

Eros and Liberation

New Ways of Thinking about Sex, Gender, and Sexuality

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The genesis of this presentation is in the quiet rumination I have had time for since closing my therapy practice and moving to California. Many of my clients have stayed in my head, and having more space in my life has given me a chance to think through what I did with them, what I might have done differently, and how, in the midst of my own transference, I think they would formulate their own stories of what doing therapy with me was like.

Interestingly, not all clients have stayed so alive in my head. I also wonder about the ones who don't spontaneously pop into my thoughts—when I see a certain piece of art, or read a passage in a book, or even discover myself sitting in a familiar body position. I wonder if this is an indication that somehow I didn't connect fully with those clients that I don't easily remember.

I've moved to a community in California that is notorious for many things, including its movie-star colony, the insane idea of building an oasis in a desert, the Dinah Shore golf classic, the Indian Wells tennis tournament, and also, its quality of sex-on-demand. Maybe that has something to do with the hot dry weather. There's an old Cole Porter song that goes like this:

*According to the Kinsey report
ev'ry average man you know
much prefers to play his favorite sport*

*when the temperature is low
but when the thermometer goes way up
and the weather is sizzling hot
Mister Adam for his madam is not
cause it's too darn hot, it's too darn hot.*

(Porter, 1948)

In the Broadway musical, when the thermometer goes way up, so does the humidity. But Cole Porter must not have written about Palm Springs, because here, in the desert, we have negligible humidity most of the year. Earlier this month, on the day I left the US to come to New Zealand, the temperature was *110 in the Shade*, to quote another Broadway show. That's 43 degrees Celsius, in the shade, but if there's no humidity, that's really not an uncomfortable temperature at all—well, at least in the shade.

In this presentation I will reflect on my ongoing search toward a deeper understanding of human sexual identity and liberation—particularly liberation from some of the dominant discourses about the loci of erotic desire and their relationship to human agency. I will do this in the context of my growing commitment to the work of social constructionists, particularly Michel Foucault, Judith Butler, and Dan McAdams. Parts of this presentation are personal—a sort of inner conversation made public—and parts are retrospective in a professional way. I am also convinced that the exploration of eros and liberation is one way to language what both psychotherapists and pastoral counsellors do, though with different hermeneutics and methodologies.

Psychodynamics and narrative

The sexual tension around town reminds me from time to time of clients of mine who did a great deal of sexual acting out. Most of those clients were gay men, and they would replay their adventures for me in detail. Yet there was something that seemed desperate about what they were doing. They could easily find sex, but what they ached for was a long-term, stable, loving relationship. Often, it seemed that they believed a relationship would materialise if they just had sex with enough people. Surely, someone out there was “the one”, and the way to the heart was, apparently, through the groin.

Some schools of psychodynamic psychotherapy would argue that this sort of behaviour is the sign of a deep splitting, probably quite an early one. The healing of these early splits often necessitates long, hard work in the therapy room, but fortunately, there is a wealth of theory to support us in working with clients who are so split. I'm thinking of Freudian “repetition compulsion” in relation to his “Mourning

and Melancholia” (1917), as well as the work of Jessica Benjamin (1995), Robert Stoller (1985), Jonathan Dollimore (1991), Robert Hopcke (1990), Roy Schafer (1992), and in particular, D. W. Winnicott’s “The Capacity to Be Alone” (1965).

On the other hand, some schools of narrative counselling would argue that there isn’t a self anyway, but that we are a collection of embodied, atomic, and social selves. I find it interesting in New Zealand how little the disciplines of psychodynamic psychotherapy and narrative counselling theory have to say to each other, at least in public, the notable exception that I am aware of being the work of Brian Broom of Christchurch (Broom, 1997, 2007). In spite of their differences, both disciplines are about story-telling and meaning-making, and perhaps one day they can find more ways of learning from each other here in this country. Such a conversation is beginning elsewhere, including through the Boston Change Process Study Group (BCPSG), which combines narrative counselling theory with the work of Daniel Stern and Edward Tronick.

