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Chemsex: Reintroducing Sexuality in the Pleasure and Pain of the Infans

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ABSTRACT

Chemsex is the rising phenomenon of recreational drug use during sex among queer people, involving a certain mindset and particular substances. Chemsex users face difficulties already noted in the psychoanalytic addiction treatment literature. However, chemsex also raises specific clinical challenges regarding queer sexuality. This article mainly draws on theories by Lacan, Aulagnier, Laplanche, Saketopoulou, and Olivienstein, and my clinical work with a specific patient. It argues that chemsex can lead to the rupture of formations akin to the false self used to inscribe subjectivity into a precariously heteronormative social bond, in a way that is akin to Zaltzman's anarchic drive. Despite entailing numerous risks, it is also a means to cling to life, unbinding pleasure from inhibitions faced by queer analysands, such as negotiation of abuse or HIV status. Moreover, chemsex itself can be a vehicle of change, should the therapist admit it as a means of exploring sexuality or even, as McDougall suggests regarding addictions, as a solution to archaic anxieties. This can happen, as with my patient, in tandem with therapy and the processing of the challenging transference-countertransference it entails. In giving new meaning to this patient's subjectivity and incorporating past traumatic experience, a more fulfilling life has the potential to be attained.

Introduction

In the last decade, chemsex has been growing remarkably among men who have sex with men in urban areas of the Western world. The term refers to the use of crystal methamphetamine, mephedrone, GBL/GHB, or a combination thereof during sex (Hibbert et al., 2019). These substances are used under a specific mindset, often taking place on a specially designed scene using certain communication codes, involving multiple partners, with a duration ranging from several hours to days (Platteau et al., 2019; Stuart, 2019). This practice is described by the queer community as a means for connection, experimentation, and achieving a different sexual experience, released from the stereotypical masculinity and femininity in sexual roles (Amaro, 2016; Evans, 2019; Javaid, 2017; Poullos, 2020a). Despite not all chemsex participation being problematic, it has nonetheless been connected to serious addiction issues, psychosis, severe depression, the transmission of HIV and other sexually transmitted diseases (STDs), and so on (Maxwell et al., 2019).

Consequently, chemsex could constitute a distinct field for psychoanalytic study. Although it certainly pertains to the field of addiction, as it involves exceptionally powerful and addictive psychoactive substances, it should be approached through its close connection to expressions of queer sexuality and the challenges that it faces in the postmodern social bond, the Discourse of the Capitalist, as Lacan describes it (Lacan, 2011; Poullos, 2018). In this article, I argue that the chemsex experience is directly linked to the challenges inherent in the formation of queer sexuality. Thus,

I present the way I work with people involved in chemsex, admitting the practice into the analytic process with some necessary technique changes that allow for the experience to be a vehicle for the subject's reconstitution and change. Before continuing with my clinical thoughts, however, I present some theoretical reference points crucial to my approach.

The origin of sexuality

The origin of sexuality is traumatic for the human subject, as it emerges from the encounter between physical and psychic processes on the one hand, and the world and its mandates on the other (McDougall, 1996). In other words, sexuality is constructed when the subject, while being dependent on their environment, collides with that environment's otherness, the Other, represented primarily by the parent who performs the maternal function. The early care that this parent provides brings about both pleasure and unpleasure, due to the parent alternating between being present and absent, and the consequent arousal that this causes to the subject. Combined with the subject's aforementioned dependence, this leads to the question of the Other's desire (Lacan, 1966), the attempts to answer that question, and the meaning consequently given to the self and the world. The Other responds to the needs of the subject, who is in the *infans* state (Aulagnier, 1975), that is, outside of language, where experience comprises the sum total of the sensorium of fragmented somatic zones, which are predecessors of the erogenous zones. Here, an undifferentiated sensory pleasure/pain experience prevails, as Aulagnier (1975) describes. The Other's response gives meaning to the experience through the language, signifiers, and representations that will be used to metabolize that experience. Furthermore, the Other shall, through their own gaze, provide an image for the subject to identify with, and thereby to unify the fragmented *infans* body, as Lacan (1966) describes in the mirror stage.

However, the language, signifiers, and representations involved in this process are imposed on the subject, rather than being constructed by them, just as they are not constructed by the parent, having been, in turn, imposed on them. The parent, or *m-Other*, to use Lacan's pun, therefore bears society's regulatory norms, as those have been internalized through their own history and unconscious meanings given to it, which they then unconsciously and inevitably impose upon the infant. Aulagnier (1975) calls this process primary violence. Insofar as the person who performs this early care constitutes a source of signifiers and representations often opaque to that person themselves, as they too are subject to their sexualized unconscious, those signifiers and representations render the caregiver's own desire nontransparent (Laplanche, 1997).

