

Part V

Paraphilias

17. Other love: paraphilias

The term paraphilia derives from the Greek (*para*: beyond, across, but also near, similar; *philia*: brotherly love) and indicates, as we can read in the DSM-V, any intense and persistent sexual interest other than for genital stimulation or foreplay with phenotypically normal, physically mature and consenting human partners.

Let us start with etymology which speaks of an experience that goes beyond brotherly love. For the Greeks *philos* is love in which Eros is absent or, if present, it is not acted upon. This also explains why, in the DSM-V, paraphilias are a separate chapter from the sexual disorders.

In DSM-V we find only a small part of the existing paraphilias. Let us look at some of them.

1. Predilection for unusual activities

Courtship disorders

- Voyeuristic disorder: spying on others in their intimacy;
- Exhibitionist disorder: showing off one's genitals;
- Frotteuristic disorder: touching or rubbing against a non-consenting individual.

Algolagnic disorders

- Sexual masochism disorder: being inflicted with humiliation, bondage or suffering;
- Sexual sadism disorder: inflicting humiliation, bondage or suffering.

2. Predilection for the atypicality of the sexual object

- Pedophilic disorder: sexual interest in children;
- Fetishistic disorder: using inanimate objects or focusing highly selectively on non-genital body parts;
- Transvestic disorder: sexual arousal through cross-dressing.

Some paraphilias are primarily concerned with the individual's sexual activities and others with the objects towards which the sexual activity is directed. The former category includes, for example: an intense and persistent interest in spanking, caning, cutting, tying or strangling another person or an interest in such activity that equals or exceeds the individual's interest in sexual intercourse or an equivalent interaction with another person.

The latter would include, for example: the intense or preferential sexual interest in children, corpses, mutilated individuals (as a category of persons), as well as in animals, such as horses or dogs, or inanimate things, such as shoes or rubber objects.

Paraphilic 'disorders' are defined as those which, in order to obtain satisfaction, result in illegal or otherwise dangerous and/or harmful actions for other people.

In the DSM-V we find that a paraphilic disorder consists of a paraphilia that in the present moment causes discomfort or impairment in the individual or whose satisfaction has caused or risked causing harm to the individual or to others.

A paraphilia is a necessary but not sufficient condition for a paraphilic disorder: a paraphilia in itself does not justify or require clinical intervention.

As written in Chapter 2, the term paraphilia has progressively superseded the term 'sexual perversion'. It is interesting to pay attention to the differences between these two terms. *Perversion* derives from the Latin *perversum*, of which the most common translation is 'twisted', but also 'crooked'. If we frame this term in the era in which it was used by Freud, i.e. at the beginning of the last century, and within the concept of sexual normality shared at the time in Europe and the USA, i.e. a behaviour aimed at reproduction, we can appreciate that the intention was to 'twist' the 'normal', i.e. the repressed sexuality of the time. Unfortunately, however, the term perverse was often used with the connotation of 'wrong', sinful and, of course, demonic ('the Perverse' was one of the definitions used by Dante to indicate the Devil).

Thus came the change of term decided by the US scholars. The term paraphilia is definitely more morally

neutral than the term perversion. The point is that it also achieves another result: it cuts a furrow between sexuality – which, for the DSM-V, concerns the encounter between human beings aimed solely at genital contact and satisfaction – and all those other activities in which human beings can indulge as pleasure-generating but which are not solely aimed at genital union.

Thus, behaviours such as sadism, masochism, voyeurism etc. are considered to be close (*para* = near) to eros-free amicable and parental love (*philia* = amicable or parental love). That is, the end may be genital arousal but not genital union/genital closeness, the creativity.

Hence, we find again, albeit in a different form, the separation between sex and love.

In common they have the pursuit of pleasure.

Separating sexuality and love is an important operation for different reasons, both before Freud's and Reich's revolution and after. Before, because love was divine and sex demonic. After, because free sex becomes an instrument of social liberation, while Love, with a capital L, becomes something abstract which few people are sure to know; they often say: "I am not sure I know what it is to love...".

Perls was probably influenced by Reich with whom he was in therapy for two years and contributed to further separating sexuality and love. In fact, he placed sexuality and aggression in a polar relationship, i.e. he made them the two forces that regulate life on our planet. Close to Reich and in disagreement with Freud, he rejected the death instinct and gave destructiveness the task of sustaining life as the indispensable capacity to destroy the environment in order to make it assimilable, transformable and usable. An organismic characteristic fundamental to the survival of the individual, polar but not antithetical to sexuality, which through pleasure attracts individuals to one another, sustaining closeness, intimacy and fusion (Pizzimenti, 2015).

