identity

Illness narratives, like those SAA espouses, can also contribute to "the experience of symptoms" (Phillips, 2003, p. 321). If one is told that he is a defective sex addict with an incurable disease, then it's quite easy to take on that identity and lose the ability to occupy other self-positions, including ones that might offer a healthier alternative. An illness narrative (in Drew's case, an addiction narrative) does not capture the quality of an expansive "narrative quest" (Macintyre, 1982, p. 219) that has "a meaningful and intelligible narrative structure" (Phillips, 2003, p. 315). I've found that as Drew and I work together, and engage in the complicated and never-ending process of reauthoring his narrative into something more agentic and heroic, Drew often finds himself splintering into a series of disconnected self-recriminations.

I want Drew to be able to shift between various gradations of narrative self-positions, but he tends to be limited to only the extreme poles, splitting himself into a binary of good and evil, without any strata in between. Drew is either grandiose, the puppet master, God (while he is masturbating to online porn or lecturing and pontificating to his girlfriend), or he is filled with an annihilating self-loathing. These black-and-white narrative poles eliminate any substories in shades of gray. According to Lysaker, Lancaster, & Lysaker, 2003, trauma such as Drew experienced leads to the "collapse of the ability to converse with oneself" and the inability "to construct meaning in an ongoing manner about oneself" (p. 214). When the shades of gray are too scary to access (in Drew's case, it includes questioning his parents' motivations), then

sticking to "singular monological self-positions" (Lysaker et al., p. 213) can be a way for Drew to make sense of his life. The problem is that such rigid stories about oneself resist narrative evolution and Drew's different self-positions end up brittle and calcified, unable to shift and sway in relation to one another. Lysaker et al. suggest that when self-positions become monologic, we "may see authoritarian attempts to reconstruct or rebuild a person" (p. 214), which seems to be Drew's experience when he attends SAA meetings.

I believe that if I can accept Drew's different self-positions, even the seemingly self-defeating ones, it can help allow him to have "more than one perspective at a time, and deliberations between these perspectives can be a useful way to adapt to the realities of one's situation" (Roe & Davidson, 2005, p. 92). This is important because "rather than simply being a byproduct of recovery, these processes of re-authoring one's life story are actually integral components of the recovery process itself" (Roe & Davidson, p. 89). If Drew can learn to move freely between new and subtle self-positions, he can "construct a sense of self independent of his illness" (Roe & Davidson, p. 92) and discover "the novelty and richness of life experience" (Lysaker et al., p. 214) that would, in many ways, transcend his addiction narrative.

In fact, I think many of Drew's thoughts come from an internalized self-object representation of his father. Because Drew was not allowed to develop his own sense of self, he became dependent on what Kohut called "borrowed cohesion" (Kohut, 1984, p. 167), where "the child develops no sense of inner referents" (Jones, 2009, p. 217). Drew becomes dependent on what he thinks his Dad would think. Because this isn't in his best interest, he grows agitated, which leads to compulsive thoughts and behaviors in order to quiet the turmoil. "The child implicitly feels that something is wrong," Jones explains, "but does not have the ability to know what the problem is or how to set it right" (p. 217). Drew vacillates between wanting me just to

listen to him and wanting me to tell him exactly what to do. But, if I gave in to his entreaties for an authoritarian stance, I would become just another surrogate for SAA and, even more elementally, his father.

When I don't tell Drew exactly what to do, he says he feels lost at sea – I assume as a consequence of his never having learned to trust his own instincts. A more traditional "one-person psychology" psychoanalytic approach might focus on Drew's inability to make meaning of the early, traumatic emotional communication from his caregivers, leading to his current confusion and problematic sexual preoccupations. Though I believe this approach has value and is part of our work, I try to foreground the actual use of our dynamic, moment-by-moment intersubjective relationship to nurture a growing self-cohesion in Drew by providing what Jones calls a "responsive selfobject milieu" (2009, p. 224) rather than focusing on traditional psychoanalytic interpretations that shine a spotlight on Drew and his unconscious blind spots. Even though I've seen a psychodynamic approach offer valuable support to people struggling with compulsive behaviors, the danger of long-term psychoanalytic psychotherapy is that the patient can become too dependent on one person—the therapist. Individual therapy has other drawbacks: It can be difficult to schedule, costly, and hit-or-miss in terms of patient/therapist fit. This is why it could be helpful for someone like Drew to be able to find an empathic support group that helps *addicts* by offering a fellowship or brotherhood similar to current twelve-step programs, but with a less shaming and authoritarian set of tenets.

