

Title:

**A phenomenological enquiry into how Chemsex impacts on gay men's experience of
intimacy**

Research Thesis

Submitted by Gary Lynch for the award of

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New School of Psychotherapy and Counselling, London

Primary supervisor: Dr Neil Lamont

Secondary supervisor: Dr Chloe Paidoussis-Mitchell

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Abstract

This study explores the impact chemsex may have on the intimate worlds of its users. Eight participants were interviewed using semi-structured interviews focusing on their experience of chemsex and its impact on their experience of intimacy. The material was analysed using Interpretative Phenomenological Analysis (IPA). This research method facilitates a hermeneutic phenomenological inquiry into the unique individual experience, as well as commonalities between participants. Three superordinate themes were identified. The first theme; The Quest for Intimate Connection, highlighted the participants' need for intimate connection and a sense of belonging within a community. It also illustrated participants' awareness of the phenomenon of 'false intimacy' within the chemsex context. The second theme; Living with Shame, related to the complex feelings of shame experienced by participants, particularly homophobic shame. The third and final superordinate theme was Chemsex Darkness. This theme addressed the negative and damaging ways chemsex impacted the lives of participants, with reduced sexual confidence and functioning being of particular note. The clinical significance of this study demonstrates the complex interaction between chemsex activities and participants' lives and intimate relations. The recommendation from these findings shows that increased research and therapeutic support for chemsex users is necessary, particularly in relation to the reporting of 'false intimacy' and how this may interact with chemsex users making poor health and relational decisions. The study highlights the need for increased support and further research on decreased sexual confidence in chemsex users, particularly prior users who have exited the chemsex community and the implications of 'sober sex' in the future. The results imply that greater resources and focus is required to address feelings of shame and inferiority amongst gay men and more particularly, understanding how existential shame may lead to engagement with the chemsex world.

Key words: Chemsex, Intimacy, relationality, Addiction, Isolation, Sexual minority, Connection, Internal shame, Sober sex

Statement of authorship

This study was written and conducted by Gary Lynch. This dissertation has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy. The author reports no conflicts of interest and is solely responsible for the research, content and writing of the study.

Introduction

Aims

This paper is an IPA research study involving 8 participants, investigating the interplay of chemsex and how it may impact on their experience of intimacy and interpersonal relations. This study aims to expand understanding of the chemsex phenomenon by examining it from a more personal and experiential perspective. What follows is information on the researcher and why he chose to carry out such research, a literature review of available research, rationale for research, design of study, analysis, research findings and conclusions.

Terminology and self-identification disclaimer

Throughout this research paper the researcher uses different terms to identify non-heterosexual individuals. These are predominantly gay, homosexual, queer and (MSM) men who have sex with men. The researcher is aware that some of these terms may be offensive to some people. The term homosexual for example has been used in the past to pathologize a subset of human beings. The term was first classified by the APA as a sexual disorder in 1952 (Bayer 1981). The researcher is aware that some individuals may wish to identify as homosexual whilst the term is unacceptable to others. For this reason, all participants in this study are given the opportunity to self-identify. These labels will be used interchangeably in this document to acknowledge the complicated history for the LGBTQI community.

A Little About Me

My reasons for undertaking this research.

My reasoning for deciding to undertake this specific research have evolved primarily as a result of previous study and my practitioner work. My first exposure to gay and bisexual men in a therapeutic context was volunteering for LLGS London Lesbian & Gay switchboard.

I did this while I was completing my psychology conversion diploma. As a gay man myself I felt confident I would be able to support men around their relational and social issues. I was somewhat surprised at the level of anguish, stigma and ignorance from others the men were experiencing around their sexuality. This was possibly the beginning of my realisation which in hindsight seems obvious, that gay and bi-sexual men have mental health and social problems unique to their demographic.

While studying for my MSc in Health Psychology I did a placement at Living Well, an organisation which provides support for men with HIV. This role furthered my insight to the challenges faced by the LGBTQI community. The experience inspired the subject of my research thesis on 'Adjustment to HIV'. This was a qualitative study using Interpretative Phenomenological Analysis (IPA). I found this method very useful in helping me to gain insight into my participants' worlds. My results were varied, informative and surprising. The themes that resonated with me most were how the men experienced the gay community and how they relied on social support to improve their mental health after their diagnosis. The study enlightened me to the issues facing certain sections of the gay community. It also ignited my passion to support and understand the complex ways being a minority might lead to the need for psychotherapy.

My subsequent career within drug services helped me to harness my knowledge and skills to therapeutically help those struggling with addiction and other substance abuse problems. I ran support groups and worked on one to one interventions to help those affected. While working in this environment I quickly came to the realisation that the LGBTQI community were significantly underrepresented. The few gay and bi-sexual men I did encounter in generic community services often described a significant lack of awareness amongst the professionals they met at GP and drug services (my own service included). Particularly around their lives and specific substance concerns.

The support services offered to the MSM population who sought them were designed to help the wider community, where the bulk of addiction problems tended to be alcohol and opiate based. Services directed at the homeless was also a big factor for generic services. This focus tends to neglect the specific life experiences of gay men particularly and the context in which their addiction occurs. This in my view is a large factor in why gay men were not using these services. They simply could not relate to them.

I developed links with local sexual health services to provide a clinic and support group specifically for the MSM community. This experience again reinforced my conclusions that a minority group with specific cultures and behaviours needed their own substance support service. My own philosophy around substance use and abuse remains relatively simple. Although it is a complex and varied issue with multiple causes, it generally relates to an individual's social environment. Substance use fills an emotional void in the individual that their own support sphere does not provide.

This issue of social support may be more of a problem within sexual minorities. Several studies have shown how societal stress and feelings of shame increase substance misuse amongst sexual minorities (e.g. Feinstein & Newcomb, 2016; Hequembourg & Dearing, 2013), where higher rates of isolation and stigma are prevalent due to their minority status. This in turn only increases the likelihood that they will turn to substances and other dangerous health behaviours to fill the void in their social context. This is also compounded by their lack of visibility both within society, and treatment services. This further increases a sense of stigma and decreases their social support.

The focus of this journey was elevated by a unique job opportunity within the NHS at the beginning of 2017. The position involved working alongside the psychology team with the aim of developing a specific intervention to help men affected by the chemsex phenomenon. An Abstract for the Year-Long Project Follows:

NHS Abstract;

Chemsex among MSM has been widely reported and is strongly associated poorer mental health. However, evidence to support best practice to reduce risk and harm is sparse. Our aim was an evaluation-based behaviour change intervention, delivered in an NHS clinic by the current researcher.

Methods

Service users presenting with chemsex in the sexual health service were offered referral to a Motivational Interviewing-based intervention. The six-session intervention was offered. An assessment tool was designed to identify risk behaviours, harm and mental health symptoms and was administered before and after the intervention.

Results Over the first 12 months, 82 referrals for MSM who engaged in chemsex were received. Post intervention results showed increased self-reported confidence in reducing chemsex, and reduced chemsex frequency in 94% of clients. 83% of completers demonstrated statistically reliable improvement and 75% clinically significant improvement in psychological distress. 76% also reported an increase in the desirable sex post intervention.

This 12-month project was a very informative experience for me professionally. I had known I was going to embark on research in the chemsex arena at the beginning of the initiative, but I wasn't certain what my specific angle would be. During my sessions with the men a persistent theme that came up almost universally, was intimacy. Whilst I was mindful to recognise the complexities of each individual experience, I had a strong sense that the clients seemed to be using sexualised drug use as a way of coping with the limitations and struggles of gay life,

particularly within close personal relationships and intimate social bonds. The men I met with craved greater intimacy with potential romantic partners, wider friendship circles and their families. It was this prevalence of an apparent but often elusive search for intimacy which has led me to my research question. Further investigation has revealed an increasing body of research on the topic of LGBT psychology, particularly within the past decade. Much of this research, like the proposed study, is qualitative in nature (e.g. Brandon, 2011; Flowers et al, 2006; Hicks & Milton, 2010). These studies highlight the importance of addressing the specific mental health concerns of minority groups such as gay and bisexual men. This demographic's unique lifestyle and social circumstances which have in the past been stigmatised, has now begun to be recognised. As a result, individuals have been provided with the opportunity to be understood, which facilitates empowerment and gives a voice to a previously marginalised group.

How the research question was decided

The research question was explored, developed and ultimately decided upon as a result of a combination of factors. The researcher's involvement in an NHS support intervention for chemsex users sparked a keen interest in the experience of these men and how participation in chemsex impacted upon their wider relationships. The intervention illustrated an abundance of cross-over between chemsex phenomenon and intimacy. The researcher observed many instances of participants reporting problems with intimate relations and forming intimate connections. After the NHS intervention and subsequent reporting on the findings, it was clear to the researcher that there was a correlation between chemsex and the men's intimate worlds. However, having conducted preliminary investigation on the topic, it became evident that although there was literature available, it was sparse and the research was not extensive. The researcher believed that chemsex's impact on men's experience of intimacy could potentially be a very rich and insightful subject and subsequently conducted an exhaustive literature review in order to justify the need for further

research, exploration and investigation. The literature review will be discussed in the next section.

The research question is as stated below:

‘What are gay men’s experiences of chemsex in the context of intimacy and intimate relations?’

I have detailed in this section my personal reasons for undertaking this study which draws on my own life experience, the focus of my education and my varied roles as a practitioner. My work with the NHS chemsex study was pivotal to undertaking this research. I then show how the research question was chosen and then explicitly stated. I will now move on to the exploration of the available literature in this arena.

Literature Review

Theoretical reasoning for Literature Review

The purpose of this literature review is to provide the reader with an overview of existing research and available subject material on the general topic area. This is done by thoroughly investigating, summarising, and critiquing the literature. This process of illuminating what is relevant, interesting and up to date in a chosen topic area, helps the reader to understand where there may be gaps in the research information. This gap will be the justification for undertaking a new research area or question (S.K and Davydenko, 2020).

When done sufficiently, a literature review will anchor the rest of a research paper. It will describe both the content and quality of the knowledge already available, highlighting to the reader the significance and relevance of the previous research. A good literature review aims to gather papers in a particular area from many sources. It will be written consistently and contain few, if any, personal biases. The review cannot simply rehash the subject matter, but delicately synthesises the available material while giving a critique of the selected papers (Okoli & Schabram, 2010).

The literature review which follows, along with its study areas, were chosen quite deliberately. It is very important to examine how gay and bisexual men are viewed by wider society and understand how this perception impacts upon their ability to connect with one another and form intimate relationships. The unique 'otherness' is a contributing factor of how chemsex came into existence in the first place and engagement in the practice may be viewed as a nonconformist, unique way of experiencing intimacy. However previous research has been mainly focused on the health aspects of the phenomenon. The desire of these men to use chemsex as a tool for intimate connection, despite the serious health risks posed by the practice, only increases the unique interest many researchers have had on this subject. The proliferation of hook-up apps is central to modern non-heterosexual

courtship and sexual relations and is in many ways, integral to the men's search for all types of intimacy, particularly sexual. The four sections of this literature review place gay intimate relations at their core. This provides for a clear theoretical argument for examination in preparation for the research question.

Scope of literature review

Prior to deciding on my area of research and my research question more specifically, I conducted an extensive examination of the existing literature to decide whether my area of interest even needed further research. I wanted to know if I could uncover new knowledge which hadn't previously been researched. I mainly availed of electronic search engines including Google Scholar and the resources available from NSPC and Middlesex University, including 'Summon'.

I was aware of the sheer scope of the existing literature connected to the topic area. With such an expansive area of research I felt it was important to hone-in on areas I felt were both topical, relevant, and personally resonated. This made it important to decide what areas should be presented in my review and what areas should be excluded. This process assisted with developing the rationale for my research question. As outlined above, my inspiration for my topic area came from the specific 'chemsex' intervention I was fortunate enough to manage with the NHS. With this in mind, I will outline the rationale for how my research area was developed and decided upon. I will now present a literature review which will focus on four inter-related areas.

Search Strategy

I conducted my search online using both journal searches for articles and library searches for relevant books. The inclusion criteria were: English or translated to English, Peer reviewed and a priority for recent publications.

I used the following five databases:

- Summon via Middlesex University Unihub
- Google Scholar
- British Library Electronic Thesis Online Service (EThOS)
- LISTA (EBSCO)
- PubMed

The search terms included:

- Chemsex
- Chemsex and intimacy
- Gay relationships
- Relationships and intimacy
- Gay relationships and intimacy
- Technology and relationships
- Technology and intimacy
- Therapy for gay men

- Gay men and intimacy
- Drug use and intimacy
- HIV and intimacy
- Gay male identity
- Gay identity and drug use

The dataset produced was extensive. As previously stated, I hoped to do research in the area of chemsex as from my work I felt it was a keen area of interest. I felt a review of previous research on gay relations was important to understand what was known. I was particularly interested in research on intimacy and gay and bi-sexual men's relationships. To my surprise there was limited research in the area. There is a huge amount of research relating to HIV and gay/bisexual men. While being mindful of the area of HIV, I did not feel it was appropriate to focus on HIV in relation to intimacy or chemsex, as the chemsex experience is open to a diverse and varied section of the MSM population. As chemsex is a fairly new area of research, not finding articles connecting intimacy and chemsex was unsurprising, however the four areas this researcher felt were key were;

1. The Evolution of MSM Identity
2. Chemsex – Existing knowledge
3. Intimacy and its interaction with high-risk behaviours
4. Hook-up apps and online social portals

Firstly, I will look at the evolution of MSM identity, from being greatly stigmatised in the past to gaining more social acceptance up to the present day. We will also look at how the therapeutic community first pathologized sexual minorities, possibly giving more legitimacy to their stigmatisation throughout society. The development of acceptance within the therapy room particularly from the existential/humanistic branches of psychology, will also be examined. We will discuss LGB affirmation therapy as it progressed and will weigh up critically if it clashes with, or possibly contradicts, the essence of existential thought. We will then examine how gay and bisexual men have created innovative ways of relating to each other, weighing the benefits against the costs.

Secondly, we will look at the section on chemsex and the available literature on this new phenomenon. We will explore its ever-growing popularity and the social and technological factors that gave rise to the practice. It is also important to examine the physical and mental health problems associated with chemsex, including overdosing, depression and death, as well as complex relational issues such as consent and how chemsex is being normalised amongst gay men. The stigmatisation of certain MSM men within the gay community will be examined and recommendations for specific chemsex interventions to be carried out by health professionals, will also be evaluated.

Thirdly, we will discuss the concept of intimacy. The need for intimacy goes beyond both a person's sexual and social needs to be with the other. Intimacy in my opinion has a meta or otherworldly quality to it which is not easily defined. Humans seek intimacy through dialogue, physical sensation and a sense of belonging amongst many other varied communications. We will examine the possibility that sexual minorities such as gay men have been deprived of intimacy when compared with the general population. We will then look at the practice of barebacking (condom-less sex) and a psychoanalytical perspective on what motivates gay men to engage in such high-risk behaviour. It is important to gain an

understanding of the underlying psychological needs such as intimacy and a sense of belonging, which give rise to this high-risk behaviour.

Lastly, we will explore the impact that 'hookup apps' may have had on gay men's lives, from a relational, sexual and intimacy perspective. We will examine what implications their increasing popularity may have on gay culture, as well as the individual user. Are these apps eroding intimacy and more durable relationships, or do they facilitate new opportunities for gay liberalisation?

Evolution of MSM identity

To understand current same-sex relationships, culture and sexuality, particularly regarding the chemsex phenomenon, we must understand how this arena has evolved over time. It is important to keep the gay rights movement which advanced throughout the 20th century in mind, as well as the past research which has informed the subject.

Identifying as gay was considered a mental illness by the DSM until 1980. This created the backdrop of stigma and discrimination experienced by non-heterosexual persons (Spinelli 2014). Until fairly recently, same-sex couples were denied social acceptance and their relationships were not recognised as a societal norm. Gay marriage in the UK remained out of reach for same-sex couples until 2013.

For much of the 20th century there was a great deal of pathologizing amongst the therapeutic community with regard to homosexual relations. This is evident by the fact that homosexuality was only removed as a medical disorder by the American Psychiatric Association in 1973 (Bayer, 1981). Much of the psychoanalysis that dominated the western world in the first half of the 20th century viewed homosexuality negatively, considering it to be abnormal, and believed it was caused by family dynamics (SOCARIDES & VOLKAN, 1981)

Freud (1949) classified homosexuals as having flawed psychological development. However, Freud's own views on homosexuality later in his career became more complex and supportive of same-sex relations. This is evident in a letter he wrote in 1935 detailing how homosexuality itself should not be treated as an illness (Ruitenbeek, 1963). Regardless of this, the notion of homosexuality being unnatural took hold in the field of psychiatry from earlier understandings, and non-heterosexuality was viewed as a problem. (Spinelli 2014) put forward an existential view on non-heterosexuality. He argued sexuality throughout the 20th century pivoted around the areas of biological function, the concept of sexual desire being normal or deviating from normality and sexuality in relation to a person's identity or personality. The central point was homosexuals were largely othered by discrimination. A study in the not-too-distant past found that many therapists retain the understanding that same-sex relations and identity can be viewed as a pathology (Bartlett, Smith and King, 2009). However, this research helped embolden psychological agencies to sign up to a memorandum of understanding (MOU) which condemns any therapies aiming to alter sexual orientation. Signatories included the BPS and the NHS (UKPC 2017)

Existential thinking although relatively sparse on ideas of human sexuality, has however been more supportive of sexual variance and expressions outside the societal norm. It argues against simple reductionist thinking such as labels like gay, straight or bisexual, which both society and the therapeutic community have been keen to assign (Milton, 2005). Existential thinking concerns itself with experience. Existential authors have concentrated on sexuality across time and circumstance, emphasising the aspects of freedom and choice a person is given in their societal context. The works of Sartre and Heidegger are often cited in this regard. Sartre's famous statement that 'existence precedes essence' (Sartre, 1969 P:18) is taken from a sentence in Heidegger's *Being and Time*: 'the essence of Dasein lies in its existence' (Heidegger, 1962 P:67) This is key to debate on how being sexual can be viewed existentially as choice is confused and compared with the idea

of essence. Some have argued that homosexuality is an existential given which may one day be proved by biological factors (Medina, 2008). Spinelli, an important existential contributor, advocates for the idea of 'being sexual' as a way of showing its existence in its own right, rather than focusing on the sexual behaviour or an encounter as evidence for defining its existence (Spinelli, 2013). This idea shows fluidity to existential thinking moving away from essentialist assumptions.

In more recent decades years, affirmative therapy has been developed for gay and bisexual persons. This employs a positive message of self-acceptance for non-heterosexuals and offers a welcome counterbalance to the therapeutic practices of the past. Many existential thinkers see it as consistent with the openness of existential practice (Langdrige, 2007). Others see this type of positive regard within existential therapy as problematic (Du Plock, 1997). Affirmative therapy as the name suggests, takes an explicit position of positive regard towards an individual's sexuality. It asks clients to bracket and therefore challenge their own identity and actual life experiences as a sexual minority and all the baggage which may go with this. This could be seen as another way of labelling their experience. A client may feel through this phenomenological process that their experience of rejection by society is being diminished in the therapy room (Milton, 2014). For this reason, Spinelli argues therapists should be mindful of not assuming sexual-identity labels are a problem for clients since they can also provide great value and source of meaning for those who may have otherwise felt they didn't belong (Spinelli, 2013).

Gay and bisexual men have historically had both challenging and unique experiences in their own context which separates them from the heterosexual experience. It is within this nuanced environment sexual minorities have constructed their own nonconformist attitudes to sexual expression. The following pieces of research show how they have employed unique ways of relating to one another, particularly since gay liberation began in New York City in 1969. (Adams, 2006, Coelho, 2011, (Parsons, Starks, DuBois, Grov & Golub, 2011)

Open relationships have long been associated with gay and bisexual men (Adams, 2006). Michael Foucault (1994) was one of the first theorists to discuss how men could develop new ways of being in the world and relationships, which became increasingly relevant as gay culture staked its claim in the 20th century. His academic work was significant in helping move the focus beyond homosexual repression to exploring how non-heterosexual relationships could exist. His method was exploring that to discuss homosexuality, three constructs must be analysed. 1. The knowledge that referred to sexuality (medical establishment). 2 the power structures that allow such knowledge to exist (laws and regulation within society) and 3. The ability for a homosexual to speak freely about who they are and what they want (Rozmarin, 2005).

Bech (1997) argues that societal norms of the late 20th century do not stipulate that two men in a relationship should mimic opposite sex etiquettes. Being male and of the same sex frees couples from historical imbalances in partnerships, such as division of domestic labour, financial freedom or stereotyped emotional requirements. Beck concludes that the rules and regulations of heterosexual relationships, such as monogamy, do not apply to all male couples. They are free to negotiate their own arrangements based on individual freedoms. This argument does not address the individual potential need and desire for monogamy. Many gay men may still hold traditional views on relationships, they may require exclusivity in their intimate relationships. Bech's argument also fails to comment on the divisions that exist between men in same sex relationships such as social class and wealth. Giddens (1992) describes the concept of 'pure relationships', which is a new form of relationship developed as a result of radical changes in society. This relationship can be heterosexual but is more prevalent in all-male relationships. These relationships are based on choice, independence and above all democratic principles for all parties involved. Such relationships explore different ways to achieve intimacy and sexual gratification. This argument put forward fails to address what may happen within the relationship if consensus

is not reached. For example, monogamy or what the boundaries may be for intimate relations both within and outside the given relationship.

Homosexual culture and relationships in the last century invented new ways of relational expression which created their own value system. These new innovations in relationships broke from convention by not emulating heteronormative culture. (Foucault, 1994). This can be seen in later studies such as Adams (2006) who interviewed 70 coupled men around the subject of monogamy and personal relationship satisfaction. He found that the clear majority had non-monogamous relationships. Those who maintained monogamy tended to be younger couples. This study implies that the men enjoy adventurism and their own assumed masculine right to sexual freedom and determinism. This personal trait was more evident in older gay men, who may have experienced a culture of homosexual liberation in their youth, causing them to rebel against heteronormative constructs. Life experience was also a factor in determining what makes a relationship durable and satisfactory.

These findings were mirrored in a study by Coelho (2011) where it was found that men in open relationships were mostly content and believed in the durability in their respective relationships. These findings may suggest that many gay men have sexual urges which influence them to seek out multiple sexual partners. However, Coelho's study emphasized that this desire was much more complicated than purely satisfying sexual urges. Instead it showed the need for more mental connection and attachments with multiple partners. This need was shown through the majority of the men involved in the study preferring to have regular sexual partners whom they had built a connection rather than one off sexual encounters with a stranger. Some of these relationships may turn into friendships or secondary relationships, which highlighted the need for more intimacy with non-primary partners. These needs did not come without problems. As with monogamous relationships, the needs of the individual may conflict with their partner's, leading to feelings of jealousy

and rejection. The findings of this study though very interesting leave questions unanswered. Can these more intimate non primary encounters lead to the breakdown in the primary relationship? Are there rules or boundaries that the partners adhere to with the purpose of protecting the security and intimacy in the primary relationship? The potential costs to such relationships are not fully examined.

Parsons et al (2011) found that gay and bi-sexual men in relationships that were either open, monogamous or 'monogamish' (when 3rd party joins couple for sex), had significant psychological and sexual health benefits when compared to single gay and bisexual men. The study noted that men in monogamous relationships reported the least amount of substance use compared to other more open groups. The study highlights the increase of positive health benefits of same sex relationships men in both monogamous and 'monogamish' relationships compared to their open relationship and single counterparts. These health benefits may be connected to the security of a primary partner and intimacy fulfilment. Increased health benefits of being in a close relationship are well documented in heterosexual relationships also (e.g. Alexander (2008)).

As the researcher I am fascinated by this section which may seem obvious as both a gay man and an existential therapist. The gay rights movement allows my very existence as an openly gay man and more specifically, an openly gay therapist. As an existential therapist I am not an advocate of affirmative therapy, as I believe it can lead to messages which conflict with the realities of clients/patients who still live in a homophobic world. The debate on gay relationships also brings up a lot of questions for myself. As an existentialist, I believe we can create our own meaning and therefore our own relationships too. The construct of winning the right to gay marriage has many paradoxes, given the institution of marriage may now be seen as outdated in the modern world.

This section explored the development of modern gay and bi-sexual male identity and how the therapeutic community potentially pathologized these men through early Freudian thinking. Such thinking was influential throughout 20th century psychiatry. The potential effects these views may have had in societal terms such as stigmatization and labelling these sexual relations as abnormal, was also examined. We then explored more accepting therapeutic stances such as existential thinking and Affirmation therapy, the latter's impact still being debated amongst therapists. We examined how this environment may have impacted on how gay and bisexual men formed their own unique romantic and sexual relationships. These non-conforming relations links to the wider topic of the chemsex phenomenon in that it is a unique non-conforming relational experience. This will be examined in the next section.

Chemsex

The term 'chemsex' is commonly used to describe the practice of gay or bi-sexual men using psychoactive substances, usually crystal methamphetamine, GBL/GHB or mephedrone, to enhance their sexual experience (Bourne, 2014). The increased popularity amongst the MSM community in using a combination of these drugs to enhance sexual activity has been observed in research. (Sewell et al., 2017). The studies in the public domain relating to chemsex remain predominantly around its physical, mental and sexual health dangers (Sewell et al., 2017) (Bourne, 2015)

As stated, the drugs associated with chemsex are Methamphetamine, Mephedrone and GHB/GBL. All three can trigger feelings of euphoria and excitement and among many users can also facilitate intense feelings of sexual arousal.

GHB/GBL are both powerful psychological disinhibiting sedatives which have mild anaesthetic effects. G, as its commonly referred to by chemsex users, is used to facilitate sex by lowering inhibitions and inducing euphoria and muscle relaxation (Busardo and

Jones, 2015). GHB/GBL dosing needs to be administered very precisely or will lead to unconsciousness and even death. Its association with sexual assault and STI transmission has been widely reported (Bracchi, 2015).

Methamphetamine commonly known as crystal meth or Tina, is a powerful stimulant which is used amongst gay and bisexual men to enhance sexual appetite and performance (Davis et al., 2006). It can facilitate chemsex sessions lasting for many hours, if not days. It is highly addictive and associated with poor health outcomes including psychosis and brain damage (Yu et al 2015).

Mephedrone was first synthesized in 1929 and has been associated with chemsex for more than a decade. It triggers euphoria, stimulation and sexual arousal in users. It has similar effects to MDMA and cocaine, was first sold legally as plant food until legislation banned the substance (McCall, Adams, Mason and Willis, 2015). It has been linked to fatalities alone but more commonly in combination with other chemsex drugs (Schifano, Corkery and Ghodse, 2012).

Gay and bisexual men have historically been more likely to use recreational substances. Statistics from national survey in 2013 found that gay and bisexual men were 3 times more likely to use illegal drugs than heterosexual men (Drugscope, 2014). The reasons for this are largely attributed to their minority status, concerning both what is normalised within the MSM community, and significantly the stigma associated with being a sexual minority. This may lead to elevated risk to mental health issues such as anxiety, depression and low self-esteem which are associated with increased levels of alcohol and substance misuse (Keogh, 2009).

While studying the MSM population at a UK sexual health clinic, (Dearing & Flew, 2015) found that 38% of the men reported chemsex use. Bourne (2015) developed a qualitative study of 30 men living in London who had regular chemsex, to determine the

significant health concerns this niche community faced. The majority had experienced overdosing, particularly in relation to GHB/GBL, as well as some issues around sexual consent while under the influence. Interestingly, many of the participants saw the sex as mechanical and selfish, expressing negative views which contrasted with their desire to have more considerate, emotion-based relationships. The study also found that chemsex had a detrimental effect on their social relationships outside the chemsex context.

Many studies have been vocal about chemsex increasing the risk of contracting STI's, particularly HIV. MacFarlane (2016) illustrates how all three chemsex drugs lower the user's inhibitions leading to risky sexual behaviours such as unprotected anal intercourse (UAI). An earlier Bourne (2014) study found that a third of chemsex users interviewed disclosed to having UAI with a partner who was either HIV positive or who's HIV status was unknown to them.

Another health concern within the chemsex context is intravenous drug use or 'slamming' as it is known informally amongst some chemsex users. This is a point of concern for health professionals as injecting of both mephedrone and crystal meth are on the rise in the chemsex community (Kirby and Thornber-Dunwell, 2013) One London clinic reported more than a 50% increase in injecting in one year (Stuart, 2013). The term 'slamming' has been used to distinguish the practice as a sexual context and distance itself from the perception of being an injecting drug user and its associations with heroin use (Bourne, 2015). The practice has been associated with many problems such as HIV and hepatitis transmission, increased drug dependence and poor injecting practices (Kirby et al, 2013).

Key findings from Bourne's study include the physical and mental health problems chemsex can cause; such as, overdosing on GBL/GHB is a major problem which in itself has led to many deaths in recent years, both on its own or in combination with other substances.

GBL/GHB is judged by medical professionals as the significant factor in such fatalities. The substance is also dangerous as it can make the user physically dependent, where suddenly stopping use could be life threatening (Corkery, 2015). The intoxicating effects lead to impaired judgement, causing the lines of sexual consent to blur, particularly in a group sex context. Users who are confused or not conscious cannot give their consent to sex with one or potentially multiple partners, a phenomenon which is common during chemsex (Bourne, 2015).

Ahmed et al., (2016) studied a section of the MSM population in South London and found that the men viewed chemsex as a normalised behaviour. Their belief was that the majority of gay men in their part of London used drugs in a sexualized way (70% to 90%). This belief contradicts actual data on drug use amongst MSM which is dramatically lower (Melendez-Torres et al, 2016). The paper goes on to reference Berkowitz's (2014) social norms approach. The theory describes how a member of a social group may begin to engage in or normalize the behaviour of other group members. This idea is termed the 'false consensus effect'. In the context of chemsex groups in South London, the social norms approach may explain the increase in high-risk behaviours amongst the MSM population.

