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WANTING AND NOT WANTING TO CHANGE: CONFLICT AND AMBIVALENCE IN THE EFFORTS OF SEXUALLY COMPULSIVE MEN TO MODIFY DANGEROUS, SELF-DESTRUCTIVE SEXUAL BEHAVIORS

by

CAROL PEPPER

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

1997

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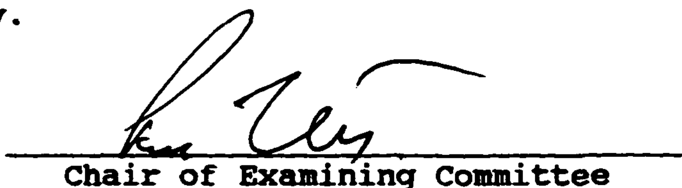
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Abstract

WANTING AND NOT WANTING TO CHANGE: CONFLICT AND AMBIVALENCE IN THE EFFORTS OF SEXUALLY COMPULSIVE MEN TO MODIFY DANGEROUS, SELF-DESTRUCTIVE SEXUAL BEHAVIORS

by

Carol Pepper

Adviser: Professor Paul L. Wachtel

This is a phenomenological investigation of the descriptive accounts of counter-intentional sexual "slips" narrated by 21 gay, straight, and bisexual men, who self-identified as sex addicts and as members of the 12-step fellowship, Sexual Compulsives Anonymous (SCA). As a participant observer, the author attended more than 150 SCA meetings in New York City. Impressed by the recurrent failure of many men to achieve their abstinence goals and by their evident distress, the author speculated that the phenomena subjects call [their] "sex addiction" may be too diverse and complex to justify group members' often exclusive reliance on an addictions explanatory and treatment model.

A case study design and theoretical sampling technique were used, and a questionnaire and semi-structured clinical interview were developed using a process of emergent design. Senior group members were enlisted to serve as key informants. They recruited all subjects, who were volunteers. Assessed were the concerns and behaviors <u>subjects</u> attributed to sex addiction, and their attitudes

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regarding gender identity and role, sexual orientation and preferences, sexual performance and attractiveness to others. Participants described in detail a recent slip and a recent time when a slip was avoided. Interviews were culled for dominant themes.

Provisionally supported was the inference that conflict and anxiety, especially with respect to sexual orientation and sexual preferences, may have contributed to the paradoxical regularity with which subjects "found themselves" acting in ways they were also trying to avoid. Subjects unable to resolve sexual and interpersonal difficulties through the use of 12-step methods described their addiction as "escalating" and themselves as increasingly anxious and depressed.

The study tentatively concluded that the subjective experience of compulsivity described by veteran SCA members who engage persistently in disclaimed, self-destructive, and often dangerous sexual behaviors may be generated not only by unresolved conflict, but also, paradoxically, by the futility of their efforts to apply 12-step methods to dilemmas perhaps more centrally related to issues of sexual conflict than to issues of sexual self-control.

Alternative perspectives noted were Schafer's formulations concerning action language, Cooperman's work on defeating processes, and the cyclical psychodynamic theory of Paul Wachtel.

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INTRODUCTION

This study investigated the subjective experiences of a number of gay, straight, and bisexual men, who described themselves as significantly distressed and discouraged by sexual feelings, fantasies, and behaviors they regarded as addictive and compulsive, dangerous and self-destructive. None of them were sex offenders. Fenichel coined the term, "sex addiction," to designate the defensive use of sexuality in a "desperate and inadequate attempt to discharge. . .an unbearable painful tension and to be relieved of a state of depression (1945, p. 384). Fenichel compared the suffering of sex addicts to the ruination of King Midas: "The sexuality the ego wanted is granted, but in a painful and devastating manner" (1945, p. 384).

To write a paper about the subjective experiences of men who describe themselves as sexually compulsive is to invite the question, What got you interested in that? Since my paper is grounded in the many stories several men told me about themselves, it seems appropriate at the outset to tell a story of my own.

When I was a seminarian at Yale Divinity School (1975-78), the ordination of women to the ministry and to the rabbinate was still unusual and controversial. The Roman Catholic and Orthodox churches, many mainline Protestant

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denominations, and the principle branches of Judaism all proscribed it. Others as a matter of national policy did ordain women, but found it exceedingly difficult to settle new ordinands in affiliated, local parishes, because these preferred their clergy to be married (and, it hardly needs to be said, white) men. The search committees of liberal churches did not indicate such preferences openly, of course. Their curates, assistant, and associate ministers were sometimes women. But it is still rare that a woman is called to the senior pastorate of a thriving congregation.

As a second year seminarian, I worked half-time as a chaplain intern at Yale/New Haven Hospital. I responded to calls from the hospital's many intensive care units and its emergency room, attending to the critically ill, the dying, the dead, their families and their friends. As I remember it, the vast majority were surprised to meet a 24 year old woman chaplain, and a few immediately requested the services of someone else. Under such sad and frightening circumstances, however, most seemed to set the novelty of me to one side. They wanted--or had been sent--a chaplain, and we did what we could to push past our roles (as minister, as patient, as family member or friend) to meet on the common ground of fear and pain, grief and loss.

Early one morning near the end of a twenty-four hour rotation as the hospital's on-call, Protestant chaplain, I picked up a newspaper and a cup of coffee, and read the text

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of remarks made by Pope Paul VI on January 30, 1977 in response to intense public criticism of *Inter Insigniores* (SCDF, 1976). That document outlined the Church's official teaching on women and the ministry and concluded: "Women cannot be ordained because they bear no natural resemblance to Jesus" (SCDF, 1976, p. 5). In his traditional noontime talk before reciting the Sunday *Angelus*, the Pope urged faithful women to accept that "an answer has been given to this question, which some intemperate feminists have rendered unnecessarily vexing" (Pope Paul VI, 1977, p. 124). I was not surprised to read this. Since early childhood I had struggled with gender-related vulnerabilities and incongruities, and with associated, stigmatizing experiences at home and in school. Still, I was indignant and grieved.

Among my friends at Yale Divinity School were many gay seminarians, who were also preparing for the work of the ordained ministry. In most cases, their sexual orientations were a secret kept from denominational authorities and from seminary faculty, since the ordination of gay and lesbian candidates was--and continues to be--widely opposed (see Hawkins, 1996). Oppression in God's name laid an additional, destructive burden on the shoulders of my friends, who contended as a matter of course with the prejudice, stigma, and discrimination society routinely metes out to homosexuals.

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My friends and I talked about sexuality quite a lot. The churches we were preparing to serve took a dim view of the sexual revolution and gay liberation, and we were, after all, quite young members of these churches. We searched for spiritual directors who had achieved in their own lives the integration of sexuality and intimacy we felt challenged to achieve. To the extent that, as individuals, we were able to do so, we confided in each other, describing "unacceptable" sexual feelings, ideas, and behaviors and the guilty, reactive secrecy that characterized many of our sexual explorations. To the degree that we matured, searching ourselves and reaching out to others, we did so, it often seemed, under hostile surveillance. As younger students, we had pounced on the cynicism and hypocrisy we saw in some of our superiors. As older students, we began, with regret and shame, to see it in ourselves.

After graduation, many of us were ordained and sent to the small towns, rural villages, and struggling churches successfully sidestepped by more experienced clergy. A few of my gay and bisexual friends married. Others made commitments to celibacy. Since at that time it was impossible for homosexual clergy openly to seek life partners, the decision to be sexually active required them to be discrete if they lived in big cities, and to keep a dangerous secret if--like most of my newly ordained colleagues--they lived anywhere else.

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None of us could know then that in addition to living painfully divided, largely hidden lives, some of us would be exposed to the human immunodeficiency virus (HIV) and silently seroconvert. HIV-positive friends began to die, and, by the late 1980's, AIDS-defining diseases were also taking the lives of countless clergy we did not know, at all levels of church leadership throughout the United States. Bishops, ordained denominational executives, ministers, and priests, the married and the unmarried, died (and still die), quite often in appalling isolation, because of opportunistic infections associated with AIDS. If their official numbers are known, they are not made public. Ecclesiastically mandated homophobia still declares as unspeakable the fact that the vast majority of these men were sexually active, and that their sexual partners were other men.

I remember the men who were my friends as I approach the subject of my study. Were we sexually compulsive? I know only that powerful social forces significantly complicated our efforts to integrate sexuality into our lives in a healthy way, and that everything we subsume under the rubric of sexuality--whether gender identity, sexual orientation, sexual preference, gender role, sexual performance, or sexual attractiveness to others--is intensely personal, integral to identity, and exquisitely vulnerable to the

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constructions that culture and society sanction or stigmatize.

In this regard it should be noted that the psychiatric diagnostic category--"sexual addiction"--was defined in the 1980's, and is coincident with the conservative backlash many people associate with the Reagan and the Thatcher years (Levine & Troiden, 1988; see Simon, 1994). At that time, "Sexual Disorders Not Otherwise Specified" (among them, nonparaphilic sexual addiction) were defined by disapproving diagnostic criteria like "repeated patterns of sexual conquests. . . involving a succession of people who exist only as things to be used" (APA, 1987, p. 296). Religious intolerance and irrational fears of contagion contributed to a social climate in which, as recently as 1985, the homes of HIV-positive children were firebombed and their public schools boycotted (Hawkins, 1995; Schulman, 1994; Watney, 1987).

The DSM-III-R formulation cited above and the category, nonparaphilic sexual addiction, were rejected for inclusion in the Diagnostic and Statistical Manual-IV (1994) on the grounds that there were "no scientific data to support a concept of sexual behavior that can be considered addictive" (Schmidt, 1992, p. 254, cited by Goodman, 1997, in press). Ironically, this decade has seen national concern shift somewhat to violent, predatory crimes associated with sex. Examples range from Megan's Law (community notification of

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the whereabouts of convicted sex offenders after their release from prison) to the alleged sexual misconduct of people in positions of power and of authority (among them, the Sergeant Major of the U.S. Army, a former Presiding Judge of the New York State Supreme Court, and the President of the United States).

To be insensible to the political realities that motivate such concerns, or to write about the experiences of men who describe themselves as sexually compulsive or as sex addicts without locating them in a specific culture and society, would be to risk colluding with the very marginalizing and stigmatizing forces that, in my opinion, declared them transgressive and intrinsically disordered in the first place (see Chodorow, 1994).

Sexuality and its uses are problematic for most people, and concerns about sexual restraint and sexual self-control have always played a role in Western society. Sixteen centuries ago, an ambivalent Augustine prayed: "Grant me chastity and continence, but not yet" (396/1992, p. 145). Hoping to encourage a deeply disheartened and frightened cadet at military school in 1903, Rainer Maria Rilke wrote:

> Sex is difficult. If you only recognize this and manage, out of yourself, out of your <u>own</u> nature and ways, out of your <u>own</u> experience and childhood and strength, to achieve a relation to sex wholly your own, then you need no longer be afraid of losing yourself (1993, p. 35).

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That unique, authentic, containing relation, he counselled, could be discovered only by "living the questions" and not by force, or by any act of will.

As a member of 12-step fellowships myself, I found it quite congenial to be a participant observer (Agar, 1980; Sullivan, 1954; Weiss, 1994) among the 450+ Sexual Compulsives Anonymous (SCA) members currently living in the New York metropolitan area. Since March, 1994, I have attended more than 150 SCA meetings and four of the fellowship's national conferences. I participated in eight SCA weekend retreats conducted at a camp in the Catskills and at a monastery on the Hudson. Making pot luck dishes to share at holiday parties, admiring and applauding members' very considerable talents and accomplishments, I had the pleasure of attending original plays, dance recitals, cabarets, choral concerts, performance pieces, and gallery openings from Carnegie Hall to the Kitchen to PS 122 to Dixon Place. I cheered the hooding of two new Ph.D's, and had the honor of presiding at the commitment ceremony of two young men who met at an SCA meeting. I attended funerals and memorial services. As a participant observer, I was befriended and I made friends. At the 1995 summer retreat, a fellow camper taught me to dive from a raft.

I acknowledge the tenderness, honesty, courage, and commitment I came to associate with so many members of the fellowship. Earlier in this century, William James expressed

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admiration for Clifford Beers, the author of A Mind that Found Itself (see Beers, 1908, pp. 243-246). Stunned by his brother's sudden death, Beers became severely anxious and depressed and attempted suicide not long after he graduated from Yale. Committed alternately to a series of private and state asylums, he was repeatedly beaten, shackled, and isolated. Beers recovered, and became a zealous, life-long crusader for the humane treatment of the mentally ill. Telling a story "derived from as human a document as ever existed" (1908, p. 1), he related what he had suffered, and gave voice to the suffering endured by the institutionalized men and women who had become his friends. Those in a position to enact reforms were persuaded to do so by his description of the mentally ill, who he said were people like us, only more so (1908, pp. 248-249).

It is in this spirit that I acknowledge with gratitude and esteem the men who generously shared their experiences with me. Since inner freedom with respect to sexuality is always a precarious attainment, it might be useful to think of the phenomena gathered under the category, sexual addiction, as a pure culture whose milder strains are easily recognizable in our own experiences (see Freud, 1905/1953).

In this spirit too I acknowledge and remember with respect and affection David, Terry, Anthony, and Wally, who died before this study was completed. Their stories are not included in this essay, but their experience, strength, and

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hope guided and encouraged me as I became acquainted with New York's SCA community, conducted focus groups, formulated questions and designed and piloted earlier versions of the questionnaires and interview.

PROBLEM STATEMENT

I. Topic

This is a phenomenological, hypothesis-generating investigation of the subjective experiences of gay, straight, and bisexual men who described themselves as sexually compulsive and/or as sex addicts, and who were not sex offenders. They were active, voluntary participants in SCA groups scattered throughout the New York metropolitan area.

SCA does not proscribe any consensual sexual act among adults, and encourages its members to define sexual continence for themselves (SCA International Service Organization, 1993). Participants try to modify and/or to abstain only from those sexual behaviors which they feel they can not control, and which they believe endanger themselves or others (SCA International Service Organization, 1991).

Many SCA members are deeply discouraged by the difficulties they encounter as they work to achieve both reliable sexual self-governance and the capacity to pursue satisfying, intimate relationships with other people

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(Carnes, 1983; Goodman, 1992; Quadland, 1983). They feel "that their actions are 'determined,' that is, that they 'simply cannot help what they are doing'" (Wachtel, 1969, p. 653). They recognize as well the significant health and other risks to which intermittent sexual dyscontrol exposes them.

II. Specific Focus of the Study

This study focused on SCA participants' descriptive accounts of avowedly counter-intentional sexual "slips" and "relapses" (see, for example, Horney, 1945/1966; Schafer, 1978a; Wachtel, 1982, 1987). It explored the participants' subjective experiences both of sexual dyscontrol and of successful self-control, since appreciating their successes--and noticing what had made them possible--was expected to make discernment of change-related obstacles easier (Wachtel, 1993, p. 257).

III. "Thick Description"

Insofar as they were able, participants were asked to use language that was experience-near, and to dissect their subjective experiences away from the explanatory conceptual framework provided by the 12-step model. The narrative goal was to achieve something akin to what Gilbert Ryle first called "thick description" (see Geertz, 1973, p. 6), an exploratory, discovery-oriented, interpretive attitude that prizes particularity, complexity, and multiple perspectives, and that "starts from a state of general bewilderment as to

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what the devil is going on" (Geertz, 1973, p. 27). In contrast, "thin description" obscures and subverts understanding, collapsing complex, irreducible specificities into foreclosed terms we are prone to take at face value, supposing we already know what they mean (see Fromm, 1995; Kwawer, 1980; Sullivan, 1953; Wachtel, 1977b; Wertz, 1984).

Participants were encouraged to be exacting as they tried to put their thoughts and experiences into words, and to reach beyond "taken-for-granted" condensations--like "sex addict" or "sado-masochist" or "pervert"--since these are cultural constructs which at once classify and conceal (Geertz, 1973). It was hoped that the opportunity "to reconceptualize familiar phenomena" would make it possible for participants to achieve alternative perspectives (Wachtel, 1980, p. 401), and to discern multiple opportunities for choice in experiences that have felt obligatory and automatic (Will, 1970).

IV. Rationale

Although AIDS is pandemic, I chose to focus on the subjective experiences of a small, opportunistic sample of self-identified sex addicts and sexually compulsive men currently living in New York City. I recognized that the decision to conduct elicitation research using a case study design and employing theoretical rather than probability sampling would restrict the usefulness of the study, since hypotheses of generalization could not be tested (Winett,

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1995). Although I used purposeful sampling strategies and multiple data sources, subjects were volunteers, who could be expected to differ in some respects from SCA members who did not volunteer (see Rosenthal and Rosnow, 1975). Non-participation bias was a potential source of error; another was reliability of self-reported sexual behaviors (see Davies, Hickson, Weatherburn, Hunt, Broderick, Coxon, et al., [Project SIGMA] 1993, pp. 66ff; James, Bignell, & Gillies, 1991; Jemmott, Jemmott, & Fong, 1992).

Although under-representation of high-risk individuals and social desirability as a response bias were potential validity threats, I nevertheless committed myself to a "close-focus" methodology (Dowsett, Davis, & Connell, 1992, in Aggleton, Davies, & Hart [Eds.], 1992, p. 10). In this I was encouraged by the example of William James, whose engaging and unprecedented phenomenology of religious experiences was derived from archival accounts and personal stories many people told him at the close of the nineteenth century. Defending the uncontrolled and naturalistic characteristics of his case study method, he wrote:

> . . .it is absurd for science to say that the egoistic elements of experience should be suppressed. The axis of reality runs solely through the egotistic places,--they are strung upon it like so many beads (James, 1902/1982, pp. 499-500).

Since, however, anecdotal accounts of compulsive sexual behavior are easily found in the literature describing sex addiction and its treatment (see Carnes, 1983, 1987, 1989;

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Earle & Crowe, 1989; Quadland, 1983; Ryan, 1995), it is valid to ask what purpose would be served by collecting still more.

In my view, the primary value of already published, first person accounts of sex addicts' experiences has been to suggest a starting place for clinicians and a reference point for readers whose sexual desires, ideas, feelings, or behaviors may be ego-dystonic. Throughout the U.S. and Europe, thousands of people have seized on these stories and on their narrators' hopes, tentatively turning to 12-step fellowships and beginning to chip their way out of silence and isolation (Carnes, 1983, 1987, 1989; Griffin-Shelley, 1993; Paez, Besabe, Valdoseda, Velasco, & Iraurgi, 1995). Friendships formed in mutual support groups often become a template on which new relational possibilities are built by people who otherwise feel trapped, tortured, and alone, unable to extricate themselves from habitual, self-destructive cycles of repetition and remorse (see Wachtel, 1987, 1991).

As my participation in SCA groups increased, I began to notice, however, that widespread popular acceptance of an addictions-based explanatory model seemed to have reified an addictions story line, with the ironic result that many experiences related at 12-step meetings did not seem very experience-near. As I listened to scores of "qualifications" and "shares" at meetings, I began to wonder if participants

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were consistently well-served by their reliance on an addictions discourse. Like the default settings on a word processor, addictions categories--for example, "slip," "relapse," and "powerlessness"--could be used in an almost thoughtless way, either to provide provisional structure or to prepackage defensively experience that is, quite understandably, difficult to put into words.

As I attended meetings and listened to participants whose sincerity I did not doubt, it was ironic to notice how often I felt held at arm's length by their "shares." I began to wonder what subtext of thought and feeling lay beneath explanations like:

> I didn't want to have sex with him. I know I was re-enacting the abuse I experienced when my mother abandoned me to my grandmother. That's what this was about.

In the case just cited, it was not that I questioned the truth of the speaker's claims: mothers and grandmothers can be abandoning and abusive; sexual behaviors can be used in the service of repetition compulsion; and these can be related (see Freud, 1914/1958). I understood the participant's words, but I did not know what he meant. His telegraphic communication did not illuminate the continuity he experienced--or perhaps assumed existed--between his ambivalent sexual encounter with another adult and remembered maternal abuse and abandonment. The summation--"that's what this was about"--seemed pat to me, and to do an

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injustice to what I was sure had been a complicated, perplexing experience.

Listening to SCA members narrate their experiences, I was often reminded of an opinion expressed by Jung: that religious creeds and dogmas "effectively protect people against immediate religious experience" (Jung, 1937/1940, p. 43). I began to ask myself if attendance at 12-step meetings and the use of 12-step formulations could not serve an analogous, ironic purpose, especially for group members whose loneliness and wish to make human contact are suffused with anxiety and ambivalence (see Fromm-Reichmann, 1957; Wachtel, 1989; Will, 1982). In a relevant critique of ideologically-driven recovery and "coming out" stories, Plummer objected to the narration of subjective experience in "a distancing language of dysfunctional systems, addiction, 'little children within,' and trauma--a quasi-objective language [which] reasserts itself over the personal story" (Plummer, 1994, p. 105; see also Bollas, 1989).

In this regard, Foucault's critique of the construct, "homosexual," seems equally applicable to that of "sex addict": such constructions come with "a past, a case history, and a childhood" (1978, p. 43) and connote damage and deviance. For similar reasons, Boswell objected to the trend which links homosexuality to identity rather than to object choice. Insofar as "sexually compulsive" is used as

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an adjective rather than as an adverb, Boswell's criticism could be extended aptly:

> . . .the normal person is not "heterosexual" in any defining sense; he engages in heterosexual activity from time to time, but hardly any information about his or her character, behavior, lifestyle, or interest is inferable from this fact. "Homosexual," on the other hand, is understood as a primary and permanent category, a constant and defining characteristic which implies a great deal beyond occasional sexual behavior about the person to whom the term is applied (Boswell, 1990, in Stein [Ed.], 1990, p. 161).

To summarize: as I listened to SCA participants, read relevant literature, and reflected on my own experience, I began to feel that the Fellowship members' reliance on the explanatory power of an addictions (or a trauma or an incest) model could be unproductive, even counter-productive. I began to feel confusion about the group's purpose, and to ask myself: What exactly is the problem SCA exists to solve? I began to wonder: Everyone here seems to feel he or she is working on a common problem; Is there, in fact, a common problem? A related, unsettling question was: Why are most participants having such a hard time achieving their sexual recovery goals?

It was not my purpose to dispute the relevance of an addictions model to the experience of sexual compulsion. As a participant observer, my first responsibility was to try to understand the point of view which group members brought to their feelings and experiences (Sullivan, 1954; Weiss, 1994). Beyond this, I hoped to facilitate participants'

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further self-exploration and self-discovery by encouraging them to step away from an addictions mindset and to take a fresh look at their own experiences (Wachtel, 1989). If participants described their experiences without relying on what I have called the default setting, if they did not expect their thoughts, feelings, and behaviors to fit quite so readily into an over-familiar addictions paradigm, what else might they discover about themselves?

My goal was neither to debate nor to disprove group members' beliefs about themselves with respect to sexual addiction and sexual compulsion. Rather, it was to see whether self-awareness and self-experience could be helpfully enlarged by asking: Is there anything else worth noticing about these troubling experiences? Is there another way to approach them? Looked at in a different light, would "fresh solutions" suggest themselves (Ferenczi, 1931, p. 140)?

Categorical formulations cannot convey the complexity of individual experience, and yet we need them. In view of this, Geertz advised:

> We must, in short, descend into detail, past the misleading tags, past the metaphysical types, past the empty similarities to grasp firmly the essential character not only of the various cultures but the various sorts of individuals within each culture, if we wish to encounter humanity face to face. In this area, the road to the general, to the revelatory simplicities of science, lies through a concern with the particular, the circumstantial, the concrete, but a concern organized and directed in terms of the sort of theoretical analyses that I have touched

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> upon--analyses of physical evolution, of the functioning of the nervous system, of social organization, of psychological process, of cultural patterning, and so on--and, most especially, in terms of the interplay among them. That is to say, the road lies, like any genuine Quest, through a terrifying complexity (Geertz, 1973, pp. 53-54).

VI. Ideas Which Guided the Study

Before I did the work of participant observation, I approached the topic of sex addiction guided by a specific theoretical view: that sexually compulsive behaviors were repetitions which served simultaneously to maintain and to titrate painful, early object ties (see Blos, 1991; Freud, 1914; Kernberg, 1990; Valenstein, 1973). The explanatory power of an addictions paradigm and the extension of the 12-step model to the treatment of sex addiction made intuitive sense to me, and I did not question it.

I conducted a series of pilot interviews in 1994, hoping to discern some useful association between the "feel" of early objects and the "fit" of particular, eroticized enactments. At that time, I did not expect to critique the fit of the 12-step program itself to the phenomena participants broadly described as sexual compulsion.

As a participant observer at SCA meetings, however, and as a student guided by members of a clinical faculty, I began to realize that my early hypotheses were premature. I became increasingly confused about the diverse and very complex phenomena that participants all termed "[their] sex addiction." As I continued the work of participant

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observation--attending SCA meetings and getting to know members of the Fellowship--I formulated these questions:

1. Is an addictions paradigm sufficient to account for the multiple, complex phenomena participants identify with sexual addiction and sexual compulsion?

2. Are participants who self-identify as sex addicts conflicted about aspects of their sexuality which are not generally thought to be susceptible to change (for example, gender identity, sexual orientation, or sexual preferences)? Do they hope to change these through participation in a 12-step program of sexual recovery?

3. Are the lack of freedom and the negative consequences associated with compulsive sexual behaviors related to important conflicts about sexuality itself?

4. Do participants' assumptions about addiction and about themselves as addicts undermine their efforts to initiate and to maintain behavioral change?

5. Do efforts to avoid behavioral dyscontrol (rather than to achieve ambivalence) contribute to the ironic regularity with which participants report "finding themselves" engaged in counter-intentional sexual behaviors?

6. Do participants underestimate their risk of exposure to HIV and other sexually transmitted pathogens? Do they minimize other realistic dangers reliably associated with unsafe sex (for example, physical violence and legal jeopardy)?

LITERATURE REVIEW

Sexual Perversion: Psychoanalytic Contributions

I. *The Three Essays*: Variations in Sexual Function

Freud regarded perversions as evidence of developmental disturbance and as expressions of pregenital component

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instincts that had failed to be subordinated reliably "under the primacy of the genitals" (Freud, 1905/1953, VII, p. 199). Neither entirely innate nor exactly acquired, perversions, in Freud's view, represented solutions which linked yearning (*Lust*) and interpersonal experience with the various inhibitions and dissociations employed by individuals to mitigate them (VII, p. 231).

Freud thought that object preference and the "form to be taken by sexual life" were modifiable, at least in principle. New options were always being raised "according to the vicissitudes of the tributary streams of sexuality springing from their separate sources" (VII, p. 237). In weighing the etiological contributions of disposition and experience to the formation of a perversion, Freud ascribed "great and lasting importance" to the "the accidental external contingencies" (VII, p. 190) and "gave a place of preference" to "the experiences of early childhood," which he described as "definitional" (VII, p. 240).

In Freud's view, whether a person "learns to love" and to "get possession of the sexual object in every possible direction" (VII, pp. 223, 152) depended primarily on development in an interpersonal context. In this regard, he observed: "The finding of an object is in fact a refinding of it" (VII, p. 222). Although he considered "a child's affection for his parents" as the "most important" influence

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on subsequent object choice, Freud did not exclude the contributions of other experiences. He wrote:

> Other starting-points with the same early origin enable a man to develop more than one sexual line, based no less upon his childhood, and to lay down very various conditions for his object choice (VII, pp. 228-229).

Freud distinguished between deviations "in respect of the sexual object" and deviations "in respect of the sexual aim" (VII, pp. 159-160). To the object choices of homosexuals, for example, he ascribed the stamp of pregenital, narcissistic preferences, as well as of later, Oedipal strains like competition, castration anxiety, and guilt. Although Freud ranked homosexuality among the perversions, he did not regard it as an illness. In a now famous letter written in 1935, he responded to the worries of an American mother, who had written to him about her son:

> . . .Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development. . .It is a great injustice to persecute homosexuality as a crime--and a cruelty, too. . . (E. Freud, [Ed.], 1960, p. 423; cited by Kwawer, 1980, p. 74).

Her son, it seemed, had been detained along a road which, under different circumstances, might have led to heterosexual object love. Freud would not have agreed that the young man's efforts to love--however "perverse"--had "miscarried" (Bach, 1994, p. 83).

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The kindness of Freud's reply evidenced the clinical conviction he felt about the relationship between the sexual instinct and its objects. They are, he wrote, "merely soldered together" (VII, p. 148). Aberrations, as such, range along a continuum of intensity, drivenness, and exclusivity. The term, "perverse," was used to designate obligatory paraphilias, not people (VII, p. 161). Regarded from this standpoint, the development of perversions invites inquiry about individual freedom and its limits, and about the unique vulnerabilities of particular people.

Freud defined perversions as

> sexual activities which either (a) extend, in an anatomical sense, beyond the regions of the body that are designed for sexual union, or (b) linger over the intermediate relations to the sexual object which should normally be traversed rapidly on the path towards the final sexual aim (VII, p. 150).

He did not regard the narrative content of perversion--its several scripts, props, and disguises--as intrinsically pathological. Pathology was defined more as a function of the extent to which a sexual activity obliterated, rather than set in relief, what was regarded to be "the normal sexual aim and object" (VII, p. 161). Although he did make distinctions among the perversions with respect to their "very remarkable relation (to). . .the descending scale from health to insanity," Freud regarded "degeneracy" as evidence of illness and not its cause (VII, p. 149, pp. 138-39). It was precisely in the "most repulsive perversions" that he

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discerned the strongest proof of love's "omnipotence" (VII, p. 161). The capacity to imagine and to enact even the "implausible" and the "unthinkable" (Simon, 1994, p. 5) demonstrated how crucial some degree of attachment to others is, and the very high price people are willing to pay to effect and to sustain it (Cooperman, 1983, p. 22).

Freud accounted for certain sexuoerotic conjunctions by frankly acknowledging the "intimate connection between cruelty and the sexual instinct" (VII, p. 159). Explaining that the child's "sexual instinct and its later intensity" were "awakened and marked" by its caregivers, Freud wrote:

> What we call affection teaches the child to love, and will unfailingly show its effects one day on the genital zones as well (VII, p. 223; see Money, 1986; Shengold, 1989; Weil, 1989).

II. Analytic Explorations after Freud

Early analysts interpreted the development of perversions in the context of danger, anxiety and object loss. Glover (1933) described the use of perversion as a regressive solution, making it possible to overcome far-reaching object loss by facilitating the reinvestment of part objects. Fenichel described primary and secondary "libidinizations" of anxiety. Pleasure, he observed, could be discovered in anxious arousal, either directly or secondarily, when the instinct "which is defended against returns in the defense" (Fenichel, 1934, p. 307).

Fairbairn's revision of the libido theory emphasized the developmental importance of the quality of dependence

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that the young experience with respect to their caregivers. The need to love and to experience one's love as valued was no less important, in his view, than the need to be loved. Fairbairn thought that whether and how these needs were fulfilled or frustrated contributed to the trajectory traced by subsequent libidinal expectancies and experiences. He critiqued the commonly held view that auto-erotism primarily serves the cause of pleasure, describing thumb-sucking and masturbation, for example, as methods by which

> the individual seeks not only to provide for himself what he cannot obtain from the object, but to provide for himself an object which he cannot obtain (Fairbairn, 1941, in Buckley, [Ed.], 1986, p. 77).

Michael Balint ascribed the disposition to sexual perversion to a tormenting "lack of fit between the child and the people who represent his environment" (1968, p. 22). Along similar lines, Winnicott accented the relational and reparative claims implicit in any strategy which made it possible for a person to sustain an attachment in the context of a "failure situation" (1954, p. 281).

Socarides (1977) located the etiology of the perversions in vicissitudes of preoedipal origin, theorizing that the earliest experiences between mother and child were pathognomonic. Ostow also accented the contribution of preoedipal factors, viewing perversions as obligatory expressions of dread and desire with regard to merger (1974). As such, perverse enactments were regarded as

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efforts to manage the intense anxiety associated with infantile, traumatic situations and related separation/individuation failures.

