

# Problematic chemsex: a multidisciplinary approach

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## Introduction

- In this case report I intend to describe a case of heavily problematic chemsex: a subject that has been taken in care through our association, attended our monosymptomatic psychotherapeutic group for problematic for about two years, his local SerD, carried on an individual psychotherapy and a psychiatric pharmacological cure.



## Case History

Christian<sup>1</sup> was a brilliant university student with an extremely problematic family of origin: both his mother and his aunt had psychiatric pathologies, he came out as gay with his family at 20, but neither the mother nor the rest of the family had welcomed his homosexuality, so much so that they did not support him financially through his course of studies. Nevertheless he managed to continue for a few years thanks to scholarships and part time jobs, creating a strong sense of community with the marginalized youth of his hometown. Christian had been using all kinds of drugs for over three years, but the situation worsened following the 2020 lockdown which left him isolated from friends and relegated him at home where the psychiatric distress of his family, along with his sense of loneliness pushed him into injecting methamphetamine (slamming) alone, at home, on a daily basis.

Advised by one of his friends within the LGBTQ+ community, Christian reached out to our association and he was immediately addressed to the monosymptomatic therapeutic group, at first he attended intermittently and with a very defiant attitude, as if he was there only to please those who were worried for him, but he gradually began to participate with authenticity and build feelings of empathy with the other participants and with the facilitator and psychotherapist. Encouraged by his fellows he decided to stop slamming, first for only a few days, then for over a month, after a couple of bad relapses he allows himself to be convinced to contact the serd in his area. he was taken care of by a psychologist who was an expert in drug addiction, but who did not have specific expertise in chemsex. Thanks to Christian's active participation, the psychologist was able to contact our association for information on this specific addiction.

Christian, despite this support, just couldn't stop, his gradual awareness of reality forced him to face the failure of his university career (he had lost his scholarship), his family was aggressive and violent, and he understood that he had to leave from the few friends he still had because they were drug users and could not support him in his healing path. Each time he felt sad or alone, Christian reacted with a relapse, milder than the previous ones (e. g. he had stopped slamming) but took him further away from recovery, so some group participants suggested pharmacological support, which had already been recommended to him in the past by the SerD, but had been refused.

It is a frequent paradox that drug addicts refuse pharmacological treatment "because they don't trust them" or "because they fear going from one addiction to another, not even a fun one", but Christian had an authentic and personal reason for refusing the treatment: he didn't want to be like his mother, a violent schizophrenic. We explained him that his condition was temporary and he would not "be turned into a zombie forever" like his mother had been. His friends opened up with him and many explained they had been taking different kinds of mood stabilizers, they explained the side effects and how to deal with them, but they also shared their positive experiences. Finally he let himself be convinced and started the pharmacological treatment, which proved to be a pivotal moment in his cure.

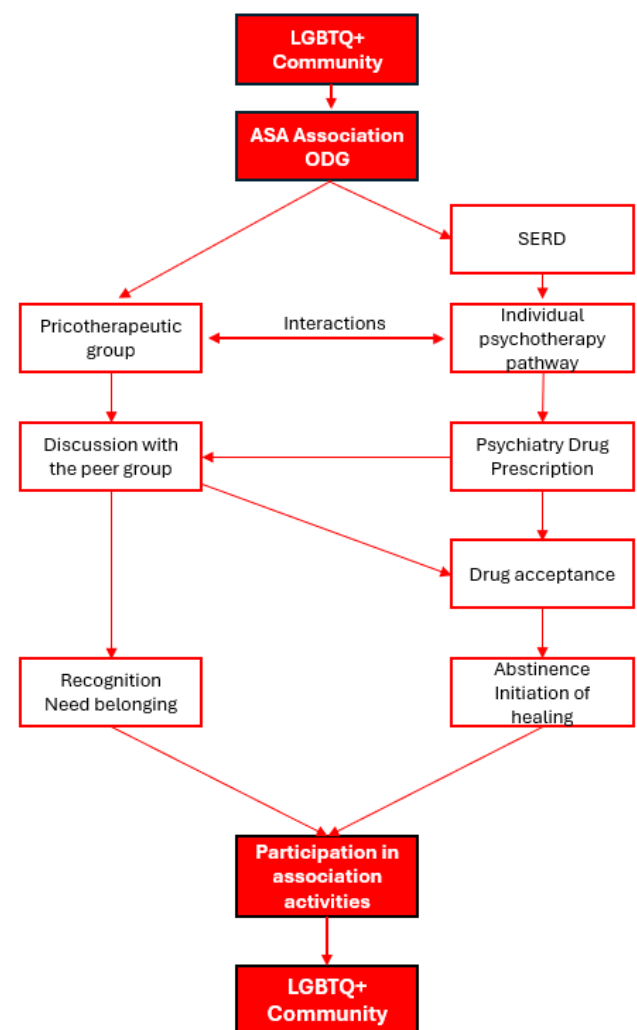
In the meantime, in the group we had been discussing for a few weeks the importance of trying affective sexuality as an alternative to partying, and Christian, who had begun a new job as clerk in a clothing store, started flirting with some of his clients, and shared with the group his teenage-like emotions. In order to find a place where to "be himself" within the LGBTQ+ community in a non sexual way Christian started attending our association and participate in some activities.

From time to time, some of the issues relating to his loneliness, sexuality, and his relationship with the possibility of being loved emerged during the group sessions, and he was therefore motivated to talk about it with his psychotherapist in individual sessions. I believe that the collaboration between the group psychotherapist and the individual psychotherapist had also an important role in his cure.

After about two years of therapy, having been completely sober for over 8 months, the young man obtained his degree, which also had an

important symbolic meaning: he was the first person in his family to obtain a college degree, this stated that he was different from his mother and aunt.

This success boosted his sense of self and soon he found a job matching his qualifications. He has moved out of his house and he's sharing an apartment in Milan with other men of his age. He is still in touch with some members of our association so we may believe he's doing fine.



## Conclusion

- This case report highlights the importance of a multidisciplinary approach and social networking to resolve cases of problematic chemsex. I would also like to underline how within the group the themes of friendship and the possibility of being loved are not just a topic of discussion in abstract terms but are lived experiences, sincere affections which, although confined to the hours of sessions, form a first secure basis which allows a readjustment of one's internalized image.

1. Some elements of this case history have been changed to protect the patient's identity.