

A Narrative Study
of
Compulsive Sexual Behaviour
in Men

by
F. Patrick Burr
B.Sc., Spring Hill College, 1970
M.Sc., University of Minnesota, 1980

A Thesis submitted in Partial Fulfilment of
the Requirements for the Degree of
Master of Arts
in
the Faculty of Graduate Studies
(The department of Counselling Psychology)

We accept this thesis as conforming
to the required standard

~~The~~ University of British Columbia

June 1998

© F. Patrick Burr, 1998

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling Psychology

The University of British Columbia
Vancouver, Canada

Date June 3, 1998

ABSTRACT

Considerable attention has been given to the subject of Compulsive Sexual Behaviour (CSB) by public and academic interests in the last five years. Much of this attention is highly negative. However, CSB as a personal and societal problem is widespread in western culture. It can be broadly linked to family violence, societal sexism, and to major criminal activity. This study identifies the lived realities of three men which are key to their recovery from various manifestations of compulsive sexual behaviours. The participants are all from local twelve step programs oriented towards healing from CSB. The study uses life history interviews and critical incident identification to gather information, and hermeneutical analysis to distill it. The key elements of recovery found in these men are compared with those proposed in available conceptual and theoretical research.

Table of Contents

ABSTRACT	ii
Table of Contents	iii
List of Tables	v
List of Figures	vi
DEDICATION	vii
 CHAPTER ONE.	
INTRODUCTION	1
Approach and Protections Used	5
Author's Philosophy of Psychology	8
 CHAPTER TWO.	
REVIEW OF THE LITERATURE	16
Historical Attitudes: Sexism and Patriarchy	17
The Historical Attitudes: Intellectualism or the Denigration of the Physical	22
Historical Attitudes: Pornography and Prostitution	27
A Challenge from History to the Present: Sexology vs Sexosophy	32
The Literature of Healing	34
Literature Focussed on Male Treatment	38
Literature focussed on Men's Recovery	45
Core Issues in Healing	58
 CHAPTER THREE.	
METHOD	60
Design	61
Participants	61
Interview Process	62
Formation of addiction / recovery narrative	63
Analysis of the addiction / recovery narrative	63
Validation of the received Narratives	67
 CHAPTER FOUR.	
RESULTS: STORIES OF SUCCESSFUL RECOVERY	69
Narrative Biography of Participant "Bob"	69
Commentary on Bob's Narrative	82

Narrative Biography of Participant "Zed"	87
Comments on Zed's Narrative	97
Narrative Biography of Participant "Xeno"	103
Comments on Xeno's Narrative	109
CHAPTER FIVE.	
ANALYSIS OF THE THREE NARRATIVES	113
General Sexual Recovery	113
Addiction and Recovery as Defined by the Participant's Stories	114
The Entrance to Addiction	114
Addictive / Compulsive Patterns.	121
Analysis of Recovery	122
CHAPTER SIX.	
DISCUSSION	131
Limitations of this Study	131
Implications for Theory	132
Implications for Counselling	136
Future directions	138
REFERENCES	140
APPENDICES	
Appendix A1: An understanding of Researcher Values	149
Appendix A2: Personal Bibliography of Author's Position	152
Appendix B: Required Participant Documentation	154
Appendix C: Data Collection Procedure	159

List of Tables

Table #1: Expanded List of Paraphilias	39
Table #2: Recovery Characteristics	53

List of Figures

Figure #1: The Interlocking Domains of Life	5
Figure #2: The Addictive Cycle	52

DEDICATION

^{3:1}For everything there is a season, and a time for every matter under heaven:

²a time to be born, and a time to die;

a time to plant, and a time to pluck up what is planted;

³a time to kill, and a time to heal;

a time to break down, and a time to build up;

⁴a time to weep, and a time to laugh;

a time to mourn, and a time to dance;

⁵a time to throw away stones, and a time to gather stones together;

a time to embrace, and a time to refrain from embracing;

⁶a time to seek, and a time to lose;

a time to keep, and a time to throw away;

⁷a time to tear, and a time to sew;

a time to keep silence, and a time to speak;

⁸a time to love, and a time to hate;

a time for war, and a time for peace.

Eccles. 2:26-3:8

This work is dedicated to all those who need the help of an understanding ear.

CHAPTER ONE.

INTRODUCTION

Sex is a topic of interest to all—even if many of us are too embarrassed to admit it. Hollywood and Wall Street make huge profits on this fact. Historians tell us that it was always so. Sexuality, which was once the strictly controlled domain of organized religion, has now become a matter of personal, family, medical, business and political choice. Only a hundred years ago sexuality was a taboo subject. A hundred and fifty years ago the word sexuality was unknown in the English language (Heath, 1982). Today it is carried boldly on both printed page and virtual web site—too boldly for some. The scientific study of sexuality, termed Sexology, was initiated in 1880 as the private world of academics, primarily physicians, by Prof. Richard von Krafft-Ebing (von Krafft-Ebing, 1885/1965, Szasz, 1980, chap. 1). Today sex and sexuality remains as much a concern, and often a source of confusion, as it ever was.

The specific topic of this study is recovery from compulsive sexual behaviours (CSB). Some authors will call this addiction (Carnes, 1983) while others prefer the words compulsion or paraphilia (Stoller, 1979; Money, 1984; Coleman, 1991). Helping professionals and scholars in many disciplines--spirituality, psychology, sociology, psychiatry (Nelson, 1978; Gaylin, 1990; Money, 1985-3; Connell, 1991)--have given sexual problems headline attention. The public

is outraged every time a sexual offender comes to light. However, this question is much broader than any individual criminal; it is rooted in the very construction of our society (Nelson, 1988; Heath, 1982; Foucault, 1976/1990).

A comprehensive definition of CSB has not been created. Griffin-Shelley (1993, p. 6) offers: "a pathological relationship with an experience that causes damage to the person". A twelve step manual for recovering sex addicts ("Hope and Recovery", 1987, p. 1) says: "we were people who continued to act out sexually, even as our lives continued to be negatively effected by our sexual behaviours". Both contain the primary characteristics of addiction / compulsion: a feeling of not having any choice about behaviour, a desired-hated relationship with a thing or person exterior to the self, and continuance of action regardless of consequences.

Compulsive sexual behaviours encompass a wide variety of actions. Not all are illegal although most are socially unacceptable. They include lust murder, exhibitionism, voyeurism; compulsive use of pornography, prostitutes and exotic dance halls; serial relationships and adultery; and so forth. John Money (1968, 1984) and Robert Stoller (1968, 1985, 1991) have done much in this century to categorize and direct treatment towards sexual compulsivity in many of its forms. Richard von Krafft-Ebing (1885/1965) and Freud (1906/1938) are noted names in sexual pathology from the last century.

The incidence of compulsive sexual behaviours is hard to estimate. And these estimates are often based on small, clinical samples and broad assumptions. Statistics which are available range from Kinsey's surveys in the 1930's to recent research reports. A few samples might help to indicate the rather confused state of available data. Kinsey, Pomeroy and Martin (1948, chap. 10) indicates perhaps 1% of men purchase sex from prostitutes. Lottes (1991) reports almost 16% of US women have been forcibly raped. Other detailed work exists on more criminal sexual activity, but it has small applicability to this study. For example, Wolf (1988) reports that 30% of the sexual offenders in his clinics were abused as children. If 12% of men on a US national basis are estimated to be abuse victims, then there is a possibility that 5% might become abusers in turn. Coleman (1991) also states that most compulsive sexuality sufferers were abused as children. Sterling (1976) reports that 30 to 40 mandated clients were referred monthly to her clinics in Albuquerque, New Mexico in 1975.

Pornography figures heavily in sexual addiction. A study by Shepherd and Reisman (1985) indicates perhaps 10% of the US population are regular consumers of pornography. Carnes reports that 87% of the 952 sexually addicted persons in his clinical practise study suffer from multiple addictions (1991, p. 35). Since many of the treatment approaches for CSB are oriented towards the forensic population it is appropriate to refer to Travin (1995) who associates CSB with

obsessive-compulsive disorder and indicates that 2% to 3% of the US population suffers from it.

The statistics may be unclear, but the presence of a significant problem in the sexual domain of our rapidly changing world is definite. Signs of depersonalised rage, violence, confusion and repression were evident throughout North American society more than thirty years ago (May, 1967, chap. 2). Women and men struggle today to face changes and choices beyond their individual and collective understanding. This can easily generate fear. Men often react to their fear through social and historical modes consistent with their ideal of maleness: aggression, violence, hatred, oppression. Much of this reaction begins at home, and moves out into business and politics. It is frequently acted out upon women and children, especially in the home. Violent men are glorified in the media, in sport and in entertainment. Violence against and amongst men is so common and socialized that it is scarcely news. It rarely rates notice except on a large scale or where specifically publicized for some group's purposes.

But reputable professionals also find CSB to be much broader (Carnes, 1989, 1991; Coleman, 1991). It is in this more prevalent, less public area that research is lacking. What logic or events allow some men to recover from compulsive sexual behaviours, while others of similar background, constitution and lifestyle, become sexual criminals? This is a fruitful and therapeutically important area for study. This study will attempt to refine some of these events by

investigating the personal meaning of recovery in the lives of non-forensic recovering sexual addicts.

There is a strong need for qualitative, methodologically participative studies in the area of sexual compulsivity. Regardless of how much we learn about the neurological basis of mind, and how much brain and behaviour we can control through pharmaceutical interventions, there will always be a place for person to person education, psychological intervention and belief system clarification. There is strong indication that many men struggle alone with sexual addictions, attempting to lead socially acceptable, healthy sexual lives (Carnes, 1983, chap. 2). Three of these men offer here their personal experiences in the hope that others will benefit from their story of struggle and hope.

Approach and Protections Used

The investigative methods used in this study attempt to understand the participant in a holistic fashion. Researcher and participant look for critical junctures and events in the participant's life, as well as his gifts and vulnerabilities. No harm must come to any involved in this study: therefore, external counsellors must be available for both researcher and participant. This is the rationale for the requirements stated in the Letter of Invitation, and again in the Participant Agreement.

Chapter Briefs

This section provides a short summarization of each chapters' intentions.

The interested reader may here discover the glue connecting salient thoughts within the remaining pages.

Chapter One

It is that which you are reading, encompassing a general introduction to the topic, the method and the researcher. The remaining chapters are also outlined in brief.

Chapter Two

This is the literature review, which contains a substantial historical section with references to spiritual writers and the sexual beliefs of earlier times, as well as a standard study of current writings. In this way the literature review attempts to encompass the historical foundations of current attitudes in sexuality. These roots are found in physical, cultural, spiritual, denominational (i.e., religious), and ethical works.

Chapter Three

This chapter is concerned with method and design. Special emphasis is given to description of the group from which the participants were selected.

Documentation and research process are outlined here and included in full as Appendices B and C.

Chapter Four

Here are the case studies themselves. Selected text and details from each participant are presented in an anonymous fashion. Commentary is limited to that which clarifies the direct meaning of statements and events.

Chapter Five

This is the analysis section. Interpretative (i.e., hermeneutic) analysis of participant events is used to uncover meanings. Specific selections from the life history narrative are used as the data for interpretation. All interpretation and understanding of meaning is made within the participant's personal frames of reference. The author must specifically acknowledge his own frame and insure that it has as little effect upon analysis as possible. (See next section and Appendix A.)

Chapter Six

This discusses the findings drawn out through the analysis section. A suggested life pattern is presented in narrative form for sexual addiction and sexual recovery. Directions for future study, and implications for counselling rounds out the conclusion of this document.

Gendered Language

The context of this paper is primarily male; therefore, the use of male terminology is meant to refer expressly to males. Where both female and male are indicated, a non-gender specific term will be used. Where all humankind is

intended the word human will be used, as this is the closest English equivalent of Homo Sapiens¹.

Author's Philosophy of Psychology

It is important to acknowledge my own position as a researcher, a counsellor, and a person before moving further into this study. My basic beliefs in psychology are most heavily informed by the work of Alfred Adler (1927, 1931/1980; Ansbacher & Ansbacher, 1956). Adler viewed science was a way of uncovering information, and perhaps also knowledge; yet he acknowledged science as only one of many ways to accomplish this end.

Adler was a European physician of the late Victorian school. He appears to have moved over a short time from active medical work to a more psychiatric practise and finally to psychological treatments of

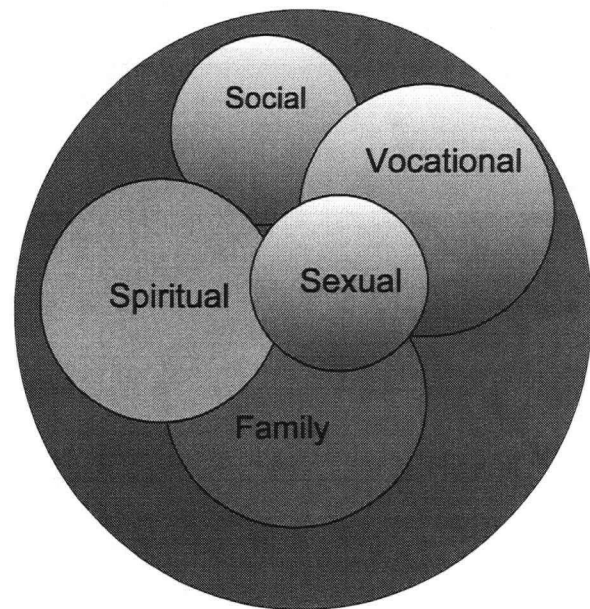


Figure 1
The Interlocking Domains of Life

¹ The word Homo in Latin has the meaning of 'race or group of people'. It is similar in sense to the tribal usage of the group name as meaning "human beings" (e.g.; Lakota, which is Sioux for 'the people'); or as 'We the people' in the beginning of some statements of incorporation. Sapiens is the Latin word for 'Wisdom', yet another good English word rarely used in scientific discourse. Science itself is rooted in the Latin word for "knowledge", scientia. This presents some interesting distinctions, for which the interested reader is directed to the OED.

men and women. He was instrumental in developing early social and educational formation as a key guidepost to healthy lifestyles. He saw the human domain symbolically formed from Familial, Social, Occupational, Sexual and Spiritual components. This symbolism was constructed upon the Physical, in both body and environment. He interpreted all human relationships within this symbolic framework. It is often represented symbolically as interlocked spheres or circles, as is depicted in Figure 1.

My personal beliefs in regard to sexuality have grown from this central Adlerian position, and are therefore, intimately developmental and relational. They are intertwined with my firm position on the ultimate nature of truth as cultural and constructed (i.e., "fictional" in Adlerian terms) and are listed below.

Integrity and Wholeness of the Human Person

First and foremost, I hold a belief in the wholeness and integrity of the human person. We humans are not *objects* available for study and it is offensive to me that anyone should be treated as an object. Nonetheless, Adlerians hold that the basis of humanity is found in the physical and that modern science--relativistic, chaos oriented, grounded in uncertainty--is able to deal with this realm of objective reality. The information gained by this science can be put to good use through humanistic psychology to further the common good, Adler's *gemeinschaftsgefühl*--the social interest of culture or tribe.

The Lifestyle

Secondly, Adlerians teach that each of us has a characteristic lifestyle through which we choose our life movements. The lifestyle of an individual may be similar to others, but it is also unique to his or her particular circumstances. The course of our development in each of the five domains of human personhood gradually concretizes the lifestyle in our psyche. Adler believed, with other psychologists of his era, that it was formed by the end of childhood². But later Adlerians (Mosak & Dreikurs, 1966/1977a, 1967/1977b, 1967/1977c), and myself, see this as a variable formation, and one which is pliant in later years. By uncovering and acknowledging the lifestyle, an individual can better understand his or her choices in life, the consequences of those choices and the processes which made them. He or she can then choose to adjust this lifestyle in ways which are more fulfilling to the compendium of the self.

Non-determinacy

Thirdly, I hold for non-determinacy. This is an outgrowth of the former points, encompassing all levels of the human domain. It is an expression of hope in the future of humanity. It is a communicable position which can be offered to my future clients. It is the basis upon which most if not all therapeutic relationships are formed. Together or individually, we can choose, fomenting change through the process of choice.

² Childhood was defined to end at about age 7. This was the same for Adler as for Freud, and indeed, for many Christian theologians of their day.

Breadth of Learning

Fourthly, I too³ have a deep respect for learning and the many ways in which it can be accomplished. Learning begins with collection; collection of facts (i.e., data) as they are observed by us and our scientific machinery. Then moving on to construction of blocks (i.e., theory and model) with which we build our private and public views of reality. These reality-views function in close accord with our personal backgrounds, our personal beliefs and epistemologies, our individual training and education, and our position within the many relationships of our lives. Eventually we name and re-present these constructs to other persons. All of this is the work of the lifestyle within us.

There is, however, more to learning than facts, models and theories, especially within Adler's symbolic human domains. We have many and varied abilities, such as; to observe, to remember, to speak, to wonder, to imagine, to fantasize, to intuit, to believe, to lie, to deny; and using all of these and more, we make and destroy life⁴. We are filled with a myriad of ways to assess the input received by our senses, producing personal information. Knowledge is the

³ Recall that Alfred Adler ultimately chose to implement his psycho-philosophical beliefs through education of the young. His establishment of daycare and educational facilities for young children in 1920's Vienna was a prescient movement, responding to previously unexpressed needs in the growing techno-culture of pre-modern Europe.

⁴ Refer to the Christian Bible, Old Testament, Book of Ecclesiastes, chapter three for a more poetic setting of these ideas.

interpretation of this chaotic⁵ mass of information, often intended to be publically presented. Wisdom is gained as we learn to apply knowledge through will, selection, decision and other higher faculties upon our own daily desires, needs and problems; upon those of other individuals, and especially upon those of our community.

Greater Than a Physical Sum

Finally, the human person is greater than the sum of his or her parts. This is an essential point of the Adlerian structure, and an antidote to determinism. Reduction of the human to a summation of physical components reduces humankind to a mere it--an object for study and dissection.

Nonetheless, humans share certain basic genetic and biological potential. We have similar physical bodies and modes of employing those bodies in service, through our lifestyles. We have a common neurological structure which somehow holds it all together. But here the similarities end. Here "objective science" begins to falter in the growing mass of possibility and the chaos of millions of interconnections. Chaos is pregnant with life, yet science has traditionally seen it as an enemy of life to be overcome through massive statistical and categorical

⁵ In the mythologies of almost all peoples and tribes, Chaos reigns before the act of creation brings something new into being. See for example, the Old Testament Creation story of the Christian and Jewish Sacred books; or the Greek myths of the Titans; or the Navaho creation myth of the Sacred Woman.

organization. Science informs us of many interesting and useful things, but it *defines* not one individual human being⁶.

Summary

The study and application of psychology is performed in the service of individual human beings. Our generalities, models and theories only help to inform the particular interactions we have with our clients. The essence of this thesis lies in the uniquely human ability to access and to uncover the richness of particular human experience and to re-present it in digestible form. The story telling found in this thesis is not only a research method, but a therapeutic method as well. In the telling and retelling of personal story, each man finds his place within the social, moral, spiritual and physical structures of his life. He discovers his own lifestyle, and is now able to adjust it.

Personified addictive behaviours, sexual or otherwise, treat the human person as object. Perhaps at first this happens with some personal reluctance and resistance; then more easily; and finally with all resistance from the self destroyed. I use the term personified because of the manner in which addictions gradually *become* the person, overwhelming will and decision making ability. This is the true horror of addiction; not the regrettable behaviours that addicts are driven to, but the destruction of their full personhood.

⁶ Everyone knows the humorous tale of the Average Man trying to put on the Average Suit.. The two don't mix.

This destruction is the core problem tucked away within the layers of many addictive and compulsive lifestyles. It is also the root benefit obtained by the addict. At the same time that the addict's self is lost or severely disabled, he or she is also protected to some degree from some enormous pain, whether physical, psychological or spiritual.

All addiction is a spiritual disease, but this is especially true of sexual addiction (Ganje-Fling & McCarthy, 1995). The "Big Book of AA" talks liberally about this issue (Anonymous, 1938/1976, chap. 4), as does the program literature of twelve step groups devoted to sex addiction recovery ("Hope and Recovery", 1987; "Sex and Love", 1986) and some researchers (Carnes, 1989). Many modern researchers of the human condition are coming to re-discover this perspective in many fields. Since CSB as a disease assaults the entire person, it is often difficult to unravel, to recover from. But recovery is possible. The spirits which have been ignored or disabled can be resurrected from the ashes, just as the myth⁷ of the Phoenix indicates.

However, my background in physics, mathematics and computer science requires me to temper objectivity with all the uncertainty granted to us by the reasoning of Dr. Heisenberg. Reality is a construction, which we will never know with absolute certainty. Multiple physical realities are possible in the universe we

⁷ Just as Phoenix rises from her own ashes, so Myth recovers from disinformation. The word *Myth* does not mean falsehood, as it has come to be used in much modern dialogue. Rather it is a truth of history, of culture, of literature embodied in narrative imagery for all to behold.

inhabit. Why then should our psyches be restricted to singular interpretations and monadic existence?

Humankind is a communicative being. We exchange our individual reality views with one another through textures, scents, words and images using our senses; sight, sound, smell, taste and touch. The narrative, the life story, is one of the most direct methods of sharing our realities; of bringing mutual understanding of each other to two (or more) beings. This exchange brings knowledge not only of one another, but of broader patterns of societies. As formerly distant and separate societies bump into one another all around the globe, this knowledge becomes more useful. It may be essential if we are to merge peacefully with one another.

What we love, we shall grow to resemble.

Benedict of Clairvaux

CHAPTER TWO.

REVIEW OF THE LITERATURE

The literature on sexuality is very broad and very long. Adler was not the first to make it one of the major domains for human life patterns. There is much literary evidence in this long stream which bears upon many cherished attitudes held in modern times. There are at least three which are significant to sexual health and disease: sexism / patriarchy, intellectualism and pornography. Sexism can be simply defined as the negative valuation of the female; while intellectualism might be loosely subscribed as the negative valuation of the physical. Pornography remains extremely difficult to define.

These attitudes are centrally important to the development of compulsive sexual behaviours. Some form of pornography is of importance to almost every sexual compulsive (Carnes, 1989), and its historical development is quickly traced in this section. There are countless other tracks which could be drawn out of western history into present illnesses, but these are certainly major ones. The modern literature of sexuality starts approximately one hundred and fifty years ago. These documents are used to demonstrate the presence of two paths of healing which are prominent today: the medical or treatment approach and the humanist or recovery approach.

A historical beginning to a modern scientific study has value. Rollo May, serious student of psychology and psychiatry, psychological reformer and existential humanist wrote in 1967:

A historical view should help us to see how certain cultural forces and events have shaped and moulded the attitudes and behaviour patterns which underlay our contemporary psychological conflicts. A historical perspective can also help free us from the ever-present danger--especially a danger in the social sciences--*of absolutizing a theory or method which is actually relative to the fact that we live at a given moment in time in the development of our particular culture.* [Emphasis added] Finally a historical perspective can help us see the common sources of human problems as well as common human goals. (pp. 56-57)

Similar sentiment can be found in works by John Beahrs (1986), research psychiatrist; Carl Rogers (1961; Rogers and Stevens, 1967), humanists and psychologist; and James Hillman (1975/1992), psychiatrist and reformer of psychological thought.

