

## **Guidelines for psychosexual therapists who work with issues around Sober Sex.**

These guidelines are drawn from the clinical experience of working in a busy psychosexual clinic at 56 Dean Street of Chelsea and Westminster Healthcare NHS Foundation Trust with patients who present with the goal of achieving sober sex. The sexuality of the caseload where the references are made upon is mainly men having sex with men (MSM). There has been a significant increase in presentations around Sober Sex within psychosexual clinics recently, thus the need to draw some initial guidelines.

The guidelines include: definitions on ChemSex and Sober Sex, therapeutic contracts, assessments, a list of difficulties around Sober Sex, useful tools and theoretical models to consider as well as ideas for good use of supervision and list of resources.

### **Definition of ChemSex**

When working with issues around sober sex is best for the practitioner to become familiar firstly with the subject of ChemSex. There are plenty of online resources on the subject, please refer to our links at the end of the guidelines.

According to David Stuart, Substance Misuse Lead at 56 Dean Street and Simon Collins at HIV i- base (Dec 2014), "ChemSex is defined by the use of three specific drugs ('chems') in a sexual context."

These three drugs are meth, meph and G.

- Methamphetamine (crystal/crystal meth/Tina/meth).
- Mephedrone (meph/drone).
- GHB/GBL\* (G, Gina).

In addition, according to the Chemsex study (2013 -14), Bourne, Reid, Hickson, Rueda, Weatherburn (Marc 2014), 'Chemsex' is a term used by gay or bisexual men to describe sex that occurs under the influence of drugs, which are taken immediately preceding and/or during the sexual session. The same report looked at the impact of drugs on sexual pleasure and sexual performance. A large number of men had experienced problems relating to self-esteem or sexual self-confidence and reported that drugs (or at least mask ) these issues. Drugs could provide a more intense sexual experience and the ability to connect with another individual, although the effects were short lived. Using drugs also facilitated lengthier sexual sessions (enabling sex with more men or for longer with each man) and sex was more diverse or adventurous. While the sense of sexual adventure was valued by most participants in this study, several men were concerned that they had, at times pushed their own sexual boundaries too far and subsequently regretted their behaviour.

## Attempted Sober Sex Definition

In the absence of any scientific evidence or support references in literature, the author has attempted a definition for Sober Sex.

- According to Wikipedia *Sober* usually refers to *sobriety*, the state of not having any measurable levels or effects from mood-altering drugs, often specifically from alcohol consumption
- According to Oxford Dictionary the synonyms of *Sober* are not being drunk, not intoxicated, teetotal, dry, serious, sensible, down to earth, realistic, self-controlled, etc.
- According to the Oxford Dictionary the definition of *Sex* could be sexual intercourse, lovemaking, sex act, sexual/vaginal/anal penetration, mating
- According to Thesaurus some synonyms for sex are erotic, intimate, passionate, sensual
- Attempted definition of Sober Sex: *Sober +Sex*: being present + sexual activity=**Present Sex**.
- Attempted synonyms of *Sober Sex*: intimate sex, realistic sex, connection between body and mind, acceptance of self and other, meeting one's own and other's sexual needs, **in other words consensual sex**

**Sober sex is defined as present sex where no drugs (ChemSex) or fantasies are involved and the connection between body and mind is maintained.**

## Contracts

When patients get referred for psychosexual therapy, it's important to agree a contract on how they will manage their ChemSex if it is still ongoing. At 56 Dean Street, as part of the integrated care, a patient can be managed both from the psychosexual and the drug support team. With the patient's consent the two specialists can meet for multidisciplinary case discussions regarding the best care pathway. So, if the patient is still using, then consider referring on for drug support before they can commence sex therapy. (Please see list of sites to refer onwards at the last page)

At the time of a psychosexual referral, the most common scenario is that the patient has got a history of ChemSex, but at presentation he is sober, sex is no longer the same or the patient would like to explore ways where he can experience sexual satisfaction or even intimacy.

One of the most common questions asked during sexual history taking in 56 Dean Street is "when was the last time you had sober sex?". At that point, some patients might realise that it has been a really long time or never, which is a good starting point for the therapeutic process.

