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Substance linked sex

*Sexual experiences altered by psychoactive substances
from the viewpoint of the Sexocorporel approach*

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Abstract

Substance linked sex (SLS) has recently received an increasing amount of media and public health attention. Research on the topic so far has mainly been coloured by the chemsex subculture specific to men who have sex with men in certain urban settings and drug-related morbidity and mortality. Fewer are the studies investigating SLS from the perspective of people of all sexual orientations and only a handful of studies have done so with a salutogenic approach.

The aim of this master`s thesis is to investigate changes to sexual experiences induced by psychoactive substances using the framework of the Sexocorporel approach in predominantly heterosexual individuals. Within the setting of qualitative in-depth interviews, a number of subjects that had recently experienced SLS were interviewed about their experiences based on the tenets of the Sexocorporel approach.

Substances caused variegated changes to the sexual experience and these were subsequently analysed from the particular viewpoint of Sexocorporel. Furthermore, sustainable changes to sexuality due to the experiences of SLS are also discussed, as are conclusions on SLS that can be extrapolated to the clinical work with clients in sexual therapy.

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Foreword

More often than not, coincidences and random conversations generate ideas that prove more fruitful than contemplation could ever fathomably do. When it was time to decide upon my literature review I was juggling no less than six ideas of topics that I was passionate about and I was facing the challenge of deciding upon which one that stood out more than the others. Shortly before the deadline I had several conversations with friends regarding a newfound curiosity on drugs and sex in combination. The nerdy, scientific part of me was intrigued; neurotransmitter pathways and sexual responses, the biochemical paired with the sexual. What is the neurobiology of sex? What pathways do drugs, legal or illegal, operate on? In short, I was fascinated. The other topics for my literature review all of a sudden faded in attraction, and when the time came to present the master thesis ideas, it became clear that those coincidental conversations had lead me toward an area that would become the core of my master`s thesis.

Good work is rarely a solitary achievement and I am indebted to many; all my friends that continuously feed me with inspiration, the interview participants who gave me the backbone of qualitative research data and, last but not least, the academic helping hands of Ben Kneubühler and Prof. Heinz-Jürgen Voss.

1. Introduction

1.1 Background

A number of both licit and illicit substances are being used in a sexual context, often referred to as substance linked sex (SLS). Most studies on SLS have set the focus on the detrimental aspects of SLS, on sexual risk taking, the incidence and likelihood of sexually transmitted diseases and post-sex regret. In addition, the wider implications of drug morbidity and addiction linked with SLS are all well-documented elsewhere. Yet SLS is more widespread and varied than what appears in research papers or media headlines: when alcohol and cannabis are included in the definition of SLS, more than half of the population have combined sexual activities with recreational drugs either intentionally or by accident (Bellis et al., 2008; Edmundson et al., 2018; Lawn et al., 2019; Maxwell et al., 2019; Sumnall et al., 2007). Few studies have, however, investigated in detail how the intake of substances affect the sexual experience and what relevance this has had to their sex life and even fewer have taken a salutogenic approach in their research.

Drugs are often consumed in a sexual context for the purpose of reducing inhibitions or overcoming negative cognitive or affective influences that impede the sexual response (Bellis et al., 2008; Palamar, Griffin-Tomas, et al., 2018; Palamar, Acosta, et al., 2018). On the other hand, drugs represent a way to optimise sex: to prolong intercourse, increase sexual arousal, sensuality or sexual self-confidence, to enhance the quality of orgasm and in order to increase the sense of emotional intimacy (Bellis et al., 2008; Lawn et al., 2019; Palamar, Acosta, et al., 2018; Palamar, Griffin-Tomas, et al., 2018; Sumnall et al., 2007). Substances are thus often utilised in two ways, simultaneously removing obstacles to and enhancing sexual experiences. Yet, the precise way in which this occurs is still only partly understood.

Most, if not all, psychoactive substances investigated in research on SLS share the property of disinhibition. Other sexual effects depend on the prevalent neurotransmitter pathway they modulate. Predominantly serotonergic drugs, such as Ecstasy (3,4 methylenedioxymethamphetamine, also called MDMA), seem to direct sex toward more affectionate, intimate and sensual sex; MDMA has, for example, been used for partner-bonding rituals (Anderson et al., 2019). The mainly dopaminergic drugs (cocaine, methamphetamine, mephedrone) increase sex drive, pleasure and sexual confidence. Alcohol particularly facilitates disinhibition and subjective arousal and ketamine and cannabis modulate other neurotransmitter pathways, only partly understood regarding their sexual effects. For the psychedelic substances Psilocybin and Lysergic acid diethylamide (LSD), no recent scientific research is available that has assessed their effects on sexuality.

The current rise in using minor amounts of the latter two substances, also called “microdosing”, and their primarily serotonergic pathways, might make these psychoactive drugs of particular interest to sexological research.

The Sexocorporel approach includes the evaluation of human sexuality organised in four components: cognitive, physiological, emotional (sexodynamic) and relationship components. How these relate to SLS is an open question. The physiological components of the Sexocorporel model are both investigative and therapeutic tools, and a particular emphasis is set on the patterns of and changes to breathing, muscle tone and rhythm of movements during sexual excitement and discharge. If and how these parameters change in substance linked sex is yet to be investigated.

1.2 Relevance of Research

From cannabis to cocaine, a reasonable amount of data on SLS is available, yet the parameters of sexuality investigated often relate to either sexual risk taking or functional aspects of sex and might not apply equally to all genders. Most studies up to date have focused on chemsex in the urban subculture of MSM or on the sexuality of people that consume heavy illicit drugs such as heroin or crystal metamphetamine on a regular basis. Thus, there is very little evidence on the intentional intake of psychoactive substances in non-addict, predominantly heterosexual individuals. What is more, no in-depth qualitative evidence on precise physiological and psychological changes attributed to SLS is available. In addition to this, there is a complete paucity on SLS from the viewpoint of the Sexocorporel approach.

1.3 Aim of Research

The aim of this research is to investigate any physical, psychological and interpersonal changes occurring during substance linked sex using the framework of the Sexocorporel model. When applicable, a subsequent goal is to extrapolate this knowledge to the practice of sexual therapy.

1.4 Central Questions

What can we learn about sexual experiences from substance linked sex (SLS) using the framework of the Sexocorporel approach? Subsequently, when applicable, how can this knowledge be utilised in sexual therapy?

In greater detail, this research aims at answering the following research questions:

- What changes to muscle tone, rhythm of movement and breathing occur in SLS?
- What other aspects of sexuality are changed in SLS in comparison to sober sex? (Inhibition, emotions, further physical sensations apart from the three mentioned above, feelings toward partner, intimacy)
- What changes to or implications for the four components of the Sexocorporel approach does SLS represent?
- Are there any special circumstances or physical states that allow for similar experiences in sober sex?
- What knowledge from SLS can be extrapolated to the practice of sexual therapy or incorporated in everyday sexual life?
- What physical/mindfulness exercises can be utilised to approach or mimic the sexual states of SLS?

1.5 General Methodology

This paper is organised in two main parts; the theoretical part consisting of a literature review using PubMed, Google Scholar and other relevant electronic databases. The majority of articles chosen were written in the last 0-25 years and selected due to their relevance. The articles were mainly written in English and only few were in German or French. A number of key words were used in different combinations: sex, drugs, substances, sexuality, sexual, substance linked sex, heterosexual, alcohol, cannabis, cocaine, MDMA, LSD, Psilocybin, sexualised drug use, pharmacology, men, women, arousal, and sexual response. Both qualitative and quantitative research papers were included, though the majority were quantitative studies. When available, reviews were chosen. Papers exclusive to MSM were carefully selected and only included if limited data from other population groups existed. Due to the scarcity of papers on the Sexocorporel model, some of the material under section 3.0 consists of lecture documents from the Master of Arts in Sexology. These have been declared as such, and can be identified in all citations marked as ISP Uster (2019).

Due to the novelty of the topic, an additional qualitative research was conducted comprised of five interviews with a total of seven mainly heterosexual persons that had recently experienced SLS. The data was obtained and analysed in line with the theoretical framework of grounded theory (Strauss & Corbin, 1997).

2. Substance linked Sex

The combination of psychoactive substances and sexual activities is likely to have existed since the dawn of civilisation. However, in the last few decades there have been certain changes to this phenomenon. This chapter explores substance linked sex in general, its prevalence and motivational factors, the neurobiology of human sexuality as well as sexual effects of the most common substances used for SLS.

2.1 Terminology

Men and women: most scientific studies rely on categories that simplify gender and biological sex into binary categories of men and women. In this work, the terms “men” and “women” used are thus a reflection of the research papers on which the literature review part of the work is based. The same applies to the terms “female” and “male”, despite that binary terms do not reflect neither the physical or social reality of people. The interviews conducted included individuals that identified themselves as women and men. Binary gender organisation in scientific research is, so far, a standard which is both useful for simplification, yet misleading. In the work at hand, the challenge of scientific data and the binary gender misperception while trying to remain non-biased is kept in awareness, however, this is not the locus of investigation.

Heterosexual, bisexual, homosexual: a predominantly binary mindset consisting of heterosexual and homosexual individuals is a simplistic and deterministic view, yet one often done so in scientific studies in order to create neat categories for which to organise the data obtained. In this paper, a specific focus was set on primarily non-homosexual individuals in order to avoid the subculture of chemsex. This may be criticized as a narrow view, yet was a conscious decision as to explore SLS from another standpoint than many of the studies so far. How the participants categorize themselves regarding sexual orientation is, for this studies purpose, less important. The exclusion of MSM, however, was chosen for the reasons mentioned above.

Chemsex and substance linked sex: a term that refers to the sexualised use of certain relatively novel drugs among men who have sex with men (MSM), a subculture phenomenon that has emerged over the last 20 years. Chemsex, though often being used as a general term for any drug use in any sexual context, refers to the use of any combination of drugs that includes crystal methamphetamine, mephedrone and/or gammahydroxybutyrate (GHB)/gamma-butyrolactone (GBL), used before or during sex by men who have sex with men (Edmundson et al., 2018). Chemsex is, nevertheless, a rather narrow definition of a common tie: psychoactive substances and sex. Broader terms that

also include other sexual orientations and the use of both licit and illicit substances is “substance linked sex” (SLS) and “sexualised drug use” or “pharmacosex”.

Substances, drugs: In this work, the term substance linked sex was chosen, because the word “drug” is more likely associated with heavier substance abuse, and the term “pharmacosex” (including medically prescribed substances such as Ritalin or Viagra) too broad for this paper. By substances, the author includes licit and illicit psychoactive material consumed for recreational purposes.

Empathogen/Entactogen: the ability to feel and share another person’s emotions (empathogen) and having the ability to provoke introspection and “a touching within” (entactogen) (González et al., 2015).

Hallucinogen/Psychedelic: A substance, mostly a ligand of 5-HT_{2A} (serotonin) receptors, which provokes changes in thoughts, emotions, and perceptions. This often includes strong alterations in the view of reality, causing dreamlike, mystical experiences, somewhat similar to certain types of psychosis (Barrett & Griffiths, 2018). The term psychedelic is used synonymously, often referring to serotonergic hallucinogens.

2.2 Prevalence

The prevalence of SLS is a matter of debate; when alcohol is included in the group called substances, almost everyone has or will experience drunk sex in at some point in their lives. When illicit substances are included, the question of prevalence becomes even more difficult to answer, as the extent of SLS is also dependent on sexual orientation and sociocultural factors. Based on the data available so far, intentional SLS seems to be reported by one quarter to one-third of the population, highest in urban MSM ((Bellis et al., 2008; Bourne et al., 2014; Edmundson et al., 2018; Lawn et al., 2019; Maxwell et al., 2019; Sumnall et al., 2007). The numbers for non-intentional SLS are higher and can only be estimated to lie between 98.5% of the population (having combined alcohol with sexual activity) (Bellis et al., 2008) and 60% (Lawn et al., 2019).

2.3 Motivational Factors

Why people chose to combine substances with sexual activity leads to manifold answers, including the creation of a special kind of connection and intimacy, for explorative reasons, to increase the sexual self-confidence as well as experiencing the sexual act as more pleasurable and sensational. On the other hand, substances allow for disinhibition and a reduction of shame, often acting as a bridge to a more uninhibited behaviour. Thirdly, there is the aspect self-optimisation, most often mentioned as a motivational factor by men:

consuming substances to enhance sexual stamina, prevent early ejaculation and thus prolonging the sexual act (Bellis et al., 2008; Lawn et al., 2019; Palamar, Acosta, et al., 2018a; Palamar, Griffin-Tomas, et al., 2018a; Sumnall et al., 2007). Thus substances are often used in the sense of medicine; a way to optimise or counteract factors that impede sexuality. This overlap of substances being used as pharmaceutical alleviators has also given SLS the alternative name “pharmacosex” (Moyle et al., 2020).

A final motivational factor, mentioned by MSM who engage in chemsex, is the facilitation of group bonding, substances acting as a medium for social interaction (Bourne et al., 2014; Donnadieu-Rigole et al., 2020; Weatherburn et al., 2017). This is a feature seemingly unique to the chemsex subculture. All in all, substances are used both to overcome difficulties, to optimise sexual activities as well as for explorative purposes.

2.4 Chemsex versus SLS

Although this master`s thesis does not investigate SLS from accounts of predominantly homosexual individuals, in a study of SLS, the phenomenon of chemsex must at least be mentioned. Chemsex has received plenty of media attention as an emerging and alarming new phenomenon that has had a dramatic rise in the last few years (Hampel et al., 2020; Maxwell et al., 2019). Chemsex refers to the use of a combination of illicit substances including crystal methamphetamine, mephedrone and/or gammahydroxybutyrate (GHB)/gamma-butyrolactone (GBL), taken in sexual contexts by MSM (Weatherburn et al., 2017). These substances, most often consumed at sex parties in urban areas have caused a media stir, partly because of their highly addictive potential (McCall et al., 2015) and partly because their consumption has led to a rise in both sexually transmitted diseases (Bourne et al., 2014), non-consensual sexual activity and sexual assault (Ward et al., 2017) and even overdose mortality (Corkery et al., 2018). It must be mentioned, though, that many MSM engage in sex parties without consuming substances (Donnadieu-Rigole et al., 2020) and that chemsex is not a general feature of the MSM community, but rather a minor subculture.

Substance linked sex apart from the chemsex scene is a less confined field. Sometimes, people accidentally find themselves having sex while on drugs, others use substances with specific intentions or as a preparation for sex, yet others take psychoactive potions in order to heal traumatic sexual memories. A number of studies, both qualitative and quantitative, have investigated SLS in the general population. The most marked difference between Chemsex and SLS in general pertains to the substances consumed. Chemsex usually involves the mentioned chemical triad, substances that are considered heavier and more prone to overdose on, in particular with GHB/GBL (Corkery et al., 2018). In studies on SLS

across population groups, there is a larger variety of substances consumed (Lawn et al., 2019). Another major difference between the chemsex subculture and SLS in general is its setting; chemsex is often a shared group experience in urban MSM, whereas SLS in the general sense is more varied and more likely to be part of a relationship of two people. One exception is SLS in the context of BDSM (bondage and discipline, dominance and submission, and sadism and masochism), where group consumption occurs (Moyle et al., 2020). The specificity of the chemsex subculture, both regarding the substances consumed as well as the population subgroup, made the author decide to set the focus of research on the more widespread definition of SLS.

2.5 A short Introduction to the Neurobiology of Sexuality

Human sexuality, though not completely understood, is thought to involve a complex interaction between neurotransmitters, hormones, and sensory-, vascular- and motor input from several erogenous zones, combined with both emotional and cognitive interpretations (Basson, 2015; Motofei & Rowland, 2005). As hormonal changes occur over a relatively longer timespan in comparison to the rapid effect of neurotransmitters, this paper refrains from discussing these. Psychoactive substances cause transient changes to neurotransmitters and these have widespread affective and sensory effects that influence sexuality. Although the effect of neurotransmitters on the sexual response is incompletely understood, some study relevant background information is presented below. Worth noting before, though, is that neurotransmitters often show paradox and antagonist effects on different parameters of sexual function measured in clinical studies. This can be explained by variegated binding, different receptor subtypes with opposing function or the receptor-transmitter having activating or deactivating effects. Another complication in the study of neurotransmitters and sexuality is that changes in neurotransmitter levels are difficult to assess due to their rapid deactivation. Many studies base their results on experiments with genetically modified mice, another limitation in their relevance to human sexuality. Last, but not least, some of the evidence of the role of neurotransmitters in human sexuality comes from pharmaceutical studies on psychoactive medicines, which, much like the illicit substances discussed below, often induce a mixed-neurotransmitter response, making the exact role of each separate neurotransmitter more tentative than confirmative.

2.5.1 Dopamine

Initial sexual appetite, also called sex “drive” or libido is mediated mainly by the neurotransmitter dopamine. Dopamine is the transmitter of addiction, of wanting, of longing.

Within normal ranges, dopamine is crucial for both movement patterns, learning and motivation (Klein et al., 2019). A natural state of increased dopamine (and of norepinephrine, that is) occurs in infatuation (Fisher, 2000) with levels comparative to the effect of cocaine or amphetamine (Seshadri, 2016). Sex when freshly in love is often described in superlative terms, and this “drive towards the other” can be likened to an addiction; an addition to another person. Dopamine is also the central neurotransmitter involved in porn addiction and paraphilia (Hilton & Watts, 2011; Kafka, 2003, 2003; Love et al., 2015) and dopamine agonists (in the treatment of Parkinson`s disease), often lead to hypersexual or paraphilic behaviour (Simonsen et al., 2016; Tajima-Pozo et al., 2011). Dopamine increases sexual confidence, adventurousness and pleasure. It is also thought to augment sensitization of sensory stimuli, thereby stimulating the genital afferent input and subsequently activate the reward-pleasure brain circuits (Komisaruk et al., 2006). Its influence on erection and ejaculation is also studied: dopamine 1 and 2 receptors are crucial for erections in humans (Simonsen et al., 2016). Its effect on orgasm is puzzling: it is both linked to premature ejaculation (Komisaruk et al., 2006) as well as to interfere with ejaculation and orgasm (Stahl, 2001).

The chemsex subculture often involves highly dopaminergic substances such as mephedrone and metamphetamine and subjective reports of chemsex users describe that the sex drive is often valued higher than actual genital experiences (Bourne et al., 2014). Chemsex can therefore be likened to the highly affective behaviour of porn- or sex addiction and paraphilia, instilling a thirst for sex than cannot be quenched, irrespectively of actual sexual activity. Dopamine action is also elevated through the consumption of cocaine and, to a lesser degree, from the consumption of MDMA (3,4 methylenedioxymethamphetamine) (Liechti, 2015).

2.5.2 Serotonin

Serotonin, the neurotransmitter of joy and satisfaction, has paradox effects on sexuality. On the one hand, it has been shown to interfere with orgasm and it decreases sexual eagerness overall, shown in numerous studies on antidepressant medication that increase the level of synaptically available serotonin (Montejo et al., 2015). On the other hand, it enhances aspects of emotionality and sensuality (Hull et al., 2004). Subjective accounts on the intake of MDMA, a substance often consumed at dance parties and a major inducer of supraphysical serotonin levels, reported feelings of tender arousal “in a lovey way” (McElrath, 2005).

Serotonin, also called 5HT, has dual and antagonistic effects on erection and ejaculatory latency depending on which receptor subtype is activated (Motofei, 2008), representing

another paradox neurotransmitter. Binding to different 5HT receptor subtypes can cause different reactions: increases in erection and delayed ejaculation (subtype 2C) or inhibition of erections and facilitation of ejaculation (subtype 1A) (Giuliano & Clément, 2005; Hull et al., 2004). Its net effect on sexual behaviour and ejaculation is thought to be mainly inhibitory, in particular regarding orgasm; ligands of the 5HT-2 receptor block orgasm effectively (Komisaruk et al., 2006).

Serotonergic substances, apart from MDMA, include the psychedelics lysergic acid diethylamide (LSD) and Psilocybin as well as some of the novel psychoactive substances (also see section 2.6.6 2C-B).

Serotonin and dopamine can be thought of as two neurotransmitters that stand at both ends of a spectrum. Dopamine causes sexual appetite and mediates genital “acceleration” whereas serotonin ensures that this does not go overboard and promotes more loving interactions. In its most extreme tilted forms, a serotonin excess may present as anorgasmia or dopamine excess as premature ejaculation (Komisaruk et al., 2006). The balance of the two thus seem crucial for the human sexual response.

2.5.3 Norepinephrine

Norepinephrine, also called noradrenaline, is released upon the activation of sympathetic pathways in the autonomic nervous system. Noradrenaline is another perplexing neurotransmitter when it comes to its relevance in sexuality. On the one hand, it is associated with desire and sexual arousal (Pfaus, 2009). On the other hand, sympathetic activity also hinders erection, explaining the phenomenon of nervousness that leads to erectile problems and also premature ejaculation (Giuliano & Rampin, 1999). The alpha-1 and beta-2 adrenergic pathways seem to have partly opposing effects on erection and ejaculation (Segraves, 1989), making the net effect difficult to interpret. It is released, apart from its natural functions, mainly upon the consumption of cocaine, methamphetamine, mephedrone and, to a lesser degree, MDMA (Luethi et al., 2018; Simmler & Liechti, 2018; Zaniowska et al., 2015).

2.5.4 Other Neurotransmitter Pathways

GABA, gamma-aminobutyric acid, a primarily inhibitory neurotransmitter in the nervous system (Ticku, 1990) inhibits “active” sexual activities, but may facilitate “passive”, receptive responses, particularly as an anxiolytic. It can therefore be considered a neurotransmitter with disinhibiting and relaxing properties with regards to sexuality (Wallner & Olsen, 2008; Watanabe et al., 2002). GABA is the main neurotransmitter responsible for the effects of

alcohol, though alcohol also interacts with several other neurotransmitter systems, including the endocannabinoid and glutamate pathways (Costardi et al., 2015).

The sexual function of the endocannabinoids and ligands of cannabinoid receptors are, much like most research into endocannabinoids, incomplete. Cannabis, a ligand of the endocannabinoid receptors, has been reported to increase the receptivity to erotic activity and touch and lead to slight disinhibition (Bellis et al., 2008). At higher doses, its sedative effect interferes with sexual activity (Lynn et al., 2020). The endocannabinoid system has, much like the serotonin and opioid systems, been linked to periods of reduced sexual interest (Pfaus, 2009) and can be seen as an opposing force to the dopaminergic systems that promote sex drive.

All in all, the neurobiology of sexuality is rich in complex interactions of which the neurotransmitters are only one factor. There is a definite need for more research to unravel the neurotransmitter pathways of the human sexual response. Because clinical studies with illicit substances are rarely, when at all, conducted, reports on SLS could prove a useful gateway to more understanding thereof.

2.6 Selected Substances and their Influence on Sexuality

The scientific discussion on drugs often relate to harm and harm prevention, and little is known about how drugs affect the aspect of sexual pleasure, and, in particular, in what ways they do so. What makes sex good in the first place? Are there any aspects of sex that are universally appreciated across genders and sexual orientations? The difficulty in rating sex and what parameters that contribute to good sex make many studies challenging to interpret. Men and women, though more similar than different in many ways, do seem to differ regarding what aspects of sex that are most important for “good sex”. The time to orgasm is more of an issue in men who often suffer from both ends of the duration spectrum (ejaculation praecox or anorgasmia). A longer duration is often appreciated by men and represents a similarly consistent irrelevance in female participants (Bellis et al., 2008; Lawn et al., 2019). In general, scientific studies on SLS often focus on functional aspects of sex (erection, moistness, duration of intercourse, achieving orgasm), probably due to measurability. This is also reflected in the fact that Viagra is sometimes listed among the drugs in studies on SLS (Lawn et al., 2019). Viagra (Sildenafil) is a vasoactive substance used to facilitate erectile function (Goldstein et al., 2019). In the context of SLS, it is sometimes taken to counteract detrimental effects that a number of drugs exert on erection

(Chan et al., 2015). It is questionable if Viagra is suitable for inclusion in a list of psychoactive substances that are generally thought of as recreational drugs.

2.6.1 Exclusion and Inclusion criteria of Substances

Based on the literature review and the studies by Lawn et al. (2019) and Moyle et al. (2020) and the chosen focus on heterosexual SLS, the author decided to set a preliminary selection of searching for participants having used mainly serotonergic substances in a sexual context. In order to find suitable interview participants, the author decided to exclude a call for the more common substances such as alcohol and cannabis. Cocaine was often mentioned in a sexual context, yet with less favourable sexual experiences compared to, for example, MDMA (Moyle et al., 2020) and therefore not explicitly included. GHB/GBL was not listed either, partly due to the slim window of dosage and grave associated risks. The use of GHB/GBL and ketamine as date-rape drugs (Busardò et al., 2019; Li et al., 2011) added to the hesitancy in exploring these substances in this study on SLS. The specific chemsex subculture was also not addressed in the call for interview partners, as ample qualitative studies of this culture has already been done.

In the qualitative interviews that followed, the focus on serotonergic substances was shown to have been too stringent; the majority of participants had tried numerous substances in sexual situations, including mainly serotonergic substances but also many other. The following sections discuss the substances most often mentioned in the interviews. It is of great importance to notice that the author consciously decided to focus on the positive aspects of the substances. This is not done in order to promote drugs in any way but rather to take on a different standpoint from the common narrative. There is ample scientific evidence on both the acute and chronic use of the following substances and their hazardous or detrimental effects.