Historical Attitudes: Sexism and Patriarchy

The power of sex has never been doubted. It was perhaps one of the first things noted by early hominids as they gradually acquired consciousness and the capabilities of reflection (Freud, 1938). Many early societies in the Western world are believed to have venerated the life generating powers of sex, as symbolized through the male and female sex organs. Examples are many, but consider: the images of the phallus appearing prominently on cave walls at Liseux (Monick, 1987); the cyclic fertility festivals and the easy acceptance of sexual power in early Celtic societies of

western Europe (Cahill, 1995); the bare breasted priestesses central to early Minoan religion (Thorndike, 1977); the Cave in Plato's classic and fateful descriptions of reality (Durant, 1926, chap. 1); or the central commonality of the phallus in Roman society's official cultus, as found at Herculaneum and Pompey (Kendrick, 1988; Deiss, 1985). All of these examples are, of course, open to other forms of interpretation. But as we also know, "most history is guessing, and the rest is prejudice" (Durant, 1954/1935, p. 12). Objective facts, so needed by modern science, are few and far between.

The early arts of the west show the power and beauty of sex with great wonder. (For significant reviews, see: O'Brien & O'Brien, 1972, chap. 1; or read romantic Celtic poetry in "How the Irish Saved Civilization" (Cahill, 1995, chap. 2).) In the west some claim that the highest point of knowledge development began with the Greeks about 2500 years ago. This too is debatable, especially on a world wide scale; but the influence of this patriarchal, war loving, male dominated society upon modern westerners, is indisputable.

That which we as men hold today concerning our sexual attitudes is neither new, nor unconnected, with our past. That which our fathers, grand-fathers, great-grandfathers, knew and understood was similar, and grew out of the same wellspring of tradition, culture, belief and faith (Dijkstra, 1986). History does show us that the attitudes which we now call patriarchy are thousands of years old--perhaps 3500 to 5000 years old (Eisler, 1988). The histories and literatures of western peoples show

us that patriarchy has won its struggle quite completely as it spread over what we call the Indo-European world.

But there are some remnants of the world previous to this colonization by the war-loving, male dominated clans. There is evidence of a mother goddess tradition along side the warring sky gods of the patriarchies. And with this possibly older tradition, there is also a different style of interaction between the sexes. It appears to have been more equal footed, and less prone to violence. It can still be seen in some of the ancient literatures of the Hebrews and the Celts, as well as in the traditions of many North American aboriginal peoples. Some of the literature has even survived in the Christian holy books (See for example, the Song of Songs in "The Jerusalem Bible" (Jones, 1966)).

The effects of this alternate tradition are muted by the ages that have past. Men of today are more like our Greek and Roman ancestors, than any eco-minded Celtic or aboriginal person. For these men sex is often merely a tool--for pleasure, for procreating sons, or just for the hell of it. "To the victors belong the spoils". Whether covered with the trappings of our high civilization or in its bare reality, this is the sexual attitude many of us--most of us--men have been given by our cultural birthright. Centuries of confusion, of misogyny, of use and abuse of women, children and other men will not be overwritten in one year or even one century (Stoltenberg, 1994; Gaylin, 1992). But we make a beginning of it, every time we examine and challenge some of our previously unthought out attitudes, beliefs or behaviours. This

is what recovery is all about--recovery from patriarchy, recovery from violence and recovery from sexual misbehaviour.

Perhaps some of us never take serious notice of the simple experience of communication. Language is our only vehicle for re-presentation of our reality to another; for re-presentation of our symbolic world (i.e., our *weltangschau*). We use our symbolic language to understand the world around us, and to make sense of the events and experiences of our daily lives. Freud (1933) saw this clearly when he developed his "talking cure". He also recognized its major pitfall: that neither talker nor listener can ever be sure that what is conveyed is what was meant. Life is a continuous struggle to understand and to be understood; to hear and to be heard; to see and to be seen; to touch and to be touched. He believed that to abandon this struggle in the philosophical sense was to descend into gross individualism and ultimately to solipsism⁸; to deny it psychologically was to succumb to neurosis, psychosis and ultimately catatonia.

The twentieth century has added a new twist to the expression of meaning. Language can now be captured on permanent media--videos, audio recordings, computer storage. It is no longer ephemeral pulse waves in the air. This effect has been growing since Guttenberg invented moveable type, making printing a more facile communications medium. Mass production techniques for papers and book

⁸ I use this term to indicate the philosophical state of total aloneness; of inability to distinguish any phenomena outside oneself as potentially real and other; the total denial of any other reality except one's own self.

binding increased availability of reading materials. Major changes in delivery technology (i.e., railroads, telegraph, telephone, radio and television) broadened the market for information.

These developments in information flow, acceptance and use are significant to this study of men's sexuality. For instance, the words available in English for discussion of sex related subjects are very few for polite society, more in medical speech, and legion in common or vulgar⁹ discourse. The medical world's vocabulary, mostly derived from Latin and Greek, is precise, but largely unintelligible to the average man (See Stedman, 1990, for supportive examples). Images--verbal or pictorial--offer a wide variety of possibilities for presenting and understanding sexual meanings. Images can tie meaning to words with great strength.

Images can reshape meaning associated with words, and can present one man's meaning for many to see and absorb (Pavio, 1978). Sights, sounds and smells appear to have a very direct path into the mind and memory of many men, especially when sexualized (Kendrick, 1988, chap. 3). This memory - image combination is utilized heavily in many of men's sexual compulsions, for they are based upon images. Often these images have no basis in the immediate reality in which the men live. These fantasy images may be for good or ill; may have

⁹ The word vulgar is derived from the Latin root vulga, -gati which carries the base meaning of "common people". See "Cassel's Latin Dictionary" (Talmadge, 1938) for full details. Hence, the phrases "common speech" and "vulgar speech" once meant the same thing. This is the way both words are used by the Bard himself, demonstrating the migration of this meaning over the years. Vulgar took on especially negative sexual connotations during the Victorian period (Kendrick, 1988).

therapeutic value (Dwyer, 1990) or diagnostic capability (Stoller, 1979, 1975/1986; Pryor & Stoller, 1994).

Acts of compulsive sexuality are not always criminal. Most often they are tolerated vulgarities or minor infractions of often archaic laws. The subject of pornography is a good example of the former; prostitution is an age old example of the latter; while child pornography and child prostitution are now classed as truly criminal. These boundaries are neither precise nor historically consistent. The lesson here is clear, however. Sexual ethics, morality and criminality are as changeable as language; in fact, some would argue that it changes with the language (Reich, 1945/1975; Reik, 1966).

In studying sexual recovery, this thesis attempts to rediscover some of the ancient paths to sexual wisdom. This has highlighted the important fact that patriarchal, sexist attitudes are deeply seated in the social psyche of modern men (Gaylin, 1992). Recovery from these or any other mainline attitude requires consistent and committed work on the part of the recovering person, as well as work to change the social background which makes the attitudes acceptable to many.

The Historical Attitudes: Intellectualism or the Denigration of the Physical

The Greek philosopher Plato likened the true nature of reality to a man seeking the source of dancing images upon the wall of a cave. The seeker is frustrated at every turn by the mysterious shadows, and cannot deduce from them the nature of their constructive sources. Plato saw that we could only discern the

images of reality, as apperception of our senses. Their sources, real reality, lay behind the impenetrable wall, shielded from the intellect, and from deductive experiment as well. Only the phenomena, the appearances are available to the seekers. (For full text and interpretation see "Plato's: The Republic"; Jowett, 1944)

Today's empirical researchers (descendants of Plato's competitor Aristotle) still try mightily to penetrate the curtain of the senses, only to have the object of their search slither away at the last moment. When they believe that they have made it, the reality which they seek is mysteriously gone. (Feynman, 1985; Beahrs, 1986; Hawking, 1988)

The image of the Cave in Plato's Republic is an important one, not only of epistemology but also of human sexuality. It re-presents for us the struggle which has gone on unabated since Plato's time: a struggle over the meaning of truth, the meaning of life, the place of pleasure and order, the value of sexuality and sensuality. It was and is a truly seminal image of an ongoing paradox.

Consider how the cave relates to the feminine principle: the classic image of life in the dark, earthy cave of the Mother Goddess. Observe the spear of masculine analytic skill attempting to search and penetrate this deep reality, constantly thrusting itself in vain against the cave wall. And yet, the two principles--cave and tree, Joni and Lignum, male and female--are needed to produce, to uncover, to participate in life. The intellect is engulfed by the generative material and together they produce

the phenomena we perceive as reality, as life, as all the myriad forms of being which surround us.

Psychology was also of great import to Plato. His view of it required all things to be in order, internally as well as externally. Hence we find his successors deeply concerned with the proper order of spirit and body, with the proper use of the functions of the mind, and with the proper use of potentialities of the body--especially sexuality.

Hebrew thought in the classical period was eventually influenced by the Greeks. But their own distinct and original point of view was quite different. Their heavens held only one God, so there was no room for divinized evil as in many pagan and early Christian societies. Creation was good. Man made mistakes. All creation was a single flowing unity, created by a Good God for the benefit of man--in use and misuse. Purity codes eventually played a large part in Hebrew religious thought, though they were foreign to its roots (Brown, 1988, pp. 57 - 64). All of these conflicting views are presented in the Hebrew sacred scriptures and commentaries--Torah and Mishnah. The Christian Bible contains most of them, for those who choose to see them. The beliefs presented in these writings are also easily misinterpreted and misrepresented (Spong, 1991, chap. 1). In the sexual sphere, this quickly produced homophobia, heterosexualism, and restrictive sexual codes of behaviour.

Imperial Rome is often depicted as a violent, morally degraded world of male control and lust. Although partly true, it also had roots in Republican Rome which was a world of hearth and home, of engineering marvels, of advancing medical practise, of great literature and poetry. (See Dudley, 1960; Durant, 1944/1972) The Roman world also appears to have been far more sexually liberal than we are today. Some interpret the literary and architectural bits left to us on this theme as evidence of a libertine society, while others see them as the Club Med of the first century CE. Perhaps Roman enthusiasm merely overcame the "all things in their place" attitude of their Greek and Etruscan ancestors (Duca, 1966, chaps. 2 & 3).

Early Christian thinkers, who were really Romans beneath their togas, picked up the reigning thought patterns of their era and tried to bend them to their own purposes. Some succeeded more than others. Tertullian (2nd century CE) and his followers took Roman ideas on sexuality and emphasised the elements of good and bad while creating a Christian presence. They associated evil with carnality, and the carnal with the sexual. The female principle and therefore woman, was the incarnation of sexual evil. A man's right and proper course was to do all in his power to beat the created order--especially the evils of sexuality--into submission. This was a literal and physical precept, so that woman did not fare well in this world (For detail on these points see Salisbury, 1992, Pt. I).

Augustine of Hippo (3rd century CE) represents a more moderate view. It is strongly influenced by Plato's ideas. Everything was created by a good God, and all

creation is therefore good. Man's propensity to err allows him to use things badly, but does not make any of creation, including his own parts and faculties, evil in its own right. Man's proper course for Augustine was to keep all things in appropriate balance. (cf. Barrow, 1950; Augustine, 1962). The intellect was the highest power of man, and the body came in a distant second.

Scholars, such as Thomas Aquinas (12th Century CE) left the sexual-physical world view established by the early church Father's more or less intact (Bullough, 1988; Fox, 1992). There are of course some studies in feminist scholarship (Williams & Adelman, 1978; Pagels, 1988) which demonstrate the ups and downs of sexual politics in this broad space of time, but it changes little but details. By the time of the reformation (16th century CE) it was time for change, but little lasting change happened then either. The fundamental positions of the reformers were often morally restrictive, and they brought little to Renaissance gender politics that was not already ensconced in the cultural traditions of their nation states. (Williams & Adelman, 1978)

Much of the underpinnings of Western 20th century sexual theology and philosophy are either based upon, or built in reaction to, the realities of two millennia ago (Brown, 1988; Nelson, 1992; Gaylin, 1990, chap. "Sex"; Salisbury, 1991, Pt. 1). Plato, Aristotle, Tertullian, Augustine of Hippo, and Thomas Aquinas are joined together in a line of descent pointing directly to modern Anglo-European marriage customs, sexual politic and spiritual concepts as well as Granville avenue's sex

shops. (See Nelson, 1983, chaps. 1 & 2; Nelson, 1992; Nelson & Longfellow, 1994)

For instance, this pedigree confuses what is now termed "semen conservation theory" (developed by Greco Roman physician Galen (Money, 1991), anxiety over "the evil male vice", that is, masturbation (von Krafft-Ebing, 1885/1965), and the inferior positioning of woman, to come up with rationales for behaviours such as non-consensual violent sex and sexual slavery. Sexuality, when seen as the preeminent human physical activity, becomes the grossest enemy of the intellectual spirit of man. For instance, the irrational aspects which overcome a man at the time of orgasm were considered detrimental to his ability to think, and therefore to be, human (Fox, 1992).

Historical Attitudes: Pornography and Prostitution

Pornography as we conceive it is little more than two centuries old. It is a mere classification system created in the pre-Victorian, anti-sexuality and anti-woman world of 17th century Europe. (See Heath, 1982; Kendrick, 1988; Duca, 1966; Peraldi, 1992) Kendrick's (1988) enlightening study of pornography demonstrates that the original Western word was coined in mid 19th century France as a medical term to be used for cataloguing prostitutes in Paris. This was part of an effort to clean up and medicalize the free and rampant sex trade in the great French cities. Literally, this word is rooted in pornographos (πορνογράφος), a Greek word meaning "whore-painter" or "whore-writer". However, even in Greek it is "an ambiguous one

since it fails to specify on which end of the brush or pen the whore is found"

(Kendrick, 1988, p. 13).

At about the same time, archaeologists began unearthing the Roman cities of Herculaneum and Pompey (Kendrick, 1988, chap. 1; Deiss, 1985). They were somewhat shocked by the graphic expressions of sexuality which they discovered virtually everywhere: in frescoes and statuary, on door-posts and belt buckles, in public places and private bedrooms. Misunderstanding the Romans as a people obsessed totally by sex (perhaps because they themselves were), these archaeologists attempted to present this newfound knowledge in a way which protected the weak (i.e., women, the young, and the uneducated) but made it available to the strong (i.e., well educated, rich men). Many of their catalogues, and limited edition folios of sketches were titled with some form of the word *pornography*. They were frequently provided in Latin. English translations, even of French works, were rare until quite recently. This whole movement gave rise to the current meaning of pornography, in rank contrast to its earlier--4th century Greek, and 19th century French--meaning.

Why did they not simply bury what they had found, if it was so upsetting? Or simply destroy it as so many previous reformers had done? Instead it seems to have become a gentleman's arena of titillation, and a sideshow for the uneducated. Were they caught by the freedom of information mania, or simply enthralled by the depth and power of forbidden sex? Taken in the light of historical facts known today, what

was found at Pompey was really a vacation spot for the rich. As a parallel process, what will people a thousand years hence think of us, if all that remains of our fine societies is images of Club Med, of downtown Las Vegas, or Cancún?

A modern definition of pornography is extremely difficult. Kendrick (1988) describes it as sex for financial gain only. Lo Duca (1966, chap. 2) calls it sexuality without eroticism. Similar definitions could be applied to prostitution. The two words are intimately tied together in etiology. The ties that bind in this case are simply financial. Prostitutes, in general, are reduced to marketing and selling their bodies and bodily functions to make a living. After a while, it becomes a habit hard to break for many. But the status of prostitutes is far more a damning statement about western society and its mores, than it is about the women and men who practise it (Stoller, 1979, 1975/1986). Pornography is a sideline for some prostitutes, an advertising mechanism for others, and a magnificent money making enterprise for those who control it. The film "The People vs Larry Flint" (Forman, 1996) offers a graphic and powerful presentation of some major issues involved in the consumption and creation of pornography.

Sexuality can be an enlightening power in human life and it can be an awesome, raw force which consumes people. It matters little whether you are 1st century Roman or 20th century Canadian. Psychiatry, in its classic Diagnostic and Statistical Manual, (American Psychiatric Association, 1994a, section 302) sees this destructive frame of sexuality as pathology; as miscreant; as obsessive, compulsive,

or addictive; as abnormal, bizarre, variant, perverted, aberrant, or deviant. We still appear to have trouble dealing in clear terms with sexual reality. In private, even the Victorians were aware of the central position of sexuality in healthy human behaviour. Yet today, *fundalit* Christians (Spong, J. S., personal communications, July 14, 1996) still blame the physical malady of AIDS upon the sexual practises of certain men, calling it divine retribution upon the sons of Sodom.

Freud's own thesis (1906/1938) that sexuality, in the form of libidinal energy, is the motive power of the human being, especially the psyche, takes for granted the Spirit-Body connection and attempts to de-emphasise the Spirit, turning the connection into a simple physical principal of energy. The name of the science he helped to develop --psychology--literally means "study of the soul", or "the Word about Soul" (from the Greek words *psyche* (Ψηχε) and *logos* (Λογος)). By redefining the sexual and psychic facts about ourselves, he may have cast aside an opportunity to understand ourselves more deeply and to develop our potentials more fully. The two need to be rejoined to enliven the possibility for revitalizing and reauthorising human sexuality in Western society (Hillman, 1975/1992, chap. 1; May, 1967).

Today's communications media and modern computers expand the possibilities which Stoller (1979) unveiled in "Centerfold" two decades ago. The personal computer, built for gaming and video perfection, is also an ideal medium for delivering custom made explicitly sexual material. This is not simply my

extrapolation¹⁰. Any Internet Browser searching on the words "Adult", "Sex" or "Porn" will uncover a wealth of shocking "stuff". This is indeed a revolution in parental worries about and supervision of youth. The confused state of free enterprise and open communication make the Internet's current status a windfall for the prostitution industry. The key factor which makes Internet pornography more profitable and more perverse is the extreme simplicity with which vendors can meet the precise desires of their customers. It can occur in total privacy and relative secrecy, two prime characteristics of any addictive process.

It is difficult to summarize hundreds of years of history. But one thing can be said for sure: The place of sexuality and the position of woman in the Western world are tied intimately together, sometimes quite literally. In *A History of Eroticism*, author Lo Duca closes his chapter on Christian Europe with a telling commentary on the witch-hunt craze which held sway in Christian Europe from the 8th to the 18th centuries:

Under Innocent VIII appeared one of the most nefarious monuments of ignorance shaped by hate: *Malleus Maleficarum* 'corpus jure' holding forth [during the Inquisition] until the Renaissance with Protestants and Catholics alike. ... Tortures practised on naked bodies of children, young girls or ripe women, gave birth to sensations which will be classified later as dementia forms of orgasm, of which the judges and the torturers--without overlooking

¹⁰ It seems that this is a true extension of what Marshall McLuhan (1951) clearly saw ahead when he wrote about mechanization and human communications. The message is becoming more and more indistinguishable from the medium. The addictive quality of computer gaming, and computer pornography deserve careful and immediate study.

the spectators--were for the moment the unique beneficiaries. One of the most damning blights on Occidental Civilization was that, in drawing away from the letter and spirit of the Gospels, "woman could only be approached as an animal in heat, without any clear perception of her anatomy and human subtlety." Woman thus became scapegoat for the male's passions. She is "object of shame", "temptress", "guilty since Eden", "wanton", "she who dragged man down into sin", "the scorpion's sting", "the path to vice", "the maleficent sex", etc.¹¹ in short, witches seed. (1966, pp. 77-79)

If this was the way Western theologies viewed women for over a thousand years, and it is clearly documented, then how could we not be affected even several hundred years later! Is it any wonder that Western men are confused and women are enraged.

A Challenge from History to the Present: Sexology vs Sexosophy

Centuries of strict attempts at regulation of sexuality have resulted in attempts by medical science to reduce sex to mere physicality. Before reviewing the literature of the current era, it is important to grasp the intent and purpose of this differentiation. The words *sexology* and *sexosophy* have been used to describe polar opposites in the debate on human sexual behaviour. Sexosophy often carries a negative connotation in the literature. It is used by the scientist to refer with disdain to the non-scientific thinking style of philosophy about sex. But the potential richness and depth of the sexual relationship can be only partially explained or known by a

¹¹These quoted phrases are footnoted with a reference to the first Councils of the Christian church. Similar phraseology can be found in many manuals of preaching published by many Christian denominations up to the late 19th century.

scientific study of sex; that is, sexology. This polarized debate is represented in the work and writings of several 20th century specialists.

John Money, psychologist and sex researcher, holds the more extreme sexologist position (i.e., neo-positivist). He follows in the tradition set by von Krafft-Ebing (although Money (1990a) also exposes some 19th century scientific errors). Money may have coined the word sexosophy, using it to refer derisively to all non-scientific research and opinion upon the subject of sex or sexuality. In his mind and methods, sexuality was only and simply physical; whether behaviours were expressed in the genitals or in the brain. Thomas Szasz has scathing commentary on this aspect of sexological science: "The penis, some wag has observed, never lies. But sexologists do—principally because they are determined to conceal moral values and social policies as medical diagnoses and treatments." (1980, p. xvi)

Robert Stoller, also a sexologist, represents a mid-range position. He was a Freudian scholar, much interested in the place of fantasy in the life of sexually aberrant persons, mostly men. His work--especially the reinterpretation of some things Freudian--when placed alongside that of James Hillman, Rollo May, John Campbell, and Eric Fromm begins to recover the critical place of image, imagination, fantasy, creativity and myth-making in the sexual psychology of modern men and women. James Nelson and Patrick Carnes represent the opposite end of the sexology-sexosophy range from Money. Nelson is an ethicist, minister and counsellor; Carnes is a psychologist and sexuality specialist. Both bring a wealth of

human complexity to their personal understandings of human sexuality. Their methods and processes for healing of compulsive sexuality include both scientific and spiritual modes. Myth and art and spirituality are used side by side with cold scientific data.

The sexologist, or positivist, position strips human sexuality of everything but objective data. It is necessary to uncover these underlying facts, but they remain merely mechanisms. Alone, they support the mechanistic interpretation of humanity. The sexosophers, on the other hand, maintain a position which preserves the richness of the human mind, a richness which has been so feared and degraded since the time of Hobbes and Descartes (Hillman, 1975/1992, chap. 1).

It is not the opposition of these two positions which causes trouble, but rather the single-minded rationalist dichotomization of them which does. We need both these positions and all the wonders in between to become truly human to the fullest of our potentialities.

The Literature of Healing

The background of information on sexuality in western history helps us to understand the establishment of personal cultural patterns. Perhaps most of this is done at home, in our early days. It also happens in peer relationships during our formative years as boys and young men. In this modern era, we absorb some level of relevant culture from the surrounding media--print, film, television and computer gaming for instance. Knowledge of the developmental direction of sexual addiction is

primary information for many therapeutic techniques (Stoller, 1975/1986).

Knowledge of the formative process is critical information in treatment of early childhood trauma (e.g., repetition syndrome). Family violence and addictive patterns are generational patterns, knowledge of which helps in breaking the cycle of abuser creation. But why some of this leads to or fosters addiction in one man and not in others is a mystery still being investigated.

What follows is a selective presentation of writings on the healing of sexual compulsions. There are two broad categories of healing methodology and technique, separated generally along the lines of medical process or treatment and humanistic recovery. There are many possibilities which the wise therapist or counsellor tailors to the needs of each patient or client. No generally accepted method has surfaced and there are undoubtedly other ways of describing this healing process. These two categorizations easily overlap and assist one another. But for the sake of discussion they provide helpful labels with which to identify and group pieces of the vast array of material available on sexual healing. Summaries of recommended approaches have been recently published (Lew, 1990; Hunter, 1990). Among other modes of treatment are approaches which might be labelled as moralist or punitive-legalistic. These modes tend to punish and blame both perpetrator and victim, rather than promote healing. Therefore, no further mention will be made of these.