### **Further assessment questions to consider, which might be helpful in your formulation**

- What is your real motivation to change?
- What are the harmful consequences of your behaviour?
- Is there an investment in not being sober?
- How would you manage your boredom?
- What would happen to your sexual shame?
- How would you look after yourself?

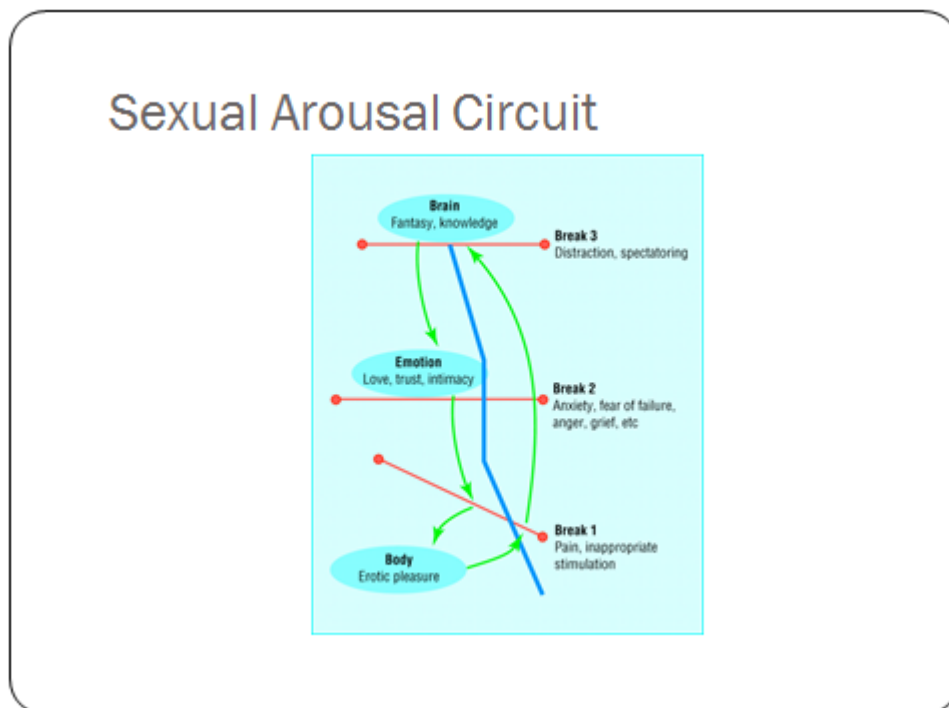
### **Explore with the patient why it is so difficult to have Sober Sex**

- Distractions of the mind
- Conditioned to higher/unique levels of stimulation
- Avoidance of feelings, intimacy issues
- Trauma, 'fight or flight' response
- Avoiding uncomfortable feelings such as pain
- Fear of stillness and boredom
- Self-harming tendency as familiarity
- Sexual shame

Depending on the model you use and whether you can work in long term contracts, all these distractions above could be topics of deeper psychotherapeutic work that can prove very helpful for the patient to explore and gain understanding.

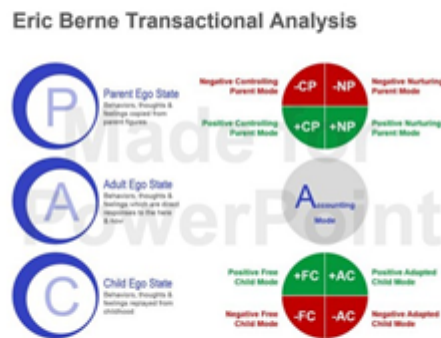
In time limited therapies, such as the 56 Dean Street model, we might make links as to what are the difficulties, but unable to work deeper, in which case patients are recommended longer term psychotherapy elsewhere. (Please refer to the list of organisations)

## Useful tools and models to consider



The sexual arousal circuit above is a really useful tool in sex therapy to understand what is happening when men are not able to have Sober Sex. There are way too many breaks in the cycle and most of the time patients report lack of connection between body and mind when they are under the influence of drugs or fantasising rather than being present during a sexual activity. Arousal occurs in the brain. If that arousal is conditioned or reliant on mental stimulation in order to continue, it breaks further the connection between body and mind. The body soon realises that is no longer needed and shuts its involvement with the sexual arousal circuit, so the stimulation happens and remains in the brain through fantasy, which later could result in sexual dysfunctions especially in patients who are in relationships.