The study by Ahmed et al., (2016) also highlights the stigmatisation of subsets of the chemsex population. The men who inject drugs and use crystal meth can be perceived by those who do not as being more at risk and leading unhealthy, less desirable lives. This in-group stigmatization has been reported within the MSM population in other studies (Kirby, 2013). Participants in the study also perceived HIV status as a signifier of high-risk behaviours. The men compartmentalised themselves based on their HIV status, with HIV positive men perceived to have normalised injecting, crystal meth use and UPAI. This perception amongst HIV positive men was attributed to having a 'nothing to lose' mentality (Bourne, 2014). Stigmatisation of HIV positive men has been shown to increase high risk

sexual behaviours, negative health outcomes and decrease disclosure of HIV status (Smit, 2011).

The main conclusions of studies already undertaken on the chemsex phenomenon, point to its ever-increasing popularity amongst gay men. The practice has many public health concerns for this community from physical harms such as drug overdosing and STI transmission (MacFarlane, 2016) to psychological concerns such as sexual consent or adverse effect on social, family and work relationships (Bourne, 2015). Most drug services are designed to help opiate users which can leave gay and bi-sexual men alienated from mainstream services. Researchers therefore propose tailor made interventions for the MSM community. A chemsex user's belief that the majority of their peers are also chemsexing is not factual. Interventions must be designed to challenge these specific perceived social norms relating to substance use in this population. Chemsex is often facilitated by online services such as hookup apps. Similar online services targeting health promotion interventions should be visible and accessible to users, in order to help with this issue (Ahmed et al., 2016).

Qualitative studies on chemsex are limited in their publication. A small, interesting study using IPA was conducted in Dublin (Van Hout, Crowley, O'Dea and Clarke, 2019) The study focused on men who were experiencing both physical and psychological problems due to chemsex participation. All of the participants were struggling and were motivated to leave the Dublin chemsex scene. One of the main themes that was found from analyses was escapism and compulsive participation. The men used chemsex to alleviate life stressors and feel connected to a sexual community. They felt there was great difficulty in leaving the chemsex scene behind due to the compulsive nature of social technologies and the intense experience of sex whilst on drugs which lowered their inhibitions, ultimately becoming reliant on chemsex for all sexual relations with other men.

As the researcher I am clearly interested in the studies currently available on the subject of chemsex, as I have had the opportunity to facilitate the NHS's first chemsex intervention. I am grateful for the insight that they bring to the areas of sexual health and the mental health of the MSM community. However, as an existentialist and a practicing therapist working with this population, there is a frustration that the studies do not address other aspects of chemsex engagement such as meaning making, otherness, loneliness and the pursuit of intimacy and human connection. For example, to what extent is chemsex correlated with internalised homophobia or paradoxically a need to belong in non-conformist ways? These existential questions are left unanswered for myself as the researcher.

Having looked at the available research on the chemsex phenomenon, we can see the extensive impact it can have on users' lives. We can see how the MSM community through complex factors and shared history may have chosen to find unique and nonconformist ways of being with one another sexually and socially via substances. However, what are fundamental motivations for such a high-risk behaviour? In the next section we will explore the innate human need for intimacy and the idea of sex as a social resource. This may give understanding to the risks some gay men will take in order to connect with their peers.

Intimacy and its interaction with high-risk behaviours

Intimacy – an overview of definition(s):

Intimacy is a complex notion which humans as social creatures often crave. It may be seen as a closeness, togetherness and mutual affection. It is often associated with sexual relations, however, can be created through many types of human relations such as friendship or familial bonds. (Reis, 1990). Social Psychologist Harry Reis maintains that self-

disclosure must occur through appreciation and acceptance and that there must be empathic feedback or understanding for intimacy to be achieved

Eric Erickson (1978) proposed in his 8 stages of psychosocial development that achieving intimacy with others versus isolation was crucial for fulfilment and to develop a sense of self. Intimacy is essential for development of close friendships, sexual and romantic relationships. He believed that failure to achieve successful intimacy in relationships would lead to isolation, loneliness and suspicion of others (Beyers and Seiffge-Krenke, 2010).

Reis was integral to development of the Interpersonal Process Model of Intimacy (IPM; Clarke & Reis, 1988). This model proposes that the intimacy between two partners increases when one individual discloses personal or emotions to the other partner and this information is received by the partner supportively. This model suggests increased intimacy with supportive disclosure but does not specify if there are limits to one partner's support of the others emotional needs. Can intimacy be also built through conflict, reflection and reconciliation? Risk taking non intimate personal expression has been encouraged in other studies. Disclosure of individual identity in a risk-taking way has been seen as a predictor of increased intimacy and attachment security (Tsai, 2016).

Intimacy may be more complex than the IPM model suggests. Intimacy is a nuanced and hard to describe concept, for sexual minorities the intimacy/supportive disclosure alignment may be harder to achieve due to other emotional problems such as internalised homophobia and social stigmatisation. Erikson's understanding of intimacy seems fundamental to development but gives little understanding of the mechanics of intimacy. It is not hard to see how sexual minorities life experience may be hindered in relation to both Reis and Erikson's idea's on intimacy. Social isolation and shameful sense of self amongst sexual minorities has been well documented and discussed (Olesen, Campbell & Gross, 2017).

I have found that the pursuit of intimacy is central to the gay men I see therapeutically. I believe that this is because they often lack intimacy in their relationships- sexual or otherwise. This is true especially in comparison to the heterosexual majority. Reasons for this may be complex and nuanced but both internalised and society-wide homophobia could be a likely factor (Olesen et al, 2017). There is also evidence of intimacy development and social skills are directly correlated with problematic drug use in gay and bisexual men (Matos 2016).

In their study “a rush to risk”, Byrant et al (2017) confront the two dominant public health assumptions regarding gay men’s methamphetamine use, and their correlated high risk sexual practices. Firstly, that methamphetamine itself has specific psychoactive properties which leads the men to become sexually disinhibited engaging in risky behaviours that leads to poor health outcomes like STI transmission and mental health disorders. Secondly, that the drug itself attracts a certain gay or bisexual man who is already inclined towards high risk sexualized behaviours, and also that these men are likely to engage in these interactions regardless of drug consumption (Race, Lea, Murphy and Pienaar, 2017). The study sees these assumptions as problematic (Byrant et al, 2017). They propose that the use of methamphetamine with this minority group is a way of using sex and sexuality as a social resource to which they establish relationships with their peer group. It helps to develop their identities and secure pleasure, connection and intimacy. This research highlights the nuanced relationship that exists between high-risk behaviours and the need for some gay men to socially connect.

The concept of ‘barebacking’- the practice of condom-less sex between gay men, has been widely researched. Tim Dean’s (2009) examination of this subculture turned into his book ‘Unlimited Intimacy.’ The book describes how the psychological need for intimacy leads gay men to drop their psychological barriers in an attempt to acquire closeness with a partner through high-risk methods (barebacking and HIV risk). Dean describes in

psychoanalytical terms how a kinship is created through such dangerous activities. This underpins an unconscious need to belong within this subculture and illustrates how the need for intimacy can lead to extreme behaviours.

An interesting study by Carballo-Diéguez et al (2011) explores the psychological mechanisms that lead gay men to engage in condom-less sex. Researchers recruited 120 ethnically diverse New York City residents who mainly identified as gay. The study aimed to understand why those men engaged in a type of sexual behaviour which could put their health at risk. Berg's (2009) study on condom-less sex details mainly the macrosocial health behaviours and interpersonal aspects of why the MSM population engage in high-risk practice. Macrosocial factors include prevalent ideas such as heterosexuality being the cultural norm, medical advances in the treatment of HIV, and the influence of the internet and a changing cultural landscape e.g. introduction of gay marriage. Interpersonal factors include relationship quality and the desire for intimacy with a sexual partner, with skin contact and semen sharing being a key factor. Health behaviours such as substance use and online sex seeking were also a factor. All of these elements were found in Carballo-Diéguez's study in some capacity, however researchers sought to develop a more internal cause for motivation and justification of intentional unprotected sex. They examined the participant's first experience and then their subsequent engagement in unprotected sex.

The team led by several psychologists approached their research from a developmental perspective which did not have psychoanalytic thinking in mind, however after reviewing their interview data found that Freud's structural theory of the organization of the psyche (1961) was a useful tool for conveying the results. Freud's theory classifies our internal processes into the 'It', the 'Above I' and the 'I'. The 'It' represents our irrational sexual drive and impulses, the part of our psyche which is free from moral judgement, wants pleasure and gratification. The 'Above I' represents the internalised social and cultural norms of the individual's social world, or its conscience. The 'I' is the rational part of the self which

attempts to control the 'It' as best it can. Freud used the metaphor of being the horse rider attempting to control the powerful animal. The 'I' experiences guilt and anxieties from the judgment of the 'Above I' whilst attempting to satisfy the passions of the 'It'. The results of the study showed that sexual desire and intimacy 'It' overpowered the 'I' in moments of sexual excitement. The world or 'Above I' at times facilitated condom-less sex norms amongst sub-cultures of gay men, with sexual liberation and substance use being common. The 'I' used many defence mechanisms such as rationalization ('HIV isn't that big a deal these days'), idealisation ('when will I get a chance like this again'), or externalization ('I was high') and avoidance ('we didn't talk about it'). Each of these mechanisms give the libido what it wants. Many participants felt guilty afterwards, therefore paying a price for the 'Above I'.

This study acknowledges its limitations such as that it may have sought out a specific subset of gay men. However, researchers argue that health promotion initiatives such as condom use may be counterproductive as it is not giving the individual what it craves (Nodin, 2008). It suggests that the use of PreP and home HIV testing may combat health concerns such as HIV whilst not infringing on the 'It's' need for erotic desire and intimacy.

I personally have a keen interest in the concept of intimacy and how it is experienced by the MSM population. In keeping with Erickson's philosophy, I believe that failure to achieve successful intimacy in relationships leads to isolation. This was one of the main motivations for this study. The lack of studies on intimacy in the non-heterosexual population is surprising to me. As an existential thinker, I believe that the conclusions of these studies do not adequately explain intimacy or gay and bi-sexual men's need for intimacy. Race at el. (2017) ideas around using identity and sexuality as a social resource are in keeping with the meaning creation ethos of existential thought. However, the complexity of the notion of intimacy within the gay/bi-sexual male community requires further phenomenological investigation.

These study's focus on both internal drives and leveraging sex as a social resource for intimacy, self-identity and pleasure regardless of health concerns, relates to the unique relationships and sexual practices non-heterosexual men create for themselves. These drives and desires may act as a precursor for the chemsex phenomenon outlined above, Technology has been an important element in the popularity of this phenomenon we will examine this in the next section on 'hook-up apps'.

Hook-up apps and online social portals

In his seminal book "Liquid love", Bauman (2003) argued that the assurance, structure and security once provided by life-long relationships has now been liquified by persistent individualisation and technological change. He puts forward that internet dating is a component of rapid social and technological change which transforms modern courtship into a commodified game, a form of entertainment which the consumer can endlessly shop for new romantic possibilities. His coined term "liquid Love" refers to the proliferation of the idea a romantic or sexual partner can be discarded and replaced much the same way modern consumerism works. This newly commodified romance market with seemingly endless option erodes at the very notion of monogamy and lifelong companionship. A study by Hobbs, Owen and Gerber (2016) explored and challenged this notion that the internet and hook-up apps were at odds with intimacy and classical concepts of romantic love. It showed that dating apps are portals through which the individual can engage strategically in their pursuit of romance sex and intimacy. The article concludes that modern dating apps and romantic practices via the internet are overly pessimistic. It highlighted the positives of what is known as "networked intimacy," showcasing the valuable connections that the individual can obtain from internet dating.

Chan (2017) found that gay male users of dating apps were ambivalent in establishing relationships. They reported ambiguity in what the relationships were, the dominant nature of some profiles which fit standards of conventional attractiveness and being overwhelmed by the number of connections the apps afforded. Study also concluded how the usage of dating apps is intertwined with consumerism and free market ideology. This mirrors Bauman's original ideas around how relationship acquisition is becoming increasingly commodified.

The popularity of so-called 'hook-up apps' amongst gay and bisexual men has increased rapidly since Grindr was launched in 2009. In an online survey conducted in Scotland, more than half of respondents reported using a dating app in the previous week, with over 40% of those surveyed reporting using the app daily (Frankis et al., 2013). An American survey of gay men found that the majority of participants had used a GPS dating app in the previous year, with the intention of finding a sexual partner. Over 20% of these users reported success in finding a sexual encounter (Phillips et al., 2014). One particular study looked at temporality or social time as a construct, with gay dating apps creating a different perception of social time (Yeo and Fung, 2017). This phenomenon of using dating apps with GPS functioning can cause a disconnect from normative relationship building expectations. The fast pace of conversation created by instant messaging, coupled with the immediacy of the close proximity of potential partners, leads to erosion of a more durable relationship. The emphasis is instead focused on one-off intimate sexual encounters. The interface of gay dating apps promotes physical attributes and sexual preferences over more nuanced meaningful relationship building. This is contrasted with older forms of online communication where slower interaction led to stronger romance and friendship formation.

Building on this, Licoppe, Rivière and Morel (2016) investigated how Grindr specifically is used for the pursuit of location convenient quasi-immediate sexual encounters. These experiences are designed to avoid repeat encounters and relationship building, leaving the user unaffected emotionally or socially by the meeting. The study describes how Grindr users have developed a 'linguistic ideology' to facilitate these encounters. This is accomplished through avoidance of friendly personally related discourse which is generally common amongst online chat formats. Instead they use standardized formulaic questions and answers including photos and sexual preferences to narrow down their specific sexual gratification with other users.

This sexual script is also described by Bayart (2014). The author discusses how the desired partner is desirable in part because they are in fact a stranger, have met required objectified attributes and characteristics through profile, preferences and photos and the experience will not be repeated so there is no need for social pleasantries. For some, these narratives of gay life on modern apps may demonstrate negative perceptions of how gay men interact intimately and sexually. However, hookup apps can and do bring gay men together. The medium can be for some their only access to homosexual relations.

Davis, M., Flowers, P., Lorimer, K., Oakland, J. and Frankis, J. (2016) researched marginalised gay men in rural Scotland and found that apps were a protective factor within a hostile and homophobic local environment. The study also highlighted individual choice and design of social worlds for these men, who can block and sort their prospective partners through app functionality. Although it is also noted that these self-designed individual constructs may be just a fantasy which show the limits of their agency.

Race (2015) also argues against a negative view of hookup apps such as Grindr. The study notes the new forms of expression the virtual world can offer. This gives the gay

community new formats for liberalisation of both sexuality and intimate relations akin to the gay liberation movements of the 20th century.

This section explored the impact of hookup apps on gay men's lives and relational experience. We have seen the overwhelming popularity of technology in helping to facilitate (mainly) physical relationships between men. We have discussed how such technology can erode more durable relationships and how it may facilitate opportunity for gay men to connect and express themselves. Keeping in mind how technology has been essential to the rise of the chemsex phenomenon, we will now look at the rationale for the current research.

I as researcher am surprised that there are not more available studies on Hook-up apps and technological dating services. As a doctoral student and an existential therapist, my belief is that they have completely altered modern dating and sexual relations in both the MSM and the whole population more generally. The studies by Davis, et al (2016) demonstrate their existential importance in combating isolation, while Bauman's (2003) ideas around the commodification of romantic and sexual relationships is key to human agency consistent with existential thinking.

Although there is extensive research on the MSM population in many areas, HIV being a massive area of research as previously discussed, while doing my literature review I found that much of the research is based on public health concerns or has harm reduction overtones for gay and bisexual men. There was little investigation on how gay men experience or understand intimacy in any of its many variations. With chemsex being a relatively new area of study, the research field is bound to be limited. However, the available studies are insightful but narrow in their focus, they leave the researcher wanting to know more of what the phenomenon is about what does it represents from an existential standpoint. There isn't enough known about how chemsex effects the individual or understanding it in a more personal, relational or societal context.

Rationale for research

The literature review has helped me to clarify the different areas I wish to investigate. The main areas below will support my argument for this study and importantly show how the research question was conceived. Research on chemsex has focussed almost exclusively on the wider health risks, mainly physical, but also mental health consequences. This study intends to expand our understanding of how chemsex users live their lives and what motivates them to engage in the high-risk behaviours associated with chemsex. Such high-risk behaviours include intravenous drug use and condom-less sex. These behaviours not only pose physical health risks but can also lead to the erosion of personal boundaries. This in turn presents issues surrounding consent and often leads to emotional distress for the individual. The current research available gives little or no insight into modern gay drug users relational or personal lives. How they view themselves individually (identity) or as a minority group (collective identity). This study hopes to gain an understanding of how gay men relate to themselves and other chemsex users through exploring their understanding of intimacy and how they have experienced it during chemsex and in their wider lives. Has chemsex changed their outlook on intimate relations? Little is currently known about how chemsex contextually affects the individual. Does the chemsex act change the man's sense of belonging with their peers? What are the sexual, physical and emotional connections that make chemsex what it is? An understanding of what makes this experience so unique for the user may be helpful to further understand sexual minorities. Current research on the emergence of hookup apps has been informative and enlightening on how its changing gay men's social worlds. However, more research is required to understand how technology i.e. hookup app culture and its normalisation is affecting chemsex users. It is unclear how technology is shaping chemsex users' intimate, relational and sexual lives. The current study

intends to explore the impact technology has on the agency of chemsex users. How does technology facilitate the experience? Does the chemsex experience match the expectation of the men? Is technology addictive? Does it affect other social needs? By exploring personal chemsex experiences a greater understanding may be developed.

It is important to clarify how the research question was formulated, considered and ultimately decided upon. There is clearly a reciprocal relationship between experiences of intimacy, particularly sexual intimacy and chemsex. The two constructs are intertwined in many senses, so therefore another researcher could possibly pose a research question such as 'How do experiences of intimacy impact on gay men's chemsex practices?' The duality between intimacy and chemsex practices and behaviour was deeply considered. The research question was ultimately changed to facilitate a noncausal interpretation of the research question. The new interpretation of the research question was a sensible way to investigate what the researcher suspected was a link between the two phenomena. It is also important to highlight that causal language used within some research questions within an IPA study is not ideal. IPA certainly does not seek to explore causal relationships, rather, it seeks to highlight the essence of the personal accounts. The researcher concluded that the new research question chosen would work quite well from an IPA perspective. He had already observed a link between chemsex and intimacy during his work on the NHS intervention, where the correlation was close to universal in the men he worked with. This fact had led to the initial justification of a research question, but then evolved into a more appropriate interpretation of the research question. Which was seen as not interfering with IPA's primary goal, which is to discover the essence of participants' experiences.

This is the summarized rationale for my current research topic;

'What are gay men's experiences of chemsex in the context of intimacy and intimate relations?'

Research Design

In this section I will outline my method for which i carried out my research. This will firstly include my personal epistemological vantage point which evolved through phenomenological thought and how I came to choose IPA interpretive phenological analysis to invetigate my research question. I will also discuss other possible research methods and why ultimately, they didn't correctly fit the type of data my research ultimately uncovered. I will then outline in detail my data collection and analysis method.

Phenomenology

In order to understand how a phenomenological method was deemed appropriate for the research question, we must firstly explore the underpinnings of the philosophy. Phenomenological method originates from Edmund Husserl wider work (1970). The method was significantly developed by Amedeo Giorgio in the 1970's at Duquesne University in the US Giorgio wanted to create a method which was modelled upon traditional scientific principles, specifically replicability, while also acknowledging that knowledge cannot be identified in isolation. In phenomenology it makes no sense to think of the world of objects and subjects as separate from how a person experiences it. (Wertz, 2005). This is underpinned by Husserl's (1970) concept of 'Lebenswelt or Lifeworld', which is the principal basis for phenomenological research which shows the cultural, social, temporal and physical context to which all humans exist.

Husserl describes 3 steps to which we can free ourselves from presuppositions and natural bias to experience a pre-reflective state, which allows us to access the essence of a particular phenomenon. Firstly 'bracketing,' involves the suspension of our knowledge and assumptions about the phenomena. Secondly 'phenomenological reduction', involves describing the phenomenon as it presents itself in our mind. Both its physical features and the thoughts it arouses in us. Lastly 'imaginative variation' involves accessing the structure of the phenomenon; the elements that if removed, would stop the phenomenon from existing. This enables us to access the true meaning (Willig, 2014).

The central concept in this process is phenomenological epoche. Husserl states;

"Putting it in brackets shuts out from the phenomenological field the world as it exists for the subject in simple absoluteness; its place, however, is taken by the world as a given in consciousness (perceived, remembered, judged, thought, valued, etc.)" (Kockelmans & Husserl, 1994, p. 113)

However, many phenomenologists have questioned whether creating phenomenological epoche can ever be truly possible. Husserl's own student Martin Heidegger was highly influential in moving on Husserl's more descriptive approach to allow more interpretive methods to evolve. Although Heidegger asserts that epoche is a complex and dynamic process that can only ever be partially achieved the evolution to more interpretive methods has been successful and key to researching lived experience. (McLeod, 2003).

Hermeneutic Phenomenology

Heidegger's (1962) development from descriptive to interpretative phenomenology is known as the 'hermeneutic turn', which asserts that knowledge of another's experience can only be obtained through interpretation. We can never separate ourselves from the world we are

thrown into, and the world cannot be separated from us. All knowledge is embodied and cannot exist in isolation. Another important figure of the movement (Merleau-Ponty, 1962) also proposed that all knowledge was embodied through the individual. Truth can only be reached via subjective lived experience. His position, that information cannot be gained without individual interpretation, is illustrated in the following statement;

“It is knowledge in the hands, which is forthcoming only when bodily effort is made, and cannot be formulated in detachment from that effort”. (Merleau-Ponty, 1962, p. 144)

Gadamer (1975/2004) who was a student of Heidegger and was also a key figure and leader in hermeneutic phenomenology. His focus on language and dialogue were instrumental in the creation of interpretive research methods such as IPA. He believed the key to understanding and knowledge formation was in the interaction of conversation. We need to be aware that our lived experience, our life history and our pre-acquired knowledge gives us insight into the ‘otherness’ of an account we were receiving. Awareness of our own bias and assumptions when analysing a text of dialogue, is crucial to unearthing an individual’s personal account. The contrast between our own knowledge, our reflexivity and a person’s truth, form the basis for hermeneutic phenomenology (Langdridge, 2007)

Epistemological position

My immersion in existential phenomenological thought has informed the research I have carried out. The research topic itself determines what the research methodology should be. What matters in research is that the researcher is clear about what type of knowledge they wish to generate. When the type of data is established, the methodology best suited is identified for use (Willig, 2014). In the case of this research, IPA was best suited to generate this data because it allowed for open interpretation which can allow for differences in participant experiences being examined alongside commonalities. IPA is in line with my own epistemological position of a critical realism, which accepts an individual’s truth as their own

in line with pure phenomenology (Langdrige, 2007). However, a person's truth can never exist in isolation. I believe my own lived experience as a researcher will have had an impact on how the findings were interpreted. This moved the research to a more reflexive stance, in line with hermeneutic phenomenology. This study brought together a small group of men to shed light on a unique phenomenon. I believed IPA was best suited to capture their lived experience and personal accounts.

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis is a version of phenomenological research, developed by Jonathan Smith in 1996. An approach like IPA resonates with my own epistemological beliefs because it aims to understand human experience by exploring the individual's experience through elaborate description, not simply explaining it by referencing existing fixed laws in the way that social sciences pertain to (Smith, Larkin, & Flowers, 2009). IPA is an evolution of Husserl's idea but stays true to his core teaching. Husserl was forthright in his belief that the starting point for any investigation was human experience. He rejected the notion that there is something 'behind or underlying or more fundamental than experience' (Husserl, 1970).

IPA's aim, as with all phenomenology, is to gain access and describe a participant's inner world. However, it explicitly acknowledges that all knowledge gained from a participant's world is interpreted by the researcher. Although the aim is to closely describe the subject's inner world, it recognises that the researcher's worldview as well as the interaction between the two subjectivities; that of participant and that of researcher, will always impact the work (Willig, 2014).

IPA has an analytical process known as a double hermeneutic process (Heidegger, 1962). This is when the individual firstly makes meaning of their own world and then the researcher makes sense of this world by attempting to decode their world. The aim is to

understand how the participant makes meaning in their world (Smith 2011). The researcher tries to understand a phenomenon or event from the other's perspective. The interpretation process is comprised of a series of steps involving cyclical reading or analysis by the researcher. The researcher identifies themes, then clusters them from the individual accounts and then across the whole study.

The goal of phenomenology is to describe the lived experience of its subjects and the meaning of the subject's individual perspective. IPA enables differences in experiences to be explored as opposed to searching for a dominant finding that holds true for most participants, as is the case with grounded theory (Bell, 2010).

The most significant aspect of the IPA approach for me in relation to my research question is its idiographic focus. Idiography refers to the in-depth analysis of the participants accounts. Exploring my participants' world and perspectives in relation to how they experience intimacy, sexuality and particularly their experience of the chemsex phenomenon, was very informative. The idiographic approach required detailed exploration of each individual case before making any general statements on the study as a whole (Smith, Harré, & Van Langenhove, 1995).

The chemsex phenomenon and how it relates to identity and intimacy formation has not had enough qualitative study to date. I thought the logical and helpful approach would be focusing on the specifics of the individual accounts rather than just collating the universal attributes, this led to more promising insightful findings on an understudied and intrinsically psychological area. I feel that IPA's ideography gave me greater freedom as a researcher. It allowed me to move from one detailed account to the next, exploring both their similarities i.e., the subordinate themes, and possibly even more importantly their differences.

The chemsex research field has in the past produced studies which have made universal links in their study's data. One example is the impact chemsex has had on public

health for gay men (McCall et al 2015). I believe that using IPA and narrowing the focus of the individual participant's experiences has allowed for specific statements about the study's participants, because the approach is based on detailed individual case analysis. Being allowed to highlight specific participant experiences was particularly helpful to the understanding of more why gay men are choosing to engage in chemsex, and the effect this may have on their intimate relations.

IPA has been used successfully in past studies to examine how gay men think about sex and sexuality. There are interesting examples of psychological research (Flowers, Smith, Sheeran & Beail, 1997), which explore issues such as how gay men understand gender and how it impacts on their perception of themselves (manhood, body image and sexual orientation). This study increased my confidence that IPA has proved to be a very insightful tool in helping to understand why gay men chose to engage in chemsex. This methodology is rooted in understanding psychological constructs rather than formulating a theory and is therefore best suited for my research question (Bell, 2010).

I was also very mindful of bracketing my own personal views and opinions on intimacy, sex and chemsex as a phenomenon, even though IPA instructs to practice the phenomenological epoche, especially in the initial stages. I recognise that my understanding of my participant's worlds and truths can never be complete (McLeod, 2003).

I knew previously from using IPA during my Health Psychology MSc, that it is both structured and a creative approach which is still developing and can produce some insightful results if paired with a suitable research question. I believe that this is why it has been used extensively in the health psychology field to which this study shares ground. It is also a popular research method for doctoral research in both clinical and counselling psychology (Smith, 2011)

Considering alternative methodologies.

Grounded theory originally developed by Glaser & Strauss (1967) was considered in the early stages of my research. It has long been an alternative to IPA, mainly because of its established history as a research method (Smith et al., 2009). It shares many similarities with IPA. Both use a systematic framework, cyclical analysis (getting as close to the words as possible) to constantly compare data, to create evolving themes and categories that can hopefully home in on an essence or process of the phenomenon under investigation (Willig 2014). However, all the different versions of GT intend to uncover a theory common to the phenomena being investigated, believing the topic under investigation is governed by social processes which simply have not been discovered yet. This positivist view runs counter to my own epistemological understandings. I wish to gain a better-quality understanding of my participants' unique lived experience. Thus believed IPA is a more appropriate methodology for researching a small group of men. I wished to reach the essence of what chemsex is all about rather than generating a theory about why men engage in chemsex.

Structured Existential Analysis or 'SEA' (Van Deurzan, 2014) was also considered as a method of conducting my research. As an existential therapist the method resonated with my world view. Like IPA, it is a variant of thematic analysis, is phenomenological and emphasises the 3 reductions. However, unlike IPA, it analyses data using Van Deurzan's four worlds of existential existence (Physical, Social, Personal and Spiritual). Having used the 4-dimension structure within my NHS chemsex intervention successfully this method was seriously considered. However, I believed my research question centring around the chemsex phenomenon, identity and intimacy would generate an abundance of psychological themes. SEA's components could generate too much data. The topic area is relatively new, specific and under researched, and I decided that the complexity of the project required a simpler method such as IPA. I intend to conduct my research in a counselling psychology

capacity informed by existential thought. However, chemsex will always have footing within the health psychology realm where IPA is established and has worked well in health care investigations.

Discourse Analysis was also considered as a possible method. Wiggins and Riley (2010, P.138) discuss the DA method stating, 'the main aim is to understand how talk and text construct particular versions of reality'. DA proposes that an individual's reality or life experience is socially constructed through dialogue. Given the highly social aspect to the chemsex phenomenon and particularly how it is mostly facilitated through 'hook-up apps,' I briefly considered investigating how participants social interaction and language shaped their lived experience. However, that IPA was a better fit to investigate the essence of chemsex and its impact on intimate relations because it identifies themes intrinsically shared by the participants.

Method

This research data was collected using semi-structured interviews. Intimacy and involvement in chemsex are sensitive areas with many deeply personal and potentially controversial aspects. This may have hindered full disclosure. For this reason, the research works on the assumption that the participants may speak more freely in one-to-one interviews, as opposed to a focus group (McLeod 2003). The demographic of the participants will be homogenous in line with IPA recommendations:

Inclusion/exclusion criteria

Inclusion

- Be domiciled in the UK and live in the London area.
- Cisgender male aged between 30 and 45.
- 'self-identify as gay'.
- regular user (defined as using at least once a month or more)

Exclusion

- Referred by a concerned healthcare professional.

