

Clinical Issues: Objectum Sexuality

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Negative Perceptions Or Pathologizing

Professionals - Pathologizes Unusual Sexuality

Balon, R. et. al. "Issues for DSM-V: Sexual Dysfunction, Disorder, or Variation Along Normal Distribution: Toward Rethinking DSM Criteria of Sexual Dysfunctions." *American Journal of Psychiatry*, 2007;164:198-207.

- "In our view, three important issues that need to be addressed in the next revision of DSM are
- 1) when does a sexual problem become a sexual dysfunction,
- 2) whether there should be a specific duration criterion for sexual dysfunction(s) akin to the duration criterion for many other mental disorders, and
- 3) whether distress (used across DSM) should be used as a diagnostic criterion of sexual disorders. These issues are actually intertwined."

- With these criteria:
- “In the latest edition, DSM-IV-TR (American Psychiatric Association, 2000)... The diagnosis is made if the behavior, sexual urges, or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion B)” (Kafka, Abstract).
 - Kafka, Martin P. “The DSM Diagnostic Criteria for Paraphilia Not Otherwise Specified,” *Archives of Sex Behavior*, 2009. DOI 10.1007/s10508-009-9552-0
 - <http://www.dsm5.org/Documents/Sex%20and%20GID%20Lit%20Reviews/Paraphilic%20Conditions/KAFKA.PARNOS.pdf>

Public Ridicules Unusual Sexuality

“Listen, this is absolute 100 percent bulletproof evidence that women are fundamentally fucked up emotionally and are always to blame in relationship woes.

All of these people are women, and all of them can somehow create drama between two totally inanimate objects that have literally no personality beyond what their desperately bored imaginations grant them.”

<http://streetbonersandtvcarnage.com/blog/guess-what-objectum-sexuals-love/>

Clinical & Social Context

1. Community self-definition.
2. Sexual human rights.
3. Social justice for sexual minorities and role of therapists and counselors.
4. Counseling competencies and protocols.
5. Clinical sexology and sexuality counseling.
6. Psychology: Links with synesthesia and autism.
7. Positive psychology: Benefits of OS relationships.

I. OS Community Self-Definition

- OS is an orientation.
- OS feels natural and right.
- OS relationships deserve to be respected.
- OS people and their beloved objects should not suffer harm or discrimination.

Relationships - Quotes from Survey

- “I fell in love like I never did before. I did all I could to be near her and today I live in the town where she works. So I can see her every day. Only if she works. If she has her break or is ill, I have to travel to visit her. It is successfull becaus I love unconditional.”
- “My objects are convenient and inexpensive. I can take them with me. There is nothing to intrude on my relationship with my objects.”
- “We've experienced many heights and depths together. we are like close friends, we trust each other deeply, and we support each other. there is a strong connection between us, it was there from the very first day. It's this special feeling of being "made for each other.”
- “He was one of my very first lovers, with him I learned to have good and satisfying sex with an object.”

- “We shared a connection , and bond that was absolutely airtight. I loved my partner so much, and he helped me through a lot of difficult times - particularly during my school years. Unfortunately our relationship fizzled out, when I met a new partner. I gradually fell out of love with the 1st partner, because my attention was focussed on the 2nd, and my 1st partner was not at all happy with sharing me. The 1st partner still lives with me, and we have maintained a friendship, and that is where it is at now with him and I.”
- “I thought about breaking up many times because I do not feel strong enough to face all the difficulties of this special kind of relationship...but somehow I've always made it up to now.”
- “Mostly it is human intolerance and discrimination making a relationship no longer possible. Then it is better to leave for the protection of your own person/life, even if it hurts very much.”

2. Sexual Human Rights

WAS Sexual Human Rights

Sexual Rights are Fundamental and Universal Human Rights

Sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love.

Sexuality is constructed through the interaction between the individual and social structures. Full development of sexuality is essential for individual, interpersonal, and societal well being.

Sexual rights are universal human rights based on the inherent freedom, dignity, and equality of all human beings. Since health is a fundamental human right, so must sexual health be a basic human right. In order to assure that human beings and societies develop healthy sexuality, the following sexual rights must be recognized, promoted, respected, and defended by all societies through all means. Sexual health is the result of an environment that recognizes, respects and exercises these sexual rights.

3. Social Justice for Sexual Minorities

Social Justice & Counseling

Moradi, B. et al. "Counseling Psychology Research on Sexual (Orientation) Minority Issues: Conceptual and Methodological Challenges and Opportunities."