Like Socarides, who distinguished between "oedipal" and "preoedipal" homosexuals, Coen differentiated "higher" and "lower level perverts" on the basis of the latter's "grossly impaired" object relations (Coen, 1992, p. 205). "Higher level perverts" were described as persons whose sexual functioning is contingent on obligatory paraphiliac enactments, which were hypothesized to be defenses against Oedipal guilt and castration anxiety. In contrast, he described "lower level perverts" as persons who utilize paraphilias to achieve multiple ends, among them sexual gratification and the warding off of "painful affects, hostile aggression, and narcissistic needs" (Coen, 1988, p. 45). Coen attributed the adult's continued use of defensively eroticized repetition, in part, to fears of autonomy and responsibility. From this perspective, perverse enactments could be understood as a way to "cling . . .to a regressive and destructive parent-child relationship" which is "heavily contaminated by destructiveness <u>on both sides</u>" (Coen, 1988, p. 52, p. 92, [emphasis added]; see also Shapiro, 1985).

Related psychoanalytic formulations highlighted the ways in which perversion could be used to address and to

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resolve various "non-sexual factors" and "neo-needs" (Schmideberg, 1933, p. 253; McDougall, 1986, p. 22). McDougall attributed the development of "neosexual constructions" to experiences of traumatic vulnerability, especially with regard to boundary violations. She viewed autoplastic inventions as efforts to preserve and shield a precarious identity from overpowering others who might damage and disfigure it (McDougall, 1980). Self-stimulating and pain-seeking behaviors were understood as urgent efforts to establish necessary boundaries by those who associate the desire and need for human contact with threats of disintegration and depersonalization (see also Kohut & Wolf, 1978; Novick and Novick, 1987).

III. Perspectives on the Relevance of Anger and Anxiety

In a well-known formulation, Stoller described perversion as "the erotic form of hatred" (1975). The ways in which sexual excitement can be used "to disguise or dilute panic, depression, or rage" were described by Blum (1991, p. 445). Although he noted the contribution of preoedipal aggression to the development of perversions, Kernberg argued that only in neurotic development could resorting to perversion represent "a defensive regression to preoedipal states" (1991, p. 341). He noted the readiness with which aggression is "recruited in the service of erotism" in healthy sexual relatedness, and described perverse sexual behaviors as pathological to the degree that

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they embodied instead "erotism recruited at the service of aggression" (Kernberg, 1988, p. 1022).

It seems obvious that the evolution of any defensive system requires the participation of other people (see Cooperman, 1989; Fiscalini, 1991; Khan, 1963). Yet some theorists wrote about the development of schizoid phenomena like defensive sexualization, fixed fantasies, and obligatory, auto-erotic behaviors as if these did not disclose a child's "peculiar kind of struggle for life under difficult conditions" (Horney, 1939/1966, p. 11). From an interpersonal point of view, paraphilias develop first and foremost in reaction to "unbearably bad experiences with other people" (Kwawer, 1981, p. 282). Traumatic conflicts then said to be "generated in the object relations" include the child's necessary hatred of and aggression toward parents he loves and needs (Grossman, 1991). The worry that "he has actually destroyed those whom he could have loved and who might have loved him" (Kernberg, 1990, p. 258) is defended against by identification with the aggressor and self-attack. These compound the experience of pain, but retain the object tie (Novick and Novick, 1987).

Novick and Novick (1987) noted both preoedipal and phallic-oedipal influences in the epigenesis of perversion, underscoring the role of defense both in adapting "to a disturbed environment" and in deflecting aggression, and acknowledging the role perversion plays in assuring some

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instinctual gratification. McDougall described "the double polarity of neosexual inventions" in terms of the need to ward-off "both neurotic and psychotic levels of anxiety" (McDougall, 1986, p. 24). Anger and the defenses marshalled to "hold it in check" are said to threaten development by interfering with the "orderly progress of the libidinal phases," especially during periods when sensitivity to bodily injury is already acute (Greenacre, 1968, pp. 55-57).

IV. Bodily Vulnerability and the Disposition to Perversion

The physical vulnerability of children, body narcissism, and infantile theories about missing and/or damaged body parts might play some role in what are said to be "perverse" efforts to avoid, deny, and even undo the anatomical differences between the sexes (Greenacre, 1968; Arlow, 1971).

Anxiety about the intactness of the body and the survival of its objects is thought to be contained only partially by perverse structures, which delimit otherwise bewildering oscillations between loving and destructive impulses (Glover, 1933). It has been suggested that sexual deviance develops as an imaginative and often frantic effort at self-cure, if the body-image received at the hands of the primary caretaker is "fragile, alienated, devoid of erotism or mutilated" (McDougall, 1986, p. 21; see also van der Kolk, 1994, Weil, 1989).

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Efforts to "recathect the self-boundaries" (Bach, 1985, p. 18), whether through pain or sexual arousal and release, are paradoxical, since sensory experience ordinarily evokes an absent object. Kernberg wrote that the self is always represented in terms of the other, and that specific images of the self are linked in memory to the characteristic feel of particular people (Kernberg, 1990, p. 197). From this point of view, perverse enactments go in search of the destructive object they defend against. They sustain an object relation in fantasy, while at the same time they repudiate actual dependence on a person.

The ambivalent effort to experience and to ward off objects associated with panic and desire is the more poignant when the body image itself is unstable, charged by concerns about body ownership, or worries that it is possessed by an enemy (Khan, 1963; Laufer, 1968). Kernberg has written insightfully about the conditions responsible for the expression of love almost exclusively in terms of destruction. The primary love object is experienced as destructive (1988). There is

> . . .(1) the experience of external objects as omnipotent and cruel; (2) a sense that any good, loving, mutually gratifying relationship with an object is frail, easily destroyed, and, even worse, contains the seeds for attack by the overpowering and cruel object; (3) a sense that total submission to that object is the only condition for survival and that, therefore, all ties to a good and weak object have to be severed; (4) once identification with the cruel and omnipotent object is achieved, an exhilarating

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> sense of power and enjoyment, of freedom from fear, pain, and dread, and the feeling that the gratification of aggression is the only significant mode of relating to others; and (5) as an alternative, the discovery of an escape route by the adoption of a completely false, cynical, or hypocritical mode of communication, an erasing of all judgment that implies a comparison between good and bad objects, and negation of the importance of any object relation or successful maneuvering in the chaos of all human relationships (Kernberg, 1984, p. 299).

It is especially with respect to destructive objects that the fundamentally non-sexual aspects of perversion come into focus. Neo-sexual enactments are employed in an effort to master past trauma (Freud, 1914; Coen, 1992), and, in the process, may exact revenge (Cooperman, 1979; Coen, 1981). They defend against the experience of desire, need, and vulnerability insofar as they maintain a closed, solitary, self-system in which loneliness is largely dissociated (Fiscalini, 1991).

An intensely conflicted object hunger seems to be at the heart of paraphilic enactments. The fantasy that the pain associated with the object can be omnipotently controlled (Blum, 1991), and the eroticized strategies employed to contain anxiety and master trauma, both create and destroy (Arlow, 1987; Glover, 1933). What serves as a defense against the recall of painful feelings (and their associated objects) also represents the determined effort to sustain an object tie (with its associated feelings) at any cost (see Blos, 1991; Cooperman, 1979, 1983, 1989; Valenstein, 1973).

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Object contact, the preservation of the object, and the need to continually reassure against its loss (Blum, 1991), seem to play a vital role in the etiology and persistence of paraphilic constructions. In this context, Bach's assertion that "a person has a perversion _instead of_ a relationship" (1991, p. 76), is striking and sad. The strategy employed to make object relating possible simultaneously obliterates the possibility of object use (see Winnicott, 1968).

The imaginative collapse so apparent in the stereotypy of obligatory paraphilias serves defensive and offensive purposes (Cooperman, 1989). If participants are reined in by their complimentary roles, the potential for terrifying outbursts and destruction is considerably reduced. The grief of feeling compelled to believe that one's own love is intrinsically destructive is an even greater grief than the full acknowledgement of the object's hate. Malevolent transformation (Sullivan, 1953) may then obscure awareness that loving feelings are still alive. From this point of view, perversions are "a kind of denied or pathological mourning" (Bach, 1991, p. 76), an expression of loyalty to those at whose hands one first learned about love (Cooperman, 1989, p. 349).

In the disposition to perversions, ambivalence and anxiety about the need for authentic contact with other people powerfully facilitate the defensive "recruitment of accomplices, who are induced to interact in ways that

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confirm neurotic expectations and perceptions" (Wachtel, 1993, p. 25). The substitution of fixed fantasies and repetitive, sexualized enactments for actual interpersonal experience preserves the illusion of omnipotence by "actively cutting the other person out" (Cooperman, 1983, p. 23) and sustains, at least in fantasy, "a half-way house position" in which one is "neither in nor out" of contact with other people (Guntrip, 1961, p. 61). Describing the courage it required to allow another man to touch him, a study participant poignantly illustrated such a position:

> I want to do it alone. I don't like letting anybody in. . .My sexual fantasies don't have any real people in them. Real people ruin them. I haven't figured out how to allow myself to have pleasure in the presence of another human being. If you know my various triggers and you want to come at me from that direction, well, alright. I don't want to know from your life story. Just let me close my eyes and at a certain point, in fact, you can even leave. I mean, you can get me started and then you can leave the room. I really don't need you anymore. I know better, I'll do a better job, of handling it myself.

Sex Addiction

I. Sex Addiction Described in the NY Native in 1983

The experiences of self-identified, sexually compulsive gay and bisexual men seeking psychological treatment were described initially by Quadland in the N.Y Native (November, 1983). Quadland conducted an experimental group therapy treatment with these men in a matched control study over a period of two years (Quadland, 1985). His patients described

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sexual compulsion as the feeling that they are compelled to engage in dangerous, self-destructive sexual behaviors, which they try persistently and unsuccessfully to avoid or control. What differentiated them most significantly from the matched control group (gay and bisexual men seeking general psychotherapy) was a marked tendency to report other obsessive-compulsive, impulsive, and behavioral dyscontrol syndromes, most often related to overeating, alcoholism, and drug abuse (Quadland, 1985).

II. Models for Describing Compulsive Sexual Behavior

Within the treatment community, no consensus has been achieved on how to designate the dangerous sexual behavior patterns commonly described by men and women of all sexual orientations who self-identify as sexually compulsive and/or as sex addicts (Coleman, 1986). Persuasive arguments have been made in favor of several different descriptive, etiological, and treatment models (see, for example, Barth & Kinder, 1987; Coleman, 1987; Goodman, 1992, 1993, 1997; Levine & Troiden, 1988; Travin, 1995). Various models accent what compulsive sexual behaviors (CSBs) seem to have in common with mood, anxiety, impulse control, and obsessive-compulsive spectrum disorders. Several studies have noted the responsiveness of CSBs to serotonergic medications, which seem to diminish both the incessant press of compulsive sexual urges and associated behavioral dyscontrol (see, for example, Anthony & Hollander, 1993; Kafka, 1991;

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Kafka & Coleman, 1991; Stein, Hollander, Anthony, Schneier, Fallon, Liebowitz, & Klein, 1992). The earliest contemporary addictions model highlighted the compulsive use of sex to produce mood-altering states, despite evidence of impaired control and the experience of adverse consequences (Carnes, 1983). A more precise definition of sexual addiction, consistent with DSM-III-R (1987) formulations about psychoactive substance dependence, was proposed by Goodman:

> Sex addiction is a disorder in which a sexual behavior that can function both to produce pleasure and to provide escape from internal discomfort is employed in a pattern characterized by 1) recurrent failure to control the sexual behavior, and 2) continuation of the sexual behavior despite significant harmful consequences (1992, p. 305).

Most researchers and clinicians agree that any sexual behavior has the potential to become compulsive; they stress the importance of avoiding socially-driven judgments about what constitutes "normative arousal-activity patterns" (DSM-III-R, 1987, p. 279, cited by Travin, 1995) when assessing and diagnosing sexual compulsion or sexual addiction (Coleman, 1991; Goodman, 1992, 1993, 1997). A particular strength of the addictions model is that it underscores compulsive reliance on unspecified "external actions as a means of regulating internal states" (Goodman, 1993, p. 229). With respect to the use of sexual behaviors to perform self-regulatory functions, Goodman emphasized that

> . . .no form of sexual behavior is in itself defined as sexual addiction. A pattern of sexual behavior is designated sexual addiction,

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> not on the basis of what the behavior is, but on the basis of how the behavior relates to and affects a person's life. . .Whether a pattern of sexual behavior qualifies as sexual addiction is determined not by the type of behavior, its object, its frequency, or its social acceptability. . .The features that distinguish sexual addiction from other patterns of sexual behavior are (1) that the individual is not reliably able to control the sexual behavior; and (2) that the sexual behavior has significant harmful consequences and continues despite these consequences (Goodman, 1997, in press).

III. Fenichel and Goodman: Observations and Hypotheses

Goodman's contributions to the understanding of sex addiction are informed by the clinical observations and theoretical formulations of Fenichel, who linked the perversions to other impulse neuroses. Fenichel was impressed by the many apparent similarities among, for example, impulsive running away, cleptomania, pyromania, gambling, drug addiction, and "addictions without drugs," among them, addictions to food, sex, and love (Fenichel, 1945, pp. 242-245, 352, 365-386, 388). Common to all, he argued, were efforts "to satisfy archaic oral longing, which is sexual longing, a need for security, and a need for the maintenance of self-esteem simultaneously" (1945, p. 376).

Fenichel also underscored the "characteristic irresistibility" of pathological impulses, attributing their intense valance to a powerful "condensation of instinctual urge and defensive striving" (1945, p. 367). He identified "fatal vicious circles" generated by addictive behaviors and maintained by the felt "urgency of the need and the final

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insufficiency of all attempts to satisfy it" (Fenichel, 1945, p. 376). Finally, he attributed the formation of perversions and other self-destructive, acting out disorders, in part, to derangements in the development of self-regulatory functions in the first years of life, when vulnerability and dependence are absolute (Fenichel, 1945, pp. 365-369, 385ff), and, in part, to the effects of impaired self-regulation on the subsequent development of the capacity to play (see also Kwawer & Menaker, 1987). Comparing gambling and masturbation, he wrote:

> . . .both are intended as a kind of play. The psychological function of play is to get rid of extreme tensions by the active repetition or anticipation of them in a self-chosen dosage and at a self-chosen time. Masturbation in childhood and puberty, in this sense, is "playing at" sexual excitement, acquainting the ego with this excitement and preparing it for the ability to control it. Gambling, in the beginning, is thought of as "playing," in the sense that the oracle is "playfully" asked how it would decide in a more serious situation. Under the pressure of inner tensions, the playful character may be lost; the ego can no longer control what it has initiated, but is overwhelmed by a very serious vicious circle of anxiety, violent need for reassurance and anxiety over the intensity of this violence. The pastime becomes a matter of life and death (Fenichel, 1945, p. 373).

Goodman's contributions to the designation and treatment of sexual and other addictive disorders reflect Fenichel's hypothesis that the sexual perversions and the impulse disorders may share common, predisposing factors (1945, p. 387). Like Fenichel, Goodman observed many similarities and relationships when he compared the clinical

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features of alcoholism, drug addiction, bulimia, pathological gambling, and sex addiction. He summarized these as follows:

> 1. Characteristic course--the disorder typically begins in adolescence or early adulthood, and follows a chronic course with remissions and exacerbations;
>
> 2. Behavioral features--narrowing of behavioral repertoire, continuation of the behavior despite harmful consequences;
>
> 3. Individuals' subject experience of the condition--craving, preoccupation, excitement during preparatory activity, mood-altering effects of the behavior, sense of loss of control;
>
> 4. Progressive development of the condition--craving, loss of control, narrowing of behavioral repertoire, and harmfulness of consequences, all tending to increase over time;
>
> 5. Experience of tolerance--as the behavior is repeated, its potency to produce reinforcing effects tends to diminish;
>
> 6. Experience of withdrawal phenomena--psychological and/or physical discomfort when the behavior is discontinued;
>
> 7. Tendency to relapse--that is, to return to harmful patterns of behavior after a period of abstinence or control has been achieved;
>
> 8. Negative impact of the condition on other aspects of affected individuals' lives as the behavior assumes priority;
>
> 9. Recurrent themes in the ways individuals with these conditions relate to others and to themselves--including low self-esteem, self-centeredness, denial, rationalization, and conflicts over dependency and control. (Goodman, 1997, in press).

Goodman found substantial epidemiological evidence documenting vulnerability across conditions of affected

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individuals' significant, lifetime comorbidity with other addictions and other impulse-related disorders (Goodman, 1993; 1997, in press). He synthesized empirical research supportive of his hypothesis that some common neurobiological substrate underlies much addictive pathology. In particular, he emphasized already established associations between the reinforcing effects of food, drugs of abuse, and sexual behavior, and the brain reward system, which he described as "a single system of neural pathways and neuromodulators (neurotransmitters and neuropeptides) . . .involving both dopaminergic and opiodergic synapses" (Goodman, 1993, pp. 227-228).

Summarizing relevant knowledge about neurobiology and early development, self-regulation, and human sexuality, Goodman related these to contemporary explorations in the social sciences and to multiple lines of psychoanalytic inquiry. Significantly re-visioning formulations of Carnes and others with respect to sexual addiction, he hypothesized that conditions like alcoholism, drug addiction, bulimia, pathological gambling, and sexual addiction

> (1) may share a common, underlying, psychobiological process; and (2) that this psychobiological process precedes the onset of the disorders and is thus not simply a consequence of addictive behavior or an addictive life-style (Goodman, 1997, in press).

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Sexual Risk Taking

I. The Relevance of AIDS

To study any aspect of human sexuality today is to be mindful of the worldwide impact of AIDS. On New York City's subways and buses, placards depict the paraphernalia we have come to associate with sexual intercourse: water-based lubricants, latex condoms, and dental dams. Sex is "unsafe," and many people believe that it is now necessary to practice Universal Precautions--the medical protocol which gowns and gloves--because the body is, by definition, contaminated. To illustrate the devastating impact of the AIDS epidemic on the seronegative gay men in his psychotherapy practice, Odets quoted remarks made by a patient in his mid-60's:

> I'm afraid this epidemic has really thrown ice water on my sex life. I never thought a little piece of rubber could do that, but condoms have created in me a real sense of grief, a sense of loss about what used to be. . .I'm pretty sure now that I'm too old to ever outlive the need for all these precautions--my God, you go to the bedroom with an arsenal of pharmaceuticals in the hope that you won't kill each other making love. The good part for me is that I'm old enough to take an early retirement on sex. But young people, I don't know what they're going to do about it. I'm glad I'm not in their position. Even at my age, I've begun to wonder who I am. I say I'm gay, but, you know, I don't have sex with men anymore. That leaves me wondering just what it is that constitutes my being gay these days. When people ask me now, I'm tempted to say, "Oh, I used to be gay, but I'm retired now" (Odets, 1994b, in Cadwell, Burnham, & Forstein, [Eds.], 1994, p. 450).

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Although all sexually active people are in principle at risk for exposure to HIV and other sexually transmitted pathogens, degrees of risk do vary. Among those persons at special risk are self-identified, sexually compulsive men and women, who believe they cannot reliably control their sexual feelings and behaviors.

The capacity, when appropriate, to relinquish control is a necessary component of human sexuality, as well as a source of its great pleasure. Assuming that realistic conditions for safety have been met, risk-taking in the service of intimacy occurs in a context of trust and mutual vulnerability and is elective. By their accounts, sexually compulsive people do not so much relinquish as fail to exercise self-protective functions. Trust and safety are not experienced. They describe themselves as involuntary risk-takers who feel out of control and unsafe. In fact many of them do place themselves in sexual situations that expose them to very significant risk. Hence, research about AIDS, sexual risk-taking, risk reduction, and harm negotiation is of relevance to this group.

II. Unsafe Sexual Behaviors

Current studies suggest that sexual risk taking is widespread in the general population (Institute of Medicine, 1994). In a recent, representative survey of persons ages 18-59 living in the United States, one in six acknowledged having contracted a sexually transmitted disease (STD) in

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the previous year (Michael, Gagnon, Laumann, & Kolata, 1994). A nationwide probability study assessing condom use by heterosexuals found that only 17% of those who had multiple sex partners and only 12.6% of those who thought their partners might be "risky" used condoms consistently (Catania et al., 1992; cited by Institute of Medicine, 1994).

Several studies have demonstrated that among the sexually active and injection drug users (IDUs)--the two groups most vulnerable to HIV infection today--significant numbers either do not recognize that they are at risk or do not take actions to reduce their risks (see, for example, Brunswick et al., 1993; Klepinger et al., 1993; both cited by Institute of Medicine, 1994). In recent studies of HIV prevalence and sexual risk-taking in a cohort of New York City gay men aged 18-24, the majority of HIV-positive young men were not aware of their HIV status (Dean & Meyer, 1995; Meyer & Dean, 1995). Similarly, in a study of 20,125 heterosexual clients who sought treatment for STDs at seven clinics in Los Angeles County between January, 1993 and June, 1994, 85% of those who had sero-converted did not know they were HIV-positive. Of those who had sero-converted, 20% stated prior to testing that they did not believe they were at risk for exposure to HIV, despite the fact that they had contracted other STDs (Simon, Weber, Ford, Cheng, & Kerndt, 1996).

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It is, of course, important to hold such statistics in tension with awareness of the social, political, and economic factors that contribute to the special vulnerability to HIV/AIDS of some individuals and communities (Amaro, 1995; National Minority Aids Council, 1992; Odets, 1994a, 1994b; Scambler & Graham-Smith, 1992, in Aggleton et al., 1992; Tagle, Gerald, Ring, Nguyen, Soto, & Harris, 1993). The harsh impact of such factors--among them, homophobia, racism, violence, poverty, and social inequality--might make the valuation of health and the implementation of related, safer sex techniques seem either remote and academic, or absurdly insufficient in the face of multiple, inescapable dangers (Amaro, 1995; Kaplan, Johnson, Bailey, & Simon, 1987; Rotheram-Borus, Hunter, & Rosario, 1994; Soskolne, Aral, Magder, Reed, & Bowen, 1991). Such social factors must surely be as weighty as the innumerable individual determinants thought to increase vulnerability to HIV infection. Epidemiologists attribute to their impact much of the speed with which AIDS has spread, especially in the inner cities of the United States and in developing countries (Ehrhardt, 1992; Parker, 1996).

As a result, investigators have begun to look beyond theoretical models which explain and predict health behaviors and change at the individual level on the basis of rational decision-making (see Ingham, Woodcock, & Stenner, 1992, in Aggleton et al., 1992; Winett, 1995). A more

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broadly-shared research goal is to design community-wide interventions which intentionally incorporate contextual variables such as gender and racial/ethnic culture (see Kelly, Murphy, Sikkema, & Kalichman, 1993), in an effort to "make risk reduction socially normative within vulnerable populations" (Kelly et al., 1993, p. 1027).

From this point of view, it is perhaps less startling to note that extensive public educational efforts to increase general levels of AIDS risk knowledge in the U.S. have not resulted in the consistent, wide-spread adoption of sexual risk reduction strategies (DiClemente, Forrest, & Mickler, 1990). Behavioral interventions based on the education and "reasoned persuasion" of individuals now seem fraught with limitations (Parker, 1996, p. S29). Indeed, many contemporary HIV/AIDS researchers question the ecological validity of studies investigating the states, traits and behaviors of individuals, "as if they carried around with them fixed propensities for unsafe behaviour" (Davies, et al., 1993, p. 48). They argue that effective harm reduction strategies might be better conceptualized as an outcome of successful risk negotiation, and that risk negotiation, like most sexual experience, is an interpersonal process that occurs in the context of profoundly influential peer and social network norms (Davies & Project SIGMA, 1992, in Aggleton, et al., 1992; Kippax, Crawford, David, Rodden, & Dowsett, 1993; Mane, Aggleton,

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Dowsett, Parker, Gupta, Anderson, et al., 1996; Rotello, 1997; Signorile, 1997).

III. Sexually Transmitted Infections

Known to facilitate HIV transmission, viral STDs cannot be cured, and many bacterial STDs have become resistant to antibiotics (Coutinho, Prins, Spijkerman, Geskus, Keet, Fennema, et al., 1996; Michael, Feinleib, & Schempp, 1994, in Michael et al., 1994). Evidence links HIV infection to ulcerative STDs like chancroid, syphilis, and herpes. Epidemiologists generally regard non-ulcerative STDs, such as gonorrhea, chlamydia, and trichomonas, as biological markers suggestive of HIV exposure (Hoffman & Bolton, 1996).

Because AIDS-defining illnesses occur, on average, 7-10 years after initial HIV infection (Kelly, et al., 1993), the trajectory of the epidemic in the United States is likely to be shaped by persons who share the risk backgrounds currently implicated in the second wave of HIV transmission: (1) male and female injection drug users (IDUs); (2) ethnic minority men who have sex with men (MSM)--so designated by epidemiologists because many do not self-identify as gay or bisexual; (3) the female partners (and perinatal offspring) of high risk men (Poppen & Reisen, 1994; Soskolne, et al., 1991); and (4) high risk adolescents, among them ethnic minority adolescents, gay youth, runaways, and teenagers who exchange sex for drugs or money (Ingham et al., 1992; Jemmott et al., 1992; Rotheram-Borus, Meyer-Bahlburg,

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Rosario, Koopman, Haignere, Exner, et al., 1992; Rotheram-Borus, Mahler, Koopman, & Langabeer, 1996).

Ethnic minority gay youth are at particular risk for HIV infection, and are already disproportionately represented in the population of homosexual adolescents and young adults who are HIV-positive (Jemmott et al., 1992). In a 1992-1993 probability sample of 428 San Franciscan homosexual men aged between 18 and 29 years, an HIV prevalence of nearly 18% was found. Within the same sample, HIV prevalence varied by age and ethnicity: 5% of youth aged 18-23 were HIV-positive, as were 11% of young men aged 24-26, and 29% of adults aged 27-29. Prevalence was highest among African-Americans (35%), followed by Asians (27%) and Hispanics (25%). Prevalence was lowest among Caucasians (16%). The annual seroconversion rate among young gay men in this cohort was two to three times higher than that of homosexual men aged 30 and older (de Wit, 1996). Similar findings were reported in a study conducted in New York City (Dean & Meyer, 1995). Proportionate, somewhat lower, rates evidencing the same age and ethnicity effects were found in two much larger studies: one recruited its participants in Boston, where AIDS prevalence is lower; the other drew its sample from the population of young gay men living in six urban counties across the United States (deWit, 1996).

HIV data tracked for the United States Congress suggest that young people between the ages of 13 and 24 are at

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special risk for HIV infection. Each year the number of those among them who develop AIDS-defining symptoms grows by 15% (France, 1995). In a study of 136 gay male adolescents, ages 14-19, who requested services at New York's Hetrick-Martin Institute, 56% reported 11 or more male and female partners; 79% said that they had engaged in unprotected receptive and/or insertive anal intercourse; and 52% said that they never or very rarely used a condom (Rotheram-Borus, et al., 1992). It is estimated that about 22% of all AIDS cases on record in the United States today resulted from teenage exposures (France, 1995). Among MSM, as many as 9% under the age of 24 are HIV-positive. Representative samples of men younger than 30 suggest that as many as 18% test positive for HIV (de Wit, 1996).

Although HIV-related disease processes are often treatable, and while recent advances in the use of protease inhibitors have resulted in promising reductions in the viral load of some HIV-positive individuals, AIDS cannot be cured and no preventive vaccine has been developed. Therefore, consistent behavior change is the only available means for the primary prevention of HIV infection (Peterson & DiClemente, 1994).

IV. Efforts of Gay Men to Change Sexual Behaviors Thought to Facilitate HIV Transmission

Even before HIV was isolated and determined to be the sexually transmissible virus responsible for AIDS--and long before any government-sponsored primary prevention

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initiatives were implemented--gay community organizations in San Francisco, New York, and Los Angeles initiated the development of safer sex techniques and guidelines (Watney, 1989/1994; Weeks, 1991). They recommended that the sexually active try to change behaviors thought to increase their vulnerability to disease transmission. Specifically, they encouraged reduction in the number of sexual partners and the avoidance of situations likely to lead to anonymous sex (Martin, 1986). After the first HIV antibody assay was developed in 1984, gay men extended their safer sex recommendations to include advocating the use of latex condoms and the avoidance of the exchange of bodily fluids (Quadland & Shattls, 1987).

Gay organizations conducted many effective, community-based health education and promotion campaigns, especially in urban areas. They encouraged the universal adoption of an ethic of mutual responsibility and protection (Bayer, 1991; Dowsett et al., 1992; Rotello, 1997), as well as the eroticization of lower risk activities like talking, touching, kissing, and using condoms, in an attempt to minimize the stark differences in pleasure to be gained from safe as opposed to unprotected sex (Callen, 1983; Davies, et al., 1993; Watney, 1989/1994). As a result, several longitudinal studies conducted in the nation's AIDS epicenters documented enduring change in the sexual behavior of a significant number of adult gay men (see Detels,

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English, Visscher, Jacobson, Kingsley, Chmiel, et al., 1989; Joseph, Montgomery, Emmons, Kessler, Ostrow, Wortman, et al., 1987; McCusker, Stoddard, Zapka, Zorn, & Mayer, 1989).

For example, a prospective study of gay clients being treated for hepatitis-B at an STD clinic in San Francisco (the City Clinic Cohort) showed that the rate of engaging in unprotected, nonrelational, receptive anal intercourse was 27 times higher in 1978 than in 1985 (Doll, Damon, Jaffee et al., 1987; cited by Ekstrand & Coates, 1990). Nevertheless, 67% of these men seroconverted, and were reported HIV-positive in 1984 (Jaffe, Darrow, Echenberg et al., 1985; cited by Winkelstein, Lyman, Padian, Grant, Samuel, Wiley, et al., 1987).

Using retrospective data provided by a sample of gay men in New York City whose sexual behaviors were assessed one year after they first became knowledgeable about AIDS, Martin found that the average number of sexual partners per year declined from 36 pre-AIDS to 8 post-AIDS, and that reported episodes of receptive anal intercourse declined by 75% (1987). The incidence of rectal and pharyngeal gonorrhea among New York City males dropped 59% between 1980 and 1984 (Bayer, 1991).

Reporting on behavior changes made during a six month interval in San Francisco by 288 gay men who were in non-monogamous relationships, McKusick and colleagues described a 60% decline in the average number of visits to a sex club

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or bathhouse for sex; a 46% reduction in the frequency of anal intercourse without a condom; and a 20% reduction in the average number of sexual partners per month (McKusick, Wiley, Coates, Stall, Saika, Morin, et al., 1985). Reviewing seroconversion rates, types of sexual activity, and reports of condom use among 2915 HIV-negative men followed at six month intervals for 24 months as part of the Multicenter AIDS Cohort Study (MACS), Detels and colleagues found that the proportion of men reporting condom use every time they practiced receptive and/or insertive anal intercourse rose from 3% at visit 2 to 28% at visit 5. Among men whose experiences of anal intercourse were always unprotected, the proportion who reported eight or more sexual partners declined from 69% at visit 2 to 22% at visit 5 (Detels et al., 1989).

Reviewing other studies which documented significant declines in risk-related sexual behaviors reported by gay men, Stall, Coates, and Hoff (1988) reported that sexual impulsivity and the conviction that a cure for AIDS would soon be discovered were among the factors associated with sexual risk-taking. Other studies found that many gay men succeed in achieving intervals of safer sex, which are periodically disrupted by episodic, high-risk activity (Ekstrand & Coates, 1990; Joseph, Adib, Joseph, & Tal, 1991; Kelly, St. Lawrence, & Brasfield, 1991; McCusker, Stoddard, McDonald, Zapka, & Meyer, 1992). Following a large cohort

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yearly since 1984, Stall and colleagues reported that a pattern of inconsistent safer and unsafe sex was eight times more common than a pattern of consistent high-risk sex (Stall & Ekstrand, 1989; Stall, Ekstrand, Pollack, McKusick, & Coates, 1990). In that study, researchers grouped subjects who practiced anal-genital intercourse into one of three condom exposure categories (never use, sometimes use, always use) in order to analyze their seroconversion rates. They discovered the highest incidence of seroconversion among those men who reported inconsistent condom use when engaging in anal-genital intercourse with multiple partners (Detels et al., 1989).