Interestingly, each healing mode has its own jargon. The medical community and bio-medically oriented psychologists tend to use the words such as treatment, disease, subjects, patients and other medical or scientific oriented phrases. The humanist/recovery community tends to use words more in the range of recovery, restoration, participants, clients and other consultive or philosophically oriented jargon. Making some distinctions between treatment and recovery may help to clarify the orientations.

Treatment is defined in Stedman's Medical dictionary (1982) as: "The medical or surgical care or management of a patient. To manage a disease by medicinal, surgical or other measures". Webster's Online Dictionary (1997) defines it as "The act or manner or an instance of treating someone or something: handling, usage" and notes that it was first used circa 1560.

Therapy is defined as "the treatment of disease by various methods. (Stedman's, 1982) and as "therapeutic treatment especially of bodily, mental, or behavioural disorder" (Webster's online) coming into usage only circa 1846.

Recovery on the other hand is defined as "regaining of health or function after disease or disability" in Stedman's (1982) which seems to imply that it is separate from or at least comes after treatment. Webster's online (1997) calls it "the act, process or and instance of recovering; especially: an economic upturn" being brought into usage circa the 15th century.

There is a definite dividing line between treatment and recovery. In the medical world, they are two different subjects, sequential in time, with treatment being primary. There is also a strong emphasis in the health care system on prevention, which is becoming more and more important in this era of restricted economic resources. Similar approaches might be emphasized in the area of family dysfunctions, whether the addiction of choice is drugs, alcohol, foods or sex (Canadian Guide, 1994).

Psychiatry and the medical community frequently deal in treatment of disease. Pharmacology, surgery and other medical procedures are used to cure the patient. Psychology and counselling professionals more often deal in recovery. The client is guided, without being judged, in a direction of cultural and personal health which is jointly chosen by the client and counsellor. Medical methods may be recommended or used as assists, but the primary focus of recovery is to obtain that which has been lost or hidden in the lifestyle.

Which is truly foremost is also a subject of debate. An emphasis on dual diagnosis (Evans & Sullivan, 1990) within the addictions treatment community tends to pull the two categories together. Perhaps they are spread out too far along the current continuum of health care.

Literature Focussed on Male Treatment

Sexologists often claim to be fully scientific in their approach to sex, and thus believe themselves to be divorced from cultural and social surroundings¹². Modern proponents of sexology are found in many fields. Psychologist John Money, historian Kenneth Anger, psychiatrist Robert Stoller, statisticians Alfred Kinsey Wardell Pomeroy all held to some sexological beliefs, usually referring to them as facts. Much of the modern medical profession also follows this path as a matter of course. Their varied contributions to sexology offer useful descriptive facts about humans, but may tend towards mechanization of person and malady.

Taxonomy of Sexual Sickness

John Money expended great energy to define more categories of sexual sickness than are present in the current edition of DSM-IV (1994b, pp. 243-246). Perhaps he and his associates were unsatisfied with the lack of detail, complexity or completeness found in the manual. More categories would correspond to the vast morass of intertwined relationships they saw daily in their clinics (Money 1984, 1994). At any rate, Money has proposed a table (see Table 1, below) of over thirty different forms of sexological disease.

¹²The introduction to "A History of Eroticism" by French author, playwright and historian Lo Duca, translated by American avant garde director Kenneth Anger holds otherwise: "The so-called 'Sexual Revolution' which is sweeping today's troubled world for better or for worse, cannot possibly be understood except in the context of history. ... Unfortunately, while libraries are replete with weighty tomes on the history of civilization and society in general ... we can still look almost in vain for the history of *eroticism*--which is the storey of man's most powerful force: the sex drive." (Duca, 1966, pp. 5-6.)

ACROTOMOPHILIA (Amputee Partner)	MYSOPHILIA (Filth)
APOTEMNOPHILIA (Self-amputee)	NARRATOPHILIA (Erotic talk)
ASPHYXIOPHILIA (Self-strangulation)	NECROPHILIA (Corpse)
AUTAGONISTOPHILIA (on Stage)	PEDOPHILIA (Child)
AUTASSASSINOPHILIA (Own murder staged)	PICTOPHILIA (Pictures)
AUTONEPIOPHILIA (Diaperism)	PEIODEIKTOPHILIA (Penile exhibitionism)
COPROPHILIA (Feces)	RAPISM or BIASTOPHILIA (Violent Assault)
EPHEBOPHILIA (Youth)	SADISM
EROTOPHONOPHILIA (Lust Murder)	SCOPTOPHILIA (Watching coitus)
FETISHISM	SOMNOPHILIA (Sleeper)
FROTTEURISM (Rub against a stranger)	STIGMATOPHILIA (Piercing; tatoos)
GERONTOPHILIA (Elders)	SYMPHOROPHILIA (Disaster)
HYPHEPHILIA (Fabrics)	TELEPHONE SCATOPHILIA (Lewdness)
KELPTOPHILIA (Stealing)	TROILISM (Couple + one)
KLISMAPHILIA (Enemas)	UROPHILIA or UNDINISM (Urine)
MASOCHISM	VOYEURISM or PEEPING-TOMISM
	ZOOPHILIA (Animal)

Table 1
Expanded List of Paraphilias
(From Money, 1984, p. 167)

But are these diagnoses, symptoms, true diseases, or cultural categories of unacceptable behaviours? Money, being a consummate sexologist, chooses the term disease and interprets each category as a distinct illness. Disease is diagnostically differentiable, and ultimately treatment pliable. Therefore, the deviant human can be returned to the fold of normalized humanity through the ministrations of modern medical procedures.

An alternative approach interprets these strange sounding Greco-Roman words as symptoms. The disease, or deviance from the normal bounds, then lies in the physical makeup or development of related nervous systems. The disease becomes "Paraphilia Not Otherwise Specified" (American Psychiatric Association, 1994b, section 302.9). Robert Stoller's work (1979, 1975/1986) exemplifies a path similar to this. His interpretive psychotherapy is based upon detailed descriptions of individual sexual variances which can be seen as cues for therapeutic understanding and related helping changes. This is well presented in a pair of articles on the pornography industry called "Centerfold: an essay on excitement" (Stoller, 1979) and "Porn: Myths for the twentieth century" (Stoller, 1991).

Yet, the articles reveal a niggling humanistic interpretation of sexual deviance. This could be expanded by interpreting the categories as descriptive names associated with cultural non-conformity. Naming the place and impact of culture within the process of addictive sexuality clears the way for reduction of personal shame and blame in its treatment.

The Pathology of Sexual Deviance

The study of sexuality in the broad sense has most often proceeded on the grounds of the pathological; that is, what is wrong with this person? The definition of sexual pathology has been a special interest of the Germans and the French for almost two centuries. Recalling the brief histories above, we found that the word pornography was a French invention, with original overtones of health care. And the Germans seem exceptionally good at precise catalogues and sets of definitions. Witness to this is given by von Krafft-Ebing's monumental work "Psychopathia Sexualis" (1885/1965)¹³.

This European interest in the pathological side of sexuality set the manner in which sexuality would be addressed by the western medical profession. Although this attitudinal tone was developed almost two centuries ago, in North America it is only now being pushed aside by the results of the sexual revolution of the 1960's and 1970's (Duca, 1966, chap. 1; Reich, 1945/1975). A violence perhaps inherent in western Christian attitudes towards sexuality has also crept into the treatment of sexual pathology¹⁴.

¹³ The Victorian era required that such works be coded in Latin, Greek or other uncommon, untranslated language. The works were also kept locked away in public libraries until quite recently (see Duca, 1966, chap. 1 & 2, for a detailed history.) Modern scholars, however, are not as bothered by moralists who wish to restrict access to precious historical resources.

¹⁴ Refer to the brief historical literature introduction especially on Augustinian thought and the general denigration of the physical which pervades Platonic philosophy. This dominant view of early Christian thinkers viewed sex as an evil to be exterminated, as a destructive force impeding the true rational nature of man. Note also that they most often used the word man as male not man as human beings.

Feminism has done much to uncover and challenge these attitudes. But sexual reassignment surgeries, clitorectomies, and radical mastectomies (Money, 1968, 1985) still carry a taint of this misogynist, anti-sexual history. Much has been detailed on each of these subjects, but the relevant, remnant point is the negative tone and attitude so often associated with sexuality. This culturally based attitude is clearly seen in two of the narratives interpreted later in the data of this study.

Psycho-Physical Sexual Illness

The medical profession treats many physical problems in sexual function. The DSM-IV lists a number of differentiable diagnoses of physical sexual function disease. It also refers to other non-physical maladies with a catch-all term: "sexual dysfunction not otherwise specified" (American Psychiatric Association, 1994a, section 302.70). Psyche is still a medical mystery, but it is often confused and combined within the physical maladies.

What is the place of imagery, memory, fantasy or recollection in any particular instance? How do hormones and brain chemistry effect these mental processes? Research on similar questions relating to violence (Volavka, 1995) has led to no definite conclusions. Similarly in sex research, meaningful knowledge of the interface between Neurobiology and sexual behaviour is beyond our current scientific ability. Psychiatrist Robert Stoller (1975/1986) finds connective material in the situational and developmental details of a particular person's sexual malady. Both

family and cultural-social surroundings are taken into account in great detail. (Stoller, 1979)

And what role does the psychology of emotions play in this field. Skill in identifying and dealing with strong emotions is valuable in sexual healing (Griffin-Shelley, 1993, chap. 4 & 5). Philosopher/psychologist William James was aware of their value over a century ago. In an abridgement of his classic "Principles of Psychology" published for university classroom usage (James, 1902/1948) he states: "Anger, fear, love, hate, joy, grief, shame, pride, and their varieties, may be called the *coarser emotions, coupled as they are with relatively strong bodily reverberations*" (my emphasis, p. 374). These coarser emotions are useful for differentiation of sensate states, the complex of bodily responses generated by received sensations. Some people may be capable of mixing and matching dozens of identifiable emotions, but many modern men are frequently unskilled in the art form of identifying and naming the mixes (Gaylin, 1992; Sanford & Lough, 1988). Using a more basic set of emotions simplifies the task of recognition.

In therapy, a primary task is often to expand the man's emotive repertoire, helping him to engage more of himself in discerning his internal states (Ellis, Piersma, & Grayson, 1990). Internal differentiation, accompanied by increased breadth of verbal ability, is a step on the way to conscious external control of behaviour for the individual (Wells, 1990). Control of behaviour allows a man to begin

understanding his actions and later to choose a more personally, culturally and spiritually satisfying lifestyle. This is a solid step in the direction of recovery.

Sexual Pharmacology

A variety of chemical agents have been found to reduce sex-drive, or what is often termed erotosexual arousal. Many anti-depressants, and serotonin control additives, as well as specific male hormone or anti-hormone agents (see Hucker & Stermac, pp. 707-709 for an amazing array of acronymic and multi-syllabic medicaments) produce these effects. The anti-depressant drugs include Prozac, clomipramine and imipramine; and lithium derivatives. The majority of this research has been performed upon incarcerated sex criminals, and is therefore quite limited in application. (Money, 1984, 1990b; Hucker & Stermac, 1992; Coleman, 1991)

The pharmacological approach adheres to the medical model of sexual disease. The underlying assumption is that the brain, nervous system or hormonal system of the affected male is somehow sick or in error. Medical science seeks to restore the balance of chemistry erroneously left incomplete by mother nature. A significant problem for this approach is the lack of truly normative standards upon which to base the return to proper levels. Such standards are generally assumed to be the statistical averages generated in particular studies (Money, 1987). Again, see Hucker and Stermac for a massive bibliography of medical research. They summarize sexual hormone studies thus: "A comprehensive review of studies in this

area, however, suggests that, at best, a weak link exists between testosterone levels and sexual aggression" (p. 704, 1992).

There is no debate as to the efficacy of certain drug treatments. Sex drive or sexual interest can be eliminated in any male with sufficient application of proper drugs. However, such a severe approach must be constantly evaluated as to whether it is more punitive than therapeutic, and therefore open to change.

Literature focussed on Men's Recovery

The spiritual concepts of abandonment, acceptance, strength of will and release of the will to an outside, (Alcoholics Anonymous, 1938/1976) often divine, authority conflict with some psychological theory. All of the aforementioned concepts are intimately connected in the spiritual writings of many belief systems (e.g., Christianity, Hindi, Muslim). Yet, many psychological scientists either toss them out (Freud, 1928/1953), try to explain them away (Skinner, 1971), or seek to capture their power in mathematical formulae (Story, 1979). Neither scientific approach works well, for the concepts are too slippery--too complex and intertwined--to grasp in laboratory tongs or mathematical methodology.

A more hopeful approach meets these *daemons*¹⁵ in their own space. True spirituality lives personified in the realm of Psyche (Hillman, 1975/1992, chap. 1) side

¹⁵Contrary to what Christianity and other religions have made of the word *demon*, its source *daemon* has a much richer and more respectful history. The word itself is derived from the Greek, wherein it simply means "authority", or "a power", and is used a such with great effect by James Hillman in much of his later writings. The concept of mental or spiritual power is highly germane to the topics of addiction and recovery.

by side with personal and cultic myth (May, 1991, chap. 2). Scientific dismemberment of Psyche's world leaves us with the same result as any autopsy: a few ideas about mechanisms, interconnections and biochemistry--and a corpse. On the other hand, attempting an understanding of the phenomena and Numena involved gives understanding and wisdom for life (Stoller, 1979; Rosegrant, 1986). Human beings tend towards error, are able to twist and turn our understandings; to mix them up in unrecognizable fashion, and call them knowledge (Spong, 1988, 1991).

Twelve Step Programs.

The control of behaviour is essential to living in the modern world. A conflict enters here between the concept of acceptance and letting go found in twelve-step program success stories and the drives and needs defined for man by social conventions or even psychological research. Control of man's behaviour is put down by many hardline recovering addicts (i.e., twelve-step program members) as contrary to basic tenets of the program. They base this faith upon the program's (Alcoholics Anonymous, 1938/1976, p. 59; Carnes, 1991, pp. 179 - 180) first and second steps. The first is phrased as: "We admitted we were powerless over our addiction -- that our lives had become unmanageable", and the second states: "We came to believe that a Power greater than ourselves could restore us to sanity".

In true human fashion, these essentially spiritual beliefs sometimes become set in concrete, as if they were a self-help commandment. When taken thus as a

rule, they become meaningless drivel. But when embraced as a mythic principle they are full of life-saving power. Neither this fullness of the twelve-step program, nor the theories of psychology are contrary to an understanding of the will, even after the form of twelfth century theologian Thomas Aquinas (Fox, 1992). The will is essentially our ability to make decisions. It is also often seen as one of the distinguishing characteristics of human life.

When the decision system becomes untrustworthy, then we must take strong action to repair it; action which may give up this most personal power to some other trusted being (a god, a friend, a program, a doorknob, or for that matter, a psychiatrist). But the person is caught on the horns of a dilemma, a Catch-22: No will, no action; No action, no return of will. He definitely needs outside help, or the pressure of desperation--the inevitability of *hitting bottom*. This phrase was coined in the early days of AA (Alcoholics Anonymous, 1938/1976, chap. 5). Carnes (1989, chap. 6) describes it as the ability to make the un-makeable choice; to stretch that one last time into the making of a life-giving, or life-destroying decision.

Behavioural Psychotherapeutics

There are a number of treatment styles based in the behavioural psychology school. These include both aversive (Smith & Wolfe, 1988) and redirective (Dwyer & Amberson, 1985) therapeutic approaches. In general, the variety of the human senses are used to repel or attract the affected individual to a more normal range of

sexual behaviours. As with all forms of behavioural treatment, primary attention is given to the external characteristics of the individual. The goal is to stop behaviour.

As chronicled rather poignantly in the film "Clockwork Orange" (Kubrick, 1971) these methods are also rather effective. The key figure, a sex murderer, is reduced to a grovelling, distressed, helpless person after treatment for his crimes. Smith and Wolfe (1988) provide a comprehensive review of their retroactive aversive method. It is well established especially in the area of treating sexual criminals, but has less effect when working with non-forensic persons. Behavioural modification has become a part of our western culture. Yet, similar aversive techniques can easily descend to mind control. Redirection of imagery can also be used in quite humanistic ways (Dwyer, 1990), and seems applicable to lesser offending behaviours.

Interrupting the re-enactment cycle: Psychotherapy of a sexually traumatized boy. This article relates a psychotherapeutic attempt to treat an eight year old boy who was sexually traumatized by his father. The impetus of the program is stated as assisting the client "to gain mastery and control over his earlier traumatic experiences" (Ellis, Piersma & Grayson, 1990, p. 533). This is based upon the belief statement: "few mental health professionals doubt that almost every child that has been sexually abused will experience psychological difficulties" (p. 525). But why mastery and control, rather than acceptance and movement forward?

Such violent sexual happenings within the family structure are indeed far too common. Perhaps the iceberg lies beneath the surface still, even after all the petulant reports in the press. But the "repetition compulsion" which this program strives to break is based in culture as much as in personal miss-treatment and copy-cattig. The writings of Alice Miller (1986, 1980/1990) also support this direction of thought. They indicate a tradition of physical and sexual violence in the Anglo-European culture which stretches backwards in time for many centuries.

Client-Centred approaches.

The most interesting characteristic of these approaches is their use of Twelve Step program principles as a means to recovering a full lifestyle and a healthy sexuality, rather than a simple control of the socially unacceptable behaviour (Dwyer, 1990, p. 58). There is no restriction or prohibition upon an individual to use whatever other methods they may require to help them keep their behaviour within acceptable ranges during their search for health.

Psychologists may still argue over the construction of the personality but in Hollywood and on Wall Street it is a *fait accompli*, the essence of marketing and career management. Likewise in the sex industry. Prostitutes provide the fantasy realization that their clients require. Nowhere is this so clear as in a 1979 article titled "Centerfold: An Essay on Excitement", written by Robert Stoller. It clearly delineates his hypothesis that fantasy is the essential part of the purchaser's use of prostitutes, his observation of exotic dance or of simple eroticism.

Heterosexual Presumption. (Peraldi, 1993) This powerful article links psychodynamic theory and capitalism using Marxist theory. It makes out the ego and self theory to be the malady of mankind. The polymorphic sexuality ("polysexuality") of the child is the true sexual nature of the man, only to be discovered late in life. Perhaps after the mid-life transition of standard Jungian thought. "I see heterosexual presumption as a typical trait of this kind of imaginary and ideological sexuality of the ego" (p. 370).

Peraldi's primary points are that the heterosexual presumptions of many men are challenged at mid life by a realization of their true desires, if not their true nature; and that the heterosexual presumption itself is a capitalistic artifice. This artifice, when coupled with macho and "give me sons" attitude prevalent in Western society (Connell, 1991; Stoltenberg, 1988) tends to keep men in line, creating and maintaining the modern unit of consumption: the American Family. Hence, socialism, libertarianism and any other force likely to change the sacred structure of the family is strongly fought against.

And when, or if, a man reaches mid-life, he is more likely to look within himself and begin to unbalance this entire process. He just might begin to consider his own needs, wants and begin to form his own personal attitudes. These may be distinctly different from the average. He may execute them, or merely be made miserably unhappy by them, and not even consciously know why.

Out of the shadows, contrary to Love, & Don't Call it Love: Recovery from Sexual Addiction. A series of books on sexual addiction / compulsion by Carnes (1983, 1989, 1991) spell out the negative effects of western culture in great detail. An entire volume is given over to detailing sexual addiction as a cyclic process, and the manner in which western family beliefs and cultural practises actually augment the cyclic effect of sexual abdication. He uses a great deal of case study material, as well as survey and behavioural analysis methodologies.

The first volume offers graphic evidence of the effects of sexual addiction on the lives of specific individuals. The second volume offers the professional

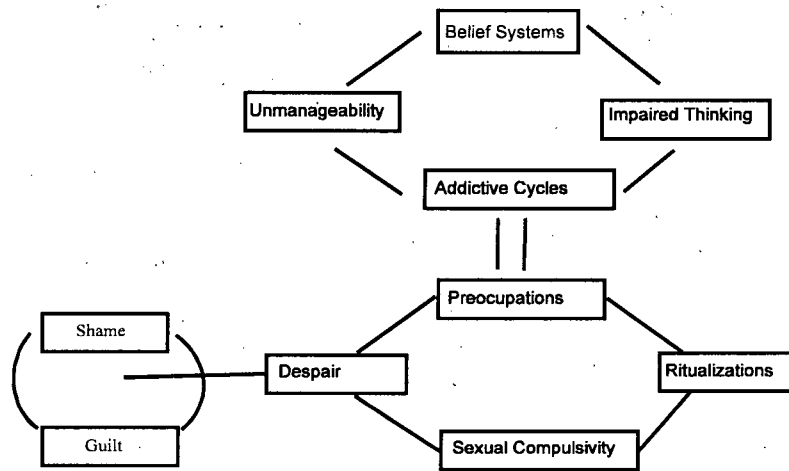


Figure 2
The Addictive Cycle
(From Carnes, 1989, p. 70)

counsellor Carnes own collection of methodological detail, surveys, and data bases collected over years of research. Carne's cycle of addiction is diagrammed in figure 2.

The third volume re-frames the process into a twelve step recovery pattern. Carnes own methods of recovery blend the medical and the recovery paths to healing (1991, chap. 6). His staged process represents the average progress through addiction and into recovery. The stages are listed as Development of Recovery, Decision, Shock, Grief, Repairs and Growth. Each has considerable

variability as to activities within the stage and the time frame needed to perform them. This process approach was created by observing and helping in the recovery of almost 500 addicts over ten years of counselling and research.

Some of the observed characteristics of the recovering addicts are listed in Table 1. This research is observational, but it seems to indicate that a combination of medical technique and narrative counselling offers a good chance of recovery for the willing individual. Throughout the three volumes, there is a constant indication and emphasis that an addict must be willing to recover: that is, he or she must want to make changes and actively choose to do so. Part of this choice is in seeking the help of other persons when the unmanageability of the addiction is realized by the victim.

Worse 2nd to 6th months	Better 2nd to 3rd Years	Better 3rd Year plus
Sex addiction relapse	Financial situation	Health sexuality
Health status	Coping with stress	Primary relationship
	Spirituality	Relationships with family of origin
	Self-image	Relationship with children
	Career Status	Life satisfaction
	Friendships	

Table 2
Recovery Characteristics
(after Carnes, 1991, p. 187.)

Resources for Christian counselling: Counselling for sexual disorders. This title is a text book on the processes of sexual addiction and healing written from a Christian client-centred perspective (Penner & Penner, 1990). It is one of a group of writings which exhibit how much the Christian right is working in the addictions recovery movement. Their point of entry seems to be from the Christian centred emphasis of the twelve step recovery movements. This is fully consistent with the Big Book of Alcoholics Anonymous (Alcoholics Anonymous, 1938/1976), which clearly states the theistic bias of that program, and acknowledges that they conceived it in a Christian community context, and world view. Echos of these concepts can also be found in Adler's social interest theory and in the concept of the wounded healer (Nouwen, 1979). Both of these indicate that understanding and compassion come from the humble experience of admitting human frailty. Failure is not an evil, especially when one is able to dust oneself off and move on to using that experience to lead a better life and help others to do the same. Vulnerability is an experience all persons have, and sharing it openly with others at the propitious moment can open a doorway to healing.

Centerfold: An essay on excitement. This article exemplifies Stoller's (1979) method of working with the sexually different. The woman interviewed was an exotic dancer, an actress for pornographic film, and a former prostitute. Stoller does not look for etiology, although she gives hints of a childhood full of classic sexual pain. Instead, he listens to her story, a story that is extremely pliable. The centerfold fits

herself to whatever script is requested, because the script is built to fit the needs of the willing customer. In other words, Stoller demonstrates that the porn film or magazine is constructed in just such a way as to appeal to the appetite of a particular group of users.

