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## **Excessive sexual activities among male clients in substance abuse treatment. An interview study.**

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**Abstract:** The co-occurrence of substance abuse and excessive sexual activities is acknowledged in research and treatment practice. Men seem particularly at risk for developing excessive sexual activities. Excessive sexual activities complicate substance abuse treatment, and clients with such co-occurring difficulties have considerable treatment needs. It is therefore considered important to investigate how male clients who had enacted excessive sexual activities, perceive their excessive sexual activities, and themselves.

**Design:** Interviews were performed with five male clients in substance abuse treatment, who had enacted excessive sexual activities. The interviews concerned the participants' perception of themselves and how they came to enact excessive sexual activities. The interviews were analyzed using thematic analysis.

**Results:** Two major themes were identified. One theme concerned overwhelming shame and difficulties to discuss sexuality in treatment. The second theme concerned how perceptions about masculinity had influenced sexual activities. Sexuality was described as an absent topic in their previous and ongoing treatment, and the participants described a need to discuss sexuality.

**Implications:** It seems important that future studies investigate how excessive sexual activities might be identified and handled in treatment. It also seems important to investigate how gender-perceptions might influence excessive sexual activities. As a suggestion, practitioners should address sexuality, shame and perceptions about gender during treatment.

This study contributes with insight in lived-through experiences of male clients with a history of excessive sexual activities. Such insight seems important for

researchers and practitioners seeking to understand excessive sexual behaviors, and provide adequate treatment.

*Keywords:* Excessive sexual activities; Interview study; Masculinity; Shame; Substance abuse; Treatment.

## INTRODUCTION

Over the past decades, co-occurring substance abuse and excessive sexual activities have been acknowledged in both research and treatment practice (Goodman, 1998; Karim & Chaudhri, 2012; Levine, 2010; Hartman, Ho, Arbour, Hambley & Lawson, 2012). It has been estimated that about 40 % of individuals with substance abuse also enact excessive sexual activities, and vice versa (Sussman, Lisha & Griffiths, 2011). It has also been suggested that men seem to be particularly at risk for developing difficulties with excessive sexual activities (Goodman, 1998; Karim & Chaudhri, 2012).

Varying terms, such as sexual addiction, compulsion, misuse, or excessiveness, are used with respect to a preoccupation with sexual activities, (Mudry et al., 2011). In this study, the term excessive sexual activities is used, and it refers to sexual activities being repeatedly enacted, despite knowledge of negative psychological, social, or physical consequences, and despite a conscious wish to refrain (Giugliano, 2003; Levine, 2010; Plant & Plant, 2003). The term troubled sexuality is also used, with reference to persistent worries about sexuality, and a perceived aversion towards sexuality, as well as towards oneself as a sexual being.

Individuals with co-occurring substance abuse and excessive sexual activities have considerable treatment needs, and unidentified excessive sexual activities might complicate substance abuse treatment (Goodman, 1998; Hartman et al., 2012). Moreover, it seems as if excessive sexual activities might accompany psychiatric conditions such as anxiety, depression, and dissociative syndromes (Karim & Chaudhri, 2012; Plant & Plant, 2003). In addition, individuals who enact excessive sexual activities tend to have a negative self-perception, and researchers have emphasized the connection between excessive sexual activities and difficulties with relationships and affect-regulation (Giugliano, 2003; Parker & Guest, 2003; Valenti, 2002). Accordingly, clients with excessive sexual activities need

support to develop their capacity for affect-regulation, as well as support to nuance their perception of themselves, so that their excessive activities might be terminated (Goodman, 1998; Hughes, 2010; Levine, 2010). Therefore, treatment needs to be adapted to the client's personal experience of his or hers difficulties and self-perception (Larkin & Griffiths, 2002).

*Self-perception, affects, and excessive sexual activities*

The self has been described as the center of the experiencing individual, and in the self-perception, various experiences, thoughts, and affects are integrated, to achieve a coherent sense of oneself and one's activities (Schoore, 1994). The term coherence reflects an ability to integrate multiple experiences and perceptions without losing a sense of continuity (Corbett, 2011; Diamond, 2004; Sloate, 2010).