2.6.2 Alcohol

As the qualitative interviews constructing the backbone of this master`s thesis did not focus on the most widely available substance alcohol, this section is kept brief. Alcohol is well-researched in the field of SLS. Alcohol is a disinhibiting agent, which is seen both in the aspect of flirting and taking first steps and in promoting sexual adventurousness. Alcohol has been used intentionally to facilitate sexual encounters (Bellis et al., 2008) and encourages this partly because it also enhances the perceived attractiveness of both oneself and others (Halsey et al., 2010). On the other hand and particularly in men, alcohol is often associated with sexual dysfunction (erectile difficulties and/or difficulties reaching

orgasm). Alcohol consumption is also linked to post-sex regret, more so than after having consumed cannabis (Palamar, Acosta, et al., 2018).

One interesting effect of alcohol is the discrepancy between perceived sexual arousal and actual measurements of the genital response to sexual cues. When comparing the effects of alcohol to cannabis, the former was more associated with numbing of genital sensations. In women, alcohol was seen to inhibit the genital responsiveness in a dose-dependent manner despite the subjective feelings of increased arousal. In men, alcohol at low doses led to increased arousal and tumescence, but with moderate to high levels of alcohol, it increasingly inhibited genital function, despite the subjective feelings of arousal (Crowe & George, 1989). That the subjective level of arousal were unaffected by the genital numbing is an interesting finding; sexuality thus seem to live mainly in the mind. The disinhibiting effects of alcohol that could facilitate this in a top-down manner, making the genital sensations secondary to the overall perception of arousal which can be aided by the removal of cognitive hindrances or beliefs. In a large recent study, alcohol was one of the drugs considered least effective in increasing the enjoyment of sex out of all drugs listed (Lawn et al., 2019). A smaller study from the year 2007 reported a similar finding; compared to sex on alcohol, sex on illicit drugs was rated as more pleasurable (Sumnall et al., 2007). Although alcohol is the most socially acceptable and available “drug”, it is comparatively unattractive in SLS when compared to the more illicit substances. Due to its disinhibiting effects, low amounts of alcohol may aid in the initiation of sexual activities, but its detrimental effects on sexuality in higher doses are clear.

2.6.3 Cocaine

Cocaine is a pharmacologically well investigated a stimulant substance. Cocaine increases synaptic norepinephrine and dopamine levels, and, to a lesser extent, intrasynaptic levels of serotonin (Karila et al., 2008). Consumers report feelings of alertness, sociability and light euphoria (Grant et al., 2005). In a sexual setting, cocaine has been used in order to prolong sex, increase sensations and to facilitate more unusual or exploratory sexual activities, the latter being done significantly more often so than with alcohol and cannabis (Bellis et al., 2008). It seems that cocaine increases sex drive or desire more than the other two substances mentioned, as well as increasing the duration of the sexual activity before orgasm and the intensity of orgasm (Lawn et al., 2019). Cocaine was not highly rated in the parameters of emotionality, intimacy and sensuality, which might be due to its relatively low serotonergic activity. The strong dopaminergic response, on the other hand, could explain the increase in sex drive and “confidence in trying new things”, for which cocaine was rated

highly (Lawn et al., 2019). Its detrimental aspects, both regarding a highly addictive potential and health risks are well-researched and published elsewhere.

2.6.4 Cannabis

Cannabis spp., also known as marijuana, grass or weed, is one of the most commonly consumed drugs and subjected to different levels of prohibition in different parts of the world. The dried flower heads contain several physically and psychologically active compounds, most notably tetrahydrocannabinol (THC). THC is an agonist at cannabinoid receptors in numerous bodily tissues, acting in an anxiolytic, sedative, analgesic, psychedelic and muscle relaxant way (Ashton, 2001; Kalant, 2001). In sexual situations, cannabis is often taken with the intention to enhance sensations and arousal (Bellis et al., 2008). The antispasmodic and analgesic (Borgelt et al., 2013) properties of the plant may conceivably facilitate sexual encounters by reducing muscle tone, tense pelvic floor muscles being one reason for painful sex (Padoa et al., 2021).

Marijuana has been described as leading to more compassionate, slower and more tender sexual acts when compared to alcohol (Palamar, Acosta, et al., 2018). Although Cannabis received a lower ranking in the aspect of promoting sexual appetite, it was more likely to generate multiple orgasms, improve the intensity of orgasms and considered to raise the level of intimacy and sensuality. There were also fewer negative effects on sexual functioning reported than with alcohol. All in all, data from both qualitative and quantitative studies suggest that cannabis is often considered to improve sexual function and sensual aspects of sex.

2.6.5 MDMA

3,4 methylenedioxymethamphetamine (MDMA), also known as E or Ecstasy, is a recreational substance often consumed in nightlife settings. MDMA causes a massive release of endogenous serotonin, together with increases in norepinephrine and dopamine (Zemishlany et al., 2001), the latter depending more on the substance being “stretched” by cheaper and more available substances such as caffeine, amphetamines or meta-chlorophenylpiperazine (Vogels et al., 2009). MDMA also stimulates the release of several hormones; oxytocin, vasopressin and cortisol (Green et al., 2003; Kamilar-Britt & Bedi, 2015). In a recent study on SLS, 91% of participants mentioned MDMA as a substance they had combined with sexual activity, the most popular choice far ahead of other substances (Moyle et al., 2020). MDMA is an empathogenic: it increases the feeling of connection to

other people and emotional understanding (Moyle et al., 2020). It also heightens body and sex organ sensitivity, thus increasing the sexual intensity in addition to the facilitation closeness and sensuality (Bearn & O'Brien, 2015). Other reasons mentioned for combining MDMA and sex included the wish to enhance physical sensations as well as to promote unusual or novel sexual activities (Bellis et al., 2008).

MDMA has been employed for relationship-strengthening rituals (Anderson et al., 2019), something also mentioned as facilitating in "bridging the gap of strangeness" in sex with new individuals or one-night stands (Moyle et al., 2020). Some authors describe MDMA as a psychiatrist's antibiotics (Sessa, 2005); a drug to facilitate relationship work, somehow functioning as a chemical therapist in its ability to enable emotional connectedness that is a prerequisite for effective relationship communication (Moyle et al., 2020). Prior to its classification as a Schedule 1 drug in 1985 in the USA, MDMA was used legally, especially among psychotherapists that worked with couples, appreciating the enactogenic and empathogenic effect that brought forth deep, loving and trustful communication. One therapist described MDMA-facilitated therapy to be able to accomplish more in a single six-hour session with MDMA than in six years of traditional therapy. (Anne Shulgin, cited in Waldman, 2017, p. 150-151).

MDMA has been stated to be ideal for couples, allowing the pair to empathically discuss painful or difficult issues without triggering the usual fear response. MDMA has been notably successful in treating post-traumatic stress disorder (PTSD) with only two MDMA-assisted psychotherapy sessions resolved the symptoms in 83% of cases (Amoroso & Workman, 2016), pointing to its facilitating capacity in clearing traumatic memories. One suggestion as to how this works is that MDMA seems to deactivate processes in the amygdala. Trauma can be resolved when the causative event, usually triggering a fear response, can be reinterpreted without the interference of the amygdala activation (Johansen & Krebs, 2009; Young et al., 2017). This is something that could conceivably be beneficial therapeutically in cases of sexual trauma. The psychedelics LSD and Psilocybin are also thought to induce similar effects on the amygdala response (De Gregorio et al., 2021).

Regarding the sexual effects of the substance, in a study of MDMA users, most participants expressed feelings of emotional closeness while consuming MDMA, however, without a strong desire for penetrative sex (McElrath, 2005). From the viewpoint of the Sexocorporel model, this would mean an increase in the emotional motivation of sex rather than an increase in the genital sex drive (Bischof, 2012). This may be due to the fact that MDMA

causes a release of serum prolactin, apart from serotonin, thus mimicking a post-orgasmic state (Passie et al., 2005). The release of serum prolactin might explain the lack of genital sex drive which would be in line with the postcoital state. Acute high prolactin levels have been linked both to sexual satisfaction and an increased intensity of orgasm in women (Leeners et al., 2013) which is in stark contrast to chronic elevation of prolactin which is invariably related to lack of libido and sexual dysfunction (Fric & Laux, 2003). This points toward an interesting gender-specific sexual effect of MDMA: there are many reports of adverse effects of MDMA on sexual function in men and a void of such in women. On MDMA, many men report both erectile difficulties and a pronounced delay or impossibility in reaching an orgasm (McElrath, 2005; Palamar, Griffin-Tomas, et al., 2018c; Zemishlany et al., 2001). This may be due to the serotonergic effect of the drug; serotonin agonists generally possess an inhibitory action on ejaculation (Giuliano & Clément, 2005). The ability to achieve multiple orgasms, though occasionally reported by men (Wibowo & Wassersug, 2016), is more a feature of the female sexual response (Darling et al., 1991; Gérard et al., 2021). This might be one of the explanations for the gender discrepancies in reported issues regarding orgasm on MDMA.

Women have reported improvements on both “time to orgasm” and “multiple orgasm” on MDMA. In men, when orgasm was achieved at all, MDMA did seem to increase its intensity (Lawn et al., 2019). In summary, MDMA, despite its gender-specific adverse effects on male sexual functionality, promotes the affective and sensual aspects of sexuality and feelings of emotional connectedness.

As for most illicit substances, there are many risks associated with MDMA, among which fatalities and the development of tolerance are only some. MDMA changes brain chemistry in its capacity to alter serotonin receptor expression, which can lead to depressive symptoms (Meyer, 2013) and other neurotoxic effects. Other effects that regular consumption of MDMA causes include hyperthermia, heart arrhythmia, liver problems and more or less long lasting neurocognitive impairments including mood disturbances and memory deficits. (Meyer, 2013; Sarkar & Schmued, 2010). Despite these negative side-effects, MDMA is currently in several clinical trials, both on healthy volunteers and people suffering from PTSD as well as against alcohol abuse and as a treatment in autism (De Gregorio et al., 2021). This points toward that MDMA might be a promising agent to treat a range of mental health disorders, not for long-term medication, but rather as a conjunction to psychotherapy.

2.6.6 2C-B

One of the so called new psychoactive substances or legal highs, 2C-B (4-Brom-2,5-dimethoxyphenylethylamin) is a chemical substance structurally similar to mescaline and belonging to the group of phenylethylamines. 2C-B is a partial agonist at several serotonin receptor subtypes (5-HT_{2A}, 5-HT_{2B} and 5-HT_{2C}), and also increases the levels of dopamine (Papaseit et al., 2018). It represents one of the most widespread novel psychoactive substances in Europe (Brandt et al., 2014). This mildly psychedelic substance has been compared to MDMA or LSD (Dean et al., 2013) and has become a substitute among electronic music party goers as a viable alternative to MDMA and LSD (Fernández-Calderón et al., 2018; González et al., 2013). 2C-B induces euphoria, changes in perception (colours, shapes, lights and distances perceived differently) and mild hallucinatory effects (Papaseit et al., 2018).

Further subjective accounts suggest that its effects on perception are similar to ayahuasca or *Salvia divinorum* (hallucinogenic substances belonging to traditional shamanic rites) and possessing the entactogenic, empathogenic and cognitive properties of MDMA (Caudevilla-Gálligo et al., 2012; González et al., 2013) yet without the psychosocial anxiety sometimes reported with the latter substance (González et al., 2015). In a similar way to the use of MDMA as a treatment option against post-traumatic stress disorder, 2C-B has been suggested a potential candidate for therapeutic use in resolving emotional conflict, though this claim has not yet been backed up by clinical studies.

Though 2C-B is still not very widespread in SLS, it is thought to stimulate sensuality and sexuality (Shulgin & Shulgin, 1991). In a qualitative study of SLS, one participant having used 2C-B in a sexual setting reported that 2C-B had brought on some of the best sex they had ever had; "...It's like getting to know the soul before you know all the other stuff that makes a person a person..." (Moyle et al., 2020).

Although the evidence is sparse, it seems that 2C-B may affect sex beyond the empathogenic connection of MDMA and seemingly more on the level of spiritual connectedness. There is a definite need for more studies on both acute and chronic effects, dangers and therapeutic potential of 2C-B which represents a novel substance in the group of substances used in SLS.

2.6.7 The Psychedelics: LSD and Psilocybin

LSD (Lysergic acid diethylamide) and psilocybin (*Psilocybe spp.*, also known as magic mushrooms) are two psychedelic substances mentioned, albeit rarely, in the literature on substance linked sex. These hallucinogens act as agonists at certain serotonin and dopamine receptor subtypes, generating a mix of agonistic and antagonistic reactions (Passie et al., 2008; Preller et al., 2017). LSD and Psilocybin alter the state of consciousness and produce a range of effects including euphoria, changes in psychological functioning and thinking and perceptual changes such as visions, illusions, pseudo hallucinations and a different sense of time (Passie et al., 2008). LSD is a strong agonist of the serotonin (5HT) 5-HT_{2A}-receptor, which, in turn leads to a release of brain-derived neurotrophic factor (BNDF) and glutamate, two substances that are interrelated and responsible for cognition, learning and memory. In other words, LSD leads to the release of factors that enhance neuroplasticity (Vollenweider & Kometer, 2010). A number of genes are activated by LSD in brain tissue, particularly those involved with synaptic plasticity (C. D. Nichols & Sanders-Bush, 2002). Moreover, LSD promotes spinogenesis and synaptogenesis, the growth of synapses and the growth of dendritic spines in neurons (Ly et al., 2018). Other psychedelics such as psilocybin also bind to the 5-HT_{2A}-receptor, resulting in the interaction of serotonin, glutamate and BDNF (Aleksandrova & Phillips, 2021). This cocktail of neurotransmitters and growth factors have been shown to induce an increased connectivity within the brain, enabling otherwise discrete and unrelated regions to communicate (Inserra et al., 2021; Lebedev et al., 2016).

From a neurotransmitter perspective, LSD is rather interesting and also complex; it not only interacts with the 5-HT_{2A}-receptor, but also with 5HT_{1A}, 5HT_{2B}, 5HT₆ and 5HT₇ receptors (D. E. Nichols, 2004; Passie et al., 2008). Whereas the 5HT₂-receptor interaction in a sexual context is mostly associated with negative side-effects such as interfering with orgasm and/or ejaculation (Boyarsky et al., 1999), the interaction with the other serotonin receptor subtypes often lead to prosexual effects such as increased sensitivity and lust (Hayes & Greenshaw, 2011; Komisaruk et al., 2006). Another interesting neurochemical effect of LSD is how it affects dopaminergic pathways. Activity at the 5HT_{1A} and 5HT_{2A} receptors cause an increase of dopaminergic activity in certain parts of the brain (De Gregorio et al., 2016). LSD has been shown to bind various dopamine receptors in several in vitro studies and in experiments with rodents (Passie et al., 2008; Rickli et al., 2016). More interesting still, the interaction and balance between serotonergic and dopaminergic activity is highly dependent on the dosage. In an experimental rodent setting, low doses of LSD decreased the firing of 5-HT-neurons without affecting the dopaminergic firing rate of certain brain

regions, whereas the higher doses lead to a decrease in dopaminergic neuron firing rate (De Gregorio et al., 2016). This information may prove especially useful in understanding the perplexing accounts of SLS and LSD: at lower doses, the balance of serotonin and dopamine may be a sexually interesting mix of serotonergic and dopaminergic activity, whereas in higher doses, serotonin takes over and reduces the dopamine, thus becoming too “hallucinogenically overwhelming” and with too little of the dopaminergic drive toward sexual activity. There are also other mechanisms that are worth mentioning with regards to sexuality and LSD. Neuroimaging studies have confirmed that LSD leads to an increase in the functional connectivity between the thalamus and sensory-somatomotor cortical region at the same time as reducing the communication among so called associative brain regions (Preller et al., 2017). Translated to common language, this means that LSD leads to more sensory and motoric input, making physical sensations stronger than usual, whilst at the same time reducing the associative and integrative aspects, making the sensory experiences somewhat psychedelic. There are also suggestions that psychedelics, mainly psilocybin and LSD, modulate amygdala activity and facilitates the processing of negative life events (De Gregorio et al., 2021). Several clinical trials with psychedelics are currently being held, for example against alcoholism and obsessive-compulsive disorder and mild to moderate depression (De Gregorio et al., 2021).

Clinical experiments in the 50`s and 60`s used LSD to treat sexual perversions before it was banished from psychiatric use (Carhart-Harris & Goodwin, 2017), but none of these can be deemed useful or clinically relevant according to today`s standards. Accounts of LSD or psilocybin in a sexual context have described completely novel experiences of touch and pleasure, “orgasms that last hours” or “cosmic orgasms” which may be reasons why hallucinogens have been used in sexual rituals (Sayin, 2018). Psilocybin was also mentioned in 16th century reports, stating that the “sacred mushroom Teonanacatl” was used by the Aztecs not only in treating fevers and rheumatism, but also to “provoke lust” (Schultes, 1940; cited in Kuypers et al., 2019) .

In the largest study so far on SLS by Lawn et al (2019), LSD was listed as number 5 (women) and 7 (men) out of 11 drugs on the rating of its capacity to “increase enjoyment or capacity for sex or physical activity”, with Psilocybin even further down the scale. Because the effect of LSD and Psilocybin strongly depends on the dosage (Hasler et al., 2004; Holze et al., 2021), this may be the cause of low ratings in sexual settings: the hallucinogens taken in standard amounts generate hallucinations and mental states that may be unsuitable for sexual situations.

Taken at lower doses, however, the psychedelics are probably more interesting sexually. The recent years have seen a boom in the phenomenon of “microdosing” hallucinogenic substances (Kuypers et al., 2019) most notably with minor doses of LSD or Psilocybin, employing dosages that are 5 to 10% of the regular, psychoactive dose of 120 micrograms (Lea et al., 2020). There is no scientific consensus on the exact meaning of microdosing, but it seems to involve the use of such a low dose of the psychedelic that it does not impair normal everyday functioning. Often, the aim of microdosing is to improve well-being, reduce pain or anxiety or enhance cognitive or emotional processes (Kuypers et al., 2019). Unfortunately, there is a complete paucity in studies on microdosing psychedelics and their sexual effects. The only double-blind, placebo controlled study on microdosing LSD investigated its effect on time perception (Yanakieva et al., 2019), something not particularly useful for the investigation of LSD in sexual contexts.

LSD and Psilocybin, in their capacity to enhance neuroplasticity and brain connectivity (Vollenweider & Kometer, 2010), could theoretically be interesting as therapeutic agents for learning novel ways to perceive sexuality, against paraphilia or in the treatment of sexual trauma.

3. Sexocorporel

3.1 Introduction

The Sexocorporel approach was developed in the 1970`s by Prof. Jean-Yves Desjardins at the University of Montreal, Canada, and has ever since been taught, applied and further developed by numerous sexologists in Europe and Canada. The Sexocorporel model provides sexual therapists with an encompassing theory of human sexuality organised into four main categories of physiological, relational, cognitive and emotional components (Bischof, 2012; Chatton et al., 2005). The Sexocorporel approach views the body-mind as a unity in which one influences the other, much in line with the emerging concept of embodiment (Mehling et al., 2011). Sexual health and pleasure is regarded as depending on the interaction of the four components mentioned above and sexuality a process of lifelong learning (Chatton et al., 2005). For matters of simplicity, though all components interact and are dependent on one another, they are separated in discrete sections in the discussion below.

3.2 The Sexocorporel Model

3.2.1 Cognitive Components

Beginning with the cognitive components; the taught, learned and modelled thoughts about sexuality that influences ideals, norms and cognitions. The cognitions about sexual arousal and sexuality in general have a widespread effect on the other components and shape both sexual function and pleasure. Children learn that the physical pleasure of genital stimulation, for example, can be something good or bad, depending on the parents' reactions. This external feedback, also mirrored in the sociocultural acceptance or rejection of sexuality as something positive or negative, then affects the perception of genital arousal in the child; shame or acceptance becomes an association that then influences further sexual development (Bischof, 2012). How these experiences translate to the mode of arousal is yet to be elucidated; yet according to Bischof (2012), people with an arousal mode involving tension (archaic mode, see below) or mechanical movements (mechanic mode, see below) are more likely to harbour negative thoughts and shame about sexuality compared to people that use a moving (undulating or arousal mode in waves, "wave shaped") mode. It would make sense that tension and nervousness, brought on by reprimanding parents or peers upon discovery of masturbation, is then associated with genital stimulation, which then become intertwined synaptic circuits. This connection of tension and sexual arousal is seen in many people, particularly represented by the high percentage of women who employ the archaic mode in masturbation (Bischof, 2018). Due to the physical tension and restricted breathing, less lustful sensory input can occur, which then leads to less lustful a cognitive representation of sexual arousal. In a recent Swiss study, women who employed a wider range of movements during sexual arousal also exhibited more sexual assertiveness and pride about their genitals (Bischof-Campbell et al., 2019).

Cognitions also involve information from other sources than direct reactions from our nearest caretakers; sexual education, myths about sex, anecdotes from peers and pornography all shape what is thought about sex and how one relates to oneself as a sexual being. Sexual pleasure, much like pleasure in general, is strongly regulated by cognitions in a top-down manner (Kringelbach & Berridge, 2009). This is also where simple education about sexuality can have a profound effect; allowing cognitions to change may alter the sexual experience, something the Sexocorporel approach makes use of. The strength of Sexocorporel, however, lays in its use of the direct experience of sensory changes through the interventions; the new, more lustful experiences then change the cognitive input in a reciprocal manner (Bischof, 2018).

3.2.2 Sexodynamic Components

How one feels about sexuality and oneself as a sexual being, who one is attracted to and fantasize about, what motivational factors lie behind different types of desire, all of these factors belong to the so called sexodynamic or emotional components in the Sexocorporel model. These aspects of sexuality can also be called the components of experience, answering the question as to how sexuality is experienced by an individual. On the one hand, these include the ability to recognise what we desire and what spurs our arousal. On the other hand, the sexodynamic components (*les composantes personnelles*) also entail how we express our lust and desire, how we relate to our biological sex and social gender and how all of this plays a role in our sexuality (Desjardins et al., 2010).

For men, the level of intrusivity (eroticizing penetration) is seen as a crucial factor and for women, receptivity (eroticising vaginal filling) (Chatton et al., 2005). These phenomenon are called archetypes in the Sexocorporel model, and form the basis for a type of desire named “sexual coital desire”, a desire that contains both genital and emotional motivation. This type of desire has several prerequisites; being able to notice the physical genital arousal that accompanies sexual desire, the ability to eroticise closeness and distance, being able to eroticise the sexual archetype and also the ability to notice sexual attraction towards a partner. There are also other types of desire mentioned in the model, namely the desire based on reproductive wishes, desire based on the wish to be close to the partner (symbiotically) and the desire to experience a physical orgasm (ISP Uster, 2019a).

The sexual archetypes of intrusivity and receptivity are stereotypically related to gender; although women and men can play with the opposing quality, the Sexocorporel model originally viewed the sexual archetypes as crucial to the development of congruence between the biological sex and gender. When sexual limitations or therapeutic issues arise, the sexual archetypes form a basis upon which the clinical work with clients is based (Desjardins et al., 2010). In times of gender fluidity and where the old binary view on biological sex is being challenged, it is debatable and a matter of controversy and discussions if the concept of sexual archetypes is still valid. Seen from a clinical perspective in which clients have limitations in their sexuality based on the lack intrusivity or receptivity, the concept might still be useful. The same limitation or discussion can be applied to the other evaluative elements of gender stereotypes, something not elaborated on in this paper. Sexual lust is seen as highly dependent on physical changes in muscle tone, the amplitude of movement (external global bodily movements and internal movements, meaning the amplitude of breathing) and the rhythms of movement also known as the “three laws of the

body” (“les trois lois du corps”) (Chatton et al., 2005). Sexual lust follows the development of these parameters according to observed patterns, in Sexocorporel called “sexual modes of arousal”. To simplify; less muscle tension and more movement and deeper breathing leads to more feelings of lust. Sexual lust also means the capacity to connect pleasant feelings with genital arousal, something which is not necessarily linked (Desjardins, 1996). In the arousal modes that are accompanied by more muscular tension (archaic, mechanic, archaic-mechanic modes), it is generally more difficult to combine the genital arousal with positive emotions (Bischof, 2018), thereby hindering the double release of tension; a double poled orgasm in its Sexocorporel sense (Chatton et al., 2005). Sexocorporel makes a distinction between what is commonly called an orgasm, where only the genital tension is released, which Desjardin named an orgastic discharge. Orgasm in the Sexocorporel sense involves both an emotional discharge and a genital discharge (Desjardins et al., 2010).

Other sexodynamic factors include phantasies, sexual self-confidence and (sexual) attraction codes (Chatton et al., 2005). The attraction codes involve both sexual and emotional attributes and can be expressed in phantasies, in dreams and in real life. Sexual orientation is a rougher organisation of attraction codes; attraction codes are thus a refined concept regarding what a person finds exciting (Desjardins et al., 2010). Phantasies are an interesting evaluative feature of the Sexocorporel model. Phantasies are seen as a reflection of the individual sexual development process that encompasses all components and also depend on the arousal mode employed (Desjardins et al., 2010).

The emotional and experiential aspects of sexuality, however, are tightly linked to physiological processes. The Sexocorporel approach makes use of this from a bottom-up way; changing the body and three laws thereof will often, if not inevitably, change the emotional experience and the aspect of sexual pleasure (Desjardins, 1986).

3.2.3 Relationship Components

Although sexual activity is usually something shared by two people, the Sexocorporel approach is not necessarily focussed on partner sex or systemic factors. This is also one of its strengths; sexual learning is not only possible alone, but sometimes also crucial to be practiced alone, at least initially. There are, however, certain aspects of sexuality within the Sexocorporel model that are gathered under the heading of relationship components. These include the way a couple communicates about sex, the relational aspects of love and attachment, how seduction takes place and what types of erotic play are present (Chatton et al., 2005).