Nudity in North American culture

Nakedness and nudity bear a special place in any discussion of sexual health and illness. Nakedness in western culture is often taken as a sign of vulnerability. Nudity on the other hand has become a hallmark of the advertising arena, especially where women are concerned. It is a means of portraying an object for sale, sometimes even persons. And at the same time, salient western culture in North America has associated nakedness-nudity with overt sexuality. That is, for many persons--male or female--the sight of a naked human is sexually arousing.

A psycho dynamic oriented article in *American Imago* by Seymour Howard (1987) makes significant points about the positive and negative uses of the body in advertisements. He summarizes thus: "For millennia, guilt and dogma associating the body with libidinous appetites and investing it with sin (perceiving it as sullied by earthly, Biblical knowing before the Fall) have coexisted in mutual arising with romantic and still-living notions of nakedness as the first, god-given state--one of purity innocence and natural potency--a potentiality demeaned by knowledge, culture and artifice." (1987, p. 287) Howard also points to differences between nakedness and nudity, using nudity as a word describing coverings that do not really cover.

They are clearly not the same word: "Surely nudity, as distinguished from nakedness, is our most subtle and sophisticated sort of clothing or covering for the genitalia" (p. 292). This situation has a major impact on the world of men's sexual addiction and recovery. Some of these effects are brought out in the following reviews of journal articles concerned with aspects of nudity.

Factors associated with more positive body self concepts in preschool children. This 1979 article by Marilyn Story does not even dare to mention in its title that the two groups in the study are nudists and non-nudists. A wide range of variables was tested by means of interviewer rating scores. Nudist classification of the children's family was found to be the most significant variable: non-nudist children scored significantly lower than nudists in positive body self concept.

Story notes that body self concept was consistently shown to be a major component of overall self concept in studies prior to hers. No definition of "body self concept" was offered however.

Comparisons of body self-concept between social nudists and non-nudists. This story also by Marilyn Story in 1984 can now proclaim nudity in the title. There must be something significant in this change of editorial attitude. Do we have a case similar to that reported by Rosegrant (1986) in reference to Playboy editorial policy? This is obviously an expansion of the previous study, relating now to adults rather than children. The study group is close to a thousand persons, which is ten times the size of the earlier work.

The significant item in this study is found in the conclusions: "This study found that body self-concept ratings and reasons for those ratings varied more according to nudity classification than according to traditional sex differences. The body self-concept ratings of social nudists were higher than those of non-nudists and were based more on *effectiveness and holistic thinking than those of their non-nudist counterparts.*" (p. 111, emphasis added)

Body cathexis and clothed body cathexis: Is there a difference? This 1990 study by Markee, Carey and Pedersen was applied to a small group of women between the ages of 25 and 45. Despite its size limitation and its psycho dynamic emphasis this study supports the previous two in a back-handed way. The women were found to be significantly more satisfied with their clothed body than their naked body. The "present results imply that clothing is not merely a body covering. Clothing may create, while it is worn, a new and better perception of the body." (p. 1243) This is in reality a marketing study since "individuals will use clothing, padding, corsetry, camouflage techniques, cosmetics and other means to conform to the current standards of beauty". The women in this study affirm the female preference for attractiveness found in non-nudist women of Story (1984).

Nudity in Japanese visual media: A cross cultural observation. In Downs (1990), we find assertions that the Japanese have an easy-going attitude towards nudity, erotica and pornography. He offers no definitions of these terms. He also states that sexuality and nudity were not correlative with each other, as they seem to

be in western culture. The "opening of Japan" a century and a half ago by Anglo American entrepreneurs changed all that, however. Japanese leaders, being cautious not to offend their European visitors, absorbed some of their cultural attitudes. Modern Japanese culture displays a mix of Western and Japanese attitudes. Whether totally accurate or not, this article certainly indicates the influence--probably negative--of West upon East.

Core Issues in Healing

A primary question in any approach to sexual treatment is the establishment of some norms of behaviour. It seems well documented that the definition of sexuality, the limits of sexual behaviour, and the production of erotic materials are all artifacts of cultural development. Western culture has created broadly spaced categories of good sex and bad sex. Many major researchers in the healing of compulsive sexual behaviour acknowledge this cultural interface, but few have offered concrete strategies to adjust sexual behaviours in its light (Coleman, 1991, p. 43; Money, 1986; Carnes, 1991).

Secondly, the categorization of sexual sickness is far less important to the individual's recovery than the detailed, client-centred return to health offered by a multi-dimensional approach (Szasz, 1980; Stoller, 1986; Carnes, 1989).

A third concern is the need to tailor healing techniques to the unique needs of the individual client. The narrative therapy approach (e.g., Stoller, 1985, 1975/1986, 1991) will deliver the client's story, but the therapist must be very skilled to provide a

tailored program of healing. Some see group activities as a key in this area, allowing many clients to work together in a cooperative setting guided by one or two therapists (Dwyer, 1990; Griffin-Shelley, 1993).

A fourth concern is to be aware of other actual or possible addictions which may mask the real pains of the individual. Alcohol, drugs and other addictive behaviours are often found in combination with sex addiction. Carnes (1991, p. 35) reports 83% of his clients to be multiply addicted. If the low level pains and problems are unaddressed, then the cycle of addiction has a strong chance of restarting (Carnes, 1991; Evans & Sullivan, 1990, chaps. 1 & 9; Penner & Penner, 1990)

CHAPTER THREE.

METHOD

...freedom can live only when life is constantly examined and where there are no censors to tell men how far their investigations can go. Human life lives in this paradox and on the horns of this dilemma. Examination is life, and examination is death. It is both and it is the tension between.

(Anderson, 1951 in May, 1967, p. 1)

This thesis is a narrative or "story telling" study of the lived experience of three men as they struggle in very personal ways with their compulsive sexuality. The stories are elicited from three men who volunteered to make their life experiences available to others. Informal research questions were used to direct the collection of information as I gathered their life stories. The narratives were rendered into structured accounts in order to clarify the meanings contained in them. These accounts were then assessed for commonalities running through each of the stories.

A narrative study is essentially hermeneutic (Polkinghorne, 1988), and a hermeneutic process is experiential and developmental (Dilthey, 1962). As few assumptions as possible are made in the beginning, leaving room for the men's

stories to draw themselves out without applying preconceived patterns. This is accomplished in a paradoxical fashion: by becoming as familiar as possible, immersed, in the literature of sexuality. Broad knowledge and an understanding of the many meanings laid upon sexuality in Western culture, helps me as the investigator to separate my patterns of meaning from the participant's.

Design

Participants

The sample of this study was three individuals drawn selectively from a larger group of individuals who acknowledge that they are troubled by compulsive sexual behaviours and the problems which that engenders. There were four criteria applied to selection individuals for this study. First they had to be volunteers. Second, only volunteers who had an active and successful relationship with a therapist were interviewed. This provides the participant with appropriate resources for dealing with disturbing material which may be revealed in the course of an interview. Third, each man had to be verbally acute. Lastly, each man had to be experiencing some times of recovery from his self-proclaimed sexual problems.

Two of the individuals selected were ministers of many years experience. The third had experience as a counsellor and technologist. Each man had in his past considerable history of verbal and written self-expression. All three were or had been members of at least one twelve-step group devoted to recovery from

sexual addictions. In the interest of anonymity, pseudonyms are used throughout the text for the individuals and for any identifying place names.

Potential volunteers were notified of the study by a limited edition flyer posted with these recovery groups. A formal agreement was signed by the participants who volunteered and were selected. Samples of these documents are included in Appendix B.

Interview Process

The process used to elicit the portion of participant's life history which relates to addiction and recovery involved the following steps: creation of a simple interview script, the actual interviews with the participants, transcription of the interviews, and repetitive reviews with the participants to clarify details and ensure accuracy of transcription. All interviews were audio taped.

In the first step a basic script was created and followed in each set of interviews. The outline of this script is shown in Appendix C, along with a detailed outline of the interview process.

The initial portion of each interview oriented the participant to the task at hand, whether telling the story of his addictive history, his recovery history or of eliciting further specific details. The researcher used active listening techniques in each of these interviews to keep the participant on track. The initial interview was one and one-half to two hours in length. Follow-up interviews were of shorter duration, but varied in length.

The taped interviews were then transcribed for rendering and analysis. I chose to do the physical transcription myself, for reasons of confidentiality, and connectivity. The physical transcription of interviews extends the intimacy of the interview itself, in such a way as to make my own perceptions of the words and the text more obvious. This is a valuable and intuitively accurate way to share understanding with the participant.

Formation of addiction / recovery narrative

The understanding gained of the individual and his life history through the collection process was then used to build the narrative of his struggles with addiction. Quotations were used wherever possible to preserve the meaning of the participant.

The initial selection of key events was done by the researcher, but was always reviewed with the participant for confirmation. Discrepancies were evaluated jointly. The joint discovery process eliminated most researcher bias in this event selection. The narratives gathered from the participants were then summarized and commented upon at length.

Analysis of the addiction / recovery narrative

Analysis of meaning requires the fullest possible knowledge of the individual's personal history. This is found in the story form of the participant's history, as a rich text narrative. It is composed of many detailed situations and the minutia of life (Cochran, 1988, chap. 1), all being provided through the recorded

interviews. And it is these details which will show the steps individually taken to recover from addiction.

The goal of this study is therefore an understanding of men. A hermeneutic analysis is one way of producing this understanding. It makes no pretense of objectivity in researcher, participant or the understandings uncovered between us. These are all imperfect; that is, they may contain unquantifiable errors, levels of the unknown, simple mistakes.

Polkinghorne (1983, p. 210) quotes a method outlined by Giorgi in 1974 at the Duquesne School of Phenomenological Psychology which I have used as a model for this analysis. The steps used for analysis are listed below, and prefaced here with a few comments on my changes.

Throughout the re-formed method I have chosen to use 'participant' where the original text of Giorgi uses 'subject'.

Giorgi's original second step includes the words "with respect to the phenomenologically intentional discovering of the experience". I take 'intentional discovering' to mean deliberate acts on the part of the researcher to uncover meaning. I prefer the word 'uncover' because it emphasises the equality between the researcher and the participant, and avoids the claim of discovery which objectifies the participant. It also implies that there is or was some absolute reality to be found in the investigation. It implies that this reality is unknown to the participant, but can be discovered by the scientist-researcher.

'Phenomenologically' implies that the process takes place in the realm of human action. The study phenomena are the recollections of the participant of his previous experience, as they are described by him in language. The processes of memory and recall are also participant phenomena. Tape recordings of the interviews capture the language interchanges between the participant and the researcher as we (mostly the participant) discuss the phenomena. I have chosen the word 'events' to encompass this complex of phenomena. 'The experience' is the phenomena of re-presenting various actions, events and happenings of the participant's journey toward recovery and a more personally appropriate style of life.

Step four of Giorgi's original says "the researcher transforms each unit, when relevant, into the language of psychological science". It is important that the description remain clearly the product of the participant, in language easily accessible to him. Therefore, the language of psychological science has been minimized.

The "unit of meaning" in this study is events found in the narratives which provide an understanding of the processes of addiction and / or recovery.

The primary instrument of analysis in this method is the researcher. The researcher has the ability to reflect upon meaning, he has a personal grasp of the common language used in the study, and is able to communicate shared and unique meanings with each participant. He further must have an ability to observe

similarity and difference of meanings with respect to common definitions; to note possible changes of meaning in words and phrases; and to detect special, personal meanings used by each participant.

With these comments in mind, my process for uncovering the story of recovery and understanding each participant's related meanings is as follows:

1. Read the entire description, as produced by the participant - researcher interviews. (This first reading is almost casual, setting the tones of time, place and feeling..)
2. Reread the description more slowly and thoughtfully. Deliberately look for and note apparent awareness of personal meaning with respect to the events of recovery. (This step was aided by constructing a time line of events, reviewing it with the participant. It was then used to glue meanings and significant events together into a story-transcript.)
3. Reshape the participant's statements of meaning:
 - a. Eliminate redundancies in the statements;
 - b. Clarify and elaborate an essentially unchanged version of these understandings, relating them to each other and to the supposed meaning of the whole.

(This was called the 'recovery gestalt' in the original Phenomenological method and is here simply called 'the story of recovery'.)

4. Reflect upon the meaning of the recovery story, which should still be "in the concrete language of the [participant]". The outcome of this reflection is an essential description of each unit of meaning as a component of the overall phenomena of the participant. (The unit of meaning is the stage or phase of recovery where the participant exists at this point in the story.)
5. The researcher then integrates and synthesises the insights received from the participant into a consistent description of the recovery story of this participant.
6. The final step, which was not listed as part of Giorgi's method, is to compare and discuss the commonalities which may be present in the three participant's recovery stories.

Validation of the received Narratives

Validity in the narrative process is protected by two steps: reviews with the participants and by awareness of the researcher's personal values. For this purpose, the written documents were returned to the participants for verification and correction. Further meetings were scheduled with each participant to review all details and insure that meanings uncovered were the participant's own.

An understanding of the personal values of the researcher was necessary throughout the analysis process to provide further validity. This is the second level of insurance that the meanings uncovered are strictly the participant's own. My

own understandings of values, valuation and their relation to this research is presented in Appendix A1.

CHAPTER FOUR.

RESULTS: STORIES OF SUCCESSFUL RECOVERY

Chapter four is devoted to the results of this study. It is organized by participant. The narratives give the reader an opportunity to see the general life story and lifestyle of each man. The themes and issues which pattern through their lives will then be drawn out in comments following each narrative. These will be seen as similar in many places, and the common patterns in the narratives will be presented in the discussion chapter.

Narrative Biography of Participant "Bob"

Bob was born in Central Canada during the early 1940's. It was war time, so father was away in Germany, with a Canadian Army medical unit. Bob and his mother lived in a small but comfortable apartment in a large Eastern Canadian city. He generally recollects a sense of good times and happy feelings during this period. Although this was a long time ago, the recollections are strong and full of sense impressions.

His first recollection is of his mother arguing with the landlord at the door of their apartment. Perhaps the source of the argument was something to do with Bob, who as a little child was very bouncy and energetic. Apparently, the downstairs neighbours did not like the noise. He remembers fear, and the anxiety focussed in his mother who was having to deal with troubling, uncomfortable feelings. The whole scene is recollected "through the hem of mother's skirts".

His mother was the youngest of eight children, also from Eastern Canada. When her mother died she became the housekeeper for her father and brothers. Bob wonders if she was also required to serve them in more overtly sexual ways. Anyway, she came out of her childhood deeply committed to a calm household, and to order at all cost.

Advent of Polio: Age seven-eight.

Through turns of fate and the movements of the Canadian military establishment, Bob and his family ended up in a large west coast city, where father took a position of importance at a rapidly growing hospital. The family settled into regular late nineteen-forties patterns until Bob contracted polio at about the age of eight. Bob was the only person in his neighbourhood to be affected by the polio epidemic. His parents awareness of Bob's condition dawned most dramatically. His second recollection, also very vivid, centres around this traumatic event.

Bob is part way up the stairs on the way to bed. His father is very angry that he is fooling around and not being properly obedient. But Bob is unable to move; not just tired, or stubborn, but really unable. He is frightened, confused and upset by his father's anger and threats, to which he simply cannot respond.

This vivid memory is the first of many recollections of Bob's early encounters with polio. He moves on to describe in great detail the situation at the hospital to which he was taken. There were "many" other children in the ward which he occupied. They were all classified as patients with a dangerous and very

contagious disease, about which very little was then known. There was one boy in an iron lung at the far end of the ward.

That great, dark iron machine dominated the room. Yet at the same time, the ward was very childlike. It was bright with as much sunlight as a hospital room could get. It was painted colours beyond the usual hospital green. It was as cheery as could be made in a hospital. The nursing and medical staff were cheerful and friendly. All kinds of special efforts were made to bring as much of the children's "regular worlds of home and school" into the hospital. Special days were remembered with care: birthday cards from classmates, special songs on the radio from "Happy Dog Dingo's" children's program, and rare visits from parents.

The comradery of the daytime, disappeared with the coming of night in the hospital. The darkened, but not blankly black, ward became full of shadows and fears. With none of the happiness of the daytime staff and daytime light to chase them away, nighttime was feartime; not unlike "normal childhood" but perhaps much more strong and memorable. The indefiniteness, the unkindness, the unfairness of it all sank into child-brains over the night when few other distractions were available.

This was the time and place at which Bob discovered his penis, and the soothing properties of his boyish appendage. Bob noted with humour that his penis and right arm were just about the only things he could move. He instantly learned how to masturbate, and to enjoy the feelings and imaginings as long as

possible through the night. It often soothed him to sleep. At the same time, he had some vague sense that he shouldn't talk about it. He was not sure "if it was bad or anything, but heck. If I told someone (big), they might tell me to stop!". He wondered if the other kids did the same thing.

Bob's father seems to have always harboured some guilt that it was he who somehow brought the disease home from his hospital to infect his son. Bob learned of this from his mother, much later in his life. Bob's father has yet to discuss this with his son.

The Family Atmosphere.

Sexuality was never spoken about in Bob's home, so it is not surprising that Bob was unaware at first of what masturbation was, and whether others played as he did. In fact, Bob describes the family atmosphere as asexual. He simply "cannot imagine his father doing it." His father even refrained from participation in the usual sexual banter of male doctors. Father and his physician friends would have house parties now and then. When Bob was a young man, he was able to note his father's disgust and displeasure at such references.

The family was neither religious nor un-religious. Bob's parents were nominally Methodist, but lived more an agnostic life. They regularly sent the children to Sunday school, but religion was not a topic of household conversation either. Nor were the family rules unduly strict in any sense. There simply was no

sex education at home. There was also very little in school in the fifty's. So the topic was left to the church, in the form of Sunday school. More on this later.

The years of school

Bob returned to school after about a year in hospital. Though he had lost a year of school, he was kept in the same grade and group of children. These kids had been especially mindful of him while he was away. He was the only child in his school to have contracted polio.

During grammar school he progressed from crutches to simple leg braces. Through a lot of therapy he regained the use of most of his physical faculties. But he continues to walk with a limp and has severe back problems from scoliosis.

A number of school-boy friends became his protectors. Sometimes this was perceived as friendship, sometimes as an unwanted glob of charity. The boys made sure no one picked on Bob. And that he was always chosen for group activities, even if often last.

This period has had its lasting effects also. Bob was unable to join in boyish rough and tumble games and play; or he was simply absent when "his group of boys were doing their male-bonding-thing in mid-grammar school". He became the outsider, the person to be treated with Christian Charity. He was unable to participate in any sports activities. But he realized very early that he was bright, that he was not affected mentally by his disease, and that he would make his mark

through intellectual achievement. He literally charged through grammar school and junior high as one of the top students. Frequently he was *the* top student.

The same group of kids moved on to highschool. Bob still had his protectors, but it did not extend to dating activities. He was invited to the usual set of house parties, and did some heavy petting and kissing, but he "unconsciously seemed to miss the other activities the kids were playing at". Afterwards, friends would ask him what he thought of Susie and Bill's playing around and he would usually respond with "what'd ya mean?".

Around the age of 12 or 13 he discovered his first men's magazines in the barber shop. He became very adept at snitching them from the shop, and even stealing a few from drug stores. This hidden supply of female pulchritude became the stuff of his fantasy creations. The girl-images from the pornography were mixed with memory images of real girls from his other realities. These fantasy images were much easier to manipulate to his desires than were real girl-classmates. Masturbation and fantasy was more and more becoming his preferred sexual activity: "the fantasy life set in quite clearly at this time". He also began to feel significant shame around his sexual activities.

Bob also was suffering greatly from his visible disability. His self-image was very low. Shame developed around his physical person, his image of his own image, and his lack of ability to be "one of the boys". And hunger for companionship also came and grew; it manifested itself as an extreme sense of

loneliness, aloneness and difference. His excellence at academics did a bit to assuage some of these pains, but not enough. He continued to spend more time, sink deeper into, and slip more and more into fantasy filled isolation and internal introversion. Fantasy and masturbation continued to be his release and safe haven from all this externally and internally imposed pain.

The first thing Bob remembered about college was of a sexual-romantic nature. In third year summer, at a church youth camp, he became acquainted with the girl of his dreams--literally. It seems, this young woman ideally matched the fantasy woman which Bob had been constructing in his internal world for some time. Yet, the closer he came to the real thing, the real warm soft flesh, the shyer and more stumbingly reticent he became, or felt that he became. This was not lessened by the awareness that this young woman was in the fast lane; she was quite interested in Bob, and very willing to play. After all, it was the sixties. They played to the verge of intercourse, but he stopped there. For some reason, "perhaps the religious thing", Bob had to save this final intimacy for marriage. But this only made his pains worse, and his urge to run away from her stronger.

It was also in college that Bob became very interested in philosophy and religion. His parents were hinting quietly but directly that he should follow in his father's footsteps and become a physician. Bob wanted none of this. He reasoned that the best way to avoid that fate, was to select another career which his parents couldn't argue with. So he announced in mid- college that he was very interested

in theology, and that "he was feeling a call from God to become an ordained minister". The first part was true, but to this day Bob is not sure about the second, even though he is still an active, conscientious, and well-respected minister.

A second very intense physical relationship occurred during Bob's second year at seminary. But again, he chose to refrain from intercourse: "though all other forms of physical and fantastical play and images were fair game". This relationship died a natural death over the next summer, as Bob and his girl-friend moved on to far apart internships. When they returned after the summer, the fires were stilled: they had become "just friends".

Beginning to work in the world.

Bob graduated, and was placed as a new minister in a very rural setting, far away from anything familiar to him. He was in a city of a few thousands instead of many, many thousands. He was surrounded by wide open spaces rather than buildings and trees. He was there to serve a rural, spread out congregation. He felt great needs: of loneliness, loss and confusion. He quickly found, wooed and married an equally needy young woman. Finally there were no sexual reservations: but, as he puts it "this first experience of intercourse, and the whole relationship, was sort of 'ho hum'".

By this time Bob was also a confirmed alcoholic, as was his first wife. And he was solidly established in masturbation and the use of pornography to fuel it with imagery. Now "booze may be easy to find in the rural prairies and be almost

acceptable, but pornography is neither". It takes some talent to find. This is where the addiction shows its ugly head. Bob soon discovered that as a rural minister, he was expected to visit his outlying congregation on a regular basis; in fact, "he gained a wonderful reputation as a pastoral pastor" for all his visiting. But no one knew that he also made time to visit the nearest town with an adequate collection of porn shops: this was a five hour round trip away. And he made this regularly, stocking up on magazines which would feed his need for new images of the proper kind to fuel his fantasy masturbation habit.

The proper kind for Bob's fantasies was a solitary young woman, naked, big breasted, displayed in a variety of poses from which he could construct her entire physical image. He would scan his stash of magazines, gather up his images, and then burn the originals. From these singular naked women, he could then construct whatever personal fantasy story he chose for his masturbation episodes. These were daily happenings. And mixed with heavy drinking, to the point where he says that: "he floated out of that marriage after seven years on a sea of booze". Seven years that he has trouble even now reconstructing in any detail.

Throughout this entire period, Bob was also a hard working minister, a very articulate theologian and preacher. Although he was a very troubled individual, he was also an excellent, compassionate young pastor. He believes strongly that no one knew he was often drunk, no one knew of his habits concerning pornography, and no direct harm was ever done to any individuals under his charge. Bob and his

wife, however, suffered greatly. In later years they both resolved some of their mutual pains through AA and counselling programs. They met once or twice afterward, but each had by then gone on to better life patterns. Bob says "It was like two ships passing in the night".