Consequently, sexuality is constructed through the attempt by the subject to give meaning to what the Other bears, which renders them inaccessible to the subject's own desire. Thus the gendered position that the Other gives to the subject becomes unattainable, insofar as language cannot adequately signify that place. According to Laplanche (1987), the subject translates what he calls the "enigmatic signifier," that is, the meaning given to the child's gendered and sexualized state by the parent, which is unconscious to the parent themselves. That translation is used by the subject in order to respond to the position they fantasize having for the Other. Arguably, this response is a constituent element of the subject's gendered position and the construction of their sexuality. However, part of the message inevitably remains untranslated, thereby constituting the subject's unconscious, which is therefore sexualized.

Thus, the construction of sexuality is traumatic for the subject precisely because part of the sexual remains inaccessible. The ego can never be "master in its own house" (Freud, 1917) due to the unconscious; this leads to repetition and the resulting *jouissance* (Lacan, 1959–1960, 1973), the effect of excitation deriving from the partial drive, which is simultaneously pleasure and pain beyond the pleasure principle. This repetition can, of course, be a creative field through the subject's fantasizing and symbolically creating (Scarfone, 2011). However, it also renders the subject vulnerable and therefore at the mercy of what society dictates in its attempt to subjugate that area that always eludes control and can consequently destabilize both the subject and society as a whole, as psychoanalytic, queer, and critical theory all attest (Butler, 1993; Watson, 2009; Zuppančič, 2017). That area is none other than sexuality, a field that always constitutes a question to which no answer can suffice.

Addictive solutions

As far as addiction is concerned, a thorough review of the rich ideas that have emerged from psychoanalytic research is beyond the scope of this article. Nevertheless, it needs to be noted here that addiction is closely connected to sexuality. I agree with Olivenstein (1987) that this aspect is all too often disregarded in other nonpsychoanalytic approaches, as well as conventional detoxification programs. The subject yearns to bypass the traumatic element of sexual difference and the collision with otherness detailed above via the substances' psychoactive effects, which offer an alternative answer to the enigma of the sexual without the need to process the relationship with the Other. The substance becomes an Other for the subject, and this Other's entry into the body gives access to a *jouissance* unmediated by language, an Other *jouissance* (Lacan, 1975). According to Olivenstein (1987), through the substance, the user gains access to the *non-dit*, the unspoken: that which eludes every attempt for the subject to utter their reality in full; reality that is the aim of a fantasized existence beyond all deprivation imposed on the subject by the gender binary, the taboo on incest, the strictures of society, the knowledge of death. Yet the cost of this process is, of course, the breakdown that follows the substance's effects and its withdrawal, where addiction occurs.

Consequently, substance use and addiction, in spite of their often fatal repercussions, are not in fact behaviors or states aiming at self-destruction. That is, I would argue, merely a conclusion drawn from social mores and ideals. After all, the object of addiction is a *transit object*, according to McDougall (2004), that ensures the subject's cohesion from fragmentation that is, in turn, caused by the anxiety induced by trauma usually associated with the subject's early life and relations. This transit object is consumed, disappears, and must be found from scratch, thereby never allowing the developmental processes and the creativity achieved through the transitional object as discussed by Winnicott (1971). Additionally, Director (2002, 2005) further notes that the substance's effect allows an omnipotent self-state, while also opening up the potential to negotiate new versions of relationality. Psychoanalytic therapy can help the subject accomplish this through the symbolic reformulation of unresolved early life relational dynamics embedded in chronic drug use.

Thus, I would argue that substance use can be an attempt on behalf of the subject to negotiate their own unique position outside the limitations of the ego and the identities they bear—to surrender themselves through the Other *jouissance* to a unique relationship with a body freed from the primary violence, even at the price of possible physical death. At this point, I would like to note that I am by no means trying to romanticize addiction or gloss over its potentially disastrous effects. What I am striving to do is highlight something that may at times elude therapeutic approaches to addiction: this unutterable *jouissance* of the substance's psychoactive effect, comparable to the ecstasy of mystic rituals, according to Olivenstein (1987), which offers a transformative potential. Immersing themselves in that *jouissance*, substance users may surrender to an often sadomasochistic alteration between highs on one hand, which may lead to unpredictably pleasant or unpleasant effects, and lows caused by substance withdrawal and its impact on the other. This immersion is similar to Saketopoulou's concept of *limit consent*, where the subject lets themselves become passible to the Other (in this case, the chemsex partner or even the substance itself as an Other), in order to access an experience that shatters the boundaries set by the ego, notwithstanding all the risks this entails, including psychotic breakdown or death.