3.2.4 Physiological Components

The physiological processes of genital arousal, orgasmic discharge and resolution have been studied in detail, particularly owing to the work of Masters and Johnson in the 60`s and 70`s. In the language of Sexocorporel, the physiological component of sexuality involves the physical ability to initiate and increase genital arousal to culminate in an orgasmic or orgasmic discharge. The variables that succeed the initial innate genital arousal reflex (observed as genital vasocongestion, an increase in breathing frequency and muscle tone and a number of para- and sympathetic nervous responses) (Chivers et al., 2010) are, according to Sexocorporel, changes in muscle tone, the amplitude of movement (bodily outer movements and breathing) and the rhythms of movement, previously mentioned as the “three laws of the body” (Desjardins et al., 2010). How these three laws of the body are used in the journey between initial genital arousal, which is involuntary and not subjected to conscious modulation, and a potential orgasmic discharge, also involuntary, is a matter of sexual learning (Bischof, 2012.; Chatton et al., 2005). Making use of the three laws of the body enables individuals to modulate and steer the genital arousal voluntarily.

Based on observations and accounts of numerous participants and patients, Desjardins created a typology of so called arousal modes: characteristic ways of using the three laws of the body in repetitive patterns in order to achieve an orgasmic discharge, often noticed to be accompanied by certain perceptions or emotions (Chatton et al., 2005). Desjardins distinguished five arousal modes, whereas later authors tend to talk about four specific modes of arousal (Bischof, 2012).

3.3 Modes of Arousal

3.3.1 The Archaic Mode

The primal arousal mode, observed even in young infants, was named the archaic mode by Desjardins and is characterised by the application of genital pressure (by objects such as furniture, a fist, a teddy bear or by squeezing the legs shut) together with very high muscle tension, little movement and shallow or restricted breathing. This mode is called archaic as it is the first mode physically accessible, even before hand movements can be coordinated, and sustains being the sexual arousal mode up to adulthood in quite a number of individuals, more often so in women than men (Bischof, 2012). From a neurophysiological perspective, the archaic mode stimulates deep muscular nerve receptors and sexual organ proprioceptors (Desjardins, 1986). The archaic mode is effective in producing an orgasmic discharge during masturbation, yet limited the same in partner sex (Bischof, 2012, Bischof-Campbell et al., 2012). Many people that employ the archaic mode for sexual arousal

present with sexual dysfunctions of varying kind; from lack of libido to premature ejaculation or anorgasmia (Bischof, 2012).

3.3.2 The Mechanical Mode

A more common mode employed for achieving an orgasmic discharge is the so-called mechanical mode of arousal. This mode is different from the archaic mode in that the main stimulation involves superficial nerve endings in the vulva and penis, even though some features are similar, such as an increased muscle tone, often immobility and rapid, shallow breathing (Bischof, 2012). Another similarity is the effectivity of the mechanical mode in masturbation and likewise, difficulties in partner sex, though in the mechanical mode, this is less pronounced than in the archaic mode. During penetrative partner sex, the same mechanical stimulation as in masturbation is needed in order to reach an orgasmic discharge, something that might prove difficult to achieve in a coital context, often requiring a high amount of concentration not to be disturbed (Bischof, 2012). The sexual pleasure thus remains limited to the superficial genital region (Chatton et al., 2005), in line with the sympathetic activation: rigidity and shallow breathing are both features of sympathetic activity and this exerts a negative effect on sexual arousal and pleasure (Ulrich-Lai et al., 2010).

3.3.3 The Archaic-mechanical Mode

Exhibiting characteristics of both the archaic and the mechanical mode of arousal, Desjardins applied the term archaic-mechanical to the simultaneous stimulation of deep muscular and superficial nerve endings in order to augment the sexual arousal. Muscular tension, limitation of movement except for the mechanical rubbing of genitals including high pressure and limited breathing are features of the archaic-mechanical mode (Chatton et al., 2005). Although it has been debated whether the use of vibrators or the jet stream of water from the shower faucet belong to a separate mode or not, Desjardins himself organised this mode of arousal within the archaic-mechanical mode (Chatton et al., 2005), though other sources have declared this a separate, vibrating mode (Bischof, 2018; Schiffan, 2018).

3.3.4 The Undulating Mode

The two last modes differ from the other modes in that physical movements are larger, breathing is deeper and the sexual pleasure perceived higher. Women employing these modes have been reported to enjoy the journey to orgasm much more than women using the archaic and mechanic mode, that are more likely only to enjoy the orgasmic discharge

itself or the feeling afterwards (Bischof-Campbell, 2012). The undulating mode is characterised by fluid body movements in all directions, especially around the vertical body axis (Bischof, 2012), and the sexual arousal is perceived throughout the body and a source of high pleasure. Although sex is ecstatic and the sexual energy felt throughout, people using the undulating mode seldom experience an orgasmic discharge or orgasm. This is due to the lack of sufficient “channeling” of the arousal; the muscle tone is too low to reach the threshold of orgasmic discharge (Chatton et al., 2005). From a neurophysiological perspective, the undulating mode involves the activation of proprioceptive and exteroceptive nerve endings in many regions of the body and not only concentrated on the genital region (Bischof, 2012).

3.3.5 The Wave-shaped Mode

The wave-shaped mode or the arousal mode in waves is similar to the undulating mode regarding breathing and the amplitude of movements. The difference lays in a sequence of coordinated movements in the vertical axis of the body, a special movement pattern called the “double swing”. This movement can be seen in many male mammals in their normal mounting behaviour, but also observed in humans during laughter, vomiting, sobbing and coughing (Bischof, 2012). The pelvic component of the double swing consists of and forward and backward tilt of the pelvis together with inspiration and expiration, and the upper component of the swing, the “upper swing” involves movements of the sternum (ventral expansion and sinking in), upper back, neck, jaw and head. The thoracic and lumbar spine follows, exhibiting an arching outwards and inwards (on exhalation and inhalation respectively) and opposing movements by the cervical spine (Bischof, 2012). Mobilisation of the muscles involved in the upper swing is naturally accompanied by deeper breathing and these changes allow for more lust to be perceived. This is probably due to the increased activity of the parasympathetic branch of the nervous system, allowing an influx of blood to both the genital region and elsewhere (Bischof, 2018). The tonic, rhythmic activation of both branches of the autonomic nervous system provides the basis of the wave-shaped mode. The wave-shaped mode excites both internal and external nerve endings as muscle tone and rhythmic movement is varied. The culmination of sexual energy can, due to the specific movements that generate sufficient channelling of the sexual arousal, lead to a simultaneous emotional and genital discharge. This is what Desjardins called an orgasm in its true sense (Chatton et al., 2005, Desjardins et al., 2010). The augmentation of sexual lust during the sexual act, enabled through these changes, then cause a neurofeedback loop which stimulate the centres of reward and libido in the brain (Bischof, 2018), which then feeds the lust for more of the same – lust feeding lust.

3.4 Genital pole and Emotional pole

Sexual lust or pleasure, according to the Sexocorporel model, a state of bipolarised arousal that may culminate in an orgasm; the parallel discharge of this sexual energy from the genital pole and the emotional pole. This concept is unique to the Sexocorporel model and might need an explanation. Most, if not all of us are born with the capacity of genital arousal and also experience pleasure (sexual lustful enjoyment) when doing so. The sensory input of arousal from the genital travels through the neural networks and enter our brain. How the sensory input is processed further and coded also depends on the input from the limbic system; the genital arousal can be negatively associated (dislike/aversion) or positively associated (like/pleasure) (ISP Uster, 2019b). It is thus possible that genital excitement is unlocked from concordant feelings of sexual lust or pleasure (Desjardins, 1986). The Sexocorporel model, illustrates this by the means of two separate curves; the curve of genital arousal and the so called curve of emotional experience o of sexual lust. The latter curve represents the emotional component of sexuality; if and how much pleasure is experienced during sexual activity (Desjardins, 1986). The two poles of arousal are not separate entities, though, but highly interwoven; the emotional components affect both physical tension and the awareness and interpretation of sensory input and vice versa (ISP Uster, 2019b). Sexual lust, characterised by highly positive pleasurable emotions, is more a feature of the arousal modes with less muscular tension and more movement, the wave-shaped and undulating modes of arousal. In these modes, the fluidity of the body allows for the diffusion of sexual and emotional arousal, which is associated with higher levels of sexual pleasure (ISP Uster, 2019b).

The dual pole of excitement can also be applied to sexual appetite; some people have more emotional motivations in their desire (e.g. the wish for a child, fear of losing the partner or infatuation) and others seek sexual arousal and a genital discharge in itself or to confirm their own desirability. This is, in the Sexocorporel model, called sexual desire. The model also describes a third form of desire, the coital sexual desire, in which the sexual activity is connected to both poles and the ability to let go and experience an orgasm (Desjardins et al., 2010). This type of desire comes with several pre-requirements, which explanation would exceed the scope and the purpose of this paper.

The dichotomy of the two poles can be found in many aspects of the Sexocorporel model and was found particularly useful in the assessment of SLS.

3.5 Application of Concepts of Sexocorporel in the Assessment of SLS

Many studies on SLS up to today have either focused on sexual functionality or other measurable ratings of sensuality or pleasure (Bellis et al., 2008; Fernández-Calderón et al., 2018; Lawn et al., 2019). Other, mainly qualitative studies, have used a general inquisitive approach, often to assess motivations for SLS but also exploring SLS in general, speaking of a range of both hedonistic and therapeutic reasons for the phenomenon. No study until present has used the viewpoint of the Sexocorporel approach in assessing SLS. This, though the basic organisation of Sexocorporel with the four components provide an accessible and comprehensible framework to organise statements about SLS. Moreover, the few qualitative studies have either been too general for generating any practical conclusions that can be applied to the clinical practice of sexology (Moyle et al., 2020), or too specific in its focus on the interrelation aspects (Anderson et al., 2019). Although it can be difficult to describe states of consciousness and physical phenomenon brought on by drugs in verbal language— so far, no study has asked for, for example, changes pertaining to the three laws of the body. In this study, a particular emphasis was therefore set on the exploration of these. Less focus was put on motivational factors, as this has been a recurrent topic of research on SLS.

Asking for the difference between SLS and sober sex became the main question of this work. Compared to the larger qualitative studies of Moyle et al. (2020) and Anderson et al. (2019), this research paper used the Sexocorporel components both to evaluate the interviews and to elucidate any potential conclusions that can be applied to the clinical practice of sexology.

4. Methodology

Having completed the literature review part, this chapter highlights the methodology of the qualitative research part of this thesis; choice of method, rationale thereof and the research process in detail.

4.1 Research method and Rationale

The nature of the focus of this thesis made the choice of research method rather clear from the beginning. The lack of hypothesis or a clearly demarcated research question and the more explorative approach to the phenomenon of SLS from the viewpoint of Sexocorporel made qualitative research and particularly grounded theory the method of choice. Grounded

theory was founded in the 60s by Barney Glaser and Anselm Strauss and is a method to form theories based on the data collected. It is an especially useful form of qualitative research in unexplored areas of research where little or no material exists (Foley & Timonen, 2015). Although SLS has been studied both with quantitative and qualitative research methods, no study so far has used the viewpoint of the Sexocorporel approach to assess the difference between sober sex and SLS. Due to the novelty of the research topic, grounded theory was the method of choice.

Grounded theory is a method of qualitative research that emphasises an inductive approach of analysis. It can be seen as a bottom-up approach in which the data collected goes from the particular to the general; the material is organised into codes that are organised into an ever increasing level of abstraction, potentially culminating in a singular, grounded theory. This stands in contrast to other qualitative research methods including qualitative research according to Mayring (Bücker, 2020), that often begins with a hypothesis that is then confirmed or refuted based on deductive processes analysing the data, a more top-down approach (Kühlmeier et al., 2020). These two major schools of qualitative research are thus utilised for different initial positions; either an existing hypothesis is tested for its validity, or novel theories generated from the material collected (Chapman et al., 2015).

Conducting semi-structured interviews with a number of individuals who had recently experienced SLS was thought to generate enough material for the subsequent analysis. Nonetheless, the author did not aim at a comprehensive or in any ways complete exploration of SLS from the viewpoint of Sexocorporel, which would need more extensive and time-consuming research. Thus the work at hand cannot be considered possessing any generalizability or transferability. It is more an initial exploration of SLS through the lens of the Sexocorporel approach that would ideally be succeeded by further research.

4.2 Recruitment, Setting and Sampling strategy

The qualitative research part of this thesis involved semi-structured, in-depth interviews with seven persons that have experienced SLS within the last 3 years. Of the seven persons, four were interviewed in a couple setting (two interviews with two heterosexual couples) and three people (one man, two women) were interviewed alone. The participants were recruited via social media in April 2022 with a carefully worded call for predominantly heterosexual individuals with experience of SLS having used mainly serotonergic substances. By May 2022, four individuals had responded positively to either the social media call or from the authors extended friend circle. In addition, three individuals were

selected with purposive sampling, being asked directly as it was known to the researcher that these had had experience of SLS. No financial compensation was offered the participants. All participants were over 18 years of age (40-48 years old), three identifying themselves as men and four as women. The standard code of practice common to most social research was applied: the use of informed consent forms, information sheets, guaranteed anonymity, informed voluntary participation, confidential disclosure and secure data handling and storage. Due to the nature of SLS with many substances being illicit, a particular emphasis was placed on anonymity and confidentiality.

The interviews were conducted in person at a location chosen by the participants so as to ensure a maximum feeling of comfort and trust. Most often, the participants chose to have the interview at their home or their workplace. An audio file was recorded for the full length of the interview. Once the interviews were completed, the recordings were transcribed by hand, not using any commercial transcription software.

The method applied involved data triangulation; using several interviews with different individuals that all answer roughly the same questions. The subsequent coding of the data in line with grounded theory enabled comparisons between transcripts. The codes created were then grouped, summarised and categorised in line with the descriptions of qualitative research according to grounded theory (Strauss & Corbin, 1997). To the best possible extent, the research part of this paper was conducted in line with the Standards for Reporting Qualitative Research (O'Brien et al., 2014).

4.3 Data protection and Research ethics

Informed consent was obtained, both for the participation in the interview and for the utilisation of the audio data and transcripts. Sufficient time for reading through the informed consent papers and for any ensuing questions was given prior to the recorded interviews. The participants were informed about how the audio files were to be stored and how the pseudonymisation would ensure anonymity in the transcribed files and also the published thesis. Audio was recorded using a device that was off-grid for the duration of the project, thus minimising any potential violation of data. As soon as all interviews had been transformed into transcripts, the audio files were deleted. The additional question posed after the original interview, when answered, was handled in the same way.

All identifiable characteristics found in the transcripts were pseudonymised, done by replacing the identifiable characteristics with another name. Due to the relatively small sample size (five interviews, seven individuals), the pseudonyms were memorised without the necessity of creating written codes.

4.4 Data collection Process

4.4.1 Semi-structured Interviews

Semi-structured interviews have the advantage of providing a certain framework of questions, yet remain open enough to allow the interview to unfold according to the answers of the person interviewed (Busetto et al., 2020). In order to assess the relevance and quality of the main interview questions, the topic list and questions were tested in a pilot interview with a person who was chosen after having shown interest in the interviews, but deemed unsuitable due to the substance used for the SLS (Ritalin). A number of obligatory and optional questions were decided upon accordingly. The participants were, after a warm-up phase of general questions, asked to describe a recent experience of SLS. Further questions followed, based on that experience, exploring the event(s) with a particular emphasis on the Sexocorporel Model and its evaluation tools, including the detailed exploration of physical changes in the SLS. The final list of topics and example questions are found in Appendix II. The interviews were structured in four main segments, namely

- General questions regarding the interviewee and their sexuality.
- SLS – what it was like.
- SLS compared to sober sex.
- Post-SLS: potential subsequent sustainable changes to their sexuality.

The interviews were recorded on an iPad in order to store audio files for later transcription.

4.4.2 From Audio to Transcription

The interviews were conducted by the author and recorded on an off-grid iPad with the standard audio recording function. The audio files were subsequently transcribed verbatim by hand. No transcription software was utilized, partly because the interviews were held in the local dialect and partly due to the sensitive data. All interviews were held in Swiss-German, which was then, at least partly, adapted to German during the process of transcription. Verbatim transcripts reflect spoken language and sometimes this leads to confusing sentences, grammar inconsequences and statements broken off midway. Nonetheless, the verbatim transcripts reflect the spoken language with the most minimal interpretation bias. Major grammar “mistakes” due to the Swiss-German language were corrected, but many also left the way they were spoken in order to leave the individualistic expression as intact as possible. Non-verbal language and pauses were transcribed in italics within brackets, for example (*nods*), (*hesitates*), (*pause, long pause*). Sentences that were unfinished (taken over by the other person) were marked as ... and continued below, such as this example from the interview with Miriam, 40:

1064 I: Dann bekommst du mehr Zugang zu dem? Zu dem Zustand? Also,
1065 entspannt sein, Atmung, Fokus auf Körper, Im Becken sein...

1066 B: Im Becken sein und wirklich auch, oder eben, gerade wenn ich es sage,
1067 mehr im Becken sein.

All statements were numbered chronologically.

In the transcript, the interviewer is marked with an "I" and the interviewed person with a "B". When two people were interviewed, the interviewed person was either female or male, denoted with a "BF" for a female interviewee and "BM" for a male interviewee. None of the participants objected to the binary organisation (individual denomination of gender was offered at the beginning of all interviews). The participants could also choose how to be addressed, in German *Sie* or *du*, all choosing the less formal *du*.

4.5 Data analysis

4.5.1 Data analysis in Grounded theory

Grounded theory can be described as an inductive process in which data generates theory. Coding and categorising the data obtained by interviews enables material to be extracted from the original that can then be compared, categorised and grouped in order to find similarities and differences. Both advantageous and disadvantageous aspects of data analysis in line with grounded theory soon became evident. There are no stringent guidelines on how to conduct and present grounded theory research, but rather many different ways according to the different developments of the research method and their authors. The so called "classic grounded theory" by Barney Glaser and Anselm Strauss (Glaser & Strauss, 1967) has been subjected to many alterations and further developments. Instead of expanding on the different schools of grounded theory, the author of this thesis decided to turn to later publications and reviews of the method and work along with the basic tenets of the method (openness, coding and comparing, continuous memo-writing, theoretical sampling and the production of a substantive, grounded theory) but also allowing for adjustments of the initial grounded theory. In particular, the emphasis of Strauss and Corbin (Strauss & Corbin, 1997) on the paradigm model of grounded theory, in which a phenomenon is explained by relating subcategories to a category in a set of relationships was considered unsuitable for the analysis of the material. The other methods of grounded theory were applied and provided an excellent framework for building theory from data.

Instead of rules and prescriptions, grounded theory rather provides guidelines and regards a broader immersion in the method necessary in order to understand how the different tools of the theory can be adapted and revised in order to fit the research question chosen (Charmaz, 2006). This openness to revision and adaptation made it possible to conduct the research and still call it in line with grounded theory.

4.5.2 Coding

Coding is at the core of the development of a grounded theory. According to one of the later developers of grounded theory, K. Charmaz states that “coding is the pivotal link between collecting data and developing an emergent theory to explain these data” (Charmaz, 2006). According to Glaser & Strauss (1967), three steps of coding are recommended:

1. Open coding: The transcribed data is separated into parts that are labelled with codes. This is done to break up the material and group similar statements under one code.
2. Axial coding: the subsequent step of coding consist of grouping the codes from open coding into categories. This is done to elucidate thematic relationships between the separate codes. The categories with their supporting codes represent axes around which the codes from the transcripts belong.
3. Selective coding: after the axial coding, the categories can be organised further in order to crystallize data and procure a central category or theory. In this process, the axial categories are centred around a new, overlying category that encompasses all previous categories. This condensation of data aims at creating a theory that integrates all gathered data into one coherent framework (Strauss & Corbin, 1997).

Charmaz (2006) version of coding in grounded theory involves so called «initial, focused and theoretical coding». During the initial coding, the researcher goes through the data and generates as many ideas as possible from the material, thereby inducing categories from the transcripts. The subsequent step of focused coding applies a selection of central codes considered most relevant to the data in the study. Some categories are thereby actively dismissed when deemed having to little relevance to the main interest in focus. In the final process of coding, the condensed categories are set in relationship to each other, creating a set of theories that all contribute to the finalised, grounded theory.

After the transcription, an initial reading of the transcripts generated both new inputs regarding the effectiveness of a certain wordings or question as well as providing material to highlight as particularly relevant to the research questions. This scanning and highlighting

was initially done in an analogue way, marking crucial parts of the transcripts with colour that were then printed out and bundled. In this way, eight main areas could be found in the material: Cognitive components, physiological components, sexodynamic (emotional) components, relationship components, context, difference between sober sex (SS) and SLS, difficulties, significance of SLS and reproduction of the effect.

Subsequently, the full length of the transcripts were coded (line by line coding, followed by another step of more abstract coding) using the qualitative research software Delve. The line-by-line coding generated many more categories. Out of these, some categories were deemed less relevant to the specific research questions and were not included in the further abstracting steps. These included categories such as “masturbation”, “partner sex (general)”, “definition of good sex”, “general statements about drugs”, “motivation of interview participation” and “anecdotes of SLS”. Although these categories might have been interesting to evaluate and develop further, they were not deemed relevant enough for the main focus of this thesis. The final chosen categories of codes is presented below:

Categories	Kategorien
Cognitive components	<i>Kognitive Komponenten</i>
Physiological components	<i>Physiologische/Grüne Komponenten</i>
Sexodynamic components	<i>Sexodynamische Komponenten</i>
Relationship components	<i>Beziehungskomponenten</i>
Sober sex (SS) vs. SLS	<i>SS. vs SLS</i>
Significance of SLS	<i>Stellenwert SLS</i>
Reproducing (the effect)	<i>Reproduzieren (der Wirkung)</i>
Difficulties	<i>Schwierigkeiten</i>
Context	<i>Kontext</i>
LSD/Psilocybin	<i>LSD/Psilocybin</i>
Cocaine	<i>Kokain</i>
MDMA	<i>MDMA</i>
2C-B	<i>2C-B</i>
THC	<i>THC</i>
Alcohol	<i>Alcohol</i>

The complete list of the finally selected codes with their subcategories and text samples can be found in Appendix V. Due to the nature of the research question (assessing SLS from the viewpoint of Sexocorporel), the last step of coding proved particularly challenging.

The axial coding in line with the components of the Sexocorporel model proved a rather clear and simple affair, but in the next step, selective coding, it became clear that the abstraction of categories in order to condense them into one central theory came at a high cost; how could so much data be simplified into one main theory without losing potentially valuable information? The author decided to adapt the classical grounded theory to the work of Charmaz (2006), thus presenting the results in sections as well as including an attempt at one central theory.

4.5.3 Memo writing

Throughout the time period from the first interview to the last steps of data analysis and during the process of writing the grounded theory, extensive memos were written. These were both case-specific memos after each interview, general memos as well as conceptual memos during the axial and selective coding. The interview memos included first impressions of the interview, reflections on the material obtained, initial reactions and limitations. Emotional reactions and pre-existing expectations were also recorded in order to systematically evaluate and reflect upon the researchers own prejudice and pre-existing concepts of the subject studied (for an example of interview memo, see Appendix III).

General and conceptual memos and were also recorded, in line with the descriptions of Charmaz (2006). In these memos, all ideas regarding the suitability and yield of interview questions, the meaning and revision of codes and how these changed over time as was time- and process specific comparisons of codes and their relationships. Examples of general and conceptual memos can be found in Appendix III.

4.6 Limitations of Method

Good qualitative grounded theory research often implies an iterative approach where data collecting and analysis are part of a continuous process until a so called theoretical saturation is achieved (Sbaraini et al., 2011). Research is thought of as a circular process of an ever increasing analytical specification. Initial interviews and initial coding should ideally be followed by further theoretical sampling where the codes and question become increasingly refined. This is done until no more new details are added by further interviews, the point of theoretical saturation. In this piece of work it was impossible to complete this process in its full complexity, due to both the limited time available and that the research was done single handed. It would have been fruitful and more in line with the grounded theory guidelines if there had been more time in between the interviews with more time to reflect upon codes and questions. Partly, this was repaired or resurrected by the follow-up

question asked, a question that the researcher thought of as pivotal to any applicability of the insights on SLS. The advantage of this extra question was that the participants that volunteered could answer in their own due time with no pressure. This also gave them the opportunity to add any detail they thought of as important.

Additional interviews with purposive sampling would have been able to provide more information until saturation could have been achieved, making further interviews redundant (Charmaz, 2006). The purposive sampling did obtain both women, men and couples, both with intentional and non-intentional accounts of SLS, yet every interview provided new details to such an extent that theoretical saturation is unlikely. What is more, there was no time for respondent validation of the results, which could have presented more valuable data to be incorporated in the research process. The subsequent follow-up question was answered by two respondents only, which limits the data on reproducibility.

The fact that all interview participants were recruited in the wider circle of friends of the researcher could be criticised and seen as a factor that might lead to bias. On the other hand, this provided a certain form of initial trust which, due to the taboo-ridden subject, could be favourable. The researcher tried to remain neutral in their non-verbal and verbal feedback as well as in asking the questions. With some participants, it was difficult to obtain more expansive answers to certain questions. In these cases, the use of suggestive questions or statements were partly used, but then clearly communicated so.