I should clarify that my orientation toward narrative counselling and therapy may be less familiar to some New Zealanders. The “genealogy” of my education in narrative counselling begins with the work of Peter Berger and Thomas Luckmann (1966), then continues with Kenneth Gergen (1994, 1999), Mikhail Bakhtin (1981), J. L. Austin (1962) and Stanley Fish (1980), and Dan McAdams (1985, 1988; McAdams & Ochberg, 1993). McAdams, Professor of Psychology and Human Development at Northwestern University in Chicago, in particular, has shaped my thinking and application of narrative theory and human identity. As much as I respect the distinctive theoretical work of Michael White and David Epston, my training did not include them, and in many ways I find myself uncomfortable at times with their approach to narrative treatment. Only later, too, was I exposed to the work of Foucault and Butler, both of whom allowed me to move into a deeper understanding of the power of discourse and linguistics in the formation of human identity, and what we, as well as our clients, decided to normalise or pathologise.

It seems to me that both of these modalities—psychodynamics and narrative—need to pay ever-closer, continuing attention to the larger and overwhelming discourse inside which we live, including the deeply sexualised discourse of television, popular music, video games, movies, the internet, and advertising, including of Viagra. These pull us apart anyway, and construct a world in which everyone has lots and lots of sex, on demand, even, and in which, if you’re not having lots of sex, then you’re not getting the most out of life. Maybe, even, you’re a failure. It’s not that psychodynamics and

narrative are ignoring these larger and overwhelming discourses; rather, it's that with all the emphasis in both on individual experience and meaning-making, it is easy to lose sight of how powerless individuals can be to make meaning, and how overwhelming and ubiquitous are the messages to be someone other than who each of us might want to be.

We will never be able fully to escape the power-to-construct that is granted to the overwhelming discourses in which we live. I believe we have learned that, now, from Foucault, especially by way of his monumental volume, *Discipline and Punish* (1975). But surely the purpose of both psychodynamic psychotherapy and narrative counselling is to support and challenge people as they do the best they can do, making some sort of individual, nearly congruent meaning inside of that overwhelming discourse. When we are congruent, we can be both healthy and safe, or at least, healthier and safer, and contribute to the good of society as a whole. Counselling and psychotherapy can help people to "individuate in place," which is quite subjective, for it calls on us to constitute the subjectivity.

I believe that the analogy of a Pasifika fine mat would be appropriate here. Not every mat woven in our indigenous cultures is perfect from the beginning, and no matter how perfect, most mats need to be repaired from time to time. You will remember, perhaps, the classical Greek story of Penelope, wife of Odysseus, who wove in the daytime, and unwove at night. Her rationale was to stave off suitors, hoping against hope that Odysseus would reappear. In the Pacific, women weave and unweave for a different reason: because the exchange value of any mat, especially the *'ie toga*, is based on the fineness, the delicacy, the perfection, of its weaving, so errors and blemishes must be constantly removed as the weaving of the mat proceeds. Of course, not every Samoan woman is automatically a fine weaver. In Albert Wendt's novel *Ola* (1991), the protagonist, Olamiileoti Monroe, laments that she is "hopeless at weaving" (p. 330). Some of our clients weave their new resilience well; others, like Ola, are less skilled, and we must sit with them a lot longer as they unweave, and reweave, their lives (see also Filemoni-Tofaeono & Johnson, 2006; on the similar process of repairing a Pacific tapa cloth, see Palu, 2003).

In the face of the dominant discourses that surround and oppress us, we must first learn who we are not, and afterwards learn who we are.

The influence of Judith Butler

Searching to understand human sexual identity and liberation is a complicated task. To discourse theory, we must then add social constructionism. Social constructionism

has been around for a long, long time, at least since Peter L. Berger and Thomas Luckmann's 1966 book, *The Social Construction of Reality*.

Social constructionism is illustrated by this story from Jill Freedman and Gene Combs (1996, pp. 22–23): Imagine two survivors of some ecological disaster coming together to start a new society. Imagine that they are a man and a woman who come from very different cultures. Even if they share no language, no religion, and no presuppositions about how labour is to be divided, or what place work, play, communal ritual, and private contemplation have in a good society, if culture of any sort is to continue, they must begin to coordinate their activities. As they do this, some agreed-upon habits and distinctions will emerge: certain substances will be treated as food, certain places found or erected to serve as shelter, each will begin to assume certain routine daily tasks, and they will almost certainly develop a shared language. Even as time passes, they will always be able to remember, "This is how we decided to do this," or "It works better if I assume this role." For the children of the founding generation, "This is how we decided ..." will be more like "This is how our elders do it," and by the third generation it will be "This is how it's done." Mothers and farmers and builders will be treated as always-having-existed types of people. The rough-and-ready procedures for building houses and planting crops that our original two survivors pieced together will be more-or-less codified as the *rules* for how to build a house or plant corn. By the fourth generation of our imaginary society, "This is how it is done" will have become "This is the way the world is: this is reality."