Self-perception is preferably understood with respect to developmental processes (Parker & Guest, 2003; Valenti, 2002). When individual development takes place in relation to empathetic others who have the capacity to attune to the child's affective states and relational needs, the ability to identify, accept, and regulate affects, such as joy, sadness, and shame, is developed (Schoore, 1994). However, if attunement is insufficient, the child experiences a sense of isolation and a perception that one's affects and needs are unacceptable; experiences that will enter the emerging self (Schoore, 2002). Consequently, a self that cannot regulate relational needs and affects develops. Needs and affects become incomprehensible, and the individual will lack a sense of cohesiveness (Parker & Guest, 2003; Sloate, 2010). The lack of cohesiveness might be counteracted with concrete activities that are perceived as comprehensible and controllable. Through enactment, overwhelming affective experiences become expressed in sensory and motoric behaviors, and thereby become perceived as comprehensible and controllable (Stolorow, Brandchaft & Atwood, 1987).

Moreover, the child has a wish to integrate both masculinity and femininity into the developing self (Benjamin 1988; Corbett, 2011; Diamond, 2009). Sometimes, caregivers are unable to create a relational context in which the child perceives others and self as cohesive. Under such circumstances, relations become associated with disappointment, and femininity and masculinity might become perceived as binary contradictions (Benjamin, 1988). The boy might reject femininity, and perceive femininity as connected to passivity, and thus an inclination for activity might be fundamental for his self-perception since such as rejection creates a sense of being a coherent male (Benjamin, 1988; Corbett, 2011; Diamond 2009).

During life, both men and women are influenced by discourses about gender and sexuality (Hollway & Jefferson, 1998). Hollway (1989) has discussed three discourses about gender and sexuality: (i) the *male sexual drive* discourse, which implies that men are always sexually active and prepared, while women are objects of this drive; (ii) the *have/hold* discourse, which implies that sexuality is an arena for trading and exchanging “favors”; (iii) the *permissive* discourse, which implies that for both men and women, sexuality is a prototype for pleasure, a desirable activity that is performed without consequences.

In sexuality, the individual boundaries become physically and symbolically intermingled, which is a desirable aspect of sexuality, since it is appealing to lose one’s boundaries (Benjamin, 1988). The intermingled boundaries are simultaneously a potential worrisome part of sexuality, in the sense that some boundaries, one’s own and others cannot be crossed without risk, and without undesired consequences arising (Kulish, 2010).

It has been shown that excessive sexual activities seem to pass unnoticed in treatment, and practitioners in substance abuse treatment therefore should ask their clients about excessive sexual activities (Goodman, 1998; Karim & Chaudhri, 2012; Plant & Plant, 2003). It has also been shown that treatment concerning excessive sexual activities should be planned according to the needs and perceptions of the individual client (Hughes, 2010; Parker & Guest, 2003; Valenti, 2002). It is therefore important to investigate how clients in substance abuse treatment, who also have enacted excessive sexual activities, perceive their excessive sexual activities and themselves since such investigations might enhance the possibility to acknowledge such difficulties in treatment. Since men seem particularly at risk for developing excessive sexual activities it is considered specifically important to investigate excessive sexual activities among male clients.

The aim of this study was to investigate how men in substance abuse treatment, who had enacted excessive sexual activities, understood their repeated sexual activities, and how they perceived themselves.

## Methods

### *Participants and procedure*

The five participants were clients in a treatment unit in public health and social care, directed at individuals with poly substance abuse and mental

health difficulties, and treatment continued for several years after abstinence had been achieved. Treatment included supportive contact with a social worker or a nurse, and meetings with psychiatrist and psychiatric nurse.

Via information sheets, clients with experiences of excessive sexual activities were recruited. Five men, 31- 44 years old, who all identified as heterosexuals, participated. They had earlier in life met criteria for poly substance abuse according to DSM-IV (American Psychiatric Association, 2013).

The participants were characterized by : (1) previous substance abuse; (2) experience of excessive sexual activities; (3) stable abstinence from substances; (4) established contact with public health and social care service. The participants received written and oral information about the study and were informed that participation was voluntary, and that they could discontinue their participation at any time without having to give any reason. Thereafter they signed a form to signify their choice to participate. The Regional Ethics Review Board, Sahlgrenska Academy, approved the study.