In a study of risk behavior reported by nearly 2000 gay men living in 16 small and moderate-size cities selected from six states and representing four national regions, Kelly and colleagues (1992) found that nearly a third had engaged in unprotected anal intercourse an average of eight times in the previous two months, most often with casual partners. They determined that high-risk behavior was most strongly associated with the conviction that protected sex (condom use) would not be acceptable to peers, a tendency to minimize personal vulnerability to AIDS, younger age, and higher levels of overall sexual activity (Kelly, Murphy, Roffman, Solomon, Winett, Stevenson, et al., 1992).

Stall and colleagues noted important individual differences in beliefs about the significance and relative

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worth of particular sexual behaviors and about whether "safer" sexual practices are satisfying (1988). In support of this, Odets argued:

> [An] important psychological issue. . .is the the variety of human meanings of sex, and, as one expression of those meanings, the meaning of semen. What AIDS education has come to call "the exchange of bodily fluids" was once acknowledged as an important aspect of intimacy for many men (Odets, 1994a, p. 15).

Differences in meaning that go "beyond physical and erotic pleasure" (Davies et al., 1993, p. 139) are among the issues that have been investigated in depth by researchers working independently in Australia, Great Britain, Norway, and the United States (see Dàvies, et al., 1993; Dowsett et al., 1992; Johnston, 1995; Odets, 1995; Prieur, 1990). Of special note is the widely reported finding that the practice of "unsafe sex" is significantly predicted by relationship status: regular partners are more likely than casual partners to engage in unprotected penile-anal and/or penile-vaginal intercourse (Connell et al., 1990, cited by Dowsett et al., 1992; Davies, et al., 1993; Day & Ward, 1990, cited by Scambler & Graham-Smith, 1992, in Aggleton et al. 1992; Johnston, 1995; Meyer & Dean, 1995; Odets, 1994, 1995; Prieur, 1990). On the strength of this finding, Prieur launched a significant critique against the many stereotypes which condemned gay men for "continuing" to practice "unsafe" sex. Subsequent researchers have found consistently that the unprotected sexual intercourse engaged in by gay

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men is, typically, "ordinary human sex, motivated by traditional, positive, human values" (Davies & Project SIGMA, 1992, p. 135).

V. Individual Factors Most Predictive of Success and Setbacks in Sexual Risk Reduction among Gay Men, Heterosexual Adults, and Teenagers: Summary

Studies investigating the psychosocial and environmental factors most likely to facilitate or to impede the efforts of individuals to implement sexual risk reduction strategies are voluminous. Multiple longitudinal cohort and cross-sectional descriptive studies provided particularly robust empirical support for the following variables:

1. Accurate assessment of personal risk (see, e.g., Catania, Kegeles, & Coates, 1990; Kelly, St. Lawrence, Brasfield, Lemke, Amidei, Roffman, et al., 1990)

2. Self-efficacy (see review article, Bandura, 1994)

3. Personal history and habituation to high-risk behavior (see, e.g., Joseph et al., 1991; McCusker et al., 1989)

4. Alcohol or recreational drug use (see review articles, Leigh & Stall, 1993; Siegel, Mesagno, Chen, & Christ, 1989; Stall, 1995)

5. Belief that high risk sexual behaviors are more pleasurable (see e.g., Hays, Kegeles, Coates, 1990; Hays & Peterson, 1994; Valdiserri, Lyter, Leviton, Callahan, Kingsley & Rinaldo, 1988)

6. Attitudes toward condom use (see e.g., Catania, Coates, Stall, Bye, Kegeles, Capell, et al., 1991; Hays et al., 1990; Kelly et al., 1993; Sacco, Levine, Reed & Thompson, 1991)

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7. Partner's attitudes (see e.g., Gold, Skinner, Grant, & Plummer, 1991; Gold & Skinner, 1992; Hays et al., 1990; Signorile, 1997)

8. Emotional attachment to partner (see e.g., Davies, et al., 1993; Johnston, 1995; Joseph et al., 1991; McLean, Boulton, Brookes, Lakhani, Fitzpatrick, Dawson, & Hart, 1994; Meyer & Dean, 1995; Odets, 1995; Prieur, 1990)

9. Perceived difficulty in modifying sexual behavior (see e.g., Aspinwall, Kemeny, Taylor, Schneider, & Dudley, 1991; Siegel, et al., 1989)

10. Perceived difficulty in controlling sexual impulses (see e.g., Emmons, Joseph, Kessler, Wortman, Montgomery, & Ostrow, 1986; Exner, Meyer-Bahlburg, & Ehrhardt, 1992; Joseph et al., 1991)

11. Social norms and peer support (Catania et al., 1991; Emmons et al., 1986; Hays, et al., 1992; Hays & Peterson, 1994; Rotello, 1997; Signorile, 1997)

METHODOLOGY

I. Phenomenology and Qualitative Research

During the latter half of the nineteenth century, methods of systematic observation and introspection defined the emergent field of psychology. Early in this century, more theoretically-driven, quantitative methods came into prominence as psychologists aspired to achieve for their discipline the status of science. The proliferation of theories has made it increasingly possible to study any psychological phenomenon through the interpretive vocabulary of many different approaches. Insofar as theory preempts immersion in experience, establishing in advance what is already known and defining the trajectory of further

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inquiry, it may obscure rather than reveal phenomena, especially in their most incorrigible aspects. Discerning incorrigibility--what it is about cigars that sometimes makes them just cigars--requires a certain naivete that early recourse to theory is likely to subvert (O'Connor, personal communication; Sullivan, 1954).

Of course it would be naive to think it possible to achieve either "immaculate perception" (Nietzsche, 1883-1988/1968, p. 267) or "frictionless theory" (O'Connor, personal communication). Arguing that perception is necessarily contaminated by theory, Nietzsche wrote:

> Against positivism, which halts at phenomena--"There are only _facts_"--I would say: No, facts is precisely what there is not, only interpretations. We cannot establish any fact "in itself": perhaps it is folly to want to do such a thing (Nietzsche, 1883-88/1968, p. 267).

Modern epistemologies tend to echo such views. Quine (1960), for example, argued that discrete phenomena are at once inaccessible and accessible. His work on conceptual frameworks emphasized their role as filters, which inevitably structure and impart meaning to experience and yet make possible whatever meanings may be discerned.

On somewhat similar grounds, post-modern critics deny that it is possible to "get outside and above" the domain under scrutiny (Culler, 1987, p. 173), since phenomena, like texts, "point beyond themselves" (Taylor, 1984, p. 16). Because they are open structures and relational events (Barthes, 1977), their meaning can "never [be] fully

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present" (Taylor, p. 17). Absence and enigma, therefore, invite a tentative hermeneutic.

It may be most useful to hold naturalistic and theoretical perspectives in tension, fluidly shifting between them in response to what is being learned. William did this, and unreservedly accented the unsurpassing value of "private reality," since, whatever its limits, it "always remains infinitely less hollow and abstract. . .than a science which prides itself on taking no account of anything private at all" (James, 1902/1982, p. 500). He argued:

> Individuality is founded in feeling; and the recesses of feelings, the darker, blinder strata of character, are the only places in the world in which we catch real fact in the making, and directly perceive how events happen, and how work is actually done (James, pp. 501-502).

Of course, to prize private reality and to take subjectivity seriously is not to take all "raw words, gestures, and figurative speech" (Schafer, 1978b, p. 179) at face value, as if these were "unmediated" and could "serve as a court of last resort in settling questions of fact or truth" (Schafer, 1983, p. 89). As Schafer observed: "People are far from being expert witnesses of many of their most significant actions or modes of action" (Schafer, 1983, p. 88). Nevertheless, directing close attention to what people say about their experiences is the first and obvious place to begin any phenomenological study (see Wertz, 1984).

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II. Participant Observation

In the role of participant observer, I attended over 150 SCA meetings in the New York metropolitan area from 1994-1996. I attended four of the fellowship's national conferences, eight weekend retreats, and several workshops organized to address special topics (among them, HIV/AIDS, safer sex, incest/sexual abuse recovery, and spirituality). I became acquainted with scores of participants, and identified several senior group members, many of whom agreed to serve as key informants. I relied on them to recruit potential subjects.

III. Subjects

Subjects were 21 adult males who described themselves as sex addicts and/or as sexually compulsive and who were voluntary participants in Sexual Compulsives Anonymous. By design, sex offenders were excluded from the study.

Demographic Characteristics

Subjects ranged in age from 28 to 49. The mean age of subjects was 38.8 (median = 39; mode = 36).

Subjects described themselves as Caucasian (17); African American (1); Native American (1); and Hispanic (2). Nineteen were citizens of the United States.

All subjects were high school graduates. The highest level of education completed by subjects was: graduate or professional school (5); four year college (7); two year

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college (5); high school (1). Three subjects started but did not complete post-baccalaureate educational programs.

All participants were employed. Their average annual income ranged from $14,500 to $200,000 (range = $185,500). Median income was $32,250 (mode = $30,000).

Their religious affiliations included: Roman Catholicism (3); Protestantism (2); Judaism (5); and "spirituality" (6). Five subjects said that they did not identify with any religious tradition.

Relationship Status and Sexual Orientation

Participants described themselves as: single (12); in a committed relationship (5); married (1); separated (1); and divorced (2). None of the participants had children.

Participants characterized their sexual orientations as: homosexual (11); heterosexual (5); bisexual (1); bisexual, straight-identified (3); bisexual, gay-identified (1). Six of the study's 11 gay participants said that they were completely "out." The other gay subjects said that they were "out" selectively to some of their relatives and friends. Bisexual subjects (5) were mostly closeted. A few had told select siblings and friends about their sexual orientation. None had told their partners.

Participation in SCA

Subjects' years of membership in SCA ranged from 2 to 19. Concerns about AIDS influenced the decision to join SCA

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of nearly 60% of the study's participants. Slightly more than half (12) became members between 1990 and 1992.

Of the study's 21 subjects, 11 were active in another 12-step program before joining SCA. These included: Alcoholics Anonymous (5); Al-Anon (3); Cocaine Anonymous (1); Narcotics Anonymous (1); and Overeaters Anonymous (1).

At the time of their participation in the study, 15 subjects said that they were active concurrently in at least one other 12-step program: Alcoholics Anonymous (10); Adult Children of Alcoholics (2); Al-Anon (7); Cocaine Anonymous (1); Codependents Anonymous (1); Debtors Anonymous (6); Narcotics Anonymous (2); and Overeaters Anonymous (2).

History of Abuse in Childhood and Adolescence

Only two of the 21 subjects said that they had not suffered any form of emotional, physical, and/or sexual abuse in childhood or adolescence. Most participants said that they had experienced emotional neglect and/or emotional abuse (13 and 11, respectively). Five subjects said that they had been neglected physically and nine said that they had been abused physically by their caregivers. Three subjects said that they had been battered by people unrelated to them (for example, gay bashing).

Seven participants reported that they had been sexually abused by someone outside the family. Four recalled sexual experiences with a parent, sibling, or other, first-degree relative. As children and as adolescents, none of the

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subjects had been raped. However, two subjects indicated that they had been raped as young adults.

Health Issues

Most subjects (15) were HIV-negative; three were HIV-positive; and three did not know their HIV status. Slightly less than half (10) of the subjects had been treated for an STD in the last ten years. Four subjects said that they had been treated for an STD within the last two years.

Although research documents the effectiveness of serotonergic medications in diminishing the urgency and frequency of compulsive sexual impulses and enactments, none of the 21 men who participated in this study had sought psychopharmacological advise for the treatment of sexual compulsion.

AIDS-related Bereavement

One participant said that he had lost a lover to AIDS. Fifteen subjects said that at least one close friend had died of AIDS; several participants reported multiple bereavements associated with AIDS.

IV. Measures

A three-part questionnaire and a semi-structured clinical interview (see Appendix) were developed with the assistance of key informants. The questionnaire was not intended to serve any statistical purpose, but rather to gather a common body of useful, descriptive information not sought in the interview itself.

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Part I of the questionnaire consisted of 35 questions and was divided into four sections: demographic questions (10); questions about respondents' involvement in SCA and in other 12-step fellowships (15); health-related questions (7); and AIDS-related bereavement questions (3).

Part II was a 36-item inventory about behaviors and concerns commonly associated with sexual compulsion (for example: Have you tried and failed to stop or to reduce certain sexual behaviors? Do you frequent clubs or bars in search of sex partners? Has anyone ever paid you to be a sex partner?). Key informants suggested several items. Many others were adapted from those of Twenty Questions (ISO/SCA, 1991), a widely-used, self-diagnostic inventory distributed at meetings of the fellowship. Key informants also suggested the response format that was used: Never my experience; true of me in the past; true today, but better than before; and true today.

Part III of the questionnaire consisted of 19 items. Respondents were asked to state their abstinence goals and to describe the actions they were taking in support of these. Three items asked participants whether, in their view, some aspects of their sexuality (specifically, gender identity, sexual orientation, sexual performance, sexual preference, sex role, and sexual attractiveness to others), contributed more than others to the concerns and difficulties they experienced with respect to sexual self-

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expression and sexual self-control. Finally, thirteen questions asked whether participants thought their sexual fantasies and sexual behaviors were compatible with how they defined healthy sexuality for themselves at this time.

Completion of the questionnaire required approximately 45 minutes.

The semi-structured clinical interview was loosely structured around the following themes:

1. participant's sobriety definition and a description of his sexual recovery plan
2. detailed description of a recent slip and/or relapse
3. detailed description of a recent success in avoiding a slip or a relapse
4. description of what it has been like to try out new sexual fantasies and new sexual behaviors

The time required to conduct the interview was approximately 90 minutes.

V. Procedures

A theoretical sampling technique (snowballing) was utilized, informed by the key informants' expertise and insiders' perspective.

Key informants asked potential subjects if they would be interested in participating in a study about compulsive sexual behavior. They were told that the principal investigator was a clinical psychology doctoral candidate; that their anonymity and confidentiality would be protected; and that the study would involve a questionnaire and an

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interview. Key informants gave interested potential subjects my name and telephone number.

Subjects were seen individually in my home or at some other appropriate location of their choice. Before beginning the study, each person read "Information for Participants" (see Appendix). I reiterated that the subject's anonymity and confidentiality would be protected and that he was free to discontinue participation at any time. Consistent with recommendations made by the Committee on the Protection of Human Subjects at The Graduate School and University Center of The City University of New York, the informed consent of participants was communicated orally. No signatures were collected.

Before starting work on the written questionnaire, each subject was reminded that he had the right to decline to answer any questions and that he was free to ask questions, make comments, or take breaks at any time.

A ten minute break followed completion of the questionnaire.

Each participant was reminded that the interview would be audio-taped for purposes of accurate transcription only and that it would be erased and destroyed immediately after transcription. Each was told that no identifying information would be transcribed.

The interview was conducted with short breaks as needed. Because the interview was intended to promote

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discovery, questions were deliberately open-ended and probes were introduced only as needed to encourage further exploration. Standardized instructions were used to guide subjects' approach to questions two and three (descriptions of a slip and of successful avoidance of a slip):

> Try to describe your experience in detail, so that I can imagine it. Don't explain it. Just describe it. For example, what was going on right before it? How did it begin? Where were you? Who else was there? What were you thinking and feeling? What did you do? What was the experience like? What happened next? How did it end?

Each interview was conducted somewhat differently, since participants differed in their capacity and willingness to relate subjective experiences, tolerate anxiety, and introspect. Although every participant was asked each question, clinical judgment, informed, in part, by participant feedback, guided decisions made throughout the interview about how intense and searching to allow the process to become. At the conclusion of the interview, subjects were given the opportunity to ask questions and to discuss their reactions to it. I provided a psychiatric referral for one participant, who related suicidal ideation without intent during the interview, and maintained regular contact with him over the course of the next several weeks.

Subjects were told that I would follow up with them by telephone a week after their participation, and were instructed to contact me immediately if any concerns came up

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before then. Two participants did contact me, and were seen promptly for further debriefing.

Audio-taped interviews were transcribed and each participant received a copy of his interview transcription. After reading their transcripts, a few participants asked to meet with me to discuss them. These consultations were provided.

I contacted all subjects at the conclusion of the study and gave them the opportunity to discuss the study's findings.

VI. Analysis of the Data

Relevant descriptive information gleaned from the questionnaires was incorporated into the Subjects section or reported in Results and Discussion. All responses to the 36-item sexual compulsion inventory (Questionnaire Part II) and to the 12-item survey of sexual fantasies and sexual behaviors (questions 4-16, Questionnaire Part III) were reported in the Appendix.

Participant responses to each of the interview questions were reported selectively, and illustrated a wide range of individual experiences and points of view.

Interviews were read and sifted repeatedly by me in an effort to discern and describe more or less recurrent themes and insights (see Ashworth, Giorgi & de Koning, 1986; Glaser & Strauss, 1967; Giorgi, 1985; Taylor & Bogdan, 1984; Wertz, 1983). These were reported and illustrated by quotations

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taken from the transcripts. Dominant themes were used to assess and refine the study's guiding ideas, which evolved during the interactive process of emergent study design and participant observation.

RESULTS AND DISCUSSION

I. The Sexual Recovery Plan

Participants were asked to describe their sexual recovery plans in detail, and to discuss how they understood the concept, "sexual sobriety."

Only a few subjects had actually written plans consistent with the three-part format suggested by SCA. That format encourages members: (1) to state explicitly the sexual behaviors from which they intend to abstain; (2) to identify associated risk factors to which they are especially vulnerable; and (3) to specify alternative activities which they commit to practicing, both to support their abstinence and to promote new learning.

Some participants described plans that were sketchy and incomplete, or intentionally provisional. Almost all the participants targeted specific abstinence goals (such as "no paying for sex," "no affairs with married women," "no sex with a stranger," "no sex with anyone but my wife," and "no unprotected anal sex"), and most could identify "people, places, and things" they associated with risk (for example, "no contact with former girlfriends, or with my ex-wife"; "I

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can go to the gym, but I can't use the steam room"; "I can't associate with transvestites or buy transvestite magazines"; "I stay out of chat rooms on the Internet").

Most subjects specified a few activities which they intended to practice in order both to support their abstinence goals and to facilitate the development of "healthier" sexual attitudes and behaviors. Frequently mentioned were prayer, meditation, and greater diligence in working the SCA program. A few subjects had begun responding to and/or placing personals ads in mainstream publications. Others attended weekly support groups devoted to topics like dating, intimacy, love, and relationships. Dating and simply "socializing" with appropriate, available people were actions some participants had begun to try. A recent trial of anti-depressant medication and psychotherapy was mentioned by one man. Another had begun psychotherapy in the hopes that it would help him to achieve his recovery goals.

Several subjects were trying to make changes at the level of their sexual fantasies. "I'm trying not to sexualize my fellow man," said one participant. "I try to avoid getting lost in sexual 'trances,'" said another, "and to notice and to detach when I do slip into them." A recovery practice attempted by a few men was masturbation "without" certain fantasies, most often fantasies involving sado-masochism, bondage, and rape. Another said: "When I

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masturbate, I try to keep the focus of my fantasy on my lover." When he and his partner make love, he said:

> I want my goal to be increasing the sexual intimacy and pleasure in our love-making. . . My goal is to just ride out good, bad, fair, mediocre, pleasant, to just be there and to experience whatever it is, without judging the quality of the arousal, of the sexual feelings. Because then I compare it. Then I start to feel lack, sometimes. Like, you know, this isn't enough. And I bring in the past, to spice it up. It's just easier to pull a fantasy in. The thoughts are just floating. They're flashing in and out. And I try to let that go. It's when I start constructing very specific fantasies that it's a problem, because then my lover disappears. And I'm feeling the physical stuff, but in my mind it's another person, the old scene, and then it's the job of extricating myself, pulling myself in, letting it fade, and coming back to my lover.

Other participants described failed efforts to redirect the focus of their fantasy. For example, one man said: "Right now, I don't have much of a sex drive with her. I'm having a hard time changing gears over to having sex with her. Sometimes I worry that I'm not attracted to her." Intensely ambivalent about "the most unbelievable [anonymous] sex" he is having with men "behind her back," he acknowledged:

> I still get these thoughts, although basically I know this isn't true for me, but I think sometimes I worry, because of my issues with bisexuality: Maybe I'd be better off having sexual relationships with men. And: Maybe I'm cheating myself, maybe that's what I should do. Although if I really think about it, that's not what I want either. I've never really wanted that. So sometimes I feel that way because our sex life is not what it should be. But in my sober mind I realize that that will change over time.

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Lastly, a few of the men interviewed had not yet written any recovery plan. Others were in the process of revising earlier versions they now associated with failure. "I don't have any abstinence goals today," said one man. "I'm open to possibilities."

Non-relational ("Anonymous") Sex

Almost all participants targeted anonymous sexual encounters as an abstinence goal, although "anonymity" was not uniformly understood. Most men were committed to abstaining from "sex with strangers," and several intended, in light of that commitment, to avoid public spaces they associated with risk, among them "porn theaters," "the baths," and "sex clubs." "Sex with people I've just met," "bringing strangers home, or going home with them," and "phone sex" were activities most participants intended to discontinue.

Participants who acknowledged having non-relational sex with both men and women sometimes reserved the term "anonymous" for sexual encounters with a person of the same gender. As one man explained:

> I'm engaged to be married, and what brought me into SCA is that I have anonymous sex with men. . . . I started acting out, years ago, paying for sex with female prostitutes. Usually I wasn't in a relationship, and I was always "safe," I used protection, so I didn't think there was anything wrong with it. I didn't consider it "sex addiction." But sex with men is different. I don't consider myself gay, because I'm in a relationship with a woman. I've always been in relationships with women. I don't have relationships with men. I

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> have sex with men. It's never been anything more than that. Just anonymous sex.

A straight-identified man who frequently seeks out cross-dressed hustlers acknowledged "confusion" about the profoundly exciting sex he can have with them "so long as they stay in their clothes." What is "intoxicating and essential," he said, is the gender illusion, whereas "gay men who look and dress like men turn me off completely." Sex with the hustlers is deliberately non-relational. "I could never have a relationship with a transvestite," he insisted. "I can't do that. I just can't do that. I would have so much difficulty accepting it. I don't think I could live with it."

Not all men explicitly defined the criteria they use to decide whether a potential sex partner is a stranger, or whether sex with a stranger can be said to be relational. For some participants, degrees of acquaintance are determinative, so that sex "on the first date" or sex "before we've had three dates" is considered inappropriate. One man stated his general rule--"no sex if we've just met, we have to have met at least once"--and then amended it by saying: "If I met him that morning, and we spent the whole day together, maybe later that night we could have sex." Others accented the need not so much to know their partners as to be known by them (for example, "no sex before telling my HIV status," or "no sex if I can't tell him how I'm feeling and set boundaries appropriately"). Many described

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their difficulty speaking at all to potential partners (for example, "saying 'hi,' exchanging first names"), and as a result, they defined as relational any sexual activity preceded by such social interactions: "We talked for a good thirty minutes before we did anything else. We knew each other's names. We small-talked about stuff. You know, the whole nine yards. And then we had a very passionate and exciting sexual encounter."

Many of the men interviewed acknowledged confusion, uncertainty, and ambivalence about the degree to which they want to know and be known by their partners. One said: "Sometimes I'll tell myself, 'just talk to her, get to know her.' But it's like part of me says, 'you know, I really don't want to be bothered. I don't want her telephone number. I really don't want to have to call her.'" Several men spoke of the safety of sex in "dark places" where words are unnecessary. A bisexual, straight-identified man said: "For me it's got to be as easy as walking into a backroom, it's dark, and there are people having sex, and you join in." A gay man confirmed this sentiment. "I don't want to communicate," he said; "I want to have you and to finish quick. I don't want you to hang around." Another man spoke with irritation about the relational aspirations women sometimes voice after intercourse with him:

> They want something more from me than just sex, even though I tell them up front, "I'm not available." I don't want to give them my telephone

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> number. I don't want to have dinner tomorrow night. I don't want a committed relationship. "Even if you were single and I were single, I wouldn't be more available than this." I don't want more. I'm happy to be this unavailable.

Describing mutual masturbation with another transvestite in a transsexual bar, one participant observed: "The experience itself is a very heady one. It's fast and it's clean. I don't want to know him. When it's over, I want to be able to walk out the door and be done with it." In fact, he added, "it's when I actually bring somebody home that feelings of disgust and guilt set in." Relating, he explained, is "messy and hard work. There's too much pain attached." Relational sex "leaves scars." And yet, he acknowledged, non-relational encounters are painful in a different way. "Satisfying on the spot," they supply "empty calories," and end, for him, in feelings of emptiness and derealization: "I'm left with a little bit bigger hole. There's no connection, because the person I am doesn't exist, and the person he is never really existed. We're just different sets of hands. And eyes."

Most participants expressed the view that they "ought" to know their partners and that some degree of mutual acquaintance is a prerequisite of "doing it right." One said: "When I'm on my plan, I'm not supposed to be doing public bathrooms and porno shops and book stores. I'm not supposed to be having anonymous sex. I'm supposed to know the person's name. We're supposed to be having sex in my

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apartment." Doing it right is "sex in a bed." Other subjects expressed exasperation with the legalism they associate with such rubrics. A gay man remarked indignantly:

> It's not about knowing "who" is anonymous. It's about knowing places where I'd find it. Like a park, or a men's room. My history defines "anonymous." I don't need to determine, "Oh, gee, do I know this person or not?" It doesn't come up. It's never come up. That makes it really simple. Maybe other people ask themselves, "it's 11:30 p.m.; is this guy still anonymous or not?" Well, if you have to ask that question, then, obviously, he's anonymous.

In fact, most men emphasized the role of location when defining what makes sex anonymous. "It's about oral sex standing up in a dirty stairwell" or about "sitting for hours in a filthy toilet stall, with my pants around my ankles." "It's about sitting in a porn theater, and having sex with the man who happens to sit down next to me." One man said: "I know that I can never go into a bathroom again, that sex there will always be acting out. It will always be harmful." He expressed reluctance, however, to rule out sex with a stranger in his own home: "I don't know in the same way whether calling the phone lines and having somebody over and having a good time is detrimental."

Sex with Professional Sex Workers

Abstinence from sexual activity with prostitutes and hustlers was a goal to which most of the men had committed, although not all of them regarded such activity as either anonymous or non-relational. A married man claimed that he "used to talk to all the girls," and that he "always

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befriended them." When serious illness, chemotherapy-induced impotence, and low-grade, mutual estrangement shrouded his marriage, he appreciated "the professionalism" and the "practically sex-surrogate skills" of prostitutes who could "help men out when they're feeling uncomfortable, or having difficulty with an erection." A gay man reported celebrating an important birthday by buying himself a night with a hustler, whose "professionalism lent safety to the situation" and helped to sustain the feeling that "it was a shared thing, it was something that was done with some tenderness."

Several of the men interviewed described paying for sex with hustlers and prostitutes who, over time, became regular partners. "I picked up a prostitute on the street where I live, and for three, maybe four, months, we got together just about every weekend, sometimes twice a week, to have sex or to smoke crack," one said. Another broke up with his girlfriend after meeting a prostitute at a peep show. They dated and became lovers for a time. One man, who never had a boyfriend or an intimate relationship "that lasted more than a week," said: "Occasionally I _have_ seen the same hustler over and over again for a period of time. But I have trouble calling that 'a relationship.' It's the closest I've ever been to a relationship. I wasn't monogamous, but then, neither was he."

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Other participants described themselves as "loners," "addicted to isolation more than anything else," and reluctant "to let anybody in." Many of these men said they seek out sex workers they have met before when they feel especially alone: "I felt frantic, and I couldn't think of anyone to call. But there was this drag queen prostitute I'd met originally in a bar. We'd had some good times. I liked being with her. And so that's who I called. And she came."

Several men viewed their capacity to have sex with prostitutes as a step up from solitary masturbation. "I was married," one said, "and leading a double life, going to strip clubs almost every day, and continuing to have a relationship with pornography." He felt burdened and judged by the "demands and expectations" of his wife, and held her at arms length, withdrawing into silence when he was troubled and relying on pornographic magazines to give him "the thing" he wanted. "I could open up the magazine and find it," he said. "I wanted sex to be airbrushed--seamless, sensual, no hair follicles or skin pores to remind me that I was dealing with another human being." At peep shows, he described himself as "gripped" by the brief, wordless experience of touching isolated body parts: "For two dollars, you can touch the girl's breasts for a minute, which is as long as the plexiglass shutter stays open. For five dollars you can touch her between the legs." He contrasted these contacts with his memories of first coitus:

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"It wasn't what I wanted at all. You know, lying in the dark with another person. I didn't even know how to talk to her. If I'd risked asking to see, and she'd rejected me, I would have been devastated, totally devastated." Ambivalent about "showing up" for his marriage and "trapped and suicidal" at the peep shows, he viewed some of his more recent experiences with prostitutes as "a sort-of victory, in some ways, and a part of recovery," saying:

> I have always felt repulsive, that what I am is repulsive, and that my needs are repulsive. Or, it will make me incredibly vulnerable to have to reveal them to anyone. . . .For me, in a way, to go to a prostitute and ask for what I want is a big risk. It's something that until a few years ago I couldn't possibly own.

Apparently common to many participants is the worry that others might find them repulsive. A young gay man said agitatedly: "Sometimes I just can't stand to be in my own skin. I repel myself. I can't stand being with myself. And then I'm sure nobody else can stand me either." For these subjects, paying for sex is a double-edged sword. If it reduces the degree to which they feel exposed to rejection, it also undermines the feeling of being genuinely accepted. "I'm just a big old fat queen," laughed a man in mid-life, "and I can't be anything else! I'm not good looking. I don't have good skin; I don't have a chiseled body. Even as a younger man, I never had a boyfriend. What are my chances now?" Another young man declared: "Nobody should call me! Nobody should want to be with me! Because look what kind of

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a person I am! Needy, unattractive. Able to garner the interest of another person only by paying him to be interested in me. I'm unwanted. No one could want me."

Bisexual until the age of twenty one, one man committed himself to an exclusively gay lifestyle at the height of what he termed the "disco revolution," enthralled, he said, by its liberating ideology of "disco, drugs, and dick." He invested "thousands and thousands and thousands of dollars" in the accoutrements of formal leather and sado-masochistic sex: "black leather and whips and chains and handcuffs, needles, restraints, and gags." More than a decade later, he said that he discerned within himself a baffling and "terrified wish," and resumed "acting out" with female prostitutes. He tried to account for these first forays back into heterosexual experience by reasoning:

> My mother was extremely abusive and I hate her. . . .She wore the pants in the family, and she was insane. I grew up believing that no woman would ever want me. . . .And a big part of my psychological strategy in life was denying that I like women. And denying how much I like women. I wasn't going to risk rejection. The risk was monumental. . . .The thing about prostitutes and about pornography is that I'm safe. I can't be hurt. If I'm paying a prostitute, she can't really say "no." And I wasn't recovered enough and strong enough then to risk rejection by a real woman.

Ambivalence and anxiety about the "unconventional" nature of their specific sexual desires and about the manifest content of many of their most intense sexual fantasies heighten the sense of danger and the fear of rejection that many participants try to sidestep by

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purchasing sex. "Basically, I'm more gay than straight," a bisexual man acknowledged, "but I'm terribly, terribly afraid to have the world perceive me as gay." As a teenager and as a young man, he said, he'd felt guilt and remorse after masturbating, "especially when drag was involved," because

> You weren't supposed to do those things. I mean, it wasn't appropriate gender behavior. It wasn't something you could tell your friends about. It wasn't something you could tell your family about. If someone had caught me doing it, I would have been embarrassed to the point of committing suicide.

