'Those Twin Levers That Move the World - Sexual and Religious Behaviour'

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I was 18 when I first saw St Theresa in Ecstasy. This statue by Giovanni Lorenzo Bernini (1598-1680) is held in Sta Maria della Vittoria, Rome. Even then, I was aware of its sensual and spiritual ambiguity. It ties together two experiences of ecstasy: the one sexual and the other religious. Since that time I have, for personal, professional and clinical reasons, sought to explore the interconnection between our religious and sexual spheres of experience. Even before I had read William James (1902), I had already begun to suspect that the 'snake and the seraph' came from a common source and shared a common function.

This article, and the presentation that preceded it, given to the Spirituality Special Interest Group of the Royal College of Psychiatrists, is based on four interconnecting platforms of experience. The first is heuristic, my own experience as a sexual person but also as someone called to ordination and ministry. There is also my experience as a clinical practitioner with an academic background in theology, psychotherapy and psychosexual therapy. Further, I run a clinical practice in psychosexual therapy and have developed a specialised treatment programme for those who find themselves troubled by addictive patterns of sexual behaviour. I have also done research into the aetiology of clergy sexual misconduct (Birchard, 2000). This paper therefore draws on these sources and brings them to bear on this subject - the relationship between sexual and religious behaviour.

In this paper, my hypothesis is that sexual and religious behaviour can be connected in the following four ways:

- As a common response to narcissistic damage
- As a means of regulating and managing negative affect
- As corresponding parts of oscillating cycles of control and release
- Through the shared function of fantasy

The following sections will explain and summarise these connections.

As a response to narcissistic damage

Addiction, especially sex and love addiction, has been my main clinical interest for over 20 years. I define sexual addiction as a pattern of sexual behaviour that is distinguished by four subjective criteria: It is experienced as preoccupying and/or out of control, it is hard to stop or predictably stay stopped, it brings with it real or potential harmful consequences and its function is to anaesthetize negative affect.

To clarify the nature of my clinical practice, here are a few of examples of the types of behaviours that bring people to see us.

A young man comes to us who is spending four to five hours a day searching for sex on the Internet. A woman comes to us because she continues to bring strangers home from bus stops. Another man, not far from retirement, has been referred because he has lost a well-paying job accessing 'barely legal' material on his work computer.

Although there is disagreement over the use of the language and nomenclature of addiction in such cases, there is wide agreement that the behaviour itself, so described, exists. I use the term 'addiction' in clinical practice because it is a grass-roots self-appropriated term that has emerged to describe the felt experience of real people. It comes from the Latin addictare and brings with it the sense of becoming enslaved.

I take the view that sexual addiction, like any addictive substance or process, is a response to the pain and distress of narcissistic damage. All addictions have a common underlying psychobiological process. I think of narcissistic damage as the outcome of a disturbance in attachment. I use the following definition for narcissistic damage (Goodman, 1998, p298): 'Enduring affect, cognitive, behavioural and relational patterns laid down in the formation of the self and carried into adult functioning that are inflexible, maladaptive, and cause either significant impairment or subjective distress'.

The function of an addiction is therefore to anaesthetize the subjective distress created by the narcissistic damage. The components of this 'inner malaise' may vary from individual to individual but include core loneliness, grandiosity, boredom, compulsion to control, depression, anger, envy and a pervasive sense of shame (Kernberg, 1986, Miller 1989). It is my hypothesis that sexual addiction is a response to narcissistic damage and that for some people this is combined with religious behaviour. Religious behaviour also serves to anaesthetize the negative affect states created by narcissistic damage.

Other writers (Coleman, 1992, Griffin-Shelley, 1991, Goodman, 1998, Jacobs, 1997, Milkman and Harvey, 1987, Pope et al 1993) have observed the similarities between substance-based addictions like alcohol, drugs and food and more behaviourally-based addictive processes like shopping, food, gambling, exercise, love, sex and religion. Carnes (1991) notes of an orthodox Jew that the more orthodox he became the more hypersexual he became. Booth (1991, p6), an Anglican priest and a recovering alcoholic, writes about his use of religion: 'today I am able to understand that the drama of church ritual...became my first drug of choice'.

As a means of affect regulation

My second hypothesis is that religious and sexual behaviour can operate to manage and anaesthetize shame and associated states of negative affect. This follows on from the idea that sexuality and religious behaviour are inter-connected responses to narcissistic damage. In my experience of running a treatment programme for men who self-identify as sexually addicted, it has become clear that sexual behaviour can be used to escape the pain and distress of loneliness, abandonment and potential abandonment, stress, and, most of all, shame. In my view, religious rites and rituals have much the same function, albeit among a range of other functions. Shame reduction is gained through a sense of providential care, selection and

election. Prayer, ritual acts, mantras, fasting, singing, repetitious movement and powerful audio-visual processes are employed to alter mood and engender positive feeling states.