Two of the participants grew up with fathers with severe alcoholism, who also abused them physically. Their mothers were described as unable to protect them from abuse. These two participants had no formal education, but were currently working part time and had a satisfactory social life. However, they still experienced psychological suffering, and described difficulties in intimate relationships, as well as a tendency for self-criticism.

Three of the participants grew up with parents who abused various substances, were involved in criminal activities, and/or had severe psychiatric symptoms. These participants had been emotionally, physically and sexually abused, and had been subject to social interventions, such as being placed in foster care. They had no formal education and were early retired, or worked in settings arranged by social services. Even though they were abstinent and their excessive sexual activities were terminated, they still experienced intense psychological suffering. They sensed that relations were potentially threatening, and described a tendency for isolation.

All participants described a history of excessive masturbation, consumption of pornography, and sexual activities in relationships, multiple partners, and potentially provoking activities such as exhibitionism. They sensed that their troubled sexuality emerged during childhood and preadolescence, while substance misuse started during adolescence.

### *Interviews*

The interviews concerned experiences of excessive sexual activities and self-perception, and were conducted according to a psychological phenomenological approach according to Giorgi (1985) in which the experiences and perceptions of the individuals concerned are the main focus of attention. The initial question was "*Could you please tell me about the difficulties with behaviors you described that you have experienced*". Throughout the interviews, the participants were encouraged to reflect on issues they perceived as important. During the first 10-15 minutes the interviewer was mainly listening, sometimes formulating short questions to encourage the participant to develop the narrative. Thereafter ambiguities were discussed with the participants. In order to prevent misunderstandings in the forthcoming analysis the interviewer also described how she perceived what the participant was communicating, and asked the participant to reflect on this perception. When the participants described experiences of treatment, further questions about how they perceived that their troubled sexuality had been handled in treatment, were raised. All the interviews were audio recorded, and transcribed verbatim.

### *Analysis*

The interviews were analyzed using thematic analysis, in which the aim is to present common themes that are identified in data (Braun & Clarke, 2006). Thereby, the individuals in a way disappear, and instead the themes become the focus of attention. In this way, the privacy of the participants is safeguarded. Moreover, this method allows exploration of the subjective experiences of the participants, while simultaneously admitting the use of theoretical and professional knowledge of the researcher (Braun & Clarke 2006).

In the first step of the analysis, the first author read and reread the interviews in their entirety, highlighting all statements concerning the purpose of the study. These statements constituted the dataset that was analyzed. In the second step the three authors grouped the statements into subthemes, reaching a first level of abstraction of the data. In the third step the subthemes were grouped together, creating the themes that are to be presented. At this stage a higher level of abstraction was reached. The themes were repeatedly compared to the original dataset to assure that the analysis was grounded in the actual narratives. The final step was to connect

the themes to each other, in order to articulate a narrative about the narratives. This narrative was compared with the interviews, to ensure that the actual statements had not been distorted during the analysis.

## Results

Two major themes emerged and were labeled after quotes from the participants. In the first theme, *“I couldn’t even think about it. It was too shameful,”* focus is on experiences of sexuality and shame. In the second theme, *“I used to think it was normal—hey, I’m a man,”* focus is on how perceptions about masculinity had influenced the participants and their sexual activities. Those themes are not separate entities; nor are they mutually exclusive. Rather, they illustrate two storylines in the narratives, and as such, they should be seen as a conceptualizing of a complex phenomenon.

