THE GAY RELATED COMPLEX, PART 4: SEXUAL 'ORIENTATION' IS ACTUALLY A SEXUAL 'FIXATION'

The concept of sexual *'orientations'* is merely a figure of speech. Orientations do not exist as actual biological entities, but through repetition and activism, they have come to live a life of their own in the minds of the general public. What we actually see is chronic fixations, not orientations. In this article, we will describe this approach to sexual syndromes, notably the Don Juan Syndrome and the Sadomasochist Syndrome. In part 5, we will expand this to describe Same Sex Attractions.

1. Chronic sexual fixations.

The use of the words *'chronic fixation'* in the realm of sexuality and relationships is far superior to the use of the term *'orientation'*. The word *'fixation'* helps us point to a very specific set of thoughts and behaviors, whereas the word *'orientation'* is extremely generalizing. With *'orientation'* all sorts of behaviors are thrown onto one big heap. It is a social construct.

The word *'orientation'* suggests that behaviors are just there for no apparent reason at all (or at least science has no clue), the condition is static, whereas the word *'chronic fixation'* implies the existence of a psychological growth process of some sort, it is dynamic.

Every human being is endowed with a full sexual potential, and there is no scientific research proving that some individuals would consistently have great deficiencies in this realm, limiting their scope of feelings and possible behaviors, a handicap of sorts. No handicap or blessing has been established which would inherently make you exclusively 'gay'.

You are as normal and totally mentally equipped as anyone else: you are totally normal. This is for the radical gay-lib lawyers in American society (notably the National Centre of Lesbian Rights, the Human Rigths Campaign and the Souther Poverty Law Center) an unsufferable truth, because it undermines their stance at the USA Supreme Court where they rely on being labelled genetically as different in order to overthrow US laws by legal means and to evade reaching mutual consensus in society by dialogue (see our article on the Political Context).

The psycho-analytic and psycho-dynamic psychologies are the only two scientific and empirical approaches that can explain the fluidity and/or stagnation of sexual expression in human

development. On the other hand, the influence of genetic and pre-birth factors have never evolved farther than the speculative stage of researching and the wishful thinking on the part of activists. No proof in any way. Activists do not wish to look into their personal past, and their denial of developmental psychology leads to neglect of clients and to ignorance of the facts which stare them in the face.

2. The Don Juan Syndrome

Let us take a look at the Don Juan syndrome. In Wikipedia, we read:

> "*Don Juanism or Don Juan syndrome is a non-clinical term for the desire, in a man, to have sex with many different female partners. The name derives from the Don Juan of opera and fiction. The term has also been referred to as the male equivalent of nympho-mania in women. The name "Don Juan" is a common metaphor for a womanizer."*

We see Andrew. He is incessantly seeking a new female lover, he becomes infatuated with her, only to leave her after a short period of time, and then ventures out to seek yet another amorous conquest. It has become an endless repetition of the same behavioral trait.

Can we call this an expression of an innate orientation, in the way that radical gay-lib calls deviant sexual behavior with fellow-males an orientation? Was Andrew born that way, and is he only being grossly misunderstood by onlookers as in the radical gay-lib narrative of sexual deviance? Is he merely just being 'himself'? Can we be accused of being judgmental and is he then a victim of our attitude?

That is one way to look at it, but there are also other approaches. We can instead say that he has a chronic fixation with new romances, not a specific orientation. In psychotherapy, we recognize that almost all chronic fixations can be made less chronic. We can get someone on the move again. But how?

When using the word 'chronic fixation' as a psychotherapeutic paradigm in sexology, we need to see that the man actually has two chronic fixations, not just one. The second fixation is almost always a negative mirror image of the first one, hidden in the past, and it is always a negative driving force.

What happened to Andrew as a child? He was the son of a caring father, but his mother had bursts of paranoid schizophrenia, in which she would slowly go out of her mind (psychosis). After several weeks she would recover again (her husband refused to have her referred to a psychiatrist). When she went 'loony' as Andrew would call it, she would accuse him of the most horrible things, making him feel guilty and getting him to apologize for all he (and all men to go with it) had done to her.

Sensitive as he was, Andrew apologized and was punished by her for his assumed behavior. When Andrew complained to his father about her, Dad would ask him not to make life so difficult and to stop exaggerating. Andrew came to hate her, and grew to feel insecure with her at all times. You never know when she will be lashing out again, so he felt.