The process of transcription itself represents an interpretation of reality; a potential bias that is exacerbated by the transcript process from the original material of the Swiss-German dialect as opposed to the written form of high-German. The analysis of the material was done in German and then, at the more abstract level, translated to English. This was done in order to avoid translation errors and, to a certain extent, to minimise language-specific bias in the subsequent analysis. The translation of the results, finally, to English, was done with great attention to detail and discussed with a bilingual English teacher. This may be criticized as another point where bias can occur; yet on the other hand, it might be considered an advantage as another level of abstraction occurs when words are translated. The direct citations of the participants below are printed in the German and in English in order to allow bilingual readers the opportunity to read the original quotes. This was done to increase transparency of the findings, translation sometimes causing social and contextual details to be lost (Younas et al., 2022).

5. Results

Classical grounded theory is devoid of instructional guidelines on how to present the results of the data analysis. For the purpose of simplicity and with the adaptation of the analytic method to fit the research subject, the results are organised in the main categories of the Sexocorporel model, with the addition of a few more categories that emerged during the axial coding. Finally, an attempt at a conclusive grounded theory is presented. Additionally, there is a chapter on the most common substances from the viewpoint of Sexocorporel and one chapter on the applicability of the results to clinical sexological work.

The original citations in German are presented to the right of the English translations in *italics*. All names cited are pseudonyms, the age printed and the corresponding lines from the transcripts noted. The complete interview transcripts can be found on the attached CD (also see Appendix VI). Excerpts of the interviews can be found in Appendix IV, representing brief glimpses of the interview process.

5.1 Physiological Components and SLS

Psychoactive substances, although exhibiting a range of differences in their effects, all have in common that they cause changes to the perception and awareness of sensory input. This is not a state unique to drugs; the body feels different after a long day outdoors, after a night of dancing or during the early days of infatuation. What sets substances apart from natural altered states is that they are often consumed *in order to* elicit sensory changes.

What is different? What feels different? Ehm, what do I feel better or worse? And then there is also the motivation from that, ok, and then it gets exciting, how about the sex...Sensory, emotionally, a lot happens on many levels and it is therefore a very exciting field for me to consciously perceive differences.

... Was ist anders? Was fühlt sich anders an? Ehm, was spüre ich besser oder schlechter? Und da ist dann auch die Motivation aus dem heraus, ok, und dann wird es spannend, wie ist dann das mit dem Sex?... Sensorik, emotional, es passiert auf sehr vielen Ebenen sehr viel und es ist darum auch für mich ein sehr spannendes Spielfeld um, eben so, Unterschiede bewusst wahrzunehmen.

(Joanne, 43, Michael, 45, line 975-977)

The expectation of change can then spur an increased attention on the momentary state of the body, which then, consequently, leads to an enhanced perception of the sensory input. This increased active attention in the present can also be called mindfulness (Shapiro et al., 2006).

Among the most commonly stated effects of substances taken in a sexual context is that the sensory information coming from the body is increased, in particular sensations in the skin. Some participants explained this as an increased awareness of sensory input due to less intervening thoughts and in other cases due to the effect of the substance itself, in particular with the mainly serotonergic drugs (MDMA, 2C-B and the psychedelics). This heightened awareness of sensory input often increased the level of sensuality and sexual arousal, described as bathing in sensations. Touch was described as sensational, both in the giving and receiving role, and the intensity of pleasure from touch often made the goal of orgasm much less relevant than when compared to everyday sexual activities. What also stood out was that more of the body was involved in the sensual pleasure. Wordings such as “full body orgasm” was used by both female and male interviewees and there were many accounts of sexual lust being felt throughout the body.

More of the body is involved. I think, that's the direction it takes me, yes. That it isn't focused only on the genital, but that the erogenous zones, well, they are much more widely distributed. Somehow touch that happens somewhere else is suddenly arousing. That usually happens a lot less. Otherwise, when I'm sober, it's more focused on the penis, kind of, that gives me that arousal.

Der Körper ist dann mehr dabei. Ich glaube, bei mir geht es mehr in die Richtung, ja. Dass es dann nicht nur auf das Genital fokussiert ist, sondern es auch die Erregungszonen ja, viel, viel breiter verteilt sind. So irgendwie Berührungen die irgendwo anders stattfinden sind dann plötzlich etwas Erregendes. Das habe ich sonst viel weniger. Sonst ist es für mich in einem nüchternen Zustand schon auf den Penis fokussiert, so das, was mir Erregung verschafft.

(Matthias, 42, line 393-398)

...not only punctual sensations in the body, but I had the feeling, my whole body, as if my whole body was something like a clitoris, something similar, everything was so unbelievably, eh, sensitive, eh, like a clitoris, like everywhere, but kind of like a cast...

... also nicht nur, Sensationen so im Körper punktuell, sondern ich habe das Gefühl gehabt, mein ganzer Körper, als wäre mein ganzer Körper so was wie eine Klitoris, so was Ähnliches, alles an mir ist so unglaublich, eh, sensitiv gewesen, eh, wie eine Klitoris, also alles, aber so ein Guss...

(Miriam, 40, line 497-501)

The increased mindfulness of the sensory signals and of the sexual arousal and its level of intensity also lead to a better awareness of sexual readiness in one subject:

...it's that too, or, for example, basic themes in sexuality, like receiving, as a woman for example, where I notice ah, now I can really receive or get the feeling that I am ready for you now and I can welcome you now. So these stories happen much more consciously, I would say. In normal sex you just do it.

...das ist es schon auch, oder, zum Beispiel das dann, oder, so Grundthemen in der Sexualität, wie das Empfangende, als Frau zum Beispiel, wo ich merke ah, jetzt kann ich wirklich empfangen oder so das Gespür zu bekommen, ich bin jetzt parat für dich und ich kann dich jetzt aufnehmen. So die Geschichten, dass die viel bewusster passieren, würde ich sagen. Im normalen Sex machst du einfach.

(Lorena, 48, line 460-464)

Another feature of the more hallucinogenic substances was that the increased sensory awareness or input had the potential to expand beyond normal perception.

The sensory stuff is different, you really perceive a lot more and you are much more involved with every cell when on drugs than usual.

But that is certainly something I found very fascinating on 2C-B and, and I have also seen a lot of things there that wouldn't necessarily have shown up that way...

Das Sensorische ist anders, du nimmst wirklich viel mehr wahr und bist viel mehr mit jeder Zelle dabei auf Drogen als sonst.

Aber es ist sicher etwas, was ich sehr faszinierend gefunden habe auf 2C-B und, und dort auch viele Sachen gesehen habe, die sich so nicht gerade unbedingt so gezeigt hätten...

(Lorena, 48, lines 924-925 and 993-995)

Regarding the three laws of the body, the muscle tone, amplitude of movement (bodily outer movements and breathing) and the rhythms of movement, the only feature found was that the muscle tone in SLS was reduced, and this only reported by female participants. For most of these, this was simultaneously associated with a larger amplitude and meandering quality of movement.

...so, right, a, eh, tonic movement, not lanky and not rigid either, but, eh, really, eh, dance-like.

...also eben eine ehm, tonische Bewegung, es ist ja nicht schlaksig und auch nicht rigide, sondern, eh, mega, eh, tänzerisch.

(Miriam, 40, line 649-650)

I think that with MDMA I'm moving more, and being more in a relaxed state too.

Ich glaube schon gerade bei MDMA bin ich mehr in der Bewegung, und mehr in der Entspannung auch.

(Joanne 43, Michael, 45, line 943-944)

One of the most marked changes to movements during the SLS was described by one woman who, in her usual sexual interactions and during masturbation, based on her descriptions, used the archaic or archaic-mechanical arousal mode (Miriam, 40)

Well yes, I mainly moved back and forth, I moved my pelvis, I mean, forwards and backwards, yeah, like that. But also up and down, sort of, yes.

Ja gut, ich habe mich vor allem nach Vorn und Hinten bewegt, ich habe mein Becken bewegt, also gegen Vorn und Hinten bewegt, also genau. Aber auch schon auf und ab, also quasi ja.

(Miriam, 40, line 523-525)

Worth noting was that she had no knowledge of Sexocorporel or the double swing movement, but that these had happened spontaneously. This interviewee also spoke of clear changes to the breathing pattern. She was the only person, however, that had noticed changes to her breathing during the SLS.

I have the feeling that the breathing was extremely deep. The breath was enormously central. I breathed a lot. Really deeply and really strongly.

Ich habe das Gefühl, der Atem ist enorm tief gewesen. Der Atem ist enorm zentral gewesen. Ich habe mega geatmet. Megamega tief und mega fest.

(Miriam, 40, line 588-590)

Lastly, one male participant noted that in SLS, he had complete control over the point of no return and ejaculation, something he did not experience without drugs:

Absolute control over when I want to come. Absolutely, I can press a button, I can say now I'm coming, or I want to fuck for two hours and then I want to come.

Absolute Kontrolle, wenn ich kommen will. Absolut, ich kann wie ein Knopf drücken, ich kann sagen, jetzt komme ich, oder ich möchte zwei Stunden durchvögeln und möchte dann kommen.

(Angelika, 41, Fabrizio, 40, line 1037-1039)

All in all, no consistent and clear change to the physiological components in SLS can be seen, though there seem to be a tendency of women to use more movement and less tension compared to sober sex. Consistent, though, is the increased sensory input and the spread of sexual arousal; all participants said that more of the body was involved in the sexual arousal during SLS, men and women alike.

5.2 Sexodynamic Components and SLS

Many participants answered the question “did you do something different during the SLS than you do normally?” with answers along the line of “no, I didn’t do anything different, but it felt different”. Taking feelings in the sense of physical sensory information apart from inner feelings proved difficult at times, as was the organisation of feelings of love and connection to the more suitable component (sexodynamic or relationship components?). Below, the sexodynamic are presented, with no guarantee that these codes are organised perfectly.

The strongest emotional reactions in form of feelings of love or connectedness, tenderness and compassion seemed to stem from the serotonergic substances MDMA, 2C-B and LSD:

Um, let's just say, um, the emotional connection on MDMA is extremely strong. *Ehm, sagen wir jetzt, ehm, die emotionale Verbundenheit auf MDMA ist extrem stark.*

(Joanne, 43, Michael, 45, Line 857-858)

Yes, or from the emotional side, yes, (pause) more touching, maybe. *Ja, oder von dem Emotionalen, ja, (Pause) berührender, vielleicht.*

(Lorena, 48, line 536-537)

Well, I felt an unbelievable love for everything that is. *(Laughs)* well, I can say, a feeling of love from, bohah *(both hands in the chest area)*. *Also ich habe eine unglaubliche Liebe gespürt zu Allem, was ist. (Lacht) also, kann ich sagen, ein Liebesgefühl von, bohah (beide Hände im Brustbereich).*

(Miriam, 40, line 727-729)

Increases in self-assertion and sexual self-confidence was also frequently mentioned during the SLS. A reduction in fears and inhibitions or stressful feelings regarding sex was another common exclamation, further expanded in the section on the cognitive components below. One participant expressed this in the following way:

...yes, it makes me more chilled, ehm, I don't think about random stuff that much anymore. It makes me awake, I have the feeling that I'm more ready. Ehm, what's for certain in my case, it takes away self-doubts, you know, at the beginning you think like, oh no, for example, for the moment, I'm too fat or my boobs are *...ja, es macht mich einfach locker, eh, ich studiere nicht so viel um Zeug umeinander. Es macht mich wach, ich habe das Gefühl, ich bin parater. Ehm, und was sicher bei mir auch ist, es nimmt schon auch die Selbstzweifel, also weisst du so, am Anfang denkst du so, oh nein, zum Beispiel, ich Moment, ich bin zu dick*

hanging or, I don't know, I haven't been to the hairdresser or my nails haven't been done up and when I take coke, all of that isn't important anymore.

oder meine Brüste hängen zu fest oder, keine Ahnung, ich bin nicht beim Coiffeur gewesen oder, meine Nägel sind nicht schön gemacht und wenn ich Koks genommen habe, ist das wir gar nicht mehr wichtig.

(Angelika, 41, Fabrizio, 40, line 664-670)

Strong feelings of love towards the partner was frequently mentioned (with MDMA, 2C-B, LSD), something which often lead to the urge to express, to implement that love into sexual activity. In the language of Sexocorporel, the next citation could be interpreted as an example of sexual coital desire:

It's more that other thing, that is, it came out of this love. Or it was, it was nice, when we were on the sofa, where I noticed, there was desire there, there I noticed, woah, I want, I want to have sex now... I felt seen, I just can't put it any other way, it's like it began there and then, the activity of the substance and at that moment I just noticed, woooosh (*whirring noise*) and the energy. And then I realized, I want to act it out, I want to ride you now, I want to be able to get in there and undress...

Es ist mehr das Andere, also mehr eben aus dieser Liebe herausgekommen. Oder es ist auch, ist zwar schön gewesen, dort als wir auf dem Sofa waren, dann habe ich schon gemerkt, dort ist Lust aufgekommen, dort habe ich gemerkt, woah, ich möchte, ich möchte jetzt Sex...ich habe mich gesehen gefühlt, ich kann es eben nicht anders sagen, dort ist es wie eingefahren, die Substanz und in dem Moment ich habe dort einfach gemerkt so, woooosh (surrendes Geräusch) und eben die Energie. Und dann habe ich wie gemerkt, ich möchte das Ausdrücken, ich möchte jetzt, können auf dir reiten, ich möchte in das hineinkönnen und mich ausziehen...

(Miriam, 40, line 770-773 and 775-779)

In a similar fashion, one person mentioned an explicit experience of self-love, acceptance and appreciation for their own body, an effect that was lasting beyond the SLS itself:

I've had an extremely strong form of self-love, self-love for my body too, every time on MDMA.

Ich habe eine extrem starke Form von Selbstliebe, Selbstliebe auch mein Körper gegenüber gehabt, jedes Mal auf MDMA.

(Joanne, 43, Michael, 45, line 845-846)

Increased perception of closeness was often stated, described by some as a better ability to allow another person being sexually close, without distraction.

But I have to say, with the psychedelic substances, I can also become open enough to get involved sexually with another person much better. It works much better then.

Aber ich muss sagen, auf den psychedelischen Substanzen, kann ich mich auch sexuell viel besser auf einem anderen Menschen einlassen. Das funktioniert dann viel besser.

(Matthias, 42, line 264-266)

Others described it as a wish to be close to the other person, wanting to touch them, to cuddle, to feel them close. Sexual lust, as in appetite for sexual activity, seemed to be of varying intensity. With 2C-B and MDMA, there were fewer statements of sexual lust in the sense of wanting sex. Cocaine, on the other hand, seemed to make the consumers incredibly horny, at least in combination with a vasoactive substance.

No, I'd say it makes you so horny and that is the same with all other women who have taken it. Do you remember in Holland, when we went to Wasteland, and there you wanted like a hundred dicks?

Nein, ich würde sagen, es macht dich so spitz und auch die anderen Frauen, die das nehmen. Weisst du noch in Holland, dann sind wir nach Wasteland, und dort wolltest du ja hundert Schwänze?

(Angelika, 41 and Fabrizio, 40, line 381-386)

Alcohol was also said to lead to more uninhibited sexual lust, whereas SLS on MDMA or 2C-B seemed to be associated with sexual lust secondarily to the emotional connectedness, speaking of sexual lust in waves or lust that comes and goes.

Interestingly, the people that had tried SLS on LSD all mentioned highly positive affective states, framing it in different ways. One person expressed both bliss and an incredible sense of sexual and general self-confidence:

...and I really, well, I felt like the epitome of a goddess. I felt so beautiful...

...und ich habe mich wirklich, also, ich habe mich gefühlt als Inbegriff von einer Göttin. Ich habe mich so schön gefühlt...

You know, it's so, ehm, I have the feeling, that that is bliss. That's it, eh, that's the highest, the, ehm, that's enlightenment and now, I've made it, I've surrendered (*laughs*), now I have arrived, kind of.

*Also, weisst du, es ist so ehm, ja, ich habe das Gefühl, das ist Glückseligkeit. Das ist das, das ist, ehm, das Höchste, das, ehm, eben, Erleuchtung, und jetzt, ich habe es wie geschafft, wie erlegen (*lacht*), jetzt bin ich wie angekommen.*

It's like, so as if there was nothing better than having sex with me (*laughs*) well, it's like, I kind of knew that whatever I do and is like, it is a divine experience for him too,

*Es ist wie so, also gäbe es nicht schöneres, als mit mir Sex zu haben (*lacht*) also es ist so, ich habe so gewusst, dass alles, was ich quasi mache und ist wie, es ist auch für ihn eine göttliche*

because I was like a goddess (*laughs loudly and for a long time*). *Erfahrung, weil ich quasi als Göttin (lacht laut und lange).*

(Miriam, 40, line 449-450, 479-482 and 537-540)

LSD was also repeatedly linked to a feeling of connectedness or love towards everything and everybody, towards the universe.

Because I was so fulfilled and I felt so independent of everything, of everything that is and yet in an incredible connection with the man I was sleeping with but I felt like I was having sex with the whole universe, in this moment represented by him. *Weil ich so erfüllt gewesen bin und ich habe mich so unabhängig von Allem gefühlt, von Allem was ist und trotzdem in eine unglaubliche Verbindung mit dem Mann gerade, mit dem ich geschlafen habe aber ich habe das Gefühl, als hätte ich Sex mit dem ganzen Universum, (Pause) jetzt gerade dargestellt durch ihn.*

(Miriam, 40, line 476-479)

One respondent relativized LSD as a substance for SLS:

Yeah, um, I don't exactly associate sex with LSD or anything, well, it's like not the drug I would take to have awesome sex afterwards, or something like that. *Ja, ehm, ich verbinde nicht gerade Sex mit LSD oder so, also, es ist wie nicht, die Droge, die ich nehmen würde um nachher geilen Sex zu haben, oder so.*

(Angelika, 41, Fabrizio, 40, line 1174-1175)

LSD, on the other hand, was the drug most favoured by his wife for SLS, highlighting the individual taste for what constitutes great sex.

To sum up, SLS affects emotional components mainly with respect to feelings of love and connection and especially with the more serotonergic substances. Cocaine and LSD seems to increase feelings of sexual self-assertedness and the serotonergic substances (MDMA, 2C-B) to generate strong emotions of affection. Different substances cause a shift in either genitally or emotionally motivated sexual interactions. Here, again, the more serotonergic substances are more likely to induce an emotionally motivated lust for sex, whereas cocaine seems to cause a shift a more genitally polarized lust.

5.3 Relationship Components and SLS

Do feelings of love and connectedness belong to the sexodynamic components or to the relationship components? This became one of the more unsolvable puzzles in the coding process, especially because Desjardin`s written works do not elaborate extensively on the relationship components, leaving this aspect much a matter of interpretation. To the author`s best guess, with the risk of repeating or leaving out some of the features mentioned above, the results of the analysis that belonged to the category of relationship components are presented below.

A word that was repeatedly recorded in the interviews was the word “connection = *Verbundenheit*”. This connection was either meant toward the partner or toward a wider world or even the universe. The feeling of deep connection had a significant affective impact, similar to being in love.

Yes, and it`s also sustainable. When I think back at the first night with LSD, I just have that newly in love feeling. There, I fell in love with Fabrizio again.

Eben, es ist auch nachhaltig. Wenn ich an die erste Nacht mit LSD zurückdenke, habe ich gerade das frisch verliebte Gefühl. I: Du berührst dich gerade am Brustkorb. BF: Ja, also, wirklich so, wow, das ist so schön gewesen. Ich habe mich dort noch einmal in Fabrizio verliebt.

(Angelika, 41, Fabrizio, 40, line 1153-1157)

A connectedness to and love for nature and the world around us was also frequently mentioned. Another common effect, in particular when consuming MDMA, was extreme verbal openness, thus confirming the results of many other studies.

Well, you told me things there that you had never told a woman before, wishes or fantasies or longings and so did I... And that somehow, what can I say, we opened up so much there and I don`t know if without drugs, we would have experienced so much and I, I can say today, we have experienced so much, I know everything about Fabrizio, I know everything about his fantasies.

Also, du hast mir dort Sachen erzählt, die du noch vorher eine Frau nie erzählt hast, Wünsche oder Fantasien oder Sehnsüchte und ich auch. Und das hat irgendwie, wie soll ich sagen, wir haben uns dort mega geöffnet und ich weiss nicht ob mir auf nicht-Drogen die Erfahrung gemacht hätten und ich, ich kann heute sagen, wir haben so viel Erlebt, ich weiss alles von Fabrizio, ich weiss alles von seinen Fantasien...

(Angelika, 41, Fabrizio, 40, lines 571-576)

To conclude, the interrelational aspect of SLS were difficult to interpret, mainly due to the scarcity of theoretical basis in the Sexocorporel model. MDMA was confirmed in its ability to enable intimate communication and many participants spoke of intense feelings of connectedness.

5.4 Cognitive Components and SLS

The cognitive aspects of SLS posed another difficulty with definitions and the correct placement of codes within the framework of the four components of the Sexocorporel model. Is awareness a cognitive component? Or is this something apart from all components, yet pervading all of them? Aware of the difficulty in making the coding perfect to fit with the entirety of the Sexocorporel model, the author decided to simplify and work to their best of knowledge.

On the one hand, there were many accounts where consuming a substance reduced fears about sexual performance and overthinking. Another aspect was to reduce self-doubts:

It just takes away the fears, the inhibitions, the stress. It makes access much easier for me then.

Mir nimmt es eben die Ängste ab, die Hemmungen, der Stress. Es macht mir der Zugang dann viel einfacher.

(Angelika, 41, Fabrizio, 40, line 632-633)

The reduction of thoughts and doubts was also noted to facilitate the awareness of physical sensations. One special feature seemingly common through the consumption of psychedelics was the ability to “choose sense”; to be able to consciously decide what sensory “channel” receives most attention.

Exactly, that's it. I can, ehm, like I said that with LSD, let's put it this way, I can either go into optics or into a cruiser mode and those are conscious decisions.

Ganz genau, das ist das. Ich kann, ehm, wie ich auch gesagt habe bei LSD, sagen wir es jetzt so einmal, entweder so in der Optik hineingehen, oder in ein Cruisermode und das sind bewusste Entscheidungen.

(Michael, 45, line 545-547)

Of the more abstract or supernatural phenomena there were accounts of telepathic thoughts, something mentioned by three participants, again with more psychedelic substances:

That's because we love each other and I think it was just there, that's why we had the same thoughts at the same time, well, I usually don't believe in that, I'm not a super-spiritual person, but I believe in that now, I've experienced it, I've felt it, I know how it feels.

Das ist, weil wir uns lieben und ich glaube, das hat dort einfach, darum haben wir auch die Gedanken gleichzeitig gehabt, also, ich glaube sonst nicht so an, ich bin nicht so der überspirituelle Mensch aber, an das glaube ich jetzt, ich habe es erlebt, ich habe es gespürt, ich weiss, wie es sich anfühlt.

(Angelika, 41, Fabrizio, 40, line 1165-1169)

And when he thought that, I heard his thoughts and I told him "don't think that"...

Und wenn er das gedacht hat, habe ich seine Gedanken gehört und ich habe ihm gesagt «denke das nicht»...

(Miriam, 40, line 684-686)

Some had experiences of a more spiritual kind:

It's almost a bit shamanic, like nature, eh, sometimes I have the feeling that the colours and patterns are always connected with the animal world or the plants, with nature or with water, it's like that, it's something like that, eh yes, something kind of indigenous.

Es ist fast ein bisschen schamanisch, so Natur, eh, ich habe manchmal das Gefühl, die Farben und Muster sind immer mit der Tierwelt oder den Pflanzen, also mit der Natur verbunden oder mit Wasser, es ist so, es hat so was wie so, eh ja, etwas naturvölkermässiges.

(Angelika, 41, Fabrizio, 40, line 1140-1143)

So, you know, it's like, um, yeah, I feel like that's bliss. That's that, that's, ehm, the highest, that, ehm, just, enlightenment, and now I've made it, like I've succumbed (*laughs*), now I've arrived.

*Also, weisst du, es ist so ehm, ja, ich habe das Gefühl, das ist Glückseligkeit. Das ist das, das ist, ehm, das Höchste, das, ehm, eben, Erleuchtung, und jetzt, ich habe es wie geschafft, wie erliegt (*lacht*), jetzt bin ich wie angekommen.*

(Miriam, 40, line 479-482)

Regarding sustainable changes to cognitions, there were also a few entries that could be mentioned here; a reduction in shame about intimacy, having become softer and less judgemental, less inhibited or more relaxed as well as more appreciative of the body. Nonetheless, there were also many relativizing and negative thoughts regarding SLS. These have been bundled below within the category 5.7 Difficulties.

5.5 Sober Sex versus SLS

One of the main questions of the interviews was regarding the detailed difference between sober sex and substance linked sex. These were organised into the four components of the Sexocorporel model in the sections above. With the risk of repetition, this part provides an overview of the differences mentioned and add statements that could not be directed toward one component.

To begin with, a summary of SLS versus sober sex within the framework of Sexocorporel:



Illustration 1: A simplified summary of sober sex versus SLS separated into the four components of Sexocorporel.

There were many further differences between SLS and sober sex that did not fit into the components. Many, if not all, participants mentioned the aspect of time and how time had been perceived while having sex on substances, often describing the dimension of time to disappear or to lose relevance. The substances thus seem to promote a timeless zone in which linear thinking becomes reduced.

What I find cool is that the sense of time is completely down the drain, I think that's super cool. So that you are just in the moment and don't know if you have been doing that since five minutes or if you started five seconds ago or (*laughs*) that that somehow becomes a little bit irrelevant, kind of.

Was ich noch geil finde ist das halt das Zeitgefühl komplett flöten geht so, das finde ich mega cool. Das du einfach mega im Moment drin bist und nicht weisst ob du jetzt schon seit fünf Minuten das schon machst oder ob du vor fünf Sekunden angefangen hast oder (lacht) dass das irgendwie so ein bisschen egal wird, so.