The researcher chose this inclusion/exclusion criteria based on several factors. Firstly, London is the epicentre of the chemsex scene within the UK. (Weatherburn, Hickson, Reid, Torres-Rueda & Bourne, 2016) The research was inspired by the researcher's previous study within the NHS where the men he supported were predominantly in their thirties. Men in this age group statistically are also under supported and have a higher incidence of depression and suicide (Samaritans, 2020). The exclusion criteria of not being referred by a concerned health professional is to ensure stability and minimise the risk of

causing harm through interviewing a vulnerable person. The demographics of both a specific sexual orientation and being within a certain age range are preferred for the homogenous groupings required for research within IPA.

Recruitment of participants

Participants were recruited via several channels. I designed recruitment advertisement literature to advertise online, along with posters and leaflets that were distributed in appropriate MSM settings. I utilised my previously acquired contacts within LGBT services in London such as London Friend, Terence Higgins Trust and LLGS London Lesbian and Gay switchboard, who all agreed to help me to recruit participants. These agencies expressed an interest in my research as it may be helpful to the wider therapeutic community. I was mindful of advertising my study in a way which prevents targeting a subset of chemsex users, such as those already flagged by professionals as being of concern and utilised my exclusion criteria to prevent this. I requested that my poster be placed in a common area within these organisations in order to illicit a response from a wide range of men who fit the inclusion criteria. I also placed adverts via online MSM support groups and blogs, as well as through hook-up apps such as Scruff. I had advertised support services in the past via these platforms and have professional relationship with the tech team. Due to the sensitive topic area recruitment was more difficult than the researcher had anticipated, however over several months of advertising more than enough participants who met the inclusion criteria contacted the researcher to conduct an interview.

Data collection procedure:

Advertisements were placed as outlined above and participants were selected on the basis of meeting outset inclusion and exclusion criterion. Respondents were then sent information about the study including participant information sheet and demographic questions adhering to inclusion criteria. Appointments for one-to-one interviews were then scheduled. An independent professional therapy room was booked in strict adherence to

health and safety guidelines set by Middlesex University. The pilot participant was the only face to face meeting, while the other participant interviews were conducted via zoom. The time and date were decided on the basis of suitability for both the participant and the researcher. Once the participant had arrived at the meeting in person or online, the purpose of the study was again explained, along with brief information about my position as a doctoral student in Counselling Psychology. The participant was given a consent form to read and sign. Next, the participants were interviewed for approximately 45 minutes with the researcher using the list of open-ended questions provided in this text. Follow-up questions were asked where appropriate. Once the interview had finished, the participant was given debrief information and thanked for their participation.

The interviews were recorded using 2 recording devices in order to ensure data accuracy and to mitigate the risk of one of the recordings being distorted or inaudible. The interviews were transcribed, in preparation for analysis. Each interviewee was given the option of reviewing the transcript for accuracy and identifying any sections that he did not want to be quoted on, in the final research. The participants were also reminded of their right to withdraw from the study at any time up until viva. As per ethical guidelines, support services were signposted to participants at all stages of the process. All interview recordings and subsequent transcripts were recorded on an encrypted and password protected hard drive.

Deciding on interviews as the research method

Consideration was given to how the data on such a sensitive and specific subject would be best acquired. Given the complexity and legal implications of the context of a subject such as chemsex, questionnaires were briefly considered. Questionnaires afford privacy and anonymity to the participant and provide them with the opportunity to disclose information that they may otherwise, have not been comfortable sharing. The data collection

option was dismissed due to the concern that participants may misinterpret the meaning and complexity of the concept of intimacy. Conversely, a focus group was also considered by the researcher. He had successfully run a chemsex support group which he believed facilitated a great communal understanding of the topics surrounding chemsex. The advantage of this collection method would be cost and time efficiency, however the complexity and risk of losing valuable data within in a collective was seen as a major concern. Previous research on group collection methods by Hofisi & Mago (2014), argues that dominant group members may negatively impact data and pressurise other group members into agreement. Ultimately this method was assessed as too risky, leaving interviewing as the preferred option.

Interviewing participants one-on-one has many advantages, namely the participant can ask the interviewer to clarify the meaning of a question if confused. However, the skills of the interviewer are paramount in interviewing. The challenges that may confront inexperienced interviewers is illustrated by Roulston, deMarris & Lewise (2003), who argue that unexpected participant behaviour and handling topic areas sensitively can be the difference between valid and reliable data and poor data. The interviewer is always part of the interviewing picture. Roulston, deMarris & Lewise (2003),

By using skills acquired through working as a Psychotherapist, the research was able to navigate such unexpected behaviours. For example, one participant initially requested to keep his camera off for the duration of the interview and answered questions from a non-personal perspective. The researcher was able to adjust the tone order of the questions to encourage a safe environment, where the participant was able to provide answers directly related to his lived experience. Accounts of personal lived experience was precisely what the study intended to capture.

The type of interview format was also very important in this research. Unstructured interviews were considered as the research question is expansive and has the possibility of

generating unexpected rich data. However, the subjectivity of the topic and the non-uniformity of the data collection method did not align with the goals of an IPA study. Structured interviews were also considered due to their uniformity, which would help with generating codes pertaining to similarities amongst the participants. This format was ultimately discarded as its weakness lies around its inflexibility; it leaves little room for unanticipated discoveries which most research hopes to find (Bryman, 2004). The researcher decided upon semi-structured interviews as it is a middle ground between uniformity and the flexibility to discover new constructs. In semi-structured interview formats, the interview schedule is a guide which can be deviated from. This gives the interviewee a great deal of flexibility when discussing a topic area

Developing the Interview schedule

Once I had decided upon IPA as my methodology to investigate men who engaged in the chemsex world, I created a list of questions to explore the life experiences of these men. My initial list of questions was quite large, at approximately 12. The questions were created with the main research question in mind and were also informed by the chemsex intervention I had previously been involved in. In particular, this previous experience inspired my decision to investigate these men's experience of intimacy in relation to chemsex. However, after seeking advice from my supervisor who recommended a more detailed reading of Smith, Flowers and Larkin (2009), I reduced the number of questions to 6.

The order of my questions was delicately considered. Due to the fact that intimacy is such an ambiguous concept and phenomenon, it was decided that the first question should consider the participants interpretation of what intimacy meant. The second question sought to understand the participant's history and experience of the chemsex world. For the third question, the researcher felt it was important to bring in phenomenology and the lived experience of chemsex. This question was inspired by Van Deurzen's (2002) 4 worlds of existence. The fourth question was hotly debated as it

may show bias that there is a general assumption. This question was incorporated as justifiable and relevant once it became clear that it would not be achievable to recruit participants who did not engage with support services in some capacity. The fifth question was created to gain insight into if and how the participants' social or relational world was affected by engaging in chemsex. The last question returns to intimacy and also to heart of the overall research question, which the researcher thought was apt as a closing question.

Again, the researcher used his skills as a Psychotherapist as already described. Another example of this is that the sequence of questions was altered in some interviews. In these cases, the participant started to discuss a topic area aligned with a future question. The researcher brought forward the later question in an adjusted manner in order to capture organically and succinctly the data the participant was already touching upon. The questions were unaltered after the pilot interview as a rich variety of data emerged. However, as it was a semi-structured interview, the supervisor advised the researcher to reduce the speed of the informal questions so as to even the pace and reduce the possibility of bias.

Prior to the pilot and once again before the full study was undertaken, I undertook the complete interview with a trusted colleague who was familiar with the chemsex world. This was done with intention of illuminating my potential bias and to examine whether the interview would facilitate the growth of valid knowledge. Given the deeply personal nature of the topic and interview questions, I also did this dry run to determine from an ethical perspective if I could harness a comfortable environment for my participants.

1. What does intimacy mean to you?
2. Can you tell me about your experience of chemsex?

(How did you become involved? (prompt))

3. Can you describe what you actually experience - e.g. physical/emotional/social/spiritual when using chemsex drugs?4. Do you consider chemsex to be problematic for you? (if so, how?)5. How does your use of chemsex affect your relationships in life, if at all? (Prompt for family / social etc)

6. Would you say chemsex has an impact upon your sense of intimacy with others? (If so, how?)

Reflexivity statement

Reflexivity and its importance when carrying out qualitative research, cannot be overstated. This research took place in a specific time period and sampled a specific population. The researcher's ability to describe the contextual intersection (reflexivity) increases the credibility of the findings and also gives greater depth to what the findings can reveal (Dodgson, 2019). My own personal experience of same-sex intimate relationships is nuanced in the sense that I had my own personal journey of acceptance and discovery. This journey influenced my personal beliefs around relationships in the same-sex context. These beliefs affect and encompass all aspects of relationships such as the sexual, social and intimate elements. I was cognisant of my internalised homophobia and frustration with some of the material which clearly could lead to bias when I conducted the research and analysed the data.

As a former NHS practitioner, I was employed to encourage chemsex users to reduce their participation in chemsex using Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT) methods. I was fully aware as the researcher that this was not my role when interviewing or analysing the data. I have not been a chemsex user but have seen the extremities and harm chemsex can cause. This is my own life experience and I fully considered this when conducting the research. I also acknowledged and constantly kept in

mind that recreational non-problematic chemsex exists for many users. I know this from my own life experience, as well as my work as a therapist.

Immersing myself in the transcripts was a unique and intense experience for me. I heavily relied upon my journaling of thoughts and emotions. As I gay therapist and one who continues to work specifically with this population, I knew I had to phenomenologically epoche my own assumptions about why these men were engaging in chemsex, when the majority or all of the participants knew it could only lead to personal turmoil. Due to the nature of the qualitative investigation I had to constantly compartmentalise my instincts and feelings as a therapist and ensure I was engaging with the transcripts as a researcher trying to find the illusive 'objective' interpretation.

I am fully aware that another researcher from another professional background may have interpreted the material differently. However, as a therapist and particularly a therapist well experienced with this population, I feel I was at an advantage when it came to understanding participant narratives, and this may have helped with creating a reputable interpretation of their stories. I believe my professional and personal experiences contributed to my lens of observation or as Van Deurzen (2014) describes it, "polishing my lens" when engaging with the data. I have been engaged with this research for the last 3 years and its impact upon me could never be fully described within this reflexivity section, however it is sufficient to say that it was my focus in one form or other almost every single day of that time. This led to my continual reflection on the investigation and research question I was conducting. As Gadamer (2008) suggested to overcome limitations with small sample groups. This researcher brought himself closer to the data, and that means full immersion in the men's lived experience to interpret the findings the research question had asked.

I used my sessions with my therapist extensively to work through some of the emotions that came up for me personally. One example was the sadness and anger I felt

about one of the participant accounts which was filled with his experience of homophobia and self-hate. Another transcript I found personally difficult was from an interview with a participant who remained very emotionally detached from the traumatic events he was describing. I was frustrated by his clinical nature but also felt sadness that he was so detached from himself and his sex life. Journaling these feelings at the early stages of helped me to phenomenologically epoche my own lived experience and give an objective interpretation. My supervisor was also instrumental in guiding me when he noticed that both my emotional state and my objectivity may be compromised when interpreting both specific verbatims, tones and rapports at play within a specific interview. This was a much valued and appreciated resource which helped to achieve the required level of objectivity during the analysis of the transcripts.

Validity, Trustworthiness and quality of the research

The principle of validity is of key importance in qualitative research, especially when working with a small homogenous sample, which this study employs in line with IPA guidelines. Although other criterion for validity have been suggested such as Smith, Flowers and Larkin (2009) and Langdrige (2007), I have followed Yardley's (2000) guiding principles for this study. Yardley's principles were written specifically for health psychology research; however they are applicable to all qualitative research (Langdrige, 2007).

Sensitivity to context

As I had conducted a prior yearlong study and intervention with this particular population, I felt I had enough professional experience to conduct this nuanced research, while remaining sensitive to the men's socio-cultural context. I conducted the interviews from the perspective of a researcher, but with all the skills I had acquired regarding reducing the risk of harm to the participant. I also went through a Pap Viva and submitted my proposal to an ethical board to ensure the commitment to sensitivity. I have included a large amount of

participant verbatim within my findings in order show that the participants' cultural context is easily identifiable to the reader.

Commitment and rigour

This principal is highlighted in the thorough application of the methods described above. The process of recruitment and then interviewing was particularly complex, given the nature of the demographic and study. Commitment can be conveyed via my development of the NHS's first Chemsex intervention for this population and my continued work in this field outside of my research. As the content of the findings show, the material is highly personal. I engaged heavily with my reflexivity journal to ensure rigorous analysis. Finally, the contents of this study were drafted several times after input from both my supervisors.

Transparency and coherence

This principle is achieved through the clear attempt to create a plausible reality for the reader. This is mainly demonstrated by showing how the research process was conducted. The researcher conveys transparency through clear demonstration of the methods and a coherent representation of the findings. Through continuous work with my supervisor, I intend not just to present a definitive reality but a plausible reality which is open to challenge. As Smith, Flowers and Larkin (2009, p182) noted, research should not be expected to be without contradictions, in fact they are "often the richest part of the text." However, to ensure transparency and coherence, analysis of such contradictions should not be in conflict.

Impact and importance

The impact of the research is a key factor in determining its value. Yardley (2000) deemed the final principal of validity the most important, as its impact and contribution can lead to wider and lasting knowledge within any given field. The value of this study may be

theoretical but also may have a wider impact on health psychology and many areas of therapeutic intervention. This study will offer insight into the intimate and relational worlds of a significantly new phenomenon (chemsex) where the participants are an under-researched demographic.

The literature review reveals that existing studies on chemsex are sparse, with an overwhelming focus on the sexual health risks posed by the phenomenon. This research aims to offer a more nuanced picture of chemsex users and their lives. Chemsex as a phenomenon shows no sign of dissipating and the knowledge gained from this study could be of interest in many areas, such as the therapy room for the individual, the wider embedded socio, political and economic settings of the MSM population and healthcare professionals working in sexual health and mental health. From a wider perspective, the research may also be of interest to LGBTQI advocates, social commentators, and both the LGBTQI media and the general media.

Ethical considerations

My research has adhered to various ethical guidelines and recommendations. As an NSPC and Middlesex University student, my research must meet the ethical standards required by both institutions. I am also a student member of the BPS and the BACP and must follow their ethical guidelines in both a therapeutic and research context. Assuring confidentiality and anonymity was of key importance in this study. All participant names and identifying factors have been changed to ensure privacy. All data captured both at interview stage and analysis was securely stored and password protected. The data was gathered and stored in a manner that is compliant with the provisions of the General Data Protection Regulations EU 2016/679.

The qualitative research area under investigation is of sensitive nature. It could have potentially brought up distressing emotions or memories in the participants. Caution was exercised to ensure

that any psychological impact of participating in the semi-structured interviews was minimised. The researcher was vigilant throughout interviewing, to ensure there was no negative impact from the experience to the men. The well-being of the participant was of paramount importance to the researcher at all times. I was mindful of this and offered suitable support where necessary. I ensured participants were given information on support services and guidance literature. I also explicitly stated the aims of the study from the outset.

I was also aware that the research material could be harmful to myself. I was confident that my own personal circumstances were sufficiently different from the research area enough to be mitigated by the support of my therapist and research supervisor.

One limitation of the the study is that the small number of participants will ensure that data saturation is not reached. This is the nature of such qualitative research so therefore the findings are not generalisable. Another potential limitation is the possibility that full disclosure has not been made by the participants in the inclusion/exclusion criteria declarations. As is expected in small participant studies, participants are not recruited in large numbers. With the small number of participants little was known of their states of mind prior to participating in the semi-structured interviews. However, all interviews were conducted without complications.

Analysis

During the initial stage of IPA analysis, I read and listened to the text several times slowly and carefully, in order to familiarise myself with the material. Each time I read the text, notes were kept in the margin on any initial responses and reactions. These notes included anything that stood out as having particular meaning or significance, or any connections with other parts of the text. I also wanted the language used, as well as contradictions in what the person said.. The transcript was imported into a Microsoft Excel document with a column

created for 'descriptive' comments, 'linguistic' comments and 'conceptual' comments, as per the recommendation by IPA founder Jonathan Smith (Smith et al, 2009).

During the next stage, I returned to the transcript and examined the initial notes in more detail, clustering the notes into more general themes. During this clustering stage, care was taken to ensure that the themes were concise and descriptive, as well as being relevant to what the participant actually said. Emergent and re-occurring themes were identified. I had initially used NVivo a software tool used in qualitative research. I soon abandoned this and reverted back to Excel which I felt gave a wider view of the transcripts and has rudimentary funnelling process that appealed to me.

The next stage of the process involved an attempt to introduce structure into the analysis. I then listed the themes compiled from the second stage, then began clustering the emergent themes which were connected to one another, analysing them in more detail and grouping them under main themes. Similar themes were grouped together under one main superordinate theme. As this clustering took place, the themes were once again compared with the material in the transcript to make sure that they were relevant and could be connected back to specific parts of the material. This ensured that I was not just drawing on their own interpretation of the texts, but that the themes coincided with the text on the transcripts. Clustering of themes were given labels that capture their essence. After my initial interview, I catalogued the frequency of my themes using Excel. I continued this for all subsequent transcripts.

Cross case analysis was a crucial next step which involved searching for commonalities and contradictions across the transcripts. I initially looked for the frequency of themes in the individual and then throughout all transcripts. This was very helpful as it provided a bird's eye view of the research, although it was not definitive in the selection of superordinate themes or final subordinate themes. It was reassuring that the super-ordinates

which emerged were evident in at least a third of the interview, as per Smith et al.'s (2009) guidelines. The super-ordinates became evident very quickly which in turn gave me confidence in the validity of the research and the IPA process itself. However, this was an iterative process which meant continuous refinements throughout analysis up to and including the final write up of the report. I found it crucial to revisit the original verbatim of the participants using the Excel signifier connected to each theme. This allowed me to link it back to all places a specific theme emerged across all transcripts, this was helpful as it allowed me to see clearly how it affected my themes. Some themes that had been neglected earlier in the process then became more significant as the research progressed. Inversely some themes that originally seemed significant diminished in importance to the study as a whole.

During the course of the write up, several new themes emerged. I see this as proof of the centrality of the writing process. Gadamer's (1975/2004) hermeneutic circle shows us that there is constant movement within the research, with the study and the individual participant each informing the other. This was ultimately reassuring that the process was both valid and dynamic. My confidence in the interpretative stage increased as the theme selection applied and chosen seemed more organic and appropriate. In the following chapter I will present my findings, the analysis of my superordinate themes and the associated subordinate themes.

Findings

The next section will show the findings of this study. It will firstly give some information on the participants. It will then show the main table of themes and its sub-themes that emerged from analysis in a clear table. I will then delve into my interpretation of the three superordinate themes each containing three sub themes. All nine sub themes have extensive citations with the researcher's interpretation of each of these sub themes.

Participants

The participants ranged in age from 31 years to 45years old. All identify as gay men. They all lived within the London region. 6 of the participants identified as British and the remaining 2 non-British. The ethnicity make-up of the participants was 3 participants identified as white British 3 participants identified as black British, one participant identified as white European and one participant as south Asian. 2 of the participants identified as in a relationship and 6 participants identified as single. They were all working professionals. All participants expressed a desire to reduce, control or completely stop their chemsex use.

Pseudonyms	Ages	Relationship Status	Psychotherapy	Still engaging in chemsex
Myles	31	Single	Yes	Yes
Brad	39	In a relationship	No	Yes
Chad	32	Single	No	Yes
Mark	45	Single	Yes	No
Brian	35	Single	No	Yes
Jay	34	In a relationship	Yes	No
Nick	41	Single	No	No
Sar	32	Single	Yes	Yes

Table of Themes Summary:

The Quest for Intimate Connection		
Wanting to belong	Longing to Connect	False Intimacy
Living with Shame		
Self-hate, loathing and feelings of unworthiness	Sartrean Gaze the shame felt by the others perception of chemsex	Living with homophobic shame
Chemsex Darkness		
Impotence and diminished sexual confidence	Psychological distress, fear and detachment from reality	Chemsex and the physical price

The Quest for Intimate Connection

The essence of the first and most important superordinate theme is the men's need to connect to their relational and intimate world. The following sub themes capture this yearning to connect and belong in many ways, both authentically and inauthentically. This quest highlights the potential loneliness and isolation felt by the participants, both inside and/or outside of the chemsex experience.

Subtheme-Wanting to belong

The theme Wanting to Belong, was prevalent across all participants. When discussing this theme, the researcher is referring to the participants' desire to belong to social structures. This is evident within the transcripts in many forms. The results of the study have shown that the men are looking to belong within the chemsex community, in the same way that they craved a sense of belonging in other communities throughout their lives. For some participants, chemsex offers a sense of belonging that they previously haven't been able to replicate in the non- chemsex world. We will also see how belonging to subgroups within the chemsex community is a key factor for individual participants. Finally, the need to belong outside of the chemsex world is another facet which emerged from the transcripts, and this is illustrated below.

Sar's interview conveyed a deep longing to be liberated from the shame he feels about his sexuality. He describes feeling alienated throughout his life in India. When discussing entering chemsex, he talks about not having a clue about it initially. The following dialogue shows his desire to be accepted and belong:

“what’s interesting and fascinating about that first experience was that I never really cared about what was going on. I just wanted to fit in, and I just wanted to be ... I just wanted to fit in. I wanted to be the cool person” (S41)

Sar describes his struggles in London and the problems chemsex had been causing him. He talks about becoming closer to his family when they realised the suffering he was going through, however he knew that opening up about his sexuality was not acceptable to them. In the following excerpt we gain insight into what he wishes his family life had been, a place where he was accepted and fully belonged:

“if I could say to my younger self or I wish to have somebody struggling with that same thing, I think discussing openly about it and sort of working it out with your family, I think, is really important, but I realize that’s something that I can’t do with my family” (S231)

Sar follows up this wish for his past self with a wish for his future self to belong and create a family in the UK. ‘and that’s why im trying to build a family here’ He is showing us both his struggle to accept himself and his determination to belong to a social structure that allows him to feel proud of who he is;

Sar then discusses the strain of being engulfed within the chemsex world and the effect it has on his relationships with his friends and colleagues. The following dialogue illustrates his belief that if he works hard to mend himself and his image, he will be accepted into the mainstream society that he so longs to be a part of;

“Oh, actually, this person has changed. This person is not that crazy person anymore.” And “Hey, why don’t you come and join so and so? Why don’t you come for so and so?” (S239)

At the end of the interview Sar describes how participating in chemsex makes him “very, very selfish”. This leads to isolation from the people in his life that he cares for, such as flatmates, friends and colleagues. When he is asked how his intimate world is related to

chemsex, it is clear that Sar views the chemsex community as the only place he can belong from a sexual and romantic point of view;

Marks's interview conveys his need to belong from start to finish. When asked about his chemsex use, he talks of his repressed sexuality and upbringing, where he paints a picture of being isolated within his prudish family and alienated within his local community. When brought back to the researcher's question about his experience of chemsex, he details "vast" experience, but he also gives an insight to his motivation in a very psychoanalytical style;

"It allowed me to play with the bad boys, but I think that's something I've carried forward from childhood. Like from bullying, not being able to be accepted or play with the bad boys" (M84)

After explaining that chemsex allows him to 'play' through hedonistic sexual and drug practices, Mark further illustrates his need to be included by the type of characters who tormented him in the past when he makes the following statement;

"Well, it's my childhood of being bullied. Suddenly I've found acceptance with the low life's that had always dissed me as a child. So, I found a sense of belonging and a sense of freedom, sexual freedom that I'd never had or could enjoy" (M92)

He later goes on to describe his journey into drug use which began relatively later in life. He discusses his fear of being outed as gay. The following text gives insight into why he used drugs;

And then with the clubs came the after parties. So yeah. Suddenly I felt like I belonged. It took me a long time to take my shirt off even on ecstasy in the night club. (M144)

Mark details his journey into the bliss of connecting through chemsex, before describing how the addiction to drugs began to have a destructive impact on his life. He realised that he needed help from both his true friends and trained professionals. Mark discusses the impact

of cutting ties with the chemsex world; *“so it left me a void of friends. I needed to find a new gay network” (M178)*

Later he describes his successful career where he was required to interact with “testosterone-filled men” leaving him feeling totally out of place. He looks back on why he put himself in a situation that he feels replicated his bullied childhood. Concluding he is a “people pleaser” and “so repressed”.

Mark discusses how this life of feeling inadequate and out of place led him to start using drugs at the weekend just to escape the stress and pressure; *“It certainly helped me feel accepted in the gay community”*. He tells of an abusive relationship he was in where he felt manipulated and which led to a more serious drug and chemsex addiction. His desire and appreciation of the value of belonging to a genuine social circle can be seen in the following excerpt:

“I’m just grateful my friends didn’t abandon me, to be honest. My friends literally saved my life” (M252)

At the end of the interview whilst Mark is discussing the impact his chemsex journey has had on his understanding of intimacy, he talks of the challenges that lie ahead. He emphasises the importance of belonging to support groups as this is where he feels gratitude and acceptance;

“We’ve all been through a traumatic thing and we can joke about it, share about it. Even if we didn’t do it together, we’re able to share that. And recovery, of course. We sharing the experience of recovery and it’s an intimate journey” (M346)

In Chad’s interview, he discusses the link between engaging in chemsex and his own mental health. When asked by the researcher why he chose to engage in chemsex, he talks about

drugs being a large reason. However, the following text shows that wanting to belong was also a significant motivator;

“but also just being invited you know, a party and I was invited to a sex party which made me feel attractive or it sounds very good” (C141)

When Chad is discussing the impact chemsex has on men revealing their true selves, he describes men as belonging to two distinct groups- the “good” and the “criminal”. He states that the good are “good people to begin with and they're raised on values,” while the criminal “don't have really a good upbringing and their parents haven't really planted the good values in their upbringing”.

Chad himself strongly identifies as belonging to the group of men who, in his view, have an instinctive morality. This can be seen in the following text: “I still keep my values even when I'm high on chems because it's in me”. This mirrors the splitting of types of men whom exist within the chemsex world, similarly to participant Brian whose descriptions will follow.

Regardless of identifying with certain types of men within the chemsex scene, Chad feels that chemsex affects his sense of belonging in the wider social context which can be seen in the following dialogue;

“you don't actually have any more friends. You become lonely and you don't have a real social life. So it did affect me from that aspect. (C217)

When asked by the researcher how he views chemsex from a social perspective, Brian similarly to Chad gives quite a stark insight into the kind of men he wants to belong with (within chemsex) and those he does not;

“I will try and look for my people, well people who are similar to me, as opposed to people who have completely different lifestyles ”(B36)

Brian seems to hold a fear or disgust towards the men within the chemsex world that he doesn't want to be associated with, whom he sees as 'living a really destructive life'.

He does however, describe an awareness of the men he feels a strong identification with, which he feels makes chemsex more 'normal' and presumably not deviant for him. The following shows his strong motivation to belong with the 'right' kind of men;

"sometimes at the right party you really feel part of something great, the right group of men it feels great. That makes me feel more normal"(B36)

When asked by the researcher to clarify his definition of 'more normal', Brian again confirms where he wants to belong which is in the 'right crowd' and not be associated with men he views as undesirable, 'that are dying' Brian sees himself belonging to more healthy men.

Later in the interview Brian, much like Chad, describes how chemsex has negatively affected the relationships in his life. He details how he lied to avoid seeing family and friends and describes feeling 'disgust' at turning up to events still high on drugs, where he behaved in a 'nasty' way towards those he cares for. The following text shows how he wants to belong outside of chemsex;

"my mental state is on a very fragile level. So I've ended up treating friends badly, chemsex has driven me away from the people i belong with, god I realise that now" (B96)

Brad also discusses his experience of chemsex in terms of addiction and mental health. He believes that when chemsex is going well, it allows him to explore scenes that he otherwise could not if he was sober. As we see in the following dialogue, he associates chemsex with gaining access to certain groups;

"I associate it strongly with fisting and getting fisted that community and I associate it quite strongly with group sex and that kind of scene" (BR95)

Later in the interview, Brad pointedly describes his motivation for chemsex as being about his addiction as well as being a substitute for his sexless relationship. He also describes it as providing a form of emotional regulation relating to his mental health condition. The following text conveys his desire to connect with and belong to likeminded chemsex groupings;

“I found myself seeking these more and more specific types of people, who are into specific types of stuff, I suppose. That was always associated with a particular way of using drugs and doing sex” (BR175)

When asked by the researcher what this specificity is about for him, Brad explains that it ‘relates more broadly to my own issues’ that he has around sex and his sexuality.

The above gives insight into Brad wanting to belong to subgroups of chemsex users, as he is clearly seeking to find his tribe. He is detailing extremely specific sexual practices which he sees as dangerous and may possibly kill him. The following excerpt discusses and possibly defends his belief that he is not alone in his sexual needs, rather, he belongs to a niche group;

“It seems, from the particular types of websites, where you will access people who are doing this, there's a community, there's certainly groupings of people, who are more and more specific about what they're into and what they want to do, and the kinds of people they want to do it with or do it to, or have done to them and that kind of stuff” (BR189)

Brad explains how he was forced into recovery from drug use and chemsex due to his profession. Before recovery while he was heavily involved in the chemsex world, he believed that all men were using crystal meth and felt that it was universal within the scene.

He subsequently comes to realise that was not true and he was in fact part of a specific subgroup.