A bisexual straight-identified man explained:

> I'm scared to tell a woman what I want. I'd be rejected. She'd think I was some kind of pervert or sexually obsessed person, or that all I'm concerned about is sex. I wouldn't be seen as a decent person. "A decent person wouldn't say that. A nice guy wouldn't want that." With prostitutes, I get to do what I'm scared to do with women I wouldn't pay for. I get to say, "this is what I want."

Participants who feel deeply ashamed of and endangered by "unacceptable" fantasies and/or specific sexual behaviors often tried to "protect" their committed relationships and their partners by paying hustlers "to act them out instead." But "that's like building a house on top of a grave," one man observed. He vigilantly restricted his fantasy so that he would not contaminate the "innocence" he felt he shared when he was intimate with his continent partner. "He'd only ever slept with six or seven people, and he remembers their names," he said. That "unspoiled" sexuality was precious to

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him, "an area of safety" into which he could "retreat." "I refused to bring that fantasy stuff into my relationship with him," he said. Paradoxically, the very efforts he made not to fantasize along certain lines may have undermined his determination to remain faithful to his partner. After "white knuckling" for two monogamous years, he secretly reverted to hiring "three or four or five or six hustlers a night," often two at a time, in order to re-enact sexual scenes:

> The scripts were the same. The props were the same. The people were inter-changeable. They were just carpeting, basically, a tool, or furniture, or a fixture, in my fantasy. It was very theatrical. It was exhilarating, it was truly ecstasy. I was directing my own film. . .If one person wasn't particularly satisfying, or didn't act out fantasies well, I'd just take a taxi back to the same hustler bar, and get somebody else.

Paying a hustler or a prostitute reduces anxiety, a participant explained, because "everyone's clear what their roles are. There are very clear boundaries." Another said frankly: "I'm in total control. They do what I want them to." Many of the men interviewed would agree with the participant who said that fee-for-service sex is "safe, if not welcoming." "You know she's doing it for the money," he said. But the money "gives you the right to certain expectations, and to withhold parts of yourself" without risking rejection.

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"Unsafe" Sex

Most participants resolved to abstain from sexual behaviors they believed might expose them to HIV and to other non-HIV sexually transmitted diseases. In general, participants seemed reasonably informed about contemporary controversies and recommendations concerning safer sex, harm reduction, and negotiated risk, and had scrutinized their sexual practices accordingly. "I'm very afraid of anal sex," one said, "and I simply don't engage in it, even though I fantasize about it a great deal." Another participant acknowledged anxiety and conflict about the risks he takes habitually:

> I haven't been able to stick to any of the plans I've written in the past. Just two months ago I said to myself, "I'm going to make a plan that I can be successful at, a quote unquote recovery plan." And I wrote it in my journal: "I am simply not going to have unprotected anal sex." End of plan. The essence of this plan is harm reduction. That's it.

Despite this resolve, he admitted, "my last slip was unsafe anal sex." All participants, regardless of sexual orientation, expressed awareness of the health risks reliably associated with unprotected anal intercourse, but many continue to perform insertive anal intercourse without a condom, at least under some circumstances. "I was the top," a participant related, and "I had sex without a condom. I know that's a very serious thing." His intention to abstain from unprotected anal sex was echoed by most participants who have sex with men. One man exclaimed: "Anal

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sex! Oh, God! It's been a long time. I suppose if I had a lover, I would. But as far as going out and just having anal sex, no, I wouldn't."

Among participants, there were wide differences of opinion and practice with respect to most other sexual behaviors. Most subjects who have sex with men indicated that they do not use condoms during oral sex, despite the persistent worry that to do so is to run at least a minimal risk. Several men reasoned: "Is it dangerous or isn't it? There's talk that maybe it <u>can</u> be dangerous." "They say it's probably extremely safe, that the risk of getting AIDS from oral sex is practically zero." Most subjects said they still worry about "maybe, somehow, coming in contact with the virus." At a sex club he visited recently, one man observed: "There were big rooms in the back, with very, very low light, where people went in and had sex in groups, or alone, or whatever. And it's kind of amazing, in this age of AIDS, that people are there giving blow jobs. But it's happening."

Many participants spontaneously volunteered explanations for their willingness to assume the very limited risk most associate with fellatio. "Nowadays, I don't expect anyone to come in my mouth," one said. Others took refuge in a kind of gallows humor: "It can't be dangerous. If it were dangerous, I'd be dead!" Several expressed ideas similar to those of the gay man who said:

> Maybe it's foolhardy, but I allow myself to have unprotected oral sex. It's something I've debated.

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> I've talked with my sponsor about it, and with a lot of other sex addicts who, like me, have had thousands of oral sex experiences and are HIV negative. . . .There is a risk of getting minor infections, minor throat things, and I've gotten them. I would never recommend to another person, "sure, it's safe sex. Do it." Never ever. But for myself, I guess, it's a choice, it's how I define safe sex for me.

Similarly, all heterosexual and straight-identified, bisexual subjects have had unprotected oral, vaginal, and/or anal intercourse, either with casual sex partners or with professional sex workers. Recognizing the health risks to which he exposes himself every time he has receptive anal intercourse in public with "transsexual hustlers and, by extension, their hundreds of johns," one young man observed that "fear of disease"--like the "fear of getting caught"--actually potentiates sexual arousal.

Following extra-relational sexual activity, most participants acknowledged having unprotected sex with their primary partners, since avoiding sex or using a condom might constitute an admission of infidelity. One said: "I have to have sex with her, or she's going to think, 'what's wrong with me? What's wrong with him?' She's sort of known things have been going on in the past, but she has no proof. She's asked, 'have you ever been unfaithful to me?' and of course, I tell her, 'no.'" Several participants expressed conflict and guilt about the health risks to which they exposed their female partners:

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> I worry all the time. I'm acting out sexually with men. I always run the risk of catching some kind of disease, and giving it to her. . . .If I were to go home tonight and we were to start fooling around, it would hit me like a ton of bricks. I've never had heavy, risky sex unprotected, but a lot of unprotected oral sex, which is lower risk. But low risk isn't no risk. And if you start thinking about stuff like that, you don't want to have sex.

Most participants know that new and atypical HIV strains and subtypes are emerging, and that degrees of HIV virulence and re-infection potential fluctuate. Such knowledge did not seem to affect the decisions they made about sexual risk-taking. Their tentative decisions about acceptable risk and abstinence goals were hedged by anxiety and vacillation. An HIV-positive man described the actions he takes to protect his partners, but acknowledged the ways in which he still puts himself at risk:

> At the baths, you don't really know if the person who comes to your cubicle door has had five partners that night already. Has he just had anal sex and now he's coming to you for oral sex? It can be horrible, a messy situation. <u>Most times you can tell</u> [emphasis added]. But I shouldn't be fooling with those kinds of things. If you're negative, maybe you have the luxury of thinking you can get away with it. But when you're positive and you dabble, you're playing Russian roulette if you don't have safe sex. The next day I <u>did</u> worry. "I put his penis in my mouth. Maybe I exposed myself to an STD. Could I get another fungus? Was it appropriate for me to kiss him?"

Reluctant to risk the rejection of potential sex partners, some participants acknowledged that they do not always inform others of their HIV status. "I worry that no one would want to be with me," one man admitted. Another

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said, "When I found out I was HIV-positive, I closed the door on any chance of finding someone willing to have a relationship with me." After having safe, non-relational sex with another man in a health club steam room ("We kissed and fondled each other, and then he masturbated me"), he asked himself: "Should I have told him I was HIV-positive?" Reasoning that he had not placed his partner in any real danger, he nevertheless felt uneasy, since he could not be absolutely sure that the sex had been risk-free. "He was not jeopardized," he explained, "unless maybe the kiss. . ."

Some participants thought they should restrict their choice of sex partners to people whose HIV status they "know" is negative. But all acknowledged sometimes making different choices in the heat of the moment. "I know what I should do," related one participant, "but then I lose control." Multiple descriptions of "the excitement and thrill" of behavioral lapses suggest a capacity to dissociate sexual practices from safety considerations under certain circumstances. "When you're not sober," one man explained, "you don't care."

II. Descriptions of Recent Sexual "Slips"

Participants were asked to describe in detail the experience of a recent "slip" ("relapse" behavior), a time when their actions were inconsistent with the sexual recovery plan and abstinence goals they had chosen for themselves. They were encouraged to provide close, vivid

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descriptions of an acting out experience, and to recount it as if they were telling a story to a naive listener whose understanding depended on the fullest possible evocation of setting, players, actions, and emotions. They were explicitly instructed to avoid trying to explain their actions, and, as storytellers, to resist as much as possible the formulaic narrative devices and condensations characteristic of many qualifications heard at 12-Step meetings (for example, "I guess I identified with 'my addict'"; "I was 'in the addiction' when I took off my clothes, so I couldn't remember later where I'd left them"). Participants were told that they would be interrupted only when the interviewer felt the need to ask clarifying questions or to request more details.

Euphoric Recall and the Dread of Over-stimulation

It proved difficult for most participants to describe their experiences without lapsing into explanatory formulae (such as, "'my addict' has a lot of little tricks up his sleeve, which put me in a space where I'm not connected"; "my addiction just kicked into gear").

Embarrassment and worry that vivid recollection would induce euphoric recall contributed to the initial reluctance some men expressed as they selected a recent experience to describe. Invited to tell the story in graphic detail, so that a naive listener could follow it imaginatively, a young gay man exploded in laughter, exclaiming: "I'm not sure I

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would do that!" With frankness he acknowledged: "I can think of a specific incident, but it's difficult to do. Because it involves such euphoric recall, I'm a little anxious about it. And I'm also sort of embarrassed, ashamed, I think."

Profoundly affected by the act of narrating his experience to the interviewer, one man confided: "Even talking about it is a big rush, there's a lot of excitement, if 'excitement' is the right word. There's a lot of adrenalin, it's like a chase scene. I mean, I'm shaking right now, just telling you about it. I don't know how to describe this mixture of desperation and fear and excitement."

Several participants expressed the fear that relating their experience would expose them to painful over-stimulation. A straight man said: "I live in dread of it, of being triggered like that, and then having to grapple with trying to disengage from it. Trying to let go of it. I can be left feeling frazzled for hours. It sends me into a complete spin." A gay man explained: "Once I'm triggered, the day is consumed. I can get lost for the entire day, in fantasizing, in wondering about. . .I torture myself with the shit that pours through my head, toying, toying with the idea, the desire."

A bisexual participant asked that the interview be divided into parts and conducted on two different days. On the second day, he reported:

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> I had strong urges when I left here last time, because you had me re-living. I felt like going to a theater, I felt like acting out. . .Talking about some of the acting out, I'd felt, "Yeah, that was very exciting." I was triggered by the memory of how intense the acting out was, and of how good it felt while it was going on. It was euphoric recall: "Just forget about how degraded you felt afterwards, and how ashamed, and how guilty. Forget about that empty feeling afterwards." Instead, I focused on the thrill of it. I was remembering the way that acting out really skyrocketed me into oblivion.

Even before they finished their descriptions of a relapse experience, several men requested and took short breaks ("Can we turn the tape recorder off for a minute?" "I need that cup of coffee now!"). Most required additional time at the conclusion of their narratives to decompress before moving on to the next part of the interview. They engaged in casual conversation with the interviewer, and ate the snacks provided. A few men cried. One said: "I'm a coward. What I really feel inside, what goes on in the deep pits of my heart, that's the stuff that never gets out. I will do anything to subvert it. Just talking about this makes me so uncomfortable. Talking about it means I have to do something about it. And I can't do that. I just can't."

Condensing and Forgetting

Although participants understood and earnestly tried to follow the instructions they were given, their initial accounts of critical incidents were often vague and highly compressed (see, for example, excerpts *A*, *B*, and *C*, taken from the initial descriptions of three men):

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> *A*. I laid down $200, which is a lot of money--it's a month's rent--and I had sex with this woman, and it was really bad, lousy. I didn't have an orgasm. And I don't know, I don't know what it was that I did, maybe I was more insistent or something. And of course I wasn't putting out more money. Businessmen in places like these are spending serious money, and because of that, the prostitutes will just deal with them, whatever they want. So I left there, and I was upset about having wasted the money, how stupid I was. And I felt shameful that I'd done it, and bad about the fact that the experience didn't do anything for me. I didn't get off.

> *B*. I sort-of forget the specifics, there's probably a variety of thoughts and behaviors that get me into the space where I can act out, but I don't remember anything. I probably ate. I doubt I called anyone.

> *C*. I was cruising a guy on my floor. On my plan, I cannot have sex anonymously or in public places. So, he was not anonymous. I met him in the hall and said "hello." We didn't exchange names, but we said "hello." My first contact with him had been voyeuristic. He'd left the hall bathroom door open and stood in front of the mirror shaving in the nude. And I was walking back and forth, in my addict state, nervous, jittery. I was not myself. I was just pacing, but that came before he said "hello." And then, I had sex with him. I went to his room and said, "Hi! How are you? What was the day like?" And we had sex. And it was very nice.

A few participants expressed awareness that "not remembering" and "forgetting the details" might have defensive utility (see Kwawer, 1985). "I forget exactly what happens, immediately before and after acting out," one man said. "Later I can only pull up a few details." A straight-identified bisexual man said he prefers "to keep things vague," and that he strongly identified with a slogan he first heard at a meeting of Debtor's Anonymous: "Addiction is a disease of vagueness." He added:

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> I <u>am</u> vague in SCA. After I act out sexually, all I feel is more confusion. During a binge on hustlers, I go through a lot of money. I don't want to know how much money I'm spending. I just grab it; I don't keep track. I don't want to know how bad it's getting.

Several men described feeling bewildered by their continual failure to achieve sustained sexual self-governance, despite active involvement in SCA for many years. A young gay man exclaimed: "I'm tired of representing myself as someone who doesn't try! The truth is, I've tried a lot. And it hasn't gotten me anywhere!" Concluding that he is as vulnerable to acting out today as he was when he joined the Program five years ago, one veteran remarked: "If I fall into my 'zombie state,' there's just no turning back." Another said: "I have eleven years in the Program, and I don't know what I have to do, or I don't do whatever it is I have to do! I can't put together any time! I can't stay sober!"

Noticing, Recognizing, and Remembering

With encouragement, most participants were able to retell sparsely narrated critical incidents a second--and, in some cases, a third--time, bringing important aspects of their experience into sharper, more textured relief as they identified and added relevant situational and affective details. Redescription of the events first disclosed in accounts *A*, *B*, and *C*, for example, seemed to promote recollection and integration of ligating details.

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Remembering such details made their experiences seem less discontinuous and inexplicable:

> A. It was maybe a month or two before graduation, and I was failing a course, a required course. . . .I'd gotten some grant money, so I had something like $600, $800 dollars in my pocket. I remember! I was supposed to be studying that day for the midterm, and I felt very defeatist: "I'm going to fail," "I'm not going to graduate." I called my girlfriend and lied to her about pulling an all-nighter at school, and I made an appointment at an upscale house of prostitution. . . . The prostitute they sent in to me was attractive, and I started fooling around with her, but--if they can avoid it, they prefer not to have sex with you. They try to bring you to orgasm in other ways. But I insisted on having sex with her. She did it, but she wanted me to have an orgasm really quickly and leave. That didn't happen. So then she snapped at me, "ok, time's up." You pay for an exact amount of time. Well, it wasn't enough time, and I'd spent a lot of money: $200. And I was very upset. It was crushing. I was pissed off too, and embarrassed. But what could I do? They have people there, in case you make a problem. So I got dressed and I left.

> B. My days off are difficult. It was a Saturday, and I didn't get up until about 11:00 a.m., maybe noon. I've been sleeping late since I moved into my new apartment. I don't like to get up and face it. The boxes I haven't unpacked. I can't afford any furniture for it. There's a lot of cleaning that needs to be done before I can put my stuff away. I felt frustrated. That often becomes the route to my addiction. It takes me away. And not unpacking is something I've done before. . .not quite staking out my territory, not quite settling in. Anyway, after I got up, I ate something. I didn't call anyone. I guess I don't understand why I didn't. I mean, people are there. They're nice people. But I don't choose, or, it's difficult to choose to do things with them. I mean, I think I could. I know enough people in the Program. I'm comfortable enough. I've done it in the past. If I take the step of going to a meeting, then I can take the next step of spending the afternoon with someone. But it's very difficult to go from being home alone to spending time with someone. . .

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> *C.* The first time I see him, he's in the bathroom, shaving, and he's naked. It was like being caught, like a deer in the headlights. At first I thought, "Oh, he doesn't know I'm here. Oh, a boundary!" Go back in my room. But then it's like, "Dummy!" Then there's this second thought, "Oh! My boundaries! No, I don't want to go into the bathroom." And a split second later, it's "well, he's leaving the door open for a reason." And it happened so quickly. There was the sense of, "no, I need to close my door, or go upstairs to the other bathroom." There's something illicit here, there's something more, and less. He's conveying messages to me. . .he's not turning to me and saying, "Hi." He's pretending I'm not there, but he's there with his dick hanging out. He's not saying, "Oh! I'm sorry! The door's open! Do you mind if I shave with the door open?" It's the illicitness of it that charges the atmosphere. "This is happening." "No, it's not." "I am naked." "No, I'm not." Do you know what I mean?. . .It's not an invitation that's totally above board. It's a signal. It's a signal that suggests I might come toward him. And at the same time, I'm wondering, "is he going to come toward me? Or am I going to go toward him?". . .Ultimately I became frustrated and closed the door. And he left the bathroom and went down the hall. But before he got to his door, I opened my door. And that is when we met, quote unquote. He had a towel around him. I waved to him, and said, "Hi! How are you?" I don't think we exchanged names. And then I went into the bathroom. And that was sort of the end. We still hadn't had sex. That was the next night. He'd gone into the bathroom. I opened my door. He had a towel around him. He went back to his room then, but didn't close his door entirely. Big signal! So I jumped up and said to myself, "here you go!" I went to the bathroom. Then I closed my door and locked it. I walked down the hall, and I was thinking, "Ok, what do I say? What could I say? What do I have to say?" He was sitting cross-legged on his bed, entirely naked. He drew the towel onto his lap, and we each said, "Hi." I guess we introduced ourselves, and then I went over and sat on the bed. . . .

"Thick Description" and the Process of Discovery

As they spoke, some of the men who achieved "thick descriptions" of their experiences seemed to become more

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open and less anxious about further self-exploration, and to allow themselves to notice and articulate possibilities within themselves which they said they had tried in the past to disavow. Although he had largely persuaded himself that he could not possibly have relational sex or enter into any sort of emotional commitment with transsexual men, a bisexual, straight-identified man nevertheless permitted himself to wonder if his gender identification and typically "masculine" sex role were entirely fixed:

> For a long time, I guess, I haven't wanted to know what I want for myself period, forget about sex. I've thought, "it's better that I don't know." There is something very interesting about cross-dressing. The closest I ever came to it was when I was using cocaine. Cocaine and sex is a prescription for truly outrageous stuff to happen. I was involved with (first name), and we would do really outrageous stuff. I'd put on panties and high heels, stuff I truly would not do without being under the influence. Or maybe I would. I don't know. Wearing women's panties was very exciting, the feel of them. I've noticed, if I have on a bathrobe and I go to the bathroom, there's something very sexual about lifting up the robe and sitting down on the toilet. I've noticed that. I've never really talked about it or even thought about it, but I've noticed it.

A straight-identified young man, who said he "desperately wants to have a girlfriend or be in a relationship or be married or something," nevertheless spoke shyly about the range of "top/bottom/submissive stuff" he might explore if he allowed himself to experience receptive anal intercourse with a transsexual hustler in a hotel bed, rather than standing up in a public cruising area. As he put it: "Sex in a filthy stairwell, stepping, literally, into

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human shit," is necessarily "quick," "degrading," and "furtive." In that setting, anal penetration "never really goes very far, because it's painful; you can't relax." Allowing himself to wonder aloud, he asked:

> What would it be like if I had a relationship with a man, and if I chose, truly chose, to do this? What would it be like if I didn't have all these conflicting emotions about it? If it was something that felt more natural to me? If I did it in a more intimate setting? If I had an intimate relationship with a man? Perhaps it would be easier.

A gay man spoke with anguished intensity about the drivenness with which he imagines "getting the complete and total essence of a person" by smearing and being sprayed by that person's saliva, urine, and feces. Unable to ask his longtime companion to fulfill this fantasy, he isolated it from their shared sexual experience, and secretly enacted it with anonymous partners:

> I never dealt with it honestly or realistically, I deny it or act out on it in some limited way every now and then. I fight it tooth and nail. . . And yet, I want to be able to let it all hang out, to experience it all, to experience. . .this part of me that so desperately wants to express itself. And <u>even though I keep telling myself that these are horrible things</u>, they're still there, and they're stronger than they've ever been, and I work twice as hard now at trying to keep them under wraps.

Unable to disavow coprophilic/urophilic wishes, he felt he ought to condemn them and resign himself to being an alienated, frustrated lover. In contrast to the "absolutely thrilling" actions he allowed himself to perform with strangers, sex with his lover--though "pretty non-existent

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at this point"--was typically "intimate and tender." It involved "kissing and being with someone I know and love, someone I can't imagine living without." But in comparison to sex in the woods with strangers, he exclaimed: "Oh, good God! The sex we have doesn't come close! It doesn't even cut the surface."

He acknowledged with perplexity the paradoxical tendency within himself "to squash what's really going on inside." If in the woods he felt "completely uninhibited" and "completely free," he also feared the sexuoerotic conjunction that had been forged somehow between his genitals and the organs and products of excretion. He worried: "It's addictive! It's overwhelming! It's too much! I can't handle it!" The "indescribable" experience of virtual merger with an unknown partner--"eating an ass, drinking somebody's piss, the complete physical meshing with another human being"--was also ambivalent. Although he felt most alive in that imagined oneness, he nevertheless expressed the fear that "there are no limits" and that he "might be willing to go too far." In his ecstatic obliteration of boundaries he felt he experienced death and dissolution and dispersal. In that "delirious" moment, he said, "I'm buried. I'm gone. I'm lost."

The Language of "Slip" and "Relapse"

Most participants hewed closely to an addictions model when describing the experience of episodic sexual

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dyscontrol. "I was enslaved," explained one man. "I couldn't stop it." "Overpowering" feelings and "irresistible" urges catalyze what every subject described as his "addiction" (see Schafer, 1978a, 1978b, 1978c). "If I get sucked in by it--once I'm in it's grip--I'm powerless to stop," explained one young man. "If I act out," another said, "I don't know when _it_ will stop, whether I'll be out there for a night or for weekend, whether I'll ever be back." All participants described periods when they felt like the young man who said: "I couldn't stop acting out. I couldn't stop having sex. I was going down the tubes. I was desperate."

Several participants described the predictable cycle of relief and remorse which characterizes intervals between acting out episodes. One man said: "I'd tell myself, 'I'm never going to do that again. I've gotten it out of my system. It's all over now.' And then of course, a few hours later, I'd want to do it again." Another said: "I horrified myself. I was in a cubicle at a bathhouse with my arm out-stretched, and I thought, 'oh my God, I'm just like a heroin addict, waiting for his next fix.'"

All participants identified themselves as "addicts," and spoke of feeling "driven," "compelled," and "out of control" when "caught up" in "the addictive cycle." One man said: "I go on these acting out rampages, and I get really scared. They make me think I'm totally out of control, that I have no grip on sobriety at all." Many subjects

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characterized long-established, ego-dystonic behaviors as intrinsically "addictive and progressive," perhaps in an effort to avoid drawing even more disquieting conclusions about themselves:

> I wanted to stop, but I couldn't. I'd wait on the corner of ______ St., and get into any car that passed by. At first I was petrified. Riding for miles and miles with strangers. . .the long, dark roads. . .But eventually, when I went out at night--and I was always out--I took my toothbrush, because I knew where I was going to end up. One time I woke up in ______ Park, and I didn't know whether I was having sex or being mugged. I hate to say, "I was a hustler." I wasn't, really. But for the next twenty years, it was pretty much the same experience over and over again. I brought strangers home. I went to strangers' apartments. There were a few really nice men, I'd say, during those years, who wanted--I don't know--relationships? But I got rid of them. . .I got bored with them. The first time I acted out, the very first time I got into a car, the compulsion started. The acting out just became an addiction.

Finally, some participants attributed even the contours of their desire to factors entirely outside themselves. "I am addicted to anonymous sex with men," one determinedly straight-identified man said. What he sees, he explained, has the power to "arrest" and "transform" him:

> If I watch a homosexual video, it will trigger me. I'll feel homosexual. And I feel shame about that. <u>If I am excited by it, I don't want to be</u>, and I want to force myself not to be.

Similarly, a gay man expressed dismay as he both recounted and recoiled from memories of acting out experiences, insisting: "I just don't know what happens to me! An avalanche always comes by."

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Participants who relied heavily on addictions language to make sense of their thoughts, feelings, and behaviors, often spoke of themselves in passive terms. "I found my feet walking to an acting out place," one subject explained, "and I started to pray, 'dear God, please don't let me do this.' But my thoughts strayed back." Another man said: "I was walking down the street when my head attacked me. I was in my obsession."

As they recounted critical incidents, many participants professed "confusion" about issues of ownership and responsibility, ascribing to their actions multiple--even incompatible--causes, as if to disclaim conflictual desires and ambivalent actions (Hirsch, 1992). For example, a heterosexual man acknowledged "unwanted, potentially overwhelming" fantasies and feelings which, he said, are "always there, but usually dormant." He indicated that he "knows" that what he "helplessly" acts out are "the obsessions" in his head. But he tended to locate the impetus to engage in sexual behaviors largely outside himself. When situational triggers "ignite the fireball within" him, he said, he "finds" himself doing what he does not want to do.

In addition, he described himself as profoundly vulnerable to what he termed his "sleazy side," that "inner, undermining addict, who demands attention and sometimes gets the upper hand." Lastly, although he characterized himself as "obsessional" and as vulnerable both to external stimuli

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and to the destructive activity of an autonomous inner addict, he also tried to take full responsibility for his sexual behavior. "Left to my own devices," he stated simply, "I will act out."

As if to locate thought, desire, and intention entirely outside themselves, some participants described their actions as automatic responses to irresistible external forces. "One day I was working in the college library," a young man said,

> and I needed to use the men's room. I was sitting in a stall, actually taking a shit. I'd never noticed it before, but there was a little hole in the wall of the stall. And I saw that there was someone there in the stall next to me, trying to engage me. He was masturbating, and I could see him through the hole in the wall. And that's all I needed to see. I went into that stall nearly every day for the next two years. I spent hours in there. It was not unusual to spend four hours a day there.

Describing a woman he had been dating for a few weeks, one man said:

> She wore an extremely provocative dress. It had a short, tight, hot-pink mini skirt, slit up the sides, and a white tank top with a zipper down the middle between her breasts. It made me want to masturbate so badly I thought I would die. I vibrated for hours.

"Powerless" over what he termed "the masculinity factor," another young man described the forceful impact that "something about the other's face or hands or legs or butt" can have on him. "It hits me like an electric shock," he said, "and voooom! It triggers me." A straight-identified man reported feeling excited by isolated body parts--

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"breasts, thighs, a vagina, a man's strong erection." A penis "mesmerizes." "I came upon group of transvestites fondling themselves," another straight-identified man said, "and I just stood there transfixed, utterly transfixed."

Subjects also ascribed a powerful valence to certain environments and to specific places: "There's a particular park that draws me," one man said. Another said, "Male movie theaters intrigue me." Several men recounted times when they "chanced upon" or "stumbled into" irresistible, erotic force fields. One said:

> Even before I went in, my sex radar told me that something was there. It just had the signs: the slightly funky location, off-the-beaten-path but not so far from the beaten path, everything about it was, "this is a place for sex."

Similarly, another said:

> There was a little pull off on the side of the road, and a sign, and a path that went pretty much uphill into a heavily wooded area. It was an ideal acting out place. Lots of freedom. Lots of privacy, lots of thick, heavy vegetation. . .

In such settings, many participants described themselves as prone to "spells" and "trances." Describing himself and his lover one evening, a participant said: "We found ourselves on roller blades, at dusk, in a relatively isolated section of the park. . .We were two men in a weakened state!" He said he was not certain they would have acted out had they not first felt acted upon. Another man said: "I was just sitting there and it hit me! Boom! It took me." A straight

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man concluded his description of a critical incident by saying: "In this situation, I was powerless to stop."

III. Successful Avoidance of a Slip or Relapse

Participants were asked to describe in similar detail a recent time when they successfully avoided a sexual slip or relapse. As before, they were encouraged to describe rather than try to explain the experience, and, as much as possible, to recount the thoughts and feelings they had had before, during, and after the incident. Specifically, participants were encouraged to describe anything they might have thought or done differently on the occasion, which might have contributed to their experience of successful self-governance.

Diffidence about Positive Outcomes

Not all participants were able to recall a time when they successfully avoided a slip, and a few claimed that they had never successfully "avoided the temptation" to act out sexually. "If I stay on my plan for a while," one man said, "it's not because I'm avoiding a slip; it's because I'm avoiding stress. The minute stress hits me, I have a slip."

Even when they were able to identify times when they had resisted the urge to act out, several participants were reluctant to give themselves much credit. "I just 'white-knuckled' it," a straight man insisted, "and 'white-knuckling' is not the same thing as staying sober."

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Attributing his decision to refrain from acting out to situational factors rather than to any strength or purpose of his own, a gay man said:

> A lot of times it has more to do with me just being tired and the logistics of it all, rather than with willpower. If I'm at home sometimes I'll think, "I could go out and blah blah blah." And I've told myself, "Just go to sleep. You'll be happier in the morning if you just go to sleep." But if I'm already headed toward the subway--well, I've never gotten to that point and then turned back.

Several participants made similar comments, referencing changes within themselves for which they felt they could not take credit: "I didn't go have wild, abandoned sex--I don't do that much anymore. After all, I'm not 21. I had no intention of staying until 4:00 a.m. I know I can't stay up real late anymore. I suffer the next day. And I had things I wanted to do."

Many men attributed their capacity to make "sober" choices to the positive influence on them of some "power" greater than themselves. "I <u>received</u> [emphasis added] periods of abstinence," one man reported, "a month here, a few weeks there." Another said:

> I came <u>this close</u> to going to a pornographic movie. I mean, <u>this close</u>. In fact, I'd decided to go. And it's almost like my Higher Power just said, "you're not going." I really had decided to go, and somehow, I ended up not going.

A bisexual, straight-identified man described "what happened to" him one night after he made the decision to stop by a transsexual cruising area rather than go directly home:

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> I got off the train and switched subway lines. While I waited on the platform for an uptown train, I noticed an SCA friend standing nearby. That often happens. I decide to act out, and then I run into someone I know. If I ask for help, the urge usually lifts. Just recently, for example, a friend I bumped into offered to take the train all the way home with me, and that's how I made it through the night. Anyway, this time I saw someone I knew, but I didn't speak to him. I turned away, I guess, because the addict wanted his hit. The train finally came, and I got on it. I got off at my stop, raced up the subway stairs, and ran right into a second Program friend (Coincidentally, we have the same sponsor, so we're "cousins" or whatever). I didn't tell her I was on my way to act out. I lied--which is not something I often do in life today. I told her I was going to see a friend. Well, we talked for a while, and then she went down to wait for her train. I knew I had a choice to make. And I chose this time to call my sponsor. I telephoned him from the street, and said, "you know, Somebody doesn't want me out here tonight." We talked, and then I went home.

Noticing the Small Decisions that Precede a Slip

A few participants discovered that they were more able to make choices consistent with their sexual sobriety goals once they realized, as one man said, that "sexual acting out is really the end of the slip; the slip starts way before." A gay man explained:

> I'm not sure I understand what the word, "slip," means anymore. Since I've been in recovery, all my slips have been orchestrated. They are planned experiences. There's been an intent, a decision to act out. I've had ample opportunity to stop, to interrupt the process. You know--pick up the phone--but I don't. I act out, and when I'm done, I call it a slip. Then I pick up the phone; I go to a meeting. Then I reach out. . .I think a "slip" involves much more emotion and pain; there is a suddenness, or an overwhelming powerlessness. But I've begun to realize, that's not what's going on with me. I make a decision to act out; I go

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> ahead and do it; and then I deal with it, after the fact.