The precursors of social constructionism include Antonio Gramsci, Talcott Parsons, Stanley Fish, John Searle, Emile Durkheim, and Michel Foucault. Foucault is one of a group of writers generally lumped together under the label "critical theorists." Other writers in the field of critical theory would include Walter Benjamin, Herbert Marcuse, Ferdinand de Saussure, Noam Chomsky, Hans-Georg Gadamer, Roland Barthes, Theodor Adorno, Jean Baudrillard, Hélène Cixous, Gilles Deleuze and Félix Guattari, Umberto Eco, Jean-François Lyotard, Pierre Bordieu, Jacques Derrida, Jacques Lacan, J. L. Austin, Slavoj Žižek, and Judith Butler. In my later years as a senior academic, these are the thinkers who have most deeply influenced me, and in a sense, I feel I have come to them too late in life. But of all the people on that list, it is Judith Butler whose writings have earned the largest portion of my reading time in the first six months of my semi-retirement. Right at the end of my teaching career, in 2006 and 2007, I began to require theology students to learn something about Butler, as well as Foucault. If I were doing it over again, I would require those students to learn even more about

both, and starting at an earlier stage of their education. All of these critical theorists are, essentially, hermeneuts—people who teach us a certain way, or hermeneutic, of interpreting the world and its “texts”, in the broadest sense. Lacan, of course, has had a huge impact on psychoanalysis and psychotherapy. Of this list, I am at present unsure who has had a significant impact on counselling theory, in addition to the principal thinkers of discourse theory.

It is to Butler and her thinking that I will now turn, and in particular to what I have learned from her writings about sex, gender, and sexuality.

Sometimes the parts are greater than the whole

In a recent article on Pasifika identity, Marianne Franklin, a New Zealander who is Senior Lecturer in Social and Political Theory at the University for Humanistics in Utrecht, The Netherlands, wrote:

People are far more complicated beings than these unitary labels would suggest and our experiences of being gendered ... vary along dimensions of race, class, nationality, ethnicity, sexuality and so on. All these identities with which we are labelled ... are social constructs that are created, given meaning, and reproduced by the differing, yet interlocking, systems of power in which we are embedded.

(Franklin, 2003, p. 488, n7)

Among the complicated mix of identities that Marianne Franklin refers to are sex, gender, and sexuality.

We all have genitals, though of various configurations; Butler and others use the word “sex” to refer to that genital part of our identity that is “named” at birth—most often named as “male sex” for a boy, and “female sex” for a girl. However, you may not be aware that just under 3% of all babies are born with GA, or genital ambiguity (Fausto-Sterling, 2000, p. 51). Decisions are then made by parents and doctors in consultation. Discourse theory and social construction tell us how the genitals we see are to be languaged. Once the languaging of genitals is mastered, we then “perform” our genitals. Or as Judith Butler would say, we do not *have* genitals, we enact them.

Medical definitions get involved in this languaging too, for so-called “scientific rationalism” and the objectification and pathologisation of the human body are a part of the discourse that we live in.

Common [Western] medical practice imposes stringent requirements for male and female genitals at birth—a penis that is less than 2.5 centimeters long when

stretched, or a clitoris that is more than one centimeter long are both commonly subject to surgery in which both are reduced to an “acceptable” sized clitoris.

(Eckert & McConnell-Ginet, 2003, p. 11)

In other words, if a baby’s penis is not “big enough” to be called a penis, “his” genitals are turned into a vagina. Someone must name it, to name what they see (“umm, that one’s not big enough to be a penis”), and in order to name it, it must be “created”. If it is not created, then the child will be assigned what is called “a grammatical gender” (in the Western world, all children must be either a boy or a girl), which may or may not match that child’s social gender as that gender evolves over the course of childhood. A child may have a “sex” which has been named and created as “male”, but for a variety of reasons, might prefer to perform the “female” gender role (Goldberg & Adriano, 2008). To cite an absurdly different illustration: in the early 1970s, when I first started spending a lot of time in Jerusalem, I often heard Golda Meir referred to as “the biggest mensch in the Israeli government.” In that situation, too, her grammatical gender did not match her perceived social gender: she was grammatically female, but socially male.