In section III (chapter 14) we saw how aggression and sexuality can furtherly evolve from a polar relationship to a figure/ground one, giving rise to a particular form of aggression in fact called sexual aggression.

The hypothesis we want to develop now is that sexual aggression is the form of aggression that can recompose sexuality with love.

Aggression is useful to sexuality because it prevents from reaching orgasmic fusion quickly, losing the opportunity to use pleasure as a lubricant for the meeting of couple differences.

Sexuality, for its part, is useful for aggression to generate confrontations and debates without resorting to war or positions of dominance relying instead on the principle of beauty and care.

Sexual aggression, in which both are present each as a backdrop to the other, is a choice, an attitude that is learnt and is functional to make love grow, to keep arousal high, to foster the encounter between the individuals and their environment in terms of an equal exchange.

The aggression that has prevailed over the centuries is instead an aggression interested in prevailing and in which power does not circulate among people but is in the hands of those who are stronger, richer, more violent, generically 'more than the Other'. It is enough to see how power circulates in the various institutions starting with the family, the school, etc. (Philippson, 2020). Aggression can be far removed from sexuality and when we enter the terrain of delinquency, there must be no justification in linking aggression to sexuality.

Deepening this assumption will help us understand paraphilias.

As human beings we have developed various forms of behaviour to adapt to the difficulty of living in complex and dangerous environments. As Perls *et al.* (1951) have shown us, the goal of adaptation is growth, and contact is the experience that enables it. This statement is trans-cultural in the sense that it fits all living organisms and thus all human beings on the planet.

However, this process of adaptation and search for contact has generated – and still generates – different dangers and sufferings varying in accordance to the cultures and the social developments that human beings have themselves given rise to in the various continents.

In countries dominated by the generically defined European-derived culture and social approach, most human beings have developed healthy, i.e. satisfying, forms of creative adaptation to the environment around them and pathological forms, i.e. suffering forms (*pathos* – *logos*: word to suffering), which have been reductively lumped together as neurotic, psychotic or borderline forms which speak of different strategies of suffering adaptation of the individual boundaries in the encounter with the external environment.

A minority but not an insignificant percentage of the population has developed different forms of adaptation, in which the regulation of boundaries is predominantly accompanied by an alteration in the assumption of responsibility and the consequences of one's actions.

It has always been difficult for societies and governments to draw clear dividing lines between delinquent,

criminal and 'pathological' behaviours and this difficulty is mainly due to the various types of cultural connivances.

In macro-social phenomena we tend to maintain a Eurocentric view to understand world events. That is, we tend to read the social and cultural events in other parts of the world by assuming as the norm the social, political and economic developments that have taken place in countries of European descent. This has a whole series of consequences ranging from considering cultures that retain important magical beliefs – which European culture decided to eradicate in the past centuries – as undeveloped, to exporting models of democracy to countries where centuries of colonialism have castrated the development of local social models.

If we go back to our European-derived society we can observe an attempt to maintain a patriarchal view of society whereby a violation of territory – the defence of which is traditionally male – with its current extension to private property (the *patri-mony*) is considered more serious than a violation of a woman's body and/or integrity.

Killing to defend oneself against theft is considered more acceptable than killing to defend oneself against rape.

I believe that these two visions, Eurocentric and patriarchal – with the latter also characterising the three main monotheistic religions of our time – bear a great deal of responsibility for the unbalanced development towards aggression and dominance of the industrial, modern and post-modern age. They are also responsible for the confusion between antisocial, delinquent and criminal behaviours, and also for the still maintained one between various pathological behaviours, primarily sexual perversions, and delinquent behaviour.

Therefore, in order to correctly address the experience of paraphilias, it is necessary to return to the difficult topic we already dealt with in Chapter 2 and normally excluded in psychotherapy, counselling or sexology texts, which is the topic of delinquent and/or criminal behaviours.

These are often lumped together into generic anti-social behaviours which is incorrect and manipulative, because it allows governments to equate all those movements and actions of rejection of the social order and/or state choices with delinquent or criminal actions, thereby using the same legislative and repressive instruments to deal with one and the other. But illegality, i.e. the choice to totally or partially reject a state law, is not automatically criminal or delinquent.