The work of Foucault can be instructive in exploring the circuits of power employed in the sexual addiction edifice. The authoritarian discourse of an SAA meeting subsumes Drew in a "power relationship" and "ritual of discourse" (Foucault, 1990, p. 61) that, in some ways, reduces Drew's power to self-author his own story. It also changes Drew. Foucault says just the

act of confessing, "produces modifications in the person who articulates it" (p. 62). If Drew is induced to parrot SAA's dominant discourse—that he has a defect and a disease that will never be cured— might this not be a performative act that creates and enshrines a more abject identity for Drew, while also working as a hypnotic suggestion? Does it suggest that he must achieve total abstinence, notwithstanding normophilic sex with a long-term partner, or he will be destined to a life of misery? For some, this could easily lead to feeling powerless and giving up, which could lead to even more compulsive behavior.

Foucault (1990) contrasts the subjugated Western man who has become a "confessing animal" (p. 59) with those who advocate for themselves through "testimony" where a compassionate witness is affected by the testimony and feels compelled to take action. I endeavor to be that witness for Drew. One could say that by writing this paper, I have been impelled to act as a result of Drew's testimony. Foucault might describe Drew's testimony to me as a "performative discourse," a political act of resistance against SAA, as well as his internalized self-object representation of his father, and a political stand to stop pathologizing himself.

If Drew can see himself in a richer narrative than SAA's simple defect/disease model, he can take part in a political act whereby he posits an alternate to the almost hegemonic, in our current environment, discourse of SAA and the twelve steps. Ideally, over time, he will be able to depathologize himself and utilize SAA for its social network and strengths while not ingesting its more toxic dogmas. He might learn to experience himself as someone who has been masturbating for the sake of self-preservation, battling his internalized demons, rather than solely as an irredeemable "addict."

It's important to keep in mind that for many people the value of a fellowship as a place to create meaningful relationships cannot be overstated. When Drew speaks at an SAA meeting, he shares his story in a place where "experiences are shared, commonalities discovered, and relationships built" (Woods, 2013, p. 47). This is what a fellowship or peer-support group can offer that I can't in my psychotherapy office. A member-run collective—without the shaming, authoritarian ethos of the twelve steps and possibly modeled after the mutually supportive survivor movements of the schizophrenia and self-harm communities—would allow Drew and other compulsive behavior survivors to depathologize themselves and author new self-narratives.

Inspiration for this collective could come from *neurodiversity*, a growing movement in the Asperger's and Autism Spectrum Disorder (ASD) communities whereby the members of these *categories* argue that autism is not a disease necessarily requiring treatment and that its members should be considered *neuroequals* with the rest of the *normal* population. This group argues that ASD is just a different way of being, and that the ASD citizen's "brain is wired in an atypical—but not pathological—fashion" (Buchman et al., 2011, p. 70).

Dissociation

Over time, I find that my work with Drew spirals in fits and starts toward shared meaning, with a reflexive flailing for distance and emotional space closely following every moment of insight or connection. For example, after about one year of working together, I began to notice a gradual uptick in charged affective moments between us. Yet, in the midst of this pulsating emotional contact, I sometimes registered a sudden, sharp fissure in our link, and sensed that Drew was drifting off in what seemed an unconscious dissociative process. But, I

never felt certain whether the dissociation was in Drew, myself, or in the link between us (what psychoanalyst Thomas Ogden poetically refers to as the "analytic third").

One session in particular stayed with me:

"Tomorrow's my dad's birthday. I sent him something on Amazon, so I feel like I didn't fuck that up entirely," Drew said with a grimace.

"What do you mean, didn't fuck up?"

"Well," he said, his voice retreating into a whisper, "when I don't send a gift, or I send it late, I suffer even worse. I hate the fact that tomorrow I have to call him, but if I didn't send a gift I would feel even crazier."

"What would be crazier about not getting him a gift?

"I feel I'd be pushing his buttons, you know?" Drew said half-aloud, lips trembling, as if his father might burst out from a hiding place at any moment. "Like I'd be rubbing it in his face that he's not loved. I always had to be the good boy, the golden boy in the family. It was like I was trained to be sexually abused. If there are types, I'm probably the type because it happened again and again." Drew paused for a moment, deep in reflection. "So I have to get him a gift or I'd be telling him that I don't care about him."

"What's wrong with that?" I coaxed.

"It would go against my fear of him," Drew mumbled and then fell silent for a moment. I could see a tear roll gently down his cheek. I fought to hold back tears of my own.

"I was sitting on the steps in Union Square Park before coming here," Drew continued, "and I thought, I have no proof that I got incested. Like, I just don't think I did. Like when I sit in a social environment like that I still think…" Drew's voice suddenly swelled into a stentorian bark, as if mimicking a drill sergeant: "*Oh you're just making all this up. You're just an awkward*

person. You're just a fuckup. You don't have anyone to blame. You're just a fuckup." Drew's eyes narrowed on mine as his voice descended back to a murmur. "So, I think, sometimes with my dad, I feel bad that behind his back I'm telling people that he's this monster and I question that." Drew abruptly shook his head, flashed me a tight smile and chuckled. "Yet deep down, I know that he is. I can't put the two together really. It's so confusing."