*I couldn’t even think about it. It was too shameful.*

The sexual activities that the participants described were characterized by excessiveness, such as excessive masturbation, consumption of pornography on the Internet, and sexual activities with a partner and/or multiple partners. Interestingly however, when the participants deepened their narratives, they described relational aspects of sexuality as equally, or even more bothersome than the excessiveness. As one man expressed it:

*It’s not about how many times I have sex with a girlfriend. It’s about how I relate to her. And why I want to have sex. If we just have sex, it’s fine. But if I am using her to feed me with sensations or to feel on top of things... Then I’m way out...*

As this quote illustrates, the participants were concerned about the relational meaning of sexuality, and how they had behaved towards prior partners. Earlier in life they had perceived sexuality as an arena of control and struggle of power, rather than as a possibility for mutuality. They described that overwhelming shame arose when they thought about how they had persuaded and/or coerced former girlfriends to engage in sexual activities that they themselves regarded as inappropriate; either because of the nature of the activities, or because of excessiveness, or both. As one participant said: *“Did my girlfriend really want to do all this? I didn’t even want to do it myself.”*

The participants expressed that coercion and persuasion had not primarily been physical, but rather emotional. They were concerned with how sexuality was treated in popular media and worried about what they perceived as a sexualization of human beings, and what one participant described as the “*anything goes*” attitude. When the participants perceived that sexuality was presented as an “*anything goes*” activity, they could become uncertain about themselves and their shame, which is illustrated in the following quote:

*People say that everything is normal, that there's nothing to feel ashamed about. But I feel ashamed. So I become ashamed of being ashamed... because I start to think... maybe there's something wrong with me, since I feel ashamed. You can't imagine how confusing it might be.*

Furthermore, the participants expressed difficulties in understanding at which point sexual activities went wrong. They were uncertain of their own and other's boundaries, and of who was the owner of the desire. Therefore they could feel like perpetrators, even though they were in mutual relationships. One participant perceived that sexuality was an almost constant worry, even when he made efforts to live in a mutual relationship:

*I become so uncertain.... thinking, "She is also a part of the sex." But who's really? Who has the initiative? I have to comprehend my part of... It is hard to talk about this. There's so much shame.*

This uncertainty fueled shamefulness, and even though the excessiveness was in the past, it was still difficult to achieve satisfying relationships. The participants expressed a need to have a dialogue about these difficulties, instead of continuing to avoid them, but it seemed as if the topic had passed unnoticed in treatment; “*No one ever asked*”. Moreover, the participants described that that it was hard to bring the topic up themselves.

*I feel that it's impossible to tell [the practitioner] about my sexual problems... and how painful everything is. I feel that I have to make her happy... when we talk about... that I'm not using substances anymore... she is so pleased... And we both feel fine, and I go home... and have no one to talk to.*

It seemed like a circle of growing silence had evolved in the treatment context. Interestingly, it seemed that when during the interviews the participants were supported to verbalize their shame and difficulties, they expressed that they felt relieved.



*It's unbelievable how much shame there is. Hell, this is heavy stuff. I regret I said it... But I think it's good... It's exactly those things I have to express. To shine a light on... those ghosts... inside.*

Adjacent to the feelings of relief, the participants described that they had hinted about their difficulties during treatment, but they felt that their intimations had not been acknowledged. One participant said, “*You people who are working with this need to be better at reading between the lines.*”

The participants expressed that when they thought about their shortcomings, shame became overwhelming, and they wanted to escape from memories, thoughts, and themselves. They could brood over whether their girlfriends really wanted to watch porn, have sex in public places, engage in sexual activities up to ten times a day, or if they wanted to have sex at all, considering the difficulties in the relationship. The participants expressed that they had tried to avoid thinking of prior behaviors, or they had tried to reinterpret behaviors they considered inappropriate. One participant expressed it in the following way:

*It's so shameful. It's been so important for me to create a picture of myself as better than others. I tried to fool myself that I don't have sexual problems, because I don't go to prostitutes. I didn't want to see my shortcomings and admit that I behaved badly.... I always said to myself, “I'm not like **this** or I don't do **that**.”*

*I used to think it was normal—hey, I'm a man.*

The participants described that perceptions about masculinity had fueled their sexual activities. For example, they perceived themselves as more powerful, and/or desirable than other men, when they were enacted sexuality, and competitive aspects of sexuality thus became visible. They also described how throughout their lives they had perceived that the essence of being male was to be constantly sexually aroused, and ready to enact sexual activities. For example, one participant said:

*I wanted to have sex all the time. If I had sex I knew... I was a man, and I knew that I was alive. Like... fucking—that is what men do, isn't it?*

The participants described how they had thought that men were expected to be sexually competitive and “*ready*.” It also seemed as if their view both of themselves and of sexuality became guided by this expectation. The participants described how their own perception regarding masculinity had been destructive for them. They now questioned their prior view of

masculinity and felt that their perception had fueled their difficulties in integrating sexuality with mutual relationships, despite their longing for physical and emotional intimacy. Instead, sexuality became a disintegrated part of themselves.