Journal of Counseling Psychology © 2009 American Psychological Association
2009, Vol. 56, No. 1, 5–22

Excerpt from Conclusion:

"For the field [counseling psychology] to fulfill its promise of social justice to sexual minority individuals, **counseling psychologists must articulate values and enact practices that promote the civil rights and well-being of sexual minority populations.** Importantly, research produced by counseling psychologists and other scholars, such as that represented in this special issue, provides scientific groundwork for enacting such a social justice agenda."

Comparison with Asexuality Movement

- “One claim often made in discourses about sexuality is that all people are sexual beings. It seems especially common in the context of sex education. There slight variations in wording, and sometimes phrases are added like “at all ages” or “from birth until death” to emphasize the point. A few quick google searches will find you plenty of examples.” <http://asexystuff.blogspot.com/2008/10/are-all-people-sexual.html>
- <http://www.asexuality.org/home/>

4. Counseling Competencies and Protocols

Applicable Guidelines?

- There are no specific guidelines for offering helping services to OS people.
- What guidelines could be applicable?
- ACA Counseling Guidelines can be helpful.

Apply to OS Clients?

- I. Counselor Awareness of Own Cultural Values and Biases
 - Willing to suspend bias to acknowledge the OS relationship?
- II. Counselor Awareness of Client's Worldview
 - Willing to understand the “naturalness” of how the OS relationship feels to someone with this orientation?
 - Willing to keep an open mind as more research is done?
- III. Culturally Appropriate Intervention Strategies
 - What strategies and approaches are appropriate here?

ACA-AMCD Multicultural Counseling Competencies

Arredondo, P., Toporek, M. S., Brown, S., Jones, J., Locke, D. C., Sanchez, J. and Stadler, H. (1996)
Operationalization of the Multicultural Counseling Competencies. AMCD: Alexandria, VA

<http://www.amcdaca.org/amcd/competencies.pdf>

- I. Counselor Awareness of Own Cultural Values and Biases
 - Attitudes and Beliefs
 - Knowledge
 - Skills
 - See document in Content library
- II. Counselor Awareness of Client's Worldview
- III. Culturally Appropriate Intervention Strategies

ACA-ALGBTQ LGBT etc. Competencies

- See handout.
- <http://www.algbtic.org/resources/competencies>

Helpful Resources

- ACA - A new focus on cultural sensitivity:
<http://ct.counseling.org/2006/06/ct-online-ethics-update-7/>

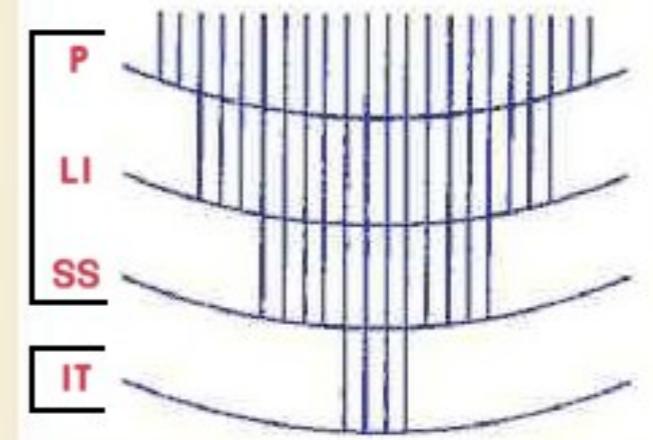
5. Clinical Sexology and Sexuality Counseling

PLISSIT MODEL

For management of most sexual
concerns.

Sexological model.

The PLISSIT Model of Sex Therapy
(developed by Jack Annan)