Similarly, a young gay man acknowledged: "Recently my slips have been--I've known--I've planned to do them. At some point I've said, 'I'm going to do this.'" A bisexual, straight-identified man acknowledged: "Yeah, I feel overwhelmed a lot of the time. But there are times when I just know I'm going to do it, when nobody can stop me. God could come down and grab my hand--I'm going to do it anyway."

Although several subjects felt largely "powerless to choose," most were able, at least in retrospect, to identify antecedent, "thoughtless" actions, inchoate feelings, and situational and interpersonal factors which seemed relevant, after all, to the decisions they had made to suspend temporarily previously established abstinence goals. A gay man in a committed relationship, whose sexual recovery plan is "no extra-relational sex," permitted himself to become aware of and baffled by the paradox of taking actions "to stay sober" while simultaneously setting the stage "to act out":

> I was going to (city) to visit my (relative), and I made very elaborate plans not to act out on one level, but I also had a set of contingent plans that were clearly leading towards acting out. . .For example, I'd decided not to drive, because along the way there are numerous places to act out. I decided to fly, because that way I would have less opportunity to act out. I told everybody--my lover, friends in the Program. I even said it to myself. But I also knew of an

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> acting out place in the city, and I drove there in a rental car as soon as I got off the plane. I knew all along I was going to stop. It was the only thought in my mind. On the plane I'd been telling myself, "You won't stop there; you'll go get some breakfast." But I was also thinking, "Well, you might stop; you'll probably stop." I'd made plans to act out before leaving home. See these little marks on the top of my head? I think they are unattractive. I never wear a hat. But I went shopping, and bought a couple. Because I thought, "This way, when I go down on someone, he won't see my head. He'll see the hat." Now I remember putting the hats in my luggage, knowing what they were there for. And at the same time, I said to myself, "Well, you won't use them. You won't stop."

Several participants reported a growing capacity to notice the steps they characteristically take en route to episodic sexual dyscontrol (see Marlatt & Gordon, 1985). They learned to use these as early warning signals or as choice points. For example, a young gay man said that he had begun to notice that he sometimes "feels a rush" well in advance of realizing that he has made a decision to act out:

> My energy level goes up, even hours beforehand. Many times I do things--"good boy" things: I'll make my bed, do the dishes, maybe so I can act out later with a clear conscience. There seems to be a preparation ritual. I might not "know" I'm going to act out, but I'll put on shorts I can remove easily, like sweats, or gym shorts. I'll skip putting on underwear (since it gets in the way). I'll put on my old sneakers (because acting out involves a lot of running through the woods, and I tend to abuse the hell out of them).

Formerly indiscernible early "triggers," "urges," and "automatic responses" and relevant, antecedent experiences, once recognized, seemed to buy participants time. Several subjects indicated that awareness enhanced their ability, at

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times, to put the brakes on. For example, a participant whose "addiction to prostitutes" eventually "progressed" to "compulsive sex with pre-op transsexual hustlers" concluded that he could accurately foresee and often avoid slips if he noticed and interrupted the otherwise "cascading effect" of small, apparently trivial, prior decisions (see Marlatt & Gordon, 1985):

> My vision is to have monogamous, committed relationships, preferably long-term, with women. I don't how to integrate sexuality into my life in a healthy way right now. And I need to learn how to be in relationship with myself, how to have a non-sexual relationship with myself. So for today, I'm entirely celibate. I abstain from all forms of sex, including masturbation. I am getting to know myself; I don't have the noise of my sex addiction screaming at me twenty-four hours a day. So, if I'm celibate, that means I cannot have sex. That means that I cannot "find myself" in Times Square. Why else would I go there? If I'm at an SCA meeting at (location), and I "get it into my head" that I'm going to walk to the train station in Times Square, rather than walk with a friend to the train at 50th St., I know I'm being willful, that I'm trying to kid myself. Similarly, celibacy means that I can't "pick up" the Village Voice, and scan through the ads in the back. I already know what's back there. I know why I would read them.

To realize that many thoughts and feelings immediately precede a sexual lapse, and to develop the self-observing skills necessary to notice these as they "arise" powerfully challenges participants' deeply held conviction that addictive sexual dyscontrol episodes are essentially a sort of spontaneous combustion. A straight-identified, bisexual young man said:

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> In the past, I really had no idea how the hell I wound up doing what I was doing. I'd "come to" and have no idea how I'd gotten there.

An older gay man said:

> I came out of my trance one time and found this guy standing over me, slapping my face. I said, "Wait! What are you doing?" And he answered, "You seemed to like it when I did it before!" I didn't know who he was. I didn't know where I was. I couldn't have told you how it all began. That doesn't happen anymore.

Differentiating the "Grey" and the "Slippery"

Almost all participants could identify the "people, places, and things" they associated with high risk and/or compulsive sexual behavior. Prostitutes, hustlers, sex clubs; pornography, cybersex, "massage 'with release'"--even touch-tone telephones were experienced by many as dangerous catalysts, which trigger and potentiate uncontrollable urges. A heterosexual man said:

> I know that some things powerfully affect me, and that the impulse to go into a strip club or a brothel is, on the whole, a compulsive one for me. I mean, is there any reason to be there, besides looking for sex? So, I find it very hard to say to myself, "yes, you can do that and remain sober."

Like several of the men interviewed, he had become reluctant to buy pornographic magazines and videos:

> Pornography can't be an end in itself. I don't want to masturbate with it. I see it as a very isolating thing, and it clearly makes me compartmentalize my sexuality. It functions as a trigger, and I end up wanting something more, wanting closure: I end up wanting to have sex with a prostitute. So although I give myself permission to go into a magazine shop and to look at the magazines, I draw the line at buying them and having them in the house. It's very like having drugs in the house--like

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> having a stash--and, if I'm not feeling good, I can always go get a fix. I'm very wary of that today.

Similarly, another man said:

> Recently I rented an R-rated movie, which had a number of explicit sexual scenes, one of which really triggered me. . .The movie was not pornographic; it's on my plan. But it's also really unwise for me to get aroused, because I can't go anywhere with it--I can't masturbate, for example. The next day when I woke up, I felt troubled. I'd skidded to the edge of my plan. I didn't use this to beat myself up, the way I used to. I realized I was in trouble, and from that place, I was able to go get some help.

Several participants described uncertainty about "where to draw the line" and about how to reliably discriminate "being in a grey area" from "having a slip." A few reported growing skepticism about this "uncertainty," ascribing to it a certain disingenuousness (see Hirsch, 1992). For example, one man acknowledged: "Sometimes I drift into my grey areas because I'm looking for sex." Another said, "I realize, sometimes, that I'm indulging myself. That what I'm really doing is just cruising around town, searching for that sexual charge."

The thought processes some participants used to distinguish "grey" from "slippery" behaviors were suggestive of enduring conflicts and ambivalence with respect to the abstinence and recovery goals they had selected for themselves. Grey areas seemed especially susceptible to ironic uses. One participant said:

> If I go into any establishment were sex is commercially available, that's a slip. On the

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> other hand, suppose I went in somewhere where admission is free? If I call a prostitute and we talk, but we don't get together, is that a slip? To be honest, if I'm making that kind of phone call, I'm usually masturbating while I'm on the phone. So that's pretty clear [emphasis added]--it's a slip. But there are grey areas. I need to protect myself by drawing the line somewhere. Otherwise, I'd always be thinking, "Ok, it's a slip to call and talk, but suppose I just dial the number? Suppose I hang up when someone picks up the phone? Suppose I dial and no one's there?"

"A Dosing Kind of Mind"

Just as virtually all participants described "addictive sex" as providing, for example, "an adrenalin rush" or "an intense high very like that of cocaine or crack," most acknowledged holding on to grey areas as a way of maintaining access to a small, mood-altering stash. Some of them reasoned that this would help them to avoid a slip. For example, a participant whose work required him to travel "allowed" himself "to have pornography in the hotel room." Knowing that he could access a source of "immediate relief" made him feel less vulnerable to the "loneliness" and "unbearable panic attacks" which often preceded his slips with prostitutes. Another subject said: "Sometimes I give myself permission to go into a peep show and get a hit. It's pretty fail safe; it's a pretty successful drug, quite predictable." Relying at times on "little hits" to interrupt an otherwise engulfing depression, one man explained:

> I know I'm going to look for. . .or that I could. There's that possibility. And there's an excitement in the potential. And that's important to me. Those moments when something might happen are very

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> elating to me. . .I could go, take a look, take the edge off, like the hair of the dog. . .

Many participants experimented with degrees of sexual arousal and seemed to derive intense pleasure and powerful feelings of self-control from their successful avoidance of orgasm under "self-torturing" conditions. "I enjoy seeing how stimulated I can get," said one man. "How close to the brink can I go without having a slip?" Vividly remembering "a near-slip," one subject recounted how he coached himself:

> I'm going to get as much as I can. I'm aroused already. "Careful, careful, cautious, slow." That's the mind. "Slow, slow, slow down. See what he's doing. Check it out. Ok, that's enough now. Step back. Cool off." I think I could handle a little more. A little more now. "No, that's too much. That's way too much. You're going to come. No. You can't do that. That would be a slip. Be careful."

For many participants, conflict seemed to be recruited in the service of foreplay.

Widely shared was the wish to retain access, whether as a treat or in an emergency, to a "sexual cocktail," described by one heterosexual participant as a remedy "guaranteed to be stronger than anything else I might be feeling." The same view was illustrated by another straight participant, who described his addiction as an "over-reliance" on prostitutes. Under certain circumstances he felt that engaging the services of a prostitute could still be useful to him. It would be, he said, "the equivalent of a stiff drink--you know, drink some bravery--before a

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meeting." Recalling how that had helped in the past, he said:

> I couldn't think--my mind was really cloudy--until I acted out. Then I'd feel relief. And sometimes I'd have a very productive day afterwards. It would really do the trick. I'd feel confident, bolder, and able to make calls, able to make appointments, to get back into the real world, back into my life.

Participants with much more SCA experience were skeptical of such "rain checks." Describing repeated, increasingly destructive cycles of risk negotiation and utter failure, a gay man said:

> I would always negotiate with myself, think I was in control. You know: "I'll do this every 10 days; I'll do it just one more time." But the whole problem was, I <u>couldn't</u> do this just once. I couldn't do it once a year or once a month! I have enough experience to know that there's no such thing for me as a slip. I destroy my life.

Recalling the devastating cycle of escalating need and panic which was his life, he said:

> There was a lot of fear attached to this: "When am I going to be able to do this again? In another hour? Do I have enough money? To do it three more times? Do I have enough money, can I get enough people, <u>to carry me through the night</u>?"

Mixed Feelings about Moderation

When speaking of their experiences, some subjects had a great deal of difficulty deciding whether they had avoided a slip or committed one. In particular, confusion seemed to result when a participant successfully limited sexual behaviors he usually felt unable to control. For example, a participant who had decided to stop thinking in terms of

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"sexual recovery plans" still concluded, "I had a slip," after having casual, consensual sex in a bath house with another man. He explained:

> I decided I was going to have sex with just one person and that I was going to come home right afterwards. And that's what I did. For me it was different in so many ways: There weren't any voyeurs involved; it wasn't a three-way; it wasn't S/M. And I was home by 11:00 p.m.

Able to acknowledge that he had acted uncharacteristically, he was not sure what had made that possible. Indeed, in recounting his success, he emphasized what he had not been able to do:

> (Name) said: "That was nice. I hope I see you around again." And he left, very satisfied. What I didn't say was: "I want your number." I didn't have the courage or the self-esteem to say: "I'd like to see you again." That's where I am today. I can't bring myself to do that.

Although he felt that his experience was "good," "human" and "safe," he was uncertain that it had been "right." He was reluctant to justify what he had done and seemed to need to prove to himself that his "loneliness and need to touch somebody" were intense enough to merit the relief his experience accorded him. "I'd recently moved," he said, "and I'd just changed jobs. I was down here (state) by myself and missing my old friends." In addition, he confided, he "might" have had a reaction to his new physician's recommendation that he add a protease inhibitor to his HIV treatment regimen. "Maybe I was a little overwhelmed by the emotions and a little crazed," he said. He tried to give

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himself credit for having conducted himself responsibly, but could not regard what he had done without significant reservations. He concluded:

> It was a positive experience in terms of my SCA recovery, in a minuscule, minor way. I'm not trying to shove it under the rug or to glorify it. It was a little step. . .I didn't allow it to become a slip. I proved myself to be more restrained. But in terms of the Program, people in the Program might consider it a slip. I felt that I needed to do it, that I needed the contact. It was almost a positive thing. It almost made me feel good about myself.

Sensitivity to what "some people in the Program might consider a slip" was an issue for many group members. For example, although he said he "dreaded sex with other people," a bisexual, gay-identified man occasionally cross-dressed and permitted strangers to masturbate him in hustler bars. He said that his abstinence goal was "no masturbation; no paying for sex; no phone sex," and added:

> I can do anything else. I mean, I can get into drag. I can go to a bar. I can stand in a corner of the bar while someone masturbates me. That's not a violation of my plan. I look at that at times and I think, "jeez, if I walked into a meeting and shared this, they'd say, 'you call that a plan?'" But those aren't behaviors that are out of control for me. Whereas phone sex--I get on the phone sex lines and I can't get off. And masturbation. . .it becomes my life. It ruins my life.

Defending the integrity of a sexual recovery plan which permitted him to have anonymous sex in public places, he concluded that he had avoided a slip by not masturbating alone. Anonymous sex in a hustler bar might have been non-

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relational, but it involved another human being, and, in that sense, represented progress for him.

Many participants seemed to think that, in principle, moderation was desirable and achievable. But in contrast to the mixed success described by the diffident gay man who had a single sexual encounter at the baths, they tended to speak persistently of themselves and of their complex actions in all-or-nothing terms. "For me it's either feast or famine," one man said. Another defined his motives in binary terms: "There's 'How do I stop?' and there's 'How do I get more?'" In contrast, a long-time group member remembered:

> I'd get periods of not acting out. I'd stop going to strangers' apartments. I stopped bringing strangers here. And I stopped cruising the streets, soaking in those seductive images. I tried dating without the goal of ending up in bed. I started to dress less seductively. I've gone without sex for two years at a time. A year at a time, and--is the microphone on?--I'd like to tell your readers: "That's not healthy! _That is not healthy!_"

Although he concluded his account on a humorous note, collapsing his self-assessment finally into binary terms, he began it with the acknowledgement that he _had_ been doing something differently: "I stopped. . .I tried. . .I started." Rather than act like a sex addict, he had tried to be himself, and encountered disappointment, failure, and futility. His joke could not undo the sober recognition that he was not so much a sex addict as someone who, in his own eyes, had stopped, tried, started, _and failed_. Like many of the men who participated in the study, he struggled with the

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question: Is the alternative to being a sex addict being alone?

Avoiding Slips--What Helps

Loyalty to friends in the program helped some people to avoid slips. One man said: "People who are really my friends don't care what my day count is." Still, like several participants, he did not want to let them down. Acting in accordance with his recovery plan became a way for him to exercise leadership in the program and to experience self-esteem. "The day count is a period of time in which I feel like I haven't done anything to be ashamed of," he said. "I can look at that period of time and feel great pride in it."

Several subjects described their efforts to increase self-awareness and to notice specifically what might have been happening just before they began to feel intruded on by "unwanted" sexual fantasies and heightened sexual urges. One man explained:

> I try to remember that when I feel extremely stressed, I will fantasize about experiences I've had with transsexuals. That's where my addiction left off. That's where it will go, right back to that place. When I'm feeling extreme anxiety, I even dream about them. And I've learned to use those times as an indicator that something's going on. I try to address the underlying issue. Because my addiction is always a response to something. Not necessarily a particular event. It's not like, the day is bright, or, the day is rainy, I'll act out. But what does matter is, am I feeling rage? Am I feeling fear? Am I feeling worthless? Am I feeling humiliation? Shame? If those feelings come up, then my addict is soon to follow. I'm finding that recovery has become very simple. Extremely

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> hard, but very simple. It's not rocket science. It's about making the choices, sticking to my plan, and not giving my addict room.

Others mentioned their growing ability "to see--to choose to see--and to step back," instead of "blindly" and "automatically" hurling themselves into dangerous, self-defeating scenarios. Several described themselves as less prone to self-deception. One man concluded: "I can't keep pretending 'to stumble into' situations that 'just turn sexual.'"

Gains in the capacity to defer action despite intense, compelling urges made it possible for many men to begin experiencing themselves as active agents who make choices. Some expressed ambivalence about the responsibility they associated with any increase in autonomy and self-efficacy. "When I act out," one man explained, "I'm 'giving in' to my so-called helplessness." Another stated: "I remind myself that I have a choice. But on other days, I obliterate that awareness. I want to scream at someone: 'Don't tell me I have a choice!'"

Some participants said that it had been useful to regard their desires from a more accepting, permissive point of view. One man said frankly: "If you tell me there's something I can't have--I don't even have to know what it is--then that becomes the only thing I want." Recognizing this, he realized it was counter-productive to take a self-prohibitive stance. He explained:

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> I don't want to be an exorcist anymore. In masturbation and in fantasy, I'm moving towards a place of greater acceptance. I'm trying to give myself more room, because that's what really "*de-taboo-izes*" it, you know. And it's the taboo, I think, that fuels everything in the first place.

Some participants said that it had made a difference to be gentle with themselves:

> Basically, I give myself a choice. If I'm feeling urgency around masturbating, I'll say to myself, "You can do that!" And for me that takes a lot of it away, just by saying, "You can do that." It happens most often around bedtime. And I find it's very helpful to be gentle with myself. It becomes, "You can do that, but right now you're brushing your teeth." And the compulsion seems to lift. And then it becomes more of a choice. If I've chosen to masturbate, there isn't the shame. There isn't the "I shouldn't be doing this." I'm trying to dispense with all that judgment.

In contrast, several men described reactions of rage and self-hatred whenever they experienced sexual arousal and painful self-division: "I feel so angry and so frustrated with myself," a gay man said. "Sometimes I feel like screaming, 'What's the matter with you?'" A heterosexual participant acknowledged:

> I feel guilt first, and then guilt gives way to rage. The only times that I can really identify my rage are when I am about to act it out, or when I am acting it out, or after I've acted it out. It's hard to explain, because as soon as I feel it, I cut it off. I go into my head--rationalizing, explaining, arguing. I have no feelings. Once I get to that point, anything is possible.

For many men, rageful self-condemnation seemed to be a precursor to even more destructive acting-out cycles. A bisexual, straight-identified man said:

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> Even today I still have urges to do this stuff, and I just can't believe it! It's very hard for me. I don't feel it fits with my morals. It's very dangerous and it fills me with guilt and shame. I get furious with myself. I'll ask myself: "What the hell are you doing? What the hell do you think you're doing?" Other times I'll decide: "I'm doing it! The hell with it! There's nothing wrong with it!" I'll convince myself it's ok. But then, after the fact, inevitably I think: "It's not ok."

IV. The Process and Subjective Experience of Change

Participants expressed many different thoughts and feelings about their experiences of change and about the limits and possibilities they associated with change. One man said:

> When I achieve a new awareness, I notice that I pull myself back. I undo my efforts. At first I'm very excited, my hopes rise, because no one, my God, no one more than myself wants to really move forward. I feel like I'm working so hard on myself. And whenever a new angle, a new way of looking at this, comes into my awareness, I jump into it fervently. But then I stop. It stops making sense. I don't have the same enthusiasm. And then I turn on myself. I start to feel self-hate and, beneath that, fear. Like a black hole. The feeling of being utterly alone. And then I act out. I'm constantly chasing my own tail.

Perhaps because change is a process--and therefore, always incomplete--most participants seemed to regard it with a mix of hope, fear, gratitude, and disappointment (see Schlesinger, 1996). Common to many was the worry that "recovery" would leave them stranded, that is, capable of renunciation, but not of love. Along these lines, many expressed sentiments like the man who commented: "Getting sober is just the beginning. Then you have to live your life."

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Change as Reported on the Sexual Compulsion Inventory

Participant responses to the 36-item Sexual Compulsion Inventory (Questionnaire Part II) are reported in Appendix II. The questionnaire asked participants to specify the personal relevance of each item by using one of the following four statements to describe it:

[It was] Never my experience (N)
[It was] True of me in the past [but not now] (P)
[It is] True today, but better than before (B)
[It continues to be] True today (T)

Although the measure was crude, it allowed participants to parse sex addiction in personally meaningful ways and to notice and to articulate specific changes easily obscured or denied when self-description is restricted customarily to the use of all-or-nothing labels like "sex addict." For example, all participants (n=21) acknowledged that their sexual lives had been characterized by secrecy, shame, and dishonesty (item #9). An equal number reported that this was still "true today" (n=5) or "true today, but better than before" (n=5). But slightly more than half of all participants (n=11) reported that they no longer experienced sex-related secrecy, shame, and dishonesty. In this respect, that is, they acknowledged that they had changed.

Similarly, 16 of 21 participants indicated that they used to cruise clubs and bars in search of sexual partners (item #17). Five participants said that they continued to cruise these venues, but of these, four reported that the problem was "better than before." In contrast, 52% of the

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participants (n=11) said they had stopped cruising clubs and bars. Although they continued to think of themselves as sexually compulsive, they could in fact differentiate this aspect of their present conduct from its counterpart in the past.

No effort was made to determine systematically the factors that might have contributed to the changes participants said they had been able to make. Perhaps some quit cruising the bars because, after joining SCA, they also stopped drinking. In fact five subjects did become members of AA after they joined SCA.

Similarly, no effort was made to determine whether the participants who gave up the bar scene had replaced it with something else (for example, phone sex or computer bulletin boards). The inventory's sole purpose was to supplement the interview, providing participants with a paper and pencil measure on which to record some of the changes they had found it possible to make.

In this regard, it should be noted that several participants reported that they no longer practiced the following risky behaviors:

--anonymous sex (item #12): <u>48%</u> (n=10)
--cruising bookstores & theaters for sex partners (item #18): <u>58%</u> (n=12)
--cruising restrooms, parks, & baths for sex partners (item #19): <u>43%</u> (n=9)
--group sex (item 24): <u>71%</u> (n=15)
--risking arrest (item #25): <u>62%</u> (n=13)
--risking physical health (item #27): <u>66%</u> (n=14)
--being injured or robbed (item #28): <u>48%</u> (n=10)

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--engaging hustlers/prostitutes (item #29): 48% (n=10)

With respect to the same behaviors, other participants indicated that they saw themselves making progress, even though they had not fully overcome these difficulties:

--anonymous sex: 4 men
--cruising bookstores & theaters: 2 men
--cruising restrooms, parks & baths: 3 men
--group sex: 1 man
--risking arrest: 2 men
--risking physical health: 4 men
--being injured or robbed: 1 man
--engaging hustlers/prostitutes: 4 men

Participants' questionnaire reports of change and of steps taken in the direction of change were intriguing, in part, because, when interviewed, many seemed to have difficulty acknowledging that they had made any meaningful progress, and accented instead the ways in which they felt they were continuing to fail.

Secrecy as a Way to Protect New Capacities

One participant said that an experience of "sex on his plan" had left him feeling "very good about myself; really, really new and triumphant." He was reluctant, however, to tell anyone what he had done. In part, he thought, his hesitation might have been related to life-long habits of secrecy and isolation, which were hard to break. He was aware too that the wish to tell his sponsor was somewhat dampened by the worry that his sponsor would disapprove. He seemed concerned that his sponsor would undermine him with well-meaning, but crippling cautions about his capacity to

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manage, just at the moment when he felt that he was doing well. He imagined that his sponsor might say: "Hey, you're alone, you're far away, sex with someone you've just met is an option, but maybe you'd be better off going to the movies."

Changing Attitudes, Accepting Feelings

Several participants attributed the impulse to act out to the disturbing experience of forbidden, unacceptable feelings. "It was wrong to feel angry," one man said. Another said: "I shouldn't have felt so needy. That was a weakness." Relating the context of a slip he called "an exercise in self-loathing," a participant said:

> A friend and I were planning to go to a play together. Friday night I saw him at an SCA meeting and he told me he was going out with someone else afterwards. "By the way," I said, "we still have to get together for this play." (He'd been putting me off about it recently). He finally decided, I guess, to tell the truth: he'd bought the tickets and already gone to see it with somebody else. And so I was very angry with him, although I pretended I wasn't. And that was the start of the weekend. The whole thing fell apart from there. So that, by Monday night, I felt: "Well, what am I getting? Where is the 'love, understanding, and companionship' [an SCA slogan]? Fuck the boyfriend shit! What about just the 'love, understanding and companionship?' Why is it that my phone hasn't rung all weekend long?" And so I said: "To hell with all of this! It's getting me nowhere. And I know what I can get."

In contrast, participants who felt they were making positive changes often described efforts to adopt a new attitude with respect to their emotions. A heterosexual man who had achieved several months of total abstinence

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described the steps he took to cope with the experience of feeling profoundly over-stimulated by the sexy ensemble worn by a young woman he had just started to date:

> I wanted to masturbate so badly that I felt I was going to die. I couldn't sleep. I couldn't sleep 'til 4:30 a.m. And I was so angry. I thought: "This is the stupidest program, this is the stupidest plan. If I just masturbate, I could go to sleep. This is crazy. This is insane. I'm just torturing myself. This is abusive." I was so close to a masturbation slip. And somehow, anger was the energy I needed to set a boundary. I said to myself: "I have worked so hard to get sober and this has been so brutally difficult". . .the with-drawal was horrible, horrible. And I knew what had happened last summer when I had my slip. So I told myself: "I don't know where I'm going to go with a slip. I don't want to get sober again." It was torture not acting out, but my fear of losing all that I had gained--I have more energy, more self-esteem, more dignity, better friends, better relationships, at work, at home; everything about my life is better--I had no idea that not masturbating would be such a powerful tool for my recovery, and that it would bring so many good things into my life. . . So I said to myself: "I'll die. Maybe I'll never sleep again the rest of my life. But I'm not going to masturbate, because I've worked too hard, it's been too dif-ficult." Later I was able to have a sober conver-sation with the woman, and to say: "This is about me. But if you're going to dress that way, I can't be around you because I can't handle it. I couldn't sleep that night. I was up until 4:30 a.m. I'm flattered that you dressed that way and perhaps you meant it as a compliment. But it was painful. It was actually painful for me." And I was able to do that in a non-shaming, non-angry way. I was able to take care of myself, and that felt like a miracle. I'd almost thought: "Well, I can never go out with her again." But I really liked her. I really liked her. I just needed to take care of myself. I needed to ask for what I wanted and to realize that that's possible. I didn't have to control her and I don't have to suffer.

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Uncertainty About What Can Be Changed

Some participants said that they recognized limitations within themselves that they felt could never be changed or rectified. Many believed that they were handicapped by enduring personal deficiencies which would probably always undermine their efforts to love and to live out their sexual lives with authenticity. One man said:

> Homophobic issues of my own hold me back. They cause me to feel very alienated and separate from the gay community, and that certainly makes it harder to meet someone! I'm inadequate in many areas--I'm immature, addictive. I've got a lot of control issues.

Another participant, who had been an active member of SCA for several years, acknowledged matter-of-factly:

> I've never been able to cross the border, to turn a loving friendship into an intimate, sexual relationship. I'm a very cautious guy. I don't want to get hurt. This might sound terrible, but I tell myself: "Just face the facts. This all you are ever going to get, so let's see if you can at least change some of the behaviors. You're well enough along in the Program to know right and wrong. You're going to feel some guilt, so prepare yourself for that. Don't let it become a big thing. Don't go way out of control." I'm trying to make what I can do as acceptable for myself as possible. I have to be where I am. I've learned it doesn't help to make myself crazy on top of everything else.

Present and Future Possibilities Blighted by the Past

Most participants said that they felt weighed down and troubled by painful experiences and unresolved issues which they had carried with them since early childhood. Current, unacceptable feelings and the compelling impulse to engage in ego-dystonic sexual behaviors were understood as the

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legacy of a traumatic past more influential by far than "daily life," whose "network of concrete experiences with others" (Wachtel, 1997, p. 372) constitutes the available, actual world, in which feelings are felt and choices made. In their narratives, many respondents described current, painful feelings in terms of their resonance with historic and fateful unmet needs, traumatic events, and the many good experiences they missed out on when they were children. In general, they seemed to feel that the defining impress of their losses could never diminish in importance, no matter how many other, good experiences they succeeded in interposing between themselves and the destructive past. One man said:

> I know I'll never be able to be a toddler and be mothered and fathered properly and all that stuff. The scar will always be a very real scar. I'm always going to know that something really terrible happened to me. Something really terrible. . .

Describing the tremendous disappointment he felt when his sponsor did not anticipate and provide for needs he wished it had not been necessary to express, another participant explained:

> If I'd said to my sponsor, "This is going to be a really hard time for me. Please try to call me," he would have done that. But I didn't want to ask. I wish he had known to call me without my having to ask. That's not realistic, but I do wish it. I realize, you can't expect (long pause), <u>this is not your mom</u>. And I can't expect to get the things I needed to get from her, but that I didn't get from her, from other people. It's nobody's job to

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> do that. It was her's and she didn't do it. It's nobody's job to do that now. And that's a bitter pill.

Participants ascribed their vulnerability to feelings of being "triggered" or "set off" by current, disillusioning and disappointing interpersonal experiences to the enduring volatility of early, unmet needs and feelings. They recognized and found it difficult to modulate the life and death intensity with which they experienced the past as if it were present. A young gay man recalled:

> We were at a coffee shop and everyone was talking about their vacation plans. One guy said: "I never stay in the city; I always go away." And then somebody else said, "I went with my boyfriend." And what I heard was: They're talking about their independence. They can mobilize themselves. They can leave. And that was painful to hear. I felt how my abandonment caged me--being so dependent on my mother. I don't have their sense of freedom. At home that night I felt edgy and my helplessness started kicking in. And it was big, because I went back to when I was 12 and in (place), and I began to feel that loneliness and that despair. And that's the sort of thing I'm feeling when I really go with my addiction. I give in to the helplessness.

Similarly, another respondent remembered a satisfying interpersonal encounter, and the reactive, precipitous plunge he later took into feelings he regarded as archaic:

> that morass of fear, self-loathing, self-pity, real grief that's been unfelt for ages into which I go, which is all wrapped up in despair and hopelessness. I get dragged down into it. The despair controls me. I get trapped in an old, old groove.

Many participants believed that they were crippled by early relationships and experiences which did not equip them

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to handle life circumstances they imagined that other people learn to take in stride. For example, unacknowledged as a gay man by his family of origin and not out as a gay man in his professional life, a participant struggled to explain why a committed relationship with another gay man could never be possible for him:

> I think it does come down, finally, to parental approval. Without that approval, I don't think I can do it. My father is dead, and maybe I don't need <u>his</u> approval. But, if who I am, if my mother's in complete denial of who I am. . . How can I have any sort of relationship, if I'm denied my existence?

Trying to account for the hollow detachment with which he looked back on ruthlessly self-destructive, dangerous sexual behaviors, another young man evoked the unmotivated impersonality he associated with remembered deprivations:

> It's dark. Life is a struggle. There's not enough. I don't have, I didn't get, I didn't get what was necessary to make it. Others have failed me. But not so much as a vindictive thing. The world is not a happy place. People struggle to survive. There's not much care to be dispensed. I guess the way it feels, it's not so much like a vindictive, a cruel world, but an indifferent one.