When students in the 1970s carried out actions of 'proletarian expropriation' in supermarkets, they were acting an anti-social behaviour, as were the Afro-Americans in the United States, or the suffragettes in early 20th century England. A present-day example which is considered a more 'peaceful' behaviour concerns people that illegally download material from the internet or the case of sections of the population that refuse state-mandated vaccinations. These are all anti-social behaviours because they start from the rejection of certain social rules considered unfair and the feeling of powerlessness to change those same rules in a democratic way.

We may disagree with them and approve the government condemning and prosecuting them but it is not correct to confuse theirs with delinquent and criminal behaviour.

Delinquent behaviour, as we have seen, is characterised by the pursuit or the fulfilment of one's own desires and/or needs and/or impulses without considering the consequences of one's actions primarily on others but often also on oneself. Not 'giving a damn' about the consequences of one's actions on others and the disproportion between the damage done to others and one's own gain is the salient characteristic of delinquent behaviour. A delinquent may smash a shop window, causing a damage worth thousands of euros, to steal a jacket perhaps worth 70 euros. He/she does not care about the consequences, he/she just fancied that jacket at that moment and took it. In the same way he/she can seriously beat or even kill a person because he/she needs money, or he/she can rape a young girl because he/she felt like having sex at the time, not caring that he/she ruined her life in order to satisfy his/her desire.

Criminal behaviour is mainly characterised by the pursuit of power and by the extreme development of autonomy in the etymological sense of the term *auto-nomos*: that is, living according to one's own laws which leads to the development of one's own ethics differing from that of the society represented by the state and its institutions. This, more often than not, gives rise to criminal organisations that share the same ethics and values and form genuine alternative societies. Criminals are well aware of the consequences of their actions and also take into account the harm/benefit relationship for themselves and their victims. The point is that when power is at stake any consequence becomes acceptable.

Sometimes criminal behaviour may also include a delinquent one but the latter is often separated, used as a labour force, sometimes even despised and opposed by the criminal organisations themselves.

We should consider that within groups that develop antisocial behaviours, delinquent elements can also be

present.

Traditionally, delinquent and criminal behaviours are not considered pathological which is why perpetrators generally go to prison and not to places where they can be provided with therapy.

The encounter between gender and sexuality, however, seems to have the power to make delinquent behaviour pathological: thus, a man who beats his wife or even kills her can be said to have 'lost control' or to have acted 'due to an emotional storm', instead of saying that he acted in a delinquent manner that he had not openly manifested before. The same applies to the man raping a girl. He did not act in a sexual rage, he simply did what the delinquent does: he wanted something and he took it.

Criminal behaviour should never be justified by the victim's behaviour. Considering the fact that the woman flaunted a 'vertiginous' miniskirt or an 'exaggerated' cleavage as a justification or at least as a mitigating factor for an assault, is like justifying someone who assaults and robs a man because he checks the time in public while showing off his 5,000-euro-worth Rolex.

Let us be clear, all of us may act in a criminal manner under particular circumstances, it is what often happens to soldiers during wars. But if the person is not a delinquent, he/she will then fall into a deep crisis for his/her actions or suffer from post-traumatic stress. As the protagonist of *Gran Torino* says to the priest who urges him to forgive himself for the terrible deeds he was ordered to do in the war: "*The thing that haunts a guy is the stuff he wasn't ordered to do*".

In the rest of the chapter, we will always try to distinguish between paraphilias seen as the manifestation of an alternative sexuality and/or love if compared to the traditional and paraphilias that create suffering for the subject and/or his/her environment, and from delinquent behaviours expressed through the paraphiliac ones.

To encounter paraphilias from a Gestalt perspective means to consider them in their relational valence or, more precisely, in the search for the intentionality of contact that they express. As we have already said for the rest of sexuality, the complication lies in making delinquency a possible characteristic of paraphilias instead of considering the fact that there are delinquents who show paraphilic disorders. This inversion of terms is largely responsible for the attitude of prejudice against paraphilias that has always made it difficult to talk about them and consider them within a normality that encompasses the healthy/pathological continuum. Another complication in dealing with paraphilias is the tendency to slip into psychodynamic interpretations. The tendency, that is, to read any shift away from a conventional sexuality as a sign of childhood turmoil or holes in the person's development. Together with the confusion of criminal and delinquent behaviour, this view is responsible for the failure to develop a phenomenological interest in paraphilias; the consequence is that of having left them to the patrimony of pornography which has always drawn copiously from them, demonstrating, whether necessary, how paraphilias ignite the imaginations of many people and belong to all of us, as Freud hypothesised.