P = Permission

LI = Limited Information

SS = Specific Suggestions

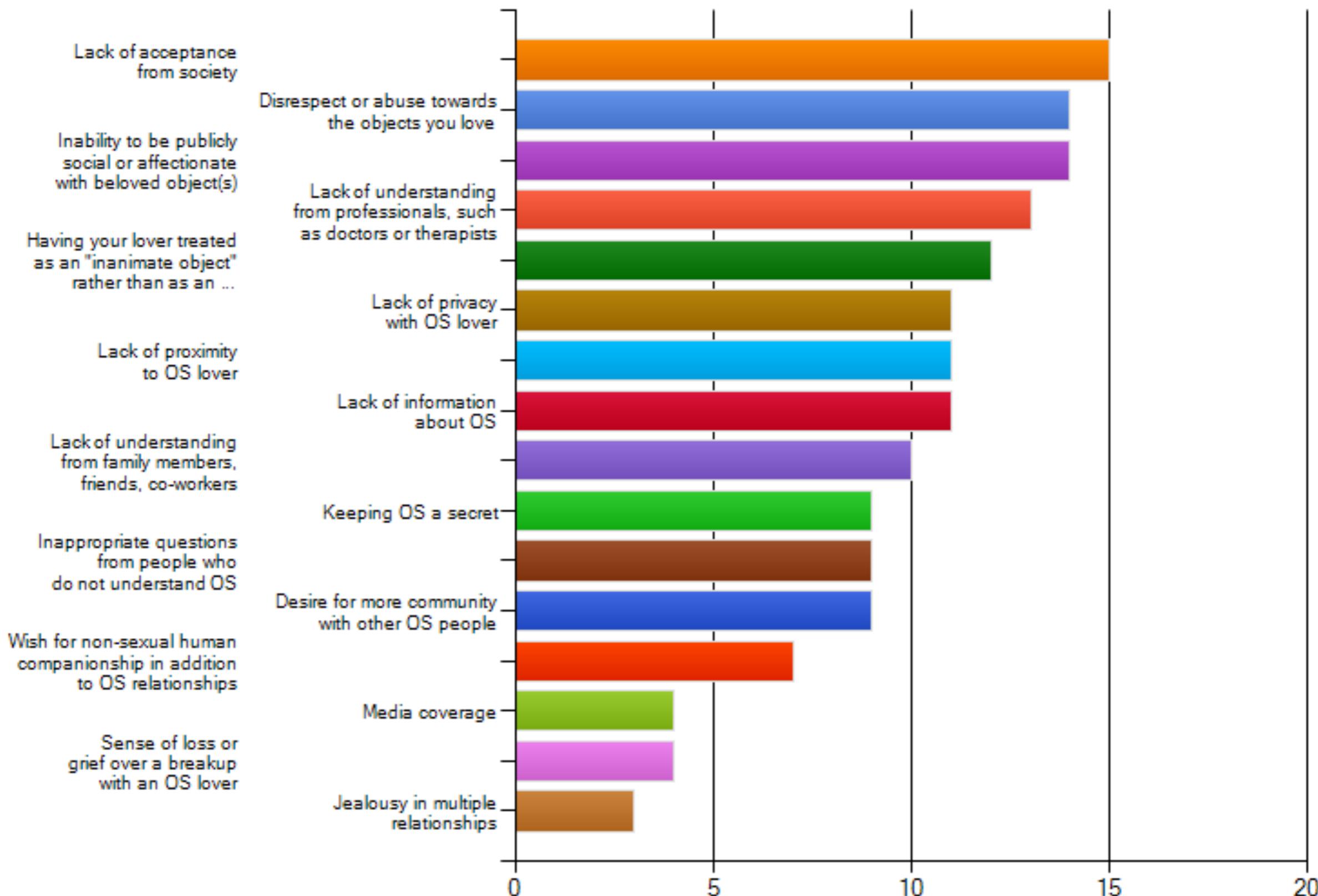
IT = Intensive Therapy

Example: Sexological Considerations

- “I was in very much in love with someone three years ago but the physical side didn't work as he was too small. It was upsetting for me at the time but we are now just good friends and he still lives with me.”

Support & Management of Problems for OS Clients

Problems: What are the problems you face as an OS person, both as an individual and in relationships with your OS lover(s)? Choose all that apply.



Issues Related to OS

- Loss of beloved object, grieving.
- Relationship difficulties.
- Rejection, lack of acceptance.
- If autism spectrum conditions are present...
- If synesthesia is present...

Issues Not Directly Related to OS

- Grieving & Loss
- Stress & Anxiety
- Family difficulties.
- Employment difficulties.
- Illness, disability.
- Life's developmental stages.

6. Psychology: Links with Synesthesia and Autism

Synesthesia

2019 Study

www.nature.com/scientificreports/

**SCIENTIFIC
REPORTS**
nature research

- Published in Nature/Scientific Reports
- Finds that OS “encapsulates” autism and synesthesia.
- References 2009 survey.