Jay discusses the mechanics of the chemsex phenomenon and how he gives other men the space to talk and be understood. He feels that this is a personal strength of his. Although he finds this sharing of intimacy challenging. We can see from the following text one motivator is to belong and find an unspoken identification with the other men;

. "It's also that identification that you have without having a conversation" (J117)

"Yeah, and it's being in a room with someone who wants the exact same thing" (J121)

When the researcher asks if what he is talking about is a sense of community, he responds 'Yeah, and that's what keeps you there.' Later in the interview, Jay discusses why he continues to return to chemsex despite the negative impact it has had on his life and relationships. While describing the bliss he felt when he first started chemsex, he also highlights an additional factor which makes him gravitate towards the scene;

"and it's also like I've realized that misery likes company. You find yourself immersed around these people who are just as damaged as you are, like spiritually, physically" (J189)

Jay continues by explaining the sense of belonging he feels within the chemsex community. He is describing the connection that can only come from knowing the other men want the same things as him from a sexual, intimate and psychological perspective. The following dialogue conveys the possibilities chemsex can give Jay;

When you walk into a room with someone who is initially identified with the same things, you feel like there's a foundation to begin to build a relationship from. (J207)

Later he clarifies that by 'relationship' he means all types of relationships, not just lovers. This need to belong is also present at the end of the interview when Jay talks about belonging to a recovery community along with other men who have now left the chemsex world;

"I need to connect to something outside of myself, and The Rooms help me a lot" (J279)

Nick describes the connection he experiences with chemsex in a very romantic style. When asked a broad question on how chemsex feels as an experiential phenomenon, Nick focuses immediately on the social aspect and the feeling of belonging to a community. This expansive sense of belonging can be seen in the following two pieces of dialogue;

"A sense of connection and a sense of understanding. A euphoric experience and socially as well. I guess socially when I was heavily into crystal meth" (N61)

"Socially, it would become a big social network of other people who'd do it as well. It's a whole social scene" (N65)

Nick goes on to describe the intense sense of togetherness he has with his fellow chemsexers. He talks of a communal bond that can only be achieved through the intensity of the situation, whether it be good or bad. Nick emphasises the uniqueness of the collective experience of chemsex which he feels is intense and mirrors extraordinary human experiences which are not drug related.

Nick goes on to further emphasise 'that sense of community' he experiences and that only chemsex has provided this for him in his life so far. When asked by the researcher if he could think of a comparison of this within the non chemsex world, he illustrates this sense of togetherness in the following real life scenario;

“Yeah. Yeah. For example, on television I'd say, I know it's not the best comparison, but if you see on television an interview with some soldiers who come back from Iraq and they say, "Oh, that sense of bonding amongst our division." It really brought them together” (N81)

For Nick, this sense of bonding and sharing of past life experiences has only been achieved through chemsex. This can be seen in the following text;

“a group of people you've just met and you're with each other for three days or four days or five days, 24 hours a day awake on crystal meth. I mean, that's an intense experience” (N93)

Nick goes on to explain that when he is feeling lonely, the urge to reach out to the chemsex community is so easy because of technology. He believes that this community could not have expanded without hook-up apps. He emphasises his belief the whole phenomenon of chemsex could not be as large if it wasn't for technology bring men and drugs together quickly.

Myles details his first experience of chemsex and just how much of an intense eye-opening experience it was for him. He recalls going back to his hotel afterwards and explains why the event was so important to him;

“Oh wow, that's a really cool experience.” But then I remember like talking to a lot of people there who seemed really cool. A big thing for me was, because I never really had gay friends, or I think a gay community. I think what really propelled me into chemsex is trying to make good friends” (MY40)

When asked by the researcher to expand a little on his thinking at the time, he describes the exhilaration and the sexual freedom chemsex afforded him. The desire to belong to a group where he feels wanted is evident in the following quotes;

“also meeting people there that were your own age that seemed really cool. We even got high off everything. Everyone's like, “Oh let's do this to everybody.” Because everyone is like off their fucken tits. (MY44)

“Oh let's go have a drink afterwards, and let's do this. And let's do that.” Felt like, in my head I'm thinking, “Oh my God, I found all these amazing friends” (MY46)

Myles goes on to discuss a new relationship he is involved in, which he is excited and hopeful about. When Myles is asked by the researcher if his new love interest is involved in chemsex, he makes a clear distinction between his partner's drug use and the community he belongs to, which he sees as are very different. This emphasises to the researcher that Myles does not want the bond he shares with his partner, to be affected by the chemsex collective.

Later in the interview, Myles is discussing how a chemsex partner had let him down emotionally by making plans and not following through on them. He talks about micromanaging the upset and disappointment. Myles describes having empathy and feelings of compassion and understanding for his fellow chemsexer's position as he belongs to the same community and understands being burnt out by chemsex.

When asked by the researcher what he thinks this man's intentions really are, Myles gives us an insight into how much he identifies with this man and more importantly, the chemsex community to which he belongs;

“I feel like he means well. I think most people that use drugs with me, mean well. Or most people in the chemsex world, mean well” (MY340)

Myles explains the impact his immersion in chemsex has had on his relationships outside of the chemsex scene. He feels he has missed out and damaged his relationships with his friends and family as a result of neglecting them. He talks of a trip he was scheduled to go on where his best friend got engaged, that he subsequently missed. The following sentence illustrates how important his friendship group is to him;

“And I missed all of that. And it's one of the moments, like I'm one of the groomsmen”
(MY356)

He goes on to describe his upset and anger for missing such an important milestone for his friend due to chemsex. Myles's motivation to mend and nurture the social groups he is a part of, shows how important belonging is to him. This can be seen in the following dialogue;

“these next years or phase are mine and my memories are my real memories. Your friends and family that are important, and that I can look back on and be like, “Oh yeah, I was there.” (MY360)

As has been illustrated above, the theme of wanting to belong can be seen across all participants. It appears to be an important motivator for these men. Their need to belong often contrasts with their reality of feeling a sense of isolation and alienation throughout their lives. We can also see that chemsex can offer an incredibly unique sense of belonging, and even subgroups within chemsex community are common and attractive to many men. There is also evidence that the need to belong remains after the men have left the chemsex world, via support groups and as well as their loved ones. It is clear from the research that wanting to belong to social structures is key to these men's intimate needs.

Subtheme-False intimacy

The researcher interprets the concept of false intimacy as follows; The experience of feeling connected, close, intimate, or bonded with another person or persons. In terms of an emotional romantic or sexual perspective. The key difference between false intimacy and authentic intimacy is that false intimacy is generally time bound and unsustainable. Within the context of this research an experience which is drug induced or an experience which is enhanced by substances.

The theme of false intimacy was present amongst all participants interviewed. It was highly correlated with the chemsex experience, appearing no less than 45 times in the text across 8 interviews. It seems to be a key component in why chemsex users find the experience both exhilarating and disappointing. The following accounts can be grouped loosely as the participants describe false intimacy in relation to romance, shame, addiction and identification in their experiences with other men.

Nick spoke about the chemsex experience using pointedly romantic language. He conveyed the theme of false intimacy almost immediately, as can be seen from the dialogue below which took place less than a minute into the interview. Nick describes a powerful feeling of connection that for the first time allowed him to have extended sexual encounters with men:

“for the first time in my life, I was able to let go and have long sex sessions where there's a false sense of, I guess it's a false sense of connection really because it's not real” (N21)

The sense of romantic connection Nick experienced is witnessed in the following excerpt. His description illustrated that chemsex can achieve a powerfully profound possibility with the man he is with. He explains that this is only possible through chemsex;

It's easy to almost feel like the person you're with is the person you are meant to ... Your whole life has been leading up to that moment. It's a connection that only can really be had at that level with chemsex. (N25)

Nick continued with this romantic description by speaking of a profound connection with another man that makes him feel like he is falling in love, He describes a deep connection through chemsex for a period of time where 'it's possible to kind of almost fall in love' with the man he is with.

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This is immediately followed up with confirmation that this connection is false and fades away once he has sobered up;

"But then when the drugs wears off, it's gone. It's like a false" (N49)

Myles's interview had the most references to the false intimacy theme, with 11 separate pieces of dialogue identified as immediately relatable and relevant to this theme. Throughout the interview it seemed apparent that he was chasing connections in chemsex to avoid loneliness. Much like Nick, he referenced romance and love many times and made it clear that romantic connection was important to him. In the following excerpt Myles gives an insight into how powerful the connections can be during chemsex and the dramatic change in perception that occurs once he has sobered-up;

"Yeah, it's really intense. It actually really is hot in the in that moment. But then a lot of times especially when you are done or when you're coming down and then you're looking around the room and you're like, "Really? What the fuck did I just do?" Like you have people that have been out for the last two weeks and when you came in, you had your first pipe and you smoke and you're like, "Oh my God, this is the most beautiful person in the world". (MY286)

In the following dialogue, Myles describes how he uses chemsex and its illusory connections to escape himself, his loneliness and his feelings of uncertainty. He demonstrates awareness of the fact that he is using chemsex to create connections through false intimacy. He knows this is not a real path to the meaningful romantic connection he craves in his life.

“I think it's just connection. I think it is the escape on from reality, a lot of the time. And like whilst you might be escaping to go create connections with people, I'm very much aware those connections are not viable” (MY322)

Near the end of Myles's interview, he discussed dating outside of the chemsex world. He believes that by not involving chemsex allows the process of romance and intimacy to slow down to a 'normal pace'. He references a partner whom he was involved in chemsex with. The man told him he loved him after two weeks of meeting him. He goes on to reflect further how strange and not believable he finds it to be. His justification for this is 'How can you tell someone you love them, when all you've done with them is smoke crystal meth?'

Sar talked extensively about the guilt and shame he feels around his sexuality. He describes getting into chemsex by chance and how it eliminated his feelings of shame around having sex with men. He discusses his problems with his sexual side;

“Never really had trouble with intimacy, apart from one problem with intimacy, which is sexual intimacy” (S57).

He talks of a first experience being incredibly powerful where his inner critic was finally silent and he was able to achieve an intense sexual connection. The following dialogue conveys how all of his subsequent chemsex use, was an attempt to recreate this powerful first connection;

“I think I always relate my experiences back to that particular experience, because that was the first kind of experience. Everything after that was, to me, trying to sort of chase that experience with other people” (S51)

Sar spends much of the interview reflecting upon the impact his chemsex use has had on his life and his other relationships, such as his colleagues and house mates. Sar feels a sense of shame within these relationships which causes him to isolate himself.

Sar conveys his frustration with chemsex as he sees it as being linked to his guilt and shame.

Chemsex creates a false connection which he is aware is not real however, it completely engulfs him at the time. The confusion and sense of him being overwhelmed with the concept of false intimacy can be seen in the following excerpt;

“There is no relationship with it, to be honest. There is this whole sense of relationship, and that also comes with the people that I had chemsex with because those people then, again, this false sense of connection with those individuals, It's not even connections with them. I'm not even connected to anyone, but at that point in time that person becomes everything to me” (S239)

At the very end of the interview when asked about chemsex in relation to intimacy, Sar again references his shame, and we see the complexity of his feelings around being intimate with men. He simultaneously seems to need chemsex and the illusory connections it affords, to be intimate yet much like Brian who will follow, he knows it is keeping him from true intimacy in his life. He goes on to describe a longing to authentically be with the man he is experiencing false intimacy with at that period of time.

When Mark was asked about his experience of chemsex, he immediately referred to a lifetime of shame regarding sex. Similarly, to Sar the very idea of being a gay man was problematic to Mark. He describes a deep sexual repression that existed within his family regardless of his homosexuality. He

detailed the bullying he had received and his loathing of himself and in particular, his body. False intimacy isn't explicitly present in the following dialogue, rather it sets up and gives understanding to why the phenomenon was so powerful to him;

"Someone said about keeping a t-shirt on for sex, initially when they first ... And I think my first gay sex experiences, I just couldn't get naked. And honestly, chemsex, I think it starts with alcohol. I don't think really, I've ever had sober sex. I've had a bit of morning sex where definitely I'm not under the influence of alcohol or drugs. But it's generally been a bit of a rush job rather than ... And a bit of an uncomfortable situation for me. So chemsex to me, it's allowed me to have sex." (M24)

Mark goes on to discuss the massive impact chemsex has had on his life and his sense of sexual intimacy. Suddenly Mark escaped his fear about sex and had a 'huge feeling of being horny and feeling sexy that id never had in my life'

The excerpt above highlights Mark's longing for intimate connection and the powerful influence chemsex and chemsex drugs have on creating a powerful sense of sexual intimacy for him. He describes a genuine awe at feeling desirable and the ability to connect with men sexually. This intense drug induced connection provided Mark with an escape from his insecurities. These powerful intimate connections would send him into a severe addiction to chemsex and crystal meth, which would have a profound effect on his life. The following text was spoken near the end of the interview when Mark was discussing his current relationship with a former chemsex partner since having left the chemsex scene. It conveys that the connection cannot exist outside the chemsex world;

"They don't like it. Yeah. And the people that I met in sex, they've disappeared. I still need them to block them from my phone for my own good" (M314)

Brad's interview was notable to the interviewer as its tone and feel throughout were experienced as being pointedly clinical and unemotional. Nonetheless, he spoke of his addiction and mental health in detail while describing connecting or doing intimate acts with men with a clear sense of detachment. It was not until near the end of the interview when asked specifically about chemsex and its impact upon intimacy, that he describes feeling a false sense of intimacy when injecting drugs;

"Sometimes, when I slam, I feel an overwhelming connection with somebody, in that moment, for a short period of time. And then you do all the sexual stuff, but you can do anything with that person and it doesn't matter. That does happen." (BR286)

Brad shows here the intense experience of false intimacy and its ability to allow him to connect and 'do anything' with another man. Brad immediately follows this answer up with; *"I think that's more to do with disinhibition, as a forced form of intimacy."* (BR287) which gives an insight into how he may feel about being intimate with a fellow chemsex partner. He believes the form of intimacy experienced is not by choice.

He goes on to reference a sexual assault he had discussed earlier and not equating doing very intimate sexual acts with trusting the men he is doing them with. Brad reluctantly admits that other people and even himself feel a powerful connection for a limited period. Brad emphasises how using drugs can allow connection especially for other men he is with during chemsex. he concludes how unusual it is for him and rarely lasting longer than 'half an hour or 40 minutes'

Chad for the most part had a real problem with his involvement with chemsex which, much like Brad, he viewed through a lens of addiction and mental health issues. I observed that Chad was very frustrated during the interview. He seemed to have trouble expressing his insights and clarifying if his answers were correct or clear. The fact that English is not Chad's first language may have been a component in his frustration.

Much like Nick, Chad seemed to also be experiencing an illusory connection which he described within the first two minutes of the interview. He speaks of the theme in a positive light, observing how his sense of connection has been enhanced. This is illustrated in the following dialogue;

“So you do feel that intimacy better. It could be a fake intimacy, but you feel it, you feel more passionate. It's a great feeling”. (C17)

Later the same drug related connection he has spoken of becomes far less positive when he references group sex as being problematic to intimacy. He is very agitated in the interview and has a lot of frustration with the chemsex world and in particular the phenomenon of false intimacy, stating;

“Fake passion, fake feeling because everything is just based on drugs. Next day, it's not the case. Everything real just fades away”. (C49)

This highlights Chad's view that intimacy while high is entirely fleeting. It leaves him extremely disappointed. He describes being left with nothing, and this angers him. He is angry at the chemsex world and himself for getting involved with it. The hold that chemsex has over him and the addictive nature of a false sense of intimacy is alluded to further by Chad:

“But then again, it's because you are used to what, you get hooked with the idea. It might be not the case because after some time of having chemsex, you realize that you're enjoying it less and you're performing less. So, performance will change. Yeah. But that intimacy, I think it's what you're hooked on because you feel more intimate.” (C265)

The above excerpt is taken at the very end of a challenging interview due to internet connection failure and a possible language barrier. He has explained the effect chemsex has had on his ability to enjoy sober sex. He believes that the chemsex phenomenon has diminished his sexual performance and his enjoyment of sex. Regardless of this, he believes that he has become addicted to the illusion

of intimacy. This is the reason he continues to go back to an activity he believes is harmful to him and causes him so much anguish in his life.

Jay described connections which he felt were unsustainable and inauthentic throughout his interview. He discusses how chemsex allowed him to identify with other men and feel a sense of belonging and community. He strongly advocated the idea of identifying with the men he met. He believes that this process of identification begins before the men involved have even met, via technology. The idea that you are meeting someone who has aligned sexual interests forms the foundation of a chemsex relationship. What is also unique about Jay compared with the other participants is that he discusses the development of relationships which last for years. This stands in contrast with the other participants' who describe shorter-term experiences of connection. This is seen in following excerpt;

"Then you bring the chems in, and it basically creates a relationship of maybe I'd say a minimum of three years. A relationship of three years. It creates that. By that, I mean this ability to say anything, do anything, like the freedom, but it's not real ultimately" (J211)

He goes on to describe that these relationships are not just that of romantic lovers, but a wide variety of relationships forms. He speaks of chemsex removing his inhibitions which allows him to relax and connect more easily. However he realises that, for him, this connection is false. Jay goes on to describe chemsex giving him a space where he can 'actually able to exhale' but is fully aware it is 'manufactured though chemsex' Jay's demeanour throughout the interview was very relaxed and steady. He also had a very factual, detached tone to his experiences with both chemsex and addiction. The composure he demonstrated seemed to finally change to frustration and a raised voice when he spoke of being deceived by the connections that are created in chemsex and the negative effect they have had on him:

“And who have presented exactly what they want you to see. That can feel like a relationship that you worked for. It's dark, man. That is something demonic. There's something demonic in that. It's not real, you know?” (J227)

False intimacy has ultimately changed him, and he now must relearn how to be intimate with a man;

“I think you end up having to restitch your ideas around what it means to be intimate with someone” (J267)

Much like Jay, Brian also uses a form of identification to choose his chemsex partners. However, he talks of seeking out men in chemsex who are more like him so he can feel that his chemsex encounters are more ‘normal,’ rather than meeting men he finds unattractive or ‘ill’ (meaning HIV positive). In the following dialogue Brian describes building the man up into a fantasy. This illusory connection then evaporates;

“Sometimes actually, I'll make the person seem more like me in my head, and then there suddenly comes a point about 5:00 in the morning, or something, and I looked at them, and I realize that they're really not that attractive, and this connection isn't real, and they really are not the person that I thought they were. Because I would have sort of made them into a fantasy that they aren't” (B44)

In the following excerpt, he describes how he sometimes flees the potential for real intimacy on a date. He is fully aware he is running away from a real connection and knowingly takes refuge in chemsex. He understands that this behaviour stops him from getting the true intimacy he craves and he is trapped in a cycle of choosing false intimacy over real intimacy, which he wants but fears simultaneously. The position that Brian takes stands out from other participants, as he pointedly

acknowledges that he deliberately uses chemsex and its time bound connections to avoid real intimacy;

“So my point is, that I crave that, but then sometimes when I'd get into a situation where I'm meeting someone, and that might happen, I crave the other thing. I crave finishing the date, so I could go back home, get off my face, and then go and meet someone for sort of a fake connection, In my eyes then, I'm not having to sort of face any real kind of intimate situation, I guess. So it's a circle of hell really, because that's what I want, but then it's what I hate” (B132)

The sub theme of false intimacy is expressed amongst all participants as has been detailed above. It's complexity is woven into each of the men's accounts, which may be indicative of how important it is as both a theme and a phenomenon. Its deceptive nature can be seen to impact upon these men's lives in significant ways particularly as it's described alongside addiction, romance, and shame. It's seen from the participants accounts that false intimacy is a key driver in why some participants continue to return to chemsex to recapture an intense connection that is missing in their relational worlds. It is also a driver to why some participants may want to exit the chemsex world in search of different connections.

Subtheme-Longing to connect

The theme Longing to Connect was abundant within this research. When discussing this theme, the researcher is referring to the participants' need to connect with another human, particularly other men. This can be interpreted in many ways, such as wanting to connect sexually, physically, intimately, intellectually and emotionally. There are times when the men describe their confusion in not knowing what way in which they want to connect. There are also two examples when the participant is unsure if they are longing for drugs with the company of men, or sexual contact with men, facilitated by drug use.

Chad first showed his frustration with his participation in chemsex by discussing how it has mostly involved group sex in his experience. He feels he cannot achieve an intimate connection within a group setting. This can be seen in the following sentence;

"I mean, at the beginning it was fun. Now I feel like there's no intimacy anymore because it's a group, it's always group sex" (C37) he quickly punctuated his feelings of wanting to connect with men with the assertion that group sex gives a false sense of connection which wasn't comparable to paired connections; "It's fake intimacy if it exists, not one on one" (C41)

Chad had been discussing the link between his own mental health and chemsex. He was then asked by the interviewer why men choose to engage in chemsex. The conflict between the chemsex parties Chad attends, and his longing to connect intimately on an individual basis is seen when he describes chemsex group sessions not being his or other men's intimate preference. He states the connection is not the same for him.

When Chad is asked what specifically drew him to chemsex, he reveals that he was flattered at being invited to a sex party and that it made him feel attractive. The following dialogue shows his desire to connect sexually with a wide variety of men;

“Exciting. I’m curious, I’m a very curious person. I wanted to know more. And then yeah, you get excited with it because there’s more options of people that you can choose to have sex with” (C145)

When Chad discusses how chemsex may have affected the relationships in his life, he declares *“but it does affect my relationship in terms of isolation. You feel more lonely on chems” (C205)*. This paradoxically demonstrates that chemsex interferes with his desire to connect with others.

Chad has been asked to clarify if his isolation is drug-related or chemsex specific. He responds by showing, that his drug use is directly related to his desire to seek sexual connection. He describes how using drugs will ultimately lead to sexual connection ‘if you don’t have sex now, you have sex in six hours’

At the end of the interview Chad had been discussing intimacy. Here we can see the predicament he is in with regards to chemsex. His struggle and desire to pursue intimate connections with other men has been affected by chemsex, which this is conveyed in the following dialogue;

“So, when you have sex when you’re sober, that’s if you can have sex when you’re sober, after having chemsex you will not get the same feeling. You will not feel this intimacy. It does affect big time” (C229)

Jay spent much of the interview describing his addiction to drugs and chemsex. He discusses how chemsex may mask addiction, as he finds his longings both confusing and deceptive. In the following passage he conveys his simultaneous desire to connect with men and substances;

“But if I picked up a man, it’s because I wanted a drug, and if I wanted a drug, it’s because I wanted a man. The two things were the same” (J57)

During a segment of the interview, Jay describes the mechanics involved in a chemsex setting, such as drug dosing around sex and specifically how little sex actually takes place. The following excerpt gives insight into the men Jay meets who wish to tell him their intimate histories. This suggests the men are longing to connect;

“The ritual. I seem to come into contact with people who want to tell me their entire life story. Everyone's breaking up with someone or selling a house, or fucking gone through some kind of trauma” (J77)

Jay goes on to explain that he is a particularly good listener and during chemsex, men seem to be drawn to him for this ability. He describes this ability to create a safe space with other men which creates a shared vulnerability is quite difficult for him. Regardless of this it can be seen in the following dialogue that he feels men in chemsex are looking to connect with him;

“But just the nature of the scene people are looking for that, and when they seem to identify it in someone, they run away with it” (J89)

Jay believes that this is about the men's desire to connect, or possibly attempt to heal themselves. Jay details how he finds a lot of the men he meets through chemsex are 'wounded or processing something'

After being focused on other men's desire to connect within the chemsex phenomenon, he discloses the reason he is so willing to facilitate his chemsex partner's need to connect; *“I want to listen, because actually, all I've ever wanted is for someone to listen to me” (J97)*

When Jay is recalling what chemsex was like when he was younger and had just got involved, he describes experiencing a powerful connection as a result of a human embrace that made him feel safe. This is seen in the following text;

“A massive hug, like the biggest hug you could ever experience, and it told me that everything was going to be okay. And for a while, it was, it really was” (J189)

Later he discusses the sense of identification he feels with these men *“Its total connection, it’s about finding people who are feeling exactly what you’re feeling” (J207)*

Jay describes hearing a celebrity speak about meaningful accomplishments and how they occur as a result of hard work and require a spiritual process to be authentic. Jay applies this concept to his desire to achieve authentic connections with men; *“I feel like real connection and real friendship comes through time, and there’s a spiritual process” (J223)*

At the end of the interview, Jay describes altering his perception of intimacy now that he has decided to leave the chemsex world. He emphasises that he still feels the need to connect with men on the same interpersonal level that he experienced during chemsex. However, he now achieves this through sobriety and addiction support groups. Jay feels ‘The rooms’ give him a similar connection but in a safer space.

While discussing what intimacy meant to him, Mark, from the outset, conveyed a lifetime fear of even discussing it. He references how his therapist would test him on talking about sex. He explains his fundamental fear of intimate relations with men and how sexual contact would be possibly dangerous for him at this time due to his recovery. He articulates a ‘craving’ for non-sexual intimacy. He shows a longing to connect in the following sentence;

“I would like more hugs. I could enjoy some physical intimacy of being on a couch watching a film in somebody’s embrace or embracing someone else” (M12)

Mark explains the enormous impact chemsex has had on his life. He considers it to be normal sex as can be seen in the following dialogue. However, it’s his wonderment which conveys his longstanding desire to connect with others;

“Yeah, yeah. Massive. It's really all I know. I do consider that sober sex. It's a bit of mystery and an enigma to me” (M48)

This reality, that he has had a dysfunctional relationship with connecting for a long time, can be seen via his longing to meet the right partner. When Mark considers the future he feels he needs ‘a very understanding boyfriend’.

The above may illustrate Mark’s desire for a man to bear witness to his deep vulnerability and awkwardness about himself and to accept this aspect of himself. This is later evidenced in the interview when Mark is discussing his late entry into the gay social scene. In the following dialogue, he details his fearful journey of trying to overcome his self-consciousness in order to connect with other gay men;

“It was probably two years before I worked up the courage to take my shirt off. But it allowed me to mix with men” (M146)

Mark then goes on to say that the problems and fears about connecting with men which accompanied him for all his life, were not just removed. Rather, he began to actively enjoy his desire to connect with men. Mark describes not just the end to his ‘phobias’ but a complete transformation of his intimate life via chemsex. he exclaimed ‘suddenly all my psychological problems were answered’

Much later in the interview Mark is discussing an abusive relationship and how chemsex brought him in contact with a lot of men who did not have his best interests at the forefront. In the following text Mark conveys his natural inclination to connect with others at any cost;

“I've got no boundaries. People call me the human Labrador. It's like everyone's welcome. If you were synching my fur, I'd be serving you a meal” (M302)

At the end of the interview, Mark is discussing intimacy and how chemsex enabled and altered his perception of it. He believes that now that he has decided to leave the chemsex

world, he is just beginning his pursuit of intimate connection with men. Mark pointedly describes wanting non-sexual intimacy in his life. 'What I need is to discover all of the other bits of intimacy'

Myles details his experiences with chemsex and previous relationships which heavily involved chemsex and drug use. In the following dialogue, he explains how he wants his new relationship to be different. He wishes to connect in an authentic and honest way and reveal himself;

“So, for me the tone, there's a very distinct tonal difference between Robbie and I now, which is good. And I've got to allow myself to be more vulnerable in these situations and telling people” (MY157)

This different type of connection Myles is seeking is further evidenced when asked by the interviewer if he would involve his new partner in his chemsex world. Myles is definitive in his response that he would not. We can see from the following excerpt that Myles longs to connect romantically with a man in a traditional sense, without chemsex;

“And I couldn't. That wouldn't sit well on my heart. And secondly, I am like a cornball like through and through. I want to fall in love, I want to see the world with someone and do all that kind of stuff. That's what I want in life” (MY181)

Later in the interview, Myles details how chemsex has isolated him from his friends and family. He describes missing his best friend's engagement, which he deeply regrets. When he is discussing how chemsex has impacted upon his relationships, he describes how he feels that his behaviour was a way for him to be seen by his loved ones. He details a 'subconscious' strategy of letting his loved ones know what is really going on with him in chemsex.

Towards the end of the interview, Myles reflects upon what kind of relationships he wants for himself. He feels his chemsex journey has made him reevaluate the men he meets and he now feels more empathy and understanding for people. In the following dialogue we see his desire to connect with men and to be understood;

“I feel like I have been on realized I've been on a mad crazy journey, and I feel like if anything I'd want for someone who met me for the first time is for them to be understanding” (MY416)

He goes on to show that he is willing to be vulnerable in order to achieve authentic connection *“all I can give them is like my honesty and my truth and hope that they do the same” (MY416)*

At the end of the interview Myles is describing chemsex's impact on his sense of intimacy. He articulates his desire to connect with other men during chemsex. Myles shows he has a natural inclination to go much further than he should have in his pursuit to connect. He details how chemsex leads him to 'give away too much' when he is engaged with it.

Nick describes the intense bond chemsex can create amongst the men he is with. When asked to expand on the sexual side, he retorts that the experience is about a lot more than sex. The following excerpt conveys with a sense of romance, the deep connection Nick receives from chemsex;

“It's also a connection as well because you can't just have sex for that long. I mean, you have sex and chat and have sex and then chat. Then you might wander out to the shop to get some drinks or something and then come back and it's almost like you're part of their life and they're part of your life for that time you're with them” (N97)

Nick articulates how chemsex and particularly crystal meth has the ability to help men connect. He shows us his desire to communicate openly and intimately through chemsex by referencing specifically crystal meth. He believes it allows people to let go of what they are carrying and just talk 'it enables that connection'.

Nick goes on to describe how alluring the longing for a connection can be. He discusses the ease at which chemsex via hook-up apps can remove his feelings of loneliness and alter the dynamic of his day. He illustrates this by describing a chemsex partner coming over and them having the 'best chat ever' followed by sex and bonding.