*For me, it's impossible to be intimate. It's impossible to stay in bed after intercourse, because there's so much shame... I wish I could... I never had real relationships. Either I had a sexual relationship or a more... intellectual relationship. I took the role of the super-sexual man...I just fuck and fuck.*

In the narratives, beyond those explicit perceptions of sexuality and masculinity, there were also descriptions of sexuality that concerned intermixing sexuality and aggression, and wishes to dominate. During some parts in the interviews, when the participants were speaking about acts of domination they had performed, they became quiet and changed the subject. For example, one participant started to relate that he felt sorry that his sexuality had always been connected to dominance. Then he became silent, and after a deep sigh, he said, “*It wasn't that my sexuality was brutal... no whips or chains... but...*” Then he shifted focus and started to talk about how he achieved abstinence from substances.

Wishes to escape the restrictive parts of masculinity were articulated. For example, the participants expressed wishes to be sexually passive, to be female, and/or to be penetrated, and they could sense uncertainty regarding whether they perceived themselves as masculine or feminine. They described how throughout life they had struggled with questions about how to regard the role of a man. In this struggle, sexuality became prominent, and a tendency to repeatedly engage in sexual activities, evolved.

*I'm so tired of being male, to be constantly occupied with sex ... I don't know.... This wish to be a woman.... Is it really a wish to be a woman, or is it just that I wish that I didn't have to be a man? Or... the grass is always greener, you know. I've been thinking that maybe I should ask for... sex change. But I don't dare... 'cause I'm not sure if that would be a solution.... Is this wish just a part of this constant dissatisfaction with myself and... everything?*

The participants described how their excessive sexual activities were troublesome and shameful, and therefore, paradoxically were repeatedly sought out, despite negative consequences. At the heart of the spiraling excessiveness was dissatisfaction with themselves, and they saw the

excessiveness as an attempt to shield from overwhelming affects, relational needs, vulnerability, and non-coherence. They had a shameful attitude, not only towards sexuality, but also towards themselves and their bodies. As one man stated:

*I masturbated so many times a day... my penis was sore. It had nothing to do with pleasure. It was just... dirty... Many times I've hated my body. I've said it to my therapist, but I don't think she understood. Now... I take care of my body. I can express that I like my body.... I'm sorry. That doesn't sound true [laughs]. It sounds invented... fake. But I'm trying to.*

## Discussion

In the analysis it became visible that the participants perceived contextual factors as significant for their enactment of excessive sexual activities. Therefore, the discussion will both concern the individual experiences described by the participants, as well as contextual factors that might have influenced their perceptions of sexuality and of themselves.

For example, the participants described that their perception of themselves as males were significant for their excessive sexual activities. Interestingly, their strivings for masculinity could exist alongside a wish for femininity. Based on the results in this study, it seems as if excessive sexual activities could be performed in an attempt to avoid gender ambiguity and lack of coherence. When the participants took the role of the sexual male, overwhelming experiences became avoided. To be sexually active meant to perceive that one was in control, and definitely masculine, and thereby in at least one sense, coherent. This interpretation is in line with prior findings showing that young men who are disappointed with themselves and their lives, have unfulfilled relational needs, and express stereotypical views of gender, might prove their masculinity through controlling and even sexually abusing others (Totten, 2003). Simultaneously, young men who push their masculinity also might have serious questions about their sexual orientation (Totten, 2003).