Queer sexuality

If, as has been argued in the preceding, sexuality constitution is *de facto* traumatic for the subject, for queer people, the images and signifiers offered by a parental or social Other lack a place for their own sexuality, whereupon alienating meaning is often violently bestowed. This further complicates sexuality's constitution, rendering it not just traumatic but potentially abusive. Under a Laplanchean view, one could argue that for the queer person, the enigmatic signifier's transmission is often intromissive (Laplanche, 1987; Scarfone, 2013), not allowing interpretations of sexuality outside of heteronormativity, and preventing sufficient freedom to translate their own sexuality through contact with the maternal Other. González

(2013) coins the term *proto-gay* for the homosexual person who grows up in a heteronormative world before the formation of their sexuality is fully set. They cannot find any social representations that include their own experience, which is consequently formed “*in the silence of a love that dare not speak its name*” (p. 115), with which they might identify. I would argue that the proto-gay, or *proto-queer*, one could say, while imagining a future more hospitable for their desire (González, 2013), has already received violating names for themselves which give meaning to their sexuality in a way that is painful for the subject, connecting it with emotions such as guilt and shame and thereby rendering them vulnerable. Therefore, queer people grow up in a *limit-experience*, as Zaltzman (1979) describes it, in which physical and emotional survival are precarious insofar as both are continually questioned. Under this regime, I maintain that the subject often constructs somewhat of a persona, similar to Winnicott’s (1986) concept of false self. Despite borrowing the concept of false self, I do not believe there is a false, as opposed to a true, self, but rather, that the subject is forced to disassociate from qualities, aspects, and capacities they have and to place them to the service of a social Other, in order to be accepted and secure. From this perspective we could consider coming out as the subject inscribing themselves into the social bond, by integrating the aspects they have been hiding in order to feel safe with the ones that constitute the socially acceptable false self.

Nevertheless, this false self construct, though it may offer social acceptance and security, does not permit pleasure, thereby condemning the subject to psychic deadness. In this state, what Zaltzman (1979) calls the *anarchic drive* can be seen to prevail. This drive, despite leading the subject to seemingly self-destructive behaviors, allows the “uncompromising” (*irreducible*) person (Zaltzman, 1979), queer in the cases I am discussing, to hang on to life through unconventional and often risky choices, thereby rebelling against the world’s impositions and all those factors that render their life unbearable. Through the resistance that the anarchic drive offers, the queer subject living in a limit experience such as the heteronormative world does not focus on amplifying what keeps them alive. Rather, they strive for release from any bindings that, though they may ensure physical survival, hold in store a psychic death that smothers their uniqueness.

A particular example of society’s obtrusion on the queer person that renders their world inhospitable is HIV. After all, HIV is closely connected to chemsex, for which the role in virus transmission is what has primarily attracted research on this phenomenon (Hibbert et al., 2019). Indeed, in the last few decades, a particular connotation has emerged in the general public’s understanding of men who have sex with men, that of disease and death. In the years that have passed since the AIDS epidemic in the 1980s, the medical reality has fundamentally changed, yet public perception has been slow to catch up. Early representations regarding HIV and society’s reaction to it, which Dean (1993) compares to psychosis on a social scale, have led generations of men who have sex with men to grow up linking their sexual orientation to a death sentence (Papadopetrakis and Poullos, 2019). Nowadays, however, we witness the birth of a shift in the West, where unprotected sex does not constitute dangerous behavior that can cost one’s life. Today, in the age of “Undetectable = Untransmittable,” people who live with HIV and are systematically taking antiretroviral medication, resulting in the viral load no longer being detectable in their blood, do not sexually transmit HIV (Rodger et al., 2019). Meanwhile, pre-exposure prophylaxis, that is, an HIV-negative person taking antiretroviral medication, also protects them from HIV transmission (Spinner et al., 2016). Unprotected sex is thus not self-destructive behavior, nor is the condom a symbol of life. Unprotected sex also signifies intimacy and liberation, as Blechner (2002) says. Indeed, the very term “bareback,” used by the gay community to denote unprotected sex, comes from riding a horse without a saddle (Blechner, 2009)—defying danger, yet offering freedom. However, I would add that the main risk the uncompromising (Zaltzman, 1979) expose themselves to with bareback sex is the transmission of the stigma that still accompanies HIV (Poullos, 2018, 2020b).