When exploring the complexity of intimacy and its many forms with the interviewer, Nick describes how chemsex is much more to him than just sex and drugs. In the following dialogue Nick articulates how communicating and spending intimate periods with another man are important factors in what draws him to chemsex;

"Yeah. I mean, there's intimacy with spending time with someone having deep conversation and it is intimate. I mean, the conversations are intimate, the experience is intimate, I guess. It's not just the sex in chemsex" (N247)

Nick conveys the complexity of the connection he is looking for and which chemsex can offer, by quickly following this statement up with a striking comparison to the bond that is developed in a high-pressured environment such as a war zone;

"Yeah. In the same way that, like I said, troops in the same division in an army, I guess there's a level of intimacy there" (N255)

When asked by the interviewer if the powerful bond he obtains during chemsex is so appealing because he may be lacking it in other areas of his life, he differentiates the intense intimate experience he is seeking through chemsex from other types of connections. He believes that friends cannot come close to offering the human connection chemsex affords

him. Nick goes on to describe how chemsex allows for an instant and 'total' intimate connection 'I don't think that would ever happen in normal life to that extent'

Regarding the theme of longing to connect, Brad is not the most obvious participant due to the sense of detached in his description of chemsex within the interview. However, his use of chemsex as a desire to connect with other men is clear. He discusses the negative effects chemsex has had on him mentally and the following text shows his motivations;

"I think I've used substances to, effectively, disinhibit me, to either feel more confident in approaching people, other gay men" (BR51)

Much like Jay, Brad is confused by what he is longing for. He is unsure if he desires the drugs themselves or whether the drugs are just there to heighten his sexual experience. This is demonstrated in the following text;

"whether I'm there because I want to have drugs with someone, or whether I'm there because I want to have sex with someone, and the drugs facilitate that" (BR93)

Brad then goes on to describe situations where chemsex is a positive experience for him. When he meets the right man, he relaxes enough to connect and explore his niche sexual desires with this partner. This is seen in the following excerpt;

"Sometimes, when I don't get psychotic, and I'm with the right person, it can be really, really good and I will feel comfortable to do sorts of things that I wouldn't usually do, or explore sexual scenes that I'm not usually into" (BR95)

Brad discusses how chemsex allows him to feel comfortable enough to be the receptive partner and how it enables him to connect with the more extreme side of his sexuality. When he is pushed on what good chemsex consists of for him by the interviewer, Brad shows that he values the connection and importantly he feels accepted and desired by the other man.

Brad's emphasis on perceiving that the men find him attractive is key to him feeling connected

Brad discusses using chemsex for 'no holds barred sex' with his chemsex partners. In this situation, he can enjoy sex in a way that is not possible without drugs. He talks of a 'catch22 situation' with his partner, who he no longer has sexual intimacy with. Brad describes his longing to connect sexually with other men and that he views this as a 'vicious circle' for his relationship. Brad doesn't want to 'replace the intimacy' but find short lived 'substitutions' for the connection he needs.

Later he clarifies his chemsex use in terms of his addiction, but returns to the narrative of connecting to others in a way that he cannot with his partner *"and to substitute this sexual intimacy that, perhaps, is not there in my relationship"* (BR169)

Brian's interview stood out for its overt and plentiful examples of his longing to connect with men, romantically, sexually and intimately. Less than a minute into the interview he describes his uncertainty about whether he has ever experienced true intimacy. The following answer to what intimacy means to him is very indicative to his longings. In the following quote, he describes intimacy as sharing a bed with a man;

"I suppose, being able to sort of comfortably have ownership of another body, and them having, I guess, ownership of my body, without having to be stressed or anxious about it" (B8)

He goes on to state that he has never felt at 'one' with another man, outside of a chemsex setting. He uses very romantic language to describe the intimate connection he wants for himself in life. The following dialogue illustrates this;

“that idea that two becomes one world, where you are able just to be with each other. Unless I’m on something, then I’ve never really... That’s what I would aspire to” (B20)

When asked by the interviewer to discuss chemsex from an experiential perspective, Brian describes searching for an illusive physical connection. Brian acknowledges he probably will never find this ‘ultimate sexual connection.

When asked if chemsex is problematic for him, Brian pointedly replies that he doesn’t judge himself for using drugs or enjoying chemsex. Brian describes chemsex being a filling gap’ till he finds a man to be properly intimate with.

Much later in the interview when asked about his relationships outside the chemsex world, Brian gives a striking example of his yearning for a romantic relationship. The following excerpt gives insight into how his longing manifests itself within his daily life;

“Yeah, it’s definitely... It’s weird because on one side I’m desperately craving the relationships I see in the street. I see straight or gay... The couple with the dog, and walking in the park on a Sunday” (B128)

Nearing the end of our interview Brian is describing how his fear and anxiety is triggered by intimate experiences, such as dates with other men in the traditional non-chemsex world. He talks of retreating from these meetings and escaping back into the chemsex world. The comfort of chemsex for Brian can be seen through the connection it affords him and which he craves. Brian details how he feels an intimacy during chemsex which he has never felt before, talks of hours in bed with a man where he is having a ‘deep intimate connection which is what I’ve always wanted’

The theme of Longing to Connect as illustrated is woven into the narrative of all 8 participants. It takes on many forms and at times the longing for connection isn't entirely understood by some participants. It is related to the concept of intimacy and is driven by the participants' need for interpersonal relations on a variety of levels, such as sexual, emotional and intellectual.

Living with Shame

The second superordinate theme of Living with Shame was notable in its abundance throughout all participant transcripts. These men are deeply entrenched within the chemsex world and the following sub themes starkly illustrate the feelings of shame experienced throughout their lives. Once again, the sub themes pertaining to shame are experienced both within and outside of the chemsex experience.

Subtheme-Self-hate, loathing and feelings of unworthiness.

The theme of self-hate, loathing and feelings of unworthiness was found in all 8 of the participant accounts. The theme refers exclusively to an internal shame or feelings of unworthiness they perceive within themselves. The phenomenon that they are, or feel less than within their lived experience interacting with the external world and those they encounter, this manifests itself as an intrinsic unacceptability within themselves. The references to shame were not only made in connection to chemsex, but also within the context of participants' wider lives. The following accounts will illustrate feelings experienced by the men which are deeply self-persecuting, mostly life-long and all appear to use chemsex in some form to escape their negative emotions.

Chad discussed using chemsex to help him escape his life and connect to others, but realised that ultimately, it "leads you to hell". The following quotes demonstrate his feelings of being damaged or lacking mentally:

“But on the other side I have emptiness. I don't know if that's related to my mental health or to the drug itself” (C121)

“Like you escape life with chemsex. I don't know if chemsex is a condition of mental health or is linked to mental health. I think it could be, yes I do” (C129)

Chad described how he has made a direct link between chemsex engagement and his mental health. The following excerpts convey that chemsex is a mechanism for him to escape his feelings of self-loathing and unworthiness;

“Yes. Absolutely. If you're sad, you're sadder. Although you're escaping with chemsex or you forget about your problems when you do chems. Or doing chemsex, it's like the ultimate good vibes or good feeling. So that gives you that good feeling and you forget about your confidence. But then it all comes back to you and it comes like double and triple or even 10 times more and you face reality. And when you face reality, you feel like you're vulnerable, you can't do anything because you're a coward” (C181)

Chad goes on to describe his disempowerment after he has left the illusion of chemsex. This is further conveyed through the confusion he feels about himself. Chad explained how he maintains his values and integrity while engaging in chemsex. The following quotes illustrate that this initial strength ultimately gives way to feeling internally unworthy;

“Habit becomes your culture. And this... habit since I was a kid, but it does affect my relationships in terms of isolation. You feel more lonely on chems” (C205)

Chad follows on by detailing how chemsex has a negative impact on his social sphere which amplifies his feelings of self-loathing. Brad described considerable addiction issues related to mental health problems for much of the interview. The following excerpt gives insight into the ways in which negative self-image wounds him during chemsex;

“Yeah, whether they find me attractive or not. I worry what they think about me. Then, I can't think straight. I literally can't think straight and some people seem to go very high and manic, and talk all the time. I just can't and I feel very conscious but I can't think or speak. When I do speak, I hear myself and it sounds really weird. I feel like I retreat into myself, in a ruminating way” (BR83)

Brad, much like Chad, described his chemsex use in connection to his mental health. Brad describes the ways in which he manages his feelings of self-loathing. He had in the past used crystal meth as a coping mechanism he calls it “a very very powerful antidepressant”

When asked about how chemsex has affected his personal relationships, Brad explained that its impact was “fairly profound”. Brad immediately referenced his HIV status and following dialogue gives insight into the sense of self-loathing he feels as a result of his actions;

“I think, that it was associated in some way, in terms of my getting positive. Although I don't think I would attribute it primarily, I suppose. I think also, just generally, my behaviour at the time, in terms of who I was. It's had that contribution, I suppose, to my health” (BR215)

Later in the interview, Brad described a time when he was sexually assaulted while passed out. He detailed how he was being looked after by two men who ‘let this guy fuck me while I was unconscious’. The following excerpt gives insight to his feelings of self-loathing and the low expectations he has of others safeguarding him;

“I guess my expectation was not that these people would look after me, I suppose, at the time. The way that I understood it, at the time, was that I'd taken way too much G and it was my fault, but I'd gone unconscious and people have a basic duty of care” (BR255)

Sar's interview contained an exceptionally high number of references to self-hate, shame and feeling unworthy. The following piece of dialogue illustrates his feelings when interacting with people, his thought process and fear he may be too damaged to control his behaviour;

"How do I pretend? How do I behave in front of that particular person?" Or what if that person is attractive, and what if I accidentally start sort of flirting? That would come across as stupid. So many weird thoughts start coming up, right? And that's predominately just because I'm like, "Will I be judged for being gay by this heterosexual human?" (S81)

Sar's fragility and feeling of being intrinsically damaged is conveyed when he described an encounter with a doctor at a sexual health clinic. Sar goes on to detail how the doctor suggested therapy because of his disproportionate response to a treatable STI. Sar "cried his heart out" to this physician as he believed this event was catastrophic "Holy crap, I'm dead now".

Sar described his reasoning and rationale for engaging in the chemsex world, which include loneliness and lack of direction in life. Similarly, to Brad, he worries about whether he is good enough for his partners. The following quotes illustrate how he feels about himself in relation to his inner shame and sense of worthiness with potential partners;

"like relationships can be a solution to loneliness, but even my relationships with men, I think, has a lot of complications where I myself have so much inferiority complex" (S115)

"where it's just so deeply ingrained where, "oh, you're not good enough at this, or it's too effeminate, or relationships are only meant to be with woman, it's all about success" (S116)

Sar discussed using chemsex to alleviate the guilt and shame he feels when being intimate with men. The next quote gives insight to the self-hate that he feels about himself and his body in relation to his chemsex engagement;

“ I wouldn't necessarily really know when and how I'm hurting myself because I think every single time I haven't really had sex with people. I just literally just use my body and hurt myself” (S129)

Sar described how powerful the allure of chemsex is, as well as the feeling of being desired by other men. The following dialogue illustrates his fragility and self-loathing once the chemsex bubble bursts;

“Oh my god, I actually know that ... I feel so damn confident,” and then right after that it's like I lose my dignity. Right? It's just, dignity is out of the window. Completely out of the window” (S221)

Sar discussed his struggle at not being able to talk to anyone about his internal struggles growing up. This is similar to but in a different context to Mark who will follow. The following dialogue conveys his realisation that these unworthy feelings cannot be rectified;

“but I realize that's something that I can't do with my family. I cannot. I just have to ... they're not okay with talking about relationships, or my sex life, or any of those things, and I don't think they're capable of talking like that about it” (S231)

At the end of an interview heavy with personal torment, Sar is asked about intimacy. Sar describes not being able to escape the guilt and shame that he associates with trying to be close to other men.

In his interview, Brian described his longing to be in a relationship. He recalled seeing couples in the street and feeling envious of them;

“Sometimes I'm walking around a park on a Sunday, and I haven't slept, and I'm just smoking, and I can see couples walking around, and they've just got up, and that makes me feel so shit, I am shit actually” (B128)

Later, Brian explained how his desire to have a 'normal' relationship makes him take steps to go on dates with men he is interested in. However, this often triggers feelings of low self-worth which echoes Sar's feelings of feeling inferior;

"And I am at some point, quite often if I feel, I don't know. There's quite a lot of times when my mind will suddenly go, "I just want to leave this person, like what is the point I'm not good enough for them" (B140)

Mark discussed his life-long problems with low self-esteem. He described having problems with sex which he believes stems from being bullied and feeling unaccepted. This contributed to his engagement in chemsex. The following excerpt gives a vivid picture of how he felt about his physicality;

"Yeah, I've just never felt comfortable in my body. I've never felt comfortable in who I am. I've always felt ... You know the boots advert where the woman gets undressed on the beach and everybody's watching her? I've always identified with that mentality. I've never wanted to get undressed in a changing room. Always felt uncomfortable getting undressed on a beach" (M20)

Later in the interview, Mark described how used and abused he felt by the men he encountered through chemsex. The following dialogue conveys how this treatment left him feeling worthless;

"I'd even have men come in and use my drugs. They would load up their ... What do you call it? A syringe. And take it with them to go to their next party. It just leaves you feeling empty a lot of the time. People are so..."(M136)

Mark described believing his addiction to chemsex is extremely complicated and similar to Sar feels his upbringing is a factor. Mark illustrates the kind of mentality his family had to sex when he was being brought up by labelling their attitudes as "traumatic". ;

Later Mark described a conversation he had with a family member about why he, a 'star pupil' would get involved with drugs. He explained this below;

“So basically, I was spending my days in rooms filled with testosterone-filled men and I felt completely out of place. By Friday night, I used to work in central London, Friday night I'd be on the riverboat coming back from London. I would do my drugs just to come down from it all. I felt stressed. I felt challenged, which I now believe was just replicating the fear that I had facing bullies growing up” (M218)

Jay described the extremities of his chemsex experience where he “ended up losing everything”. The following excerpt gives clear insight into his mental self-worth at the time;

“Just walking. Just walking, and it was because I didn't want to live. I didn't want to die. I didn't want to be around people. I wanted to be high. It was like I was just running from myself, basically. I was running from myself literally, spiritually, physically, emotionally, just walking. Just walking and running away from myself”(J165)

Jay went on to further explain that his, state of mind and feelings of self-loathing, which affected his ability to physically care for himself. Jay goes on to talk quite vividly, about how he stopped washing himself, or his desire to change clothes. He describes just walking and walking, trying to escape himself.

Jay believed that chemsex used to be good at masking his pain and how different the experience had been when he was younger. The following dialogue illustrates how this changed and feelings of self-loathing emerged;

“I've realized that misery likes company. You find yourself immersed around these people who are just as damaged as you are, like spiritually, physically” (J189)

Myles discussed his 'constant back and forth' with his chemsex addiction and how he felt ashamed that he couldn't stop. He described being fired from his job which compounded his

self-loathing. This also triggered a period of sobriety to end as he engaged in chemsex after which he details again feelings of self-hate.

Myles then described a romantic relationship that he valued which made him feel guilty about his chemsex involvement. The following quote illustrates his self-worth at that time;

“Because there's no point in me putting in all my time and effort into him, or him visa versa, putting all the time and effort in it, if I am some major liability” (MY133)

Later in the interview, Myles described similarly to how Brian felt, how he had let his friends down due to chemsex engagement. The following dialogue conveys the self-loathing he feels about his choices;

“Everyone went. I had my ticket, I was meant to go, but I was having sex with some random I can't remember their name right now. it really hurts me because these are memories and moments that I've lost because of like Tina” (MY360)

Nick initially described chemsex in quite positive terms. When introduced to the scene, he was in awe of the powerful connections it helped him establish. The following quote give insight to the negative feelings that chemsex helped him to escape;

“If somebody say, was feeling lonely or not understood and then all of a sudden, just an hour later, go on an app and be with someone and feeling an intensity, there's an allure to that” (N117)

Nick confirmed that he is aware that this bubble of chemsex will end eventually. Much like both Mark and Jay, he used chemsex to escape his feelings. The following two quotes give a sense of his mindset outside of the chemsex world;

"Why would you do that? The temptation is to then, "Oh, I'll do that tomorrow. I'll just carry on for another day and I'll put that off." Because no one's in a rush to go from heaven to hell"
(N157)

Nick clearly emphasises that he cannot face a return to the feelings he has within his ordinary life, instead choosing to stay within the chemsex bubble regardless of the consequences.

Nick detailed in 'devastating' terms how chemsex engagement and drug addiction led to the destruction of his known world. 'Normal life ceases to exist.' The following 2 quotes convey a fragile state where he feels that not living is a better option;

"Being in A&E on a respirator or with drips and everything and a catheter in, because of collapsing or because of a suicide attempt on the come down because the come down can be so harsh. A lot of suicide attempts happened. People are coming down from the drug"
(N177)

"I fell out of a window once and fractured my spine. Another time I jumped off a balcony and tried to slit my throat" (N185)

As we have seen from the above accounts, self-hate, loathing and unworthiness are observed in all participants. The self-loathing is manifested in many forms. One participant felt uncomfortable in their own skin which has led to body image issues, while another participant felt unworthy of a loving relationship. Internal shame and chemsex appear to be highly correlated in this study. The participants who engaged in self-harm and suicidal behaviours stand out to the researcher.

Subtheme-Sartrean Gaze, the shame felt by the others perception of chemsex

Shame originating from the other in relation to chemsex was witnessed in 7 of the 8 participant interviews. This idea or phenomenon can also be spoken of in existential thinking as the 'Sartrean gaze'. This theme is always in relation to the shame, judgement or discomfort the participant feels internally but is specifically initiated by an external factor unlike the other sub-themes in this super-ordinate its is person or individual specific. Within this study it is caused by someone in their lives that is not engaged in the chemsex world. As will be detailed in the following accounts this form of shame can be felt from a variety of participant relationships. This can range from familial, romantic and wider friendship circles to professional, academic and even the relationship between the researcher and participant.

Brad had previously discussed the bubble he was in where he believed all gay men had been using hard drugs. When the researcher asks about the impact chemsex has had on his relationships Brad gives the researcher a sense of the shame he has felt through the other's perception, in particular his need to reference his HIV status. Brad conveys how the first arena chemsex has affected his relationships, was through his HIV diagnosis, years prior. He resolutely states, "I was doing drugs".

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Brad later conveyed the guilt he feels in relation to his involvement with chemsex and the affect it had on his romantic partnership. This is illustrated in the following excerpt;

"It's contributed really negatively to my relationships. My drug use, generally, and chemsex specifically, has been harmful to my relationships, both in terms of the fact that I was doing it on the relationship, but also the justifications that I would use and the rationales that I would use, and the irritability and agitation it would lead to, in the context of my relationship. In terms of arguments and violence, as well, in the relationship" (BR219)

The shame Brad felt by his chemsex and crystal meth addiction branches out to his work relationships. The following dialogue illustrates the scope of the professional judgement he has felt personally and specifically the scrutiny he has endured through surveillance in the past;

“In terms of my career, it's had a very profound affect, through my psychosis and because I'm a doctor. It's led me to being under the General Medical Council, being monitored for several years and having conditions on my practice, because of drug use. That was fairly profound” (BR221)

In his interview Nick discussed the longevity of his chemsex binges, as he described ‘no one's in a rush to go from heaven to hell’. When he detailed the impact chemsex has had on the relationships in his life, the following dialogue conveyed the societal shame he has felt;

“Devastating. Someone in chemsex, well crystal meth addiction will lose their job. They might possibly lose their home. They'll alienate family and friends. Normal life ceases to exist. If you use it often, that becomes your life. Normal life, whatever you had in normal life is gone. You don't engage with family or friends because of the shame or because you're always up or coming down. It's impossible to keep a job. You'll end up going in and out of and A&E” (N169)

Jay had discussed how the chemsex phenomenon is in his experience “just another way to mask addiction”. The following quote illustrates his realisation that societal judgement of drug addiction and his experience with chemsex are the same thing;

“Negative Connotations and kind of anchors are kind of hooked on to it. The things that prevent people from getting jobs, from finding housing ... the stigma. But they're the same thing, for me, anyway, and I need to always bring it back to my personal lived experience” (J57)

Jay had described how chemsex and crystal meth addiction had left him feeling lost and not wanting to engage with anybody. He then spoke of running away from himself. When asked to clarify who or what he was running from, the following excerpt gives insight to him escaping judgement from his loved ones;

“I think, if I'm to really simplify it, one, I was falling away from the fallout. Fallout with the people who love me in my life. A lot of people have invested into my getting well. I mean, every time I've relapsed, it's been a real knock to me emotionally, but also to them, so running away from that fallout. But also running away from having to pick myself up again”
(J181)

Jay had described his long-term relationship where no drugs are used together. Similarly, to Brad regarding his partner tension built. Jay conveys the struggle and disappointment he has felt regarding chemsex and his relationships. He does this through discussing the toll chemsex has had, on going outside his relationship for sex which he explains always involves drugs. The angst of his cycle of addiction to chemsex over the years has greatly affected his familial relationships.

Mark had vividly detailed his shame around sex, sexuality and his body image, which chemsex allowed him to escape from. The following begin to give insight into how Mark's addiction became the new shame for him, and he needed to escape and become evasive to avoid the gaze of judgement from others;

“Because socially, what it meant for me, I stopped seeing friends, I let people down. I would say. Yeah. I would say my dance with crystal, I was a highly functioning addict for 11 years I would say. I had serious jobs. It wasn't every weekend. And it was only when I hit crystal meth, I started completely destroying my professional life and my social life and my finances and my home” (M176)

Mark went on to explain that even in sobriety he feels he is being judged by his friends. He feels the shame of his chemsex lifestyle. The following quote illustrate this;

"They won't invite me. Yeah. They won't invite me as much. They understand I'm liable to use or that they don't want me to drag things down, as they see it. So, it's massive social impact, really. It's very fake" (M186)

Later in the interview Mark described similarly to Brad and Jay how chemsex and drug use caused conflict in his romantic relationship. The following quote illustrates a toxic relationship where he was made to feel ashamed about his substance use, after he had left a social gathering;

"But the minute we got in the taxi to leave, he would start saying things like, "You disgraced yourself tonight. Look at the state of you." (M294)

When Brian was asked by the researcher how chemsex has impacted upon his relationships, Similar to Jay but in a different form he had attempted to escape his friends and family. The following excerpt gives insight into how he felt ashamed to be seen by the people in his life outside the chemsex world;

"I mean, I look back with disgust at myself, that at times I turned up wrecked at family events... I cancelled family so many times, and made up a lie, because I've just said, "I've got something else going on," but I really couldn't leave chemsex. So therefore, I've got this huge anxiety that I have to see them. And also, times that I've turned up to things high, when I haven't slept, and I've tried to get away with that, and I've ended up being really nasty to friends" (B96)

Brian then described how he now realised the extent of how he must have been perceived by his loved ones. He details how his past belief that his state of mind wasn't being seen

was naïve. Brian now feels “real guilt” at his behaviour with friends and family due to the effects of chemsex engagement.

Sar as a participant felt shame it is shown by his account, in all the relationships in his life. The following excerpt puts focus on the judgement he felt from his professional environment in regard to his chemsex involvement. This is not dissimilar to Brad’s professional shame;

“I think my work relationships, I’ll start with my work relationships because that has been the biggest part of my life so far, here in London, I think work got massively affected because there were times I didn’t show up at times, or I wasn’t present in my meetings, and that had an impact on the opportunities I was given” (S225)

Sar goes on to detail the “horrible state physically” he was in stopping his colleagues from approaching him or asking him work related questions. This he feels had a large impact on his opportunities professionally. Sar had described the ‘Massive, massive’ impact that his chemsex use had on his social relationships, Due to his erratic behaviour. The following dialogue shows Sar articulating how he imagined the people in his life may feel about him in relation to his substance use;

“The kind of people who don’t do drugs are the kind of people also, some can be empathetic, and some will judge you, and some then will not want to invite you to certain places, because they may have kids around in the family, or they may have some, I don’t know, I don’t want to say they’re respected people, whatever that is, but there are times that you suddenly feel like, well actually, I don’t want to associate an individual with that sort of persona” (S237)

The first instance of Myles having felt feelings of shame by others interestingly happened within the interview room with the researcher. He had described his first experience of injecting crystal meth, which he had been paid to do by a fellow chemsex user. The following quote conveys his discomfort at perceived judgement by the researcher;

“I think back, it's kind of like, it really was... It just kind of happened. It was just dumb and stupid, obviously. Yeah, didn't mean to share that. No one should share that. That was stupid” (MY92) (nervous laugh)

Shortly after this unique instance where Myles felt shamed by another, he went on to give an example where he felt like an object of spectacle by many, which is similar to Brian's social interactions after chemsex engagement. The following excerpt conveys his feeling of exposure and vulnerability due to his involvement in chemsex;

“Because I had this rush and then I remember slamming and then go straight to my class that day, because I had seminars in Birmingham but then I had some seminars in London. I went straight to one of my seminars, it went horribly wrong. Honestly, I think I would have been perfectly fine, but I was tweaking off my fucking face in front of the class” (MY109)

Later in the interview Myles showed the difficulty in attempting to escape the gaze or judgement of his friends and family. Myles much like Nick and Mark felt the need to cut off loved ones to protect himself from their 'gaze'. Myles describes how his loved ones are very aware of his subtle changes in behaviour owing to his chemsex engagement. He realises he cant truly hide from people so he “ghosts” them.

The shame Myles has felt from his engagement in chemsex may be an ongoing struggle. The following quote illustrates his efforts to be seen in a better light;

“I think in lots of my relationships with friends, I've fucked up a lot of relationships and I'm on currently on a world tour of mending being my friendships and relationships” (MY348)

What has been shown from the participant accounts is the scrutiny or 'gaze' felt from the relationships in their lives has a profoundly negative impact upon them. The effect of this perceived judgement can have a powerful influence on how the participants feel about themselves. In particular feeling the need to cut off communication, feeling judged even after sobriety and the need to mend their relationships stand out to the researcher as indicators of significant shame or the Sartrean gaze they feel psychologically.

Subtheme-Living with Homophobic Shame

Living with homophobic shame was present as a theme in 6 of the 8 participants. When discussing this theme, the researcher is referring to both explicit and subtle ways that participants make judgments about their sexuality. The researcher examines how participants critique their own sexuality, the gay community as a whole and the chemsex community as a sub-group. The following accounts illustrate the intrinsic shame that exists for participants around non heterosexual sex and sexuality. They demonstrate the effects of social conditioning and how chemsex is used to escape the external forces which are multidimensional. For example, shame originating from social, cultural, political and familial forces all of which are inhabited within his environment but manifest within his consciousness. This can be seen to be shown for example through the fact that the participants discuss how they have sought professional help in an attempt to alleviate homophobic shame.

Brian discussed his love/hate relationship with chemsex, which he believed is an addiction. He felt most comfortable when he is alone as this enabled him to engage in chemsex without the judgement of others. The following dialogue conveys an internalised shame stemming from social pressure, about his behaviour within chemsex and significantly, his desire to be like others;

“Because there’s always a period in the morning, when I have regret and shame, I guess, that I hate it, and then I never want to do anymore. Why can’t I be like everyone else?” (B26)

Brian was motivated by a desire to recreate a real-life sexual fantasy which he has seen through pornography. In the following excerpt, Brian splinters chemsex users into the acceptable and the unacceptable. Brian's language conveys assumption rather than providing evidence of the men he speaks of;

“Sometimes it's just nice, because quite often I will try and look for my people, well people who are similar to me, as opposed to gays who have completely different lifestyles. So I kind of look for people who, in my eyes, aren't completely knee-deep in chemsex, and probably ill, probably HIV, and probably just living a really destructive life, and sort of drowning in it” (B36)

When Brian is asked by the researcher to clarify what he means by 'me feel more normal,' he again illustrated a stark difference between the 'right' homosexuals who he deems 'functioning' and the opposite to this;

“Yeah. It makes me feel like I'm with the right crowd and I'm not one of those gay men that are dying, I'm more one of those people that are functioning” (B40)

It was striking to the researcher the language and the imaginative tone to Brian's descriptions of the gay men, he either fantasised about or met in actuality. For example Brian goes on to use ominous and generalised language to describe a gay sexual partner, without much evidence or explanation. He vividly recalls the periods when he is alone getting high on drugs to which he idealises the men he could potentially meet. This stands in contrast to his descriptions of the “more destructive” men he encounters. Brian's accounts suggest he is aware of how he has compartmentalised the men he desires, and indeed gay men that exist in his reality. Again, the contrast between the idealised and the destructive/dying men is of note in relation to Homophobic shame.

Sar discussed his early ignorance of the concept of chemsex. When he first came to England, he sought psychotherapy to deal with the shame he felt around his sexuality. The following excerpt explains his relationship with chemsex and his internalised homophobia;

"I had a lot of shame around it, right? "Is this the right thing to do or not? Am I?" Whatever. It's just everything disappeared for a while, and I think a lot of it became focused where, whilst I am in that space in that point in time, I'm not really having to think about other things, or think and worry about all the guilt and shame associated with it," (S47)

Sar went on to discuss how he previously thought that he didn't have a problem with intimacy, but now realises sexual intimacy is an issue for him. The following dialogue conveys his persistent and ongoing struggle with his sexuality and the influence of familial judgement;

"I think definitely. I think it's definitely connected, because it's funny, even at this point in time, it's definitely shame and guilt about being gay, and I think as open as I am right now, with everyone, I don't lie about it, but I don't mention it to anyone back in India" (S71)

The following dialogue conveys Sar's paranoia and awkwardness when a female friend of his invited him to a dinner at her home. The internalised homophobia and fear of how his homosexuality is being perceived particularly by heterosexual men is clearly evident;

"It's just, I feel uncomfortable, because somehow, I feel like I'm being judged, or I always feel like there's some guilt or shame associated with it, as if that person is thinking. "Oh, you dirty person." (S77)

After, he cancelled a dinner to avoid heterosexual men. Sar then went on to illustrate his internalised homophobia and the implicit assumption he is inferior with a chance encounter with an acquaintance;

“he's a straight guy, I met, and he is holding a child. I just always get this really weird vibe like a straight man might be judging me for this, or especially a married man. Unless that I get a very, very relaxed vibe from someone, very often just my general bias will be, "This person will judge me." (S89)

Much later in the interview Sar discussed the fact that he has never been in a romantic relationship echoing Brian's admissions around never having real intimacy and regrets when chemsex ends. Sar then described that when he finishes having sex with someone, he immediately feels a 'void of emptiness.' The following quote describes how he feels after ejaculation;

“Absolute, absolute regret. Shame, guilt, deceiving my family, what-not, so much of that just comes up, and everything descends on me, all the worries descend on me. It's funny, everything else is not bad. Not before it ends” (S151)

Nearing the end of the interview, Sar discussed how destructive chemsex has been on his life, particularly his non-chemsex relationships. Sar goes on to articulate how chemsex is a brief escape from his homophobic shame, however his disgust returns once the sex is over. After he has exhausted himself or ejaculated he is left feeling alarmed and disgusted at himself.