I don’t know if this ascription would have pleased Golda or not. However, it might please Judith Butler (1999) who, arguing for the disconnection between biological sex and social gender, writes:

When the constructed status of gender is theorized as radically independent of sex, gender itself becomes a free-floating artifice, with the consequence that man and masculine might just as easily signify a female body as a male one, and woman and feminine a male body as easily as a female one.

(p. 10)

To summarise the thinking of Butler and others, the gender that we perform is based on how our genitals have been or are languaged by others, even though most of the time our genital configuration is assumed, rather than actually seen by anyone else. The language others ascribe to our genitals may, or may not, be correct, for there are other factors at work in the identification of biological sex, such as endocrinology, that are not readily visible—for example, “female” children who have both an X and a Y chromosome—and these factors simply are not explored before we are labelled “boy” or “girl”.

We also all have a gender of some kind. Many cultures in this world think of masculinity and femininity as being the only two gender categories. But that’s not

correct, as the writings of Bob Connell and David Gilmore helped me realise (Connell, 2005; Gilmore, 1990). Firstly, there are many masculinities and many femininities. We perform those, too, and we have a much bigger repertoire than we often realise. It was Judith Butler (2004) who argued that “Genitals do not determine gender.” Or as theologian Miroslav Volf (1996) argues, our ideas of gender as connected to genitals—of what is masculine and what is feminine—come from animals, but not from God, who has neither gender nor genitals, as we understand those in human terms (p. 173).

Secondly, I have watched clients in my therapy room perform, even in the short course of one session, a variety of femininities and masculinities, no matter their genital configuration. I have learned along the way that some of the saddest people I treated were those who were stuck in a single “hegemonic” masculinity or femininity—hegemonic meaning “control or dominating influence by one person or group, especially by one political group over society or one nation over others.” They simply did not have a large enough repertoire of gender performances from which to choose in order to match, for example, the emotions they needed to express. In other words, when we perform our gender, we are performing it inside a political system that is much more powerful than we are, and which tries very hard to regulate “acceptable” masculinities and femininities.

We all have a sexuality of some kind. For fifty years now, since the work of Alfred Kinsey, we have known that sexuality does not exist as two isolated poles, but extends across a spectrum from exclusive heterosexuality (Kinsey Scale 1: predominantly heterosexual, incidentally homosexual) to exclusive homosexuality (Kinsey Scale 6: predominantly homosexual, incidentally heterosexual). In fact, I think it is most useful to understand genitally determined biological sex, and gender, and sexuality *all* as spectrums of possibility, rather than dimorphic categories.

To expand Judith Butler’s point, genitals do not determine gender, nor do they determine sexuality. So we have three identities—sex (genitals), gender, and sexuality—all of which are deeply shaped and affected by discourse and social constructionism. And if we “push” on Butler’s theory, none of these three is necessarily attached to, or determinative of, either of the other two.

Unweaving and weaving

Bearing in mind counselling and psychotherapy’s desire to help people integrate, I still want to argue that, for some clients, it might be helpful to “unweave” before “weaving”. It seems to me that each one of these component parts of a complex identity—sex,

gender, and sexuality—has its own history and set of historical narratives, its own internal sense of what is healthy and good for it, its own processes of meaning-making, and perhaps even its own hopes for the future. But if there are that many narratives going on simultaneously, how then can we help clients take them apart, grant them equal privilege, and make good decisions that will benefit each as parts, and the whole as a whole?

In 2005, I was invited to write the introductory essay for a coffee-table book of photographs of men's bodies (Culbertson, 2006). The book's editors had invited me because they were admirers of an essay I had written in 1997, called "Designing Men: Reading Male Bodies as Texts" (Culbertson, 1998). Inspired by an essay called "Portrait of My Body," by Philip Lopate (1996), I decided to write the introduction for the photography book by letting parts of my body tell their own story, rather than my telling the story of this body. In my essay, I let various parts of my body find their voice: a broken tooth, a scar on my back, an infected toenail, and of course, the scars on my heart after a lifetime of relationships. Writing this way helped me understand how the parts of our bodies have their own stories which, when told, might not be quite the way we would tell them if we were in charge.