Chemsex and psychoanalysis

It could be argued that chemsex is an example of the anarchic drive prevailing among the uncompromising queer people. The subject, under pressure from heteronormative, often extremely violent, dictates on their sexuality, yet also in combination with other factors like HIV stigma and traumatic

events (Amaro, 2016; Poullos, 2018), rebels and longs for a different access to pleasure, in the form of practices, intensity, duration, number of partners, and quality and quantity of contact with others. Through substance use, the aforementioned false self structure ruptures, restoring a state where the *infans* prevails. The rupture of the false self is reminiscent of Saketopoulou's (2019) overwhelm: So great is the drive's intensity that it brings about the shattering of the ego. In the cases I am discussing, that ego has been constructed under the violating imposition of the Other's representations, which have not allowed meaning to be more freely given to the subject's sexuality, or even a fissure of access to the Other *jouissance*, which would allow for the emergence of the unspoken.

The experience of the false self's rupture I am describing, which in the situations I am referring to stems from chemsex and its effects, is not related to the return of the repressed, as the experience in the *infans* state is not comprised of representations (Aulagnier, 1975) and the Other *jouissance* is not inscribed in the Symbolic order. This speculation is after all in agreement to Saketopoulou's (2020) discussion of the experience of the overwhelm and Olivenstein's (1987) description of the unspoken. Both point out that these states are not related to the usual return of the repressed described in the neurotic aspects of psychic life. Yet the rupture of the false self can indirectly attract past and especially unprocessed traumas. Within the context of these traumas, it can gain meaning, converting the unspoken into the repressed (Olivenstein, 1987), which can, in turn, through the repetition compulsion, reinforce the substance withdrawal symptoms and the compulsive substance pursuit, leading to addiction. Consequently, significant hazards loom: Not only does chemsex set the subject's life at risk due to the toxicity and effects of the substances involved, but it may well also cause a general psychotic disorganization. However, the rupture of the false self and the *infans*'s prevailing are, simultaneously, an opportunity to bestow new meaning on the subjectivity and experience, through renegotiation of past traumas and a different construction of the self that may emerge. This is where psychoanalytic work can contribute. Its primary goal cannot be detoxification, as that is not the purpose of psychoanalysis in general, but rather to support the subject in their own attempt to renegotiate the enigmatic signifier's translation so far, or to translate it for the first time, if its transmission has been intromissive. After all, this may well be a prerequisite for the subject to stop using substances, should they wish to do so.

The journey of Orpheus

In order to support these propositions, I use material derived from my work with a patient I here name Orpheus. Orpheus was an ancient Greek god who was initiated into mystical rituals and descended to the Underworld to find the object of his desire but, on his return, lost it forever. His journey inspired him to write divine music, and to teach of the Other side's mysteries, as Orpheus and others involved in chemsex have done for me.

Orpheus presented with a clinical picture typical of many patients problematically involved in chemsex. Yet it is important to note here that the following presentation is by no means meant to be a generalization applicable to every person involved with chemsex. Rather, my goal is to discuss certain thoughts that have emerged from my clinical experience with it. After all, it would be wrong to claim that every person involved in chemsex uses it at a problematic level: The people who end up in our offices tend to be those who have already lost control.

He is a presentable 36-year-old man who looks significantly younger, with an illustrious academic and professional career. During our first session he tells me I was recommended by a former analysand of mine who happened to also be a former "fuck buddy" of his. They had since lost touch, but Orpheus had recently run into him. Orpheus says he has come to me because I "know chemsex," according to that former fuck buddy, who has ceased drug use.

Seven years ago Orpheus was diagnosed with HIV, which devastated him. He isolated himself socially, successfully devoted himself to his career, and stopped all sexual activity. His sex life returned two years later through his involvement with chemsex, when a man who had been pursuing Orpheus persuaded him to "slam," that is, intravenously use crystal meth. Orpheus had not used any substance

up to that point. He describes the experience as liberating, as he found himself in a context where he was accepted for what had previously caused rejection, and he was able to rediscover sex: “It’s like you have no body, or you’re gaining a new one you didn’t know you had,” he says, “I could enjoy so intensely and so long what I had been hiding.” In the chemsex scene Orpheus was accepted for his intense sexuality. Even further, he was desired because of it. After all, nobody scrutinized his HIV status; on the contrary, it was the first time he was socializing with other seropositive people, and he was doing so in such a pleasurable context.