(Matthias, 42, line 154-158)

Another aspect is that orgasm often loses its significance; either because the substance makes it impossible to reach orgasm, or because pleasure in the moment takes up centre stage. The regular staging of sexual activity that culminates in an orgasm or an orgasmic discharge becomes less organized, less predictable.

So that's what I mean by (*short pause*) an atypical dramaturgy. I actually found it quite cool on MDMA that it's just not foreseeable what's coming. But it just comes, somehow.

Also das meine ich mit (kurze Pause) untypischer Dramaturgie. Das habe ich eigentlich noch recht lässig gefunden auf MDMA, dass es eben nicht absehbar ist, was kommt. Sondern es kommt einfach irgendwie.

(Joanne 43, Michael, 45, line 432-434)

This is one of the more interesting "side effects" of SLS: that the "classic choreography" consisting of foreplay, genital stimulation and subsequent (mutual or not) orgasm followed by a refractory period becomes disrupted. Apart from changing the classic choreography, one person spoke of an altogether different type of sex; she had previously experienced brief moments where sexual lust both had emotional and genital components involved, yet on LSD, she talked about these coming together in a more sustained connection, framed as a "fusion of heart and physical body" ("*Verschmelzung von Herz und Physis*") (Miriam, 40, line 936).

5.6 Context and Motivation

At the beginning of the interviewing and coding process, it soon became clear that one of the major categories of codes would be the context of SLS. The participants that had repeated, intentional SLS all spoke of the importance of context, of taking time for the event and also to set it apart from an everyday experience. This was a pre-meditated and conscious decision, often to celebrate the relationship.

...be able to celebrate something together and delve deeper into something together. Into an experience. Reinforcing what is already there, actually. Me, for example, I totally had the need, both with MDMA and now also with LSD, that we, once again, by the help of this drug, we could rediscover our connection, celebrate it, eh, like that.

...etwas zusammen so wie zelebrieren zu dürfen und möchten zusammen in etwas vertieft eintauchen. In ein Erlebnis. Etwas, was schon da ist, verstärken, eigentlich. Also ich habe zum Beispiel total das Bedürfnis gehabt, bei MDMA und jetzt auch bei LSD, unsere Verbindung, dass wir das nochmal wie, eh, mit der Hilfe von dieser Droge, anders neu entdecken, feiern, eh so.

(Joanne, 43, Michael, 45, line 824-828)

The shared experience was thus an essential point and one of the prime motivations. On the question of why they had tried the combination of substance and sex, most participants expressed curiosity and combining two things they like experimenting with as main motivations.

The intensity and specialness of the initial episode was another common statement. This, again, has been noted in other qualitative studies on SLS.

I just think the first couple of times were incredible.

Ich finde einfach, die ersten paar Male sind krass gewesen.

(Angelika, 41, Fabrizio, 40, line 538-539)

I think the first time we took MDMA, we really went off like mad, not sexually, but like aahahah (*floating movements, hands in the air*), that's the best way.

Ich glaube, das erste Mal wir MDMA genommen haben, dort sind wir wirklich abgegangen wie, und eben nicht sexuell, sondern so aahahah (schwebende Bewegungen, Hände in der Luft), das ist der beste Weg.

(Lorena, 48, line 599-601)

Preparation and taking time for the SLS was another common exclamation, requiring a certain framework.

Well, I find that when we take drugs and have sex, then we are so focused on that, we have time, the children are not there, then the framework is much larger.

Also, ich finde wie so, wenn wir Drogen nehmen und Sex haben, dann sind wir so auf das ausgerichtet, wir haben Zeit, die Kinder sind nicht da, dann ist der Rahmen viel grösser.

(Angelika, 41, Fabrizio, 40, line 723-725)

Well, what I really like, and that's two things again, on the one hand, the ritualization of sexuality, so that we really allow, like set and setting, that you give it some space, that you take your time and go somewhere...

Also, was ich total gerne habe, und das sind auch wieder zwei Sachen, einerseits das Ritualisieren von der Sexualität, also dass wir dem wirklich, so Set und Setting, dass man dem Raum gibt, dass man sich Zeit nimmt und irgendwo hingeht...

(Joanne, 43, Michael, 45, line 691-694)

For one couple, this meant a special event every couple of months together with other people, hotel rooms, special outfits and sex toys, calling their SLS "crass pornsex", meaning

Crass porn sex is when we go to a hotel and eh, then somehow, I don't know, have a woman or another couple with us and somehow, for twelve hours, we have really porn-like sex with, I don't know, dildos in the shower or two women.

Krasse Pornosex ist, wenn wir ins Hotel gehen, und eh, dann irgendwie, keine Ahnung, Frau oder ein anderes Paar dabei haben und irgendwie, zwölf Stunden lang wirklich pornomässig Sex haben, mit, keine Ahnung, Dildos unter der Dusche oder zwei Frauen.

(Angelika, 41, Fabrizio, 40, line 101-104)

One couple made a comparison to the ritualization of BDSM and thereby providing a link to other ways of achieving similar sexual states.

Even with BDSM you have elements that aren't drugs that are part of a ritual, something we, I also find extremely nice, I can't even say if, eh, a joint or a rope, which one is nicer?

Auch beim BDSM hat man auch so Elemente, die jetzt keine Drogen sind, die Teile eines Rituals sind, wo wir, die ich auch extrem schön finde, ich kann jetzt nicht einmal sagen ob ich, eh, ein Joint oder ein Seil, was ist schöner?

(Joanne, 43 and Michael, 45, 704-706).

To sum up, SLS is often a feature of certain contextual elements; a ritualized celebration of the couple that requires both time and special preparations. This can, naturally, be achieved without substances and is one of the pointers that can be applied as a recommendation in couple`s therapy.

5.7 Difficulties

There were not only raving reviews and one-sided advantageous statements unfolded in the interviews. Relativizing and doubtful comments were ample, especially with individuals that had repeated experiences of SLS and drugs in general. One participant expressed themselves being in two minds about the consumption in the following way:

Well, I wouldn`t want to miss out on it, maybe it had been better, if we had never done it, then we wouldn`t know how great it is, right? Pandoras box is open, I mean, sometimes I also have thoughts, like, yeah, my body, my health, afterwards you are a bit depressed, don`t know, and then you`ve got kids and then you think, it would be better, when you stop completely, only seldom.

Also, ich würde es nicht missen wollen, vielleicht wäre es besser, wir hätten es nie gemacht, dann wüssten wir auch nicht wie geil dass es ist, oder? Der Büchse der Pandora ist offen, ich meine, ich habe manchmal auch so Gedanken ja, mein Körper, meine Gesundheit, nachher bist du so ein bisschen Depressiv, keine Ahnung und dann hast du noch Kinder und dann denkst du, es wäre besser, wenn du gar nicht mehr, nur noch selten.

(Angelika, 41, Fabrizio, 40, line 1333-1337)

The same person had also experienced how addiction had caused both their trust to be eroded and that a (one-sided) drug addiction had estranged them as a couple, something that was followed by the necessity of repair. This couple had, by far, most experiences of SLS and with a plethora of substances. They also seemed to practice more extreme forms of SLS than the other participants, including longer sessions, a mixed substance consumption and involving other couples and elements of fetish. This couple also mentioned the stress of organising the substances and post-SLS depressive symptoms.

It's stress too, it's also stress, you have to organize it, it's a rat's tail, and, well, you're usually a bit depressed afterwards.

Es ist auch Stress, es ist auch Stress, du musst es organisieren, es ist ein Rattenschwanz, du bist nachher meistens ein bisschen depressiv, eben.

(Angelika, 41, Fabrizio, 40, line 1345-1346)

All male participants spoke of problems with erectile function when consuming MDMA. Interestingly, only one participant had solved this by the concomitant consumption of a Viagra-like substance. One participant reported that sex on MDMA was more mechanical, something which could be due to a sustained attempt in keeping the erection. The issue of erectile dysfunction on serotonergic substances seemed more of a stress to the male participants, who are more reliant on erectile function for classic, penis-in-vagina (PIV) sex. Another functional problem on MDMA (and also 2C-B) applied to both men and women was the inability or great difficulty to achieve an orgasm.

BF: yes, no, no orgasm. But it wouldn't work for you either, would it, on MDMA (*looking at him*). Or maybe? BM: Yes then, sometime, sometime on the way down. *BF: ja, nein, kein Orgasmus. Aber bei dir würde es auch nicht gehen, oder, auf MDMA (schaut ihn an). Oder doch, vielleicht? BM: Ja dann, irgendwann, irgendwann auf dem Weg nach unten.*

(Joanne, 43, Michael, 45, lines 375-378)

Depending on the value attached to orgasm, this was regarded as irritating or, in some, the opposite. The female participants did not seem to mind as much as the men, but also saw the disruption in sexual functionality as one of the welcome effects; when not possible to have orgasm as a goal, it made sex more interesting.

What also became clear in the interview phase of this thesis was that there is quite a variation in the perception and opinion of the different substances in their value for SLS. For two participants, cocaine was negatively connoted, both saying that it lead to more self-centred and egoistic sex. For the last couple interviewed, cocaine was the main actor of all substances consumed and the substance they connected to great, "porn-like" sexual activities. This was especially true for the male part of the couple, his partner favoured LSD over cocaine.

I: Exactly. Could you make a best of list? *I: Genau. Könntet ihr so ein Best-of-Liste machen?*
 BM: Coke BF: LSD *BM: Koks BF: LSD*

(Angelika, 41, Fabrizio, 40, line 233-235)

MDMA was not only critically regarded in terms of interfering with erection, but also in the aspect of creating an illusion of connection or love towards others.

Honestly, I mean all these drugs, one says, MDMA and 2C-B and stuff like that, that they are so connecting, the connect us and I don't know, to what extent that's true or if it is an illusion.

Ganz ehrlich, also all die Drogen, man sagt ja, das MDMA und das 2C-B und so, die sind so verbindend, das verbindet uns so und ich weiss nicht, wie weit, dass das stimmt, oder eine Illusion ist.

(Lorena, 48, line 819-821)

All participants avoided the valuation of SLS as better as or worse than sober sex, but rather highlighted the different types of sex that, in its totality, was richer because of the different experiences including SLS. Substance linked sex was more often than not relativized.

Yes, obviously, because I'm a proponent of, eh, I think, of course I think it's great to try something like having sex on LSD or psilocybin in some way. But it's not like that experience just tops it all, I just don't believe that it's the only way, ehm, that that is the maximum experience, ehm, that one can have, that's not something I believe, no.

Ja, eben, weil ich ein Verfechter bin von, eh, ich finde, logisch finde ich es toll etwas auszuprobieren irgendwie auf LSD oder Psilocybin irgendwie Sex zu haben. Aber es ist, nicht so, dass das Erlebnis dann einfach alles übersteigert, dass es nur noch so geht, ehm, dass das die maximale Erfahrung ist, ehm, die man machen kann, das glaube ich einfach nicht.

(Matthias, 42, line 459-463).

This non-hierarchical opinion of SLS versus sober sex was emphasized by all interview participants, something the researcher found reassuring. To end and conclude the section on difficulties in a blunt and short manner: all experiences come with costs.

5.8 Significance of SLS

To what degree that substance linked sex had had an impact on the sexuality after the incident(s) was as varied as the interview participants. This was also a question that required some time before answering.

The participant couple that planned and sustained SLS on a regular basis reported that SLS gave them:

No, it gives us a kick in life every once in a while and I think it's a bit like a rock star life, well, sometimes we sit here and look at each other and have to laugh, hey, we're not quite sane.

Nein, es gibt immer wieder einfach ein Kick im Leben und ich finde so, das ist so ein bisschen das Rockstarleben, also, wir sitzen manchmal da und schauen einander an und müssen lachen, hey, wir sind nicht ganz putzt.

(Angelika, 41, Fabrizio, 40, line 1358-1360)

The other couple more spoke of a reinforced feeling of belonging, of connection to nature. Joanne, 43, said that after repeated times of sex on MDMA, she had developed a more appreciative relationship to her body.

I: In terms of body awareness? BF: Extremely. I have had an extremely strong form of self-love, self-love for my body too, every time on MDMA.

I: Bezüglich Körpergefühl? BF: Extrem. Ich habe eine extrem starke Form von Selbstliebe, Selbstliebe auch meinem Körper gegenüber gehabt, jedes Mal auf MDMA.

(Joanne, 43, Michael, 45, line 844-846)

Several of the participants mentioned that they had learned to better allow pleasure and to be more in the moment. Others spoke of changes to their personality that had made them softer and less judgemental. This had ultimately made them stay together despite major personal differences.

Um, but it made our relationship more loving, softer, um, if we hadn't seen each other like that we wouldn't be together anymore.

Ehm, aber, es hat unsere Beziehung liebevoller gemacht, weicher, ehm, wenn wir uns so nicht gesehen hätten, wären wir nicht mehr zusammen.

(Lorena, 48, line 631-633)

The word healing appeared in the transcripts several times:

And it has also healed certain areas of sexuality, such as the topic of erection.

Und es hat auch gewisse Bereiche in der Sexualität geheilt, eben dass mit der Erektion beispielsweise.

(Lorena, 48, line 942-944)

With the other sexuality that I otherwise live, there I give a little bit, it's a small fraction of what I feel I could experience in sexuality. Or what kind of sexuality I could actually have...Yes, yes, and also for me to remember, again, or also acknowledge and realize, hey yes, that it's an important part of my life, sexuality is an important part, is a, is also like, for me, like a mission. Kind of like deshell myself out of that a little bit. I'm also a bit handicapped regarding that, coming from my history, my childhood, and yes, that is something (*pause*) that has really shown me what's possible and really gives me a feeling that, ehm, to me, it means one step of healing.

Bei der anderen Sexualität, die ich sonst leben, dort gebe ich eher fast ein bisschen, es ist ein kleiner Bruchteil von dem, was ich das Gefühl habe, könnte ich in der Sexualität leben. Oder auch was für Sexualität ich eigentlich leben könnte...Ja, ja, und auch für mich zum Merken, nochmals, oder auch das Anerkennen und merken, hey ja, das ist ein wichtiger Teil von meinem Leben, Sexualität ist ein wichtiger Teil, ist ein, ist auch wie für mich wie eine Mission. Mich immer mehr aus dem herauschälen können, so ein bisschen. Ich bin auch diesbezüglich vorbelastet, aus meiner Geschichte, so von der Kindheit, ehm, ja, das ist halt etwas (Pause), was wirklich gezeigt hat was möglich ist, und wirklich das Gefühl hat, dass, ehm, es bedeutet für mich wie ein Stück weit Heilung.

(Miriam, 40, lines 954-956 and 1035-1041)

To conclude, SLS had had lasting effects on some of the participants, though to differing extents and in different ways. To relativize the contribution of substances, SLS was not seen as the ultimate path to this expansion, but rather one way of experiencing oneself sexually in a different way, which then had subsequent impacts of varying magnitude on that person's sexuality.

5.9 Reproducing the Effect

The one question that was either not asked in the original interviews, or very difficult to answer during or after the interview in the form of a supplementary question, was how the effect of the substances could be reproduced. For many participants and, interestingly, all male interviewees, this was not a fathomable or answerable question. Three of the four female interviewees provided an answer; one directly in the primary interview and two afterwards.

One person gave a wide range of ideas as to how similar states could be achieved without substances. This included the physical and affective stimulation which can be found within BDSM (bondage and discipline, dominance and submission, and sadism and masochism) (De Neef et al., 2019), fasting as a way to sharpen the senses, or exposure to the elements

of wind and water in order to stimulate the senses. Highly affective situations could also generate physical conditions similar to SLS:

Yes, there are many such states, yes, when you are emotional or scared or wake up in the night and you are half asleep, I always find that, eh, those are also such special moods. Eh, yes. Yes, I could go on now.

Ja, da gibt's viel so Zustände, ja, wenn man emotional ist oder Angst hat oder in der Nacht erwacht und so halbe Schlafgetrunken ist, das finde ich immer, eh, das sind auch so spezielle Stimmungen. Eh, ja. Doch, ich könnte jetzt weiterspinnen.

(Joanne, 43, Michael 45, supplementary question, line 1137-1140)

Another person mentioned similar states when he was in love, something definitely difficult to reproduce, but still interesting.

Yes, I've also experienced being sober, yes, but that's when I don't know if it was with people I was in love with or something. That it is such an experience, yes.

Ja, habe ich schon auch in einem nüchternen Zustand erlebt, ja, aber das ist dann, ich weiss nicht, ob das mit Personen gewesen ist, in die ich gerade dann mega fest verliebt gewesen bin oder so. Dass das dann so ein Erlebnis gibt, ja.

(Matthias, 42, line 401-403)

Miriam (40) suggested that courage was involved

Just be more shameless! Eh, well, maybe you need it to be able to be that at some point. Ehm, a bit like letting the masks drop, drop the masks (*laughs*).

Einfach mehr schamlos sein! Eh, gut, vielleicht braucht man es zum dass dann einmal sein können. Ehm, so ein bisschen wie die Masken fallen, lass euch die Masken fallen (lacht).

(Miriam, 40, line 1082-1084).

The word spiritual was also mentioned;

Because in terms of sexuality, I don't know that right now, eh, I've never had a man who works with spirituality, I could imagine that that might be a way.

Weil in der Sexualität drin, das wüsste ich jetzt gerade nicht, eh, ich habe noch nie ein Mann gehabt, der enorm spirituell schafft, ich könnte mir noch vorstellen, dass das vielleicht ein Weg wäre.

(Lorena, 48, supplementary question, line 1110-1112)

One person suggested a number of physical activities in order to reach similar states of body and mind:

Breathe fully, feel fully, fully relax, too. And also, kind of, establish contact, I mean with my pelvic floor.

Voll ins Atmen, voll ins Empfinden, voll ins Spüren, voll in die Entspannung, auch. Und auch, wie auch Kontakt aufnehmen, also mit meinem Beckenboden.

(Miriam, 40, line 1054-1055)

A summary of the different ways to reproduce the effect of SLS is found below.

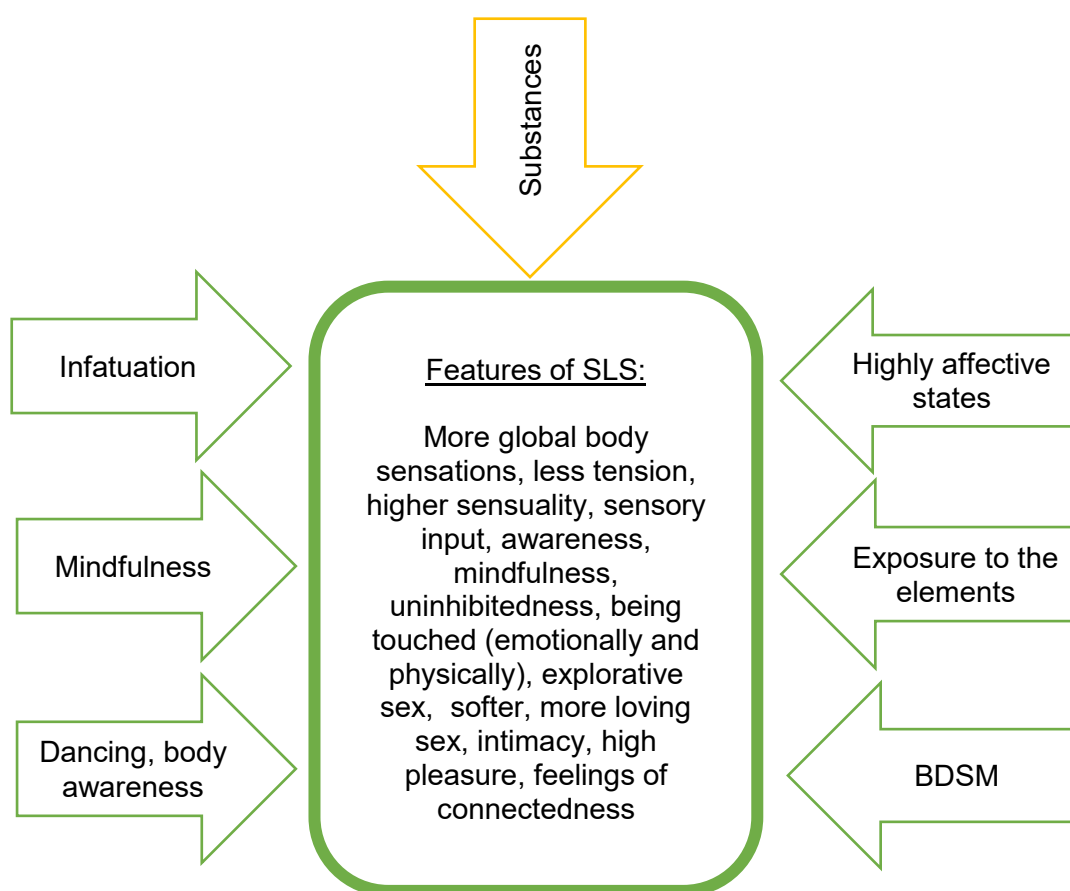


Illustration nr 2. Different ways to access a state similar to what substances do in SLS according to the interviewees.

All in all, there were many routes suggested by the interview participants to reproduce the effect of substances in sex, all with a similar goalpost at the end; mindful focus and awareness of an increased sensory input, being more in the body and pleasuring in its sensations.

5.10 Substances and Sexocorporel

This study confirmed that SLS is not a subculture-specific phenomenon belonging to a certain gender or sexual orientation, but that the use of psychotropic substances for sexual activities is something sought by many. A variation of substances were reported for the use in sexual contexts. In the large study by Lawn et al. (2019) the chemsex drugs metamphetamine, mephedrone and GHB/BGL had been consumed by very few exclusively heterosexual individuals. This paper confirms those results; the trio of chemsex drugs seems to be more or less unique to that subculture. Interestingly, the psychedelics LSD and Psilocybin were rated poorly in sexual contexts in the study mentioned above, something this study refutes loudly. Naturally, a study of seven people cannot be representative, yet this finding is nonetheless interesting. The large qualitative study on SLS across genders and orientations by Moyle et al. (2020) had more similarities to this paper, both regarding the variation of substances chosen and also the motivations and individual experiences. This study confirmed that a broad range of substances with varying status of legality are used in SLS, in line with recent findings (Moyle et al., 2020; Pienaar et al., 2020).

With MDMA, sex seems to become emotionally polarised, leading to strong positive emotions and the verbalisation of these. Physical sensations were also altered, touch becoming extraordinarily pleasurable, both to give and to receive. Genital function, on the other hand, was disturbed, expressed in difficulties with erection and in achieving orgasm in both genders. In this study, the participants who had experience of SLS using MDMA spoke of feelings of intense emotional connection and loving feelings, but that the effects of MDMA often remained in the upper, emotional pole. Interesting to note is that MDMA, despite its negative effects on reaching orgasm and sustaining erection, is the drug of choice for many that practice SLS. Perhaps the strengthening of the emotional connectedness and increased sensations is an appreciated characteristic, taking sexuality beyond the functionality and focus on orgasm. MDMA can be said to direct sexuality from a mainly genital pole to a more emotional and verbal pole, increasing emotionality and intimacy but often “losing” the genitals on the way. One participant expressed that in this way:

B: But then the genital doesn't work for me anymore, I can't feel anything there, then.

I: What can't you feel?

B: That, the sexual plane. The genital plane.

B: Aber eben das mit dem Genitale funktioniert dann nicht mehr bei mir, ich spüre dort dann nichts.

I: Was spürst du nicht?

B: Eben, die sexuelle Ebene. Die genitale Ebene.

(Matthias, 42, line 243-246)

Described as a substance somewhat between MDMA and LSD, 2C-B seems to likewise create a shift to the emotional pole, but in less extreme ways than MDMA. Although it is difficult to draw any conclusions from only three people, out of which two people did not enjoy the substance at all, the one person with repeated experiences spoke of 2C-B making sex softer, kinder, more tactile and more emotionally touching. She also spoke of the substance having therapeutic properties in the sense of enhanced abilities to see what her partners body parts told her. It did not, like MDMA, cause any rise in verbal communication. The genital pole was present, but also subjected to the classic, serotonin-induced temporary issues with erection and orgasm, though apparently less so than with MDMA.

The psychedelics LSD and Psilocybin increased the awareness of sensory input, paired with telepathic thoughts and strong feelings of ecstasy, sexual self-confidence and love, without an intense inhibitory effect on erection and orgasm. LSD also seemed to create a feeling of connection not only to the partner, but also to the surroundings, the world, the universe. The hallucinogenic properties of these substances allowed for “sense choice”, where sensory input could be selected and increased consciously (also see 5.4 Cognitive components). It also seemed to facilitate sexual coital desire, a desire built both on emotional and genital excitement (for citations, see section 5.2 Sexodynamic components). The neuroplastic changes that the psychedelics are known for could not be confirmed or disproved. Nonetheless, the statements on LSD did include aspects of healing and directionality as to what type of sex is possible.

Cocaine, the most dopaminergic of all substances investigated, caused increases in sex drive and self-confidence of the user and also seemed to counteract fears and inhibitions that may interfere with sexual arousal. The couple that consumed cocaine on a regular basis for SLS could not provide any details on emotions or affective states, again confirming the polarization to genitality. Two other participants rated cocaine for SLS poorly, as they both thought it lead to egocentric sex. The man who considered cocaine the best substance for SLS spoke of complete control over ejaculation, intense full-body orgasms as well as enjoying the raw, porn-like sex that ensued its consumption. Cocaine thus seems to be a genitally polarising substance, representing an opposite pole of the more emotional experiences from the serotonergic substances.