When Bob left the rural prairie scene, he left his first wife as well. The breakup was quiet and simple. They had no children. It was rather like "the wife had merely come along with the parsonage, like the other appliances". Bob now had the opportunity to take a larger parish in his home town. But he also returned to all the amenities of the big city life, including many pubs, porn shops and strip bars. In a big city, there are usually enough of these so that it is not too hard to remain anonymous in almost any place you choose to go, even to go regularly. But the stresses felt in maintaining and guarding this anonymous behaviour rise proportionally with its use. Gradually Bob's sexually addictive pattern moved on from the magazines to the strip scene almost exclusively. Bob found ample fuel for his imaginative fantasies in the nubile young dancers on stage, "virtually in his coffee cup".

Beginnings of Recovery.

Oh yes, somewhere along the way here, Bob had made the choice to quit drinking. He realized that he had a serious problem with alcohol and joined AA. He realized that to put on another binge the way he had previously done was to court death, very quickly. He has been a successful and sober member of AA for

over fifteen years. And for ten or so of those years Bob continued to go the strip pubs, more and more regularly, and "drink coffee and soda (at high prices) and watch the girls".¹⁶

In the meantime, Bob was again "serving a large metropolitan parish, doing reasonably good work, rising in respect in the church hierarchy and married again". This woman fit his fantasy-woman image much more closely. Still he felt that pressure to run; the psychic distance grew greater, almost in proportion as the physical distance between him and the real thing grew less and less. And of course, the sexual addiction carried on all through the new marriage. It became progressively more difficult to support and feed the addictive patterns; financially, energetically and most important, anonymously. This marriage too became rocky, much due to the damages caused by the addiction.

And Bob began to fear that he was about to move into another stage. He feared that keeping his secret was beginning to be beyond his powers. Sex Addiction, as with all addictions, is progressive. Sooner or later the amount of stimulant required to provide a satisfying hit increases. The body simply adjusts to its pleasures: More booze, More drugs, More sex. Now in Bob's case, more sex might mean starting to visit prostitutes, or massage parlours, or swinger clubs. He felt the draw beginning, and he was mightily frightened. It was hard enough to

¹⁶ One might want to quibble over the use of the word "girls" in this context. However, even according to modern concepts of age, most if not all of the average 'exotic dancers' are in fact girls: under, well under, the age of 21.

maintain a secret second life in the strip pubs now. So he made the decision. He quit smoking.

Bob successfully kicked his smoking habit of many decades. And he swiftly realized that dropping nicotine was not the answer. There was only one addiction left, now. So reluctantly, five years ago, Bob sought out and joined SAA - Sex Addicts Anonymous. At the same time he had begun to see a counsellor about marital and personal difficulties.

Rebuilding life for real – the course of recovery

The twelve-step programs consistently hold that recovery is not a fact or event, but a process. Bob believes strongly in this and now puts his beliefs into action in daily life.

Being on the verge of destroying his professional life was only a portion of the force that drove Bob into SAA and the beginnings of eventual recovery. In real terms he was simply out of energy. He could no longer keep up a reliably anonymous front. Leading multiple, hidden lives was time consuming, energy consuming and a huge financial drain.

After almost seven years of marriage, with counselling and having made a full commitment to sexual sobriety, Bob separated from his second wife. By truly facing his addictive patterns, and by beginning to truly honour the honesty component of the twelve step programs, Bob was forced to admit in marital counselling that he was an active sex addict. He maintains a solid and happy

relationship with his stepdaughter from that relationship. As he says, "I was a good father, just a lousy husband". He and his ex-wife have also managed to reconstruct some of their former friendship as well.

The first step in Bob's recovery was to begin defining the personal meaning of sexual sobriety. Bob had an early realization in this area: "This is an easy step for the alcoholic. You just give up booze. Not so for sex". Sexuality was and is a desired part of his life. He does not wish to be a celibate man. In the course of recovery Bob has realized that when he married for the second time, he again married his fantasy woman. Perhaps the choice was made in the grip of compulsion as well as attraction. But Bob became certain that he had chosen for only a small part of himself, not for his whole self.

A search for the freedom to choose for his whole self is one of the key factors in Bob's recovery. This wholeness reflects in his new lifestyle. Spiritual, sexual, relational, vocational and family concerns are now given equal weight. Or at least he tries. And the freedom to choose comes from his daily struggle to uncover the powers of his addictive self.

Bob has added what he feels is a more real spiritual dimension to his lifestyle. As a minister busy with an addictive life, he had no time for his own spiritual development, even when he helped others to do what he most needed and wanted. He sees himself as an honest incarnation of the wounded healer. He practises this belief in every moment.

Bob has paid high prices for his sobriety. But recovery has provided him with a clear conscience and better ability to see his own needs and his own possible way through life. It has made him a stronger pastoral counsellor, and an honest advocate for those in similar positions. Now he is searching to balance his personal and career choices with his own life situation; his own set of needs, aspirations, desires, wants, wishes, goals, lusts, hungers, enjoyments, morals.

Commentary on Bob's Narrative

Bob's very first recollection is significant. It points to the primary focus which was the centre of his mother's lifestyle: emotional calm and logical order. Even as a toddler, aged less than two, Bob was aware of this. Mother's huge need for calm was to become a family pattern, a driving force which ruled her and her children until her death. Bob has related this need of his mother in other segments of his narrative. The drive for calm was felt most keenly by his siblings. She imposed this directive upon her grandchildren as well.

This also fits with the medical coolness and distance of Bob's physician father. His specialty was anaesthesia, by the way. Is this an interesting curiosity, a pure happenstance—or a symbolic expression of the emotional bearing which was a prime family pattern?

The advent of polio forms a major turning point in Bob's life, and a major reconstructive force in his lifestyle. The narrative description above does not do justice to Bob's own spoken words, which were full of a sense of powerlessness,

with a sense of vulnerability, and a sense of fear. All of these feelings the seven year old boy felt, but without being able to name them. Naming powerful feelings gives a person a partial control upon them. A child—who is without this ability by nature—is then thrown into a traumatic, distressful situation.

There was a certain wistfulness in the tone of Bob's discussions during this period. Does he wish to return there? Is he feeling sadness for the small boy whom he was, back in these troubled times? Is he wishing life had been other, so that later turnings might have been better? All or none of these?

Yet, this is not an unusual time for a boy to discover masturbation; it is within the developmental scenario for young males. But the combination of this normal event with the extreme dissonance of a children's polio ward was very powerful. Masturbation almost instantly became a major habit. We now know something of the drug-like power of this simple activity. It can explain the powerful imprinting of this combination of imagination and fantasy with the simple, pleasurable, pre-adolescent sex act. This knowledge helps Bob to unravel some of the sources of his later addictive behaviours.

As a teenager, Bob had little real control over masturbation and his fantasy life. His physical development was impaired by the direct and indirect results of the polio, many of them to become very painful in later years. The emotional distance created by this disability served to accentuate the shyness which might have been his by nature anyway. The pain of shyness in older teens is often enough to

generate isolation; and the earlier, fortuitous discovery of masturbation now becomes a strongly situated habit, on the path to compulsion.

After Bob quit drinking, he continued to attend strip shows, and exotic dance halls. Now this may not seem unusual to anyone who has never been in such a place, but it is quite a feat. A man would really have to be truly addicted to the naked dancers to ignore the squalor of the average dance hall. Many men relate that a pint or two is required to make the place congenial and acceptable. (Try visiting an average bar in the early morning, after opening, when the lights are on, and you will understand.) The strength of an addictive lifestyle is demonstrated by the situations it drags the addict into. The stronger the addiction, the more dehumanizing the situations, the more incongruous the juxtapositions.

Occasionally at an AA open meeting one will hear the thought that AA is nothing more than a hunting ground for sex partners (or sex addicts). This may point to a possible truth; that alcohol is only another symptom, an out of control coping mechanism. As long as the deeper problems of shame, of self-esteem and of depreciating one's own worth go unaddressed, then the individual will find yet another mechanism to cover them over; work, sex, exercise, study, religion—the list is perhaps endless. There appears to be no simple, singular solution. AA's Big Book makes some inferences in this direction as well, in the section on "those of pathologically dishonest character".

It may seem terribly illogical, or insane to the non addict, for someone in Bob's position to quit a nicotine addiction instead of a sexual one. But it is a perfect example of denial and sidestepping. It is a humorous expression of the soul's own desperation, of our ability to play games with ourselves and to make fun of our best efforts at doing right.

Sex addiction appears to have been responsible for the dissolution of Bob's second marriage, as alcohol was primarily responsible for the first. In both cases the addictive behaviours seem to have been used to keep Bob from sharing himself with his partners. This level of personal vulnerability was not yet available to him. As in all things human, the survival of relationships depends especially upon the level of damage done to each party during the addictive cycles; and of course, it also depends upon the maturity of the persons involved, and their own understanding of felt needs and wants (Carnes, 1991, chap. 11).

The strength of twelve step programs depends on the growing maturity of its senior members. As with any activity, one can join half-heartedly or one can join with full hope and participation. The point of recovery is to re-open the doors of hope for the addict. Every man is different, so each takes his own time and makes his own way through this doorway. It is often cyclic; with many ups and downs. In their twelve step work, the participants have come to a point of accepting and embracing most all that is themselves, past and present, good and bad. They are then freer to choose and to use what they want of these patterns. They move on.

into a brighter future; brighter because it is lived in the light of honesty and awareness. Life becomes a journey rather than a constant repetition of sadness.

There is a season for all things, a time for every want.

Narrative Biography of Participant "Zed"

Zed was born in western Canada during the war years. For reasons unknown to Zed, his father gave him a middle name derived from a British destroyer sunk in mid-Atlantic on the day of his birth. He was born into a very unfortunate household, and believes that he was an unwanted child. His earliest memories are of being shunted off to his older brother, and of trailing around behind him. His brother took him to school on his very first day in kindergarten.

This was not a happy situation for Zed. He was constantly trying to do the right things to be really wanted, especially to be wanted by his mother. As are many youngsters, he was well aware of the situation without really knowing how or why. Older brother tolerated Zed because he had to. "My brother only included me in his inner world when he was in some crisis". Such as when he hit Zed hard enough to give him a bloody nose and lip, but then older brother had to tend to it himself.

The reason for this was basically reasonable too. Zed's mother was very ill, almost from the day he was born. He recalls coming home from school for lunch on many days, because home was close to school. He would find lunch prepared by his mother, but no mother. She had gone back to bed, or to her room, because she had no more energy to expend. She had a very painful form of cancer, and was becoming sicker by the day. She died in great pain, at home, when Zed was eleven years old.

Towards the end of mother's life, she was in such constant pain that she would often scream for more morphine. But none was allowed her, or none was available. Somewhere during this period, he recalls saying his prayers with his brother in their room. The two of them were praying that their mother would die soon, so she would be out of her misery.

And Zed could see that his older brother, older by some five years, already had the precious relationship with mom. He had had the benefit of the days when she was well, and had time and energy to give to her first-born son. Zed was very jealous of this, right from the start.

Father was little better at dealing with this situation. The family was financially well off enough to hire a housekeeper. But the housekeepers soon became father's keeper. Zed knew that something was going on, even though his father tried to be very circumspect about his after dark activities. Much later Zed became aware that his father would sleep with the housekeepers.

After Zed's natural mother was dead, his father continued to use the services of 'housekeepers'. Sometimes these women would inquire of Zed as to his father's comments and feelings about them. Zed found this confusing and distressing. At the age of thirteen or fourteen, he knew that his boundaries were being violated, but he could not find words for the feelings. Eventually, "father brought home one who became his second wife, secretly marrying her in a hospital

room". The room was in the maternity section, where she shortly gave birth to the third child of the family.

Zed spent much of his time alone, especially after his father remarried and his older brother left home. He would spend many of his preteen and teen weekends alone, watching television or reading. "I can remember being alone by myself at home listening to Elvis records, and maybe singing along sometimes. My parents would come home and just look at me in the living room by myself." And again: "Not long before he died, my father admitted that he thought he left me alone too much when I was little".

The years in school.

Zed started junior high school soon after his mother died. This was a critical time for him: the mother whom he never really had was dead, and father's live-ins and eventual new wife were no replacement. Zed relates little of this time except that he learned about alcohol and girls very rapidly. He states simply: "I drank to get drunk". He also liked to lead his companions into drinking, and to watch them get drunk quicker than he, while he was still sober enough to enjoy the spectacle.

He began to be invited to house parties at the behest of his older brother. Heavy petting and drinking were the norm. Zed was very shy around girls in general, but he was strongly attracted to them as well. His sex life was patterned by getting right down to business. But his main sexual interests still remained his own secret, going deeper and deeper into his own fantasy life. He had no casual

girlfriends, only heavy petting partners. "I wanted the girls, but I was afraid of them too. My shyness overcame my wanting. Only heavy lust could get me what I wanted" .

He was so intense in his physical attentions and amorous activities that he overwhelmed a steady girl in the ninth grade. "She broke up the steady relationship but continued to be a friend." This was very traumatic for him. He withdrew into himself, full of feelings of worthlessness. He had no more steady girls for almost a decade. He continued to hang around with a hard drinking bunch of boys. They partnered with the fast, unattached girls from highschool for whatever sexual activities the boys desired. Zed noted sadly that he "was very drunk at his senior prom."

Zed's college days were also a blur of alcohol and fantasy, until he discovered religion. Theology, philosophy and the social justice movement captured his attention. He was bright and did well in intellectual pursuits. He gradually settled into a slightly evangelical church youth group. He still had no serious girlfriends, but when he was drunk he would often be overcome with lust for a particular young woman. He tried to seduce a friend's girl from a telephone booth, long distance. He was masturbating while talking with her, and when he climaxed he was so overcome by shame that he simply hung up. His deep shame and self hatred pushed him to apologize to the girl later, but her casual acceptance of his actions shamed him even more.

Zed is sure now that he was really aware of his feelings of shame and humiliation during this period, but he does not fully recall the words he might have used thirty years ago to describe them. He knew that his lust was all in his head, and in his loins, with little or no heart involved. His social and ethical sense was growing stronger, but his personal morals seemed to be stymied. He was growing more and more angry, mostly with himself, and stuffing it deeper and deeper. His harshness with himself for his failings could only be mirrored by his compassion for others. Religion seemed his only hope, but it was a vain one. The more he strove to live by a stronger code of ethics, the more the pressures of "lust" built up within him, and the more he relied upon masturbation and fantasy to relieve them.

Perhaps harbouring hope against hope, or his strong social ethic, drove him to attend seminary in Chicago, with the Methodist church. The fact that this church was deeply committed to ethical action as well as ethical talk drove his choice of location. Chicago had the best program in the late sixties, and was in the heart of the social justice movement.

He continued to have serial, generally quick, purposeful relationships with women in college and seminary. They were usually ended by a combination of "getting what I desired or by becoming too close to the girls". His sense of personal worthlessness would then overcome him. Nothing he did was ever good enough. Or the sheer emotional closeness of a real young woman would terrify him to such an extent that he was forced to break off the relationship after a short while.

He began to visit the strip bars of a nearby Chicago ghetto. His first experience of intercourse was with a drunken black prostitute in a strip bar hotel. He was also drunk, but not as badly as she. It was a very degrading and sad experience for him. But Zed continued to look for satisfaction here, or at least for sensations strong enough to dull the pains of his existence.

He sought out another black prostitute, and this young woman was kinder, almost caring. Zed explained that he "continued to visit and to use her to satisfy my lust during the time in Chicago, perhaps eight or ten occasions altogether". He even called her on a later trip through Chicago, just to see how she was doing. Apparently, this call truly surprised her since he was seeking no sexual favours.

Zed continued drinking to get drunk. The contrast displayed by his intellectual pursuits, his emphasis on justice and his bodily satisfactions was not lost on him. His heavy drinking helped to dull the sense of wrongness which he felt about the strip-bars and his prostitutes. The greatest thrills he felt during a strip show was "when the girls are about to take off the last bit of clothing". Immediately afterwards, he wanted to "get the hell out'ta there or have another one on stage do it all over: but quick". The naked woman herself was not very interesting to him. The tantalization was.

Zed has had similar difficulty with relationships. A woman's body was an interesting object for some purpose, but her personhood did not show through. "Her boobs, ass, or tight tummy are interesting, but once I've come in her, the

question becomes: 'Now what use am I?'" Fantasy fulfilment with masturbation or with intercourse almost always brings the same massive doses of shame, guilt, remorse, pain, humiliation, ethical quandary, fear of discovery, fear of disease; and fear of doing progressively worse things. The cycle seems endless and deadly from Zed's point of view.

The years of work.

Zed recalls making use of his position within the work environment to capture the attentions of a woman co-worker. In his words, he "treated her shamefully, using her as simple body parts to satisfy my own lust for several years". He made no commitment, and dumped her when he left that particular place. He feels considerable remorse over this particular relationship.

This is also similar to the situation of the young woman Zed married ten years ago. She was much younger than he. Perhaps she was a fulfilment vision of one of Zed's fantasy girls. At any rate, the marriage did not last, and they now share joint custody of a son. Zed is committed to helping his boy grow up in a fashion different from his own youth. But during the week off, when he is alone in his apartment with his cat, he is still troubled by strong urges to act out sexually. He has cut out the use of prostitutes, and has reduced his visits to strip bars dramatically. Yet he says "Surprising surges of rage overcome me on the slightest provocation."

In the last decade Zed has been involved in various street ministries as part of his work. This brings him in contact with the street prostitution scene, which of course crosses over into the strip bars. The bars are or were his major source of addictive sexuality, and this crossover has created more and more tension for Zed. He lives in fear of discovery whenever he indulges his addiction. He feels "more and more the hypocrite whenever this ministry brings him in contact with the girls".

Entrance into Sex Addicts Anonymous (SAA).

The strength of the urges to act out and the fears of discovery troubled him enough so that he sought out more help. From a friend he learned of the local SAA group. Zed has been a member for almost four years. He feels that it has been only in the last year that he has begun to take the program seriously. He has recently finished working a "step group"¹⁷. He believes that he is getting more serious about his counselling. And at the same time, Zed expresses doubts about his own intentions in these two areas: he is still unbelievably hard on himself.

Zed had tried a few Sexaholics Anonymous (SA) meetings some years ago. He went as an observer, as part of his counselling and spiritual ministry work, rather than directly for himself. He recognized that some of the problem seemed to fit his own situation, which of course he did not reveal to anyone there. But at the

¹⁷ A step group is an intense activity common to all twelve step programs. A closed group of members gathers regularly to work through at least six of the twelve steps of their tradition. There is usually a recommended workbook to use as a guide. The groups are member led. Most addictions counsellors are not only familiar with this activity, but recommend it highly. Patrick Carnes (1994) "A Gentle Path Through the Twelve Steps" is such a book oriented towards Sex Addicts.

same time he found the SA meetings "far too New Testament for my tastes". Their rule of total abstention from sex of any sort outside of marriage was more than Zed could stomach. They are also anti-homosexual, which troubled Zed from a justice point of view.

Zed experienced great pains in trying to join SAA. He described, in the following passage, his awareness of the situation which drove him to seek help there:

My main milieu or place, had been and was -- the striptease bars. And that was starting to increase. Ah and sometimes, ah sometimes I would go to the striptease bars for hours, and I would slowly but surely get loaded. And then I would sometimes, not often, and I was scared to do this. Ahm -- not scared of physical danger, but scared of going around loaded in the streets -- I would sometimes go around and see some of these prostitutes -- not to talk to, I would just kinda wave to them and goodbye. Knowing that I was loaded, I was you know, ahm -- and that started to scare me. I think this combination of going to the striptease bars and then going, and wanting to go out -- then I was becoming a voyeur. I think slowly but surely. I think: 'this is going nowhere fast. This is going the opposite direction fast'. Financially. Timewise. Emotionally. Combining the drinking with the voy...--with the striptease bars.

Zed's experience of SAA was quite different from what he expected. He felt at home almost right away. He felt that the others there shared his confusions and his pains, and could understand how he felt and why he acted as he did. They also recognized the individual twists of the addiction which make it each his own. And

he could feel the hope and the recovery in the air and expect the same for himself, on good days.

There were also bad days, when he felt like he was getting nowhere, and just putting in his time by coming to meetings and trying to work the program. There were days when he wondered if he would ever get anywhere at being a decent human being, and finding a relationship with a woman in which he could be happily and safely sexual. A relationship in which they would both enjoy themselves.

Signs of recovery.

Zed has now reduced his acting out from two or three times a week, on every other week when he does not have charge of his son, to once or twice a month. Sometimes he has gone as long as three months. He also sees himself more interested in working his SAA program. He reads in various sources about the addiction patterns. He uses the *Hope and Recovery* text and workbook from the SAA group. He keeps an inventory and a daily journal to track his progress and capture significant information for counselling.

And he is "working hard with his counsellor, although it taxes him financially. But not as much as a regular booze, stripper and prostitute habit would!" All these separate things when added together are signs to Zed that he is making progress. Zed of course calls them "little things".

But on the days when the addiction is more in control, he wonders still if it is all worth it. He is getting older; he is short on energy; he is very lonely, frustrated

and hungry for a good, sexual and friendly relationship. He sometimes wonders if life is worth living. That is when a focus on his son helps him to make it through, even if it feels like "white knuckling it"¹⁸.

Zed continues to work on improving his knowledge and position in the work world. He does not serve a church community directly any more, but does work as a spiritual counsellor and justice advocate among the street people of his city. He hopes for a day when he "will feel worthwhile more often than not".

Comments on Zed's Narrative

Zed, speaks with a great sense of urgency. He talks very rapidly, with a clipped sort of pace. Words are regularly half said and then repeated or changed. It is difficult to assign proper punctuation in his text. Completion of thoughts in sentence form is not the norm. Rather completion of a unit of personal meaning is more common. "I" is often left out, as well as the subject of sentence units. The text carries a great deal of emotion as well as urgency.

This could be his normal state, or indicative of the pressure to make changes which he is feeling internally, feeling as a result of his own strong drives to make his life more consistent. It is a hopeless task to attempt to restore this

¹⁸ This phrase describes a common situation for addicts (Alcoholics Anonymous, 1938/1976, chap. 2). It was probably coined in the early days of AA. It refers to a person who is struggling with all his might to keep from crossing over the line into his personal addictions. He often fights this battle alone, in shame and fear. At this moment he is unable, and probably unwilling, to seek help outside of himself. Or perhaps he has no other realistic choice.

emotion to the text. But it is a beautiful--sometimes sad, happy, funny, serious and always very human--speech to listen to.

In childhood, being bad and needy was a very normal and instant mechanism for Zed to become accustomed to. It was his only source of 'being wanted feelings', feelings which he was desperate for. In his own reality, Zed believed that he had no mother, although she was apparent and desirable all the time. He became, perhaps as a result of this situation, a very lonely child. His constant hunger for the companionship of his mother was carefully guarded lest it be mocked or squashed. And jealousy became strongly imprinted in him, and would become a natural outlet for many feelings later on. Likewise, anger at the unfairness of life.

The impact on a young boy of protracted illness and severe suffering of a mother is not estimable. Being left alone, to watch a desired, loved one die in pain; being forced by a sense of decency and compassion to beg for her death; being aware that only more loneliness will result from this death; and being only a small boy through it all is heartbreaking, mind bending--most likely devastating. The effects of this unremedied situation can be seen throughout Zed's life.

The teenage years were painful days for Zed. He is only now becoming aware of the driving forces behind all his undirected, youthful activities; and the current outbursts which look somewhat similar to those activities. He took the obvious courses available to him with which to lessen the pains of abandonment,

worthlessness, sadness and shame. Alcohol, fast friends and sexually available young women were highly effective coping mechanisms for a teenager in serious personal trouble. Many of these feelings and associated recollections are actively with him today, as he struggles with a sexual addiction that now embarrasses and discourages him.