However, he feared that in the last two years he “may be losing it a bit.” In the time that followed that first substance use, he fell in love with the man who introduced him to chemsex, and when he confessed his feelings, the latter rejected him and suggested that Orpheus go to other parties instead. Orpheus connects his loss of control over use to this event. Today, socially isolated, he is neglecting his job, is irritable, and is in a depressive state. His only respites are the two- to four-day periods when he “parties and plays.” Slamming crystal methamphetamine, he spends hours on the dating app *grindr*, where he finds chemsex parties in which he flings himself into intense and sometimes “extreme” behaviors. After each party, he talks of feeling empty and sad. Sex seems meaningless, unless it is chemsex. He initially asks that we have a few sessions so I can guide him regarding the drugs. In this first session and overall during the early stages of our work together, I do not focus on the addiction, but rather in the experience of using, its history—and, consequently, on the history of Orpheus himself, which he feels shame for, fearing I shall think him to be weak and blowing it out of proportion. However, he enjoys the process, as he will not use substances at all over the first few months, without such a goal having been set by me, or him making an effort to achieve it. In the first sessions he seems excited that I am not shocked by what he describes. He observes that “although [he] hasn’t seen [me] at any parties, [I] understand what [he’s] talking about and that is very important.”

Orpheus is the third child and only son of a couple who are prominent in their field and well-known in Athenian society. His parents are exceptionally religious and sadistically strict. The father, whose acceptance and love he recalls ever craving for, would impose work and religion as the sole pursuits in life, while the mother was obsessively preoccupied with the body and with avoiding sexual activities. Ever since he was a child he had to be strong, yet also always careful, because he felt that he was a “different” boy without quite understanding why. He felt he was not as strong as he ought to be compared to other boys, whose company he sought in order to feel safe. Regarding why he ought to be careful, Orpheus recalls that when he was about five, he was confronted with his father’s fury when he got caught sitting on the toilet seat in order to urinate, so as not to get the toilet dirty and get scolded by his mother. His father hit him and told him he was weak because he wanted to be a girl. From that point, he was under very strict supervision, cut off from his sisters and only allowed to leave the house to go to school, church, or Sunday school. At school, Orpheus was now afraid of the other boys, who started laughing at him.

Soon after, a family friend, who was a teacher and Sunday school instructor, suggested to Orpheus’s parents that he give the boy private lessons after school to “help him reach his full potential.” The parents agreed and Orpheus was allowed to leave the house to go to this teacher’s place. The teacher started looking after Orpheus, but also sexually abusing him from the age of eight, under the pretext that Orpheus could release his sexual desires with him and thus avoid getting into danger elsewhere. The nature of their relationship was evident, yet the parents never spoke of it, nor did they set any boundaries to the gifts, outings, or vacations that Orpheus and the teacher would go on together. During Orpheus’s puberty, the teacher, who refused to wear a condom, told him that he must never do anything with other boys, or he would get AIDS. Orpheus, on the other hand, felt disgusted at himself “for being so hypersexual.”

Upon coming of age, Orpheus managed to stop the sexual encounters with the teacher, who was now of fairly advanced age, and became the successful young man everyone expected him to be, albeit without deriving any satisfaction from his successes. Nevertheless, they did make him feel safe and accepted. According to his narrative, they hid his “hypersexuality,” which had led him to “seek out” the relationship with the teacher. He would release that so-called hypersexuality in secret visits to parks

that function as hook-up cruising areas. At some point he met a man in the park and fell in love with him. He originally appeared different from the others: masculine, attractive, overall a stereotypically idealized image of a gay man.

They stayed in touch, primarily for sex. Despite routinely using condoms until then, with this man Orpheus did not, because he “believed the emotions were mutual” and therefore took for granted that their relationship was exclusive, that he was safe. It was from this man that Orpheus was to be transmitted HIV. Yet when he broached the subject, the man denied it, responded extremely violently, and threatened him. Orpheus resigned from his job, successfully devoted himself to a new one, cut himself off from people and from sex. Two years later, he came into contact with chems.

For Orpheus, the enigmatic signifier’s transmission is intromissive, considering the fact that it has left him little freedom to translate it in his own subjective way. It enforces debasement or “hypersexual” submission to whomever seems inclined to accept Orpheus, thereby leaving the path open to any potential violation. As a proto-gay (González, 2013), the unspoken of Orpheus’s sexuality has assumed form through the discourse of the Other, who claimed that Orpheus was weak and less of a boy, and therefore should be punished. For the first time since the toilet incident, he feels accepted by the teacher, who will sexually abuse him under the pretext that he is hypersexual and will thereby be protected from the outside world and AIDS, inscribed here as the inevitable consequence or another signifier of his sexuality (Poulios, 2018). Orpheus managed to remain safe behind a false self of achievements, while parks began to constitute the only hospitable context for his sexuality. But the love that emerges there is traumatic. Orpheus seeks out connection, contact with the beloved other, free from the dictates of cruising casual sex, through removing the condom. However, he is once again rejected by a man he loves, just like the father. That rejection is signified with the HIV signifier, confirming the words of the teacher, who had introduced it as the price of desire for men. Thus, while not actively threatening his life, thanks to antiretroviral medication, HIV still keeps Orpheus away from sex and the community represented by the man who has infected him, and to which he would like to belong—the imaginary community of gay men who live comfortably and well. Chemsex offers an opportunity for connection, a refuge within an incestuous scene among peers who share an imaginary sameness. There, a rejection from the love he has been seeking by the man who introduced him to chems marginalizes him anew. He once again loses the love he craves and finds himself cast out by a “family,” and, consequently, he loses control over the substance craving.