This predicament has become a second chronic fixation for Andrew, submerged in time and covered by shame.

Now that we understand the second fixation (the archaic mirror image), we can see how they counterbalance each other. When adult Andrew meets a new potential female lover, all of a sudden there is this promise of finally finding a trustworthy woman who will be kind, tender and above all reliable. But as soon as she becomes more intimate with him, the old fixation creeps up on him. He projects his past negative experiences with his mother onto her, becomes frightened and abandons her, never to return. He has distanced himself from that evil woman at last. Gotcha! And that is felt by him to be a major psychological victory. The triumph of revenge. "At last I am free", so he feels.

But after a few weeks, a sense of loneliness sets in and the urge to do something about it emerges. He once again chases after the next promise of never-ending unconditional love. He becomes a Don Juan.

The fixation of finding a true lover has positive sides: Andrew had felt for a few moments that unconditional love is possible with a woman, one with which he has no previous history. That aspect is essential. He felt how it lifts him up and gives him wings. And that is a very positive and inspiring drive. So, we can label this fixation a positive fixation, because it contains positive aspects.

The fixation with his mother (a sort of post-traumatic stress disorder) has only negative sides. So, we can label it a negative fixation.

We now see that the positive fixation in the present has a twin brother, a negative fixation in

the past. The positive fixation counterbalances the negative fixation and vice-versa. They are eternally interconnected. They form a see-saw of internal equilibrium in Andrew's mind. A new infatuation gives hope, but squashing this new woman who dares to be so intimate, squashes (in his mind) his internalized Mother. She had it coming! All women are one and the same, and squashing her feels so good.

But Andrew can do better than that. The psychotherapeutic solution is to look for a way to end this sad repetitive cycle. How?

3. Andrew in therapy

Well, one could focus on the positive fixation, which is the presenting symptom. But pondering on this behavior can cause shame, sadness and feelings of hopelessness, due to the way Andrew does not know how or if this will ever stop. So, the presenting symptom is left by the therapist as it is. He does not touch it, nor is he judgmental about. No 12-step program for sexual addiction, no prayer sessions for grace, no behavioral therapy to practice new coping styles and neither any feminist reproaches for misogynistic behavior.

Must we perhaps focus on the negative underlying fixation? This can be difficult, lengthy and cumbersome. After all, we can't change the past and our interpretation of old events is clouded by recall bias (this is the mechanism by which you can remember negative experiences more accurately and spontaneously than positive ones, which makes them look worse than they possibly were). That is a long therapeutic road, expensive and painful.

But there is also good news: there is a third element we can tackle: Andrew projects his memories of the unreliability of his mother onto any woman who appears to become intimate with him. It is in this moment of increasing intimacy that his mind projects mother images onto the woman with which he is beginning to be intimate in the present. And there we have it: if we explore and expose the way that Andrew is using *projection* as a way of dealing with the present, he can come to see that and to stop his incessant projections.

Therefore we can now safely say that Andrew's default habit of projection is the key to understanding how the treadmill of the Don Juan syndrome can come to a halt.

What have we technically done? In the diagnostic phase, we have replaced the word *'orientation'* with *'chronic fixation';* we expand the current fixation with a search for the underlying accompanying negative fixation in the past, and we have discovered the mental mechanism

by which the one chronic fixation, as a sort of see-saw, keeps its (pathological) grip on the other fixation.

In the therapeutic phase, we tackle this mental mechanism (which causes the perpetuation) in the here and now. We do not confront the presenting symptom (the first and positive fixation) nor do we try to change the past (the second and negative fixation).

Fixations are not things which just happen to be chronic, they are things that we keep chronic, that is to say: that we perpetuate in the here and now. If you are the client, then it is something that you actively do (whether you are aware of it or not) and not something which is done to you or which is caused by a magical incomprehensible inner force, nature or *'orientation'*. You were not born that way, and any *'born that way'* ideology will keep you fatalistically locked up in a treadmill till your dying day. You need to look, acknowledge, understand and challenge the mental mechanism which keeps you locked up in the treadmill. It is fun, and it feels great to get to grips with it.

4. Masochism

Here is a second example of how the concept of *'fixations'* in sexology is extremely useful.