It is in the character of an addictive process, whether it is sexual behaviour or religion, that more and more of the behaviour is required and, thus, levels of escalation take place. In some cases, the addiction, which was meant to be a problem-solver becomes instead the problem itself and brings with it serious additional problems. I have observed this phenomenon with sexual addiction and also with high levels of religiosity.

As oscillating cycles of control and release

Sexual addiction and religious behaviour can often operate in figure-eight pattern of alternation. This is an alteration between cycles of control and release similar to anorexic/bulimic patterns of behaviour that will be familiar to practitioners in the care and treatment of eating disorders. In the case of sex and religion, sex operates as the release side of the cycle and religion as the control side. For example, someone acts out sexually and then goes on to confession or to church as part of a process of renewal and control. This process of renewal and control, triggered by neediness or entitlement, gives way to another release cycle of sexual acting out. This process has been confirmed by observations in clinical practice.

Other writers and clinicians have observed the same thing, although stated in different words. For example, Money (1989, p204) describes 'fugue states followed by non-fugue states' and observes accordingly that 'Rhythmicity, periodicity, cyclicity, and pulsatility are wide spread regulatory mechanisms in both health and pathology'. This alternating process involving sex and religion is written up more fully in *Counselling Psychology Quarterly* (Birchard, 2002).

Through the shared function of fantasy

I take the view that one of the principal connections between sexual behaviour and religious behaviour is made through the role of fantasy. By religious fantasy I refer to religious narrative and imagery and I only mean that to the mind they are fantasy. In using this language, I am not making a statement about the truth or otherwise of any set of religious beliefs or any component of religious belief and practice. In my view religious and sexual fantasy are interconnected by a common function - the transformation of trauma into triumph.

This is supported by recent research done by Kahr (in press), surveying, in this country, the sexual fantasies of 19,000 people. Kahr has enriched this vast quantitative research project by adding information from over 200 qualitative follow-up interviews. His research bears out my view of common function. Money (1989) also takes this view.

The late Robert Stoller, Professor of Psychiatry at the University of Southern California wrote (1975, p6) in the same vein: 'My hypothesis is that a perversion is the reliving of actual historical sexual trauma aimed precisely at one's sex...or gender identity...and that in the perverse act the past is rubbed out. This time trauma is turned into pleasure, orgasm, victory.

Stoller goes on to more specifically write that 'it is no coincidence that the fantasy picks out the greatest trauma for what is its moment of greatest

thrill'. Money (1989, p202) takes a similar view: 'The pain and humiliation of abuse, discipline and bondage that become incorporated into the lovemap begin with tragedy and metamorphose into the triumph of euphoria'.

The same is true of religious narratives and images. These traditions are filled with stories that begin with tragedy and end with the triumph of transformation. There are many examples in the Judeo-Christian tradition: Job, David and Goliath, Jonah and the whale and the raising of Lazarus. The story of the Exodus is central to Judaism and echoing that, the centrepiece of Christian tradition, the death and resurrection of Jesus Christ. All of these are about the transformation of trauma into triumph.

The underlying psychological explanation of this process is opponent-process theory of acquired motivation. This theory (Solomon, 1980) states that the brain tends to turn pain into pleasure and pleasure into pain. Solomon gives a number of examples of this process, in particular, parachuting. He writes that people begin with great fear and because of opponent process end up addicted to the euphoric rush. Money (1989) also cites this process as the psychological under-pinning to our capacity to transform trauma into triumph.

This seems to fit into the patterns of behaviour that I have worked with in therapy. For example, the eroticisation of physical punishment has, in my clinical experience, been associated with the reversal of chastisement and, similarly, bondage with the need to be contained or to contain. I once heard the remark, 'I am addicted to sex that degrades'. It was clear that this man had, indeed, been degraded as a child. The degradation itself had become eroticised and embedded in acts of coprophilia and coprophagia involving multiple repetitions and many partners.

Conclusion

Emile Zola's series of twenty novels *The Rougon-Macquarts: the Natural and Social History of a Family under the Second Empire* explores all aspects of addiction but these words about sex and religion, part of which have served as the title of this paper, were written of the Comte Moffat towards the end of the book 'Nana',

He abandoned himself to the power of love and faith, those twin levers which move the world. And in spite of the struggles of his reason, this bedroom of Nana's filled him with madness and he would submit shudderingly to the omnipotence of sex, just as he would swoon before the mysterious power of heaven.

The interconnection of sexual and religious behaviour has long been observed but rarely so clearly and powerfully as in the story of Nana. Zola (Holden, 1972, p11) wrote in his preparatory notes, 'There is nothing apart from the cunt and religion'.

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