Orpheus’s profile is typical of addiction to crystal meth and problematic involvement in chemsex (Platteau et al., 2019). One effect of crystal meth that is particularly important to therapy is that its neurobiological effect suppresses the language centers in the brain (Fawcett, 2016). This must be taken into account during therapy’s early stages in an approach such as psychoanalysis, which typically focuses on the symbolic. The language center’s suppression, hindering symbolization, brings forth problems mostly encountered in nonneurotic patients, such as deficits in the representation of the otherness and primal anxieties. Indeed, Orpheus describes the substance’s effect as bringing about a *jouissance*, beyond speech. This Other *jouissance* allows Aulagnier’s (1975) primal infants to prevail. In fragmenting the false self under the sway of the anarchic drive, chemsex’s overwhelm has brought him to the brink of annihilation. It is at this point that he comes to meet me.

Initiation

Indeed, Orpheus comes to speak to me having lost himself. In the first stage of our work, I admit his drug use, thereby opening the way for the chemsex experience to be talked about. In letting him understand that I am not unfamiliar with it, I let a common point of reference be drawn, in order to introduce a first nontraumatic sense of otherness. After all, that was one reason why he came to me in the first place: I “knew chemsex.” Setting aside any idealization from his friend’s allegations on my specialization and how much I may have helped that friend, we can assume that this supposed knowledge on my part regarding the Other *jouissance* feeds the transference in such a way that makes him feel a familiarity comparable to what he feels with his chemsex party partners. For queer

people, it is often important to feel in the beginning of the therapy process that they need not explain everything regarding their experience and the terms they use, as they do in their everyday lives. Later, when the right time comes, the subjective meanings of those terms for our analysands shall also be explored. Through this approach, I try to create an atmosphere of security, which will allow him to turn transference from the object of addiction to his treatment—that is, from the absolute knowledge the substance represents, as the primary solution and sanctuary and the also sole passage to pleasure, to the unknown of the unconscious. During this first stage of treating people who face addiction, it is important for analysis to be introduced as a potential transitional object (Winnicott, 1971), an object offered from outside but taking on qualities of the subject, allowing for a common ground with the therapist and surviving the subject's unmetabolized emotions and destructive fantasies. This transitional object will substitute the substance as a transit object (McDougall, 2004).

Enter chemsex

Relapse is common when working with people facing addiction, despite the degree of use or stated intentions of sobriety in the initial stages of therapy, so it was not surprising that Orpheus relapsed as he began to explore his early life. Here starts the second stage of our analytic journey. I call this a relapse because Orpheus himself experiences it as such. In my opinion, the so-called relapse ought to be treated not as a repetition, but rather as an opportunity to better understand the self and the relationship to the addiction object through the meanings given to it by the analysand within the therapy context. As Director (2002) notes, in the context of transference dynamics, chronic substance use and the behaviors associated with it can be understood as expressions of unresolved unconscious conflict and relational dynamics. These have the chance to be symbolized within therapy so that new exchanges can be initiated. Nevertheless, at this point, Orpheus treats his return to chemsex as a relapse, having probably projected that it was my desire for him to stop using. This return to chemsex takes place when the abuse Orpheus has been subjected to in the past is named by me as such. He explores how he was treated as a child, focusing on how he and his “hypersexuality” was to blame, and refers to his sexual orientation as though the way he was treated were its natural conclusion. At that point, I make the Other visible as a real person by naming the teacher's behavior as abuse. With this, the lack of reference to the symbolic Law is acknowledged, and the realization that he “wasn't crazy, wasn't a drama queen” comes, along with the possibility that he “wasn't less of a man,” as has been imposed on him. This realization, however, also signifies that what has happened to him wasn't his inescapable fate due to what he is, as Orpheus has believed until now, but rather a series of violations and disastrous absences. As often occurs when working with childhood abuse (particularly sexual abuse), it is when the abuse is named and acknowledged that the breakdown (Ogden, 2014) that has never before occurred takes place, and so it is with Orpheus. Orpheus begins to completely lose control of his chemsex involvement, thereby blocking any analytic work. Under the effect of the anarchic drive, he puts his life in serious danger. As part of transference, he provokes me that he “will binge no matter how much I want him to stop and to be a good boy.” In those moments I become the Other against whom he is rebelling, and he refuses to submit to my supposed demands, even while submitting to the substance's powerful addictiveness. Perhaps he is even testing me to see to what extent I might intervene abusively to all he is exposing me to, as other significant people in his life have done. This position is often unbearable, as the analysand, through the substance use's omnipotence (Director, 2005), renders us impotent to stop something that seems destructive to their life, even sometimes impairing our ability to think during sessions. Additionally, by being exposed to the Other jouissance, we are confronted with the limits of our translations of the enigmatic signifier, the blind spots of the ways we have constituted our sexuality. Accepting this aspect of resistance by the uncompromising in therapy, I admit the chemsex within the sessions. I do not, however, accept it without comment, as that would mean colluding with Orpheus in much the same way as his chemsex partners. Instead, I concede to sessions if he is craving, high, or at withdrawal, in order to explore these conditions during sessions