And that's what I'm getting at here: is it not possible that our genitals have their own story to tell—their history, their wants and desires, their hopes and fears, their sense of being trapped, and what being liberated might allow—and that the gender roles we each perform also have their history, wants, desires, hopes and fears; and that our understanding of our own sexuality is also complex and heavily self-storied. The stories I told in the introduction to the photography book are not necessarily stories I would tell in public (and won't here, either), but they are important stories that my body carries, nonetheless. So it is also with *your* bodies (and some of you will, for example, know that victims of abuse have stories embedded in their physical bodies that they are unaware of), and with the various ways you perform your gender, and the various ways you perform your sexuality.

Do these different sets of stories talk to each other? Correct or contradict each other? What would happen if these body stories were foregrounded, and brought into dialogue with the many other stories we carry about ourselves, just as sometimes in counselling we put people's various "selves" in dialogue with each other in two-chair work?

Unfortunately, because I don't have a therapy practice in the US, and therefore don't have a space to test out my new thinking so influenced by Judith Butler's idea

that genitals are not connected to gender, I can only lay out a hypothetical method of exploring with a client. Perhaps I have to rely on some of you to test out this theory, and let me know how it goes.

A client's genitals have a psychosexual story they wish to tell. Perhaps it is a story about what those genitals want, how they want to be treated, by whom, why, and what would be the outcome of being treated that way. Is this a story that can contribute to the client's greater sense of wellbeing? Of health? Of lasting happiness? How does the genitals' story make meaning out of the client's experience of self, and what happens when this story enters into dialogue with other stories that the client carries?

A client's gender identity has a story, or probably many stories. Learning to be "acceptably" gendered is one of the hardest things we are each expected to accomplish in our childhood and teen years. As Butler (1999) summarises, "the various acts of gender create the idea of gender, and without those acts, there would be no gender at all" (p. 178). Whether stories of masculinity or femininity, all stories are infected with the traces of heteronormativity—the privileging of the standards of white, heterosexual, educated, married, middle-class, powerful males. Within the crushing power of this structured discourse, what personal story or stories of being gendered does the client prefer, and why? What is the effect of the client's superego in judging that story? How has the performance of the client's gender changed for her or him over time? Does that mean that the client's gender identity stories have changed, simply because the performance changed? In Butlerian thought, "... gendered bodies are so many 'styles of the flesh.' These styles are never fully self-styled, for styles have a history, and those histories condition and limit the possibilities" (Butler, 1999, p. 177). Which is the best story for now, for the client in his or her present moment? How might the telling of that story be affected by family and social relationships? How might these stories be influenced by other factors, such as self-loathing or a history of abuse? What would bar the telling of that story in a healthy way? (See Scholinski, 1997, for a tragic example of psychiatric misdiagnosis of a young woman's gender identity struggle.)

A client's sexuality has a psychosexual story it wishes to tell. My experience with clients is that they often struggle with the task of evaluating their own psychosexual story with any sense of objectivity. Again, many of the same questions pertain: What story does the client prefer, and why? What is the effect of the client's superego in judging that story? How has the performance of the client's sexuality changed over time? Does that mean that the client's sexual identity stories have changed, just because

her or his performance has changed? Which is the best story for now, for the client in his or her present moment? How might the telling of that story be affected by family and social relationships? What would bar the telling of that story in a healthy way? (See Back, 1985, for examples of the many things inside family dynamics that impede the development of healthy non-heterosexual identity development.)

These three parts of a client's individual identity interact, of course, with things like culture, socio-economic status, age, partnership status, employment, privilege, and others. These are the "interlocking systems of power" that Marianne Franklin (above) referred to in the quote from her article "I Define My Own Identity." Our genitals, gender, and sexuality can only ever tell their stories in dialogue with our responses to those systems of power, those social constructions, those dynamics of discourse. But if our clients can find a way to unweave their genitals, gender, and sexuality, listen to the many stories that these parts of their identity have to tell, and then begin the process of weaving them back together in a new way, then I believe that wellbeing and resilience are much more within their reach.