Chad described the ways in which chemsex enhanced his sexual experiences. When asked to elaborate, he explained how chemsex gives him the ability to overcome the homophobic conditioning much like Sar, which had been instilled in him from an early age;

“And explore more about your body, explore more of your sexuality, because when you're sober you have lots of boundaries, like social boundaries. Whatever your upbringing, family,

whatever you're raised on, all the values and all of that, you overthink everything when you're sober. Chems gives you that freedom and you think less" (C157)

Myles discussed his inclination to use hook-up apps when moving to a new area, in order to seek out sexual partners. He described not wanting to be on hook-up apps anymore and expresses judgement of the gay community to which he belongs. Myles talks of the men being the same men he has seen "on there five years ago" forgetting that gay men on hook-up apps may be looking for more than just chemsex. He is passing judgement both on the wider gay community, and indeed himself.

Myles attends therapy to help understand his internalised homophobia. He expresses to the researcher that the current interview felt like therapy as he feels he has "narrated to myself" his struggle. The following dialogue conveys his recognition of the issues he faces with his sexuality;

"I'm starting my therapy with, one of the sexual health counsellors at Dean street in like two weeks, three weeks, which I think actually will help me a lot because I feel like that is very a big part of why I've used, and my relationship with sex and with men in particular" (MY394)

Towards the ends of the interview, Myles detailed his struggles with chemsex and how this has impacted his romantic relationships. The following excerpt shows that Myles, much like Brian has some entrenched and wide sweeping ideas of how the gay community think and interact;

"I feel the standard gay thing is, you meet someone, fall in love in the first month. Move in, in three months and then get married in 12 months, and then you divorce in two years. I don't want that. I want, if he is a potential and stuff could happen, I want to be able to breathe. Take my time, not to meet his friends after the first week of being with him. Just allow it to grow naturally, not at the pace that every single gay thinks things should run, because they terrified of dying alone" (MY418)

Brad explained his engagement in chemsex as being motivated by pleasure seeking. He also discussed crystal meth addiction also having been a major factor. Brad gives insight, similar to the view Brian conveys, that he has negative feelings about the chemsex community, and himself. He talks of meeting “really weird fucked up people” within chemsex and assigns the same slanders to himself. This feeling may run deeper than chemsex.

Brad described seeking “more and more” specific and niche types of men to take part in increasingly specific sexual acts. When asked by the researcher what he felt this was about he replied;

“I don’t know, exactly, except for it probably relates more broadly to my own issues, that I might have with sex in general, or my sexuality I suppose, and how I explore that. But in a way that is probably not a healthy way, for my mental health, at the time” (BR183)

Mark’s homophobic shame was acutely evident throughout his interview. Just 3 minutes into the interview he was asked by the researcher about his experience of chemsex. The following answer shows his mindset;

“Yeah. God, how do I begin? When I think about it, I’ve almost always had hang-ups about sex. Just from growing up gay and trying to be straight for probably 15 years, hiding my sexuality, and growing up in a family where sex was a taboo or always talked at. It’s bit Victorian values, a bit prudish. And where gay people were always mocked. And in the culture and time, placed in the world where it just wasn’t right to be gay. Or mocked or picked on in my case. Bullied. I forgot the question” (M16)

Later in the interview, Mark discussed the social aspect of his chemsex experience. He articulates his shame at being perceived as gay through recalling how he would “sneak into gay bars”. Mark talks of his fears of being found out by the people in his life such as his flatmates.

Mark, much like Sar, described never feeling comfortable in his high-powered career due to the necessity to interact with heterosexual men;

“By the way, I was finance director. In the days of my drug use I was in management consulting, one of the big firms. I never felt comfortable around groups of men. Never. It's crazy” (M146)

Mark later goes on to describe how sex is traumatic for him because of how he perceived homosexuality growing up echoing Sar's experience. The following excerpt strongly demonstrates this;

“I grew up in the 70s, 80s south Yorkshire, like a coal mining community. There were no gays in the village. They were all behind closed doors. It was that kind of mentality. Yeah. It's traumatic because I just taught to believe it was not right, it wasn't normal, it wasn't healthy” (M210)

The consequences of this homophobic social conditioning from a young age have had lasting consequences for Mark. This is illustrated in the following dialogue;

“Someone said the other day in a meeting, “Sex is a natural, normal, enjoyable thing.” And I just thought, “For you, maybe. For you maybe. It could be, but not for me.” That was my initial response, like none of those thing” (M210)

As we have seen from the participant accounts, homophobic shame is a dominant aspect of their lives, both within and outside the chemsex world. This damaging judgement has generally been sowed from early age and as some participants have disclosed, is a motivator for their involvement in chemsex. It affects their thoughts and belief systems surrounding themselves and their communities and as each participant has described in one form or another, how it has impacted on their experience of sex with other men.

Chemsex Darkness

The final superordinate theme of Chemsex Darkness and its three sub themes, fully encompass the negative, painful, wounding and distressing aspects involved within the context of the chemsex experience. The men's accounts vividly illustrate the unpleasant aspects to engaging in the chemsex world, detailing both the physical and psychological harm that can result from participation.

Subtheme-Impotence and diminished sexual confidence

The researcher is referring to impotence and diminished sexual confidence in both the physical and psychological sense. Erectile dysfunction is explicitly referenced in 7 of the participants. While the remaining participant alludes to his body failing him and how little sex is involved in chemsex. Beyond erectile problems there is plentiful narrative to support sexual dysfunction with these men, both inside and outside of their chemsex experiences. The following will describe sexual impotence in a variety of forms. This will range from fear of sex and sexuality itself, to reliance on chemsex to fulfil specific sexual needs which may not be possible sober, to fears of never recovering a healthy sex drive and sense of sexual confidence without drugs.

The sense that Mark has a psychological impotence regarding the idea of sex, was evident at the very beginning of the interview. When asked about what intimacy means to him, he references his fear of sex and sexuality along with his fear of discussing this, even within the safe space of the therapy room. The following excerpt illustrates this;

"I was doing psychotherapy for six years. I moved to my rock bottom and my therapist used to test me every six months to see whether I would joke about sex and I could not. I've read a bit about intimacy and I know there's intellectual intimacy, experiential intimacy, sexual intimacy, and a lot of others. There's all types. I believe I've experienced all kinds of intimacy. But I struggle with sexual intimacy" (M8)

Mark discusses how chemsex allowed him to lower his inhibitions both sexually and socially, when he gives us an insight into the struggles he was having within his partnership. He describes how his 12 year relationship was in conflict sexually as his partner insisted on bringing other men into it. Mark talks of not being able to cope with this scenario "without drugs".

Later in the interview, Mark discusses a situation where he explains to an old friend who also has addiction issues, why chemsex was so problematic for him. The following dialogue conveys how chemsex has become intertwined in Mark's sexual identity and his fear of becoming impotent in sobriety;

"Yeah, it's all wrapped up in the sex, so I explained chemsex. I do think that it's hugely problematic because you have got to learn to have sex again. Even if you can stop the cravings from the drug, which I'm pleased to say I don't have anymore, we all have the urge to have sex. And for me, that's a danger zone because without the substances, that's an uncomfortable space for me" (M194)

At the end of the interview, Mark discusses chemsex and its impact on his experience of intimacy. He describes how chemsex transformed sexual intimacy for him. The following excerpt conveys his struggles with sexual impotence since becoming sober;

“Now I've probably got even more of a hang-up about intimacy than I would have had 20 years ago. At least 20 years, you're fumbling in the sheets, it's not acceptable. And at my age, learning to have sex is a bit embarrassing. So yeah. It's made it a little bit of an uncomfortable topic” (M338)

Nick details the powerful ability chemsex provided him with. He describes how, for the first time in his life, he was able to have sex that lasted a satisfactory amount of time. The following quote convey this shift that occurred after being introduced to chemsex;

“Yeah, long, long. I mean, you can have sex for hours, 12, 24 hours with one person, 36 hours with one person” (N29)

When Nick is asked by the researcher if the stamina and endurance chemsex provides is important to him, he replies in the affirmative. The following dialogue confirms his belief that the drugs are necessary for this level of virility;

“If the person wasn't taking chems, then it wouldn't A, last that long, B, feel so wild and uninhibited and crazy in a way. That just wouldn't happen like that” (N33)

Later in the interview, Nick is as asked about intimacy in relation to chemsex. He is definitive in his response explaining he would have trouble having sexual relations at all.

The following excerpt illustrates Nick's beliefs about his sexual abilities without drugs. Nick's belief that he requires drugs to give him the confidence to engage with men sexually is demonstrated. He describes how the desire to perform well sexually is a trigger that leads to him lapsing back into drug use;

“Yeah, and to be intimate with people, so much so that I will not have sex at all. Then what could be a trigger to then after a period of not taking drugs, a trigger for then taking them is wanting to have sex or wanting intimacy and then thinking the only way to do it is to have

drugs. Because a lot of people, I think ... Well, talking about myself, before drugs, I found it very difficult to be intimate, to have the confidence to have sex and drugs gave me that confidence” (N217)

He follows this up with how he has effectively become sexually impotent now he has left the chemsex world. His reliance on drugs has had a profound effect on his sexual and relational maturity;

“I relied on that for so many years to give me the confidence to do it. Without the drugs, I've gone back to square one. I've never learned to do it properly because I've always relied on drugs. As someone maybe would go through life and learn to have that intimacy and that confidence, I've relied on the drugs to do that. Without that, I just can't” (N219)

Nick ends the interview by talking about his hopes to regain his ability to connect with men in a functional and healthy way. He discusses being in love in the past and is asked whether he is looking for a similar experience again. Nick's response is that he is looking for love and intimacy but he wants to achieve this sober and without drugs.

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Sar speaks pointedly about his struggle with his sexuality. In the following dialogue it can be seen how his problems with the act of sex are eliminated through chemsex;

“And that's where, I know that that instant, something had just definitely loosened up, all right? Something had loosened up where suddenly sex didn't become this thing of, at that point in time, a thing about shame” (S43)

Sar goes on to describe how chemsex allowed him to have increased sexual drive.

He conveys how he can be intimate with the people around him, but needed assistance with sexual function. Sar's makes this clear by stating that he has not struggled with people

socially in his life but questions why he would need drugs to enable him to be sexual with men.

Towards the end of the interview Sar is asked about how chemsex affects his experience of intimacy with other people. The following dialogue shows that while chemsex has afforded Sar sexual connection and function, it has also caused him sexual impotence both physically and emotionally as a consequence;

“It had an impact. I think it massively had an impact on my intimacy on the physical level, my ability to be with somebody. I think it's had impact, and on an emotional level, with a friend or a partner or anybody” (S263)

Chad discusses his chemsex experience from a sensory perspective, describing how all of his senses were heightened, leading to an increase in his sex drive. In the following dialogue Chad details how this ultimately results in sexual diminishment and impotence;

“But this fades away with experience. The more you do it, the less you feel and you get to a point that literally, you do not get erection, you do not feel anything. So, after some time of doing it. Although you are stuck with the habit because it becomes your habit” (C69)

When Chad is asked by the researcher if anything about chemsex is problematic, he responds;

“It is problematic because I'm so hooked with the idea of warming up for sex being prepared or of being in a horny level. That feeling becomes basically stuck with chems to achieve this level. So it is problematic because it gets to a point where you don't feel anymore sexual. However, I don't enjoy the sex on it like I used to. But to be sexual, I feel like I'm hooked with the chems” (C93)

It is clear that while chemsex was originally all about sexual enhancement for him, it has now become the opposite.

When asked by the researcher to clarify the implications of using drugs in the preparation for sex, Chad describes his reliance on drugs for increased virility in sex. He goes on to show the sexual consequences by explaining that after long exposure to chemsex his “real sexual drive” just disappears without drugs.

Nearing the end of the interview, Chad again discusses chemsex and its impact on intimacy. His fears about his ability to perform sexually outside of the chemsex world, are illustrated below;

So, when you have sex when you're sober, that's if you can have sex when you're sober, after having chemsex you will not get the same feeling. You will not feel this intimacy. It does affect big time. (C229)

The above text demonstrates that it is not only physical performance Chad is worried about. He also relies on chemsex for sexual intimacy and arousal. The idea of sexual impotence beyond just the physical, is conveyed in the following excerpt;

“you get hooked with the idea. It might be not the case because after some time of having chemsex, you realize that you're enjoying it less and you're performing less. So, performance will change. Yeah. But that intimacy, I think it's what you're hooked on because you feel more intimate” (C265)

Brad describes chemsex in a pointedly clinical manner, which is perhaps unsurprising as he is a physician. He feels that chemsex is broadly used to treat sexual dysfunction.

“I think one of the key things is that the substances are being used to create something that isn't there, or to get rid of something that is perceived as being an impairment, otherwise, or to disinhibit, or to provide some sort of physical response, for example” (BR45)

Brad then brings this general statement back to his own personal experience of chemsex. Where both he and his chemsex partners use erectile dysfunction drugs;

“I guess, when I use chemsex, then I think, as I talk about it, I also think that we're talking about the other drugs, that are not psychoactive but are used for people to get erections” (BR47)

Brad later discusses his desire to be a part of more extreme sexual practices and believes that chemsex affords him the ability to achieve this. The following excerpt highlights his reliance on chemsex to combat the physical impotence of erectile dysfunction. It also allows him to relax, both physically and psychologically, and to achieve sexual goals that he otherwise may be unable to achieve;

“Definitely, with being a bottom. Much more, I'm feeling very comfortable with being a bottom, which is not always the case. I'm versatile, usually. When I use crystal meth, I become very much bottom, because functionally it's just hard for me, because I don't get hard-ons so easily. That's why I use Caverject, those times. Also, because I think it makes me more relaxed, in terms of bottoming and doing more extreme things as bottom” (BR97)

Brad goes on to discuss further reasons for him to connect with the chemsex world. He gives us insight into his relationship with his partner and the elements he feels is missing between them. Brad articulates he has emotional intimacy, but it has been a long time since they've had sexual intimacy.

The lack of sexual intimacy between himself and his partner, can be seen as a clear motivator for Brad to seek sexual gratification in other places. We can also see from the following dialogue the dysfunctional effect chemsex has had on his sex life with his partner;

“I think that one of the things that's happened, over the years, that is a catch-22 situation, is that seeking the sexual experiences with others has impacted on the sexual relationship I have with him. That's gone in a vicious circle” (BR143)

Brad then goes on to stress the point that he is seeking sexual intimacy as opposed to emotional intimacy, and that his sexless relationship is a factor. He articulates the struggles himself and other men within the chemsex world experience in regard to sexual function. Brad describes how his own experience of not being able to have sex without drugs was evident in the past, and he believes this is true for a lot of men engaging in the chemsex environment,

Jay discusses the physical experience of chemsex as being ‘relentless’ and how it doesn’t end until his body gives up. He describes being willing to do anything and with anyone as chemsex appeals to his natural inclination to be ‘quite subversive’ and that ‘there’s a lot of danger involved’ which he enjoys. This narrative is especially interesting as the following excerpt displays Jays’ body failing him and how little sexual engagement takes place for him personally;

“the stopping and starting of the actual sex, and then ... I say actual. I mean very little of it is actual, especially if you've been in it for a while. By a while, I don't mean the actual episode. I mean after the years, your body after a while just really stops and I'm speaking about my experience now, because it could be completely different for other people. But for me, there's maybe like a week of using and partaking in that behaviour maybe like 20 minutes of sex. The rest is just nonsense” (J73)

Myles discusses his potential new partner and how he wants this relationship to exist in a different way to his previous partners, all of whom he met within the chemsex world. The following dialogue conveys the sexual dysfunction Myles is now trying to avoid;

“Yeah. And then my ex before that was a massive cokehead, who we didn't have sex unless he was high. So, for me the tone, there's a very distinct tonal difference between Robbie and I now, which is good” (MY157)

Near the end of the interview Myles discusses chemsex and its impact on his experience of intimacy. The following quote illustrates how Myles thought chemsex had done lasting damage to his ability to have sex and become intimate with people;

“I thought I couldn't have sober sex and stuff like that. But Robbie and I have had sober sex, and it's good. I'm grateful for that. I've not lost my ability to connect to people” (MY442)

Brian describes the physical sensation of chasing a sexual high, as well as his desire to live out a pornographic fantasy. He believes that the chemsex world is aligned with his desires. However, this idea is often impeded by sexual dysfunction. Brian talks of his disappointment of the experience never matching his expectations, he discusses the person “just being wrong” for him and having trouble with his erection.

Brian goes on to discuss how chemsex is “filling a gap” for me finding someone properly.’ He believes that chemsex is problematic for his health as it results in him not taking proper care of himself. The following dialogue illustrates how Brian feels about the impact the chemsex lifestyle has on his physicality and sexual function;

“I don't wake up until the afternoon, and then I have for lunch some shit take-away or something. Which was fine maybe in my 20's, but I'm getting older, and I can feel my body is failing me, getting hard trouble like never before, well it's just not good is it” (B76)

Brian discusses the impact of continuing with chemsex now that he is older. He describes the not sleeping and his poor diet as problematic. In the following excerpt, Brian explains how his experience of chemsex has changed since his first encounter with the phenomenon

years earlier. We can see the anguish he feels about not being able to perform as well sexually as he could before;

“I never didn't get a hard-on. I was always hard, all the time, no matter how many drugs I did. So, I was able to... My sexual experiences, all were more fulfilling. In my mind. I mean, that might have been me rose-coloured glasses, but they were always more fulfilling. Whereas now, there's always something that goes wrong. Quite often I'm not... I never get hard, so therefore there's always a sense that I'm even failing in that. I even failing in doing chemsex”
(B88)

Towards the end of the interview, Brian discusses the occasions where he goes on dates with men who don't have any connection to the chemsex world. He employs strategies of arranging to see them around his chemsex activity. Brian illustrates his struggle with intimacy both emotionally and physically, this is shown to us by him detailing how uncomfortable he is in sober intimate situations. He will leave a date with a man and retreat into chemsex, He exclaims has'nt “had sober sex in a very long time” and this scares him.

As has been demonstrated above, impotence and diminished sexual confidence is a consistent theme throughout the participant transcripts. Chemsex itself can cause impotence during the chemsex experience along with exacerbating sexual dysfunction in non-chemsex related sex. It can also cause increased anxiety around sober sex and performance. The above accounts would suggest that while chemsex is used to increase sexual pleasure, over a period of time chemsex itself may lead to the lowering of sexual confidence and an increase in intimate dissatisfaction.

Subtheme-Psychological distress, fear and detachment from reality

This theme is an integral sub-theme within the super-ordinate theme of Chemsex Darkness, it, as the name may suggest chemsex can take these men to disturbing places psychologically. Psychological distress, fear and detachment from reality was described in 6 of the 8 participants, of which 5 of the 6 participants explicitly mention an episode of psychosis. The following accounts from the participants will detail this theme from different angles. The experience for the participants is overwhelmingly negative and distressing unsurprisingly. The accounts include strategies to avoid mainly paranoia and psychosis, reactions to feeling fear and distress such as needing to be alone, and then outcomes of the phenomenon such as hospitalisation, physical injury and attempted suicide.

Sar discussed his fear of dying from a STI and needing reassurance from the doctor when he was extremely upset. He spoke of working with LGBT mental health services to help him “fix all of these messy relationships I have with my own set of thoughts”. Sar showed what had happened to him after he engaged in chemsex with the following dialogue;

“I blow it out of proportion where I’ve pretty much had psychosis. It was so bad that I literally, twice or thrice, I called my parents and started crying to them whilst I was in psychosis, and I told them everything about it” (S111)

Sar detailed having to recover after a binge which would last several days. He described the recovery process taking several weeks. Both chemsex and his recovery kept him from connecting with people. Sar shows us the distress engaging with chemsex has had on him. He details how his paranoia “massively increased with those drugs” and how this made him “neurotic and insecure”. He describes the irony of taking drugs to alleviate insecurity but how he pays the price.

Sar described to the researcher how chemsex was problematic for him due to problems with his physical and mental health. The following excerpt conveys the strategies he employed to prevent himself losing control via psychosis through avoiding certain drugs and using other drugs to mitigate psychological distress;

"I have literally actively tried not to take crystal meth, predominately because I knew that I had psychosis after that, but then suddenly somebody introduced me that there's something going with Valium, right? You could take Valium and you could calm down, so then what I started seeing as a behavior was that I would take drugs as long as there's Valium" (S201)

Myles discussed how his life was changed forever after someone had paid him to inject crystal meth for the first time. He goes on to describe the rapid change in his personal world and behaviours. The following quote conveys how chemsex and hard drug use altered him;

"Then I got so paranoid that I couldn't go on tubes anymore. I always used to think people were staring and I was pissing myself, when on tubes. I'd get so paranoid I'd get ubers. I think I spent, in one month, I think £500 on ubers" (MY113)

Later in the interview Myles described the powerful pull he had to the chemsex world. Where he can see two sides to his personality, one side is connected, carefree and more "liberal in your choices". The following dialogue conveys the opposite side to this where he becomes paranoid and feels the need to be alone;

"then I will spend half an hour in the bathroom, everyone who comes to knock on the door, "Are you all right?". I'll be like, "Yeah, I'm fine." I just need to be out of the space. I need to be like by myself. That's how I cut myself off" (MY270)

Myles continues to describe how there have been times during chemsex where he feels he may have been hurt in the past and he has intentionally blocked this out. The following excerpt gives insight to his state of mind during chemsex sessions and after he has left;

"I feel like there's always this idea that I'm going to be hurt by someone whenever I've been high, "Okay", and it gets worse and worse and worse, the more I get high. Then I start to look around and be like, "Who's this person? Will they harm me? What will they do to me", and that. And I just start to overthink it. And then I'll panic and then I'll get a tube home. And then I'm at home panicking, thinking people have followed me home. I don't really like paranoia element to it" (MY278)

Jay had been discussing the chemsex world and its complexity when he asks the researcher if he knows about his history. The following quote gives insight into his experience of drug related psychosis;

"Okay, so I've basically been through three treatment centers. Spent two years of my life in residential treatment. I had a psychotic break in 2012 as a result of this stuff" (J65)

Later Jay described the communal identification he feels with other men within chemsex. He goes on to reference that the positive togetherness he feels is an illusion and how chemsex affects him negatively;. Jay speaks vividly how his paranoia kicks in as morning approaches and his realisation of how good drugs are at lying to him.

Jay then spoke of his descent into crystal meth addiction. He described an intense pull to the drugs where he feels few people are able to stay clear of chemsex, which leads to 'It's why you end up losing everything'. The following dialogue illustrates his need to escape the chemsex community and his own very fragile mental state;

“It's like what happened to me towards the end, was that I found myself actually not even being around people. I was just walking around for days, walking around with nowhere to go, fucking blisters on my feet, massive blisters, walking on motorways” (J161)

Jay continues on to describe how he was running away from people and himself as he didn't know if he wanted to die or live. He goes on to stress how dire the situation was for him, by detailing how he would be around people briefly, then he would spend days alone walking.

Later in the interview Jay described how the chemsex experience has changed for him since he first started. He moved away from his own personal struggle with psychosis related behaviours. The following excerpt conveys the chaos and drug related paranoia and distress Jay can see in his chemsex partners;

“It would always be something. There'd be someone coming knocking on the door for something, or this person called, or this thing happening, or suddenly someone believes that they're being filmed, and then you have to deal with that. Or someone will go in a G hole, and then you're fucking having to sit with them” (J191)

Brad when asked of his experience of chemsex, he gave a detailed clinical description of what chemsex was for almost 5 minutes. The researcher then asked more pointedly for his personal experience, the following quote was Brads first disclosure about his experience;

“I think, overall, my experience of chemsex has been a negative one. It's been one which I've found has caused me to have psychosis. I think it's very seriously affected my mental health, negatively” (BR51)

Brad goes on to describe a recent chemsex experience with someone he knows and has been with in the past. When the researcher asks about chemsex in a more detailed experiential manner, he gives a response which puts drug related paranoia front and centre

within his experience. Brad details how he feels aroused and elated to begin with through injecting crystal meth, this quickly descends into paranoia about the people he's with, and "what their intentions are".

Brad went on to speak of a constant worry that he isn't found attractive by other men in chemsex and how he has an inability to speak. He describes the trajectory of his paranoia in the following dialogue;

"An episode like that will probably, then, involve me spending some period of that on my own, in between people. I'll become quite paranoid, in my house, or usually in my house, and then become psychotic. That goes on for a prolonged period, so that's a really unpleasant experience" (BR85)

As we can see from the above excerpt Brad, much like Myles, was very unsure and paranoid if it was safe to be around his chemsex partners, and much like both Myles and Jay felt the need to leave the situation and be alone.

Later Brad discussed the positives of chemsex, an increased awareness and he sometimes feels desirable. He described feeling relaxed enough to be "it's okay for me to stop feeling paranoid". the following text shows this doesn't last long;

"I then feel trapped, in a way. I feel like I want to leave, but I don't know how to leave. Then, this is where the psychosis comes in. I start to feel like people want me to leave but I'm not sure. I ask them and then I can't really understand if what they're saying means they want me to leave or not. Then I become caught in this weird psychotic place, where I'm not sure whether I should stay or I should go" (BR107)

When asked by the researcher if he knew he would develop paranoia and psychosis why continue to use chemsex. Brad spoke of his addiction and struggle with chemsex. he

exclaims that he would always hope the psychosis would not happen. Brad goes on to detail that during his heaviest using, paranoia was a constant theme.

Mark spoke of an intense experience with the chemsex world and how it changed his life.

The following quote illustrates what would happen to him after days of being awake;

"I'd get a psychosis. I would get paranoid. I would start to feel like people were following me in the street. Believed that I was being filmed" (M128)

Mark described how destructive entering the chemsex world had been for him with its massive social impact. After detailing a failed stay at rehab, he goes on to convey how unpleasant physically and emotionally taking hard drugs was for him. Mark gives an example of taking him 24 hours to recover from the paranoia and psychosis.

Later in the interview Mark spoke of how quickly his descent into addiction and self-destructive behaviours had been. After discussing his physical weight loss and financial troubles, he describes another mental breakdown in the following dialogue;

"I was a burdon I was admitted to hospital five times I think. Twice by ambulance. I went twice by ambulance because I got psychotic. I was convinced I got a needle coursing throughout my veins. I can't remember what happened the other time when I was admitted to the hospital" (M250)

Nick also much like Mark, detailed the significant destructive impact that chemsex and crystal meth addiction had upon his life. He described many trips to A&E due to either collapsing and losing consciousness or suicide attempts due to 'come down can be so harsh'. He finally described what by this point the researcher had assumed, that he was experiencing total mental breakdown. The following quote illustrates this;

“Yeah. Psychosis as well. I fell out of a window once and fractured my spine. Another time I jumped off a balcony and tried to slit my throat” (N185)

As we have seen detailed psychological distress, fear and detachment from reality is a common theme amongst the participants when engaging in chemsex. The accounts detail it as a frightening and highly distressing experience. It has been shown the participants will attempt to avoid it using strategies such as using sedatives to counteract the effects of drug related paranoia to removing themselves from other people to be alone. The phenomenon as described, may lead to serious harm to the participants with lasting consequences.

Subtheme-Chemsex and the physical price

Physical harm in association with chemsex and its costs were explicitly described by 6 of the 8 participants. The following accounts show that chemsex can cause physical injury, both accidental and intended. The physical harm reported in the following descriptions include STI contraction, reduced exercise and unhealthy diet. They also detail more serious harm such as bacterial infection through unsanitary injecting, serious sexual assault, overdose, hospitalisation and suicide attempts. The participant accounts of physical harm share both similarities and sharp differences in severity.

Nick first talked of the physical damage associated with his involvement in chemsex when asked by the researcher if chemsex was problematic. He first described the financial implications and goes on to talk of not sleeping for seven days. The following quote conveys some very unhealthy physical behaviours;

“Seven days without ... I don't think I ate. I think I ate a bag of crisps or something and no sleep. Then it took 11 days in bed to recover. I went through that kind of thing for quite awhile” (N149)

Nick went on to show the physical impact of staying awake with little food for an extended period of time;

“At the time, it's good. But then after, if it's a long one like that, then the body starts to hurt, you start to have injuries, get mouth ulcers, get headaches, and then you get ear and nose infections and feet swelling up. It can be very hard on the body. Psychologically, it's awful to come down. It's just horrific” (N153)

Later in the interview Nick explained that these extended periods of chemsex involvement are motivated by not wanting to be 'taken out of paradise and put in hell'. He described his crystal meth addiction as having led to him losing his job and home. He also states; "You'll end up going in and out of and A&E" along with graphically detailing trying to "slit my throat" The following quote demonstrate how the chemsex world has led Nick to the most extreme physical harm;

"Being in A&E on a respirator or with drips and everything and a catheter in, because of collapsing or because of a suicide attempt on the come down because the come down can be so harsh. A lot of suicide attempts happened. People are coming down from the drug"
(N177)

When Mark first disclosed of how chemsex had been physically damaging, he referenced the wounds as being all-encompassing. However, he went on to talk of the physical damage of losing his residence and how reckless he has been by contracting STI's;

"A wounding experience. Yeah. It's psychologically wounding, emotionally wounding, physically. I've lost my home. I have managed not to get HIV positive. I am HIV negative. I did manage to get on PrEP for the worst of my antics. I descended to rock bottom. Thank God I had PrEP. But yeah. It's been a wounding experience for sure" (M116)

Later in the interview, Mark described how problematic his descent into chemsex and crystal meth addiction had been. He stopped working and his financial problems had an enormous impact. Mark returns to the physical damage the situation had inflicted upon him, he describes losing 30 kilos in weight which was "hugely problematic" to his health. He also details hitting "rock bottom" and cringes at the amount of sexual health treatment he required.