as part of his experience. In seeking the subject behind the behavior, I allow the frame to become flexible without becoming loose, as Zaltzman (1979) recommends in clinical work with the uncompromising. When extra sessions are requested, they are granted; written messages or nonscheduled phone calls are allowed. I offer a holding without judgment, acknowledging the dangers, attempting through my interventions to facilitate the existence of time, a continuity through the alternation of my presence and my absence, in order to allow him to process his experience, so as to ultimately give form to the overwhelm that fixates him to substance use.

Ascent from Hades

When Orpheus asks me for advice on controlling use and harm reduction from it, I decide not to offer it myself, as that would mean I share in his *jouissance* and thereby abandon my role, just as the father and the teacher have done in the past. Instead, I refer him to the Chemsex Support service we have founded with the Greek Association of People Living with HIV “Positive Voice.” Chemsex Support is a community based chemsex harm reduction service based on peer-to-peer counseling and trying to incorporate principles of *community psychoanalysis* (González and Peltz, 2021). Peer counselors at this service are appropriately trained men who have sex with men, who have also had some experience with chemsex involvement, which has been processed through psychotherapy. With this referral, I introduce a third party into my relationship with Orpheus at the moment when the analytic third seems to be collapsing. With this third party, he can create a social bond related to chemsex, yet one that is based on speaking, rather than acting. He is also recommended medication to help with withdrawal symptoms. Thus, substance use is put under better control, while Orpheus decides to have an operation that has been pending, and which will not allow him to be involved in sexual activity, and therefore chemsex. After all, this operation is the “pound of flesh,” to quote the Merchant of Venice, that he must pay to recover his body and thereby regain a more authentic access to the social Other. Indeed, despite the pain, agony, and hardships that this operation will bring about, which are outside the scope of this article, during this time he comes out to his family both as gay and as a man living with HIV, speaking about the abuse he has been subjected to and moreover setting boundaries around the extent to which they may interfere with his life. He alone will choose “how to run [his] body and [his] life.”

It could be argued that at that moment we pass to the current third period of our work together. From this point, Orpheus begins to experience emotions beyond the pain and pleasure of the *infans* again, which include sorrow, anger, and despair regarding addiction, and into a pride he thoroughly deserves, since he has managed to hold his own in life, while his skills and talents offer him new opportunities. He restarts his career and begins to set strict boundaries about who he will “go to space with.” Our sessions now take place three times a week, after he himself asks to explore his life and his desire, managing to reconfigure his story and give new meaning to what has been imposed on him as a translation of the enigma of sexuality. He spontaneously makes impressive discoveries within a clarity new to him. He begins to enjoy this clarity, though it does not come without great pain—the capacity for ambivalence begins to exist. He realizes that “everything that has happened in [his] life as a gay man has been insidious”: the abuse, the parks, HIV, even chemsex. He goes on to conclude that, within the chemsex scene, at sex parties, he has been the “slutty bottom” who is the center of attention. Moreover, he himself has identified with this role, thereby allowing the denigration of all other attributes. Much though this realization may hurt, by being at the center and masochistically accepting abusive behavior from others, he has been facing abuse, but this time those present could not pretend they do not see it, like his family.