One last important clarification before we focus on the different paraphilias. The suffering we are dealing with is neurotic and borderline, we are not considering the psychotic suffering. In the latter, the growth of sexual arousal with the consequent permeabilisation of the ego boundaries is almost always a source of anguish for psychotic suffering. A discussion of paraphilias in the psychotic sphere is beyond the scope of this manual and deserves a dedicated work.

3. Voyeurism

In the DSM-V, voyeurism is considered a courtship disorder. If we understand the voyeuristic behaviour as the pleasure of observing the intimacy of a couple's or group's acted sexuality, we can recognise how this pleasure is present in most adolescents and children and seems to belong to a pre-contact phase, i.e. that particular experience of the contact cycle characterised by still vague and indistinct sensations and by an arousal as yet unfocused and oriented both towards an external object and towards the development of one's own desire. Indeed, secretly observing one's parents or older brothers and sisters in their sexual intimacy is a common experience to children and adolescents. It happens in that period of life when the discovery of the unknown is taking place and when the human being – especially with regard to adult sexuality – has still unclear ideas and is in a pre-contact situation. This pleasure, as it matures, is frequently replaced by the pleasure of being the protagonist of sexual intimacy, so there is the search for full contact with the person invested with excitement and desire. In spite of this, voyeurism is still a pleasure even for adults, as is shown by the widespread use of erotic films and programmes that allow us to simulate and observe sexual intimacy acted out.

Compared to adult sexuality, the pre-contact phase is the approach phase in which we begin to tune in and

stimulate each other's feelings and desires. We do not yet know whether the emerging intimacy will lead to a greater bodily involvement and an increase in genital arousal or whether it will remain a pleasure of exchanging tenderness and physicality without genital involvement. If this pre-contact phase is particularly anxiety-provoking for the person, perhaps because of the onset of shame or fear of judgement and rejection, he/she may use the voyeuristic experience to approach the other with an already high level of arousal and not feel those fears. In reality, this strategy of approaching the other with a high arousal level increases the risk of rejection due to a lack of attunement but if the voyeuristic phase is experienced as a couple, e.g. by watching an erotic film together, the phenomenon of desire syntonization will also take place.

3.1. Voyeuristic disorder

As usual, we are speaking of a disorder, i.e. a voyeuristic pathology, when this behaviour generates suffering in various forms. Let us look at some of them.

1. The person is within a relationship but can only achieve pleasure through voyeurism. This results in an unsatisfactory sexual life for the couple. Sexuality for the voyeur is no longer a relational but an individual phenomenon. However, the person still feels the desire to be within a couple even if the other person does not share the same way of experiencing sexuality. Such a situation can benefit from couple therapy: if the couple has formed, it is possible that the experience of living sexuality as an individual, non-relational phenomenon is present, even in different forms, in both of them. Therefore, the couple also has the potential to evolve the situation by bringing out any fears hidden in the backgrounds of both which prevent them from enjoying both an individual/fictional and a relational/fusional sexuality.

2. The person would like a relationship but refuses it, being aware that he/she does not get pleasure in any other way than through voyeurism. If there is suffering in this choice, the focus is not voyeurism which we have seen does not preclude the sexual union but the rejection of the latter. The relational experience of pleasure can become a source of anxiety, sustaining the need to make sexual pleasure individual, despite the fact that others are still necessary for it. "*But I 'can't/must not' participate*". If the person does not experience suffering but is content, for example, to pay a couple to allow him/her to watch them engage in sexual intercourse or to participate in groups in which there are couples who take pleasure in exhibiting their sexual intimacy to others, one should not speak of a pathology but only of unconventional sexuality.

3. The person takes pleasure in observing couples unaware of his or her presence. This is the voyeuristic disorder normally discussed. It is a borderline phenomenon because it often straddles delinquent behaviour, even if it is not so overt. What is not present to be clearly defined as delinquent behaviour are the negative consequences for the object of the behaviour. If the couple does not realise they are being spied on, there are no negative consequences for them. On the other hand, the couple is made an object and the voyeur violates the subjectivity of the couple in order to satisfy his/her own desire: this is criminal behaviour. What emerges as exciting and as a source of pleasure is the violation of the other's subjectivity and not the act of watching a sexual act. In such a case, should the person decide to start psychotherapy, it becomes important to make him/her aware of this desire that pervades their life and how voyeurism is probably the tip of the iceberg of a more general desire for violence and abuse.