Individual experiences are taking place in a world that is loaded with perceptions and expectations that influence both how individuals come to view themselves, and the behaviors that they perform. So, individual

experience might be seen as a point where personal uniqueness and contextual influence converge (Corbett, 2011; Scheff & Retzinger 1997). The discourses described by Hollway (1989) seemed to have influenced the participants in this study. For example, the *male sex drive* discourse (Hollway, 1989) seemed to have influenced the participants so that they perceived excessive sexual activities as an assurance of being male. The excessiveness was, in other words, not a goal per se, but sexual enactment assured the man that he was a man, and thus created a sense of coherence, at least momentarily. Moreover, for the participants, the male sex drive discourse fueled the perception that sexual activities are a feasible way to counteract experiences of vulnerability and non-coherence. Perhaps the excessive masturbation described by the participants meant that they literally had something to hold on to when overwhelming suffering and non-coherence arose. Maybe a bit provocatively, it is proposed that some men in an attempt to avoid suffering and non-coherence, approach a principle that states, “I fuck, therefore I am.” This approach might have a calming effect, but in the long run, increases suffering.

The *permissive* discourse (Hollway, 1989) also seemed to have influenced the participants, and was still troublesome for their view of sexuality and themselves. This was, for example, illustrated in the quote where one participant described how confusing it could be to hear people state that there is nothing to be ashamed of. In this quote, a paradoxical, demanding aspect of the permissive discourse became visible; sexual activities are not only permitted, but also are activities that one should engage in without bothering about negative consequences or the differences between free will and coercion (Gavey, 2005). The participants knew the suffering that was connected to thoughtless sexual activities without boundaries. For them, the view of sexual activities as permitted and negotiable became threatening instead of liberating. The good intentions behind a “permissive” attitude are easily imagined. Since sexuality however is a complex phenomenon, it might be easier said than done to embrace the permissiveness—especially when the experience of both sexuality, and oneself, is loaded with shame.

#### *Treatment implications*

Hopefully, the reflections that now will be presented can be helpful for practitioners who are working with men with experiences of excessive sexual activities. Shamefulness and vulnerability, as well as on the importance of counteracting silence regarding troubled sexuality, will be reflected on.

Based on the results in this study it is suggested that practitioners respectfully should address questions of control and vulnerability, so that the potential impact of such questions might be discussed. It also seems important to support the client to accept potential sexual desires that are perceived as passive and/or feminine so that such desires do not become avoided through excessiveness. Practitioners have to acknowledge that vulnerability and shame might be difficult to talk about, because of the nature of shame as a “not wanting to be seen” affect (Fisher, 1988; Kellog & Tatarsky, 2012). Therefore, an important first step is to counteract silence regarding sexuality and shame.

The advice to “*read between the lines*” should be taken seriously. Since shame is connected to a wish to disappear, it cannot be presumed that clients will express everything that is important to them, if they are not supported in doing so. Thus, the capacity to listen to what is not being said needs to be developed (Billig, 1997; Hollway & Jefferson, 1998). Therefore, clients should respectfully be asked questions about sexuality and potential sexual shortcomings, and practitioners have to be prepared to listen and support them. In other words, the evolving silence that was described by the participants need to be counteracted.

Without support, there is a likelihood of looking at oneself and coming to the conclusion that one is failed as an individual (Schoe, 1994). To support client’s struggles to overcome shame and shortcomings is however not an easy task for practitioners (Kellog & Tatarsky, 2012; Parker & Guest, 2003; Shalev & Yerushalmi, 2009). When confronted with troubled sexuality, practitioners become affected themselves, and it might be “easier” to view troubled sexuality as something to diagnose, which could explain the considerable interest in how to diagnose so-called sexual addiction (Goodman, 1998; Hartman et al., 2012). Another way for practitioners to avoid being affected is to adopt the permissive attitude about sexuality (Gavey, 2005). However, in order to support clients to overcome the less appealing aspects of sexuality, suffering and shame have to be confronted. Consequently, practitioners are encouraged to initiate dialogues about troubled sexuality, shame, and gender with their clients, and be prepared to listen.

### *Limitations and future studies*

The participants in this study had been exposed to severe childhood trauma and described painful experiences that could not be acknowledged in detail. Future studies should investigate how excessive sexual activities, vulnerability, shame, and perceptions about masculinity might be understood with respect to childhood abuse. Moreover, this study only concerned male clients. Studies should also examine excessive sexual activities among female clients, in order to shed light on how women perceive excessive sexual activities. Future studies should investigate connections between substance abuse and excessive sexual activities in order to shed light on the co-occurrence of these conditions.

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