Mark detailed the chaos that the chemsex world had caused in his life. He described being a burden to others because of several admissions to hospital, which caused worry and stress to his loved ones. The following text conveys the physical harm inflicted through chemsex and even his chemsex partners;

“I spent two nights in a hospital. Two separate nights while they brought me down. I had to go because an infection in the soft tissue. Obviously someone had injected me with a dirty needle. I had some antibiotics for that. Then I did my toxicology appointment after that because the same specialist saw me both times” (M250)

Mark similarly to Nick but not as severe, showed in the following quote that the toll of his chemsex and drug addiction has resulted in suicidal ideation;

“I did want to die. I said I wanted to die. I never made any plans to die. But when I took sedatives at the end of the session, I just did not want to wake up. I was so sick of it. I did not want to wake up” (M252)

Sar first described the physical harm participating in chemsex had caused him in the following dialogue, where expresses distress at an infection diagnosis he has received;

“I was really scared of STIs. I was really scared of STIs. The first time I got some STI, chlamydia gonoreah, I cried so much in front of the doctor. This was literally three years ago. I cried my heart out in front of that man” (S99)

When Sar was asked what his experience of chemsex is like from an experiential angle, he immediately described having a bad physical reaction to drugs;

“Physically, I feel horrible. The last time I did it, just before that, I literally physically had to go to the toilet almost three or four times. I was almost sick because of the anticipation of what's going to happen as a result of that, and that clearly states that there's a problem” (S127)

Sar believes that the sex he has during chemsex is more like abuse to him 'just use my body and hurt myself.' He then went on to describe unknown injuries inflicted during chemsex;

"I'm so focused that I don't really realize when I'm hitting, accidentally, myself next to a corner, a bed, or whatever it is, or whatever, it's just some of those things where you start realizing, the next thing you do, two days later, your whole body's hurting and you realize, "Oh my god, when did this happen?" (S133)

Later in the interview Sar went on to describe the physical toll his chemsex binges have on him physically. He details how it takes him up to four weeks to recover as he is struggling from the effects of the drugs.

When the researcher asked Sar if chemsex is problematic for him, he immediately described how his chemsex activity has led to a chronic physical condition;

"arthritis in my jaw, predominately, because I've been grinding my teeth a lot actually after drugs, but the damage that I do to my physical and mental health is just beyond repair after a certain while" (S197)

Sar discussed the strategies he employs to avoid psychosis by using sedating drugs to counteract the effects of crystal meth. In the following dialogue we can see how he attempts to heal his body from the physical harming effects of multiple drug use;

"it's horrible. It's horrible. The amount of chemicals that it's putting in my body, and then I'm constantly drinking litres of water to try and flush all of that out, and then going to hot yoga classes to sweat it out. It's absolutely insane, the physical trauma that it causes" (S203)

Brian, much like Sar, found chemsex problematic to his physical health. Brian described not being judgemental about it as it is "filling a gap for me finding someone properly".

He then expressed his physical health concerns;

“it is problematic for my health as well, because I'm constantly recovering from it. I wish I could wake up fresh, I used to run every Sunday but I can't manage it now because the physical toll of chemsex” (B76)

Brian discussed that he feels too old for the chemsex lifestyle, as he believes its impacting upon his health;

“It was something I could get away with more when I was younger, and now I just feel like I'm too old to be having take-aways on a Sunday afternoon, because I didn't sleep until 8:00, 9:00 AM” (B80)

The following excerpt not only illustrates Brian's concern for his physical health, but also his friends' concern for him;

“So my friend, Simon, says to me, that he was really glad I was running the marathon, because he's felt for the last couple of years, that I was going down a hole, and there was obviously something going on- I used to workout and run a lot before chemsex” (B120)

Simon's words had given Brian pause because he had felt his physical health was only a concern of his own. However, the physical damage caused by chemsex which had been pointed out to him by his friend was evident. This made Brian realise it was obvious that his physical change and demeanour was noticeable to many people in his life.

Brad first detailed the physical harm caused by his chemsex encounters in the following excerpt which details very specific sexual practices which he sees as extremely dangerous;

“If you think about it, it's a deeply intimate thing, to allow somebody to put their arm inside you, by about a foot, where they could kill you, in fact, if they chose to. You might have met them half an hour before” (BR187)

Brad then gave more specific examples of how chemsex had led to his physical health being put at risk. The following dialogue conveys both the harm of STI's and serious internal injury facilitated by chemsex;

“It's had impact on my physical health, because I've had infections arising, obviously, STDs and Shigella, injuries, physical injuries. One guy did something very strange to me, with chains and stuff, which made me bleed internally, for example, in a chemsex scenario” (BR223)

The following excerpt from Brad will illustrate the unique physical injuries that were inflicted upon him by another chemsex user who had a chain wrapped around his penis. He recognises that this was very likely intentional;

“I didn't realize that, but it was basically scraping me up, and causing me to bleed. That was really weird. That was really bizarre. That was an assault. That was sexual assault, effectively” (BR229)

Brad went on and spoke of other sexual assaults he has experienced during chemsex encounters. He described one particular episode that happened to him after he was rendered physically unconscious through excessive drug use. Brad goes on to describe a stranger who had been present earlier in the chemsex session came back “and fucked me while I was unconscious, which is rape”

Myles first discussed his fears for his physical safety after he described being paid by a chemsex partner to inject crystal meth. He detailed a downward spiral in his life when the following realisation about his physical health came to him;

"Yeah. And then I can remember looking at my account, I was just like, "If I don't leave now, I'm going to die." So, I bought a one-way ticket back to Birmingham" (MY123)

Myles expressed his need to remove himself from other chemsex users and be alone, in order to protect himself from physical harm. The following quote indicated the possibility he has been physically harmed but is unaware of it;

"A lot of the times when I have been in spaces like that, and I don't know whether at some point I have been hurt, and I've blocked it out" (MY274)

Later in the interview, Myles described an incident where he went missing and his loved ones were unable to reach him. Myles, much like Brad, was rendered unconscious by drugs for six or seven hours but is not certain if he had been physically assaulted. The following dialogue conveys the potential physical harm to Myles;

"That scared the shit out of me when I woke up. I thought, I actually could have died. Which is actually terrifying" (MY378)

Myles described the impact of him being rendered physically unconscious. He talked of the possibility that he was sexually assaulted but doesn't want this to be confirmed. The following excerpt illustrates how Myles was both uncertain and in denial about the situation he was in, as well as his mindset regarding being physically harmed;

"I feel like that's enough trauma that I kind of experience, that I don't want an additional chapter for this book that is, to kind of look back on"..... "I called people prior to blackout, being like, "I don't know what's happening. I'm freaking out."(MY390)

What has been demonstrated by the participants is the cost of the physical harm to themselves. It can be witnessed that pathogenic infection and injury are common amongst their experiences. The physical detriment caused by chemsex can range from increased likelihood of adopting an unhealthy lifestyle with regard to sleep, diet and exercise, through to more serious harm caused by sexual assault. The risk of hospitalisation and even death by extreme sexual practices, drug overdose and suicide, is prevalent in most accounts.

Discussion

The Quest for Intimate Connection

A phenomenological enquiry into how Chemsex impacts on gay men's experience of intimacy.

In many ways, the research question above and its intention were addressed by the first and largest superordinate theme 'The Quest for Intimate Connection.' It confirmed the researcher's suspicion that many gay men were using chemsex to escape existential isolation and loneliness. This idea originated during the researcher's year-long NHS chemsex intervention. The finding of such a theme and its associated sub themes go to the heart of existential thinking. Yalom's (1980) existential givens can be associated and interwoven throughout all the findings of this research. However, if we look specifically at the given of 'isolation' and how it links to this quest for intimate connection theme, we can see that the participants have all in one form or another used chemsex to escape feelings of existential isolation. This researcher would argue that chemsex is perfectly aligned to helping some men to satisfy their need for intimate connection, when they have not found it elsewhere. This intimate connection is achieved through a combination of lowered inhibitions from drug use, sexual activity and the concept of 'false intimacy' which will be further discussed below.

Van Deurzen's (2002) worlds of human existence expanded fromBinswanger's (1946) original 3 realms of existence, also resonates with the researcher when considering the theme of quest for intimate connection. The participant accounts show how chemsex

affects their lived experience in a physical, psychological, social and spiritual/meta way much like Van Deurzen interprets human experience (Van Deurzen, 2002). This in turn leads to the chemsex phenomenon being a joyous, collective, arousing, devastating and life changing experience for the participants. For the men in this study, chemsex has played a significant part of their lives and their identities throughout their quest to find intimate connection. The following section will discuss the findings of the study in relation to this theme and its sub themes.

Wanting to belong

The sub theme of Wanting to Belong was highly indicated within the findings of this study. The data found that these chemsex users were seeking entrance into social structures and for many of the participants, chemsex provides an accessible, convenient, and often overwhelming sense of being part of a social group. One participant used the comparison of the bonding of soldiers in a war situation, highlighting the sense of togetherness and belonging chemsex can temporarily provide. From the researcher's perspective, this example demonstrates the potency of chemsex for the participants as well as the need to belong, which may suggest they feel an acute sense of loneliness or isolation in their wider lives. The existential perspective of human isolation as put forward by Yalom (1980) amongst other existential thinkers is important in relation to this finding. Are gay men more existentially isolated? And does the chemsex phenomenon cater to the removal of this feeling for a period of time? The findings of the current study strongly suggest this may be the case for the participants.

A study by Hakim (2018) also provides correlation and further evidence of how some gay men have a need for 'collective intimacy.' This concept emerged from prior studies such as Warner (2000) which found that some gay men felt the need to be intimate in a collective. An example of this would be cruising areas and indeed more recently; chemsex settings.

Six of the participants in this study identified as single, therefore 75% of the men were not in a relationship with a primary partner. Their need for belongingness and attainment of a primary relationship may be correlated with the following study. Riley & McLaren (2018) conducted research on thwarted belongingness and how having a gay male partner is a protective factor against suicidal ideation. Notably, the current study has two participants who are in relationships and they did not mention any narrative pertaining to suicidal ideation. This would give the researcher some pause for thought that intimate connections such as having a primary relationship have a similar protective factor. It could be seen that the partnered men in this study may be protected from harm due to security of an intimate partner.

Regardless of relationship status the prominence of all the participants of this study having the instinctual need to belong, cannot be discounted as insignificant. Their innate urge or desire to belong is clearly evidenced in the men's transcripts where they often refer to engaging in chemsex to make friends, feel accepted and experience a kinship. This correlates with Hakim's study as he emphasises the thrill gay men can receive from being in a collective or a sort of 'private members club'. This need to belong to social groups is demonstrated during the accounts of exclusion, isolation and bullying experienced by many of my participants for being part of a minority group. As a researcher, I believe that many of the participants who have experienced being ostracised from childhood, adolescence and into adulthood, may be driven by the motivation to belong to social groups, particularly with other men.

The need to belong to social groups is highly evident and practised amongst most human beings from all walks of life. The need amongst these gay men and possibly many other gay men may be more pronounced due to the stigma they may have felt in their lives which would have prevented them from belonging to secure social groups from an early age. The impact of the need to belong and the lack of available social circles is connected to

many poor health outcomes. Starkly, gay men are four times more likely to attempt suicide than heterosexual men (Swannell, Martin, & Page, 2015). Mental health problems such as anxiety, depression, compulsive and addictive behaviours are associated with chemsex and are all evidenced within the current research findings.

The current study demonstrates that engaging in chemsex is a way for gay men to belong to social groups which were not previously available to them. The homogenisation of gay culture via perceived increase in legislative and social equality and the shrinking number of gay bars and social venues available to gay men, suggests that chemsex may be a substitute for more traditional spaces where gay men were once able to belong together. This study provides ample references within the men's accounts to the power of hook-up apps and several participants explicitly described needing this technology to make friends and belong to social groups. They did not specifically reference the lack of public spaces for gay men, but it is not hard to see a correlation between their options and the reduced number of venues available. Campkin and Marshall (2017) confirm this assumption. Their study highlights the statistic that approximately 58% of LGBT venues closed between 2006 and 2017.

This need to belong is not a new concept, in fact it is an obvious need for the general population. However, gay men have had a unique experience on their journey with one another as their need for social interaction and belonging are not always catered for via modern policies which are designed for the masses and sexual majorities. Many policies are economically and one-size-fits-all orientated. This possibly leads to the erosion of the MSM population and their sense of togetherness. Ironically this may be happening or at least facilitated through the ethos of social equality for all. For example, the macro idea of social inclusion may hinder gay men from meeting in traditional settings such as gay venues, cruising grounds and support groups that once championed further equality. It also

demonstrates that gay men's ability to access collective belonging has been significantly reduced due to neo liberal policies and the dominant economic agenda (Hakim, 2018).

In another study, Morris, McLaren, McLachlan & Jenkins (2014) found that increasing gay men's sense of belonging to their peer group, particularly gay friendships, is associated with fewer symptoms of depression. This increased sense of belonging also made them feel more accepted in the wider heterosexual world. This resonates particularly with the study's findings as many of the participants explicitly expressed difficulties with achieving and maintaining gay friendships. All participants indicated, both explicitly and implicitly, mental health problems such as depression. This sub-theme emphasises the men's desire to belong and chemsex, for better or worse, has facilitated that need for intimacy.

False intimacy

False Intimacy is for the researcher the most significant finding of the study. The researcher as an existential therapist and substance misuse practitioner finds it fascinating as a phenomenon and sees that it may be a significant reason men are drawn towards chemsex.

False Intimacy and participants' awareness of it as a phenomenon, is indicative that they are lacking authentic intimacy within their sexual, social and relational lives. The fact that they have acute awareness of the phenomenon suggests that it is a coping mechanism to help alleviate the negative emotions associated with isolation, loneliness and relational connectivity to other gay men or any human person. The phenomenon of false intimacy is also potentially significant in terms of why many people use chemsex in an addictive and harmful way. False intimacy clearly substitutes authentic intimacy which is usually obtained by longer personal investment by an individual. Interestingly, many of the men reported already having authentic intimacy in other areas of their lives outside of the chemsex world.

However, in spite of this, false intimacy is a significant phenomenon for them and particularly the manner in which they describe it. Other participants explicitly describe not having found authentic intimacy within their current life experience. This may make the concept of 'false intimacy' within chemsex even more important and significant.

The concept of 'False Intimacy' emerged as a significant feature of the current study's findings. Extensive reviews of literature by the researcher demonstrate that existing research has neither identified nor investigated the concept of 'False Intimacy' within the chemsex context. In fact, the researcher could only find one published book on 'false intimacy' (Schaumburg, 2014) which relates to sex addiction in the heterosexual population and has a Christian-orientated message. Throughout the current study, the notable phenomenon on 'False Intimacy' was explicitly mentioned in various forms within participant accounts. This research may provide a novel contribution to the field in both the term 'false intimacy,' and the unique meaning of false intimacy as it is experienced by chemsex users.

False Intimacy may further complicate treatment of drug addiction in the MSM population. As many substance misuse practitioners understand, addiction is often correlated with a lack of connection to the self and the person's social world (DeFeudis, 1978). False intimacy within the context of chemsex may amplify feelings of disconnection which potentially leads to an increase in addictive and compulsive behaviours. The idea of False Intimacy may be seen as a paradox especially through the lens of existential thinking. It is clearly in direct opposition to authenticity. What the researcher finds most interesting is that all participants are aware of the phenomenon and subsequently return to it via chemsex. This may be seen as Sartre articulated to be living in 'bad faith' (Sartre, 1969). This awareness of living inauthentically but still choosing to do so anyway, raises many questions that this study cannot answer in its findings. However, the researcher can still speculate that 'False Intimacy' in the context of chemsex is clearly powerful, alluring and filled with satisfaction during the short period of time that it lasts.

Longing to connect

The theme of Longing to Connect was abundant in many forms in all participant accounts. There is an obvious correlation with chemsex and wanting to connect specifically with other men. However, interestingly, in all cases this longing goes beyond the urge to connect just sexually. The men are seeking validation on a much deeper level, which they may not consciously be aware of. The findings show that chemsex is used in an attempt to create romantic, intimate and intellectual connections and importantly, lasting relationships. This goes beyond the phenomenon of False Intimacy which is universally described by the participants as a time-based phenomenon. This is evidenced in the findings by descriptions of relationships which ultimately failed but lasted a significant period of time.

Longing to connect is different from False Intimacy, as in some cases the participants still show empathy and concern for their chemsex partners even after leaving the chemsex world. The physical presence of non-sexual touch by other men through affection for example, seems to be a motivator for these participants. The participants with a primary partner also longed to connect in varied ways with other men beyond sexual gratification itself. What was also significant was that chemsex offered these participants a level of sexual uninhibitedness and the release of other specific inhibitions such as niche sexual acts, which presumably was not possible within their primary relationship. It is also clear from the findings that many non-sexual forms of connection are being satisfied through chemsex engagement for all participants.

This desire to connect with individuals in non-sexual ways was found in Hakim's (2018) study. Similarly, to the current study's findings, Hakim's study showed that sex took place significantly less of the time within the chemsex session. The sex was substituted with social, and emotional connection with another individual. Gay men's historical isolation is

well documented, and experiences of homophobic bullying and the social stigma attached to being a sexual minority are widely reported (Hong & Garbarino, 2012), (Price 1999). The current study shows a heightened need for interpersonal connection via drugs and sex which may be more prevalent for the MSM community than within the general population as a whole. Strikingly, this study's findings show that for some participants, their longing to experience intimacy in many forms via chemsex stems from not having yet achieved it within their everyday lives.

Other accounts show a longing to be accepted by men sexually, socially and intimately. For many of the participants, this had not previously been possible due to childhood/adolescent bullying and isolation and by the significant fact that they are homosexuals living in a heteronormative world. Erickson asserted that healthy human development requires successful development of intimate relationships, in order to achieve a strong sense of self, to be able to form close friendships and relationships and to avoid a life of feeling isolated, lonely and suspicious of others (Beyers and Seiffge-Krenke, 2010). This idea of psychosocial development or lack thereof, is not lost on the researcher when interpreting the abundant finding of longing to connect. It is very possible that the men within this small study and gay men more generally, may have trouble with connecting to each other, due to the constraints of living within a heteronormative and potentially hostile environment.

There is a distinct nonsexual intimacy which is generated within the chemsex context. This is illustrated in the findings via a number of references to intimate nonsexual activity such as deep discussion and the desire for long periods of time in the company of other men. This could be seen to be correlated with Jamison's (1999) term 'disclosive intimacy,' which relates to disclosure outside of sexual relationships. It could also be understood and made sense of via Bowman's (2008) study, which found that gay male friendships were strengthened by specific male same-sex experiences and disclosure. This

study illustrates that chemsex is more than the sum of its parts, the men's need to connect with one another is multidimensional and complicated and far more than the need to get high and satisfy their sexual needs.

When referring to the research question, the superordinate theme 'Quest for intimate connection' gives significant steer to the interplay of chemsex engagement and how it satisfies the participants' need for intimacy, regardless of its authenticity. The findings of this study show a direct link between chemsex and intimate relations.

Living with shame

The superordinate theme of Living with Shame is linked directly to the research question as shame can be seen as a by-product of lack of supportive relationships. Brown (2006) describes shame using the metaphor of it growing in a petri dish. In order to grow, it needs the 3 ingredients of secrecy, silence and judgement. Both secrecy and judgement are evidenced in abundance in the findings. This researcher would argue that the participants' personal shame is a result of lacking a supportive social environment where empathy is integral. Shame may be both a motivator and result of their engagement with chemsex. Much like Brown (2006) the researcher argues that shame is correlated with intimate relations and the ability to self-disclose. The following section will discuss the findings of the study in relation to this theme and its sub themes.

Sartrean Gaze

The findings of the current study clearly demonstrated that many participants feel personal shame or judgement from people outside of their chemsex circle. This is significant because this sexual minority demographic is already disadvantaged due to the stigma, abuse and shame experienced by the MSM population receive in general (Allen & Oleson, 1999). Participants reported feeling judged by family, friends and colleagues and in one incidence of note, the participant felt this Sartrean shame from the researcher himself. This

matters because as a sexual minority, this population are already evidenced to be more vulnerable and stigmatised from a mental health perspective. Numerous studies have demonstrated this (Herek, Gillis & Cogan, 2015) (Allen & Oleson, 1999). Adding to this self-judgement via Sartrean shame due to engagement in chemsex only amplifies their negative self-image and low self-esteem which in-turn, exacerbates their mental health and well-being. All of these negative consequences are evident in this study's findings.

This theme within the findings is clearly positioned within existential thinking. The finding is interpreted through the lens of Sartre's idea of the look or 'gaze' (Sartre, 1969). This idea is significant from an existential-phenomenological perspective. It is also notable to the researcher as an existential therapist, who sees the participants dealing with the anguish of an external shame that originates from their personal choice to freely engage in chemsex. This particular form of personal shame brings with it the repercussion of being judged by people in their social lives, mainly family and friends who may not understand chemsex or why they choose to be involved in the phenomenon.

The findings of the current study are consistent with other studies on existential shame, such as Guenther (2011). Guenther sees shame as a mechanism of social exclusion that also reinforces the silence and invisibility of those it inhabits. The participants of the current study frequently referenced being excluded or feeling the need to cut off communication from their friends and family who are outside the chemsex world, to avoid these feelings of external shame. Guenther draws on existential thinkers such as Sartre and Levinas, emphasising shame as an ontological provocation for 'being-for-others' as Sartre proclaimed. Guenther describes the phenomenon of shame in what she calls the temporality of social life in both its promise and its danger (Guenther, 2011). This idea of setting aside time to socialise for excitement, danger and hope but still shame is integral to the process seems perfectly aligned with the men's accounts within the chemsex world and is evidenced in the findings of the current study.

The implication for this type of Sartrean gaze or external shame are shown in a study by Matos, Pinto-Gouveia & Gilbert (2021). The researchers surveyed 328 participants of all genders and sexual orientation and found that shame and shame memories had a direct association with paranoia and social anxiety. This is significant as paranoia and anxiety are mirrored in the findings of this study. In fact, it is featured in an important sub theme of chemsex darkness which will follow in this discussion.

Self-hate, loathing and feelings of unworthiness.

The extensive volume of references to Self-Hate amongst all participants in this study stood out as significant to the researcher. The results may indicate that the participants, gay men all of whom have engaged in chemsex, have significantly high levels of low self-esteem, intrinsic shame, and other self-perceived negative attributes such as poor body image and feeling unworthy of a loving relationship. These findings are important because they illustrate that these men are vulnerable members of society who are, in the researcher's opinion, being overlooked both in terms of health care policy and psychotherapeutic resources.

There are clear limitations within this study, as Self-hate and Unworthiness can likely be connected to factors pertaining to being a sexual minority rather than being directly correlated with chemsex engagement. However, this study still correlates with other studies with findings on self-hate and high-risk sexual practices. For example, Nappa et al (2021) surveyed a large sample of sexual minorities and compared them with a large sample of heterosexuals. The researchers found that sexual minority men showed higher levels of self-hate, self-inadequacy and high-risk sexual behaviour when compared to both female sexual minorities and heterosexual participants. Another IPA study (Williams, Frey, Stage & Cerel, 2018) involved interviewing sexual minority suicide survivors. Internalised stigma and self-

hate emerged as a key theme within participant accounts, which mirrors the present study, where both self-loathing and suicidal ideation were reported in the research findings.

Living with homophobic shame

The high incidence of internalised homophobia amongst the participants stood out for the researcher. The age range of the participants was between 30 and 45, which suggests that the men grew up during a time of great legal and social change for the advancement of gay men. However, as the findings suggest, these men and gay men in the wider sense are still living in a world that leads them to experience homophobic shame. Interestingly a meta-analytic review (Newcomb & Mustanski, 2010) of 31 studies existing on the relationship between internalised homophobia (IH) and mental health problems, found that older members of the MSM community were more likely to suffer from IH related anxiety and depression. The current study did not interview men under 30 years old, so this may have implications for the findings. Regardless of this, the majority of men in this study experience homophobic shame.

The fact that the participants are feeling this internalised homophobia is significant in terms of counselling psychology, as homophobic shame can lead to low-self-esteem, low confidence and has significant correlation with anxiety and depression. This is evidenced in studies such as Moody, Starks, Grov & Parsons, (2017) who found IH in the MSM population was directly related to poor mental outcomes such as depression and that IH was positively linked with increased drug use. These results are mirrored in the current study's findings. The reporting by the participants in this study tells us explicitly that homophobic shame is a reason for engagement in chemsex for some of the men. Chemsex appears to create an environment where inhibitions around sexuality are reduced and for a limited time, the participants are able to escape the homophobic world that they perceive and experience more generally. It is also pertinent to add that the BPS guidelines explicitly express the link between poor mental health and the homophobic environment.

“Problems are related to negative attitudes in society, and sometimes from prejudice and discrimination in health care and social services” (Professional Practice Board, 2012).

Another point of note within the current research findings is that four of the participants (50%), who referenced *Homophobic Shame* identified as a non-white. This correlates with an American study by Mansergh et al (2014) who found that black men who scored higher on an internalised homophobia metric were more likely to engage in unprotected anal sex while under the influence of drugs, in comparison to white men. Again, it is unsurprising to the researcher that ethnic minorities correlate with a higher rate of internalised homophobia as demonstrated within the findings of this small study.

Chemsex Darkness

The superordinate theme of Chemsex Darkness is correlated with the research questions in complex ways. All of the participants in the current study engaged in chemsex to achieve intimate relations, seemingly apparent of the consequences. This implies a strong urge to connect with other men intimately, even if they consciously or unconsciously know they will be harmed. The finding of impotence and diminished sexual confidence is of note to the researcher as an existential researcher due to the paradox it suggests. The following section will discuss the findings of the study in relation to this theme and its sub themes.

Impotence and diminished sexual confidence.

All participants in the current study referred to their own sexual performance in a negative capacity. This suggests that low confidence in themselves could be a motivator for participants to engage in chemsex, as a means of alleviating this self-perceived deficiency. The results also indicate that while chemsex is used to enhance sexual performance, it also exacerbates or increases the problem of sexual confidence and endurance over a period of time. The researcher believes that this suggests that substance use provides only temporary relief from anxiety associated with social, sexual, and intimate relations. The participants

demonstrated trepidation about engaging in sexual relations without drugs. However, the findings in this study highlight the fallacy of using chemsex to achieve sexual and relational goals, as all participants reported that chemsex decreases sexual confidence in the long run.

These findings are significant to the researcher because the men's discomfort regarding engaging in sober sex in the future may have wide ranging implications for their intimate and relational well-being and is significant both from a psychotherapeutic perspective and an existential perspective. This study highlights the question- will participants have better sex in the future? This may have existential underpinnings as the participants and indeed the wider chemsex community may be living in 'bad faith' as Sartre (1969) proclaimed, untrue to themselves. Their choice to engage in chemsex in the first place to smooth over their intimate and relational difficulties could be seen as living in 'bad faith'. Then conversely grappling with the potentially inauthentic/authentic pursuit of sober sex after leaving the phenomenon realising the possible uncertainty that they may never reach the sexual/intimate heights reached via chemsex.

Erectile dysfunction in men has all sorts of mental health implications, as outlined in studies as well as the researcher's own experience as a therapist. A Rajkumar & Kumaran (2015) study found that more than a third of the men suffering from both erectile dysfunction (ED) and/or performance anxiety (PA) had diagnosed anxiety and depressive disorders. The study also found that its participants had significantly elevated rates of suicidal ideation. These findings correlate with the findings of the current research. There are limited studies researching ED and PA in gay men, however one notable study by Bancroft, Carnes, Janssen, Goodrich & Long (2005) compared ED and PA between the two demographics. The researchers found that gay men reported ED at a higher rate than the heterosexual men and that gay men were prone to have sexual inhibition proneness as a personality trait. These findings are clearly reflected within the current research.

Research by Campbell & Whiteley (2006) found that existing therapeutic models for dealing with sexual performance anxiety are mainly designed for heterosexual men. The current study further emphasises the need to fully appreciate gay men's complex sexuality and how to best treat them clinically. Very little is currently known about how chemsex interacts with sexual dysfunction and intimate relations for the MSM population. Recovery from reliance on chemsex to fulfil sexual needs and lower inhibitions is an important area of focus, which has clinical and psychotherapeutic implications and warrants further investigation in future studies.

Chemsex and the physical price

The physical harm caused to the participants as a result of engagement with chemsex, generally correlates with having poor mental health. This is how the researcher views and interprets it. The results from this small study of 8 men show that in many incidences, chemsex can cause physical, sometimes serious, harm which could have fatal consequences. The reporting by the participants of being rendered unconscious and sexually assaulted particularly stand out being cause for serious concern, as does the physical harm reported by the men who engage in chemsex. These findings matter because it is the duty of both medical and mental health professionals to intervene, inform, educate and support men dealing with traumatic and life-threatening situations.

Numerous studies on chemsex have reported a link between chemsex and physical harm through STI infection. One such study by Giorgetti et al., (2017) found that chemsex led to considerable penile and rectal trauma, which correlates with the account given by one of the participants in the current study who described experiencing serious internal injury. This researcher was struck by the severity of the life-threatening physical damage experienced by the participant, as well as the fact that his partner was unconcerned by the incident. Reports of sexual assault, both explicit and implicit, are also found in Giorgetti's research which are both explicitly and implicitly reported in the current study's findings.