4. Exhibitionism

This philia is part of the pre-contact experience, too. Exhibitionism is the other side of voyeurism: in the latter I get off on watching, in the former on being watched.

In any contact process, the experience can be interrupted at any point in the contact cycle. The classic interruption of contact is due to the growth of anxiety in the encounter with the other: it is an anxiety which, if overcome, gives way to excitement and the resumption of the contact experience. There are, however, interrupted contact experiences that crystallise, because we have not been able to overcome the anxiety and the only way we have found to complete the experience is to develop another contact cycle starting from the very moment and situation in which the anxiety became unsustainable.

We can understand exhibitionism as a cycle of contact that can develop and end when the anxiety about

growing arousal causes contact to be interrupted during the pre-contact phase.

An example is the experience of the professional striptease. In this performance – which would be pre-contact – the person develops the entire cycle of contact and at the end is fulfilled and has no desire for further contact with the audience for whom he or she performed.

When this pleasure in performance is not professional but experienced and acted within a couple's or group's intimacy, various scenarios can develop.

1. In 'functional to the genital union' exhibitionism, the person experiences exhibitionistic pleasure within the growth process of arousal. Exhibitionism thus expresses itself during pre-contact and then fades away to make way for the desire for closeness and sexual fusion with the other.

2. We can consider exhibitionism to be pathological, i.e. a generator of suffering, when the experience begins like the previous one, but instead of increasing a desire for contact in the performer that leads to the exhaustion of the exhibitionistic behaviour, the person experiences a growth of anxiety when he/she perceives a desire for greater closeness in the other. This is a very frequent experience in borderline suffering and can easily give rise to abrupt refusals that create destructive tension in the couple or to experiences of anaesthesia or nullification, as Sartre (1943) put it. In this case, the person accepts the sexual intercourse without involvement and/or participation: this is an even more destructive experience for both the person and the couple. In this situation therapy can be developed both on an individual and a couple level. On the individual level, we probably encounter an alteration of the identification/alienation process. In the pleasure of performance, I identify with the experience of being an object under the gaze of others. Feeling myself as an object and experiencing my body as an object to exhibit is the figure I identify with, but it is important that in the background there is the awareness of my subjectivity to support the figure. If this awareness is present, when the other approaches me and invests me with his or her arousal, the identification with the object will return to the background while my subjectivity will emerge, thus allowing an equal relationship between subjects, a necessary condition for a satisfactory sexual union. If, on the other hand, the identification with the object is sustained by a background in which there are experiences of inadequacy, devaluation and/or violence suffered that have undermined subjectivity, then the fluid alternation of figure/ground will disappear. Or rather, the exhibitionism will slip into the ground but what will emerge in its place will be devaluation, violence, rejection or nullification that will lead to anaesthesia.

3. The person only enjoys exhibitionist pleasure through experiences of violating the subjectivity of others. This is the classic exhibitionist one normally thinks of, usually male, who goes around with his raincoat and then suddenly opens it up and performs naked, with his penis erect in front of a woman, girl or child, in a sufficiently or momentarily isolated place. Once again, the distinction is the borderline with delinquency. What makes this behaviour pleasurable is not primarily the exhibitionism but the invasion that the other cannot avoid due to the dynamics of the event, the surprise and fear he sees in his victim's eyes. That is why it is inappropriate to call this behaviour a sexual perversion: it is a delinquent behaviour that manifests itself, in that context, through a sexual dynamic but which, if explored, will easily be found present in different forms and in other contexts of the person's life.

As in the other paraphilias that are underpinned by delinquency, if the persons for some reason come to therapy, what they will have to deal with is their tendency to delinquency and only later the suffering they encounter in their sexual life.

5. Frotteurism

This is the last of the most widespread forms of philia that develop during the pre-contact phase. It consists of the desire to achieve pleasure by rubbing one's genitals against or groping the other's body. In fact, it is not correct to limit frotteurism to the pre-contact phase alone, as partners may favour rubbing their genitals against each other's body, usually a thigh or buttocks, until they reach orgasm. This may be a variant of the sexual practice or it may replace masturbation: for instance, if the couple finds itself 'struggling' due to a lack of condoms and genital intercourse poses a risk of disease transmission or unwanted pregnancies.

We consider it a pre-contact practice, because frequently groping and/or rubbing are behaviours performed in the early part of arousal when the desire to have a sexual intercourse is not yet clear and the two partners explore each other precisely to feel whether they want to increase arousal and engage in a more intimate

contact.