Cannabis (THC) seems to change the perception of time and is enjoyed by some to get into the body, reduce thoughts and ease the access to sensory input. It made awareness of the outer world smaller, participants speaking of being able to focus on the partner and oneself

in a sluggish, cuddly manner. It is conceivable that cannabis, a muscle relaxant, enables other sensations that high muscle tone cannot transmit. This might be beneficial for men with high muscle tension that have a tendency to ejaculate faster than desired. The reduction in muscle tone is also likely to increase sexual pleasure, perhaps most markedly in people with high muscle tone in general or for people functioning in the archaic arousal mode.

Finally, alcohol, though not being expanded upon in the interviews, was noted to reduce cognitive inhibitions and lead to more aggressive, disinhibited sex.

6. Discussion

The aim of this thesis was to investigate any physical, psychological and interpersonal changes occurring during substance linked sex using the viewpoint of the Sexocorporel approach. A subsequent goal was to explore how this could be extrapolated to the practice of sexual therapy. The following sections summarise the findings of the data analysis, compares them to previous research on SLS and, finally, discusses the implications, limitations and future perspectives of research on substance linked sex within the framework of the Sexocorporel model. The research aim and questions could, at least partly, be answered, and the data analysis also yielded a few more interesting themes, all of which can be found under the corresponding heading below. Note that some of the categories found in the chapter on results (e.g. context and motivations) are presented below within other sections.

6.1 Limitations of Results

The results of this study is subjected to a number of limitations. A qualitative research with only seven interviewees can neither be seen as representative, nor the findings as generalizable in any way. The results and discussion section must therefore be regarded as *one* view and not *the* view of SLS from the Sexocorporel perspective. The research methodology itself had many confounding factors, also see 4.6.3. The difficulty in applying certain facets of Sexocorporel to the coding process was another restriction (section 6.8 below). Lastly, the fact that this paper is the work of only one person and therefore likely to be inherently more at risk for bias than research with more people contributes to the limiting factors one should consider when reading.

6.2 The Three Laws of the Body and SLS

Regarding the Sexocorporel “three laws of the body”, namely muscle tone, rhythm and amplitude of movement (and breathing), the data analysed in this study pointed towards that SLS is partly associated with a reduction in muscle tone and partly with increase in the amplitude of movements. These changes were only reported by female participants, whereas men attributed the difference between sober sex and SLS more to changes in sensory input and not to any of the three laws of the body. This may be due to a number of factors; the small sample size could be non-representative, the three men interviewed could have “had their minds elsewhere” during the sexual act, or were unable to recall any changes to these parameters. It may, for all participants, be difficult to recall a past experience in detail and particularly difficult to expand on precise somatomotoric states. It also possible that the changes that the female participants noticed had more to do with a greater difference between how they normally move during sex and how they used their bodies during SLS. All female participants noticed a softer, more relaxed muscle tone during the episodes of SLS when compared to sober sex, and the majority (three out of four) talked of a greater amplitude of movements, described as more fluid and dance-like, pointing towards a greater use of both the trunk and limbs in all directions. Nobody mentioned any differences to the rhythm of movement, thus this parameter was not expanded upon further. Breathing was another inconclusive factor, many participants spoke of the importance of breathing in sexual activity, but only one had noticed a change in breathing pattern (very deep breathing being essential) during the SLS.

To sum up, a conclusion on the three laws of the body in SLS remains inconclusive, though both a reduction in muscle tone and a greater amplitude of movement was seen in most women. This feature would, according to Sexocorporel, allow for a better diffusion of sexual arousal (Desjardins, 1986) and therefore help to increase sexual pleasure. If the change in movement pattern contributed to the greater difficulties in achieving an orgasm (MDMA, 2C-B) or if this is solely attributable to the serotonergic effect of these two substances remains an open question.

6.3 Sober Sex versus SLS

In comparison to sober sex, substance linked sex is less inhibited and associated with less fear, performance anxiety or doubts about one`s own body. This was so with all substances investigated. Simplified, SLS is associated with a reduction in cognitive hindrances to sexual

excitement. This study thus confirms many others on SLS that drugs are often consumed in sexual contexts as a means to overcome sexual inhibitions.

Another feature of SLS was that the feeling of time was markedly changed. This was regarded a really positive aspect and helped the participants to remain in the now and on physical sensations. Timelessness was not the only feature of substance linked sex that lead to a change in the sexual interaction: difficulties in reaching orgasm and sustaining erections were also common, in particular with MDMA and 2C-B. The fact that MDMA caused difficulties with erection was, as expected, negatively connoted by the male participants. On the other hand, these side-effects did not seem to bother the female participants much, who spoke more of the pleasurable sensations of touch and high sexual arousal as the highlights of SLS. One woman framed this an “untypical dramaturgy” of sexual interactions. The “classic choreography” of sex consisting of foreplay, genital stimulation of increasing intensity and culminating in orgasm becomes impossible when erections and orgasm is difficult or impossible to achieve, a welcome effect according to some of the female interviewees. When orgasm became less of a goal, the sexual interactions were more embedded in the present moment where the main focus was on pleasure. The same appreciation for alternative routes to pleasure beyond PIV-sex despite or due to the inability to reach or sustain an erection has been recorded elsewhere (Moyle et al., 2020; Zemishlany et al., 2001).

Depending on the substance taken, SLS is often more emotionally touching than sober sex. The effect of the empathogen MDMA in creating intimacy and facilitating communication could be confirmed. This has also been shown in other studies (Anderson et al., 2019; Moyle et al., 2020). What also stood out when asking for the difference between SLS and sober sex, was that more of the body was involved in SLS and this irrespective of substance. This did not only apply to the orgasms or orgasmic discharges, but also to the subjective awareness of sensations. Many spoke of physical sensory input as magnified, as if every cell felt touch and was aware of the sensual experience. If this is due to being more aware of the sensations through being more mindful, or if it is due to actual changes in sensations remains an open question. This “cellular” increased awareness also made a few participants speak of an improved ability to feel one`s level of arousal and therefore consciously perceive when the moment is right for penetration, or to better be able to control ejaculation. One participant said that, when taking substances, his erogenous zones were all over his body and not, as usual, concentrated on his genitals.

Another difference regarding sexual arousal was that it was sustained at a higher level than usual, in the language of Sexocorporel, remaining longer below the point of no return (where arousal is at the peak before orgasmic discharge occurs).

What stands out as a major difference between sober sex and SLS is its ritualization; more often than not SLS is a premeditated affair that entails preparation. This specialness, often including decorations, selected locations or outfits, is commonly done as a part of a couple's ritual, a celebration that sets it apart from everyday life. This could, obviously, be done without substances.

6.4 The Four Components of Sexocorporel and SLS

More often than not, substances are consumed, with alcohol even quite frequently, in order to relax a little, to ease up and direct focus from the mind to the body. Substances of all legal or illegal kinds can thus be regarded to provide an "allowance" or lift a ban on cognitions that interfere with sexual pleasure, in the wording of Sexocorporel to reduce negative cognitions that interfere with sexual pleasure (cognitive components). This, subsequently, allows for more sensory input (physiological components) to be perceived. Many substances reduce physical tension (also physiological components) directly (THC) or through sedative or relaxant effects, which allows for better diffusion of the sexual excitement and thereby to increased sexual pleasure (sexodynamic components). Two female participants spoke of dance-like, snake-like movements using their upper body and arms during the interview, which would be in line with mobility of the upper trunk characterising the upper swing (physiological components). Deep breathing was mentioned by one of these women, another feature of the same. How this contributed to becoming emotionally touched remains open as many other participants spoke of strong affective components but did not mention changes in movement or breathing. It is conceivable that both the context and the neurotransmitter response caused by the substances added to the heightened emotionality. All participants spoke of disseminated sexual arousal and lust (physiological and sexodynamic components), much like the therapeutic goal of the Sexocorporel approach. That this happened automatically in SLS irrespective of substance was an interesting finding. Substances also alter how the sexual interaction is perceived, sexual lust, self-confidence and its associated emotions (sexodynamic components). Finally, SLS most often takes place in the context of a relationship (relationship components): a mutual experience, something out of the ordinary and often a "couple's bonding ritual", much like the research on MDMA by Anderson et al. (2019).

6.5 SLS and Arousal modes

Although this study did not put a particular focus on the evaluation of arousal modes and any temporary changes to this during SLS, some minor pointers could, nonetheless, be extracted from the interviews. What can be said regarding arousal mode and SLS is that substances can change how arousal is perceived and thus open up for novel experiences to be made, something that can be eye-opening.

In general, diffusion of the sexual arousal was more likely to occur in SLS than usual; many participants spoke of disseminated pleasurable sensations and “whole-body arousal”. If this was due to increased movements and a more relaxed muscle tone or if it was caused by the substances remains a hen - and egg question. Despite that, a subjective increase in the amplitude of movement occurred in some women, two of them describing these as dance-like. This suggests a temporary change in arousal mode toward the undulating mode. One participant (Miriam, 40) spoke of clearly wave-shaped movements in her experience of SLS, an experience she spoke of in superlative terms. Even more interesting to note is that her original arousal mode involved high muscular tension, clitoral rubbing and very little breathing, most probably belonging to the archaic-mechanical arousal mode. Most participants` original arousal mode, though only rudimentarily assessed, involved mechanical friction with more or less rigidity or muscle tension, thus likely belonging to the mechanical type. The descriptions of wider movements was also noted in the non-verbal communication of many interviewees, one aspect of the interview process that is, unfortunately, largely obviated in written accounts. When analysing the non-verbal records in the transcripts and memos, many include wide movements, particularly from the female participants. These often talked about movements using a wide, meandering body language and hand gestures to point to certain movement qualities or patterns. The three male participants had not noticed any marked difference in moves or muscle tone, which is a marked difference.

6.6 Significance and Difficulties

The significance of the episode(s) of substance linked sex varied widely. For some participants, it was a way to reinforce their relationship and spice up their sex life. For one person, it was a pivotal and healing experience that showed them how ecstatic sexuality can be when heart and genital both contribute to the sexual arousal. There were also accounts of having experienced intense self-love and acceptance towards the own body, an effect that lasted beyond the SLS. Yet others thought it had made them less self-

conscious and more relaxed as lovers or softer in general and less judgemental. All in all, SLS had had some level of impact on all participants, for some minor, for others more.

Although most participants had no clear regrets regarding SLS, there were many comments that relativized it. First of all, all interviewees avoided talking about substances as the best way to experience fantastic sex; they stressed that SLS is one experience of many, and that this did not mean that it was any better (or worse). The issues with erections and orgasms related to MDMA and 2C-B was mentioned, as was the subsequent “downer” of mild depressive symptoms after the consumption of certain drugs (cocaine, MDMA). One person talked about the stress of organizing the drugs and another expressed doubts regarding the illusion of love, criticizing the chemically induced affection. Finally, the couple that organized sessions of SLS with mixed substance consumption on a regular basis (Angelika, 41, Fabrizio, 40) said that they were in two minds about their habit: one the one hand, they were proud of the level of intimacy and crazy sex life they had achieved through SLS. On the other hand, Fabrizio, 40, shared his moral issues about drugs and also his concerns about further implications of the consumption. This couple, though, stood out among the participants, both in terms of the substances they used (cocaine, MDMA, alcohol and sometimes ketamine in various combinations), the regularity of consumption and the special setting.

6.7 Reproducing the Effect

Although the question on how to reproduce the effect of substances in sexual interactions was very difficult to answer, those participants that delivered answers had a number of ideas. A wide range of special circumstances or physical states were suggested to generate similar, if not as extreme, experiences in sober sex. This include different afferent states including infatuation, alteration of sensory experiences such as through exposure to the natural elements (wind, water, heat, cold) or in BDSM. Other ideas were spiritual or highly emotional experiences, the ritualization of sexuality and through greater mindfulness or focus on bodily sensations. Being more shameless was another suggestion, as was the use of physical exercises and deep breathing.

Although some of these suggestions are out of conscious control, others speak for the Sexocorporel approach in which mindfulness and a focus on movement, relaxation and deep breathing is part of the therapeutic setup.

6.8 Substances seen from the Viewpoint of Sexocorporel

Depending on the substance used in SLS, different types of physical, emotional and psychological changes occur. Naturally, no conclusions as to sexual properties of substances can be drawn from accounts of seven people: the results thus possess no generalizability or transferability, but can only be seen as glimpses of individual experiences of SLS. The wide range of substances used in SLS mentioned by the participants' bears similarity to the more recent studies on SLS (Moyle et al., 2020, Pienaar et al., 2020). Substance linked sex in heterosexual settings seems to be both widespread and variegated in terms of the drugs used.

MDMA, the most serotonergic and prolactogenic substance of the ones investigated, made sexual interactions loving, compassionate and focused on the sense of touch rather than genitally polarised. This emotional polarity was reflected in the often mentioned inability to sustain an erection and/or reach orgasm paired with an increased awareness of emotions and feelings of intimacy. It also aided in the verbalisation of emotions, a finding that has been reported previously. It augmented the sensory input of touch, which was described as sensational, both on the receiving and giving end. The "loss" of the more genital part of the sexual interactions was interpreted in two ways: the men were often stressed by the difficulty with erection and the female interviewees were either unaffected or even welcomed this effect. In the study by Moyle et al. (2020) MDMA was the agent of choice for 91 % of the respondents. When considering its negative impact on sexual functionality, this finding is quite peculiar. One interpretation is that this effect forces sexual interactions to change and refract from the usual patterns of interaction, which in itself can be interesting due to its novelty. Another view is that MDMA is so appreciated for its effect on emotionality that genitality is overlooked. A third interpretation is that the adverse effect on sexual functionality is not known to the people trying it in substance linked sex beforehand. All in all, MDMA seems to alter sexual experiences to a more emotional and verbal pole and at the same time disturb arousal in the genital pole.

2C-B, another serotonergic substance but with additional hallucinogenic properties, also creates a shift to the emotional pole, but in less extreme ways than MDMA. Three people had taken 2C-B in sexual situations and two of these considered it unsuitable. One woman who had consumed 2C-B a number of times thought it made sex softer, more tactile and more emotionally touching. One major difference compared to MDMA was that 2C-B did not spur verbal intimacy and communication, but it was thought to lead to more non-verbal interactions with therapeutic properties of "physical understanding". Although 2C-B also

lead to problems with erections in her male partner, that effect seemed less pronounced than with MDMA. 2C-B can therefore be seen as less emotionally polarizing than MDMA, maybe because it simultaneously increases the levels of dopamine.

LSD and Psilocybin showed both similarities and differences to the other two substances mentioned above in how they affected the experience of sex. These substances, at least in lower doses, increased the awareness of and augmented sensory input, was associated with telepathic thoughts and strong feelings of ecstasy, sexual self-confidence and love. The adverse effects on sexual functionality were not reported, which is an interesting finding. It is probably the case that when smaller doses of the hallucinogens are used, the mixed neurotransmitter response of both serotonin and dopamine are in a favourable balance where serotonin is low enough not to cause overwhelming hallucinations or disrupt erection and orgasm. Another explanation is that the levels of dopamine generated are high enough to counteract the serotonergic response. The hallucinogenic properties of these substances allowed the sensory input to be chosen and increased consciously. Regarding a polar orientation, LSD in particular can be said to lie in between the emotional and genital poles of arousal: it seemed to facilitate sexual coital desire, a desire built both on emotional and genital excitement. The neuroplastic changes that the psychedelics are known for could not be confirmed or refuted. Nonetheless, the statements on LSD did include aspects of healing and directionality as to what type of sex is possible. Lastly, LSD was associated with strong feelings of connection not only to the partner, but also to the surroundings, the world and the universe.

Cocaine, the most dopaminergic and noradrenergic of all substances investigated, caused increases in sex drive and self-confidence. It also counteracted cognitive inhibitions that may interfere with sexual arousal. In terms of emotionality, no statements were found on affective states apart from sexual self-confidence, which would point towards a genitally polarizing substance. Two participants rated cocaine for SLS poorly, as they both thought it lead to egocentric sex. One interviewee considered cocaine the best substance for SLS and appreciated his control over ejaculation, the intense full-body orgasms and the raw, porn-like sex that ensued its consumption. Cocaine thus seems to be a genitally polarising substance, somewhat at the other end of the emotionally polarising MDMA.

Cannabis (THC) was noted to alter the perception of time and facilitate awareness of physical sensations and reduce thoughts. Awareness of the outer world were less significant, participants mentioning a “small” focus on the partner and oneself in a lethargic,

affectionate and tactile manner. Cannabis is a muscle relaxant and this might explain the increased sensations, something a higher muscle tone inhibits. When expanding on this property of the drug, this might be sexually beneficial in people with a generally high muscle tone or for people that use the archaic or mechanical arousal mode.

Finally, although alcohol was not a substance that was asked for specifically during the interviews, there were still a few statements recorded. Alcohol was said to effectively reduce cognitive inhibitions such as fears and mental tension and lead to more aggressive and disinhibited sexual interactions, much in line with previous studies (Palamar, Acosta, et al., 2018; Bellis et al., 2008).

To sum up, MDMA and, to a lesser degree, 2C-B, directs sexuality towards the emotional pole, whereas cocaine directs it to the genital pole. Cannabis and the psychedelics are similar in that they appeared to create effects somewhat in between the emotional and genital poles, but of two different vertical qualities. THC created a set a “small world” focus where the person and thir partner were the only actors, somewhat as if gravity was intensified. LSD, on the other hand, propelled the awareness to a larger world or universe in which the individual experience was embedded. The awareness of the partner was not diminished, but could be switched from the interpersonal to higher realms. Being able to zoom in or zoom out, so to speak, but also experiencing a wider connectedness, in a brief journey with antigravity.

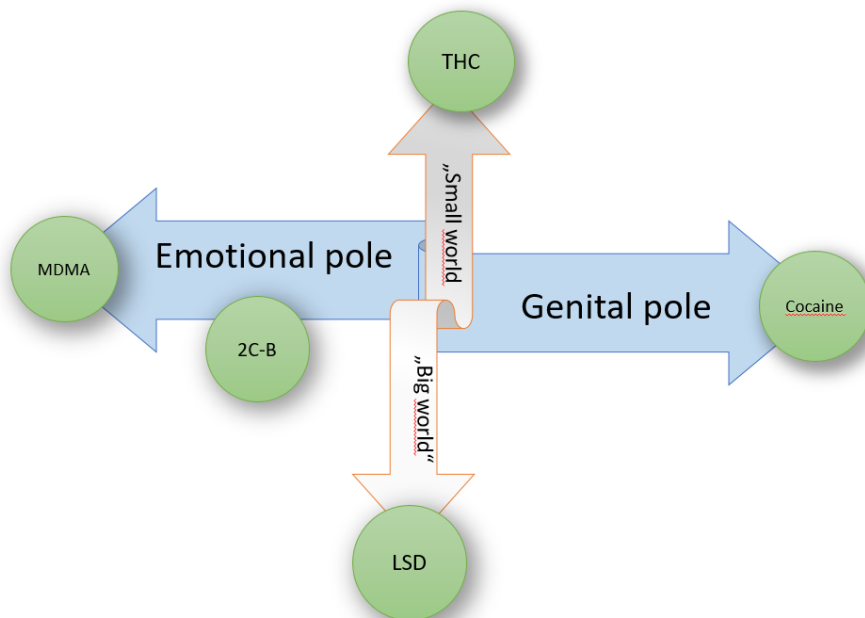


Illustration 3: Graphic representation of selected substances and their effect on emotional and genital poles (horizontally) and “small and big world” (vertically).

Lastly, the individual taste of substances for SLS became very evident; cocaine, for example, was said to lead to egocentric, porn-like sex; two respondents disliked this and one swore by it. MDMA was another polarizing substance, especially in the eyes of the male interviewees. Depending on what type of sexual interaction is sought, certain substances can therefore be said to be more or less catering to that wish.

6.9 Implications for the Practice of Sexual therapy

The data obtained from the qualitative research of this paper could provide some signposts for the practice of clinical sexology. Firstly, the core of Sexocorporel therapy can be confirmed in that a reduction in muscle tone and a greater amplitude of movements is associated with greater sexual pleasure, at least so in women. That these two changes occurred without any prior knowledge of Sexocorporel and as a consequence of consuming substances and then engaging in sexual activity is definitely worth noting. Furthermore, the change in movement patterns reported by a woman with a generally rigid muscle tone and limited movement amplitude in the usual sexual encounters who, after having unintentionally consumed LSD, spontaneously used the double-swing movement and reported having ecstatic sex is another confirmative finding. That a dissemination of sexual arousal in the body, something that was described by all interviewees, is associated with higher pleasure is yet another confirmation of the Sexocorporel approach.

Another interesting aspect of SLS, in particular with MDMA, is that orgasm might be difficult to achieve, yet, on the other hand, for many loses its importance or relevance. As orgasm becomes more difficult to achieve, and therefore less of a goal, there is an increased focus on being the moment and enjoying what is. This changes the common narrative of “working towards mutual orgasms” to a state of more mindfulness and momentary exploration. Sexual lust and pleasure can therefore become more important than orgasm. In the practice of clinical sexology, the disruption of the “classic choreography” (foreplay, genital stimulation of increased intensity and culminating in a (mutual) orgasm followed by the refractory phase) could be utilised in the form of “forbidding orgasms” in order to change the common course. This bears similarity to the Sensate Focus exercises of the Hamburger Model (Velten & Meyers, 2022). Forbidding orgasm might direct the clients` focus on increased pleasure in the moment. Predictability is another area that became disrupted in SLS and this has a potential of transferability to the practice of sexual therapy, in particular for long-term couples. Knowing what the partner enjoys in bed and catering to that without taking detours might be a safe and effective way to guarantee an orgasmic discharge. On

the other hand, predictability is a factor linked to reduced sexual appetite (McCarthy & Wald, 2012). The renowned systemic therapist Ulrich Clemens coined the term “kleinsten gemeinsamen erotischen Nenner” (smallest common erotic denominator) (Clement, 2001), meaning the consented choreography of a sex life between two people that only includes what is thought of as acceptable and appreciated by both. Stepping out of the “classic choreography” requires both courage and curiosity, yet can lead to a refreshing revision of both oneself and the other. This may be one treatment option in sexual therapy where the primary symptom is loss of sexual appetite: encouraging couples to dare changing the choreography of sexual interaction and therefore also to challenge predictability. Another way to achieve that is in making a ritual out of sexual interactions, which was another finding in the data. Taking the time for one another and include special preparations in order to celebrate the relationship and sexuality might be another suggestion to maintain a lively sex life in long-term partnerships.

Another inspiration from SLS for sober sex or sexual therapy is the shift in awareness the author calls “becoming the explorer”. Instead of working on the elevation of sexual arousal towards an orgasm or orgasmic discharge, one can ask oneself during the sexual act, what do I feel right now? What is different? In this way, mindfulness could replace goal-orientation. In SLS, this state is propelled by an expectation of change due to the effect of the substances, but if there is enough cognitive openness to allow for a continuous novelty of sensory information, this is probably achievable without substances too.

All in all, the study of SLS has generated some indicative inputs for clinical sexology. Firstly, the importance of mindfulness in augmenting sensory output and thus sexual pleasure. Secondly, a reduction in predictability by refraining from the classic choreography might also be a tool in increasing the mindful exploration of physical sensations, becoming a sexual explorer, so to say. Thirdly, “forbidding orgasm” and setting a new goal of maximum pleasure instead could prove helpful. Last, but not least, this study has confirmed some of the cornerstones of clinical sexology based on the Sexocorporel approach; that when sexual arousal is spread throughout the body, this increases the subjective perception of sexual pleasure.

6.10 Using the Viewpoint of Sexocorporel in Qualitative Research

Although the Sexocorporel model could not fully be applied to all aspects of SLS, the model provided a useful framework for analysing a sexual phenomenon that goes beyond assessing motivations and differences between sober sex and SLS. The Sexocorporel

approach was particularly useful in its organisation into emotional and genital poles. It was sometimes difficult to clearly organise “embodied phenomena” into physiological, emotional and cognitive subparts from the statements recorded. In the practical process of coding, this represented a significant challenge. On the other hand, the concept of embodiment (Langan, 2007) was confirmed as an applicable entity.

Although the Sexocorporel model was useful for the data analysis, it also became evident that no standard work of Sexocorporel exists that is comprehensive and can be referred to without falling prey to any individual interpretation. The author of this thesis is well aware that some parts of their work might not comply with Desjardins` concepts or nomenclature and wants to point to the urgency of such a standard work to be compiled. There is also a call for scientific evidence of the concepts of Sexocorporel, which is, up to today, barely available.

6.11 Grounded theory of Substance linked Sex

Classical Grounded theory in line with Glaser and Strauss (1967) placed an emphasis on evaluating data in order to fit the Paradigm Model, explaining phenomena based on the following model:

A) causal conditions → B) Phenomenon → C) Context → D) Intervening conditions →
E) Action/Interaction Strategies → F) Consequences

This model might fit certain aspects of SLS, such as the introduction of a Viagra-like substance (Karmagra) based on an experience of erectile difficulties spoken of in interview 5 (Angelika, 41 and Fabrizio, 40):

A) Cocaine and MDMA intake → B) Erectile difficulties → C) Negative Stress
→ D) Knowledge of Karmagra → E) Taking Karmagra to ensure erection →
F) SLS can be enjoyed without performance angst

Or fitting the more complex situation in the case of interview 1 (Miriam, 40):

A) The intake of LSD + “heart opening” the day before → B) Enormous lust
→ C) Boyfriend responsive → D) Room and bed → E) Ecstatic sex → F)
Knows how sex can be and sees it as a mission to resurrect her sexuality

Yet, this thesis is not about causality, but rather about the exploration of how this knowledge can be applied to clinical sexology. Thus, the classical paradigm model of grounded theory was not considered suitable to the research purposes of this study. More so the narrating aspect of grounded theory; the creation of a condensed theory based on and therefore “grounded” in the data gathered. An attempt at this is found below.