My heart fluttered and fell as I reflected on the terrible double bind that imprisoned Drew: disregard the reality of his memories and preserve an internal bond with his father or acknowledge what his father did to him and risk feelings of annihilating terror at the loss of attachment to his caregiver.

"I don't think you're making it up," I proffered, my voice cracking.

"Yeah, well, yeah," Drew sighed dismissively.

"But it's normal that you would think that you're making it up." I tried to toss Drew a lifeline by conveying that I understood and accepted his memories and perspective.

"Yeah, like right now, I can barely see," Drew declared. "It's really weird. Like, everything in the room looks like a cubist painting as I talk about this. I see aftershadows on every single thing in the room. Literally, right now it's like I can see every light source in front of your face. I'm having trouble focusing."

"Does it seem scary that I might know something against your dad?" I asked gently.

"I'm worried that I'll find out that you're lying to me, you know," Drew confided with a nod. "That you're just doing it for the money. Once you agree that what I remember happening to me is true, then I feel it's a conspiracy. I have to get back to my dad; we've got to get together, like everyone's against us. I have to get back there, like, my safest place is in that bathroom with him." My back stiffens, and I cringe at the image this brings to mind: a little boy clinging to his

abuser, so desperate to fuse with his father that he's willing to disregard his abuse. "Twice this week I followed Debbie into the bathroom," Drew groaned, "and I was sitting talking to her, and then I looked at her, and I said, *can you fucking believe this is happening*, and she was just laughing." Drew flashed a conspiratorial smile, chuckled, then continued, "And I was like, *I'm sitting on the goddamned toilet watching you get ready, can you believe I followed you in here? Can you see how fucked up this is*?" She was like, *yeah it's weird*. I was like, *yeah I know*. I hadn't realized that I walked in here. Like I didn't know, and now I'm sitting here, and I didn't realize it."

"And she knows you used to do that with your dad?" I asked.

"Yeah," Drew acknowledged and started rhythmically shaking his head. "I've told her about it, and every time I do it, I tell her. I'm like look at me—this is crazy. Every time she gets ready for work, I sit on the toilet and watch her just like when I was a little boy with my father." The smile fell from Drew's face and his eyes rolled up a bit like a junkie after a dose. "I'm feeling strange right now. I feel like in the end you'll say I'm fine and think I'm cute and funny, and I'll have wasted all this time and money. I have this feeling that I should just go back to my dad. That feels comfortable and right." I felt my chest clench and resignation sweep over my prickly skin. I sensed that our connection had been abruptly demagnetized and inverted. I feared that if I moved closer to Drew, he would gravitate away from me, withdrawing into a silent abyss.

"Where'd you go?" I asked.

"The lights are really going crazy. I can see every light in the room swirling right in front of me, and it makes it hard to see your face." His voice trailed off as he put his hand to his

forehead. I felt a spasm of grief as I looked into his pained and vulnerable face. Weeping had left his eyes raw-edged and dimmed.

I imagine talking about his dad feels dangerous—when Drew was a boy it would have been—and to protect himself, he severs his connection to the present. The trigger to this kind of dissociation seems to be whenever we become too close, and in particular, when I communicate a belief that I think he's a good person who deserves love and happiness. It seems this story and these feelings contradict what his parents told him, and to defy them is terrifying. Even now, to defy them risks breaking an imaginary bond, a link that his life was once dependent upon.

Martha Stout (2002) explains how for people like Drew, when they were young, dissociation was a survival strategy necessary to separate his parents' abuse from his love for them. As time wore on, and Drew continued to escape into these altered states at the slightest provocation, he was actually – through repetition – strengthening this habit. Even though the present drifted ever-farther from the original trauma, Drew's dissociative triggers and dysfunctional responses congealed, and became ever more difficult to reshape.

Building on the work of Pat Ogden, one of the pioneers of sensorimotor psychotherapy for the treatment of trauma, Craparo Giuseppe (2014) observes that the faulty mechanism in "a sexually addicted individual is his/her inability to recognize emotions as signals" (p. 48) whose etiopathogenic origin is typically early trauma. Giuseppe posits a wobbling emotional circuit cycling between states of hypo and hyper arousal in the trauma survivor. When traumatic emotions come up, they lead to physical symptoms of higher or lower affect in the form of altered heart rate, blood flow, and tension. They flood the brain with the message that danger is actually present, triggering a flip to the opposite pole of affect, leaving traumatized subjects toggling endlessly in a heartbreaking dialectic between adrenalized terror and anguished gloom.