I'll tell you a personal story. A couple of months ago, I was on a trip with my daughter and her long-time boyfriend. One night, they knocked on the door of my hotel room and asked to come in, and they sat down with me on the bed. I haven't spent much time with my daughter's boyfriend, in spite of their being in a long-time relationship, so I was quite surprised at the question he was bold enough to ask. He said, "Katie says you're gay, and I don't believe her. Are you?" I answered him, "There are periods in my life when I have been sexual with women, and other periods when I have been sexual with men, and right now I am very happily single. So I think the answer to your question is 'No.' I'm just sexual in a variety of ways, and no label fits me very well." His response was: "I thought so." That wasn't what I expected either.

And then, just a few weeks ago, when I was keynoting a clergy conference in Mississippi on some material similar to this presentation, I surprised myself by saying that I am "celibate". That's not a word that I have used about myself before, but it felt quite comfortable at the time. In mulling over my surprise utterance, I realise how much I have indeed been affected by reading Judith Butler, because "celibate" is, for me anyway, a description which is about making good choices for my whole self right now. Right now, it feels like "celibate" is a truly life-giving way to describe where I am at this point in my psychosocial development. I can also, maybe for the first time in my life, understand how being celibate is indeed a gift.

Eros and liberation

Freud is famous for his Drive Theory, understanding human beings as torn between eros (survival, hunger and thirst, sex and propagation, pleasure, the avoidance of suffering, playfulness) and thanatos (unpleasure, suffering, self-persecution, self-destruction and addictive behaviours, excessive and non-life-giving hedonism). Either drive can manifest itself in our clients when they seem “asleep”—unable to engage with their problems, unwilling to recognise that even erotic pleasures can be a form of being dead. But it can also be thanatos disguised as eros, or desire, that keeps people trapped in stories they are unaware of, or don’t understand.

Eros includes the drive to relate intimately, including sexually, and like all other drives, can be constructive or destructive, healthy or perverse, and many in-between mixtures. Eros knows neither bounds nor logic, and as Stoller (1985) and others have shown, is capable of a whole series of inversions. Yet, some modern theologians and spiritual writers are recognising that spirituality—whether inside or outside of organised religion—also has a strong erotic component to it. God, or the Spirit, passionately desires us, as we desire a spiritual relationship. For these theologians and spiritual writers, however, eros without discipline leads quickly to thanatos (see, for example, Burrus & Keller, 2006). Herein, then, lies the problem in working with certain clients. Living in the midst of a deeply sexualised discourse of television, popular music, video games, movies, the internet, and advertising, which encourages people to stop thinking, to simply follow their desire unthinkingly—in other words, to become dead—how do we encourage clients to gain some discipline over the performances of their genitals, gender, and sexuality? We do so, I would argue, but talking to them not just about their behaviour, or their thinking, but more importantly, about their values.

Conclusion

One of my favourite writers in psychotherapy is Harry Aponte (1999), a therapist in private practice in Philadelphia. In a recent essay, he stated:

The choices that patients make about their lives in treatment are steeped in their values, ethics, and beliefs—in a word, in the morality of their spirituality... They can choose reality or denial, fighting or being passive, betterment or defeat. In that personal exercise of free will lies the mystery of their essential worth and independence... By supporting their values, therapy can support clients’ personal identity and power. Therapy based on the freedom of clients to choose calls for

helping clients identify options and rationale for the choices they face. By offering the technical resources of the intervention and providing the support of the relationship, therapists bolster their clients' motivation and will to choose. When therapists help them make choices that are theirs, clients are better able to accept responsibility for the consequences of their decisions.

(p. 83)

Unweaving the mat of sex, gender, and sexuality is, it seems to me, the first step in helping clients gain the will to choose who and how they will be, instead of simply stumbling through a driven life. Genitals, gender, and sexuality are not inextricably linked, but all three may be understood as sites of responsible, ethical, and life-giving value-formation and decision-making, particularly as we sit alongside our clients and listen to the stories that their genitals, gender, and sexuality have to tell for themselves.

I seem never to be “done” thinking about things; perhaps “thinking too much” is the curse of both psychotherapists and intellectuals. And that reminds me of American writer William S. Burroughs, author of *Naked Lunch*, who once said, “All intellectuals are deviants.” But what I am trying to get at is the challenge of how we think about the passion to connect, or eros, and whether there is a way to “do” passion that doesn’t trap us, or undermine our self-esteem, but instead sets us free to love the very best of ourselves, perhaps for the first time.

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