Conclusion: Therapy at the limit

In conclusion, I would like to note once again that not every involvement in chemsex is the result of abuse, nor must it have a pathological background. After all, we must always keep in mind that those who come to our doorstep are the people who are already facing issues in their day-to-day lives. In this case, the issue that led Orpheus to me was loss of control over substance use. Consequently, the

material that emerges here is by no means applicable to every person involved in chemsex, nor is this approach appropriate for all. Nevertheless, the connection between chemsex and queer trauma is evident. Substance use per se is stigmatized, and that stigma is intersectionally piled on to that of non-heteronormative sexuality and gender expression. Due to the neurobiological substance effects, moreover, the chemsex experience brings about an excitation that sometimes cannot be metabolized. Thus, the subject becomes vulnerable anew to violent interpretations of their experiences, bringing up past traumas and connecting them to the subject himself in a masochistic way. However, I have tried to show that the chemsex overwhelm brings about a rupturing of the false self, the momentum of which can, in turn, cause the subject's position and the meanings given to them so far to destabilize, and thereby facilitates an opening for change. Indeed, this is what has happened with Orpheus, who musters the courage to question his experience and utilize the problematic substance use as a field where he can bestow meaning on his story in his own way. Thus, I agree with Saketopoulou's (2020) recommendation to work with trauma and how the subject processes it, rather than fearing what causes it. In other words, even if, at first sight, chemsex involvement can be attributed to past traumas, it may still be a vehicle for the subject to process them, a move that may "mess things up" (Saketopoulou, 2020), yet also, thanks in part to the therapy work we facilitate, ultimately effect a unique solution for each person who knocks on our door.

On our part, our position in such work can become quite unbearable, as the analysand's Other jouissance questions our own relationship to sexuality. If chemsex is a limit experience (Saketopoulou, 2020; Zaltzman, 1979) for our analysands, then it also often becomes a limit experience for us during therapy. The overwhelm (Saketopoulou, 2019) we are faced with could be experienced by us as a violation. Although we consent to begin the therapeutic journey, we often simply cannot consent in advance to all that may emerge within ourselves, especially in situations such as the ones discussed in this article, which question our own theories and certainties regarding therapy, which constitute our therapist ego. The shattering of this therapist ego, if nothing else, gives us the opportunity to renegotiate our role within therapy—if not also our stereotypes and prejudices—in a creative way. This is reminiscent of Saketopoulou's (2014, 2019, 2020) and Dean's (2015) recounts on what is at play beyond consent. Thanks to all that the one entrusting us with their story is teaching us, we have the chance to rediscover psychoanalysis.

Regardless, the attack on our own capacity for thinking that we may be facing in sessions during which the substance effect prevails may well lead us to violent interpretations. These extend beyond the primary violence of interpretation, to that called secondary violence by Aulagnier (1975), which refers to the violent enforcement of the meaning the Other gives. It occurs as a response to the evolving dynamics, which we can feel as a violation, possibly through our patients' projective identifications (Ogden, 1979). Yet silence does not help, either, and in fact it repeats the trauma. Our silence with LGBT+ people concerning, for instance, our position regarding homosexuality or our own sexual orientation, should that come to the forefront, is not always a well-meaning neutrality, but rather an expression of our own internalized homophobia or the homophobia inherent to some psychoanalytic schools of thought, as Frommer (1994) describes. Were we to leave the subject in silence, we would be representing an Other who has no signifier that can be useful for the subject to give meaning to their own marginalized or invisible experience in a way that is affirmative and freer.

On the contrary, this is a case where, without failing to withhold our psychoanalytic ethics (Lacan, 1959–1960), we are asked to meet the subject where they are and to create with them a space in which they can stand and own their story. This is what stipulates flexibility as to the treatment's modalities. During the breakdown and the passage through the *infans*, therapy can become a relational mode (Director, 2002) that allows new meanings to emerge and possibly the subjectivity's constitution on new, better terms. After that, the framework can again become more tolerable to the patient in its typical form.

Today, Orpheus has not eliminated chemsex involvement, yet he ponders his relationship with it and its place in his life. He enjoys setting boundaries based on his desire, as its very acknowledgment is new to him. Equally new is the relief of feeling that the substance's absence will not destroy him, as the repletion experience brought about by using would dictate. Yet this shift in his relationship to the substance is often accompanied by despair on his part, upon realizing that often the addiction is in control, which constitutes a significant attack on his narcissism. However, he also thereby allows himself to step outside of the imaginary omnipotence of substance use (Director, 2005). The next steps of our journey are unknown, and this sometimes causes him anxiety and loss of control regarding substance use. We both allow ourselves to accept in tandem that descending into the Underworld of queer trauma, in the different ways each of us has experienced it in our own separate stories, as well as the abuse and addiction Orpheus has faced, brings about unsalvageable losses. It introduces a castration that is sometimes painful, yet undeniably breeds symbolization. This castration, in turn, gives birth to the possibility of a *futurity*, as Saketopoulou (2011) notes: a place that does not yet exist, but has the potential to do so, and to be more hospitable for every subject, every narrative, and the scars that lived trauma has left them.

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