The telephone booth incident marked a personal awareness for Zed of how troubled he had become. He was aware of the manner in which he violated women's boundaries. He was ashamed of the lust which drove him to want to violate their bodies. And at the same time, he had no idea how to stop.

Zed often uses harsh words with respect to himself. His characterization of his sexuality as "lust" is a sample. Theologically, it contrasts as too fundamental, too hyper-religious for his overt beliefs. But it is certainly matched to his overtly zealous, internalized self-hate. His childhood situation left him with little sense of self-worth. He gained all his ideas, images, and strategies of how to relate to a woman through the examples of his tough, youthful friends, his sexually active father and his pornography fired fantasy life.

Zed is becoming aware that he now faces a critical juncture. This is to learn to be as kind to himself as he has been to street people, drug addicts, prostitutes and other down and outers in his day to day world. But his self abusive internalized rage displayed in these interviews prevents him from doing this.

Zed's view of sexuality is framed by the anticipation of seeing all. Part of him, (the lonely youth?) savours the naughtiness of it, and the expectation of final fulfilment. Failure of this accomplishment leaves him distraught, unhappy and devastated. In true addict form, it takes more, more, more; it requires trying again and again and again in hopes that the repeated action, image or fantasy will finally bring the desired other response. And it never works.

These images have become central to his lifestyle forces. This is the definition of an addictive lifestyle, at least from the inside out for Zed. While trying to remove the addiction(s) he must first and simultaneously uncover the sources of the power that keeps each addiction in place.

Zed possesses a solid sense of humour. That it extends to many occurrences of anger is a sign of progress in recovery. Perhaps the hold of perfection is lessening in the face of humbling situations. He continues to work actively on his anger and sexual confusion issues with his counsellor. This is another hopeful sign.

Twelve-step programs were created in another era, an era which thought of itself as distinctly Christian. A central part of each program is a concept of higher power or divinity as defined by the individual's personal understanding of God (Alcoholics Anonymous, 1938/1976, pp. 563-575). Listening to Zed talk about himself evokes images of the "god of his understanding" which can only be framed as "one mean son of a bitch". There is a very primal fear of retribution, an

underlying expectation of punishment for a life of lust, and of judgement for wasting other gifts while engaged in this unholy pursuit. This is conveyed in the words Zed uses, in the attitudes he holds towards himself, and in the life he tries to live.

The growing weight of these fears--of personal destruction, of the loss of his son, of final retribution--is partly responsible for chasing Zed into counselling and into SAA. By comparison with any prior attempts at controlling his addiction, his "current progress is nothing short of miraculous". Zed's participation in SAA has helped him to begin formulating and realizing his own ideals and beliefs around sexuality. They were in obvious conflict with the SA group's strict Christian fundamentalist point of view. SAA on the other hand is more individually tailored to the member's needs. It is more spiritual and less religious--in this way it carries the heart of the original AA program. And since all this occurs in a group structured environment, there is less chance of fooling oneself or anyone else about your intentions; as long as the members hold to being rigorously honest with each other (Carnes, 1989, chap. 7).

This is a critical time for Zed. He is struggling with the questions which have brought him onto a recovery plateau. The plateau itself is part of the usual course of recovery from the dis-ease of addictions. There is a kind of waiting for realizations to break free, for the stubbornness built up as protection over years of pain to give way before the acceptance of the recovery route offered by the collective wisdom of the program, the "god of your understanding". In the words of

Augustine of Hippo, Saint of the Catholic Church and quasi-patron of SAA: "There but for the grace of God go I".

Zed has begun to make major changes in his lifestyle, almost from the beginning of his entrance into SAA. His choice to pursue counselling—seeking help—is the first. He has stopped drinking and joined AA. He has also reduced his sexual acting out behaviours in major proportions. Yet his internally fired, self directed hatred makes it hard for him to recognize what is really happening to him. This is progress. These are major changes in life long habits!

Zed's current level of self-hate keeps him from really appreciating how much progress he is making. His self expressed hunger for a decent relationship, and the pains brought by not finding one both soak up energy and create frustrations which might otherwise go to acting out. The important point is that most of the time, they do not. His hold on fresh life is still too tenuous for the progress to be recognized by him. He has too much at stake to let the hatred drain away. There would be far too much space left to fill with other activity; too much energy to be applied to this fresh life; too much fear of more pain from failed relationships.

Narrative Biography of Participant "Xeno"

Childhood and family atmosphere

Xeno was born in the late forties, and is about fifty years old. He is the youngest of four children, with a gap of ten years from his nearest sister. He was the only boy. Father was an alcoholic and tended to be harsh and often violent. The family religious background was Catholic, but only mother attempted to practise her faith. Father rarely went to church, perhaps once or twice on Christmas or Easter. The general family atmosphere during Xeno's childhood was described as "rough". There was shouting, arguing and verbal abuse all the time. But on her deathbed, he recalls his mom responding to gentle questions about all the noise with the words "What noise?" Xeno recalls no personal, overt sexual abuse as a child; however, he is aware that at least two of his sisters were sexually abused by their father. Sex was never talked about at home. It was a taboo subject.

Xeno came to his family as an unwanted pregnancy, from his mother's point of view. Though he learned the truth late in life, he had always suspected that he was unwanted. He formed this opinion from his own feelings, and from taunts and hints that his sisters made during his childhood. On her deathbed, mother confirmed his beliefs. Xeno describes the situation thus:

Well, something I learned much later, just a few years ago from my mother on her death bed. She told me that she wanted an abortion with me . So I'd

suspected all along sort'a my whole life that I wasn't sort'a wanted. And I had feelings all the time of not being part of my family.

See this is how it was. There were three older sisters: approximately thirteen, twelve and ten. Then a ten year gap and me, and then a younger sister. My father beat my mother up when she was carrying me. And my older sisters witnessed it. And it was bad enough so that the oldest went next door to call the police.

This experience, as shared by mother and unborn son, was a very potent one. Xeno believes that the terror experienced by mother was transmitted to him: "And so for about four years actually I had nightmares that I could not describe, because it was part of the prenatal experience. Like, I can't put it into words. It was scarey and nightmares recurring bitterly for four years. Six or eight times at least."

Throughout his childhood, Xeno was "put down a lot". His sisters teased him mercilessly at times. "I was told I was a black sheep. I was darker than some of my siblings. My sisters would tease me that I was adopted." Despite all this he has strong feelings for them as well, since they were brutally abused by father prior to Xeno's own birth. Apparently, the shock of being reported and arrested at his eldest daughter's behest caused father to dramatically reduce the amount of physical abuse. Not surprisingly, all the sisters were married by the time they finished highschool. These experiences throughout childhood left Xeno very shy and angry. He feels that he learned to hate women simply by watching his father, whether he wanted to or not, and that he carried this hatred into later relationships.

Onset of sexual awareness

Xeno's first recollected experience of physical sexuality was masturbation to a Playboy centerfold that he had found in the street. He recalls no collections of pornography kept at home, or that were otherwise available to him. He was about eleven at the time. Prior to this he recalls only seeing an occasional picture of naked women.

I remember my dad had a gravel pit out in [a rural area]. Sort of a shed there and there was a picture like of a calendar there in those days. I guess I saw it when I was eight. I think it was a picture of a bare breasted woman. And one of my own sisters who was about nine or ten years old -- I was probably five or six years or something -- came and she was opening the mail. And she took it and held it up for a second and then she took it down right away.

Ten or eleven was also the age at which Xeno discovered alcohol, and its great possibilities of escape. Xeno has vivid memories of his father beating up and verbally abusing both mother and sisters. He wanted out of this household in a bad way. But as a boy he was too scarred to run away. "The first time I saw Tom Sawyer and Huckleberry Finn I thought 'Oh yeah, that's like me'."

Highschool and shortly after

Xeno's shyness around girls kept him from having many girlfriends as a teenager. In addition, he had lost a finger in a lawnmower accident. He says:

And that sort'a made me even more insecure. Because being insecure already, and then I thought that no girl would want to hold my hand, just walking along. So with the boys that I hung around with, we'd talk about sex

-- yah know. Big time. And I would get pretty shy around girls. When I was seventeen I had a girlfriend for a little bit. Because I had a car I guess and she was only fourteen. I never had sex with her, we'd just neck a lot passionately and want to, but we never did.

He had his first experience of intercourse at 19, and considers that this was late for an active guy. Then he discovered "the secrets of picking up women in bars" and he all of a sudden had a lot of girlfriends.

Well, not - none of them were sort'a real girlfriends. Just someone I'd screw for a one night stand, until I was about twenty-one, maybe about twenty-two and then I had a steady girlfriend for a bit. With satisfying sex. I didn't have to masturbate. But basically she broke my heart I guess. She dumped me and it broke my heart basically and after that I just chased around. In bars and stuff.

Xeno has been married twice, once at twenty-nine and again in later life. He has one child, a daughter born with his first wife. In both marriages he describes his sexuality as satisfying before and early in marriage, but not so later on. His first wife was hospitalized for psychosis, and given shock treatments and strong drugs. All through this period Xeno leaned more and more on alcohol and pornography to cope. The breakup finally came three years later. "And then I never had a girlfriend for a long time. I got into more pornography and videos started coming out. And that was it for me. And I'd masturbate watching those. And still chasing around and drinking too."

Beginnings of recovery

About twelve years ago, at thirty-six or so, Xeno gave up drinking. But the pornography carried on. He entered another relationship tentatively. But it was not time for it yet. In the last decade, Xeno has worked hard on ACOA and AA issues, doing workshops in self-help groups, inner child resolution, family of origin reconciliation attempts. He is aware of his loneliness and isolation issues as a primary problem.

It is this awareness that drove him to look for help for the sexual compulsion issues which he saw as all tangled up with isolation. He sensed that it was a life and death kind of struggle. Life and death meaning that his anger and hatred of women, coupled with his sexual compulsions (one-night stands, pornography, and strip-bars), might get him into real trouble when they all reached levels strong enough to overcome his shyness. This might never happen, but it is a fearsome prospect for anyone with enough sanity to see it.

Xeno was unable to find help for his sexual problem where he was living, so he moved to a nearby metropolitan area because he had heard of the SAA groups there, and the presence of good counselling services to back it up. To do this he left "probably the best paying and most interesting job I ever had." The move has left him without employment. He has gotten a little help from public assistance, "for education at some trade, but they just barely give you enough to survive". He was at first financially stressed. Later success with starting a small business in computing has helped to lessen the financial worries.

Xeno has set a number of goals for himself. The first—and most global—is to gain control over his compulsive sexuality. He also knows that his anger is a big problem, but he cannot afford counselling at this point. His most basic want right now is for a truly equal physical and sexual relationship with a compatible woman. He is working on his own and through SAA to accomplish his goals. He has experienced the usual feelings of confusion and distaste in joining a diffuse group of sex addicts. He describes it thus: "So at these meetings there are a lot of people at a much lower level of these problems: child abusers, exhibitionists, flashers, rapists. Guys who buy prostitutes. I don't identify with them. I know I have the same basic addiction as these guys. ... And I don't think that I'm in that category."

This is what Xeno said when asked to summarize his journey, from the time of his first girlfriend to now.

Well I guess it's trying to feel wanted and stuff. Wanted and needed to fill the void. When I did sort'a realize in my twenties that I could pick up women in bars, and that I was attractive to women, that I had money in my pockets, and I could buy drinks and everything. I sorted relished the being wanted. There were guys around, and you could tell stories and stuff. And there were always girls who would be attracted to me. After they wanted me, I'd just sort'a drop them.

I think a part of me knew that the ones I was attracting weren't that desirable anyway. I guess that's sort'a what got me into pornography.

I guess a part of me was more perceptive than a lot of people in bars. I could see that a relationship for a weekend, or a few nights or weeks was

really just crap. Just lusting after each other. So often times I would just drop them right away, or go buy/find another one that was better.

And I think a part of me knew they were just as bad off as I was. At the time I wouldn't have called it sexual addiction, but I could see that there was more to it than just her or me. I wanted someone to take care of me.

I sort'a feel that spirituality fits into this picture somewhere. I could have died many times, from alcohol abuse. I can count eight or nine times. Like I've been kept alive for some purposes. The twelve-step program gives you the search for that.

Xeno continues to attend SAA. He has made some friends in the group who are more experienced in the ways of recovery. He knows this is not as effective as counselling, but it is better than struggling alone. The community of recovery offered to Xeno by the group has been gratefully accepted. He remains busy making ends meet and growing new relationships.

Comments on Xeno's Narrative

Xeno is rather shy, and a bit trodden down at this point in his life. I hope that the reasons for this, and its reasonableness will be apparent after reading his narrative account. He has been troubled by sexual excesses since about sixteen. He is, nonetheless, well educated, a go-getter by his own definition, and a father of one child (a daughter). He stated that he has lost two marriages, several long term relationships and given up a successful career because of sexual compulsivity. He has even collected some information from other porn-users about their habits and sources. This he was willing to give to me, for whatever appropriate use I might be

able to make of it. He has extended his current awareness of pornography on the Internet and ways to combat it as he grows his own computer consulting business.

As with the other participants, especially with Zed, the emotional tones in this narrative were striking. Very little of this can be indicated in the written document.

Escape through booze, sex and fantasy, in any combination, is a frequently chosen and an often reasonable coping mechanism for a desperate person. It is a sad event, but it is even sadder to see this behaviour in a child of ten or eleven. Young men and women, (for they can hardly be called "children" at this desperate juncture, regardless of age), in these straights have no other safe haven. It is the same function that imagination and fantasy play friends performed in times when hard drugs were less available. When your whole world fails you and seems out to get you, any log floating on the storm appears inviting. No wonder counsellors have such a time convincing youth of the future dangers found in addictions, when tomorrow's life today seems to hang in the balance just by going home!

It is worth noting that Xeno learned of sexuality and its power in a peripheral fashion. He has no recollections of overt sexual abuse, or of any other unusual childhood sexuality. He describes no direct sexual experience until sixteen or so. Yet, Xeno still suffered greatly during childhood. Shyness, fear, physical beatings, observing and hearing misogyny in action by father and perhaps other men all taught him a particular lifestyle concerning women.

So it was that at the proper time for sexuality to begin development, Xeno's woman-hatred kicked in. First, it kept him away from the feared and wanted objects of his desire. And then as it grew in power, and he "finds the tricks of picking up girls", he "becomes his father's son"; whether he wants to or not.

Xeno did not directly describe his ideas of "satisfying sex" or where and how these goals were formed. But it is clear in his narrative that some related expectation was not being met. So it is not unusual that, when sex with women was not satisfying, Xeno turned to fantasy and erotica for relief. His shyness, and the rule that sex was not to be spoken about at home left him little room for conscious choice. This seemed to be especially the case with his first wife, during her hospitalization for psychosis. And since Xeno had almost no other coping skills, erotica rapidly became pornographic compulsion.

In his summary, he indicates that he was vaguely aware of this problem early on, but that the power of alcohol and sex, and then sex alone, made it hard for him to act upon this awareness. It seems that only the threat of serious, personal harm in the near future was sufficient to push Xeno into recovery actions.

Now how is it that Xeno finds a need to recover his life? He seems to be basically unhappy, and clearly unsatisfied with his lifestyle. He first discovers the dangers of alcoholism, and struggles with that addiction. Almost fifteen years ago, he achieved sobriety from alcohol, and has kept it. But he is still deeply troubled by basic loneliness, isolation and low self worth. Thus, the hold of pornography,

masturbation and occasional "one night stands" was not broken by alcoholic sobriety. It soon became a stronger, damaging and now dangerous habit. And the habit brought only momentary relief to the underlying isolation and tension.

With one sobriety under his belt, he now begins the struggle again. Xeno seems to have an innate understanding of the unity aspect of appropriate sexuality. He wants it dearly. But he has yet to learn how to attain his goal without destroying it in the process. This is a life skill which can be learned and a life-long search. For Xeno, it is the process of rebuilding his own life style, with patience and support from other group members on the same journey.

Xeno has begun to resolve other tensions in their proper places. He has started his own business, and is making headway towards economic security. He is seeking sexual peace and hoping for an appropriate, fulfilling relationship.

CHAPTER FIVE.

ANALYSIS OF THE THREE NARRATIVES

General Sexual Recovery

The meaning of recovery from sexual compulsions depends upon one thing: the meaning of healthy sexuality. Unfortunately, healthy sexuality is not a clearly definable state. It is heavily loaded with cultural, religious, social and medical meanings. And it is scientifically intractable; i.e., the methods of scientific knowledge discovery have not given us any clear norms for comparison.

Medical science offers us some information as to what prevents disease or physical damage to the sexual body. Cultural and religious belief systems offer us choices through differing perceptions of healthy sexuality, but they are often contradictory. And the rules of proper decorum offered by society are highly changeable.

I believe it is clear from the literature review that the meaning of sexuality and sexual behaviour is based essentially upon personal choice, informed by available information from the aforementioned categories. This is also the meaning source chosen by the twelve step program to which the participants belong. Each member is free to determine what he or she will do in the context of current relational, familial, cultural, social and medico-scientific situations and information. No one person is identical to any other in this set of overlapping parameters.

A question remains: Is this method of definition a sidestep of a real issue? Is there a singular, almost absolute meaning to healthy sexuality? For instance, other recovery programs, such as SA or Promise Keepers (Clatterbaugh, 1995), have their own strict definitions. In my estimation, the answer is not singular, and perhaps is simply to have an answer, and to live to it as closely as possible, being willing to change as helpful information becomes public. This conforms with my overall view of healthy human nature.

This solution leaves room for others to have deeply diverging answers of their own. This is not always a popular stance. The Moral Majority in the USA makes this point very clear. However, this openness to variability is valuable within the context of academic discussion, in any articulate publication, and especially within the realm of sexual counselling.

Addiction and Recovery as Defined by the Participant's Stories

This position is supported by the following analysis of each of the three individuals in this study. Recovery described here is primarily a process leading to a self-selected goal. The process can be outlined from the narrative descriptions of the participant's, while the goal of each participant is to live a personally healthy sexual lifestyle.

The Entrance to Addiction

A review of the lifestyle patterns of the three men participating in this study reveals several similarities. Each man has passed through a precipitating event

which could be classed as early life trauma. Each such event or period was then and is now seen by the participant as significant. The fact that each man later develops a compulsive lifestyle is recognized by each participant as related in some way to these events. Each one abuses alcohol. It is also seen as significant that each one experiences an early and/or un-guided entrance into the world of 'adult sexuality'. Sexuality, especially sexual fantasy, is used habitually as means to avoid life pains by each of the participants.

These individual patterns stabilize into a set of themes in the participant's adult lives. They are marked by regular retreats into internalized fantasy sex, and or external, repetitive ritualized sex; repetitive attempts at legitimizing, hiding, condemning or bypassing the compulsion(s); gradual growth of desperation, especially with aging; and final exhaustion (may be physical, moral or both). Let us take a brief look at each of these entrance phenomena, and then the addictive periods which appear to be related.

Precipitating event(s). Each of the three men experienced an event during their prime developmental years which turned to trauma. I use the phrase 'turned to trauma' because even identical events are not always seen or felt as trauma, nor do they always result in an addictive lifestyle. Proper attention and care given by even a single loved one, family member, or friend can reduce or sometimes eliminate the negative results of almost any event (May, 1967, chap. 2).

Bob contracted infectious poliomyelitis at about the age of seven. In addition to considerable damage to his nervous system, his childhood psyche never developed a good opinion of himself. He felt damaged as well as left out of almost everything. He relates little to no attention from his family which might have mitigated the effects at that time. Father was distraught with the guilt of knowing that he might have been responsible for infecting his son. Mother was buried in a lifelong search for order, which order was seriously impaired by a crippled son. In fact, it is significant that Bob relates little of his mother during any of his interviews for this study. Perhaps her presence was minimally felt. Friends, other young people, seem far more significant in his life story.

Zed watched his mother die slowly from cancer. From the age of six or so, he was aware of the terrible, growing pain she suffered. In some sense, he may still feel responsible for this unfortunate event. His images of self-worth, self-esteem and internalized concept of usefulness never developed as a child. (Is he perhaps haunted by something akin to survivor's guilt?) Older brother became primary care-giver for Zed, but only grudgingly so. Again, fast friends provided apparent intimacy and affection.

Xeno observed constant physical and verbal abuse applied to his mother and sisters. He too was regularly beaten at times, although he tends to minimize the events and the effects. His conception and birth were unwanted by mother.

Perhaps only because of the severe beatings she received during the pregnancy.

Either way, Xeno feels the pain of being a truly unwanted child.

Alcohol played an important part in masking the severe pains resulting from these events. Zed and Xeno each developed long term alcoholic patterns from early teenage years onward. Today they are both aware of how alcohol soothed and obliterated their feelings of misery. And of how it liberated them from certain pangs of conscience. Xeno knew he was picking up drunken women at least as bad off as he was, every time he went bar-hopping. But he cared little while he was drunk. Bob knew he was an alcoholic by the time he finished seminary. Each man stopped only when faced with "death by drinking predictions" from their doctors.

Absence of alcohol has left all three deeply aware of more basic problems, problems which relate to childhood and youth experiences. Isolation and shame can be seen strongly in each of the participants. All three men use imaginative, isolating fantasy as a necessary portion of their sexual rituals. Bob memorizes photographs and then burns the originals. No evidence and no distracting physical material; only singular imagination. No matter whether sex is a solitary activity or a group activity, isolation prevails in each of the addicted participants. For example, Xeno dumps his new girlfriends almost as soon as they have finished the sex act. No more than a day or two at most with another person, and then he returns to his lonely life in pursuit of "a better girl".

Each man had become accustomed to a solitary world very early in life; Xeno through fear of physical beatings and displeasing his father, Bob through his physical body shame, and Zed through the process of being left alone and lonely for so many years. In each of them aloneness turned to isolation through practise and through shame. Perhaps it is a self-fulfilling cycle. As Bob described his situation: "my fantasy world of sex set in rather early as my preferred sexual outlet". The result of isolation and shame is multiple, cyclic addictions. Very frequently they lead to more addiction, more sex or substance to dull the sense of shame and the pain of aloneness. And from each experience comes more shame and shame drives the man farther into isolation¹⁹.

Early sexual experiences. Bob discovered masturbation in the context of a fearful and death-haunted year confined to an infectious diseases hospital. He knew that he was afflicted with an unexplained, potentially deadly illness. He was faced with questions which could not be voiced, to which he had no answer except "Something must be terribly wrong with me". The powerful, soothing comfort of personal sex provided a very handy, regular escape from these fears.

¹⁹ Note that shame and isolation are especially fostered in North American society in respect to sex. We have seen in the literature exactly how much sex is present in our society, and how often this blatant economic display is treated with silence. Especially telling and damaging is the manner in which anything out of the ordinary immediately becomes "aberrant". It is instantly met with shaming, with public display of distaste and often with violence and hostility in general society. Rationality falls completely before the Temple of Sexuality: Augustine of Hippo (circa 350 CE) predicted and partly preformed this in Western Christianity.

Zed, on the other hand, experienced deep misery in the loss of his mother, but did not encounter sexuality until an age appropriate point in his developmental cycle. Then he had no guidance except his own strong and confusing, pre-teen lusty feelings and desires; and a group of boys who taught each other all about sex. Maternal figures (ie, his father's girlfriends) were as likely to come to him for advice about father as they were to offer him needed compassion and information about sex.