Peter admits that he goes to gay sex parties in cellars where customers can undress, search for a dominant sex-partner and negotiate to be whipped in public. A lot of beer, a lot of sex drugs and a lot of fun. What is so wonderful about being heavily whipped in public? Why does Peter do this? Is it his magical *'orientation'*? Was he *'born that way'*, and must he inevitably stay that way because (as gay-lib insists) he has come out of an imaginary closet in order to just be *'himself'*? Is his problem an intolerant wicked society which refuses to understand and appreciate his gayness, as activists claim?

The term *'orientation'* is not a real entity, it is only a figure of speech, invented 150 years ago. Therefore there is also no such thing as *'gayness'*. We all have the same full sexual potential at our disposal, whether we are tapping into all aspects of it in this stage of our life, or not.

We will replace the word *'orientation'* with *'fixation'*. The positive chronic fixation in the here and now is Peter's fun in being whipped in public. It is his sheer joy in being able to show to anonymous men around him that he can take it, and that he is real good at it. Men around him are absolutely shocked to see how much he can bear without a blink of the eye. Peter ap-

preciates being the center of attention. It lifts him up.

The negative chronic fixation that is inevitably to be found in the past, is his traumatic experience of being punished by an authoritarian headmaster at primary school. That happened in an era when using paddles on the backside or canes on the hand were common practice to handle large school classes. School classes easily consisted of 48 pupils or more, and schoolmasters had a tough time keeping order and discipline with so many children in the class. A reign of terror, inflicted just every now and then, did miracles to subdue the worst misbehavior and the disruption of the school lessons.

And so it was that Peter once was ordered to 'come and get it', put his hand out and take 'six of the best' in front of the whole class. It was standard procedure. The idea behind it was, that the more children witness the corporal punishment, the more it works as a deterrent.

Peter cried, shrieked away and fought the headmaster as if life itself was at stake. He became the laughing stock of the class, and the humiliation hurt more than the caning itself. In fact, the humiliation haunts him ever since. It became a post traumatic stress disorder, a chronic fixation, which he kept to himself, never disclosing to anyone the most humiliating experience of his life. He was not a real boy, so he felt, he was a coward, sissy, girlie. He was hilarious in the eyes of his peers.

We now can see how the positive chronic fixation (the public whipping without a blink of the eye as an adult) is a way to counteract the negative chronic fixation (the caning, crying and shrieking away as a child). The two fixations are a see-saw, holding each other in their grip.

The perpetuating mechanism for Peter which keeps the see-saw in incessant motion is the need to gain approval and acceptance from his peers as a real boy/man who *'can take it'*. And so, as an adult, he seeks the artificial surroundings of a gay club dungeon to work on his most secret and painful fixation, the inability way back then, to gain admiration and love from his peers as a real man.

5. Peter in therapy

In the therapeutic phase, the emphasis will not be on any of the fixations, namely the gay dungeon in the here and now, nor on the hell hole of school life long ago. It will be on the perpetuating mechanism, the desire to gain admiration and love from peers, not from peers artificially organized three times a year in a voluntary sadomasochist cellar, but from peers one can casually encounter in every day life.

He can, for example, learn to start working out in a gym and to make it his business to reach out and talk to at least two straight guys a day with pure non-sexual small talk. They won't laugh. He can learn to join an interest group, say an environmentalist group, and show how bravely he dares to join their ranks to battle for local environment problems. He will gain admiration. He can volunteer to become a resuscitation specialist who can be summoned to help someone by means of the Whatsapp group for patients with a cardiac arrest outside of the hospital. Some day, he may be a hero, with a story to boast about during small talk for years to come.

In actively doing so, Peter can learn to be brave before his peers in a non-artificial setting. In time, he may very well see the ghosts of the past fading away. The need for the artificial dungeon ritual will become less compelling. His unmet needs will be met in other ways. He was not born that way.

6. Conclusion

In these two examples, we have demonstrated that deviant behavior in sexology can be understood by replacing the fashionable notion of *'born that way'* by the notion of *'sexual fixations'*. In doing so, we are not judgmental, but we seek a keen understanding of the underlying mechanisms. We endeavor to show how obvious the way out of the treadmill is, once you wish to see and acknowledge this frame of reference.

In part 5, we will apply the notion of *'fixations'* to same-sex attractions as we look into the lives and emotions of three different men.

To be continued.

Job Berendsen,

Gary Morgan.

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