Dan Siegel, the founder of interpersonal neurobiology, posits that, over time, there is a loss of range within which "various intensity[ies] of emotional arousal may be processed without disrupting the functioning of the system" (1999, p. 263). This narrowing window of normal affective function, and the activation of overwhelming biological processes in response to difficult and intrusive emotions, "hamper more complex cortical functions which foster metacognitive processes of self-reflection and impulse control, as well as causing a progressive fragmentation of the sense of self that generates disorientation" (Giuseppe, 2014, p. 48). This fragmentation of the self that Giuseppe refers to aligns with Drew's dissociative symptoms of feeling not himself as he loses the ability to see the world in a way where things fit together in a clear picture.

The challenge in helping someone like Drew is that the original trauma is ever-present. Any allusion to these original memory traces can be terrifying. But, if we don't integrate these memories into a story that is satisfying and meaningful, then these fragments can stay mired in the foreground of his emotional brain. Drew's constant flashbacks and dissociations are like picking at a scab. Because of this constant picking, the memory traces of the original trauma never healed and integrated into a confidently felt and cohesive personal narrative. Instead they calcified into a brittle repertoire of cycling affect states operating on a hair-trigger. I hope my acceptance of Drew's unfolding story will act as a bandage to give his traumatic memories the space and time necessary to self-author a restorative personal narrative.

At a session a few weeks later, I detected a crackling energy as Drew entered my office. He was hesitant, yet buoyant, as he began to share the progress that he had made in his relationship with Debbie:

"The other night I had nice, good sex with Debbie that was just regular missionary position, and I felt like I'd never done that before," Drew told me in a hushed tone, yet speaking at a fast clip. "On Valentine's Day, I got her flowers, and we went to Central Park and walked through the zoo, and it was like we were a nice normal couple. I felt like I was Neo in *The Matrix* and not following my script. Normally, I would want to run so fast from something like that, but I was able to stay in it, yet I felt almost out of body watching myself do it. I thought you'd think I was crazy." Drew averted his eyes and bowed his head bashfully.

"Why would I think you're crazy?" I asked.

"I guess just because I'm like two different people. I'm the bad sex addict, and then suddenly I'm being the nice normal boyfriend," Drew explained.

I'm gratified that Drew is trying to have a more stable relationship with Debbie; nonetheless, he still thinks I'll judge him for being "normal." This reminds me of the double-bind that his parents put him in by sexualizing and belittling him, and then, as he put on a "false self" (Winnicott, 1960) of being the nice, smiling little boy, they shamed him for this as well; Drew says his parents made fun of him for being a goody-goody when he was growing up. He couldn't win then, and he can't win now—at least not according to his internal working model of social relationships his parents bequeathed to him. It doesn't surprise me that he feels stuck, either in my office or at home, masturbating to porn while feeling incapable of transitioning to the next part of his day. If his internalized parental objects constantly criticize him for any choice he makes, it's easy to imagine him giving up and just lying in the fetal position sucking his thumb or the adult equivalent – sitting for hours looking at porn on his computer screen. I sense that the overarching goal in our work together is to help Drew change his story from one where he is shameful and bad to one where he is loved and accepted, thus widening his window of

tolerable affect, allowing easier access to a richer array of self-states. Self-states that will not only help him to move through life alone, but can help him attach to other people.

Conclusion

As the population of sex addicts has grown, various groups have sprung up to tackle the problem of *sexual addiction*. There are the high-priced rehab clinics run by licensed medical professionals and the ostensibly bottom-up self-help societies (SAA) modeled after the twelve-step groups originated by Alcoholics Anonymous. These two groups—the clinics blanketed with an overlay of medical prestige, and the member-run, quasi-religious twelve-step groups—might at first glance appear to be on opposite ends of the spectrum. But they are actually constantly in dialogue and creating meaning around addiction in a mutually constitutive recursive loop. The disease model of addiction embraced by the psychiatric establishment, as well as the twelve-step literature, seeks to decontextualize the *subject* by using the *addict* label to dissociate individuals from their social context and place all the pathology in the *addict's* brain. This model, which indelibly etches the abject label of *sex addict* onto Drew's self-identity, can lead to hopelessness and continued compulsive behavior. But, in a looping effect between a subject who lives in a discourse and a discourse created by its subjects, people like Drew provide testimony that will eventually reshape the label of "addict" through papers such as this one, altering the way a future *sex addict* views himself, and so on ad infinitum.

By engaging him as a three-dimensional person rather than as a category, I hoped to allow Drew, as well as myself, to open up parts of ourselves that we had cut off—parts necessary for us to embody narratives that are both open and fluid. By holding his story and his various self-states between us, in a non-shaming, non-blaming space, the hope is that Drew could

eventually experience himself as the author and hero of his journey rather than as a static, shameful, and abject label.

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