Xeno remembers no sexual trauma in childhood, except the observation of his father's actions with mother and sisters. We currently have little idea of what effects this kind of atmosphere has on a young boy-child (Lew, 1990). Much has been written about the girl-child, but little research or even descriptive narrative was found for the young male (Gorcey, Santiago & McCall-Perez, 1986); Ganje-Fling & McCarthy, 1996). We must assume that a child will learn by example, if no other way is provided. He learned that might makes right; that women are there for the taking, and can be used as he pleased.

Childhood sexuality is now, or is again, accepted as a given (Szasz, 1980; Kinsey, Pomeroy & Martin, 1948, chap 5). It is no longer a medical perversion²⁰. But child-sex may still be reacted to as a moral or ethical perversion by adult caregivers; whether parents, daycare workers, friends or authorities (religious

²⁰ Even Freud might have really believed this, as is demonstrated by Mason (1984), although he had to hide his opinions because of cultural prejudice and group fears of the medical profession that he longed to belong to.

figures, police, courts, or protective ministries). The medical argument may be closed, but the societal resultants are not.

One of the men clearly demonstrated early childhood sexuality. All three of them had clear masturbation habits by the age of thirteen. These habits have proven extremely difficult to challenge or normalize into acceptable sexuality. Xeno mingled sex with violence by the age of eleven or twelve, through simple observation of his father. Bob used masturbation as a means of survival, as a coping mechanism to fend off the real or imagined demons of the hospital nights. It became a habitual means of dealing with unwanted feelings, and eventually with any feelings for both men.

Zed used masturbation to deal with his confusing desires with respect to young women and perhaps to calm some of his pent up rage. He still resorts to it as a coping mechanism with which to stave off visits to strip parlours.

The fact that these developments can be called 'normal' in some sense (ie, masturbation is not deviant, nor destructive; almost everyone does it at some time) is not relevant to the narratives given. The context of habit formation, and the context of its use, deflected normalcy into addiction. And this addiction became cemented to the personality by shame and terror in Xeno and by feelings of worthlessness and shame in Bob and Zed.

Addictive / Compulsive Patterns.

Internalized fantasy sex. All three men exhibited strong fantasy worlds involving sexuality and power. Each of them developed his own sources, stores and patterns of imaginative fantasy life with which to fuel the sexual addiction. Sources were pornography, prostitutes, strippers or co-workers. Mental stores of images were constructed into fantasy narratives and used like background music during adult sex. Whether release/climax came through masturbation, intercourse with a longer term partner, with a one-nite stand, or with a prostitute, the sexual lifestyle was fashioned around a fantasy. The use of alcohol by one or both parties to the sexual acts further lessened the immediate moral impact of what might otherwise be seen as personally degrading activities.

Morality is here taken as conformance with culturally accepted codes of behaviour, often enforced with personal or public shame.

Attempts at legitimization. Each man spent considerable time, money and energy in trying to appear normal. They used dating partners, marriage, or secrecy to mask the lusty addiction. Zed tried the religious life as a vehicle for taming the beast, hoping that discipline or conformance to a strict way of life would bring him relief. Bob, who is also a working minister, does not remember so conscious a choice. He seems to have relied on alcohol for early relief from his pains. Xeno relished his new found ability to pick up girls, but eventually found that it led him

nowhere. Through it all, he told himself they deserved it for being mean to him and other men.

Desperation. As each man grew older, his life seems to have gone more out of control. The sexual patterns demanded more and more of each of them, and they gradually had less and less to give. Bob's doctor challenged him with death. Zed could see his career going rapidly terminating in poverty and social failure. Xeno lost relationship after relationship, and found no satisfaction anywhere. He spent more and more money on women and alcohol.

Exhaustion. Beyond desperation is simple exhaustion. Either a man gives up and lets himself slink away into nothing: Or he gives up the lonely struggle and seeks help. The help can be a counsellor, a self-help group, or a doctor. A twelve-step (i.e., SAA, or AA) recovery program calls this help the higher power. A psychologist calls it Prozac or behaviour therapy. In each case, Bob, Zed and Xeno sought hope for recovery in the companionship of others. They gave up trying to do it alone.

Analysis of Recovery

As in the etiology of the addiction, each pattern of recovery is unique but each displays several definable turning points and plateaus. These points are describable as the beginning, middle and end in of the personal narrative of recovery. Since words are critical to the dynamic of narrative study the names of these turnings will be: realizations, beginnings, plateau of choices and new-

movements in life. These names convey the patterns discerned in the study cases.

These words are plural and pluralistic, they propose no simple endings to the stories, only more movement. And movement in the lifestyle is critical to recovery and essential to fulness of life. Narrative retains the complexity of life, and sees reduction of complexities to statistical simplicities as an antithesis, rather than an analysis, of life. Life without its detail and richness is not life. It is mere existence. Mere existence is the heart of addiction, not of recovery.

Realizations. In truth, this stage is already entered when a man reaches the dregs and droppings of his addiction. It is begun in Desperation and completed in Exhaustion. Both addiction and recovery are part of life. They cannot be separated²¹ and one tossed away. This is what the literature of AA and other twelve step groups calls 'hitting bottom', as in a deep dive in a shallow pool. It may be the experience of utter degradation and depletion; or an experience of fear and terror as all of life's hoped for successes and goals float further and further out of reach. The literature of AA and SAA shows it to be highly varied, personal. It is frequently described as being trashed in the gutter, with none to offer an open hand of friendship²².

²¹ If one were to accomplish such a separation I submit that the residue of the individual would be far from human. He (or she) would have no connection to the pathos, to the drama of their own life. There would be only the dreary now, much similar to the dreary now of the addict. This reminds me of the forward-movement-only attitudes of many religious fundamentalist groups.

²² Please don't confuse this with the life and position of every street person. Many are in this stage of life, but some are not. Others are on the street through no particular fault of their own, through

Xeno discovered help in AA for his alcohol addiction. At the same time he began to learn a new way of life, but it did not encompass his sexuality. As he began to realize that he was not making the progress he desired, he also discovered that there was another twelve-step program which offered hope and recovery from sexual compulsions. In the process he resigned from the best job he had ever had. Since there was no available help where he was, he made his decision and took a leap of faith right into a new city.

Bob, on the other hand, had first to empty himself of alcohol through the mediation of a physician. We must not forget that Bob's father was also a physician. Perhaps some paternal undercurrent of authority rested in this profession for him. Or perhaps it was the realization that medical science told Bob that one or two more binges were all his body could handle. The result would surely be death. When Bob came to part with his sexual addiction the spur was most directly through exhaustion. In his very important words: "I simply had no energy to keep up the front any longer". He could see total personal and career destruction when the front failed to cover his compulsive behaviours.

Zed's realization comes through the combined experience of alcohol and 'lust', to use his term. It appears to him in a moment when he is wandering the Red Light district "loaded and lusting after the girls on the corners". Behind the flush of passion, he can also hear the flush of his life and career going down the drain. He

feels himself on the edge of a very slippery chute. He knows that all the pleasant looking stops along the way offer nothing more than all the times he has tried before to cover his pain with similar encounters. This memorable affair with his demon pushes him through his personal fears to seek counselling help and very shortly into SAA.

Realizations can be intertwined, also. Notice how Zed sees his alcoholic and sexual problems both at the same time; "a double wammy", as he put it. Both Xeno and Bob appear to work through their problems one at a time. One might look at this as a linear process; first alcohol, then anger and smoking, then sexuality. However, I believe it is more appropriate to view this as a cyclical process of unwinding the addiction spiral; each spin of the cycle unwraps another addictive outlet and brings the man closer to his buried pains.

Beginnings. Statistics gathered by Carnes (1991) seem to indicate that alcohol plays an important part in mediating the effects of sexual addiction. This is the case with each of the participants of this study. Therefore, for each man to get through his sexual addiction to his primary life pains, to unravelling his lifestyle errors, he must first move out of an alcoholic stage. This is one beginning. It can be seen in Xeno who must stop drinking so that he can recognize his extreme interest in pornography. Or in Bob who sits and drinks coffee and soda, "with the girls virtually in his coffee cup". And with Zed who sees both terrors at once on the dark, back streets of a city.

Resolving alcohol problems almost always involves work with AA or a similar program. This work introduces the participant to group activities of a sober nature, group activities which may lead to life enhancing experiences rather than the life degrading experiences he has become accustomed to. This is another beginning, which can be seen in each of the participant's cases.

Working in and with the alcoholic recovery groups helps each of the men build new levels of friendship with other men and women. They learn to trust each other and to learn from each other's experiences. They hear other stories which ring out the truth of their own hidden experiences. They meet sober people with whom they can form new healthy relationships. Bob met his second wife in this stage. But his new partner was also a fulfilment of his sexual fantasy woman. And the results of this unacknowledged fantasy situation eventually led to a second marital breakdown.

Isolation is acknowledged as a prime constituent of addictive life styles. Isolation is a strong force binding the sexual addict to his full time pain and to his part time pacifier, sex. Shame completes the package by enforcing secrecy. Group work, in therapy or in self help programs, offers the participant a dawning awareness of life movement out of aloneness into a safe togetherness. It breaks up the lifelong walls of isolation and lets friendship shine through. Zed sees this need by his association with other recovering addicts. But he does not yet know how to apply this to a relationship, or he does not trust his knowledge as yet. He is

afraid that the old hungers for lust will overcome his growing urges for fulfilling companionship. He is afraid that his needs will overwhelm a friendly woman.

Healthy group activities provide a counter to this isolating shame based lifestyle, and to the negative sexual influences found in our society and culture. This is demonstrated in each of the participants as they work slowly into group programs of different sorts. Bob especially shows this healing process through his connection to AA. Bob continues to seek activities which bring him into contact with other persons, as his post polio energy levels allow and require. Zed struggles mightily with isolation. It is his most awe-full driving force. He sees its beginnings in his childhood, but has not yet resolved his residual anger from that time. He knows its danger, and feels it most strongly every other week when he is not actively parenting his son. Xeno knows of the dangers of isolation from his work in AA. He is now making the connection between aloneness, masturbation and sexual compulsions. Each man looks out carefully for the beginnings of the next stage in which they might experiment with these valid human needs.

Plateau of Choices. Zed's narrative points straight to this resting place, although it can be found in each of the participant's stories. Perhaps it is a natural outgrowth of being limited beings, with limited life energy (*libido*, as Freud named it (Levine, 1995)). Making the transition from an active addict to a 'recovering addict' takes up a lot of that energy, and a varying amount of time. The term plateau of choice comes from the broad literature of addictions. It is metaphorically easy to

understand because it evokes images of a place of rest, of fecundity and of restorative power.

Restoration and creative power are exactly what we find in the three narratives. Two of the men remembered "feeling immediately at home" early in their SAA group attendance. This plateau is a place full of like-minded and helpful people. Zed's narrative again points most directly to this resting place, because that is the point in which he is now struggling. This is indicated when he talks about "really working his program for what feels like the first time", or "putting some real energy into staying sexually sober". It is also indicated when he begins to feel hopeless again, and to wonder if there is a way out of the sexual trap he finds himself in.

Bob reached a kind of plateau of choice when he admitted in marital counselling that he was an active sex addict. As difficult as this was, and as destructive to the marriage, it left him with time and space to address the particulars of his sexual addictive behaviours. He moved out of hiding and into a time of personal reflection.

It is unclear whether or not Xeno has reached this plateau. His urgent hunger for help brought him to this metropolitan area. This leap of faith could be an expression of desperation, or a realization of great need, or a movement on the plateau of choice. The actions needed simply to survive and to rebuild an active lifestyle in a new place with minimal resources obscured the choice plateau under a

cloud of dust. Recent developments in Xeno's life indicate that he is just now moving out of a restorative time. He is very computer literate, and has used this knowledge and his marketing sense to build anti-pornography and pro SAA web sites on the Internet.

New-movements in life. This stage is the beginning of a return to the fullness of life. Frequently the return includes awareness of need to learn what might have been learned at an earlier point in life. Addiction is often described as a make-believe life; a life based on illusions and hidings; a life at a standstill. Sexual recovery takes on new meaning when the life-movement crosses from sexual sobriety alone to sexual sobriety in a context of new relationships.

Xeno is using his technological know-how and his hunger to make amends for some of his past mistakes. He has constructed a Web site and Web resources to offer alternatives to the growing mass of glitzy pornography on the Internet. These alternatives include making SAA a publicly acknowledged resource.

Zed uses much of his time helping the disadvantaged avoid addictions and achieve some economic justice. He has participated in building programs which help street people and street prostitutes achieve safer lifestyles. His experiences have shown him that it is often not as easy as the American slogan: "Just say no."

Bob is specially aware of sexual addictions uncovered in the context of pastoral work. In addition to his duties within the structure of his church, his special knowledge and experiences help him in conflict resolutions and in unravelling

abuse cases in the context of formal religion. He also works with the physically disadvantaged.

There are creative syncretisms in this new-movement era. What is new for one person is not for another. And what path one chooses to follow, another cannot. "Two roads diverged in a yellow wood ...". Bob is planning new things. He is hoping and working to keep the friendship of his former spouse, without the bonds that tied them into addictive sexuality and alcohol. Zed and Xeno long for a relationship which is open, honest and sexually satisfying. They hope to find a like-minded partner. They are actively looking, while trying to avoid the pitfalls that slide them into fantasy sex and imaginary relationships found with prostitutes and in stripper bars.

All three of men are aware of and willing to brave the consequences of living in a new sexual universe. This can be a universe where they may not be fully accepted by all because of their histories, and because of their current willingness to try new things. Old styles of life led them into dangerous places. Now new ways must be crafted to guide them maturely into future movement. Perhaps this crafting of personal movement **is** life.

CHAPTER SIX.

DISCUSSION

A number of commonalities were found during the course of this study. In the area of forming an addictive lifestyle they are: that each man underwent a precipitating event or trauma, that each man had developed an addictive lifestyle of longstanding duration, and that each man's lifestyle included a mixture of alcoholic and sexual addictions. In the area of recovery from sexual addiction, patterns were also encountered. Each man moved through a recovery process from sexual addiction which included a realization phase, a beginning phase or set of beginnings, a plateau of choices phase and a new movements into healthy lifestyles phase. The healthy lifestyles phase was characterised in these three cases by seeking satisfying sexual relationships, by being at peace with oneself and by beginning to live a life consistent with one's personal ethics.

Limitations of this Study

All studies are bound by certain limitations. Perhaps the most significant in this case is: Why should we believe these three men? First of all, it seems reasonable to consider that a man willing to share such deep and penetrating stories with respect to his own life for no visible gain has little reason for telling lies. And the stories were gathered separately, yet they demonstrate the similarities listed above. This also indicates that they can be safely taken as honest

narratives. They may be partial tales, or even distorted in places, but no more than is expected in any human endeavour.

We may also ask: Did the participants have sufficient capacity to articulate their true experience? Narrative research requires well spoken individuals. These men were solicited from the volunteers who came forward for their verbal abilities. Nonetheless, human beings are always fallible. Within the bounds of this human error, these men seemed quite capable of perceiving their own story and of speaking it to others.

And was the researcher able to draw out a full and consistent meaning to the participants shared experiences? What might be missing that neither researcher nor participants are aware of? This question, too, is bounded by human error. The researcher's analysis is presented here in awareness of the possibility of honest mistakes in interpretation. It is available for review and correction by interested readers as may be necessary.

No attempt can be made at generalization. But the commonalities reported here may eventually be seen in other studies, and thus help to construct a more global picture of recovery from sexual compulsions.

Implications for Theory

There are few psychological theories pertaining to recovery from sexual addiction. Some researchers attempt to make a case for CSB as a process addiction, and therefore to extend process solutions to sexual addiction. Support

for the cyclical nature of addictions process can be seen in the story of Zed. His attempts to move himself away from alcohol and strip bars with some considerable success, especially in weeks when he is actively parenting his son. Then in the alternate weeks, and when other stressors mount, he sometimes experiences failures. The cycle of success and failure grows longer over time; that is, the successes are becoming more frequent. His tendency is to call this cycle no-recovery, because he views his recovery as a black and white event; all or nothing. Each time he fails he starts his recovery over. But the process view would say that each time he fails, he enters into a new cycle of further recovery. This exhibits movement into a slightly higher plain each time the cycle repeats. (See Figure 2; Addiction Cycle from Carnes)

There is a growing collection of information concerning etiology of CSB. The descriptions presented by the participants conform generally to current work by Carnes (1991), Coleman (1991) and others in this regard. For instance, some form of early life trauma pertaining to sexuality is postulated by Carnes and is present in two of the three study case. Bob finds solace from polio in masturbation which quickly becomes an ingrained habit. Xeno finds a shred of self-worth in his abilities to pick up girls who are worse off than himself, and then to make them suffer.

There are medical treatments relating to recovery from sexual addiction. Treatment using drugs such as anti-depressants and hormone control substances have been partially successful. However, both kinds of treatments are destructive

of the quality of life remaining for the recovering individual. Since a broad range of potential for healthy lifestyles is exhibited in my three study cases, removal of healthy complexity from the lives of any of the participants would appear to be a dehumanizing strategy for recovery. Each of these men is struggling to learn to live fully within the complex structure of their current lives. Ethical considerations must be seriously undertaken before such side effects can be justified.

All three participants spoke of very low self-esteem, shame and isolation of sexual activity into a private--if not fantasy--sphere of their lives. This is part of the etiology of any addiction (refer to book on Multi-addiction). Recognition of this pattern in early life might be a means to identify addiction prone persons. Recovery from this pattern might then begin much earlier. But the unanswered question is: Who might be able to identify and indicate such a state? There are severe legal and cultural issues, and no clear answers.

Many addictions centred recovery groups ("Hope and Recovery", 1987) and counselling centres recognize these patterns as sources of addictive living. The process of recovery indicated by the participants of this study takes these negative characteristics of addiction and reverses them into healthy lifestyle traits. By realization of their life plight, by beginning to make changes, by facing difficult plateaus of choice and by moving cyclically into new styles of life, each of the participants gives a living indication of how to recovery from sexual compulsions.

For instance, realization of the situation points the addict to the negative emphasis of his life. Bob recognized that he was spending more and more time and energy hiding the biggest portion of his waking hours. Zed found himself close to buying sex from some of the street persons he daily served. Each of these men survived the shock of this realization. They began to find ways to move out of the traps of isolation and shame. Bob move into counselling for alcoholism. And then in a cycle of realizations, he moved into counselling for sexual compulsions.

Each of these new beginnings was preceded by a choice. The choice may have reached a plateau, as it did for both Zed and Xeno, into a longer period of time. But again, the cyclic nature of addiction and recovery is demonstrated. Especially Zed shows this, as he vacillates from sexual solutions for stresses to other physical solutions such as running or swimming. Xeno made his first beginning by moving into an entirely foreign place to attempt his recovery.

Each of the participants has begun new movements into healthier lifestyles. Bob continues counselling alcoholics and pastoral situations, but is always careful to recognize and send the sexually addicted to other specialists. Zed struggles to integrate his realizations and beginnings within the down-and -out population he works with. His recovery knowledge shows through in his daily work. He applies his personal ethic of being with his people into a living example of a sexual compulsive struggling in recovery. Xeno has constructed a business around his

recovery—a business which resolves some of his financial problems and at the same time allows him to offer help to others afflicted with the same compulsions.

Implications for Counselling

The basic direction of counselling is to promote individual health. This is accomplished by promoting healthy lifestyles, by helping clients to recover or rebuild personally appropriate lifestyles. Counselling is essentially a narrative activity, similar to the process of narrative research. The outcomes of this research might be used as a map for counselling men in the recovery process from compulsive sexual behaviours.

In the first place, the narrative process itself gives each client an opportunity to tell his story. The helpfulness of this experience was commented upon by each of the participants. It is possible in our society that a man may never have had such an opportunity before. This seems especially reasonable when many of the details of a story are considered socially unacceptable, and therefore have little chance of being heard respectfully. Such stories rarely come out in concise and neatly ordered form, and therefore a ready made structure would be most useful. A counsellor might use the phases suggested by this study as a mapping schema upon which to gather the bits and pieces of a client's story.

The presence of such a map may also assist in providing counselling relevant to the individual client's position in the schema. Having some suggested phases against which to compare a single person's story would hint at the possible

position of this client in an overall map of recovery. No precise mapping or progression of concrete events is being suggested, but only a general structure within which an individual client might be tentatively positioned. Having made such an estimate, the counsellor would then be able to offer more helpful techniques in line with the realizations or choices or lifestyle recovery processes that the client might probably be experiencing. If this venture were successful, it would have the added benefit of reducing false starts and discouraging blind alleys during the counselling process.

It is known that group work with men tends to increase the truth value of individual statements. Confusion, lack of personal awareness or simple dishonesty is less tolerable in group sessions. The suggested mapping of recovery events could be used to generate group counselling activities tailored to a particular phase. A group of clients estimated to be in the same phase of recovery could be profitably helped into and through the subsequent phases by well structured activities. The use of well monitored groups would verify the phase structure or assist in modifying it. Subsequent groups would benefit from earlier work.

Survey or test instruments could be constructed based upon the proposed phases of recovery. Some might be designed for use within a particular phase. These instruments would at first assist in localizing a client within a given phase. But as the pool of information collected through them grew, they would provide data with which to verify or modify the original schema. Test instruments would

also provide a client with a less subjective view of his position in the course of recovery. A concrete alternate view of progress could be a key element in moving from one phase to another, or might help alleviate debilitating discouragement created by being stuck on a choice-plateau.

Other surveys could be constructed which would further define the characteristics of a particular phase. This information would be valuable in targeting counselling interventions at specific bottlenecks of a client. And more information regarding phase details could be used to augment counsellor training on recovery from addictions.

The phase structure itself might make a useful addition to counsellor training courses. A session on recovery issues for compulsive sexual behaviour could be constructed around this structure and fitted into a general course on counselling practise, or a more specific one on addictions counselling. The parameters of healthy sexuality within a given cultural setting might also be offered within such a course. The impact of participant's stories upon the researcher gave cause for him to carefully review the cultural trappings of human sexuality. Personal values clarification and breadth of viewpoints seem to be very useful starting points for training of sexual counsellors.

Future directions

Research on men addicted to sexuality, but in non criminal situations, is lacking in the literature. This study could easily be applied to a larger population. A

survey of sexual habits and preferences could be added to the narrative collection process. This would eventually aid in constructing a data base of life habits, conditions, historical medical data and so forth which might be useful in setting general parameters to the CSB process. Researches on the Internet indicate that collections of narrative interviews of sexual preferences do exist in widely scattered locales. It would be valuable to bring this information together. Severe methodological constraints and concerns for privacy and validity could make such an endeavour very delicate. Interestingly, participant Xeno is already moving in this direction, with little or no professional assistance.

This study has identified several phases of recovery found in the participant narratives. It has indicated how these might be used to improve counselling for individuals affected by compulsive sexual behaviours. Further research may verify that these phases are significant patterns in recovery from these behaviours. The author wishes to express his appreciation to the men involved in this study, especially for the bravery and openness displayed in the sharing their stories.

REFERENCES

Adler, A. (1927). Understanding human nature. (W. B. Wolfe, Trans.). Garden City, NY: Garden City Publishing Company, Inc.

Adler, A. (1980). What life should mean to you. New York: GP Putnam's Sons. (Original work published 1931)

Alcoholics Anonymous. (1976). Alcoholics Anonymous. (3rd ed.). New York: Alcoholics Anonymous World Services. (Original work published 1938).

American Psychiatric Association. (1994a). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

American Psychiatric Association. (1994b). Diagnostic criteria from DSM-IV. Washington, DC: Author.

Ansbacher, H. L. & Ansbacher, R. R. (Eds.). (1956). The individual psychology of Alfred Adler. New York: Harper & Row, Publishers.