Many participants seemed to assume that they had experienced a sort of developmental-arrest as the result of the untoward and untenable relationships available to them in early life. They described themselves as in some sense "fixed in developmental time," actively "awaiting interpersonal conditions which [would] make further development possible (Mitchell, 1988, p. 170; see Wachtel,

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1977b, pp. 36-38). Archetypal as the yearning for new, unspoiled beginnings is, a certain concreteness seemed to characterize the deeply felt needs expressed by some respondents. Passivity and the tendency to equate the fulfillment of their adult needs with longed for, unattainable reparations, undermined their capacity to live effectively in the present, and to take appropriate actions to meet their adult aspirations. Describing a recent, painful experience with which he was still struggling, a participant said:

> I felt like a naked baby on a blanket, and that may have been the pain I was feeling, like really old, vulnerable pain of not being in control, and being at the mercy of forces much bigger than I was. . .

Similarly, another participant explained:

> My addict seems to be wounded. He has a frozen or an unmatured quality--something that didn't grow up. Or got stuck. I'm used to a lot of disappointment. . .There is the sense of being invisible, the sense that I'm not, that I don't, that people aren't going to notice me.

Changing Arousal Patterns Subjects Associated with Trauma

Only two of the study's 21 participants said that they had not suffered any form of emotional, physical, and/or sexual abuse either in childhood or in adolescence. Vivid memories of traumatic experiences like incest, sexual abuse, and severe beatings were narrated by several men, who believed that they became sex addicts as the direct result of the abuse and betrayal they experienced when they were young. A bisexual, straight-identified man said:

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> I get so angry about being a sex addict. I was my father's favorite. I kept his cock hard every day so he wouldn't hit me.

Reflecting insightfully on the strategies he had adopted to defend himself against his parents' violence, another bisexual, straight-identified man remembered the illusion of control he once derived from self-inflicted pain:

> I wasn't big enough and strong enough to stop their abuse. They hurt me and they hurt me, again and again and again. Addiction for me has been a kind of willful rage: "You are hurting me and I won't let you. I'm not going to let you hurt me. I'll hurt myself. I'm in charge."

He regarded his own ego-dystonic, sado-masochistic, sexual arousal patterns as "hard-wired" and caused by the manifest sadism with which his father had beaten him methodically for many years. "It wasn't any different from what I later saw in all the S/M clubs," he said. "My father got a sexual thrill from whipping me; that became obvious to me as I got older." Recalling a "shocking" assault on the occasion of his eighteenth birthday, he said:

> I was 18, symbolically, an adult. And my father made me kneel down and then he beat me on my bare back with a belt. It was so shaming. He used such a powerful way to say, "You are not a man, this may be your 18th birthday, but you are not a man. You will never be a man. There's only one man in this house, and you're not it. You'll never be it, you can never be it."

Within a year or two of leaving home for college, the young man become a hustler and a sexual sadist. After several years in the S/M underground, he began a process of

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very significant lifestyle regeneration, which included intensive, psychodynamic psychotherapy and incest recovery work, the latter related to the bewildering sexual experiences he had had with a trusted, older sibling. "Life saving," too, were outpatient treatment for drug and alcohol addiction, and sustained participation in Al-Anon and in two sexual recovery fellowships. Although he said that he no longer felt compelled to practice sado-masochism as an obligatory paraphilia, he acknowledged that, under certain circumstances, he still felt sexually aroused by sadistic fantasies and impulses:

> If a really attractive man walks down the street, or a sexualized man, I'll definitely notice him and feel an attraction. I'll feel, "I wish I had that." And what comes up immediately is absolute rage over what happened to me, rage over my father, rage over my older brother, and when I see a man I'm attracted to, honestly, right away I have a desire to hurt this person, to hit him, to attack him physically. If I see a man who threatens me by being bigger or stronger or better looking, I don't want to have sex with him. I want to eliminate him. And that's what my sex with men always was. My sex with men was always to hurt them, to attack them.

Acknowledging the "grief and outrage" he felt when he remembered his "sick, sex addict father" and his "sick, abusive, psychotic mother," he tried to take responsibility for vengeful feelings, and to reframe them as the inevitable by-products of his constant, conscious struggle to dissect his "disfigured sexuality" away from arresting, increasingly unacceptable, sexual preferences:

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> I always knew these things had happened. They weren't "repressed memories." But I managed to believe, to make myself think, that they hadn't had any impact on me. Maybe they would have hurt somebody else, but not me. When I was in the S/M clubs, I didn't understand why I was behaving the way I did. I didn't even question it. My mind was my defense and my shield; I could rationalize everything I did: "It's genetic. I was born this way. I have a gay gene. I'm a free thinker." I had a million reasons for being a gay sadist. "I need extreme experiences. I like intensity. I like variety." And basically, that was my mind spinning bullshit. The truth was I was violated and abused. They stripped my humanity away from me, and when I was a child, with my child's sense of time, it felt like it would never end, that my childhood was eternal, an eternal nightmare.

In contrast to such blatant physical abuse, other participants remembered disturbing erogenous and erotic contacts with adults whose actions were sexually overstimulating, if not the exact equivalent of sexual molestation (see Weil, 1989). A gay man whose sexual orientation was ego-dystonic recalled the perplexity he felt as a fatherless, latency-age boy:

> My mother and my aunt used to encourage my aunt's lover to take showers with me. He touched me. He would masturbate in front of me, arouse me. I remember, I was very turned on by his feet, and he would play with my feet. I remember being in bed naked together. Somebody with a big penis, masturbating. I feel like it was making me homosexual, all that early sexual experience. I think I might have been straight or maybe bisexual. Or just this whole thing about shame, about sex. . .

Although it did not explain the intense sexual gratification such reenactments provided, virtually all participants shared the conviction that they replicated the traumatic

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experiences of childhood and of adolescence when they acted out sexually:

> I was 8 when my mother started leaving me for such long periods of time--a year, two years at a time. She shouldn't have. It really damaged my life. The insecurity was unbearable--she could leave me at any time--and it marked me. It sealed in the insecurity. My mother was always "the other woman," and when she did come back, we'd have to move. We just kept moving and moving. I started acting out after we moved here. The acting out was a never-ending thing, because it was never safe. It wasn't safe being with her--just the way she lived her life. We didn't know whether we were going to make ends meet, whether we were going to pay the rent. And I live in just the same way now.

A straight man who had been "addicted to prostitutes" explained:

> I become enraged and obsessional when I become involved with a woman--that's the reason I'm not dating. All of my relationships have been reenactments of my relationship with my mother, in which there was a tremendous amount of rage. My mother had a very specific and particular person in mind when she was interacting with me. And I was not that person. I was not the person she had in mind. Simultaneously, there were these feelings I had when I was with her that were not addressed or dealt with. My mother also pumped me full of rage at men, which means, rage at myself. And so I was just full of rage. With women, I reenact, I fall into the same feelings, or into the same patterns of behavior. Like, "this woman is not going to give me what I want. She has chosen me out of the pack and she will toy with me until I'm helpless, until I'm worthless, until I'm cancelled out of the equation." I worry all the time about being rejected by women. But it's my mother's rejection that's the real problem.

Lastly, a few participants described the experience of terrifying flashbacks, in which they felt flooded by intense rage, anxiety, panic, physical pain, and sexual arousal.

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Since by history they had contained such intense feelings inconsistently, they continued to worry about losing control, harming others, and going out of their minds. A young man said:

> When my incest came up, I quit my job for six months. I couldn't work. I was going to kill myself or injure someone else.

Remembering the people he called his "perpetrators," he seemed to shift tenses without awareness as he described the intensity of his wish to hurt them:

> I wanted to beat their faces in. I would like to smash them. I would like to slit their throats and jump up and down and disembowel them. I would like to beat the shit out of them. Just beat the shit out of them. They don't have the right to live. What they did was hateful and disgusting and degrading and cruel. Getting them out of my life was like amputating a leg.

Another man admitted:

> Today I was feeling very triggered. I felt suffocated, and I realized I wanted to do something to hurt a woman. It's because my grandmother suffocated me. I know that. But still, I can't let go of the feeling.

Conflictual Feelings About Their Sexuality

In Questionnaire Part III, items #4, #5, #6 (see Appendix), participants were asked to specify (1) those aspects of their sexuality which they liked and accepted; (2) those aspects of their sexuality which they wished they could change; and (3) those aspects of their sexuality which they were actually trying to change. "Sexuality" was defined along six dimensions: gender identity and gender role,

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sexual orientation and sexual preferences, sexual performance and sexual attractiveness to others.

Among the 21 participants, 90% reported that they liked and accepted their gender identity. Subsequently interviewed, one man said that he wished he could feel more at home in his body, and that he was working to overcome gender dysphoria. Another spoke feelingly about his life-long struggle to consolidate shifting experiences of gender identity, role, and sexual orientation:

> When I ask myself the question, "Why am I--what am I, sexually?"--it's, "well, I'm nuts." See, I'm not gay. But I'm not straight either. You know, I'm--being a transvestite kind of precluded having to deal with those things, because transvestism isn't about people. . .I kind of envy people who can say: "I'm here. This is who I am. Go fuck yourself." But I've never had that courage. I would hate for people to know that I'm a transvestite. It would fill me with horror.

Similarly, approval and acceptance of their sexual orientation was reported by only 66% (n=14) of the men who participated in the study. Acknowledging that he "still felt suicidal" whenever he had an orgasm with another man, a gay man in midlife described the irresistible thrill and torment he had grappled with since recognizing himself as a gay adolescent:

> I discovered the locker rooms at (place), and went there everyday after school. I'd wander around until I had sex. Once I'd had that one orgasm, I'd feel suicidal. I'd run out, promising myself that I'd never come back again. But I had to go back. It's so loaded for me--there's homophobia, drugged feelings, guilt. They're all negative aspects of sex. No wonder once I have an orgasm I want to shoot myself. Because it carries

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> all this loaded, poison stuff I learned to connect with sex.

Seven respondents (33%) indicated that they wished they could change their sexual orientation, and two men--both straight-identified bisexuals--said that they were trying to change it. In their interviews, they described repeated, unsuccessful efforts to achieve exclusive heterosexuality. One man explained:

> I hate the term, "bisexual." I like to think of myself as a straight man--this is really how I view myself--who is much more attracted to women, who wants to get married, who wants to have children--but who has had sex with men, and who wants to have sex with men, not relationships. I guess my own homophobia makes it a problem. I'm afraid of being labeled, afraid that someone will find out. I was raised to think that homosexuality is wrong, so I have a really hard time with the gay part of me.

Strikingly, 62% (n=13) of the participants expressed disapproval of their actual sexual preferences, indicating that they wished specific thoughts, stimuli and behaviors were not sexually arousing. Intense ambivalence characterized such wishes. For example, although he felt tortured by unrelenting self-hatred in reaction to electrifying, "non-normative," desires, one respondent also admitted, "I'd rather do this than breathe." Nine men (43%) reported that they were actually trying to change their sexual arousal patterns. Only eight (39%) reported that they liked and accepted their sexual preferences. Interview data robustly supported these reports.

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Almost half (n=10) of the participants reported dissatisfaction with themselves in terms of their sexual performance. Although seven (33%) said that they wished they could improve their sexual performance, only one indicated that he was actually trying to do so. During their interviews, a few participants mentioned concerns about chronic or episodic impotence, but none had sought the advice of a physician. Two men said that they had "given up" trying to overcome persistent erectile dysfunction "a long time ago."

Gender role approval and self-acceptance were reported by only six (28%) participants. Almost half (n=10) of all participants said that they wished they could change their gender roles, and 28% (n=6) indicated that they were actually trying to change them. A young man said:

> My sex addiction really took off in my early teens, after I got to (country). I was 14, and very effeminate. You know, you begin to change when you're in puberty, and not everything went into the right place. I was very, I have enormous issues to this day with my body, my physical appearance, never thinking I'm enough of a man.

Similarly, only six (28%) of the participants said that they liked and accepted their sexual attractiveness to other people. Thirteen (62%) men reported that they wished they were more attractive, but only nine (43%) said that they were actually trying to improve their appearance. During their interviews, several men mentioned their efforts to

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work out more, to develop social skills, and to improve their self-esteem.

Although five participants reported that they were not attempting to make any changes with respect to their sexuality, only one said that in fact he liked and accepted himself as he was. The other four reported that they were not trying to change, but that they wished they could. In their interviews, these men recounted what they regarded as failure after failure, and expressed pessimism and anger about feeling expected to believe that any further, authentic changes might still be possible. Hope, it seemed, was sometimes "a very dangerous feeling" (Mitchell, 1988, p. 161).

It was impressive and sobering to note how many study participants said that they wished they could change aspects of their sexuality which simply do not lend themselves to change (specifically, gender identity, sexual orientation, and sexual preferences). Unexpected too was the extent to which participants critiqued their gender roles and doubted their attractiveness to others. Perhaps most strikingly, the data suggested that many participants futilely spent themselves wishing and/or trying to change the most deeply etched facets of their sexuality, while neglecting to make other, desired changes, which were more likely to succeed. For example, although several men reported dissatisfaction with their gender role, personal appearance, and

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attractiveness to others, not all were actually trying to do anything about it. Similarly, since strategic adaptations are often found even for erectile disorders of organic etiology (see Padrone, 1994), the decision made by a few respondents to do nothing about impotence rather than to seek medical intervention seemed self-defeating.

Participants' concerns about their sexual preferences are somewhat more difficult to address with any assurance. The extraordinarily complex neuropsychological and biological basis of individual sexual arousal and the utterly unique fantasies individuals come to pair it with are in some way, at some level, and to some degree, modifiable (see Abel, Osborn, Anthony, & Gardos, 1992; Marques & Nelson, 1989; Money & Lamacz, 1989). Although it was not the focus of this study to assess participants' actual strategies for changing their sexual preferences, their comments supported the inference that many relied primarily on futile efforts to suppress their thoughts, to re-direct their sexual fantasies, and/or to will their fantasies along entirely different lines. For example, a bisexual, straight-identified participant who claimed he was "addicted to anonymous sex with men," reported trying to practice three behaviors in support of his stated abstinence goal, which was to have sex only with his girlfriend:

> . . .trying to keep my focus on my partner;
> trying to feel sexually attracted to her;
> trying to initiate sex with her. . .

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With only a few exceptions (for example, the subject whose successes in fantasy alternation were cited on pp. 66-67), participants' naive efforts to redirect their sexual fantasies failed utterly. Even under the guidance of sex therapists, the efficacy of masturbatory reconditioning, for example, has not been demonstrated consistently, and techniques like thematic shift, fantasy alternation, and directed masturbation have yielded, at best, mixed results (Abel et al., 1992). Not surprisingly, the ambivalent efforts of participants to determine the contours of their sexual arousal by force were uniformly unsuccessful. The bisexual, straight-identified man who was "trying to feel sexually attracted" to his female partner simply could not succeed, and was also unable to extinguish the sexual arousal he felt in the presence of male partners. Indeed, such exertions of the will, in most cases, seemed to further intensify the "irresistible" attraction participants ascribed to their most unacceptable sexual fantasies (see Strub, 1995; Wegner & Lane, 1995).

Finally, participants' questionnaire responses suggested that they regarded their actual sexual fantasies and their sexual behaviors with very significant conflict, ambivalence, and uncertainty (Questionnaire Part III, items #7-#12). Asked to indicate whether they thought their "most exciting sexual fantasies" were "compatible" with how they defined "healthy sexuality" for themselves at this time

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(item #7), only three of the 21 men were able to answer affirmatively. Fifteen participants (71%) said that they believed the sexual fantasies that excited them most were incompatible with sexual health. Three respondents were not sure how to regard them.

Participants were asked if sex without those fantasies was a. a source of anxiety (item #8); b. possible (item #9); c. disappointing (item #10); d. intense and satisfying (item #11). Although 19 of 21 men indicated that sex was still possible, nearly half (n=10) said that, without such fantasies, sex was both "a source of anxiety" and "disappointing."

Similarly, when asked whether their "most exciting sexual behaviors" were "compatible" with how they defined "healthy sexuality" for themselves at this time, two-thirds of the participants said "no" (n=14). Although 17 men reported that they were capable of having sex without engaging in preferred practices, almost half (n=10) said that to do so made them anxious. An equal number said that non-paraphilic sex was not intense and satisfying. Nine men said that such sex was disappointing (Questionnaire Part III, items #12-#16).

Participants' statements about their sexual preferences, fantasies, and behaviors lent convergent support to the research findings summarized above (see pp. 51-54), which identified psychosocial factors likely to have

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a negative impact on individuals' efforts to practice safer sex. Among them were:

a. the belief that risky sexual behaviors are more pleasurable than lower risk practices

b. habituation to high risk sexual behaviors

c. perceived difficulty in modifying sexual behaviors

d. perceived difficulty in controlling sexual impulses

It was in light of such findings that participants had been asked whether, in one subject's words, "non-druggy sex" compared unfavorably to its higher test alternatives. Their comments overwhelmingly supported that assessment. One man remembered:

> It was total ecstasy. I was totally powerless and willing to give every other aspect of my life over to it. It was exhilarating. There is just nothing to compare it with. I still miss the abandon, the out-of-body experience. I still miss it. What I have now doesn't begin to compare with that drugged out self-abandonment.

Further support was derived from subjects' responses to an item on the sexual compulsion inventory (#35, Questionnaire, Part II): "Is 'sober' sex a let-down in contrast to acting out highs?" Of 21 respondents, only two men said that this had never been an issue for them. Drug-like sexual highs seemed to defend many participants from the disappointments and risks they associated with intimate interpersonal relationships. Unable to sustain the hope implicit in the capacity to differentiate what he wanted for himself from what he had achieved so far, a young man claimed instead:

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> Sober sex? I can't picture it. I don't want it. I don't believe in it. I don't think it's possible. It sounds boring, dull, and completely unsustainable. <u>This</u> I know I can sustain. This I can do until I'm a million years old and dead.

In contrast, ten participants reported that the discrepancy they used to experience between so-called sober and acting out sex had diminished. A few men mentioned that they were increasingly able to tell the difference between sexual and anxious arousal. One said: "I'm not horny. I'm fucking desperate." Another said: "Sometimes it isn't about sex. It's about wanting to die."

Devaluing Tentative New Starts

Sometimes participants devalued their new experiences because they compared them with what they felt they ought to be able to do. Their successes fell so short of the goals they set for themselves that feelings of being a failure persisted:

> I dated a guy I'd talked with over the phone sex lines. We decided to meet--not for sex--just to meet. I hadn't lied to him about what I look like. That was progress. So we met and we dated for a good four months. But I decided I didn't really like him that much. In the past, I'd have had to to drink myself to death before speaking to anyone. I had to be smashed. In that sense, this was progress. <u>Still</u>, this wasn't me going out on a limb, taking the risk of being rejected. We met over the phone, and he was the one who said, "I'd like to meet you."

Similarly, a participant remarked:

> My successes might seem completely insignificant and nothing to someone else. In SCA I've had a problem with that. I tended to compare myself with other people, and I made myself crazy. I resented

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> people them. I felt like they were shoving their sobriety down my throat.

One respondent concluded: "If I think about how I'm doing, I go right up into my head, which is to say: I go behind enemy lines." A younger subject described the vitiating cycle of his own unrelenting, unrealistic self-evaluation: "You know what I mean, I think: Hero/Zero."

Self-Image and Behavior Change: Slips after Sex on the Plan

Most participants had difficulty coming to terms with the apparently threatening realization that, in fact, they sometimes did conduct their sexual lives uncharacteristically (see Sullivan, 1953, cited by Wachtel, 1987, p. 52). A gay man said:

> At first I feel better. But then I forget that, I start not to care if I'm sober. I'll think: "It doesn't make any difference whether I stay sober or not." I also think that when I was sober, I was fooling myself. It wasn't real. The times when I was sober and felt good, it was very hard to give up the idea, well, it's not an idea, you know, it's very familiar, the idea that nothing's going to change.

He used the "very familiar" conviction that "nothing's going to change" to undermine his achievement and his hopes, as if to hedge them protectively by wrecking them himself. Several participants found it difficult to trust and to hold on to their good experiences. A gay man approaching mid-life said:

> I don't think I had a place for it yet. It was just waiting to be assimilated. [Laughs] Or do I mean accommodated? My addict co-opted it. Swallowed it up. Afterwards, it set something off, it touched off something that I'd felt for years: despair, anger, and disconnection. . . the foggy, lonely automaton.

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Not only was his success difficult to accept and to enjoy, "it" set off in him a series of negative reactions (see Appelbaum, 1996; Cooperman, 1983). The feelings he had felt for years--"despair, anger, disconnection"--and the person he had long felt himself to be--"the foggy, lonely automaton"--were reassuringly familiar. He seemed to cling to his negative identity and to attack himself, although he disavowed this, saying instead, "My addict co-opted it."

Evidence of the ease and predictability with which new initiatives could be collapsed back into old, disturbing patterns was the tendency reported by several participants to follow satisfying, safer, "sex-on-my-plan" experiences with extremely destructive, "bottom line," slips. They cited several possible motives for such paradoxical set-backs.

For example, a few men acknowledged that ambivalence about letting go of satisfying old behaviors might have encouraged them to formulate sexual recovery plans which were simply unrealistic. One subject had defined "sex on my plan" simply and vaguely as "healthy sex." Another said: "It's any sex at all, so long as it's not in a public place and we use a condom." One man's description of his sexual recovery plan illustrated the confusion that seemed to characterize many of plans discussed at SCA meetings:

> My plan is simple, in that it's no sex with anyone but (lover). No anonymous meetings, no phone sex. My plan is not written down, it's not formal in that sense. It probably should be. I say that because, up until a month ago, I was not masturbating, because I thought that was a better

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> thing, that it could only help my recovery. And about a month ago, I started to masturbate again, and that has coincided with <u>this feeling of being out of control and yet, not off my plan</u>. So I wonder: Should masturbation be on my plan? Should I write "no masturbation" on my plan? I keep it very simple. No sex with anybody but (lover). But I <u>am</u> masturbating, and I guess that's sex too.

The feeling "of being out of control and yet, not off my plan" was widely shared by participants, many of whom expressed confusion about what constituted genuine sexual sobriety and anxiety about the disorganizing impact on them of certain, permissible sexual practices. In contrast, a few evinced the breezy attitude of the subject who admitted frankly: "I was looking for a way to have sex, to have sex on my plan." In light of the many self-deceiving rationalizations he felt he had been subjected to at SCA meetings, one young man reflected on his own experience, and stated cynically:

> I wish I had had the slip and just gotten away with it. I wish it had been "legal." I hear lots of people say they had "<u>acting out sex that was on their plan</u>." And I think: "That's what I want!" But I can't seem to manage it.

The accounts of some participants suggested an additional dimension to paradoxical, backlash slips. If anonymity and compartmentalization were both necessary to defend against wishes and needs, compartmentalization alone might have been insufficient to hold back the intense loneliness stirred up by more relational, somewhat more intimate, sexual experiences. Describing such an encounter and how it had "left" him "feeling very good about myself,

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really really new and triumphant," a participant acknowledged that it had been a complex, troubling, and incomplete experience as well:

> I knew where I was going. I knew I was going to have sex. But part of me just wanted to cry. Or have some connection with somebody I really knew. I felt lonely. I felt very, very lonely. And I felt very, very anxious. I wanted to go home; I wanted to see my sponsor. But I also didn't want to do that. I think I was angry. Anyway, the sex was calm, clear-headed. It had boundaries. There was no ambiguity, period. And I felt happy. I felt disappointed, that he wasn't more attractive, and that he was leaving the next morning. I felt disappointed that I'd be alone again. I didn't exchange numbers with him so that when he came to (city), he could contact me. I knew I wasn't attracted to him in a way that would make me want to see him again. So it all seemed complete. Ended. Finished. There was no emotional bond, but there was a kind of camaraderie. Of companionship. It was human. . .The slip happened a few days later, on my way home.

What They Find Difficult to Renounce: The "Not Yets"

Given the intense ambivalence that characterized their abstinence and sexual recovery goals, and the uncertainty they felt about which aspects of their sexuality they ought to be trying to change, it was not surprising to discover that most subjects continued to fantasize about sexual experiences they had not yet had, which they regarded as even more unacceptable than the fantasies and behaviors they were trying to renounce. Difficult for some participants to renounce definitively were fantasies of being raped, beaten, mutilated, or enslaved. Bondage and discipline, sado-masochism, transvestism, and group sex were mentioned as desires not yet acted on by some men. Practical

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considerations and concerns about consequences were mentioned as inhibiting factors. A participant in a committed relationship acknowledged: "I'd like to have 3-somes, 4-somes, or more, and not have that fuck up our lives."

Several men described considerable ambivalence about assuming an active, intentional role in the conduct of their sexual lives. A young man described very complex reactions to his sense of himself as hopelessly caught in and rendered helpless by the crossfire of his desire, conflict, sexual arousal, and rage. Evocatively describing an experience of foreplay, intercourse, and orgasm in the context of a necessary helplessness, he made it clear how powerfully and conflictually he identified with passivity, and how reluctant he was to give that up:

> I felt frozen, trapped. Paralyzed. I want to do this. I have to. I want it now. I want to get it over with. I tell myself: "No. That would be a slip. Control this." I think, "God damn it!" I want to call my sponsor, but there's no phone in the room. . .I am aroused. . .I said to myself: "No, I'm not going to." And I'm saying, "fuck it! I can't ignore these thoughts. I can't. I can't." I feel despair at that point. That it's hopeless. There's a uselessness to this struggle. I can't win. It's hopeless. I'm quite, quite trapped. I have the feeling: "I can still leave." And the feeling: "No, no, I can't." <u>That is really exhilarating</u> [emphasis added]. Hopelessness and despair. Painful. But it's also a relinquishing. It's like the top of my head goes off. It's like really feeling dragged. Kicking and screaming. But really, the force is so, it's so much stronger than me. And it's like, I'm going, I'm going. . . And that's what's so erotic. Feeling like a piece of steel to magnet. Being drawn. I'm going. I'm losing control. I'm losing touch with my body.I

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> don't feel myself really. It's a de-sensitized state. And I feel numb. Ejaculation could happen in a second. It's like, not developed. It's about shallow breathing, very rigid physically, and if I would talk, it would come out very tense. It's hoarse. It's harsh. It's sexual. There's sexual excitation but it's adrenalin. The top of my head goes off. It's really about feeling, I felt, it's a rush from here (pointing to his throat). It's not in my body. It's a facial, a head rush, not really about my dick at all. And the greatest point is when my head explodes, the adrenalin is so great, I don't know what it is. And if I can prolong that, that's where I want to be. . .That lovely feeling of being powerless.

Other participants expressed similar, intensely valued erotic experiences in which feeling desired, overpowered, and conquered were central features. "Something wants me," a young man said. "Maybe nobody else cares about me, but this wants me."

Managing the Anxiety Associated with Change

Several participants described how difficult it was to tolerate the feelings they experienced when they acted uncharacteristically, either by sidestepping a slip or by trying a new behavior. "Waves and waves of anxiety" were associated with the successful disruption of what had been largely dissociated behaviors. As Wachtel observed, to act uncharacteristically is to "make room for something new" (1993, p. 267), but this was an attainment many participants experienced ambivalently. For these men, voluntarily suspending "the smooth running off of avoidance sequences" (Wachtel, 1977b, p. 196) resulted not in feelings of freedom, but in disconcerting experiences of anxiety,

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disorientation, and loneliness (see Appelbaum, 1996; Cooperman, 1983). They reacted with anxiety and at times with panic to the bewildering sense that they simply did not know what they felt and desired, or what it might be useful to do next (Fiscalini, 1991; Marlatt & Gordon, 1985; Marques & Nelson, 1989).

In contrast, many participants associated acting out with feelings of purpose and direction. They described themselves as "on a path." A young man said simply: "I felt like a man on a mission." Others described their love of "the search" and the intense highs they derived from it. A respondent described "an adrenalin-rush feeling: of the hunt, the sex, and the forbidden place." Another commented on its defensive uses:

> It was eight hours of consistent, steady, without-a-break compulsive behavior. It actually was probably longer than eight hours, and it was, it had this one good, I mean: for eight hours, we didn't think about Monday. We didn't think about anything else. So that was accomplished.

Dissimilarly, participants who chose not to exercise their "escape" and "avoidance options" reported the frequent, dismaying experience of feeling paralyzed by uncertainty. One man admitted:

> I just can't picture anything else. When I stop I don't know where to turn or who to turn to. I feel so in the dark. I don't know what the next step is. When I'm acting out, for an hour or two, I know where I'm going.

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Another participant explained:

> I'm clear about what not to do. But I go blank, I feel panic, when I try to imagine what to do.

And a third man said:

> I feel lonely and afraid. I don't know how to live. Not knowing what to do gets terrifying. The fear becomes overwhelming and then all I can think about is escape, wanting to escape my life.

V. Alternative Perspectives

Fixation-regression, developmental arrest, and the etiological significance of these to addictive processes figured prominently in most participants' understanding of their sexual difficulties. Even if "reports from the couch" are not regarded typically as the last word (Schafer, 1978a, p. 15), participants' constructions of painful and disturbing early, interpersonal experiences were of obvious affective relevance to them. Although almost all of them could make sense of the natural bridge they discerned spanning traumatic experience and sex addiction, being in possession of a point of view concerning the origins of their troubles did not typically afford them sufficient leverage to pry themselves free from entrenched and reinforcing behaviors which, whatever their initial, defensive utility, had clearly become destructive to them (see P.D.N.E.C., 1987; Wachtel, 1989; 1997).

Sex Addiction and Action Language

In an early formulation of the principles of action language, Schafer critiqued the "isolation of the idea of a

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sex drive from the idea of a person," objecting both to the notion of sexuality "as a propulsive entity" and to the disclaiming of personal agency that such isolation fosters (Schafer, 1976, p. 207). People, he maintained, are not hapless victims, whose minds "play tricks on them" and whose impulses "sweep them away" (1978b, p. 186). They do not "have" conflicts or "struggle with" their impulses (1978a, pp. 14-15). Impulses, he proposed, are more accurately understood as "would-be actions" (1976, p. 242), the actions people "refrain apprehensively from taking while yet wishing to take them" (1978a, p. 15). In like manner, he defined conflict as "a person's engaging in paradoxical actions" (1978a, p. 3), that is, in actions "that are incompatible with one another or stand in paradoxical relation to one another" (1978b, p. 98).

Schafer would have objected to participants' tendency to use the word, "'can't,' in place of the more exact and simple descriptive words, 'don't' and sometimes 'won't'" (1976, pp. 207-208). Similarly, he would have opposed the blurring of responsibility and agency facilitated by participants' use of "related hypothetical inability terms" like "powerless" (1976, p. 208). He underscored the centrality of self-deception to defensive processes, and described people as engaged in "drifting" when their actions "accomplish indirectly something that they could not do

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openly" (Schafer, 1976, p. 256). Astutely depicting the mystification expressed in so many words by most participants, he wrote:

> . . .though they have formulated some good reason to stop ________, they do not stop, and though they have not yet formulated good reasons for continuing to ________, they do so anyway. Meanwhile, it remains unclear how they are trying to do otherwise (Schafer, 1976, p. 221, [deletions mine]).

As summarized so briefly in the preceding paragraphs, Schafer's proposals for action language might seem rather austere and even "accusatory" (see Wachtel, 1993, 1997). But their frank and astringent qualities helpfully set into relief some of the actions in which participants are engaged at those times when they experience themselves most convincingly as people to whom things are "happening" (1978b, pp. 180-81).

Appreciating the Ways in which Behaviors Make Sense

Empathic efforts to understand participants' accounts of their behaviors are strengthened by commitment to the clinical perspective advocated by Cooperman, who remarked:

> . . .people are always doing the best they can. Put another way, your patient's behavior, just as your own, is experienced by that patient or by you as the thing to do at the moment of its doing, even though it might not have been a few moments before or after. At the moment of doing it is the most sensible choice available considering--and this is the key--the alternatives available to the person at that time. Thus, the issue is not pathology, but the nature of the alternatives. What were the other possibilities that the person experienced? How did the behavior fit what was going on? What effect had the person

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> anticipated or wanted? That some of these considerations may have been beyond awareness does not alter the process; it speaks to people's ability and even necessity to condense and automatize. . .In this connection, too, it is important to keep in mind that behavior is not only a phenomenon, an event, but also a communication (Cooperman, April 23, 1992).