SLS allows the person to explore their sexuality from a different light, a different perspective.

The STANDARD CHOREOGRAPHY of “foreplay, main act, orgasm, finished” where mutual orgasm is regarded the common goal IS DISRUPTED by the intake of a substance that makes the EXPLORATION OF DIFFERENCE from the sober state interesting. The intake of a substance also leads to an EXPECTATION OF OTHERNESS which catapults the person in to the present moment, assessing this “otherness” and exploring the input coming from the different senses. The lack of “standard choreography towards orgasm”, the somewhat predictable process (LESS PREDICTABILITY) of standard sex then allows both for more “BEING IN THE MOMENT” which in itself leads to INCREASED SENSORY INPUT and the awareness thereof, plus LESS INHIBITIONS (less negative cognitive hindrances such as anxiety or performance angst). A REDUCTION in MUSCLE TENSION and INCREASE in MOVEMENTS is another feature, at least in women. These factors facilitate ACCESS TO PLEASURE and a more GLOBAL SEXUAL AROUSAL.

The context of SLS is often a ritualised, special situation of which the substances are only one part and not necessarily the main act. SLS often INCREASES FEELINGS OF CONNECTION, which can partly be attributed to neurotransmitter effects, but also to the act of celebrating the couple. “Fresh eyes” on the partner allows for a RE-EXPLORATION of the relationship and the other person, something that might increase the bond thereof. SLS also allows for a NOVEL EXPERIENCE OF THE SEXUAL SELF, partly due to the expectation and exploration of otherness and partly because of the new sexual experiences themselves. SLS was, by all participants, not elevated to a superlative path of accessing this state of pleasure, but was considered ONE WAY OF ACCESSING NOVEL STATES of sexual pleasure thus RELATIVIZING the contribution of substances.

6.12 SLS from a Wider Perspective

Psychoactive substances are being consumed, irrespective of their consumption being prosecuted or not. They are also being used in sexual contexts for a number of reasons and with numerous physiological and psychological effects. Drugs often act as a catalyser for a more uninhibited self, an effect that can be utilised as an excuse for behaviours not usually belonging to oneself. This reasoning might be one of the alluring facets of SLS and also one that can be taken advantage of in more sinister ways, some of which the research on SLS in the past has focused on. Substance linked sex can easily be condoned. Or, it can be investigated from the other side, with curiosity and empathy. In this paper, the motivation for SLS was often in order to experiment with two pleasurable entities, namely psychoactive substances and sexual activity. This combination not only allowed the participants another access to corporal pleasure, but also to experience themselves, their sexual and physical selves, in a new light. SLS therefore often represented one way of experimenting with a more uninhibited self. Others might try swinger clubs or BDSM, cross-dressing or sex with many people, having an affair or living a previously suppressed fetish, yet others seek emotional connection devoid of genital involvement. This re-exploration of sexual interactions made one participant speak of “sex without dramaturgy”, sex in which the classic choreography and sense of goal-orientation and time was disturbed. This allowed the actors of the sexual play to improvise, to explore, and to play beyond the usual interactions. This exploration of a different self can also include experiencing the partner in a different light, something that can either be used as a partner bonding ritual or as a way to deepen or simply to refresh a relationship. Several participants spoke of SLS as a way to generate a feeling of new intimacy or to bring fresh inspiration and development in a long-standing partnership, enabling a novel form of connection, both to oneself and one’s body and emotions as well as to the other person. One participant said, answering the question if he does anything differently during SLS compared to sober sex; he does not do anything different, but it feels different. This reminded the author of going on holidays. One does not necessarily do anything different, it simply feels different, and the person experiences themselves in a new way due to the foreign context. Through the use of substances, instead of travelling somewhere, an inner journey can be embarked upon. This desire to re-explore oneself has also been suggested one of the prime reasons for affairs or infatuation: rather than being about the other person, it is more about discovering oneself anew. Esther Perel, the famous therapist, puts it this way, “The quest for the unexplored self is a powerful theme of the adulterous narrative, with many variations» (Perel, 2017). People who seek SLS may do this for the same reason, to find pieces of another sexual self through the means of psychoactive substances. In cases where the sexual self has been subjected to assault or

trauma, this could be one step of healing. Maybe this could be interesting to conduct clinical research upon; alleviating sexual trauma by the use of corrective experiences assisted by suitable substances. In people where sex is and genital arousal is connected to pain and past horrors, increasing the levels of intrasynaptic serotonin and dopamine (preferably in legal ways) could aid in allowing corrective sexual experiences. This was, in fact, mentioned as one of the prime motivations for taking substances in sexual contexts in the study by Moyle et al. (2020). In times where LSD, psilocybin and ketamine are being employed in clinical trials against depression and anxiety, there is apparently a parallel quest for healing taking place, through self-medication with illicit drugs.

Despite the ease of availability of illicit drugs, they are still often condemned or tabooed. Apart from alcohol, nicotine and perhaps Marijuana, drugs are nothing to discuss loudly at a dinner party. In a way, the individual stance towards drugs today shows resemblance to how sexuality (reproductive, heterosexual sexuality set aside) was regarded for hundreds of years, as something shameful, sinful, condemned and reprimanded. At the same time, natural or chemical substances that have been given a medical label and are available from pharmacies are being consumed in larger amounts than ever, in particular the psychotropic substances such as analgesics, sedatives and antidepressants (Braslow & Marder, 2019). Many of the so called drugs, momentarily with an illicit status, once belonged to the medical pharmacopeia, including the opioids and many of the amphetamines (Blok, 2020; Braslow & Marder, 2019). Marijuana is probably the most variable substance as to how legal or illegal it is judged to be, but we shall not forget that a hundred years ago, alcohol was illegal in several countries. This is not to belittle the strong addictive and detrimental effects that many drugs have, yet the distinction between legalized pharmaceuticals and illegal drugs is merely a legislative one and not a crystal clear distinction naturally inherent in the substance itself. For example, amphetamine and methylphenidate are legally prescribed against attention and hyperactivity deficit disorder (Steingard et al., 2019). When obtained from the black market, their consumption is illegal. MDMA, before its classification as an illegal substance, was used therapeutically. At the present moment, this substance is being used in clinical trials again. If MDMA could be used therapeutically for sexual purposes under controlled settings, it would have a definite potential in couple's therapy, as previously suggested and confirmed by the participants of this study in its ability to increase emotional and verbal intimacy. Another interesting prospect is the ability of the psychedelic substances to reorganise synaptic pathways and increase neuroplasticity. This property could conceivably be utilised clinically under controlled circumstances to aid in expanding limited codes of attraction. If this mechanism could be useful as a treatment against, for

example, paedophilia or other socially disturbing paraphilic tendencies remains an open question, but certainly one worth examining, particularly with the current treatment options in mind. Fortunately, our brains are not fixed or set without a possibility to change; synapses are constantly rebuilt and adaptable. New experiences allow for new brain circuits to be wired and sexuality is not an exception to the rule. This is where chronic drug abuse and sporadic episodes must be differentiated; the former a sad and destructive phenomenon, the latter, something seemingly more or less an inherent product of human curiosity. SLS can thus be seen as one way to expand sexual experiences, building new synapses, irrespective of substance used. The experiences can then be incorporated into the meshwork of the individual sexuality and make a repeated exposure to the substance unnecessary. This was one of the echoes of this study; that substances were *one* way of experiencing different sex and not *the* way.

Many people enjoy a glass of wine, a few pints of beer or a joint prior to jumping into bed with someone, as a way to facilitate “getting in the mood for sex”, to enter a state of body and mind beyond everyday life’s stressors and ruminations. This almost ubiquitous habit seems to ease a switch from work life to free time, from functioning to pleasuring. The stronger, illicit substances seem to be consumed in a similar way, simply more special, more tabooed, more part of a ritual and more outstanding in their effects (and side-effects) on the body. Substances thus offer another type of “gravity” towards an uninhibited sexual self, a more shameless self, a more hedonistic, lustful self. The augmented sensory and emotional signals and a reduction in negative cognitions, shame and inhibitions propel this gravity. In our capitalist society, there seems to be little space for simple gratification uncoupled to its righteous forbearer, namely activity and productivity. Do we need drugs in order to allow the hedonist part of us to come forth? Do we need substances to turn the switch from working to pleasuring as the two sides seem to drift further and further apart? Our relationship to pleasure is a historically conflict fraught zone. Christian cultures in particular seem to emphasize that earthly pleasures are sins and that the afterlife reward implies a life of bearings, of suffering and hard work. This instead of allowing pleasures, small and large, to pervade life. Much like the thought that sex is a labour towards orgasm, working the currents of individual arousal until the threshold is reached where a few waves of orgasmic contractions ensue, we seem to feel numb towards the paths leading there, seem to be more or less oriented towards a goal, employing utilitarianism in sex. The focus on an orgasm and the choreography of “standard sex” is a mighty hindrance to hedonistic pleasure. The antidote? Mindfulness, pleasuring the moment, allowing pleasure to pervade, to infuse our everyday lives.

Dionysus fiestas involved sexual orgies with psychotropic substances, the Aztecs prepared psychoactive mushrooms to provoke lust. In short, SLS is not a new phenomenon. The tabooisation of sex and that of drugs is a more novel invention, and it is conceivable that a double taboo is more luring than a single one. Drugs are more or less taboo and so is freely unlashd sexual energy. Both belong to the darker hours of the day, kept in the shadows, gates to the dangerous, the lascivious, the darker side, the uninhibited, the pleasuring, the other sides of oneself that are normally hidden or portioned in small, socially accepted rations. There are many paths to that side of human sexuality and drugs is but one. Substance linked sex, no matter how taboo-ridden or illegal it is, takes place in many next-door bedrooms and cannot be regarded as part of a small, secluded sociocultural niche. Let us use this fact wisely and investigate it extensively: SLS holds the potential as a source of understanding human sexuality and the neurobiological processes it involves.

Epilogue

This master`s thesis has lived with me for a while now, first in the form of a shorter literature review and then, of varying intensity, in the form of the paper beforehand. It has enchanted me, haunted me, irritated me to the point of tears and made me humble. Sometimes, the intensity of my own private life took on centre stage, in particular during the short and dramatic end of life stage of my beloved mother in law, who passed away in the middle of the writing process. At other times, my passion for academic writing was hindered by other responsibilities, pre-meditated or not. What came as a pleasant surprise, or perhaps better called a side effect, was a newfound appreciation for qualitative research. Coming from a background of quantitative research, finding pleasure in analysing statistical data and critically evaluating them, I could not have fathomed myself enjoying the rather tedious work of transcription and coding, nor the subsequent construction of a grounded theory. Finally, it was as if both my analytic mind and my creative side, to the day largely separated and devoid of overlaps, could merge and join hands in an academic piece of work. The final, simplified core of the grounded theory of this work is that some people use SLS to facilitate and access pleasure, that substances are being utilized in order to remove hindrances to the hedonist sexual side of oneself. This can be transferred to my personal relationship with qualitative research, though with the minor difference that my work was completely free from substances except for bucket loads of black tea. My initial doubts and insecurities, my struggles and waxing and waning passion for this piece of work, in short, the hindrances, gave birth to a surprising and newfound pleasure, namely qualitative research with a grounded theory approach, something, in retrospective, I am very grateful for.

I am simultaneously intrigued by the multitude of ways in which people seek pleasure and how this process inspires their sexuality. I was drawn to the study of sexology because it lies at a crossroad less taken, somewhere between medicine, psychology and biology. A place where autobiography and vulnerability is interwoven, where lust and suffering sometimes hold hands. This master`s thesis has reinforced my passion for sexology and sexual therapy in a way I did not expect. It came with a price tag, though, for which I am indebted to many; my husband, my children and my friends, who have all come second or third place in the last few months. Thank you for your patience, support and understanding.

The initial title of my literature review was "Sex, drugs and rock n`roll". A rock was pushed by the anecdotes of my friends and started rolling more than a year ago. Now this rock has come to an end, having settled in a wide field of new insights.

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Appendix

- Appendix I: Declaration of consent, *Einverständniserklärung Interviews*
- Appendix II: Interview guidelines, *Leitfaden für Interviews*
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- Appendix IV: Excerpts of interviews, *Interviewausschnitte*
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Appendix I: Einverständniserklärung

Einverständniserklärung zur Teilnahme an einem Interview im Rahmen der Masterarbeit

Substance linked sex

Sexual experiences altered by psychoactive substances

from the viewpoint of the Sexocorporel approach

Forschungsprojekt: Masterarbeit für der Titel MA Sexologie III ISP Uster/HS Merseburg

Durchführende Institution: ISP Uster und Hochschule Merseburg

Zweck: Datenerhebung

Interviewdatum: _____ 2022

Interviewerin: Agnes Silvani

Einwilligungserklärung

Ich erkläre mich dazu bereit, im Rahmen des genannten Forschungsprojektes an einem Interview teilzunehmen. Ich wurde von der unterzeichnenden Interviewerin mündlich über die Ziele und den Ablauf der Studie sowie die Art der Erhebung und Auswertung informiert. Auch wurde ich über die zu erwartenden Wirkungen, möglichen Vor- und Nachteilen der Teilnahme sowie über eventuellen Risiken informiert.

Meine Fragen im Zusammenhang mit der Teilnahme an dieser Studie sind mir zufriedenstellend beantwortet worden und ich hatte genügend Zeit, um die Entscheidung zu treffen an der Studie teilzunehmen.

Ich nehme an dieser Studie freiwillig teil und kann jederzeit und ohne Angabe von Gründen meine Zustimmung zur Teilnahme rückgängig machen, ohne dass mir dadurch irgendwelche Nachteile entstehen. Im Interesse meiner Gesundheit kann mich die Testleiterin oder der Testleiter jederzeit von der Studie ausschliessen.

_____, den _____ 2022

Vor- und Nachname _____

Unterschrift _____

Name Interviewer/-in _____

Unterschrift _____

Einverständniserklärung für die Nutzung des Interviews und Aufbewahrung der Daten des Forschungsprojektes

Substance linked sex

*Sexual experiences altered by psychoactive substances
from the viewpoint of the Sexocorporel approach*

Forschungsprojekt: Masterarbeit für der Titel MA Sexologie III ISP Uster/HS Merseburg

Durchführende Institution: ISP Uster und Hochschule Merseburg

Zweck: Datenerhebung

Interviewdatum: _____ 2022

Interviewerin: Agnes Silvani

Hiermit willige ich ein, dass im Rahmen des beschriebenen Forschungsprojekts Daten meiner Person erhoben und ausgewertet werden. Die Erhebung erfolgt durch Audioaufnahmen, die transkribiert und analysiert werden und in die Masterarbeit auszugsweise verwendet werden.

Ich weiss, dass meine persönlichen Daten nur in anonymisierter oder pseudonymisierter Form gespeichert werden. Mir wird ausserdem versichert, dass das Interview nur in Ausschnitten zitiert wird und in pseudonymisierter Form, so dass ich als Person in keinerlei Weise erkennbar bin. Bis zum 30 März 2022 kann das Löschen der Daten per E-Mail an agnes.silvani@bgs-chur.ch verlangt werden, ohne dass mir dadurch irgendwelche Nachteile entstehen.

Der Schlüssel zur Zuordnung der Pseudonymisierung (Identifikations-Codes) wird schriftlich aufbewahrt und am Ende der Studie zerstört. Die erhobenen Daten werden in einer pseudonymisierten Form auf einem USB-Stick gespeichert. Alle Audiodateien, Transkripte und Identifikations-Codes werden am Ende der Masterarbeit (spätestens bis Januar 2023) gelöscht.

_____, den _____ 2022

Vor- und Nachname

Unterschrift

Name Interviewer/-in

Unterschrift

Appendix II: Leitfaden für Interviews mit Interviewpartners

Phase 1: Erklärung und Aufklärung:

Masterarbeit, Datenschutz, Audioaufnahme, Unterschreiben der Einverständniserklärung.

Phase 2: Einstiegsphase

4 Themen (auf Karten):

- Generelle Fragen zu dir und deiner Sexualität im Allgemeinen
- SLS – wie es war
- SLS im Vergleich mit sober Sex
- Post-SLS: eventuelle nachträgliche Veränderungen der Sexualität

Der Begriff SLS wird zuerst erklärt, danach wird die/der Teilnehmer:in gefragt, ob sie/er einverstanden ist mit der Reihenfolge, oder ob er oder sie lieber mit einem anderen Thema beginnen möchte.

Generelle Fragen über die Interviewte:in

Ziel: Den Eis zu brechen, der interviewten Person sich mit dem Interview-Setting bequem und vertraut zu machen, generelle Informationen über der interviewten Person zu bekommen und ein genereller Einblick in ihrem Sexualleben zu bekommen, ohne dass es zu nah kommt.

Fragen:

Erzähl mir etwas über dich; wer bist du? (Alter, Geschlecht, Beruf, Hobbies, Beziehung, Familienstand?) Wohnsituation (Ort, Familie).

Kannst du mir sagen, wieso du zugesagt hast zu dem Interview?

Was bedeutet Sexualität in deinem Leben? (Vervollständigen Sie diesen Satz: Sex ist für mich...)

Was heisst für dich guter Sex?

SLS – wie es war

Ziel: der Substanzbezogenen Sex genau zu explorieren

Fragen:

SLS-Erfahrung; wie ist es dazugekommen? (Zufall, Intention, Kontext)

Hast du SLS mehrere Mal erlebt, oder nur einmal?

Welche Substanz(en) hast du für SLS verwendet?

((Wenn mehrere Substanzen; Fragen unten für jede Substanz))

Erzähle mir mehr über dein Erlebnis mit Sex unter Drogeneinfluss; wie war es?

Kannst du detailliert beschreiben, wie die Körpersensationen waren?
Wer warst du (Selbstbild) während des SLS? Unterschiede zum gewöhnlichen Sex?
Wer war das Gegenüber (bildhaft) während des SLS? Unterschiede zum gewöhnlichen Sex?
Wenn du es in Bildern/Töne beschreiben könntest, wie würdest du die SLS-Erfahrung beschreiben?

SLS im Vergleich mit sober Sex

Ziel: herauszufinden, was genau der Unterschied ist zwischen SLS und sober Sex

Fragen:

Um ein Bild zu bekommen, wie du deine sexuelle Erregung steigerst ohne Drogen, möchte ich wissen, welche Art der Stimulation, wenn du alleine bist, steigert deine sexuelle Erregung bis zum Orgasmus?

Und wenn du mit einer Partnerin/ einem Partner zusammen bin, gibt es da ein Unterschied?

Wenn du SLS vergleichst mit Sex ohne Drogen, was ist/war der Unterschied?

Bezüglich Atmung? (hast du deine Atmung bemerkt? Kannst du dich erinnern, ob du ein Unterschied diesbezüglich wahrgenommen hast?)

Bezüglich Bewegungsmuster? (Rhythmus, Tonus, Bewegungsamplitude oder Qualität der Bewegung. **Wie bewegtest du dich?** Wie war die Körperspannung? Welche Körperteile waren gespannter/entspannter? Hast du dich schnell oder langsam bewegt? Wenn du mit den Bewegungen bei gewöhnlichem Sex vergleichst, wie war der Unterschied beim SLS?

Bezüglich Gedanken? (Wie waren deine Gedanken während des SLS? Was sind so Gedanken, die dir durch den Kopf gehen bei gewöhnlichem Sex? Hattest du Fantasien; wenn ja, wie sahen die aus?)

Bezüglich Emotionen? (Wie fühltest du dich? Wie fühltest du dich als Mann/Frau während der SLS? Wie fühlte sich die Verbindung zum Gegenüber an? Wie veränderte sich dies während des sexuellen Erlebnis? Wie war/en das Gefühl/die Gefühle danach? Wie erklärst du dir diesen Unterschied (insofern es einen gibt)). Wo war die Verbindung zum Gegenüber grösser: im Bereich Liebe oder Bereich genitaler Lust?

Orgasmus: erlebtest du ein Orgasmus während der SLS? Wenn ja, wie war es? Gab es Unterschiede zu deinen normalen Orgasmen? Könntest du mir beschreiben, wie es zum Orgasmus kam? (+ Unterschied zur gewöhnlichen Art).

Auf welcher Ebene war der Unterschied zum sober sex am grössten? (physisch, psychologisch, kinästhetisch, sensorisch, emotional). Waren anderen Körperteile als sonst mit dabei? War die emotionale Bedeutung anders?

Post-SLS: eventuelle nachträgliche Veränderungen der Sexualität

Ziel: eventuelle nachträgliche Veränderungen der Sexualität nach SLS zu explorieren

Fragen:

Nach der SLS; gibt es irgendeine nachträgliche Wirkung auf die Sexualität? (positive oder negative oder neutrale Wirkungen)

Phase 3: Ausklang, Abschluss**Ende**

Ziel: Ein Ende zu finden, Meta-Feedback, Platz für Fragen oder Erzählungen zu dem keine Fragen in dem Leitfaden gestellt wurden.

Fragen:

Nun habe ich viele Fragen gestellt. Hast du Fragen an mich?

Wenn wir kurz auszoomen aus dem Erzählten und den Fragen; wie ging es dir während diesem Interview?

Denkst du, dass es sonst noch etwas gibt, was wichtig für mich zum Wissen wäre für meine Studie?

Appendix III. Memo examples (interview, general and conceptual memos)

Example of interview memo

Memo interview 1, Miriam, 40, dated 01.05.22
<p>Person interviewed: answered social media call. Had experience of SLS on LSD within the last 3 years.</p> <p>Place: participants home.</p> <p>Prescript: expectation of interview: obtaining initial data, evaluating research questions, refined formulation of interview guide questions.</p> <p>Postscript: <i>“Researchers high” as data fitted presumptions</i></p> <p>This was a very inspiring interview: the basic tenets of Sexocoporel were confirmed; that deep breathing, movement and relaxation allowing for diffusion of the sexual energy leads to more pleasurable sex. The participant relativised the importance of the substance, however, allowing for the importance of other factors to come together to have generated the experience (heart-opening session the day before, partner`s comment etc). The eye-opening, VISIONARY aspect of the SLS was very interesting; that it had shown her how sex could be, something she had previously gotten instances of, but only briefly. She experiences a highly ecstatic state, a prolonged orgasmic state of being, in which heart and genitals were both «online» for a sustained period of time, allowing her to FEEL LIKE A GODDESS, BE A GODDESS.</p> <p>The fact that her experience of SLS was unintentional and that she had to decide at some point to “allow for the trip, choose to go along with it” was another interesting point. What is the importance of expectation of SLS? How does expectating of changes influence the perception of the experience?</p> <p>Another interesting aspect of interview 1 was that her usual mode of arousal was archaic/archaic-mechanical, and that during the SLS, this was totally different. She experienced intense pleasure connected to much less rigidity and muscle tone than usual, used movements and breathing to expand and sustain the arousal.</p> <p>The interview went by quickly and with ease, we met at 10.30 and finished at 12 o`clock. Sympathy on both ends might have contributed to the ease of the interview, which was held in the participants` home. As this was the first interview, I had no presumptions as to expected data, but I was more concerned if my questions were suitable and which ones were not. Reflection: all questions good except the one with “how would you market the substance in an ad?” The question on “describing the experience in colours, sounds etc” less relevant, as interview participants will choose their own way of describing it when asking an open question.</p> <p>Careful of bias when data fits presumptions! For the next interview: remain completely devoid of expectations or wishes.</p>

Memo Interview 3, Joanne, 43 and Michael, 45, dated 22.05.22:

Person interviewed: Joanne 43, answered the social media call. Her boyfriend agreed to join. Multiple experiences of SLS with different substances within the last two years.

Place: female participants home.

Prescript: first interview with a couple – how can I ensure that both gets their story told without partner “influence”? This couple has many experiences, thus potential large amounts of data? Recent experience with LSD might be an exciting prospect?

Postscript: *“Getting close to SLS but not really there” + “difficulties with interviewing 2 people”*

The first couple to be interviewed regarding SLS made it obvious why single interviews is easier to work with than for example focus groups – what is being said is being said in a certain context and having your partner with you might pose both advantages and disadvantages. The positive side is that the memory of two people is more complete than with only one person. On the negative side is that one cannot know if a person changes their answers to be more in line with what they want to project and present to the other person or if details that might be considered difficult for the partner to hear are left out or adapted.

The interview was held in a rather disorganised apartment. Nearly 2 hours of recorded data and one interruption as one of the participants` children suddenly appeared.

After this interview I began wondering how relevant some of the initial questions were, the questions regarding the definition of good sex and the questions regarding arousal modes. Although these questions might have generated answers that could provide useful in the analysis, I still don` t know their relevance. Maybe to see if there are any changes?

This couple made it clear that there are many ways to make sex more interesting; elements of BDSM and the ritualisation of the experience became clear. The two-edged sword of MDMA also became clear: often the substance that, in our minds, seem like the perfect sex-drug, is also the meanest when it comes to erections and orgasm. MDMA seems to make both very difficult.

Another aspect that showed itself in this interview was that theis couple were «still on the search» for more extatic sex through SLS; that they had a concept in their minds that was still to be found and experienced.

Regarding the three laws of the body, again, this was a meagre affair: increased movement and less tension was confirmed, but no other parameter.

The female participant spoke of “untypical dramaturgy or choreography” due to the difficulties with erections and orgasms. This is a very interesting way to formulate it, salutogenic and inspiring. The “sexual problems” actually leading to new types of interactions; much like in interview 2 (Lorena, 48), issues with erections that is regarded as a positive side effect. Gender difference?

Example of general memo

16.06.22

General Memo: Coding. Is everything relevant? (I asked Lara Gruhn, PhD in qualitative research, if everything has to be coded or if only research-relevant data shall be coded). For example: profession or relationship status. Lara Gruhn answered that, in general, primarily data should be coded that is relevant to the main questions of investigation. The transcripts can always get re-coded for further research.