Augustine of Hippo. (1962). The Confessions. In . Hazelton (Ed.), Selected writings of St. Augustine. Cleveland, OH: World Publishing Company.

Barrow, R. H. (1950). Introduction to St. Augustine: The City of God. London, England: Faber and Faber Limited.

Beahrs, J. O. (1986). Limits of scientific psychiatry: The role of uncertainty in mental health. New York: Bunner / Mazel, Inc.

Benedict of Clairvaux. (1948). St Benedict's rule for monasteries. (L. J. Doyle, Trans.).

Brown, P. (1988). The body and society: Men, women and sexual renunciation in early Christianity. New York: Columbia University Press.

Bullough, V. L. (1988). Historical perspective. Journal of Social Work & Human Sexuality, 7, 15-25.

Cahill, T. (1995). How the Irish saved civilization: The untold story of Ireland's heroic role from the fall of Rome to the rise of medieval Europe. Garden City, NY: Doubleday & Company.

Canadian Guide. (1994). "The Canadian guide to clinical preventative health care". The Canadian task force on the periodic health examination: Health Canada: Ministry of supply and services Canada: Ottawa, Canada.

Carnes, P. J. (1983). Out of the shadows: Understanding sexual addiction. Minneapolis, MN: CompCare Publications.

Carnes, P. J. (1989). Contrary to love: Helping the sexual addict. Minneapolis, MN: CompCare Publications.

Carnes, P. J. (1991). Don't call it love: Recovery from sexual addiction. Minneapolis, Minnesota: Addison Wesley.

Carnes, P. J. (1994). A gentle guide through the twelve steps: The classic guide for all people in the process of recovery. Minneapolis, MN: CompCare Publications.

Casson, L., Claiborne, R., Fagan, B., & Karp, W. (1977). Mysteries of the past. (J. J. Thorndike, Jr., Ed.). New York: American Heritage Press, Inc.

Clatterbaugh, K. (1995, October). Whose keepers, what promises?. M.E.N. Magazine [Online serial] . Available HTTP: [//www.vix.com/menmag/](http://www.vix.com/menmag/)

Cochran, L. R. (1988). Narrative as a paradigm for career research.

Coleman, E. (1991). Compulsive sexual behaviour: New concepts and treatments. Journal of Psychology and Human Sexuality, 4, 37-52.

Connell, R. W. (1991). Live fast and die young: The construction of masculinity among young working-class men on the margin of the labour market. Australian and New Zealand Journal of Sociology, 27, 141-171.

Deiss, J. J. (1985). Heraculaneum: Italy's buried treasure. New York: Harper & Row, Publishers.

Dijkstra, B. (1986). Idols of perversity: Fantasies of feminine evil in fin-de-siecle culture. Oxford, England: Oxford University Press.

Dilthey, W. (1962). The understanding of others and the objective mind. In H. P. Rickman, (Ed.) Wilhelm Dilthey: Pattern and meaning in history, p. 113 - 132. New York: Harper Torchbooks. (Original work published 1885)

Downs, J. F. (1990). Nudity in Japanese visual media: A cross cultural observation. Archives of Sexual Behaviour, 19, 583-594.

Duca, L. (1966). A history of eroticism. (K. Anger, Trans.). Covina, CA: Marvin Miller.

Dudly, D. R. (1960). The civilization of Rome. New York: Mentor Books

Durant, W. (1926). The story of philosophy: The lives and opinions of the great philosophers. New York: Simon and Schuster.

Durant, W. (1954). Our oriental heritage. New York: Simon and Schuster. (Original work published 1935)

Durant, W. (1972). Caesar and Christ: A history of Roman civilization and of Christianity from their beginnings to A.D. 325. New York: Simon and Schuster. (Original work published 1944)

Dwyer, M., & Amberson, J. I. (1985). Sex offender treatment program: A follow up study. American Journal of Social Psychiatry, 5, 56-60.

Dwyer, M. (1990). Reduction of sex offender paraphilic fantasies: 6 month and 1 year follow up. Journal of Psychology and Human Sexuality, 3, 57-65.

Eisler, R. (1988). The chalice and the blade: Our history, our future. San Francisco: HarperSanFrancisco.

Ellis, P. L., Piersma, H. L., Grayson, C. E., Jr. (1990). Interrupting the re-enactment cycle: Psychotherapy of a sexually traumatised boy. American Journal of Psychotherapy, 64, 525-535.

Evans, K. & Sullivan, J. M. (1990). Dual diagnosis: Counseling the mentally ill substance abuser. New York: the Guildford Press.

Feynman, R. P. (1985). QED: The strange theory of light and matter. Princeton, NJ: Princeton University Press.

Forman, M. (Director). (1996). The people vs Larry Flint. [Film]. (Available from USA Productions.)

Foucault, M. (1990). The history of sexuality: An introduction. (R. Hurley, Trans.). New York: Vintage Books, Division of Random House. (Original work published 1976)

Fox, M. (1992). Sheer joy. San Francisco, CA: HarperSanFrancisco.

Freud, S. (1933). New introductory lectures on psycho-analysis. (W. J. Sprott, Trans.). New York: Norton.

Freud, S. (1938). Three contributions to the theory of sex. New York: Random House, Inc. (Original work published 1906)

Freud, S. (1953). The future of an illusion. (W. D. Robson-Scott, Trans.). New York: Liveright Publishing Company. (Original work published 1928)

Ganje-Fling, M. A., & McCarthy, P. (1996). Impact of childhood sexual abuse on client spiritual development: Counseling implications. Journal of Counseling and Development, 74, 253-258.

Gaylin, W. (1990). Adam, Eve and Pinocchio: On being and becoming human. London, England: Penguin Books, Ltd.

Gaylin, W. (1992). The male ego. New York: Viking Penguin.

Gorcey, M., Santiago, J. M., & McCall-Perez, F. (1986). Psychological consequences for women sexually abused in childhood. Social Psychiatry, 21, 129-133.

Griffin-Shelley, E. (1993). Sex and love addiction: Definition and overview. In E. Griffin-Shelley, (Ed.) Outpatient treatment of sex and love addicts (pp. 5-21). Westport, CT: Praeger Publishers.

Hawking, S. W. (1988). A brief history of time: From the big bang to black holes. New York: Bantam

Heath, S. (1982). The sexual fix. London, England: The Macmillan Press.

Hillman, J. (1992). Re-visioning psychology. San Francisco, CA: HarperPerennial. (Original work published 1975)

Hope and recovery: A twelve step guide for healing from compulsive sexual behavior. (1987). Minneapolis, MN: CompCare Publishers.

Howard, S. (1986). Fig leaf, pudica, nudity and other revealing concealments. American Imago, 43, 289-293.

Hucker, S. J., & Stermac, L. (1992). The evaluation and treatment of sexual violence, necrophilia and asphyxiophilia. Psychiatric Clinics of North America, W1(3), 703-719.

Hunter, M. (1990). Abused boys: The neglected victims of sexual abuse. New York: Fawcett Columbine.

James, W. (1948). Psychology. Cleveland, OH: World Publishing Company. (Original work published 1902)

Jones, A. (Ed.). (1966). The Jerusalem Bible. Garden City, NY: Doubleday & Company.

Jowett, B. (Ed.). (1944). Plato's the republic. New York: Random House, Inc.

Kendrick, W. (1988). The secret museum: Pornography in modern culture. London, England: Penguin Books, Ltd.

Kinsey, A. C., Pomeroy, W. B., & Martin, C. E (1948). Sexual behavior in the human male. Philadelphia: W. B. Saunders Company.

von Krafft-Ebing, R. (1965). Psychopathia sexualis: With especial reference to the antipathic sexual instinct. (F. S. Klaf, Trans. of German 12th ed.). New York: Stein and Day. (Original work published circa 1885)

Kubrick, S. (Director). (1971). Clockwork orange. [Film]. (Available from Warner Bros. Productions)

Lew, M. (1990). Victims no longer: Men recovering from incest and other sexual child abuse. New York: Harper and Row.

Levine, S. B. (1995). What is clinical sexuality? The Psychiatric Clinics of North America, 16, 1-6.

Lottes, I. L. (1991). Belief systems: Sexuality and rape. Journal of Psychology and Human Sexuality, 4, 37-59.

Markee, N. L., & Carey, I. L. (1990). Body cathexis and clothed body cathexis: Is there a difference?. Perceptual and Motor Skills, 70(3, Pt. 2), 1239-1244.

Masson, J. M. (1984). The assault on truth: Freud's suppression of the seduction theory. New York: Farrar, Straus and Giroux.

May, R. (1967). Psychology and the human dilemma. New York: D. Van Nostrand Company, Inc..

May, R. (1991). The cry for myth. New York: Dell Publishing.

McLuhan, M. (1951). The mechanical bride: Folklore of industrial man. Boston, MA: Beacon Press.

Miller, A. (1986). Thou shalt not be aware: Society's betrayal of the child. New York: Dutton.

Miller, A. (1990). Four your own good: Hidden cruelty in child-rearing and the roots of violence. (H. & H. Hannum, Trans.) New York: Noonday Press. (Original work published 1980)

Money, J. (1968). Sex errors of the body: Dilemma, education and counselling. Baltimore, MD: Johns Hopkins Press.

Money, J. (1984). Paraphilias: Phenomenology and classification. American Journal of Psychotherapy, 38, 164-179.

Money, J. (1985). The destroying angel: Sex fitness & food in the legacy of degeneracy theory, graham crackers, Kellogg's corn flakes and American health history. Buffalo, NY: Prometheus Books.

Money, J. (1987). Treatment Guidelines: Antiandrogen and counselling of paraphilic sex offenders. Journal of Sex and Marital Therapy, 13, 219-223.

Money, J. (1990a). Androgyne becomes bisexual in sexological theory: Plato to Freud & neuroscience. Journal of American Academy of Psychoanalysis, 18, 392-413.

Money, J. (1990b). Forensic sexology: Paraphilic serial rape (biastophilia) and lust murder (erotophonophilia). American Journal of Psychotherapy, 44, 26-36.

Money, J. (1991). Semen-conservation theory vs semen-investment theory. Journal of Psychology and Human Sexuality, 4, 31-45.

Money, J. (1994). Body-image syndromes in sexology: Phenomenology and classification. Journal of Psychology and Human Sexuality, 6, 31-48.

Monick, E. (1987). Phallus: Sacred image of the masculine. Toronto, ONT: Inner City Books.

Mosak, H. H. & Dreikurs, R. (1977a). The tasks of life I: Adler's three tasks. In H. H. Mosak, (Ed.), On purpose: Collected papers of Harold Mosak, pp. 93-99. Chicago, IL: Alfred Adler Institute. (Original work published 1966)

Mosak, H. H. & Dreikurs, R. (1977b). The tasks of life II: The fourth life task. In H. H. Mosak, (Ed.), On purpose: Collected papers of Harold Mosak, pp. 100-107. Chicago, IL: Alfred Adler Institute. (Original work published 1967)

Mosak, H. H. & Dreikurs, R. (1977c). The tasks of life III: The fifth life task. In H. H. Mosak, (Ed.), On purpose: Collected papers of Harold Mosak, pp. 108-117. Chicago, IL: Alfred Adler Institute. (Original work published 1967)

Nelson, J. P. (1978). Embodiment: An approach to sexuality and Christian theology. Minneapolis, MN: Augsburg Publishing House.

Nelson, J. P. (1983). Between two gardens: Reflections on sexuality and religious experience. New York: The Pilgrim Press.

Nelson, J. P. (1988). The intimate connection: Male sexuality, masculine spirituality. Louisville, KY: Westminster/John Knox Press.

Nelson, J. P. (1992). Body theology. Louisville, KY: Westminster/John Knox Press.

Nelson, J. P., & Longfellow, S. P. (Eds.). (1994). Sexuality and the sacred: Sources for theological reflection. Louisville, KY: Westminster/John Knox Press.

Nouwen, H. J. (1979). The wounded healer: Ministry in contemporary society. New York: Doubleday & Company, Inc.

O'Brien, M., & O'Brien, C. C. (1972). A concise history of Ireland. Minneapolis, Minnesota: Addison Wesley.

Pagels, E. (1988). Adam, eve and the serpent. London, England: Weidenfield & Nicholson.

Pavio, A. (1978). Imagery, language and semantic memory. International Journal of the Psychology of Language, 5, 31-47.

Penner, J. J., Penner, C. L. (1990). Resources for Christian counselling. Counselling for sexual disorders. (G. R. Collins, Ed.). Dallas, TX: Word.

Peraldi, F. (1992). Heterosexual presumption. American Imago, 49, 357-370.

Polkinghorne, D. (1983). Methodology for the human sciences: Systems of inquiry. Albany, NY: State University of New York Press.

Polkinghorne, D. (1988). Narrative knowing and the human sciences. Albany, NY: State University of New York Press.

Pryor, J. B., Stoller, L. M. (1994). Sexual cognition processes in men high in the likelihood to harass. Personality and Social Psychology Bulletin, 20, 163-169.

Reich, W. (1975). The sexual revolution. (T. Pol, Trans.). New York: Simon and Schuster. (Original work published 1945)

Reik, T. (1966). The many faces of sex: Observations of an old psychoanalyst. Toronto, Canada, ONT: Ambassador Books.

Rogers, C. R. (1961). On becoming a person: A therapist's view of psychotherapy. Boston, MA: Houghton Mifflin Company.

Rogers, C. R., & Stevens, B. (1967). Person to person: The problem of being human. Lafayette, CA: Real People Press.

Rosegrant, J. (1986). Contributions to psychohistory: X. Fetish symbols in Playboy centerfolds. Psychological Reports, 59(2, Pt. 1), 623-631.

Salisbury, J. E. (1992). Church fathers, independent virgins. London, England: Verso.

Sanford, J. A., & Lough, G. (1988). What men are like. New York: Paulist Press.

Sex and love addicts anonymous. (1986). Boston: The Augustine Fellowship, Inc.

Shepher, J. & Reisman, J. (1985). Pornography: A sociobiological attempt at understanding. Ethology and Sociobiology, 6, 103-114.

Skinner, B. F. (1971). Beyond freedom and dignity. New York: Knopf.

Smith, T. A., & Wolfe, R. W. (1988). A treatment model for sexual aggression. Journal of Social Work & Human Sexuality, 7, 149-164.

Spong, J. S. (1988). Living in sin: A bishop rethinks human sexuality. San Francisco, CA: HarperSanFrancisco.

Spong, J. S. (1991). Rescuing the Bible from fundamentalism. San Francisco, CA: HarperSanFrancisco.

Stedman, T. L. (Ed.). (1982). Stedman's medical dictionary. (24th ed.). Baltimore, MD: Williams & Wilkins.

Sterling, J. W. (1976) An alternative model for treatment of sex offenders. Offender Rehabilitation, 1, 83-87.

Stoller, R. J. (1968). Sex and gender: On the development of masculinity and femininity. New York: Science House.

Stoller, R. J. (1979). Centerfold: An essay on excitement. Archives of General Psychiatry, 36, 1019-1024.

Stoller, R. J. (1985). Observing the erotic imagination. New Haven, MA: Yale University Press.

Stoller, R. J. (1986). Perversion: The erotic form of hatred. Washington, DC: American Psychiatric Press, Inc.. (Original work published 1975)

Stoller, R. J. (1991). Porn: Myths for the twentieth century. New Haven, MA: Yale University Press.

Stoltenberg, J. (1988). Refusing to be a man: Essays on sex and justice. Portland, OR: Breitenbush Books, Inc.

Stoltenberg, J. (1994). The end of manhood: A book for men of conscience. New York: Plume, Dutton Signet.

Story, M. D. (1979). Factors associated with more positive body self concepts in pre-school children. Journal of Social Psychology, 108, 49-56.

Story, M. D. (1984). Comparison of body self- concept between social nudists and non-nudists. Journal of Psychology, 118, 99-112.

Szasz, T. (1980). Sex by prescription. London: Penguin Books, Ltd.

Talmadge, L. D. (1938). Cassell's Latin dictionary. New York: Charles Scribner's Sons.

Travin, S. (1995). Compulsive sexual behaviours. The Psychiatric Clinics of North America, 18, 155-169.

Volavka, J. (1995). Neurobiology of violence. Washington, DC: American Psychiatric Press, Inc..

Webster's Online Dictionary. (1997). Available at Internet: <http://www.m-w.com/>

Wells, J. W. (1990). The sexual vocabulary of heterosexual and homosexual males and females for communicating erotically with a sexual partner. Archives of Sexual Behaviour, 19, 139-147.

Williams, S. R., & Adelman, P. W. (1978). Riding the nightmare: Women and witchcraft from the old world to colonial Salem. New York: HarperCollins.

Wolf, S. C. (1988). A model of sexual aggression / addiction. Journal of Social Work and Human Sexuality, 7, 131-148.

Appendices

Appendix A1: An understanding of Researcher Values

Carl Rogers was of the opinion in 1967 that few of us are truly conscious of our value systems. In fact he believed, based upon his many years doing psychotherapy, that most persons arrived at their value constructs and value systems, simply by buying them; that is, copying them from other persons and the society around them.

This frequently creates a discrepancy between what a person is experiencing and what is held as values. Rogers believed that there remains a "fundamental discrepancy between the individual's concepts and what he [sic] is actually experiencing, between the intellectual structures of his values and the valuing process going on unrecognized within him" (p. 20). This discrepancy is also fundamental to societal anxiety: that is, the estrangement of twentieth century persons from themselves. Rollo May (1967, chap. 1), in his discussion of the human dilemma, also believes in the necessary inclusion of the valuing process in any understanding of the complex human dilemma. May sees the process as fundamental when he writes: "I define anxiety as the apprehension cued off by a threat to some value which the individual holds essential to his existence as a self" (1967, p. 72)

Values and the valuing process are key concepts for my study. It is possible to describe overall sexual behaviour as a choice of values (May, 1967, chap.5). The valuing process is what classic authors (e.g., Augustine of Hippo and Thomas Aquinas) called "the conscience". Application of conscience, or value principles, to chosen behaviours ("What shall I do or not do?") is a critical, often unacknowledged, part of everyday life²³. Every addict, and the sexual compulsive is no exception, has a set of values which he or she struggles with, dreams about and worries at, hour by daily hour. Life threatening addiction comes when core values have finally been buried deep enough in the psyche to be out of play for most time. But this again sets up the dissonance of the human dilemma, and in the addict's case, initiates another cycle of addiction.

My own values are part of my belief system, which informs my experiencing of the participant; but I must not use them to interpret or judge his expressed experience. In the sharing of the interview relationship, the participant has the

²³ It is obvious to the learned observer that an assumption is in force here. I categorically reject the behaviourist simplifications of human life which attempt to reduce human choice and free will to stimulus response sets at biological and physical levels. (In this regard, also see Martin Buber, 1937, chap. 1.)

same intrinsic worth that any person has in any relationship. Value conflicts will arise but they must not be allowed to control the research relationship²⁴.

²⁴ It is made clear in the documents initiating this study that the interviewer is not the participant's therapist. Although it may appear to the contrary sometimes in the course of the discussions, it is critical for both the researcher and the participant to realize that both have their own therapists for the specific purpose of separation. Further, this can be seen as protection against the charge that these investigations may be simple voyeuristic playthings.

Appendix A2: Personal Bibliography of Author's Position

- Adler, A. (1927). Understanding human nature. (W. B. Wolfe, trans.). New York: Garden City Publishing Company.
- Adler, A. (1980). What life should mean to you. New York: Putnam. (Original work published 1931).
- Alcoholics anonymous. (1976). (3rd ed.). New York: Alcoholics Anonymous World Services, Inc. (Original work published 1939.)
- Ansbacher, H. L. & Ansbacher, R. R. (1979). (3rd ed.). Superiority and social interest. New York: Norton & Company. (Original work published 1933).
- Ansbacher, H. L. & Ansbacher, R. R. (1956). The individual psychology of Alfred Adler. New York: Basic Books, Inc.
- Dreikurs, R. R. (1989). Fundamentals of Adlerian psychology. (reprint). Chicago, IL: Adler School of Professional Psychology. (Original work published 1933).
- Ishiyama, F. I. (1995). Use of validation in counselling: Exploring sources of self-validation and impact of personal transition. Canadian Journal of Counselling, 29, 134-146.
- May, R. (1967). Psychology and the human dilemma. Princeton, NJ: Van Nostrand Company
- Mosak, H. H. (1989). Adlerian psychotherapy. In R. J. Corsini & D. Wedding (Eds.) Current Psychotherapies (4th ed.) (pp. 64-116). Itasca, IL: Peacock Publishers.
- Nouwen, H. J. M. (1986). Reaching out: The three movements of the spiritual life. New York: Doubleday, Image Books. (Original published 1975).
- Nouwen, H. J. M. (1990). The wounded healer. New York: Doubleday, Image Books. (Original published 1972).
- Rogers, C. R. (1961). On becoming a person: A therapists view of psychotherapy. Boston: Houghton Mifflin Company.

Rogers, C. R. (1965). Client-centered therapy: Its current practice, implications and theory. Boston: Houghton Mifflin Company.

Rogers, C. R. (1980). A way of being. Boston: Houghton Mifflin Company.

Rogers, C. R. & Stevens, B. (1967). Person to person: The problem of being human. Lafayette, CA: Real People Press.

Appendix B:
Required Participant Documentation

1. Invitation to Participate in Research

Requesting men to volunteer for participation in research

2. Research Consent Form

Outlining research, responsibilities of parties, legal requirements.

The documents follow in the order indicated. Signed forms are kept in researchers files, along with the tapes of the actual interviews. All will be destroyed at the completion of this study.

- 4) Participants must have an ongoing therapeutic relationship with a qualified professional, who will be notified of your participation in this study.
- 5) Participants must have reached a stage in their life journey at which they consider themselves to be practising healthy sexuality.

Right of Refusal

All participants in this research project have the right to withdraw from the project at any time. At such juncture, audio tapes, transcripts and analysis pertaining to said individual will be destroyed.

If you have any interest in participation in this project, please contact Mr. Muldoon-Burr at the above phone numbers. Please feel free to contact the Department or Dr. Cochran if you have any questions which you do not wish to address to the principle researcher directly.

Thank you.

The only exceptions to this agreement are those required by law: 1) any information indicating ongoing abuse of a minor must be reported immediately to child protection authorities; 2) any indication of potential serious harm to self or others must also be reported. In the second case, the authority may be current psychological counsel; emergency medical help or legal agency may be chosen at the discretion of participant and research counsel.

Right of Refusal

All participants in this research project have the right to withdraw from the project at any time. At such juncture, audio tapes, transcripts and analysis pertaining to said individual will be destroyed.

Consent

The signature below indicates that this document has been read, understood, and that a copy has been received by the signee.

Participant

Appendix C: Data Collection Procedure

1. Initial Screening Interview.
2. Overall Life Story interview.
 - . A non-scripted interview process
 - . Collection of one or two early recollections
 - . Elicitation of life story with emphasis on perceived situations, events etc which are related to addiction and recovery.
3. Review of the audiotape.
4. Partial draft of participant's narrative account extracting significant events/points which describe or otherwise indicate:
 - initiation of compulsive/addictive process;
 - the specifics of the compulsive/addictive process;
 - recognition of failure in compulsive/addictive process to meet participant's goals;
 - point at which sobriety stage is achieved;
 - health recovery stage;
 - full healthy sexuality stage.
5. Construct time line of events.
6. Verification interview.
Appropriate revisions.
7. Detail Narrative Interview (s) expanding "sexual health recovery stage".
8. Repeat until satisfactory to participant:
 - verification of detail content;
 - revisions.

Done.

(Repeat for each participant)