OPEN

Objectum sexuality: A sexual orientation linked with autism and synaesthesia

Julia Simmer^{1*}, James E. A. Hughes¹ & Noam Sagiv²

Objectum-sexuality (OS) is a sexual orientation which has received little attention in the academic literature. Individuals who identify as OS experience emotional, romantic and/or sexual feelings towards inanimate objects (e.g. a bridge, a statue). We tested 34 OS individuals and 88 controls, and provide the first empirical evidence that OS is linked to two separate neurodevelopmental traits - autism and synaesthesia. We show that OS individuals possess significantly higher rates of diagnosed autism and significantly stronger autistic traits compared to controls, as well as a significantly higher prevalence of synaesthesia, and significant synaesthetic traits inherent in the nature of their attractions. Our results suggest that OS may encapsulate autism and synaesthesia within its phenomenology. Our data speak to debates concerning the biological underpinnings of sexuality, to models of autism and synaesthesia, and to psychological and philosophical models of romantic love.

Categories or continua of sexual orientation are recognised in social, psychological, political and biological sciences. One orientation almost entirely absent from this research arena is *objectum-sexuality* (OS; also known as *objectophilia*). OS individuals describe experiencing emotional, romantic and/or sexual feelings towards inanimate objects or structures. For example, Eija-Riitta Berliner-Mauer has described her romantic attraction towards the Berlin Wall¹ and others have written similarly about their feelings towards a range of objects (e.g., a bridge, a fence, a statue, an electronic soundboard)². Our background in synaesthesia^{3,4} and autism^{5,6} led us to recognise potential features of both conditions from anecdotal descriptions given by OS individuals—and these features have also been noted by others⁷. For example, one survey⁸ found that a high number of OS individuals (six out of 21) anecdotally reported autism, a set of neurodevelopmental traits that encompass difficulties in social communication, repetitive/routine behaviours, special interests, and sensitivity to sensory stimuli⁹. Although this earlier survey included no significance tests or baselines, it is possible to calculate the prevalence of autism within that OS group (28.57%), and this is significantly higher than the general population estimate of 1.46%⁹ ($\chi^2(1) = 16.14, p < 0.001, 95\% \text{ CI } [0.09, 0.50]$). Another neurodevelopmental trait potentially relevant to OS is synaesthesia¹⁰, which affects around 4% of the general population¹¹ but occurs at higher rates in autism^{6,11,13}. Synaesthesia gives rise to an unusual fusing of sensations—for example, experiencing a sense of colour when reading letters or numbers (*grapheme-colour synaesthesia*¹²). Important for our purposes here, is that some forms of synaesthesia imbue inanimate objects with genders or personalities. Hence people with *object-personification synaesthesia*^{13,14} might feel that their house-keys are female, or that their pocket watch is shy. Other triggers are linguistic sequences such as letters and numbers (e.g., I might feel motherly, 7 might feel selfish), and this is known as *grapheme-personification synaesthesia* or *ordinal linguistic personification*¹⁴). These synaesthetic personifications have known neurological roots^{15,16} and are reminiscent of descriptions given anecdotally by OS individuals about the objects they are attracted towards. Given the potential overlap between OS, autism, and synaesthesia, our study is the first to explore the relationship among them, using empirical behavioural testing.

In our study we tested 34 self-identified OS individuals and 88 controls using questionnaires and objective measures related to OS, autism and synaesthesia. If OS is linked with autism, we predict significantly higher rates of diagnosed autism in our OS group, compared to controls and population baselines⁹. We will also use the Autism Spectrum Quotient¹⁹ (AQ) to measure autistic traits, and predict that the OS group will show significantly higher autistic traits compared to controls. We will also investigate a possible link between OS and synaesthesia, and make several predictions. If OS is linked with synaesthesia, we first predict that OS individuals should

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Marsh: Follow Up Synesthesia Survey - 2009