Ward, McQuillan & Evans (2017) reviewed 72 interviews with gay men as part of their research. They found that 31.9% of the men had reported experiencing non-consensual sex in a chemsex environment. Interestingly, the study also found that uncertainty around consent was found in an even larger percentage of the men; 42.9%. This uncertainty around consent along with explicit certainty around sexual assault, mirrors the current study's findings around the ambiguity of consent in some instances. The results of another study by Brooks-Gordon & Ebbitt, (2021) illustrate the complexity of consent in a chemsex setting. It showed what they call a 'consent ladder' where drugs and money could lead to exploitation. Again, these findings were corroborated in the current research. The researcher was struck by the nonchalant attitudes by some of the participants to sexual consent within the current study.

Psychological distress, fear and detachment from reality

The findings of the current research show that engaging in chemsex can lead to serious psychological distress. These episodes of fear, paranoia and psychosis raise many questions for the researcher. One participant reported being in an almost constant state of anxiety and paranoia during the vast majority of his chemsex experiences. This highlights the pull and allure chemsex can have for some, despite the serious harm it can cause the user. This finding is important as it sheds further light on the serious health implications for this population. Chemsex appears to significantly attract vulnerable gay men for the pleasures it can bring, however engaging in the practice can exacerbate existing mental health problems.

These findings correlate with a previous study which found that men who engaged in chemsex showed significantly higher average scores for depression, anxiety and other mental health disorders such as somatization, when compared with men who did not engage

in chemsex (Bohn et al., 2020). The study also showed that 33.6% of chemsex users reported negative social functioning and 13.2% reported psychotic episodes. The mental health problems experienced by the participants can be increased by chemsex involvement and also lead to serious long-term psychological harm. A study by Gertzen et al (2021) reviewed available research on chemsex. It found that chemsex users were at increased risk of mental health problems such as anxiety and depression and that substance-induced psychosis was a significant factor. This again is of considerable note and interest to the researcher as all participants reported psychological distress related to chemsex in this study's findings. 75% explicitly referred to paranoia and symptoms of psychosis in this study.

The researcher believes the serious mental health implications indicated in the current study's findings back up what he has seen first-hand, while implementing psychological support within NHS to men who engage in chemsex. These findings and the results of other aforementioned research provide rationale and evidence of the seriousness effects chemsex can have on users. This is of particular significance due to the need to understand the chemsex phenomenon and the reasons behind its continuing appeal for certain men. This deeper understanding is important so as to safeguard these vulnerable men and the wider chemsex community.

Clinical implications and future research

The clinical implications and psychotherapeutic implications of all three superordinate theme findings and their sub themes are quite clear. As my first superordinate theme shows These particular chemsex users are undoubtedly seeking connection and intimacy via chemsex. this implies chemsex users and possibly the MSM population are still experiencing the world as cold and isolating. This could give counselling psychologists pause and consideration, to how best help this demographic in the therapy room. This researcher has seen the benefits of group work both with chemsex users and with the population more generally. Support groups for gay men who feel disconnected and lonely is one therapeutic tool to alleviate their suffering. Funding for such services across the UK is not sufficient. The findings of this study could help to argue for more specific services that are needed for the MSM community and chemsex users more specifically.

Given that the sub theme of 'false intimacy' was present in all 8 participant accounts of the current study, it may be beneficial to research this theme even further. Quantitative research may be particularly useful via large scale questionnaire or survey in order to further confirm its existence. A study using Grounded theory methodology would be very interesting and beneficial in qualitative research to confirm and expand understanding of this phenomenon within the chemsex context. This research may be of significance due to the likely correlation between false intimacy and those members of the chemsex population who are vulnerable in many ways but particular to addiction susceptibility. As it has already been shown in studies sexual minorities have higher levels of substance misuse compared to the general population, (Anderson, 1996). Given this fact 'false intimacy' may amplify both substance misuse and addiction which has clinical implications. This could have influence on how therapists, specifically addiction practitioners, treat this specific cohort of people struggling with addiction.

This study has definitively argued for the existence of concepts such as false intimacy and the connected concept of intimacy deficit. The researcher strongly feels that discussing these constructs is invaluable for sexual minorities who are engaged with the chemsex world. Highlighting these ideas and their impact offers greater understanding to both chemsex users and mental health practitioners. It can help to illustrate a person's life from a new perspective and the ability to see what is happening in one's emotional field can be instrumental in helping to initiate positive change. The researcher has witnessed from clinical work how the labelling of psychological ideas or concepts is of comfort to many people. It can simplify or clearly describe more elaborate and mysterious realities. However, as an existentialist, the researcher is aware of the potential harm labelling can cause for people, their behaviours and actions. Although it can be argued that labelling can bear positive effects for clients or patients, it can also bring problems.

For example, gay men engaging in chemsex who are seeking professional help may take offence to the concept of having an intimacy deficit. They may see this as too binary a way of viewing their social and intimate worlds and they could be right, as counselling psychologists will know from experience, a change of perspective of a patient comes from within and happens through choice and personal agency. Therefore, the ideas or findings of this study, as with all psychological concepts, are not definitive. They do not try to label or judge a person but to offer a new perspective. The perspective is one which the individual can freely digest and consider. They may conclude that there is a correlation between engaging in chemsex and issues with intimacy. Or they may conclude that the concept doesn't resonate with them at all. Nevertheless, the findings of this study which describe both false intimacy and intimacy deficient are notable and have actionable clinical implications.

The pervasiveness of shame throughout all participant accounts makes the researcher reflect. In particular, does chemsex give relief from personal shame for these men? The findings of some participants in this study explicitly state they are using chemsex to gain relief from the sub theme of Homophobic Shame. The findings tell us that Homophobic Shame exists for these participants, however the study is too small to be able to tell us about the pervasiveness of internalised homophobia in 2021. The study also cannot tell us if there is a significant link between internalised homophobia and the chemsex phenomenon itself. Further investigation for such a link would be useful through further research. The findings could also have further implications like existing studies on how the MSM population is cared for from a psychotherapeutic perspective.

Much like this researcher, Williams, Frey, Stage & Cerel, (2018), advocate for the development of individualised, compassion-focussed interventions for this population, in order to specifically address Self-Hate, a sub theme within this study in sexual minority members. Their study finds increasing evidence to suggest that poor self-esteem and self-hatred play a role in why the MSM population engage in both risky sexual behaviours and chemsex. It is clear that further investigation is needed to address these problems. Future studies in this area and an increase in funding for MSM services including those that target younger people, are particularly vital. In addition, services that target the chemsex population specifically would be extremely beneficial from a psychotherapeutic standpoint. Also Matos, Pinto-Gouveia & Gilbert, (2021) recommend that when therapists are working with social anxiety and paranoia, they should integrate strategies to work with shame and shameful memories. These conclusions and recommendations are in line with the current study.

Pertaining to the clinical implications of the superordinate theme of Chemsex Darkness, there has been significantly more research on these areas with the exception of the subtheme of impotence and diminished sexual confidence. In relation to the sub theme of psychological distress, fear and detachment this study found that 75% of its participants referred to paranoia and symptoms of psychosis. It could provide the rationale that greater understanding and therapeutic support is necessary for men who engage in chemsex. Gertzen et al (2021) much like the current researcher, advocate and recommend that a more individualised treatment approach be adopted to tackle chemsex and its significant association with mental illness.

The sub theme of Impotence and diminished sexual confidence is for the researcher the most interesting finding within the superordinate of Chemsex Darkness. The implications for supporting sexual minority men in this capacity within the context of counselling psychology can not be understated enough by this researcher. Practicing as an existential therapist with all men of all sexualities the researcher understands how issues such as sexual confidence and erectile dysfunction can have huge impact upon the man's sense of self, manhood and their mental health. The clinical implications for chemsex users are even more nuanced and complex. Echoing research by Campbell & Whiteley (2006) this researcher feels interventions on sexual confidence and ED are designed to cater to heterosexual men. The finding of this study shows the support that is needed for chemsex users even after they have left the chemsex community. In particular their anxieties around sober sex and indeed maintaining a healthy and fulfilling sex life without drugs means they will need therapeutic support from counselling psychology field. Also given the dearth of research on sexual confidence in sexual minority men generally further studies are needed on this demographic. In particular research on sober sex in the MSM population would be greatly welcomed by this researcher given the discomfort shown by some of the participants of this study.

Critical reflections and potential design limitations

It is important to reflect on the study's design, recruitment and implementation. The researcher believes that IPA was the correct methodology for the study. It produced rich narrative for the researcher to interpret in a valid and reasonable way. The largest frustration during the recruitment stage was that the researcher envisioned being able to recruit a more diverse group of chemsex users. Upon reflection, this was a naïve assumption. The idea was to recruit some, if not all chemsex users that hadn't already come to the realisation that chemsex had a largely negative impact on them. It became apparent through recruitment that all of the men who were reaching out and agreed to take part in the study had mostly sought professional help for their chemsex engagement. This fact clearly would have had an impact on the study's findings. The researcher knows from clinical and therapeutic experience that it is possible to engage in chemsex without experiencing the many negatives articulated in this study's findings. It would be of great interest to the researcher if such a casual chemsex user could be interviewed using the same applications design and questions used in this study to see how the results may differ.

As previously stated, the researcher has experience working therapeutically with chemsex users. If the same study was conducted by a researcher who was not so familiar with chemsex users, how would this potentially affect the interview dynamic, interpretations and ultimately the findings of the study? This reminds the researcher of the complexity of both giving therapy and being a qualitative researcher. For example, how does the pairing of sexual orientation status between therapist and client affect the quality and goals of the work? An interesting side note may give insight into this delicate and complex question.

When the researcher finished his year-long chemsex intervention and study with the NHS, it was awarded ongoing funding for the chemsex intervention. The researcher needed to leave the UK for personal reasons and return to Dublin. He was tasked with trying to find a replacement as facilitator of the intervention. The researcher was approached by a former

colleague about the role, whose skills as a mental health professional greatly admired. This potential candidate was a heterosexual male who believed he could do take on the position and perform it well. Although this researcher held the candidate in such high regard, he felt he was unsuitable for the role due to his non-minority sexuality status. This position could be argued effectively in the name of inclusivity and possibly fairness and discrimination. However, the researcher believed and continues to believe that such a role needs to be led by a sexual minority mental health professional. This researcher would not expect a women's support group to be facilitated by a man and used the same rationale when choosing who was best suited as the replacement facilitator of the chemsex intervention. The researcher hopes this argument highlights the complexity of conducting qualitative research and specifically IPA, where valid understanding of the participant's world is required to effectively interpret the findings.

As previously mentioned, the pilot interview took place in person while the remaining interviews took place remotely via Zoom. The researcher was initially frustrated that the interviews couldn't be conducted in person but feels that the remote interviews still produced rich data. It is interesting to consider whether if all the interviews had taken place in person as planned, would the data and finding have been affected? The answer is impossible to know but the researcher has found from giving therapy online, that some of his clients seem to feel less guarded and more intimate in their own homes. This fact may have further enabled authentic disclosure of the clients.

Lastly, the researcher is very aware of the idiographic nature of this study. It represents the findings of a particular set of chemsex users in a specific area of the world. We cannot generalise these findings or conclude any particular theories about these men or apply them to all chemsex users or make assumptions about the MSM population as a whole demographic. However, that is not to say that these findings aren't significant to both chemsex users and the MSM population.

Clinical recommendations for the field of counselling psychology

This study has generated three superordinate themes, each with 3 sub-themes. The researcher believes that all nine sub-themes have clinical implications and could contribute to the field of counselling psychology. However, the researcher would like to focus specifically on two of the sub-themes to make specific recommendations for the field.

Firstly, the construct of false intimacy cannot be overstated enough. All 8 participants within the study openly recognised that chemsex has had a negative impact on their lives. These men have detailed how false intimacy is a significant factor in why they return to chemsex. The possibility that false intimacy within a chemsex context may amplify addictive and compulsive behaviours can not be discounted and warrants further investigation within this specific substance misuse arena. The researcher recommends that psychologists working with men engaged in chemsex (of which there are many) contemplate the reality of false intimacy for these men. As previously discussed, the researcher could not find any reference to this phenomenon in existing literature, which may suggest that the present study has articulated something very important.

The researcher believes counselling psychologists, psychotherapists, health advisors and the whole medical profession need to be more mindful of the nuances of why men choose to engage in chemsex. Perhaps on the surface chemsex may seem like a unique hedonistic escape to the world of casual sex and drugs. However, this research has demonstrated how nuanced the experience chemsex is for some users and how a holistic examination of their relational and intimate worlds is necessary to help them with their mental health goals. It is recommended that every organisation who provides services for chemsex users should discuss the idea of false intimacy as a motivator for engagement, amongst their multidisciplinary teams.

Secondly, the prevalence of low sexual confidence amongst these men is very significant from a clinical perspective. Sexual confidence is related to a person's sense of self. These men have explicitly shown how low sexual confidence, impotence and the fear of future sexual dysfunction negatively affected their mental health. The recommendation for professionals working with these men is to shine a light on how diminished sexual function can hinder mental health and exacerbate other relational problems, such as anxiety around sober sex. The researcher also believes this finding may have implications beyond the chemsex world. The MSM community's culture in the western world is hyper sexualised but there is little evidence that gay men have a space to openly discuss their feelings of sexual inadequacy. This study recommends an increased awareness and sensitivity to sexual problems within the therapy room.

Conclusion

This study had a primary aim to investigate chemsex from an intimate and relational perspective, The theme and its subthemes pertaining to intimate connection gives rich insight into the intimate needs of this small group of men. The rich narrative of these men expressing their desire to belong to a collective is evident to the researcher that they have lacked this sense of belonging within their lived experience.

Their status of being a sexual minority is in full view to the researcher when reflecting on this finding The researcher was struck by the men's awareness and pursuit of 'False Intimacy'. This phenomenon raises many questions for the field of counselling psychology within the UK. If the men in this study are chasing human connection via chemsex which turns out to be inauthentic, and knowingly so, what does this tell us in our therapeutic practice of both chemsex users and the MSM population? It may suggest some sexual minorities are carrying a relational/intimate deficit. The implications then could be to develop interventions specifically addressing the men's intimate and relations worlds. Further to this investigation on a wider scale using both quantitative and qualitative methods as previously stated would provide clarity and further evidence of the existence of the phenomenon within chemsex. It could also specifically help with therapeutic intervention in the addiction's arena.

The men's desire to connect with their sexual minority peers specifically and with people in their wider lives, reinforces the possibility that they have been isolated significantly within their lived experience. The modern perception that gay men are fully integrated into society via social inclusion and legislative advances may be misleading. This researcher believes the findings of the study may have large implications for the psychological well-being of the MSM population. As Erikson articulated that intimacy is essential for humans to

achieve a successful sense of self in order to acquire close friendships, relationships sexual and otherwise to avoid a life of isolation, loneliness and suspicion of others (Beyers and Seiffge-Krenke, 2010).

This study would indicate that much work is still to be done to achieve this for gay men and chemsex users specifically. In particular the amount of nonsexual connection provided by chemsex being of interest to the researcher. The further investigation of self-disclosure between gay men may enlighten understanding of gay male relations and the need and motivation for the chemsex phenomenon.

The themes of chemsex darkness highlights like many studies before this one, the health implications and costs to chemsex users (Bourne, 2015, Ahmed et al.2016). What is certainly referenced and implied in this research are the potential risk of psychosis, rape, death by suicide and overdose. These issues require further investigation due to their seriousness both from a therapeutic and medical standpoint. The findings of impotence and diminished sexual confidence is an area that stood out for the researcher and is not adequately researched amongst both chemsex users and the MSM community at large. This area may be of valuable therapeutic interest as it may be associated with gay men's sense of manhood and how they feel as a member of the gay male community. This area requires greater attention to better understand its mechanisms, causes and wider health implications.

Finally, the pervasiveness of shame throughout these men's accounts, notably internalised homophobia may have a direct association with their intimate needs or more specifically how these needs are not being met for the men within this small-scale study. Although there have been many institutional, cultural and legal advancements for gay men such as marriage equality and greater exposure through the media, gay men are just as likely to experience homophobic sentiment around their relationships from school age upwards now than they were in the 1970's (Wagaman, 2014). Shame is a common

phenomenon that counselling psychology hopes to address within the therapeutic space.

BPS guidelines show us clearly the elevated risk, of all manner of mental health disorders for sexual minorities. (Professional Practice Board, 2012). This study implies greater resources and focus is required to address shame and feelings of inferiority amongst gay men and more particularly understanding how shame may lead to engagement with the chemsex world.

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Appendix A

Consent form



*The Department of Health and Social Sciences
Middlesex University
Hendon
London NW4 4BT*



Written Informed Consent for Persons Participating in a Research Project

Title of study; A phenomenological enquiry into how Chemsex impacts on gay men's experience of intimacy

Researcher's name/address: Mr Gary Lynch NSPC 61-63 Fortune Green Road London NW6 1DR

Supervisor's name/email: Dr Neil Lamont email; neil@nspc.org.uk

- I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant
- I have been given contact details for the researcher in the information sheet to keep
- I understand that my participation is entirely voluntary
- I understand that my participation will involve giving an in-depth interview about my personal life, and I agree that the researcher may use the data I provide for analysis and subsequent publication, such as journal articles, and provide my consent that this might occur.
- I understand that the data collected during the research will not be identifiable, will be coded and anonymised to reasonably practicable degree.
- I have the right to withdraw from participating in the project at any time until data analysis begins June 2020, without any obligation to explain my reasons for doing so.
- I understand that I can ask for my data to be withdrawn from the project until data analysis begins in June 2020

Print name

Sign Name

Date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

Appendix B

Debrief Form



*The Department of Health and Social Sciences
Middlesex University
Hendon
London NW4 4BT*



Debriefing Sheet

Title of study; A phenomenological enquiry into how Chemsex impacts on gay men's experience of intimacy

Researcher's name: Mr Gary Lynch email; gl355@live.mdx.ac.uk

Supervisor's name and email: Dr Neil Lamont; neil@nspc.org.uk

Thank you for taking part in this research and making a valuable contribution towards the aims of the study.

The research that you have participated in aims to: Understand Chemsex from a more personal and social perspective. Examining Chemsex in relation to your intimate and social world may give greater understanding to why Chemsex is an ever-increasing activity amongst gay men.

Your time and trust to share with the researcher your experiences of Chemsex and also your understanding of intimacy is greatly appreciated. As is possible in any personal exploration of ourselves with another, things that were being talked during the interview can be upsetting and thought provoking for you. This debrief is your opportunity to talk about your experience of being interviewed and anything that the process may have brought up for you. If you feel you would like to talk more about the issues which have arisen in the interview process, or any difficult feelings you have experienced in relation to this. A list of organisations can be provided to you.

If for any reason you are unable to make contact with the researcher or should you have any complaint, please contact the research supervisor details above.

I would like offer you the study's finding on the completion of the research. If you are interested in the results of the study or have any other questions please contact me.

Appendix C

Participant's Information Sheet

Researcher: Gary Lynch contact; PH 0207 435 8067 or email GL355@live.mdx.ac.uk



*The Department of Health and Social Sciences
Middlesex University
Hendon
London NW4 4BT*



Supervisor: Dr Neil Lamont contact; PH 0207 435 8067 or email office@nspc.org.uk

Title: A phenomenological enquiry into how Chemsex impacts on gay men's experience of intimacy

Dear Participant,

This form is to provide information should you wish to participate in a research study which I am conducting for the DCPsych at the New School of Psychotherapy and Counselling, affiliated with Middlesex University.

What is the purpose of the research?

The Chemsex phenomenon has been studied mainly from a public health perspective. This study hopes to understand Chemsex from a more personal and social perspective. Examining Chemsex in relation to the participants intimate self. Both their internal self and social self may give greater understanding why Chemsex is an ever-increasing activity amongst gay men.

Why have I been chosen?

You fit the inclusion criteria for the study. As a regular Chemsex user you offer a unique position to give insight into the area of research.

What will happen to me if I take part?

Participants will be required to take part in a face to face semi-structured interview which will last approx. 1 hour. The interview will be conducted in professional premises in a confidential clinical or therapy room time and date prearranged between researcher and participant. The participant will be screened first via telephone to ensure they meet both inclusion and exclusion criteria and to ascertain the study does not pose a risk to their emotional well-being.

The researcher will ask a set of questions in the area of Chemsex and your understanding and experiences of intimacy. As the interviews are semi-structured, they flow, and the line of enquiry may vary but will always remain in the area of the research question. The interview will be recorded and

transcribed. you will be asked to sign a consent form before the interview and you will be given a debrief information sheet after the interview to keep.

What are the possible disadvantages to taking part?

The subject matter and questions the researcher will ask are of a personal nature. This could possibly bring up unwanted feelings, memories or emotions both from chemsex itself and your wider personal life. You can request that the interview be stopped at any point if you feel uncomfortable. However unlikely, if you share information about a third party that I am required by law to pass on to appropriate service or person, I will be required to do this. The interview will be confidential beyond this one legal requirement.

What are the possible advantages of taking part?

As a participant you are enabling a unique insight into the psychological worlds of an under studied and increasing population in the UK. As a researcher I believe more light must be shed on the chemsex user's experience and the impact it has on their mental health and experience of intimacy, as a participant you are helping this happen. The proposed research aims to understand this group of men, with the ultimate goal of enhancing their therapeutic treatment.

Consent

After you have had time to read and understand the information sheet you will be asked to sign a consent form. You will be given a copy of both information sheet and consent form. Participation and consent of use of your personal information can be withdrawn at any time up until the researcher starts analysing the data. This means in the period after you have given the interview you can withdraw and request your data is destroyed. However once analysis has begun you cannot request withdrawal of data.

Who is organising and funding the research?

Research is organised and funded by the researcher Gary Lynch for the purposes of the requirements for the degree of Doctorate in Counselling Psychology.

What will happen to the data?

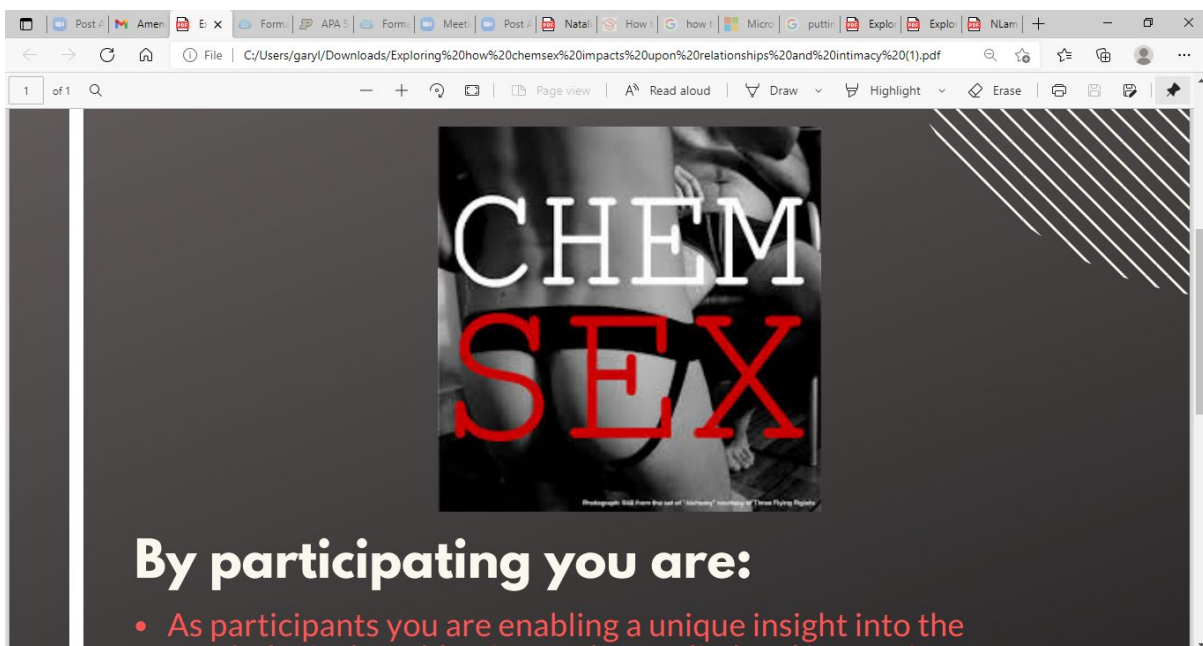
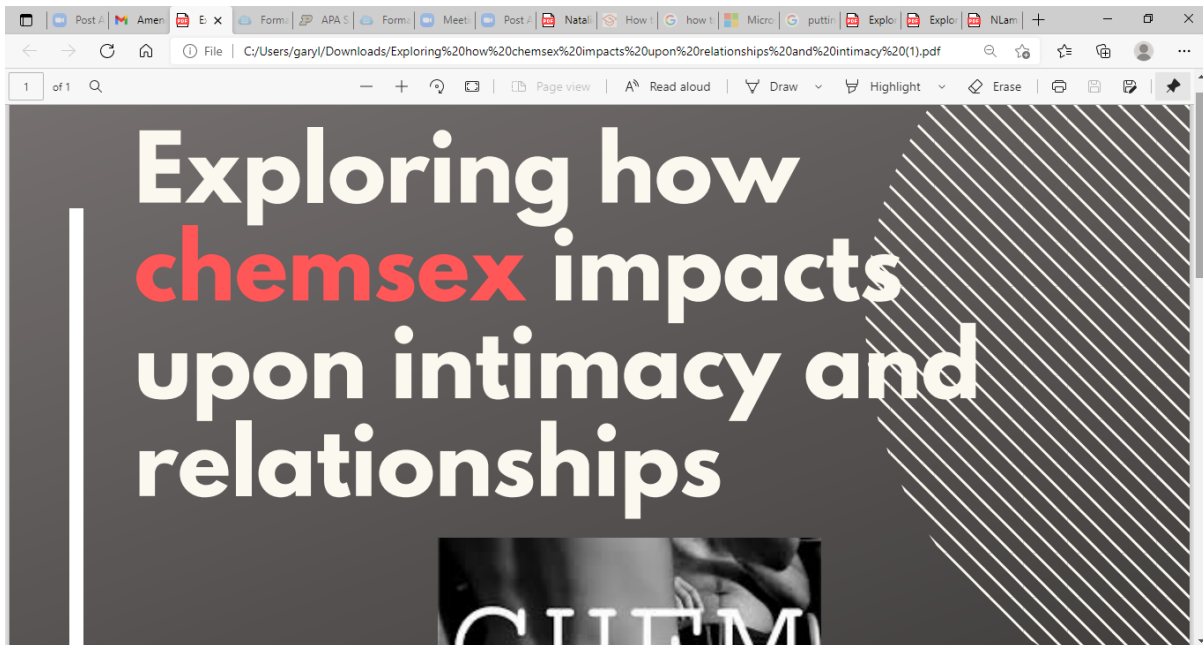
The researcher will ensure all recorded interviews are confidentially protected. The data will be recorded on a digital recorder and will be transferred to an encrypted USB stick. All files will be secured via password protected folder. The recordings will be transcribed and anonymised. The transcripts will be held in a locked cabinet that only the researcher has access to. No identifiable information will be used in any research findings or subsequent publications.

Who has reviewed the study? All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics Committee have reviewed and approved this proposal. NSPC committee is a sub-committee of the Middlesex University.

I would like to thank you for taking the time to consider participating in this research project. If you would like to take part please contact me on details above.

Appendix D

Recruitment Poster



Appendix D

Recruitment Poster

By participating you are:

- As participants you are enabling a unique insight into the psychological worlds of an under studied and increasing population in the UK
- As a researcher I believe more light must be shed on the chemsex user's experience and the impact it has on their mental health and experience of intimacy, as a participant you are helping this happen
- You are contributing to research to understand gay men with the ultimate goal of enhancing their therapeutic treatment

Do you meet the participation criteria?

- Be domiciled in the UK and live in the London area
- Cisgender male aged between 30 & 45 years old
- Self identify as gay

Appendix E

Transcript Analysis

The screenshot shows an Excel spreadsheet with the following data:

	A	B	C	D	E	F	G	H	I	J
1	Transcript	Descriptive comments	Linguistic comments	Contextual/interpretive	Emergent	sub				
81	This is the fascinating, like yesterday I kept thinking, "How do I pretend? How do I behave in front of that particular person?" Or what if that person is attractive, and what if I accidentally start sort of flirting? That would come across as stupid. So many weird thoughts start coming up, right? And that's predominately just because I'm like, "Will I be judged for being gay by this heterosexual human?"	describes not knowing how to hide himself his sexuality from these men. Talks of the possibility of finding them attractive and being flirtatious, the main thought being is this man judging me for being homosexual	nervous laugh after 'heterosexual human'	sense of self doubt, fear of being self sexual being, fear of being deviant, shame of sexuality	self-hate, internalised homophobia					
82	Speaker 1 (10:02):									
83	Wow.									
84	Speaker 2 (10:06):									
85	But I didn't go at the end. Anyway.	not attending dinner								
86	Speaker 1 (10:08):									
89	No, no. I just didn't have the energy to sort of make the effort, and then I just came home and slept and went out for a run instead, but then it definitely is something that I've noticed happen a couple of times. Sometime back I was out for a swim, and a friend's friend, he's a straight guy, he met and he is holding a child. I just always get this really weird vibe like a straight man might be judging me for this, or especially a married man. Unless that I get a very, very relaxed vibe from someone, very often just my general bias will be, "This person will judge me."	Sar describes not having energy for the dinner situation. Speaks of running into an acquaintance a straight man with a child and feeling a strange feeling of potential judgement. Sar states unless he gets a pointed relaxed feeling from someone he assumes he is being judged		sense of fear from married men of being judged ashamed he doesn't add up to their ideas of masculinity	Fear, Shame, judgement homophobia, emasculated, sartrean gaze					