05.07.22

General Memo: Coding almost complete. Difficulty in using Delve as codes and categories can only be set into relationship by the means of groups and subgroups and not clusters or visual aids such as colours or shapes. Solution: coding both manually (colours) and in Delve and then comparative analysis.

29.06.22

General Memo: All participants (except for participant of the interview 1) have been asked the "how would you reproduce it" question. 2 answered (women), 1 couldn't think of anything (man), 3 people have not yet answered (2 men, 1 woman).

11.07.22

General Memo: Codes have been organised into categories (Sensorik, Stellenwert, Gedanken/Bewusstsein: Kognitionen, Reproduzieren, Kontext, Emotionen/Rote Komponenten, Unterschied SS vs. SLS, Grüne Komponenten, Schwierigkeiten/Relativieren) both analogically and by using Delve (which yielded many more categories (each substance its own subgroup, relevance, context, reproduction, drugs (in general), definition good sex, partnersex, masturbation etc.)
Thought: does sensory input (sensations) belong to the green components? YES!

18.07.22

General Memo: Task: build bigger categories in Delve, irrespective of substance. Done, but not possible to do that in Delve the way I wanted. The citations in Delve were then copied into a wordfile and then similar ones grouped together. Subsequently, the codes were compared to the analogue codes und supplemented (only few citations and codes were different). The codes were then coloured according to sexocorporel and then organised accordingly.

Example of conceptual memo

22.07.22

Thoughts about the material so far– what can we learn from SLS that can be applied in the clinical work of Sexology?

SLS allows the person to explore their sexuality from a different light, a different perspective. The standard choreography of “foreplay, main act, orgasm, finished” where mutual orgasm is regarded the common goal is disturbed by the intake of a substance that makes the exploration of DIFFERENCE from the sober state interesting. The intake of a substance leads to an expectation of “Otherness” - how does it feel? Which catapults the person in to the present moment, assessing this “otherness” and exploring the input from the different senses. The lack of the “standard narrative” and “choreography towards orgasm”, the somewhat predictable process (less PREDICTABILITY) of standard sex then allows both for more “being in the moment” which in itself leads to more sensory input and the awareness thereof, plus less negative cognitive hindrances (fears, stress, inhibitions). The context of SLS is often a ritualised, special situation of which the substances are only part and not necessarily the main actor. SLS often increases the feelings of belonging and connection, which can partly be attributed to serotonergic effects, but also to the act of “celebrating the couple” and “doing something together”. “Fresh eyes” on the partner allows for a RE-EXPLORATION of the relationship and the other person, something that might increase the bond thereof.

MDMA/2C-B: Directs sexuality from genital pole to emotional pole and verbal pole, increasing intimacy but “losing” genitals – a less inhibited upper pole. Talking from the heart. Erections and Orgasms difficult/impossible. (Serotonergic effect) → Maybe something new for genitally polarised people? WIR, WIR, zu Zweit, DU!

Cocaine: directs sex toward the genital pole – less emotionality, more genital, more ego, more me, full of myself, less inhibited lower pole. (Dopamine, noradrenaline majors). Complete control over EP/Genital. Nobody wants dialogues in porn films - interesting for emotionally polarised people to develop genital pole? ICH, ICH ICH.

LSD/Psilocybin and THC: in the middle, between the 2 extremes (serotonin/dopamine mix? – see dosage of LSD and different effects). THC: YOU and ME, small world. LSD/Psilos: ME, you, the world and universe, all together. 5HT/Dopamine balance depending on dose.

Appendix IV. Excerpts of interviews (*Interviewausschnitte*)

The full transcripts are found on the attached CD.

I = Interviewerin, B = Befragte

Physiologische Komponenten

Lorena, 48

927 I: Aha, eh, sich Zeit nehmen, weniger Zielgerichtet, mhm. Und eben, von den
928 Bewegungen, ich komme wieder auf die Bewegungen zurück, sind dann die anders?
929 Oder...?

930 B: Ja, mol mol, vielleicht sind die ein bisschen runder, ich glaube jetzt nicht
931 wahnsinnig, wahnsinnig anders, aber so ein bisschen runder, einfach ein bisschen
932 weicher, so ein bisschen.

933 I: Also, alles ein bisschen runder.

934 B: Ja, ich glaube, ja. Also ich denke, der normale Durchschnittssex ist wahrscheinlich
935 ein bisschen steifer und ein bisschen härter. Ja. Genau.

936 I: Und für euch zwei anscheinend genügend attraktiv, dass ihr es immer wieder sucht
937 und plant.

Matthias, 42

374 I: Wenn du das einer Person, die so was nie erlebt hat beschreiben würdest,
375 wie kann man ihr bildhaft erklären, was dann anders ist?

376 B: (*Lange Pause*) Ha, ich weiss es nicht. Also, die genitale Sensorik ist schon
377 sehr gesteigert, aber auch überall im Körper.

378 I: Also die Haut-Sensorik?

379 B: Ja, ja. Ehm, dass die Berührungen sich total gut anfühlen, ja.

380 I: Also, die Berührungen die du bekommst?

381 B: Also, beides. Ja, ja. Irgendwie auch ein anderer Körper anfassen ist dann
382 auch sensationell.

383 I: Mhm. Und eben auch genital gesteigert?

384 B: Ja, das habe ich mich eben vorher überlegt, wie sich das genital verändert.
385 Ich weiss es nicht, ob es genital sonst im Vergleich mit einem nüchternen
386 Zustand, ob es einen grossen Unterschied gibt. Oder ob es einfach mehr so
387 ein Körpererlebnis ist, das gesteigert ist.

388 I: Aha, ja. Ja, das wäre vielleicht eine plausible Erklärung, das beim
389 nüchternen Sex hast du die Erregung da (*zeigt auf Beckenbereich*) und dann
390 hast du auch ein bisschen Kopf, was drin funkt.

391 B: Ja. Ja.

392 I: Und Sex auf THC und Psychedelika...

393 B: Der Körper ist dann mehr dabei. Ich glaube, bei mir geht es mehr in die
394 Richtung, ja. Dass es dann nicht nur auf das Genital fokussiert ist, sondern es
395 auch die Erregungszonen ja, viel, viel breiter verteilt sind. So irgendwie
396 Berührungen die irgendwo anders stattfinden sind dann plötzlich etwas
397 Erregendes. Das habe ich sonst viel weniger. Sonst ist es für mich in einem
398 nüchternen Zustand schon auf den Penis fokussiert, so das, was mir Erregung
verschafft.

Kognitive Komponente

Angelika, 40, Fabrizio, 41

- 631 BF: Es ist auch so ein bisschen ein Stressregulator, am Anfang.
- 632 BM: Mir nimmt es eben die Ängste ab, die Hemmungen, den Stress. Es macht mir den
633 Zugang dann viel viel einfacher.
- 634 I: Mhmh, und welche Droge verwendest du dafür?
- 635 BM: Koks, ja.
- 636 I: Mhmh, und das nimmt dir die Hemmungen und Ängste wie ab?
- 637 BM: Genau, dann kann ich wie so, eh, es macht den Zugang zum Abend oder der
638 ganze Anlass, mir ist es total easy, dann. Und sonst bin ich eher so, uuuuh (*zitternde*
639 *Hände*).
- 640 I: Nervös?
- 641 BM: Eh, Hosenkacker (*alle lachen*).

Unterschied sober sex versus SLS

Miriam, 40

- 467 I: Du machst so etwas mit den Armen, du tust quasi die Arme zu den Seiten schlagen
468 und deine Brüste zeigen, so eine sehr vorwärts gerichtete Bewegung? (*macht die*
469 *Körperbewegungen nach; Arme auf die Seiten, Brustkorb vorwärts kippend*).
- 470 B: Vorwärts Bewegung, und, eh, Ausdehnung, ich habe wirklich so das Gefühl gehabt
471 und ich habe in dem Moment, also, wenn ich dort oben drauf gewesen bin, ok, ich bin
472 jetzt erleuchtet. Jetzt bin ich erleuchtet (*Pause*) und habe das Gefühl gehabt von, hey,
473 ich habe eigentlich Sex mit mir selber (*Pause*), aber schön, aber schon auch mit ihm,
474 also sehr verbunden, aber ich habe wirklich auch das Gefühl gehabt und ich habe
475 auch gesagt, hey, es ist so schön bist du da, es wäre aber auch völlig ok, wärst du

476 nicht da. Weil ich so erfüllt gewesen bin und ich habe mich so unabhängig von allem
477 gefühlt, von allem was ist und trotzdem in eine unglaubliche Verbindung mit dem Mann
478 gerade, mit dem ich geschlafen habe aber ich habe das Gefühl, als hätte ich Sex mit
479 dem ganzen Universum (*Pause*), jetzt gerade dargestellt durch ihn. Also, weisst du,
480 es ist so ehm, ja, ich habe das Gefühl, das ist Glückseligkeit. Das ist das, das ist, ehm,
481 das Höchste, das, ehm, eben, Erleuchtung, und jetzt, ich habe es wie geschafft, wie
482 erlegen (*lacht*), jetzt bin ich wie angekommen. Da muss ich nicht mehr weg. Das ist
483 wie, da ist alles gut, es ist wie so, und es sind, ehm.

484 I: Und all das hast du während dem Sex gespürt?

485 B: Ja, ja. Und einfach unglaubliche, ich würde jetzt sagen, Kundalini, was auch immer,
486 einfach eine unglaubliche Energie von Unten nach Oben, die ganze Zeit, chooochooo
487 (*Windgeräusche, zeigt mit die Arme von Becken nach Oben entlang des Körpers*).

488 I: Herauf, oder von Oben nach Unten?

489 B: Also, es ist eigentlich von Unten nach Oben gekommen aber es ist dann auch, also
490 es hat zirkuliert, oder, es ist hinauf, also nein, es ist eigentlich vor Allem von Unten
491 nach Oben, vor allem von Unten nach Oben. Wirklich so, wuuuuuu (*betontes*
492 *Windgeräusch*).

493 I: Mmm, wie kann man das nennen? (*lacht*).

494 B: (*Lacht*) so Wellenförmig, ja.

495 I: Wellenförmige Energie...Fluss? Von Unten nach Oben?

496 B: Ja, also, von Unten nach Oben, ja. Und wirklich so, ehm, nicht nur, also, so dass
497 ich das Gefühl gehabt habe, mein Körper ist darüber, also weisst du, also nicht nur,
498 Sensationen so im Körper punktuell, sondern ich habe das Gefühl gehabt, mein ganzer
499 Körper, als wäre mein ganzer Körper so was wie eine Klitoris, so was ähnliches, alles
500 an mir ist so unglaublich, eh, sensitiv gewesen, eh, wie eine Klitoris, also alles, aber
501 so ein Guss (*lacht*). Also weisst du, wie so, ehm, eh ja, genau.

Schwierigkeiten

Angelika, 40, Fabrizio, 41

1332 I: Aber hast du das Gefühl, die verpassen etwas?

1333 BM: Also, ich würde es nicht missen wollen, vielleicht wäre es besser, wir hätten es
1334 nie gemacht, dann wüssten wir auch nicht wie geil, dass es ist, oder? Die Büchse der
1335 Pandora ist offen, ich meine, ich habe manchmal auch so Gedanken ja, mein Körper,
1336 meine Gesundheit, nachher bist du so ein bisschen Depressiv, keine Ahnung und
1337 dann hast du noch Kinder und dann denkst du, es wäre besser, wenn du gar nicht
1338 mehr, nur noch selten. Nein, ich finde, sie verpassen nichts, weil ich habe nachher
1339 Stress mit solchen Fragen, die ich gerade erwähnt habe.

1340 BF: Also, ich finde auch, weißt du, die Bedürfnisse sind so unterschiedlich von
1341 Mensch zu Mensch und dass was wir geil finden oder auch, dass was wir in die Drogen
1342 finden, wenn wir Drogen konsumieren, dass muss ja nicht für jemand anders das
1343 Gleiche bedeuten. Verpassen, das muss wirklich jeder für sich herausfinden, weil für
1344 mich ist...

1345 BM: Es ist auch Stress, es ist auch Stress, du musst es organisieren, es ist ein
1346 Rattenschwanz, du bist nachher meistens ein bisschen depressiv, eben...

1347 BF: Es macht einfach ein Erlebnis, was du sonst nicht hättest. Aber ich meine, ich bin
1348 auch auf einem Sechstausender gewesen, ich bin in der Antarktis gewesen, ich bin
1349 auf Galapagos tauchen gegangen, das sind auch Erlebnisse, die ich gleich stellen
1350 würde mit den Drogenerfahrungen, das hat bei mir einfach, ich habe Sachen erlebt
1351 und gesehen, die ich, manchmal, wenn ich einfach dasitze und sagen, wow, ich habe
1352 wirklich ein bewegtes Leben. Schön, die Erinnerungen zu haben.

Stellenwert

Joanne, 43, Michael, 45

833 BF: Ja, also nicht nur zum wieder mit Drogen, eh, ich habe das Gefühl, also ich finde,
834 das ist auch das lässige mit Sex auf Drogen, dass man das auch in den Alltag

835 mitnimmt. Rein für mich, für mein Körpergefühl, das ist ganz anders auf Drogen. Wenn
836 du irgendwie so aus dem Alltag kommst und so eh, eh, je nach dem, mit dem Zyklus
837 auch mit dem Körper auch nicht gerade so, so zufrieden bist oder dich irgendwie
838 unwohl fühlst, ist es das Gefühl, wie du dein Körper spürst, zum Beispiel auf MDMA,
839 das ist wahnsinnig. Und das ist etwas, was ich extrem mitgenommen habe in mein
840 sonstiges Körpergefühl.

841 BM: Mhmmh.

842 I: Ah. Das heisst, MDMA hat dir etwas gezeigt, was du...

843 BF: Also nicht nur die emotionale Verbundenheit zu ihm, sondern auch zu mir.

844 I: Bezüglich Körpergefühl?

845 BF: Extrem. Ich habe eine extrem starke Form von Selbstliebe, Selbstliebe auch
846 meinem Körper gegenüber gehabt, jedes Mal auf MDMA.

847 I: Und ist dann das nachhaltig oder braucht man dazu nochmals MDMA?

848 BF: Nein, ich habe das Gefühl, das kannst du wie mitnehmen. Das ist etwas, was du
849 nicht vergisst. So.

Appendix V. Coding guideline (*Kodierleitfaden*).

Coding was done in German and only translated at the end of the categorising process.

Many codes fit into more than one category, see "*Kodierregel*" below. **Note:** the fields in grey were categories not included in the final, condensed formation of a grounded theory, nor part of the results section.

	Kategorien	Unterkategorien	Kodierregel	Beispiel typische Aussagen
1	Kognitive Komponenten	<ul style="list-style-type: none"> Gedanken Werte Überzeugungen Glauben 	Alle Aussagen, die mit Gedanken, Glauben, Werte oder anderen kognitiven Auffassungen zu tun haben	<i>Das stimmt nicht zu meinen Werten, eh, das ist eigentlich noch krass, eigentlich passt es überhaupt nicht zu meiner Wertvorstellung.</i> (Angelika, 40 und Fabrizio, 41, line 1354-1355)
2	Physiologische/ Grüne Komponenten	<ul style="list-style-type: none"> Erregungssteigerung Bewegungsqualität (Tonus, Rhythmus, Amplitude) Atmung Sensorik 	Alle physiologischen Gegebenheiten und Prozesse inkl. Sensorik	<i>Also er steht, im erigierten Zustand, wenn ich so stehen, leicht gegen hinauf, und dann ziehe ich ihn nach Unten, mit der Sehne, die gegen Oben zieht, gibt das im Penis drin eine zusätzliche Spannung, was mir massiv hilft um denn am Schluss, dann wirklich, ich sage jetzt, ejakulieren.</i> (Joanne, 43, Michael, 45, line 177-180)
3	Sexodynamische Komponenten	<ul style="list-style-type: none"> Emotionen Sexuelle Lust Anziehung Gefühl der Geschlechterzugehörigkeit Sexuelle Selbstsicherheit 	Alle Aussagen, die unter sexodynamischen Gegebenheiten fallen	<i>Ja, es macht ein Unterschied, also Kokain macht auf jeden Fall, ehm, es hat, in der Zeit wo ich es ein paar Mal probiert hab, ehm, es hat viel Selbstvertrauen gegeben</i> (Miriam, 40, line 375-376)
4	Beziehungskomponenten	<ul style="list-style-type: none"> Sexuelle Kommunikation Liebesgefühl Verbundenheit Partnerschaft 	Alle Aussagen, die unter Beziehungskomponenten fallen	<i>Also, du hast mir dort Sachen erzählt, die du noch vorher eine Frau nie erzählt hast, Wünsche oder Fantasien oder Sehnsüchte und ich auch.</i> (Angelika, 40, Fabrizio, 41, line 571-573)
5	SS. vs SLS		Alle Aussagen bezüglich Unterschiede zwischen nüchternem Sex und SLS, teilweise auch zusätzlich kategorisiert (Kategorien 1-15)	<i>Ist wahrscheinlich schon die Sensorik, dort ist der grösste Unterschied, für mich jetzt.</i> (Matthias, 42, line 430-431) (Kategorie 5 UND 2)
6	Stellenwert SLS	<ul style="list-style-type: none"> Nachträgliche Veränderungen der Sexualität Andere nachträgliche Veränderungen Relativierende Aussagen 	Alle eventuellen nachträglichen Veränderungen der individuellen Sexualität bezogen auf SLS.	<i>Und ich weiss einfach, dass wenn, uns hat es einfach so ein bisschen der Tor geöffnet oder die Offenheit gegeben zum über unsere Sexualität auch zu reden.</i> (Angelika, 40, Fabrizio, 41, line 1216-1218)
7	Reproduzieren	<ul style="list-style-type: none"> Affektive Zustände Bewegungen Atmung 	Alles, was die Teilnehmer:innen vorschlugen um	<i>Voll ins Atmen, voll ins Empfinden, voll ins Spüren, voll in die Entspannung, auch.</i> (Miriam, 40, line 1054)

		<ul style="list-style-type: none"> • Andere Faktoren 	ähnliche Zustände zu erreichen wie bei der SLS	
8	Schwierigkeiten	<ul style="list-style-type: none"> • Orgasmusschwierigkeiten • Erektionsschwierigkeiten • Schwierigkeiten mit der Substanz im Allgemeinen • Schwierigkeiten während dem Sex • Sonstige Schwierigkeiten 	Alle relativierenden Aussagen und alle Aussagen zu Schwierigkeiten vor, während oder nach der SLS und was in klaren Zusammenhang dazu steht.	<i>Sobald ich mit den Drogen in den Grenzerfahrungen bin, dann wird es dann eben schwierig mit der Sexualität oder eben mit der Erektion. (Joanne, 43, Michael, 45, line 1057-1058)</i>
9	Kontext	<ul style="list-style-type: none"> • Set und Setting • Kleider • Andere Personen • Zeitrahmen • Platz • Vorbereitungen 	Alle Faktoren rund um das SLS, die oben nicht aufgeführt wurden.	<i>Also, ich finde wie so, wenn wir Drogen nehmen und Sex haben, dann sind wir so auf das ausgerichtet, wir haben Zeit, die Kinder sind nicht da, dann ist der Rahmen viel grösser. (Angelika, 40, Fabrizio, 41, line 723-725)</i>
10	LSD/Psilocybin	<ul style="list-style-type: none"> • Psychedelika • LSD • Psilocybin 	Alle Aussagen zu den psychedelischen Drogen (LSD, Psilocybin) werden kategorisiert unter Kategorie 10 UND jeweils den anderen Kategorien 1 – 9	<i>Und auch, ich würde nicht sagen, also weisst du, in dieser Intensität, das ist schon, das tut schon noch ein bisschen, das LSD tut schon nochmal, ehm, vielfachen was da ist. (Miriam, 40, line 824-826)</i>
11	Kokain		Alle Aussagen über Kokain werden kategorisiert unter Kategorie 11 UND jeweils den anderen Kategorien 1 – 9	<i>Koks ist Pornomässig versaut, herumficken ohne Ende und auf LSD ist es mehr auf der... (Angelika, 40, Fabrizio, 41, line 253-254)</i>
12	MDMA		Alle Aussagen über MDMA oder Ecstasy werden kategorisiert unter Kategorie 12 UND jeweils den anderen Kategorien 1-9	<i>Ich glaube das erste Mal wir MDMA genommen haben, dort sind wir wirklich abgegangen wie, und eben nicht sexuell, sondern so aahahah (schwebend, Hände in der Luft), das ist der beste Weg. (Lorena, 48, line 599-601)</i>
13	2C-B		Alle Aussagen über 2C-B werden kategorisiert unter Kategorie 13 UND jeweils den anderen Kategorien 1-9	<i>Ja, du spürst Sachen, die du vorher vielleicht nicht gespürt hast, aber wenn du es auf 2C-B gespürt hast, dann kannst du es nachher wieder zu dir holen. (Lorena, 48, line 988-989)</i>
14	THC		Alle Aussagen über THC werden kategorisiert unter Kategorie 14 UND jeweils den anderen Kategorien 1-9	<i>Ich bin glaub eh ein, so ein Kopfmensch und eh, ich glaube, THC hilft mir schon, das zu verlassen. (Matthias, 42, line 203-204)</i>
15	Alkohol		Alle Aussagen über Alkohol werden kategorisiert unter Kategorie 15 UND	<i>Alkohol interessiert mich eigentlich am wenigsten, weil es fast zum Alltag gehört (Matthias, 42, line 147-148)</i>

			jeweils den anderen Kategorien 1-9	
16	Selbstbefriedigung (SB)	<ul style="list-style-type: none"> Gestaltung der SB Erregungssteigerung in der SB 	Alle Aussagen zu Selbstbefriedigung	<i>Ehm, also, bei der Selbstbefriedigung habe ich selten, eh, mache ich mir selten den Stress, dass ich eine vaginale (lacht), einen vaginalen Orgasmus (lacht), das geht mir zu lange.</i> (Lorena, 48, line 194-196)
17	Partnersex (generell)	<ul style="list-style-type: none"> Partnersex im Allgemeinen Partnersex ohne Substanzen 	Alle allgemeinen Aussagen bezüglich Partnersex, nicht bezogen auf SLS.	Also wenn, also entweder macht er es mir mit dem Finger, und dann geht es auch über die Klitoris, so. (Lorena, 48, line 245-246)
18	Definition (guter) Sex		Eigene Definitionen von gutem Sex	<i>Ehm, guter Sex für mich ist, wenn das Gefühl für mich stimmt und auch für den Partner.</i> (Angelika, 40, Fabrizio, 41, line 38-39)
19	Allgemeine Aussagen Drogen zu	<ul style="list-style-type: none"> Anschaffung Kritische Standpunkte Wirkung in nicht-sexuelle Settings Wertung gegenüber Drogen Wertung gegenüber Menschen, die Drogen konsumieren 	Alle Aussagen über Substanzen, die nicht unter den Kategorien 10-15 fallen	<i>Und ich habe, ehm, in dieser Zeit, eh, ich habe meine Drogenerfahrungen gemacht, früher, bewusst und so, und habe eigentlich für mich abgeschlossen gehabt, weil ich gemerkt habe, dass ich sehr, eh, ich bin auch sehr, eh feinstofflich und feinfühlig und ich habe immer auch sehr Respekt gehabt, wenn ich Sachen ausprobiert habe aber, immer mit sehr viel Respekt.</i> (Miriam, 41, line 384-388)
20	Anekdoten SLS	<ul style="list-style-type: none"> Hörsagen über SLS Erfahrungen SLS von Freunde 	Alle sonstige Aussagen zu SLS aus nicht-eigener Perspektive	<i>Die waren ja getrennt gewesen und sind mit den Kindern trotzdem miteinander Ski fahren gegangen und dann irgendwie (lacht) haben sie dann LSD genommen und haben Sex gehabt und haben über alles geredet und sind dann wieder zusammen gekommen.</i> (Joanne, 43, Michael, 45, line 1081-1084)
21	Potenzmittel		Alle Aussagen über allen Arten von Potenzmittel	<i>Dann nehmen wir natürlich auch Potenzmittel, wenn mir auf so Zeugs sind.</i> (Angelika, 41, Fabrizio, 41, line 330)
22	Motivation Interviewteilnahme		Alle Aussagen über, wieso die Teilnehmer:innen auf den Aufruf in Social Media geantwortet haben oder zugesagt haben zu meiner direkten Anfrage	<i>Eh, ja, ich finde es ein spannendes, ich finde es spannendes Thema.</i> (Matthias, 42, line 17)
23	Motivation SLS		Alle Aussagen zu der Motivation der SLS und was sie dazu gebracht hat.	<i>Ja, das ist grundsätzlich eben das bei mir, also, wenn wir beide etwas erleben und lässig finden, tun ich es gerne auch mit anderen Sachen, die ich lässig finde, kombinieren, zum schauen ob, eh, eben ja, also, schöne Sachen miteinander kombinieren ergibt meistens noch schönere Sachen, auf jeden Fall in der Vorstellung.</i> (Joanne, 43, Michael, 45, line 258-262)

Appendix VI. Complete Interview Transcripts

A CD containing all the complete interview transcripts is attached to the master`s thesis.

Appendix VII. Selbstständigkeitserklärung

Agnes Silvani
Matrikelnummer: 25778

Ehrenwörtliche Erklärung/Selbstständigkeitserklärung

Ich versichere hiermit ehrenwörtlich, dass ich die vorliegende Masterarbeit

<p style="text-align: center;">Substance Linked Sex</p>
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<p style="text-align: center;"><i>Sexual experiences altered by psychoactive substances from the viewpoint of the Sexocorporel approach</i></p>

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