	Onset Object Attraction	Sense Object Person.?	Other Synesthesia?	AS or Autism?	Age of Abuse History
#1 F/51-60 no 2009	Child 3-12	Always childhood	no	no	yes, child
#2 M/18-25 unsure	Child 3-12	Always childhood	no	Autism	no
#3 F/41-50 unsure	Child 3-12	Sometimes NEED	yes	no	no
#4 F/26-30 no 2009	Teen 13-18	Often childhood	no	no	no
#5 F/26-30 yes 2009	Teen 13-18	Always teen	reports hypersens.	Autism	yes, teen
#6 F/41-50 yes 2009	child 3-12	Always childhood	yes	feels AS	no
#7 F/41-50 yes 2009	adult	adult	natural features-teen	no	yes, child-teen
#8 F/26-30 yes 2009	child 3-12	often childhood	maybe	no	no
#9 F/18-25 no 2009	child 3-12	sometimes childhood	no	no	no
#10 M/51+ no	child 3-12	seldom childhood	no	no	yes, teen
#11 M/41+ yes 2009	child 3-12	sometimes age?	no	no	no
#12 F/26+ yes 2009	child 3-12	always childhood	often color personality	Aspergers	no
#13 F/41+ yes 2009	Teen 13-18	always childhood	no	Aspergers Tourettes	no
#14 M/18+ yes 2009	Teen 13-18	sometimes childhood	no	no	no
#15 F/41+ yes 2009	child 3-12	always childhood	heightened senses	maybe	no
#16 F/31+ no 2009	child 3-12	Often childhood	colors sometimes	no	yes, child, teen
#17 F/18+ yes 2009	child 3-12	always childhood	no	Aspergers	no
#18 FtoM/ 51+ /Yes09	child 3-12	no	no	no	yes, child
#19 F/18+ no 2009	teen 13-18	always teens	gender in letters, #s	no	no
#20 F/31+ no 2009	child 3-12	often childhood	sometimes letters, #s	no	yes, child
#21 F/18+ no 2009	child 3-12	Often childhood	colors, mo, letters, days	no	yes, teen

Autism

OPEN

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7. Positive Psychology

How Many Positive Emotions do OS People Experience in the Context of Their Relationship(s)?

EMOTION	appraisal	tendency	outcome
JOY	safe, familiar, progress	playfulness	learning, acquire skills
GRATITUDE	receive altruistic gift	give creatively	social bonds, skills for loving
SERENITY	safe, certain, low effort	savor & integrate	modify self and world views
INTEREST	safe but also novel, mysterious	explore	gain knowledge, energy
HOPE	fear the worst, yearn for better	become inventive	increased resilience
PRIDE	socially valued achievement	dream big	further achievements
AMUSEMENT	nonserious social incongruity	share laughter, insights	build friendship, creativity
INSPIRATION	witness human excellence	aspire to excellence	gain skills & morality
AWE	overwhelmed by greatness	accommodate the new	self as part of a larger whole
LOVE	positive emotions in connection	play, explore, savor, dream	trust, bonds, community, health

POSITIVITY PORTFOLIOS FOR UPWARD SPIRALS!

- Negative emotions narrow focus to take urgent action in the present moment (survive).
- Positive emotions broaden perspective and build resilience (thrive).
- Notice and appreciate the positive events and emotions.
- Select one positive emotion and build a portfolio around it with momentos, heartfelt images, resources, that generate that emotion.
- Use the portfolio to savor the good for 10-20 seconds and thereby “rewire your brain.”

Hypothetical Case Studies

Hypothetical Case Study #1

- Autism spectrum diagnosis.
- Lives with abusive parent who threatens to harm the beloved object.
- Client expresses anxiety, fear.

Using the Context

- I. Counselor Awareness of Own Cultural Values and Biases
- II. Counselor Awareness of Client's Worldview
- III. Culturally Appropriate Intervention Strategies
- Attitudes and Beliefs
- Knowledge
- Skills
- Look for positive emotions.

Hypothetical Case Study #2

- “My least successful relationship was one with a _____ at a church. I was kicked out of the church for being OS because they claimed that I 'had the _____ in my heart, and not Jesus.'”
- Presenting issue: community and social rejection, plus the loss of object lover.

Using the Context

- I. Counselor Awareness of Own Cultural Values and Biases
- II. Counselor Awareness of Client's Worldview
- III. Culturally Appropriate Intervention Strategies
- Attitudes and Beliefs
- Knowledge
- Skills
- Look for positive emotions.

Hypothetical Case Study #3

- “I loved an object that I could rarely get close to. It pained me that I could see but not touch this object and relented to have a relationship with the caretaker in order to get close to the object.”
- Presenting issue: would like to break off human relationship, but fears loosing access to the object.

Using the Context

- I. Counselor Awareness of Own Cultural Values and Biases
- II. Counselor Awareness of Client's Worldview
- III. Culturally Appropriate Intervention Strategies
 - Attitudes and Beliefs
 - Knowledge
 - Skills
 - Look for positive emotions.

Thank You!

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