## Transactional Analysis as a tool



Eric Berne, the originator of Transactional Analysis, defined TA as “a theory of personality and social action, and a clinical method of psychotherapy, based on the analysis of all possible transactions between two or more people, on the basis of specifically defined ego states”.

In patients who present with issues around Sober Sex, there is a common pattern of how the ego states interact individually or with others/partners. It's very common for this client group to have a critical parental voice/state, which then 'hooks' with an 'adapted'/timid child, who spends all his efforts trying to please the demands/orders of the parent. Eventually the inner child gets tired or trying to satisfy the orders of the critical parental voice and thinks 'fuck it', which is where most patients are more likely to act out/relapse.

The trouble with this constant hook between the critical parent and adapted child is that there is very little space for the adult state to develop. The main focus in brief and long term therapies, is to facilitate the development of the adult voice, who will decide what is best for the patient.

Before the patient is ready to do any sex therapy, it's also important to encourage the development of a more nurturing parental state, so they can learn or be reminded how they can look after themselves. The healthy child can also be encouraged with forms of play therapy when appropriate.

(Please note that the author is not specialized in TA and the formulation above is purely based on experiential learning. There are lots of great books written on the theory of TA for therapists who would like to expand their knowledge).

### **Introducing Healthy Masturbation**

- Banning use of pornography or fantasies
- Listening to the body's needs
- Only self- stimulation if the body shows signs of arousal, e.g. morning erection
- Reconnecting body and mind with no distractions, similar process to mindfulness meditation

### **Some tools in helping patients/clients achieve the path towards intimacy**

Again, depending on your contract with your patient/client, these could be tools that can be explored as deep as you are allowed within the treatment or get introduced as suggestions for the future. These might be direct suggestions or permission giving and at times liberating for your patients/clients.

- Saying No to Sex
- Self –care/compassion for the sexual self
- Gaining intimacy within self
- Learning to be still
- Enjoying ‘the cup of tea’ again
- Allowing oneself to relearn and explore sexual intimacy
- Mindfulness/meditation/yoga/martial arts
- Congruence/authenticity
- Working towards interpersonal intimacy
- Making time for intimacy and the other

### **Good Use of Supervision**

When working with patients who present with Sober Sex issues, make full use of your supervisory relationship to explore any emerging themes/issues. Especially pay attention to issues such as:

- When therapists feel objectified
- When patients fantasize about the therapist
- Managing therapists revulsion/judgement
- Sexual attraction to the patient

### General References

Berne, Eric, *What Do You Say After You Say Hello?* (New York: Grove, 1972) p. 20

[www.oxforddictionaries.com](http://www.oxforddictionaries.com)

[www.wikipedia.org](http://www.wikipedia.org)

### Chemsex references

<http://i-base.info/htb/28229-> **Methmephangee – ChemSex vs recreational drug use: a proposed definition for health workers**

<http://neptune-clinical-guidance.co.uk/> Guidelines on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances.

<http://www.sigmaresearch.org.uk/files/report2014b.pdf>- The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark and Lewisham.

### Referring on for ChemSex support

[www.chemsexsupport.com](http://www.chemsexsupport.com)

[www.londonfriend.org.uk/get-support/drugsandalcohol](http://www.londonfriend.org.uk/get-support/drugsandalcohol)

[www.ukna.org](http://www.ukna.org)

[www.crystalmeth.org](http://www.crystalmeth.org)

### Longer term psychotherapeutic organisations

[www.bacp.co.uk](http://www.bacp.co.uk)

[www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

[www.cosrt.org.uk](http://www.cosrt.org.uk)

[www.londonfriend.org.uk](http://www.londonfriend.org.uk)

[www.tccr.org.uk](http://www.tccr.org.uk)

[www.waterloocc.co.uk](http://www.waterloocc.co.uk)

[www.ccpe.org.uk](http://www.ccpe.org.uk)

[www.theowlbycentre.org.uk](http://www.theowlbycentre.org.uk)

[www.minstercentre.org.uk](http://www.minstercentre.org.uk)

[www.pacehealth.org.uk](http://www.pacehealth.org.uk)