Similarly, Wachtel underscored the essential importance of discerning the contextual, interpersonal aspects of an individual's actions, since behavior, "both adaptive and maladaptive, is always in relation to someone or something" (1993, p. 24). In this regard, Sullivan cautioned:

> Thus one's actions, however they may impress the observer, are most importantly defined by what they are "intended" for--that is they are determined by the general pattern of motivation that is involved, by what is significant to the person concerned, quite irrespective of any impressions an observer may have. A great many mistakes are made in psychiatry as a result of overlooking this fact (Sullivan, 1953, p. 68).

Cyclical Psychodynamic Theory

The cyclical psychodynamic theory formulated by Wachtel (1977b, 1987, 1993, 1994, 1997) established the central role of "vicious cycles" in maintaining the "dynamic continuity" (1993, p. 23) characteristic of recurrent experiences of impasse, which participants attributed to addiction. Instances of such cyclical processes were described by most participants.

In contrast to the "characterological" and "acontextual" interpretations of "experience and action" (Wachtel, 1996, pp. 47, 50) to which an addictions model

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lends itself, Wachtel's conception of vicious cycles accentuated the relevance of

> the precise details of how the person is presently living his life and how unconscious psychological structures and the patterns of daily life reciprocally interact with and maintain each other (Wachtel, 1993, p. 19).

According to Wachtel, psychological problems are perpetuated by their owners' "current way of life" (1987, p. 350). The importance of noticing how life is actually being lived is illustrated by the rueful comment of a long-term SCA participant, who said that he had oscillated "for years" between experiences of abstinence and sexual dyscontrol. Although, like most participants, the respondent believed that his sexual difficulties were significantly related to the untoward, unresolved experiences of childhood, he recognized that his current chances for "gaining access to a partner" might increase if he developed more effective "gay social skills." But he described himself as an "introvert," who preferred, in general, "to do things alone." As a result, he said, he was not actually trying to sharpen the social skills he thought he lacked. The irony of his predicament was not lost on him. He was aware that anxiety interfered with the efforts he made periodically to venture out into the social world available to him. Whether abstinent or "acting out," he experienced himself as "sexually compulsive." As Wachtel observed:

> Whatever the patient may learn about how the pattern got started, it will perpetuate itself

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> so long as he keeps <u>living</u> the way he does. And he keeps living that way because he is <u>afraid</u> not to. . .He does not <u>aim</u> for the consequences he encounters; he produces them despite--yet because of--his vigorous efforts to prevent them (1993, pp. 22-23).

In this regard, Wachtel underscored the importance of understanding the contributions of significant others to the tenacity with which an individual repeats entrenched, self-defeating interactions and behaviors (1993, p. 256). He wryly wrote:

> . . .maintaining a neurosis is hard, dirty work, that cannot be successfully achieved alone. To keep a neurosis going, one needs help. Every neurosis requires accomplices (1991, p. 21).

Acknowledging Horney's contributions to the appreciation of ironic outcomes, Wachtel noted the consistency with which "self-protective efforts undermine themselves" (Wachtel, 1987, p. 349), so that "the situation the patient ends up in is precisely the one he is trying to avoid" (Wachtel, 1993, p. 23). He observed that cyclical patterns of maladaptive behavior are maintained in part by the "recruitment" of confederates, whose attitudes and reactions "keep neurotic assumptions intact" (1993, p. 29).

Applying the Concept of Vicious Cycles to Sexual Slips

To illustrate Wachtel's theory, it is instructive to analyze the experiences of a man whose most recent sexual slip occurred at the baths. Recalling how he repeatedly put himself in sexual situations which maintained his loneliness and which were guaranteed to confirm his expectation that no

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one could ever be interested in him as a person, he told the following story:

> I loved the orgy rooms at the baths. I would insinuate myself into existing scenarios--5 or 10 bodies fucking--because I didn't feel I justified a scenario of my own. When people are having sex together in the steam room, you can get into the act--what with drugs, and heat, and steam, and sex, and slurp, and slime--and, at the moment, no one cares. Another finger, another hand, another mouth, another nipple. . .I would get my kicks, at least partially, by finding a way in, and by getting anything I could get. . . It was very rare that anyone really wanted me . . .The ritual of my hunt had many aspects. There were times when, earlier in the evening, I'd have been rejected by someone in a bar, only to see him an hour and a half later when he walked into the steam room at the baths. A lot of times I could have him then, even before he knew that he was had. But that was a sneak attack . . .And sometimes I could get someone in the pile to come home with me by saying, "would you like to come home?" and seeing who answered. . .You know, people aren't in a pile of fourteen bodies because they want to go home and play house. They're in there for a different reason. But my reason was different.

The participant struggles characteristically with feelings that "no one cares" and that "no one really wants [him]." At the baths, in fact, people do not typically know or care about him. In such a setting, "a scenario" would be an acceptable, short term substitute, but he feels unworthy even of that. The complexity of his motives--that some are affiliative, some sexual and that others are defensively, reactively aggressive (vengeful, thieving, attacking)--is not acknowledged. He does not acknowledge that he has decided, for now, "to get" whatever is possible rather than make a bid for love.

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At the baths he defends himself from the rejection he fears by "insinuating" himself into groups already engaged in sexual activity. He avoids revealing his wish to be seen, desired, and included. Clothed in steam, he feels virtually invisible, shielded from critical appraisal. Weakened by the influence of "drugs and heat and sex," group members are, in any case, less likely to be discriminating and to reject him. He defends against the risk of feeling himself to be present by thinking reductively: he is "another finger, another hand." He feels safer too because, in a sense, no one realizes that _he_ is there: "At the moment, no one cares." Unnoticed, of course, he cannot be either "wanted" or "loved," which, in his view, "is the saddest thing of all." He does not seem to notice the conflictual quality of his desire. He does not seem to notice that his actions, taken in an effort "to prevent the consequences he encounters," may in fact have "produce[d] them" after all (Wachtel, 1993, p. 23).

Wanting to be wanted, he places himself in nonrelational sexual encounters in which, quite accurately, he knows himself to be superfluous. If enjoyable group sex is already in progress, "another mouth" and "another nipple" are unnecessary. "Sneak attacks" allow him simultaneously to exact revenge on the proud, who are shown to be stupid ("I'd have him even before he knew that he was had") and to seize

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pleasure. Passive is turned into active; rejection is undone.

Although his longing to be loved requires an individual for its fulfillment, he enters a sexual set up that lends itself to contradictory illusions of merger and disintegration, in which separate selves are denied and unclaimed body parts seem interchangeable. The hand that "finds a way in" does not "find" an individual, and is not acknowledged to be his own; it is merely "another hand."

The experience of "insinuating himself" and of "getting" whatever can be gotten confirms his belief that he has to steal, since no one will ever give him love intentionally and voluntarily. He does not frankly stand behind his desire to take a person home. Instead, he imagines someone may be more likely to respond affirmatively if the invitation is made by a disembodied voice. He assumes that he will be disappointed if he explicitly identifies himself with his desire. Since he will be able to "see who answers" before risking revealing himself, he assures that he can both defend himself and reject the other. However, by defensively disowning his desire---choosing merely to float it, as it were, indiscriminately into the steam--no response that he receives can be felt to be a genuine response to him.

The participant seems further handicapped by the belief that love is best when it is experienced passively. His

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natural wish to be stroked, held, and cherished is thwarted, perhaps because he does not face and try to meet the realistic demands intrinsic to love between adults, which is inevitably conditional. The fulfillment he yearns for requires him first to win the love of another person. It requires him to love actively, potently, convincingly. He may regard such love, paradoxically, as at once inferior and unattainable (see Balint, 1947/1986). He yearns to be cherished by someone on whom he is not required to depend. Defensively hedging his longing in such a way insures that he cannot experience the holding he so ardently desires. This anxious approach strategy seems to insure that he will avoid having an experience of feeling "really wanted" (Wachtel, 1977b, pp. 78ff).

In a sense, the disappointing outcome seems to be an ambivalently desired result. It suggests that the participant both wants and does not want to find what he has been seeking unsuccessfully for so long, and that failing has been strategic (see Cooperman, 1979, 1983, 1989). Concluding that, despite all his efforts, love "just never happened," he confirms his identity as a sex addict. This adds insult to injury, since it identifies him with his resistances (see Racker, 1968, cited by Hirsch, 1992), and says, essentially, "I did this to myself" (Wachtel, 1993, p. 24).

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At the same time, clinging to the identity of a sex addict sustains illusions of safety and well-being. It maintains the precarious equilibrium he has achieved between "the need for--and the fear of--human relationships" (Will, 1987, p. 256) and preserves access to "the partial satisfaction attainable within the boundaries set by [his] anxieties" (Horney, 1939/1966, p. 289). He regards himself as a "still suffering" sex addict (Alcoholics Anonymous, 1939/1976, p. 565), and strategically holds onto his suffering as a way of holding out for love. He feels certain that he wants what he wishes he had had (Balint, 1947/1986; 1968). Perhaps because he feels endangered in the present by the immediacy of his need for love, he shies away from relationships with actual people and loses himself in the steam instead. Disavowing adult sexual needs, he differentiates his motive for being in the orgy room from the motives he attributes to the other men:

> You know, people aren't in a pile of fourteen bodies because they want to go home and play house. They're in there for a different reason. But my reason was different.

Thus he looks back to the safely inaccessible past, where the love that he feels that he lost too soon may still be available to him in fantasy. Explaining his sexual experiences in strictly anaclitic, asexual terms, he said:

> My acting out life has been about intense loneliness, about a need to be touched, held, comforted, loved. There are no pictures of my father or mother holding or embracing me, ever. . . .I've often said I'm addicted to attention

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> and to affection. It's the affection that I never got, and the attention that I never got. In all the years of my damage, I just wanted someone to love me.

Holding out for a love that is by defensive design unattainable, the participant dooms himself to isolation and disappointment. Reluctant and not yet able to find a way to cut his losses, he concludes that the love for which he has longed so long "just never happened." As a "damaged" man, he feels entitled to reparative love. Aware of feeling unloved in the present, he does not experience himself as someone who actively avoids loving. In the meantime, he marks time, anesthetizing himself with sexualized repetitions that give him enough to live on, but "intensify his hopelessness, increasingly alienating him from himself" (Horney, 1945/1966, p. 184). In his view, something is better than nothing, and "he sees no compelling reason to make sacrifices when he expects to gain nothing from them" (Horney, 1945/1966, p. 182).

Is the Outcome the Purpose?

Believing that they are constantly and dramatically at cross-purposes with themselves, most participants reported feeling hopelessly demoralized by the prospect of continuing to fight and lose the same battles over and over again. Ranking the intensity of his discouragement on an imaginary scale from 0 to 10, a young man said:

> Well, if 10 were suicide, I'd have to say I'm at about 9, since I haven't committed suicide yet.

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Another man exclaimed: "I do what I do knowing everything I know about sex addiction! I'll go on my rampage and feel desperate to stop." Acknowledging feelings of futility and hopelessness, a participant said: "I've gone around a lot of addictive cycles. Around and around and around." And a depressed young man confided:

> The adrenalin will come up, and with it, the anxiety and the fear. . .I try, I hope [long sigh, long silence]. I'm so used to it, to all the stages. It's so automatic.

Reflecting on their reasons for persisting in dangerous, self-destructive sexual enactments, a few participants noticed that generating and contending with negative consequences can be a full time job, a way to avoid living any other kind of life. A participant said:

> I was cheating myself out of life by continuing to do this. I told myself: "You're never going to move forward the way you always wanted to if you're constantly going into this pattern." I saw that by acting out I was constantly holding myself back.

Similarly, another subject said:

> I felt completely trapped in a pattern of behavior that meant nothing could really change in my life. I felt completely stuck, and a slave to my compulsion. I wasn't a free man in any sense. I was living the life of an addict. Hopelessness verged on suicidal. . . It was the feeling of not having any choices, of waking up in the morning knowing that that corrosive desire--to have that fix--was going to be in my day, whether I wanted it or not. It made me feel hopeless. It made my life feel meaningless.

An aphorism frequently cited by members of 12-step fellowships is: "If nothing changes, nothing changes."

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Although most participants reported reacting frantically to the occasional, claustrophobic discovery that they had sealed themselves off from other people too effectively, the "prisons" and "cages" in which they reported themselves "trapped" and "paralyzed" were also "safe places," which they were understandably reluctant to leave. "It was a safe area that I could retreat into," a respondent said. "It was, 'Mommy, save me!'"

Reflecting on a recent slip with a commercial sex worker, a gay man whose sexual recovery plan included the commitment both to develop appropriate friendships and to date, acknowledged:

> There is a part of me that gets interested in monogamous relationships when I'm lonely. But the rest of me just isn't. I'm not entitled to that. I'm not going to be able to have that, because I can't sustain such a relationship in public. I can't. In my family, I just can't.

He feels unable to bear his family's homophobic rejection and is afraid to risk loving in his own way. Anxious to avoid exclusion from the "historically familiar," he tries to "restrict [his] experience" by conforming his desire so that it will fit into "the limiting envelope" he has been taught circumscribes permissible love (Fiscalini, 1991, p. 261). Afraid of the person he "might be or become" if he acts on the strength of his own desires (Fiscalini, 1991, p. 256), he retreats from that part of himself which _does_ "get interested" in what he described defensively as "monogamous relationships." Anxiety undercuts the hope he is

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able to invest in his desires, which become known to him primarily in the crucible of his loneliness (see Mitchell, 1988, cited by Wachtel, 1997, p. 333). That desire is discovered in the context of felt loneliness is illustrated by the comments of another participant, who said: "I would never have guessed that I am so needy, because I have always been so isolated." But to make convincing affective contact with desire is to severely test reassuring allegiances. In Mitchell's words:

> He must choose between attachments to fantasied images and presences which impart an often subtle sense of safety and connection, and the possibility of attachment to real others along new lines, with all the attendant risks (1988, p. 163).

Articulating his ambivalence about actually establishing an intimate relationship with a separate human being, another participant described what he actually does when he "is having" what, at an SCA meeting, he would call "a slip":

> I'm a self-mutilator. It's a very good way of keeping people away from me, because I don't want anyone to find this out about me. . .I scratch my testicles until they ache. I'll draw blood. . .I do it because I'm afraid of starting the day. I go into trances. Sometimes I don't realize how long I've been doing it. I'll shake my head, and realize what it is I've been doing to myself. When I get really nervous, I reach into my pocket, and my hand starts going for my balls. It happens in public without my realizing it. I wish I could stop. I get so tired of hurting myself day after day. . .

Attacking himself, he effectively attacks other people, but when he talks about his actions, he acknowledges only

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defensive motives. He does not perceive himself as someone who intends to drive other people aggressively away. He wants them, rather, to keep their distance. Self-inflicted injuries draw blood, but the blood is his. In the past, he said, he "did not worry much" about self-mutilation, because "no one" was ever hurt. In the present, he recognizes that he is hurting himself, but he is not aware of being angry, either at himself or at anyone else. If the scratches on his testicles constitute a reproach, it is a reproach made without awareness. He is aware of feeling ashamed--not triumphant, not avenged--when he imagines that another person sees what he has done. Dissociated conflict registers at some level whenever he permits himself to notice that he is scratching himself surreptitiously in the presence of other people. But he does not acknowledge the aggressive aspect of the "security operation" in which he is engaged (Cooperman, 1989; Fromm-Reichmann, 1957). His hand "starts going for" his balls and it is in retrospect, apparently, that he knows he hurt himself. That awareness is facilitated by the short-term diminution of anxiety, which his so-called sexual slip accomplished. In his eyes, therefore, the slip is a strictly personal set-back, a momentary reversion to a self-defeating habit which he is learning how to break. In his eyes, the decision to fall back on the old habit was not made with anyone else in mind.

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But other people _are_ involved in some sense, since the participant actively imagines that what he is doing will have an aversive impact on them. Although he is factually alone, he acts as if there were other people present. Noticing the multiple functions of such phenomena in the clinical setting, Cooperman hypothesized: "No person exists alone psychologically" (1983, p. 22). Because "behavior is _always_ in relation to another person," its understanding is contingent on knowledge of the cast of characters called into being by the actor, as if automatically, and on an "as needed" basis (1983, pp. 22-23).

Cooperman would ask: _Who_ is evoked and _when_ is this done? _How_ is the imagined other used? _How_ does imagining the other help? _What_ was happening just before the thinker put the other imaginatively into play? _How_ does what is being done in the moment make sense to the person who is doing it? In Cooperman's view, understanding requires discernment of the person or persons _with whom_ the participant is communicating when he engages in self-destructive actions (1983, p. 22).

From this perspective, relapse behavior is always a conflictual communication. Neither a private nor an entirely inadvertent event, it is a regression that is ambivalently performed, a set-back which is also a set up, and just as often, a set-to. For these reasons, Cooperman preferred to emphasize the dynamic, interpersonal character of the

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regressive, ambivalent actions participants regarded as slips or relapse behaviors:

> I do not speak of regression, but rather, of interrupted progression. I want to emphasize the process as active, retributive, and alloplastic, rather than as passive, helpless, and autoplastic. In effect, regression is a form of acting out (Cooperman, 1979, p. 21).

The participant who self-mutilates both wants and does not want to establish "an object relation in depth" (Kernberg, 1992, p. 292). He admitted feeling increasingly worn down by his manner of life: "day after day" he hurts himself. He knows that he is afraid, but compartmentalizes his anger and his loneliness in order not to recognize them (Horney, 1945/1966, p. 134). He is willing to give up a great deal for the imagined security, titrated pleasure, and retributive wounding he achieves when he withdraws into what he calls his "trance" (Cooperman, 1989). Cutting others out by cutting himself, he is also able temporarily to hold back the demands of the day.

Wachtel has noted how anxiety-driven, self-protective efforts are prone, paradoxically, to generate in the long run more anxiety than in the short run they contain (see also Horney, 1939/1966, pp. 277-278). Fears and inhibitions have such a negative impact on growth and development because "motivated avoidance" is indiscrete, involving "wholesale flight" from everything even remotely related to

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the anxiety that is being defended against (1993, p. 34). As Wachtel wrote:

> Efforts to avoid anxiety begin to generate their own consequences: crucial skills in living, that in the normal course of development require countless experiences of practice and shaping, are impaired because the person is driven by anxiety to avoid the relevant experiences. Clear thinking is disrupted because anxiety-provoking thoughts are avoided, much as are overt behaviors. As a consequence, the person's dilemmas are compounded by an inability to think them through or by a compelled reaching of false conclusions that temporarily reduce or avoid anxiety but in the long run generate still further problems. Finally, clear appreciation of one's own desires, aspirations, concerns, and subjective experience is disrupted, leaving the individual without a rudder and thus vulnerable to engaging in activities, or even to defining his values and aspirations, in ways that are antithetical to his deepest nature (Wachtel, 1993, p. 32).

In this regard, James noted the dehumanizing ways in which an individual may be diminished by alienation from "the tenderer parts of his personal life" (James, 1909, cited by O'Connor, 1997, p. 17). Without a rudder, he is especially vulnerable to change and chance, and to disruptions as he tries to locate and to orient himself along "the axial lines of life" (Bellow, 1949).

Wachtel's integrative vision of effective psychotherapy is based in part on the insight that people do not feel free to explore desires and experiences of which they are afraid (1997, p. 401). If compulsive sexualization is employed, in part, "to avoid contact with the world" (Fromm-Reichmann, 1939, in Bullard (Ed.), 1959, p. 123), mutative therapeutic

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interventions will include re-establishing contact with it. In Wachtel's view, this is done by facilitating multiple, "direct experiences of safety in the presence of what [is] feared" (Wachtel, 1993, pp. 41-42).

Exposure to what is feared, paired with the experience of safety, is necessary because loss of contact with reality deranges those aspects of development which it does not completely derail, and stunts so many possibilities. Moreover, the retrospective accounts of many participants demonstrated the alarming dangers to which they exposed themselves on the basis of sentimentality, cognitive distortions, and frank delusions (Kwawer, 1985). For example, a participant said:

> I found street pick-ups absolutely wonderful because they were so honest. You knew right away whether they were interested in you. One look was all it took. One look and you stopped. You asked: "Do you have a match?" or "What time is it?" And within twenty minutes you could be in bed, doing anything you wanted, because there were no limits whatsoever.

Similarly, a lonely, self-effacing man, whose abstinence goals included "no public sex" and "no exhibitionism," described recent sexual experiences potentiated by his counter-phobic capacity to provoke and misinterpret dangerous contact with other people:

> These guys saw me masturbating and they yelled: "Hey, faggot! What are you doing?" They chased me. This is something I've been getting into recently. I like the pursuit. I wanted them to continue chasing me; part of me wanted to encourage them.

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> I didn't exactly want them to catch up, but I'd let them almost catch up, keep me in sight. . . At one point, they seemed to retreat back, so I pursued them. I tried to get them more involved. I took off the rest of my clothes. Then they started to get angry and I remember being surprised at how angry they were. At this point, I had a greater desire for them to catch up to me And I was looking for a way--I pretended to trip over this log and fell down. I didn't move. They did come closer. One guy hit me with a branch. A few of them threw stones. They were screaming at me.

Intoxicated by his "addict's" ability, so far, to evoke and to avert murder/suicide, the participant acknowledged that, in contrast, "sobriety feels flat and irrelevant." He does not appreciate the risks he runs. He "looks for a way" to let danger overtake him.

Also apt to lose contact with important aspects of reality are participants who have learned "to be afraid of their feelings, thoughts, and inclinations" (Wachtel, 1993, p. 32), and "to react to their normal and healthy feelings as if they were a threat" (1993, p. 34). A gay man said:

> I've always had this guilt about having sex with another man. Theoretically I'd like to date, go through that dating courtship. . .I'd like to be with someone nice. A prince. . .And at the same time, sometimes I just want to go out and find someone attractive, and just go to bed with him. I want to do it so badly. I want to have fun so badly. I want to have sex so badly. Sometimes I just want to have sex and feel good about it, not think so much. I guess what I'm blurting out is that I think all this courtship stuff could make the guilt go away. Because after I have sex, I feel awful. I feel utter disgust with myself, that what I did is horrible, that I can't stay, that I have to get out. After the orgasm I feel worse. I feel so extremely sad. Suicidal. Suicidal.

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Another respondent described how threatened he felt by feelings of excitement and self-efficacy related to a recent promotion and a recent, appropriate act of self-assertion:

> I used the slip to kill off my excitement about the new job, and to destroy the feeling of empowerment that I had when I said to (name), "No, thank you. I'm not coming back. I don't feel this situation will serve me." Feeling strong, making decisions based on my needs, creates feelings that are very, very difficult and very uncomfortable for me. When those feelings come up, I push them down. I try to pretend for a while that they're not there. And if they're persistent--which they very often are--sometimes I can be equally persistent. The night I had the slip I just sort of had those feelings, had those thoughts, and didn't do anything that would have helped me to get honest about them.

The plight of participants who feel forbidden and frightened "to know what they know and feel what they feel" (Bowlby, 1979), and the disheartening impact on them of repeated episodes of sexual dysregulation, is illustrated by the lonely young man who said:

> There are gaping holes in my life. I guess what I'm saying is: There's a big, healthy sexuality right over here somewhere and sobriety might be over there and I have no idea, I don't have a clue, how to get from here to there. I don't even know that it's a goal at this time, I suppose in some vague way it is, but if healthy sexuality means sex in some kind of relationship, I just can't imagine it, I just can't imagine that. That's not strictly true. I don't want it right now.

Similarly, a participant expressed profound demoralization, rage, and reactive self-isolation in response to his sense of himself as a failure:

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> The point is: I'm anonymous. I'm not worth it. I'm not handsome. I'm not interesting. I'm just this big empty cesspool of a problem, this black hole of need that nobody wants to fall into.

Apparent in the sexual recovery plan of a shy gay man in midlife are anxiety and ambivalence about relational sex and mixed feelings about actually making contact with anyone, Having made a decision to abstain from "anonymous sex, sex in men's rooms, and sex with masseurs," he organized his plan around the permission he gave himself "to have sex any place else." Requested to say more about what that meant, he said:

> If I met somebody at a bar, or at a dance, I could take him home. I could go to a theater, meet somebody, take him home. I haven't, but I could.

Asked to talk about the men he was meeting and not taking home, the participant erupted irritably:

> Just because I don't go to bars doesn't mean I couldn't! I could go to a dance! I could go anywhere! But I don't think that's going to really do it. I don't believe in it. I don't believe that anyone's going to take notice of me or that I'm going to, uh, I don't believe, I guess, that I'm going to be able to pick anybody else, in a bar or a theater or anywhere. That isn't going to happen. That isn't going to happen to me!

With encouragement, he was able to stay with the anger and annoyance he felt, and to state that he did realize he was not likely to meet anyone if he never actually went out. He added:

> Well, maybe that's a problem, but I feel, I don't know, I'm beginning to feel defensive here, or sort of ashamed, because you know, it may be that this is just my way of protecting myself from it.

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> I'm either (a) not ready or (b) I just don't want it for some reason. And I don't know what the pay-off for that might be. It seems like, well, I can't keep thinking about that now. . .I have to ask myself, if that's what I've done--if on my plan I've made it impossible to have sex with anyone unless a miracle happens and somebody comes up and says, "I want to be your boyfriend," then maybe I've done that for a reason. Maybe my plan is not as well thought out right now as it needs to be. But it occurs to me right now that it protects me, or it tries to protect me, from the kind of relationship that everybody in my family has.

Past experience had taught him to squelch his hopes. Unable to imagine himself exploring "friendly expanses" (Balint, 1959, p. 13), he was trying to settle for the range of relative freedoms he thought he might experience at a bar, a dance, or a theater. Anxious and avoidant, however, he shied away from these venues; in them, he was afraid to make the first move.

CONCLUSION

Addiction and the Process of Change

A major tenet of all 12-step programs is: "It works if you work it." It is a popular slogan, chanted in unison by participants at the conclusion of most SCA meetings in New York City and based on the outlook expressed in "How it Works," chapter five of The Big Book of Alcoholics Anonymous:

> Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally

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> incapable of being honest with themselves (Alcoholics Anonymous, 1939/1987, p. 58).

Although all 12-step programs emphasize that recovery is a matter of "progress, not perfection" (1939/1987, p. 60), the experiences of participants in this study suggest that it is difficult to discern exactly where "the path" and what the "simple program" of sexual recovery are. Contemporary scholarship scrutinizes "all constructions of gendered experience and all eroticization of human relationships," and directs attention to the diversity "of masculinities and femininities" individuals actually create and embody (Chodorow, 1994, pp. 35ff). From this perspective, "the degree of integration between erotic excitement and sustainable intimacy" achieved by any individual at any time is contingent and unstable, an attainment best described in terms of process, rather than of progress or perfection (Chodorow, 1994, p. 47).

In contrast, the 12-step philosophy is deeply skeptical of individual differences. Although 12-step programs do not in principle discourage participation in other forms of treatment, group culture may reinforce the idea that members who are "honest, open, and willing" will successfully solve their problems. In the SCA version of AA's Big Book, the authors advised, "if it works, don't fix it," explaining:

> . . .many of us decided that the Twelve Steps needed some rewriting so that they would be even "better" tools for recovery. Some of us objected to words or phrases here and there. In fact, when we talked with each other about

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> our interest in "improving" the Twelve Steps, it turned out that each one of us. . .felt that we just happened to be the one addict who could improve the Program "with just a few adjustments." But when we worked Steps Six and Seven, we were able to see and deal with our grandiosity. At that point we could begin to relax and accept the Twelve Step Program without changes. The Program worked effectively for thousands of people just as it was written. It was us, not the Program, needing help in order to function properly (P.D.N.E.C., 1987, pp. 104-105).

The principle, "it works if you work it," implies that failure to achieve "sexual sobriety" is best addressed by trying harder. Participants' descriptions of their experiences suggest that this strategy often ends in increasingly entrenched cycles of renunciation and repetition, which are fueled by anger, hopelessness, discouragement, and self-condemnation. Participants seemed more likely to conclude, "I can't be helped," than to ask, "Does this help?"

Conceptualized chiefly as a function of commitment and desire, the process of change looks straightforward indeed. Factors like conflict and ambivalence are discounted. Close attention to the actual experiences of people engaged in the process of making behavioral changes suggests, however, that that process is complex and susceptible to a great many individual factors (see Prochaska, DiClemente, & Norcross, 1992; Prochaska, Redding, Harlow, Rossi, Velicer, 1994). Writing from a clinical point of view, Horney accented the "neurotic" rather than the "addictive" dimensions underlying the efforts of many people to change:

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> The work the patient has to accomplish is most strenuous and most painful. It implies no less than relinquishing or greatly modifying all the strivings for safety and satisfaction which have hitherto prevailed. . . .It implies putting his entire relations to others and to himself on a different basis. What drives the patient to do this hard work? Patients come for analytical help because of different motivations and with different expectations. . .Very rarely do they come with the outright hope for more happiness. . .One has to realize, however, that these driving forces are not entirely what they seem. The patient wants to achieve his ends on his own terms. . .Even his quest for happiness, in itself the most effective of all motivations, cannot be taken at face value, because the happiness the patient has in mind secretly entails the fulfillment of all his contradictory neurotic wishes (Horney, 1939/1966, pp. 287-288).

Inferences Made on the Basis of Detailed Inquiry

Because the study was conducted phenomenologically, using a case study design and volunteers, no hypotheses of generalization were tested. A discovery orientation was selected after extended participant observation at SCA meetings. Many group members seemed utterly mystified and deeply demoralized by their repeated failure to achieve their stated abstinence and recovery goals. I was troubled by their discouragement and galvinized by the man who told me:

> There's been a lot of despair. Being in the Program for (#) years, and, at times, feelings like its not getting any better. That's part of it. [Interviewer: What has that been like for you?] Specifically--in addition to the sense of not wanting to wake up in the morning, not wanting to get out of bed, to go to work (which I live with on a daily basis)--after acting out, I've had a lot of imagery of hurting myself. It's

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> come up when I go to bed. [Interviewer: Imagery?] Like killing myself. Jumping in front of a train. What would it feel like to jump off a bridge? What would it feel like to jump from a high space? It's very image-oriented in terms of picturing a specific bridge, a specific cliff. And the sense of not wanting to be alive.

Listening to group members describe their experiences, I began to question whether the 12-step model could be extended effectively to the broad range of sexual and relational difficulties group members were trying to solve. I speculated that the phenomena group members called [their] "sex addiction" were too diverse and complex to justify their often exclusive reliance on an addictions explanatory and treatment model. Aware of the realistic dangers reliably associated with the failure to exercise appropriate sexual self-control, I thought it timely to take another look at what people mean when they self-identify as sexually compulsive.

A questionnaire and semi-structured clinical interview were developed using a process of emergent design which incorporated feedback from senior members of SCA. Enlisted to serve as key informants, they recruited gay, straight, and bisexual subjects, who were volunteers. Assessed were the concerns and behaviors <u>respondents</u> attributed to sex addiction, and their attitudes regarding gender identity and role, sexual orientation and preferences, sexual performance and attractiveness to others. Participants described in detail a recent sexual slip and a time when a slip was

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avoided. The interviews were read repeatedly and culled for dominant themes, which were used to order the data.

Provisional support was obtained for the inference that conflict and anxiety, especially with respect to sexual orientation and sexual preferences, contributed to the paradoxical regularity with which subjects found themselves acting in the ways they were trying to avoid. Subjects unable to resolve sexual and interpersonal difficulties through the use of 12-step methods described their addiction as "escalating" and themselves as increasingly anxious and depressed.

Finally, the data suggest that the subjective experience of compulsivity described by veteran SCA members who engage persistently in disclaimed, self-destructive, and often dangerous sexual behaviors may be generated not only by unresolved conflict, but also, paradoxically, by the futility of their efforts to apply 12-step methods to dilemmas perhaps more centrally related to issues of sexual conflict than to issues of sexual self-governance.

Irreplaceable Individuals: Valuing the Anecdotal

Describing the impact on him of the NAMES Project AIDS Memorial Quilt, Peter Hawkins wrote:

> The art of the graveyard most often focuses on the public persona of the deceased: on generic virtues, conventional religious hopes, the outlines of a life measured in terms of profession, position, and accomplishment. Such memorials almost always put the best foot forward, observe decorum, and keep the private world a secret. Some of the NAMES Project panels

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> continue in this line, telling the minimum of an official story. But more commonly names and dates are joined by martini glasses and baseball caps, by teddy bears and Speedo bathing suits. . . the panels delight in idiosyncrasy, in particular pleasures, and most especially in the life of the flesh. . .[The Quilt] refuses to allow the physical ravages of AIDS or the fact of death to sum up the lives of the deceased; it will not equate sexuality with corruption. The panel-makers remember pleasure. They also treasure intimacy and emotion. Indeed, it is the intense degree to which the Quilt embodies personal and private life that distinguishes it from more traditional forms of commemoration. In so many panels intimacies are confided to strangers, as if the survivors had decided that the greatest gift they could offer the dead would be to tell everything, breaking the fearful silence that has surrounded AIDS even as it has gay and lesbian life (Hawkins, 1995, pp. 13-14).

It is my hope that the experiences so generously shared by the men who participated in this study will encourage further exploration of the issues raised. As Rilke said so simply: "Sex is difficult." To the degree that this study succeeded in demonstrating that point, it may serve some useful purpose.

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APPENDIX

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THE CITY COLLEGE
OF
THE CITY UNIVERSITY OF NEW YORK
NEW YORK, N. Y. 10031

CLINICAL PSYCHOLOGY
DOCTORAL PROGRAM
DEPARTMENT OF PSYCHOLOGY
NAC Bldg., 8th Floor 8/107

(212) 650-5674

INFORMATION FOR PARTICIPANTS

Project Title: Wanting and not wanting to change: Conflict and paradox in the efforts of sexually compulsive men to modify self-destructive sexual behaviors

A. This study may contribute to a better understanding of efforts to change among men who describe themselves as sexually compulsive. It is being conducted by Carol Pepper, in partial fulfillment of the requirements for the degree of Doctor of Philosophy at The City University of New York.

B. It involves a written questionnaire (30 minutes), and a semi-structured interview (90 minutes). The total time required for the study is approximately 2 1/2 hours.

C. If you decide to participate, **you are free to discontinue participation at any time**. You may also decline to answer any questions.

D. Your interview will be audio-taped for the purposes of accurate transcription by the principal investigator. The tape will be stored in a locked cabinet to which only she has access. **It will be erased as soon as it is transcribed.** No personal information will be collected that is not essential to the research.

E. **Any information obtained during this study and identified with you will remain anonymous.** Your interview and questionnaire will be labeled with a number only. No written record of your identity will be maintained.

F. You will be given a copy of the interview transcription in order to review it. You have the right to ask that it not be used (either in whole or in part).

G. You may find the interview or material in the questionnaires to be personal or disturbing. As a consequence, you may experience some psychological discomfort. Ample time has been allotted so that you will be free to talk about your thoughts and feelings as you go along.

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H. One week from today, the investigator will contact you to see if any concerns were raised by the study. When the research is concluded, a written summary of the study's findings will be shared with you.

I. This project is not likely to offer you any direct benefits. You may find it useful to have the opportunity to reflect on your personal experience, but no benefits can be promised.

J. Some of your comments may be briefly quoted in the written report of the research findings. Your confidentiality and anonymity will be carefully protected.

K. If you have any questions regarding this research, you can call Carol Pepper at (212) 869-7751 or Professor Paul Wachtel at (212) 650-5660. If you have any questions concerning your rights as a participant in this study, you can call Sponsored Research, Graduate School and University Center/CUNY at (212) 642-2059.

You are making a voluntary decision about whether or not to participate. Should you choose to discontinue participation in this study, you may withdraw at any time.

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Participant #:_______

PART I

1. Age at last birthday:______

2. Race/Ethnicity

___: Caucasian (non-Hispanic)

___: Latino/Hispanic

___: African American (non-Hispanic)

___: Asian

___: Native American

___: Other (specify) _______________

3. Are you

___: single
___: in a committed relationship
___: divorced
___: married
___: separated
___: widower
___: bereaved

4. Do you have children? ___: yes ___: no

5. Your religious affiliation/preference

____

6. Highest level of education completed

___: high school

___: two-year college

___: vocational/technical after high school

___: four-year college

___: some graduate school

___: some professional school

___: graduate/professional school completed

7. Occupation_____________________________

8. Average Annual Income:_________________

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9. How would you describe your sexual orientation? (check one of the following)

___: homosexual/gay ___: heterosexual/straight

___: bisexual ___: bisexual/straight-identified

___: bisexual/gay-identified

10. If you are gay or bisexual, is there anyone important to you who does not know your sexual orientation? (check all that apply)

___: mother ___: sibling(s) ___: extended family

___: father ___: friend(s) ___: children

___: your partner ___: wife ___: all know

Participation in 12-Step Fellowships

11. When did you begin your recovery in an S-Fellowship?

______/______
month year

12. Did concerns about AIDS influence your decision to get involved in an S-Fellowship?

___: yes ___: no

13. In which S-Fellowship are you most active today?

___: SLAA ___: SCA ___: SRA ___: SA

14. Do you participate in other 12-step fellowships? (check all that apply)

___: AA ___: CA ___: NA

___: OA ___: DA ___: GA

___: SIA ___: ACOA ___: Al-Anon

___: CODA ___: Other(s)________________

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15. In <u>which</u> 12-Step Fellowship did you begin your recovery? __________ When? ______/_____ month year

16. Do you have an S-Fellowship sponsor?
___: yes ___: no

17. Do you sponsor anyone in an S-Fellowship?
___: yes ___: no

In an S-Fellowship during the last two weeks,

18. How many meetings did you attend?_________

19. How many program calls did you make to people other than your sponsor?_________

20. How often did you telephone or meet with your sponsor?_________

21. How often did you go out for fellowship?__________

22. How often did you perform service?_________

23. How often did you read recovery literature?_______

24. Do you count days? ___: yes ___: no

If "yes", how many days do you have now? __________

25. In an S-Fellowship, have you done (check all that apply)

___: a 4th Step ___: a 5th Step
___: an 8th Step ___: a 9th Step

Health

26. As a child or an adolescent, did you experience (check all that apply)

___: physical abuse ___: sexual abuse ___: incest

___: rape ___: emotional neglect ___: emotional abuse

___: physical neglect ___: physical assault (by other children, strangers, etc.)

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27. Do you take psychotropic medications? If so, please list their names and intended effects (for example, Prozac, anti-depressant; Xanex, anti-anxiety; lithium, mood stabilizer):

Medication Name	Medication's Intended Effect
________________	____________________________
________________	____________________________

28. When, if ever, were you last treated for a sexually transmitted disease? ______/____
month year

29. When, if ever, did you last have an HIV test?
______/____
month year

30. Would you be reluctant to date or to initiate a sexual relationship with someone whose HIV status is different than yours? ___: yes ___: no

31. Has anyone ever expressed reluctance to date or to initiate a sexual relationship with you because your HIV status was different than his or hers? ___: yes ___: no

32. When, if ever, did you last have what you thought was probably an unsafe sexual experience?
______/____
month year

Bereavements/Losses
(AIDS-related)

33. Have any of your lovers died of AIDS-related illnesses?
___: yes ___: no

34. Have any of your close friends died of AIDS-related illnesses?
___: yes ___: no

35. Has anyone in your family died of an AIDS-related illness?
___: yes ___: no

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Participant #:________

PART II

INSTRUCTIONS

Please read the following 36 questions with yourself in mind.

After you read each description, please circle the letter--N, P, B, or T--to indicate which best applies to you.

NEVER MY EXPERIENCE = N
TRUE OF ME IN THE PAST = P
TRUE TODAY, BUT BETTER THAN BEFORE = B
TRUE TODAY = T

	NEVER	PAST	BETTER	TODAY
1. Do you feel remorse depression, or guilt about your sexual activity?........	N	P	B	T
2. Do you feel your sexual drive and activity are getting out of control?..........................	N	P	B	T
3. Have you tried and failed to stop or reduce certain sexual behaviors?.........................	N	P	B	T
4. Are you sometimes unable to resist others' sexual advances?....	N	P	B	T
5. Do you use sex to escape from uncomfortable feelings, such as anxiety, fear, anger, resentment, guilt?............................	N	P	B	T
6. Do you think you spend too much time obsessing about sex or engaged in sexual activities?......	N	P	B	T

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NEVER MY EXPERIENCE = N
TRUE OF ME IN THE PAST = P
TRUE TODAY, BUT BETTER THAN BEFORE = B
TRUE TODAY = T

	NEVER	PAST	BETTER	TODAY
7. Do you neglect people who are important to you as the result of time spent in sexual activity?..	N	P	B	T
8. Do your sexual pursuits interfere with your work and professional development?..........	N	P	B	T
9. Is your sexual life secretive, a source of shame? Do you lie to others to cover up your sexual activity?..................	N	P	B	T
10. Have you ever been "kept" (that is, financially supported in exchange for sex)?.............	N	P	B	T
11. Do you avoid romantic and sexual relationships with others by restricting sexual activity to solitary fantasy and/or masturbation?......................	N	P	B	T
12. Do you sometimes seek out anonymous sexual encounters?.......	N	P	B	T
13. To intensify sex, do you use stimuli such as pornography, videos, "poppers," drugs/alcohol, "toys," etc.?.....................	N	P	B	T
14. Do you use abusive, humiliating, or painful sexual fantasies or behaviors to intensify sexual arousal?.......	N	P	B	T
15. Do you think your sexual activities may prevent you from forming a close and loving relationship with a partner?.......	N	P	B	T

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NEVER MY EXPERIENCE = N
TRUE OF ME IN THE PAST = P
TRUE TODAY, BUT BETTER THAN BEFORE = B
TRUE TODAY = T

	NEVER	PAST	BETTER	TODAY
16. Does the use of sexual fantasy interfere with your ability to be "present" to the person you are actually with?......................	N	P	B	T
17. Do you frequent clubs or bars in search of sex partners?.........	N	P	B	T
18. Do you cruise adult bookstores or theaters in search of sex partners?..........................	N	P	B	T
19. Do you go to rest rooms, parks, rest stops, the baths, or other public places to find sex partners?..........................	N	P	B	T
20. Do you have phone sex?.........	N	P	B	T
21. Do phone sex partners sometimes come to your home, or do you leave your home to have sex with them?................	N	P	B	T
22. Do you use computer bulletin boards or chat rooms to make sexual contacts, or to find sex partners?......................	N	P	B	T
23. Do you pretend to be someone else when you have phone or computer sex?......................	N	P	B	T
24. Do you ever have group sex?....	N	P	B	T
25. Have you ever placed yourself in legal jeopardy as the result of your sexual activity?..............	N	P	B	T
26. Have you ever been arrested for your sexual activity?..............	N	P	B	T

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NEVER MY EXPERIENCE = N
TRUE OF ME IN THE PAST = P
TRUE TODAY, BUT BETTER THAN BEFORE = B
TRUE TODAY = T

	NEVER	PAST	BETTER	TODAY
27. Have you ever risked your physical health with exposure to sexually transmitted diseases, or HIV, by engaging in "unsafe" sexual activity?....................	N	P	B	T
28. Have you ever been injured or robbed by a sex partner?...........	N	P	B	T
29. Do you sometimes have sex with hustlers and/or prostitutes?..	N	P	B	T
30. Have you gone into debt by buying pornography, videos, phone sex, hustlers and/or prostitutes?.......................	N	P	B	T
31. Has anyone ever paid you to be a sex partner?.....................	N	P	B	T
32. Have people you trust expressed concern about your sexual activity?.........................	N	P	B	T
33. Do you avoid sexual activity altogether (that is, do you consider yourself to be sexually anorectic)?.......................	N	P	B	T
34. Does life seem meaningless or hopeless without a romantic or sexual relationship?...............	N	P	B	T
35. Is 'sober' sex a let-down in contrast to acting out 'highs'?....	N	P	B	T
36. Do you worry that you will never achieve sexual sobriety as you define it for yourself?.....	N	P	B	T

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Participant #:________

PART III

Your Recovery Plan and Goals

1. From which sexual behaviors or fantasies do you intend to abstain today?

    ____

    ____

    ____

    ____

2. Some people try out new behaviors that they hope will support their efforts to achieve healthy sexuality as they define it for themselves. What new behaviors, if any, are you trying?

    ____

    ____

    ____

    ____

    ____

3. When was the last time you tried each of the new behaviors you listed in #2 ? (for example, dating--3 days ago)

New Behavior	Most Recent Try
____________________	______________
____________________	______________
____________________	______________
____________________	______________

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4. What about your sexuality do you like and accept? (Check all that apply)

___: my gender identity (male gender)

___: my sexual preferences (what arouses me)

___: my sexual orientation (gay, straight, bi-)

___: my sex role (e.g., "masculinity")

___: my sexual performance (skill, potency)

___: my attractiveness to others

5. What--if anything--about your sexuality do you wish you could change? (Check all that apply)

___: my gender identity (male gender)

___: my sexual preferences (what arouses me)

___: my sexual orientation (gay, straight, bi-)

___: my sex role (e.g., "masculinity")

___: my sexual performance (skill, potency)

___: my attractiveness to others

6. What--if anything--about your sexuality are you trying to change? (Check all that apply)

___: my gender identity (male gender)

___: my sexual preferences (what arouses me)

___: my sexual orientation (gay, straight, bi-)

___: my sex role (e.g., "masculinity")

___: my sexual performance (skill, potency)

___: my attractiveness to others

7. Are your most exciting sexual <u>fantasies</u> compatible with how you define healthy sexuality for yourself today?

___: yes ___: no ___: I'm not sure

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Is sex without these fantasies

8. a source of anxiety? ___: yes ___: no
9. possible for you? ___: yes ___: no
10. disappointing? ___: yes ___: no
11. intense and satisfying? ___: yes ___: no

12. Are your most exciting sexual <u>behaviors</u> compatible with how you define healthy sexuality for yourself today?

___: yes ___: no ___: I'm not sure

Is sex without these behaviors

13. a source of anxiety? ___: yes ___: no
14. possible for you? ___: yes ___: no
15. disappointing? ___: yes ___: no
16. intense and satisfying? ___: yes ___: no

17. If there were a single compulsive sexual behavior, fantasy, or desire that you could overcome within yourself, so that you no longer felt so driven, or at its mercy, what would it be?

____

____

18. If there were a single sexual behavior, fantasy, or desire that you could integrate into your life <u>without negative consequences</u>, what would it be?

____

____

19. People struggling with sexual compulsion often have a "not yet," a compelling, not-yet-tried fantasy or practice that might be inconsistent with recovery, but is difficult to surrender. Do you? If so, what is it?

____

____

THANK YOU

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INTERVIEW QUESTIONS

The interview is loosely structured around four themes. It is conducted informally, and takes about 1 1/2 hours. Because the interview is intended to promote discovery, the questions are rather open-ended, and probes are introduced as needed to encourage further exploration. As a result, questions may be addressed to individuals in slightly different ways. Similarly, clinical judgment informs the degree to which the interviewer encourages and facilitates each participant's exploration within the four domains of inquiry.

Each participant is invited to

1. **describe his 'Sexual Recovery Plan'**
   - a. how he defines 'sexual sobriety' for himself
   - b. the sexual fantasies, behaviors, and situations from which he intends to abstain
   - c. his 'grey areas,' that is, sexual fantasies, behaviors, and situations from which he chooses not to abstain, even though they have become problematic for him
2. **describe in detail the experience of a recent slip and/or relapse, with the explicit instruction that he not try to explain why he thinks 'it happened'**
   - a. probes and inquiries are introduced as needed to encourage highly detailed descriptions of the event itself, its antecedents and aftermath, and his thoughts and feelings before, during, and after the experience

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b. questions are used to facilitate the participant's description at those points where he seems to overlook, condense, obscure or disavow

c. inquiries are made to facilitate the interviewer's understanding, and to call attention to what still seems inconsistent or incomplete

3. **describe _in similar detail_ a recent success in avoiding a slip and/or relapse**

   a. what did the participant think or do differently that helped to make success on this occasion possible?

   b. were there other contributing factors? (for example, the role of other people, situational factors, etc.)?

   c. what were his thoughts and feelings, before, during, and after the event?

   d. how does he understand the fact that, in this instance, he behaved 'out of character?' Does this experience challenge his definition of himself as a 'sex addict?'

4. **describe what it has been like to try out new sexual fantasies, behaviors, and/or situations**

   a. what has been attempted, and how is it going?

   b. does he notice times or circumstances when it is easier to try something new? What makes it easier then?

   c. similarly, does he notice anything that interferes with or inhibits his ability to attempt what is new? What sometimes makes it difficult to follow through?

   d. are his self-definition and understanding changing in response to the new experiences he is discovering are possible for him?

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PART II

	#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Totals
1																							
	N																						0
	P		x				x		x				x		x				x		x		7
	B	x		x	x	x		x		x	x					x	x						9
	T											x		x				x		x		x	5
2																							
	N																						0
	P	x	x	x			x	x	x		x		x			x	x	x					11
	B				x	x				x		x		x	x				x	x	x	x	10
	T																						0
3																							
	N															x							1
	P	x	x	x			x	x	x		x		x				x		x				10
	B					x						x			x			x		x	x		6
	T				x					x				x								x	4
4																							
	N	x									x				x								3
	P		x					x	x			x				x			x				6
	B			x	x	x	x						x	x			x			x	x		9
	T									x								x				x	3
5																							
	N																						0
	P						x		x				x	x					x				5
	B	x	x	x		x		x			x				x	x	x	x			x		11
	T				x					x		x								x		x	5
6																							
	N																						0
	P	x	x					x					x		x		x						6
	B			x		x	x		x	x	x								x	x	x	x	10
	T				x							x		x		x		x					5
7																							
	N																						0
	P	x	x	x			x	x	x		x		x	x		x	x	x	x			x	14
	B				x	x				x		x								x	x		6
	T														x								1
8																							
	N																x						1
	P	x	x	x			x	x	x	x	x	x	x	x		x			x	x			14
	B					x															x	x	3
	T				x										x			x					3
9																							
	N																						0
	P	x	x				x	x	x		x	x	x		x				x		x		11
	B			x		x				x				x						x			5
	T				x											x	x	x				x	5
10																							
	N	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	19
	P			x															x				2
	B																						0
	T																						0

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11																							
	N	x	x						x	x	x		x	x									7
	P			x			x					x			x	x			x	x			7
	B				x	x		x													x		4
	T																x	x				x	3
12																							
	N																						0
	P	x	x				x	x	x		x		x			x			x	x			10
	B			x		x								x							x		4
	T				x					x		x			x		x	x				x	7
13																							
	N				x			x			x												3
	P	x	x				x		x				x	x	x	x	x		x	x			11
	B			x		x															x	x	4
	T									x		x						x					3
14																							
	N		x		x		x	x			x	x			x			x		x		x	10
	P	x							x	x			x			x			x				6
	B					x								x							x		3
	T			x													x						2
15																							
	N									x	x												2
	P	x	x				x	x	x			x	x		x	x			x				10
	B			x		x												x		x	x		5
	T				x									x			x					x	4
16																							
	N	x										x											2
	P		x				x	x					x						x			x	6
	B			x		x			x	x	x			x				x			x		8
	T				x										x	x	x			x			5
17																							
	N	x			x						x					x		x					5
	P		x				x	x	x	x			x	x					x	x	x	x	11
	B			x		x						x					x						4
	T														x								1
18																							
	N	x						x			x				x		x	x					6
	P		x		x	x	x		x	x			x	x		x			x	x	x		12
	B			x																		x	2
	T											x											1
19																							
	N										x		x		x	x	x	x		x	x		8
	P	x	x		x	x	x	x	x			x							x				9
	B			x										x								x	3
	T									x													1
20																							
	N	x			x			x	x		x	x		x	x								8
	P					x	x						x			x	x	x	x	x	x		9
	B		x	x																		x	3
	T									x													1

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PART II

21																							
	N	x			x			x	x		x	x	x	x	x		x			x	x		12
	P		x			x	x									x		x	x				6
	B			x																		x	2
	T									x													1
22																							
	N	x	x	x	x		x	x	x		x	x		x			x	x		x			13
	P					x							x		x				x		x	x	6
	B																						0
	T									x						x							2
23																							
	N	x		x	x		x	x	x		x	x		x		x		x		x			12
	P		x			x				x			x		x		x		x		x		8
	B																					x	1
	T																						0
24																							
	N	x						x			x										x		4
	P		x	x	x	x	x		x				x	x	x	x	x	x	x	x		x	15
	B											x											1
	T									x													1
25																							
	N		x														x			x			3
	P	x		x	x		x	x	x		x	x	x			x			x		x	x	13
	B					x												x					2
	T									x				x	x								3
26																							
	N	x	x		x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	19
	P			x				x															2
	B																						0
	T																						0
27																							
	N							x															1
	P	x	x		x		x		x		x	x	x			x	x		x	x	x	x	14
	B			x		x								x				x					4
	T									x					x								2
28																							
	N	x		x							x	x		x	x	x	x			x	x		10
	P		x		x	x	x	x	x	x			x						x			x	10
	B																	x					1
	T																						0
29																							
	N	x	x	x				x				x		x									6
	P					x	x		x		x		x			x	x		x	x		x	10
	B				x					x					x						x		4
	T																	x					1
30																							
	N	x	x			x	x	x		x		x		x	x	x	x			x	x		13
	P								x		x		x						x			x	5
	B			x	x																		2
	T																	x					1

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31																							
	N	x			x			x	x	x	x	x	x	x	x	x	x	x		x	x	x	16
	P		x	x			x												x				4
	B																						0
	T					x																	1
32																							
	N	x					x				x		x			x	x	x				x	8
	P		x					x	x					x	x				x	x			7
	B									x													1
	T			x	x	x						x									x		5
33																							
	N	x		x			x	x	x	x	x	x	x	x	x	x	x	x		x			15
	P				x	x																x	3
	B																		x		x		2
	T		x																				1
34																							
	N		x						x													x	3
	P			x			x										x		x	x	x		6
	B	x			x	x		x		x	x	x	x		x			x					10
	T													x		x							2
35																							
	N												x					x					2
	P															x			x				2
	B	x	x	x		x	x	x	x		x	x		x			x				x		12
	T				x					x					x					x		x	5
36																							
	N		x																				1
	P	x						x	x				x			x	x				x		7
	B					x	x			x	x	x							x				6
	T			x	x									x	x			x		x		x	7

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PART III

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Totals
4																							
	a	x	a	x	x	x	x	x	x	x	x	x		x	x	x		x	x	x	x	x	19
	b	x	x		x	x	x	x	x	x	x	x		x	x				x		x		14
	c	x	x	x		x	x		x		x		x				x	x	x				11
	d	x		x	x		x			x		x			x						x		8
	e	x							x		x			x		x				x			6
	f	x							x		x	x				x					x		6
	nc																						
5																							
	a																x						1
	b			x						x						x	x	x		x		x	7
	c				x							x		x	x	x		x		x			7
	d				x	x		x	x	x	x		x	x			x	x	x	x	x		13
	e			x	x	x	x					x			x		x	x	x			x	10
	f		x	x	x	x	x	x					x	x	x		x	x	x	x			13
	nc	x																					
6																							
	a																x						1
	b																x			x			2
	c														x								1
	d							x	x		x			x		x	x	x		x	x		9
	e			x			x								x		x		x			x	6
	f		x	x	x		x								x		x	x	x			x	9
	nc	x				x				x		x	x										5
7																							
	y	x					x															x	3
	n			x		x		x	x	x	x	x		x	x	x	x	x	x	x	x		15
	ns		x		x								x										3
8													NA						NA				
	y				x						x	x		x	x	x	x	x		x	x		10
	n	x	x	x		x	x	x	x	x												x	9
9													NA						NA				
	y	x	x	x		x	x	x	x	x	x	x		x	x	x	x	x		x	x	x	18
	n				x																		1
10													NA						NA				
	y		x		x	x		x		x	x			x			x	x				x	10
	n	x		x			x		x			x			x	x				x	x		9
11													NA						NA				
	y	x		x			x	x	x	x	x				x	x				x			10
	n		x		x	x						x		x			x	x			x	x	9
12													NA										
	y	x	x	x			x		x													x	6
	n				x	x		x		x	x	x		x	x	x		x	x	x	x		13
	ns																x						
13													NA						NA				
	y	x			x				x			x		x		x	x	x		x	x		10
	n		x	x		x	x	x		x	x				x							x	9

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PART III

14													NA	x					NA				
	y		x	x		x	x	x	x	x	x	x			x	x	x	x		x	x	x	17
	n	x			x																		2
15													NA						NA				
	y	x			x	x				x	x			x			x	x				x	9
	n		x	x			x	x	x			x			x	x				x	x		10
16													NA						NA				
	y		x	x			x	x	x			x			x	x				x			9
	n	x			x	x				x	x			x			x	x			x	x	10

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QUESTIONNAIRE PART III
QUESTIONS 1, 2, 3 & 17, 18, 19

Participant # 1

1. no sex with strangers, sex in public places
2. & 3.
   anti-depressants--currently
   psychotherapy--weekly
   dating--10 days ago
17. exhibitionistic (i.e., public) sex
18. a relationship--just kidding!
    exhibitionistic (i.e., public) sex
19. no "not yets"

Participant # 2

1. no going to acting out places like movie theaters, bars, and bathhouses
2. & 3.
   love & relationship workshop--weekly
   responding to appropriate personal ads--3-4 months ago
17. to stop using and being aroused by fantasies of past acting out experiences with men I didn't know
18. to have more fantasies about men that I know and who are available to me, and not find them boring
19. in an acting out place: having a stranger start putting his hands into my overalls with the sides already unbuttoned and passionately kissing me

Participant # 3

1. No anonymous sex, phone sex, one night stands
2. & 3.
   has resumed attending church--weekly
   dating--3 days ago
   masturbating without rape or S/M fantasies--4 days ago
17. sex in public restrooms, bath houses, showers, steam rooms and parks
18. sex in bath houses, showers and steam rooms
19. being raped

Participant # 4

1. no hiring masseurs for sex, having sex in the sauna
2. & 3.
   placed a personals ad--within last week
   committed to attending 3 meetings a week--last week
   meditation--[no date]
17. hiring masseurs for sex
18. sex in the sauna
19. dating men and having casual, consensual sex

Participant # 5

1. I don't have a current sex plan today
2. & 3.
   none at the time being

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5, continued

17. having sex with people and in ways I don't really want to do
18. sexual slavery to one man
19. can't think of anything I haven't tried

Participant # 6

1. no sex with strangers
2. & 3.
   meditation--today
   SCA meetings--3 days ago
   dating--2 months ago
   not sexualizing my fellow man--today
17. that a handsome man could make me complete and happy if he loved me and wanted me
18. to be able to have a loving, healthy relationship with the hot excitement and attraction of a stranger (not possible!)
19. I don't have any "not yets" that are inconsistent with recovery. Mine is to meet a nice, sweet, handsome man and we both fall in love with each other and have a healthy, happy, sexual relationship.

Participant # 7

1. no exhibitionism, no public nudity, staying out of certain places in the park
2. & 3.
   masturbation without exhibitionist fantasies--yesterday
   socializing--8 days ago
   fellowship dance--25 days ago
17. exhibitionist fantasies and masturbation
18. exhibitionist fantasies and masturbation
19. [not answered]

Participant # 8

1. no pornography or sexualized mainstream materials
   no sex outside my committed relationship
2. & 3.
   trying to make lover the focus of sexual fantasy--today
   self-awareness & detachment: no "druggy" fantasies--today
   scheduling weekly love-making with partner--today
17. the impulse to use acting out fantasies when I am having sex with my partner and self-criticism when I do "leave" him in that way
18. bondage and discipline, sado-masochism
19. the idea of getting my partner involved in B&D

Participant # 9

1. no unsafe sex
2. & 3.
   trying to include lover in 3-ways rather than act out anonymously without him--yesterday

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9, continued
17. [unanswered]
18. 3-ways with my partner and another person
19. S&M

Participant # 10
1. no sex with anyone other than my partner
2. & 3.
    trying to be present for my partner--every day
    trying to save and to reinvigorate damaged relationship with my partner--today
    trying to rebuild career--today
17. use of prostitutes
18. use of prostitutes
19. [unanswered]

Participant # 11
1. no anonymous sex in public places, like porno theaters, video booths, parks
2. & 3.
    socializing--within last week
    dating--1 month ago
    psychotherapy--weekly
    prayer--daily
17. sex in porn theaters
18. caring, loving, receptive anal intercourse
19. immersion into submissive, masochistic behavior

Participant # 12
1. complete abstinence, including masturbation--celibacy
2. & 3.
    celibacy
17. fantasies about prostitutes and hustlers
18. [unanswered]
19. S&M

Participant # 13
1. anonymous sex, no sex outside my committed relationship
2. & 3.
    increase involvement in SCA--today
    trusting, talking with people about my stuff--today
17. the compulsion to have oral sex with every man I see
18. water sports
19. to be in complete servitude, enslaved, to another man, taking care of him in all aspects of his life, serving all his physical and sexual needs and desires

Participant # 14
1. no abstinence goals today--open to possibilities
2. & 3.
    trying to stay focused and centered--today
    trying to avoid engaging in sexual trances and to notice and detach when I do slip into them--3 days ago
17. being so sexually triggered by what I see

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14, continued
18. sex with prostitutes
19. anal intercourse with women; sex with more than one woman at a time

Participant # 15
1. anonymous sex with men; gay porn theaters
2. & 3.
    making new friends with non-addicts--7 days ago
    increase SCA involvement--today
    appropriate books and movies--[no date]
    trying to accept my sexuality--today
    healthy sex--30 days ago
17. to not act out anonymously with men
18. healthy sex with men that would not interfere with my wish to be married
19. sex with a man and a woman at the same time

Participant # 16
1. no masturbation
2. & 3.
    safe, consensual sex with other people--not tried yet
17. masturbation
18. sex with another person in the context of a relationship
19. not really

Participant # 17
1. no pornography, masturbation, or sex with hustlers; no sex with hustlers who are transvestites or transsexuals
2. & 3.
    working the program--today
    dating women--3 months ago
17. pornography, masturbation
18. sex with transvestites and pre-op transsexuals
19. getting involved with cross-dressing myself

Participant # 18
1. no sex outside a mutually committed relationship; no masturbation
2. & 3.
    healthy sexuality/sensuality in a committed relationship--not yet
    dating women--today
    working out to improve my attractiveness--today
17. I no longer feel driven by obsessions and compulsions
18. pornographic videos
19. sex with several women at the same time

Participant # 19
1. no sex outside my committed relationship
2. & 3.
    trying to keep my focus on my partner--[no date]
    trying to feel sexually attracted to my partner
    trying to initiate sex with my partner

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19, continued
17. to not keep having the urge to use pornography; to not keep fantasizing about pornographic sex or anonymous sex with men
18. to use sex toys and porno videos to make sex with my partner more exciting, without feeling weird about it
19. having sex with men in public areas, bathrooms; picking up a man in a bar and going home with him

Participant # 20
1. no phone sex, sex with prostitutes, going to sex shops or sex clubs
2. & 3.
   prayer--today
   meditation--2 days ago
   socializing--2 days ago
   reaching out, making program calls--today
   casual safe sex, without guilt--3 months ago
   I give myself permission to have pornography in my hotel room when I travel--this week
   safe sex in private with casual partners--7 days ago
17. to stop using an "exorcist" approach and instead to be more self-accepting
18. [not answered]
19. group sex

Participant # 21
1. no exhibitionism
2. & 3.
   safe sex in private with casual partners--1 week ago
17. exhibitionism
18. exhibitionism
19. No, I feel I've done it all.

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