However, when one speaks of frotteurism, one takes for granted the presence of another relational component, namely that the person subject to the frotteur's action is not consenting. In this case, two different scenarios open up.

1. Forcing the other person to 'suffer' our rubbing is part of a game. The person receiving the attention scoffs, pretends to reject the partner's proximity but within a game aimed at increasing the arousal of both. It is a variant of the victim-predator game. In this case, the frotteurism after a while turns into a relationship with more equal and mutual involvement. It is important that the game is authentic and not a manifestation of an inability of the 'victim' – usually the woman or a younger boy in a gay relationship – to be affirmative in protecting her/his boundaries and expressing a refusal to stop her/his partner. Unfortunately, this experience is quite frequent and the pretence game ends up masking to both of them the awareness that real abuse is being perpetrated. When this reality emerges during therapy it is usually a prelude to a major and healthy crisis in the couple.

2. The frotteur, usually a man, not only needs the person to show resistance to his rubbing desire but also that he/she is unknown. This is the classic situation that we can encounter on public transport or during events that cause gatherings (concerts, etc.). This is the most frequent harassment that a lot of women, girls but also boys, encounter at various times in their lives. Again, two scenarios open up:

a. The desire manifests itself in the person as an irrepressible, obsessive impulse. The person experiences it with anguish and suffering. Unfortunately, he or she is often ashamed to talk about it and the anguish ends up in seriously affecting the person's sex life who occasionally gives in to the impulse and acts on it, only to flee in anguish for fear of being publicly exposed. As always, with Gestalt therapy it is difficult to speak of a therapeutic intervention for the 'frotteur' category. For the Gestalt therapist each person is a unique encounter and their anguish has unique characteristics. It is a matter of exploring and understanding the significance for the person to reluctantly commit abuse. It is very difficult for the frotteur to become aroused by watching and being watched by the other person. Normally the molestation takes place from behind or from the side. But the important point is that the person must not be consenting. This element triggers arousal and distress which sometimes alternate quickly. These are two figures with which the frotteur continually identifies with and alienates himself/herself. During sessions the work can focus on proposing identification with one figure at a time, supporting the person to take full responsibility with the chosen one, so as to bring out what is in the ground that fuels that figure. Once again, the fundamental part of the therapeutic process will be the contact established between therapist and patient; being able to feel and experience one's obsession in the presence of another person who neither judges nor justifies but who shines the light of awareness. The dialogue between the two identifications – the exciting one and the distressing one – can often be revealing, bringing out old fears and introjections, against which the frotteur feels he/she cannot fight unless he/she becomes a delinquent who dreams of being able to take what he/she wants without having to ask and without consequences. Waking up from this dream is generally a source of anguish because often, behind a delinquent, there is a rebel who has failed to fight for what he/she wanted.

b. Delinquency is the dominant aspect. The person does not feel anguish but rather enjoys his/her power and, if unmasked by the victim, becomes insolent and even aggressive. This person does not come to therapy unless forced to by a judge who poses therapy as an alternative to prison. As always, with delinquent behaviour, the therapist's job is very difficult, because we have to succeed in making the subject ill and then help him/her to recover. In other words, we have to succeed, through an authentic and sincere contact, in making him/her encounter that anguish that the delinquent choice allows him/her to avoid. The key to the intervention is the identification with the victim. The best context is that of the group where, if identification is impossible for the delinquent in question, it may be possible for another member and this creates the effect of Greek theatre, where the spectator could allow himself/herself those emotions that he/she rejected in life because they are experienced by an actor. An actor who, however, is close and from whom I end up being contaminated when my defences are not active against him/her. Only if he/she identifies with the victim does the delinquent 'feel' the consequences of his/her actions which is necessary to undermine delinquency.

6. Sadism, masochism, sadomasochism

These three paraphilias need a clarifying introduction because, although they are different and distinct phenomena, they are subject to confusion and misunderstanding.

We have repeatedly stated that to understand paraphilias, one must recognise and denounce criminal behaviour. To understand sadism and above all the sadomasochism phenomenon, however, one must recognise and denounce criminal behaviour.

The distinction we make between delinquent and criminal behaviour is that the latter is compulsively and primarily interested in power, in dominance. For the criminal personality, power becomes the primary source of pleasure, preceding sexuality, as a famous saying attributed to a mafia leader reveals: “Cumannari è megli’ e futtiri” (*Commanding is better than fucking*).

Power and dominance are a source of pleasure for many human beings. They represent one of the hallmarks of the narcissistic suffering in which the person feels with absolute certainty that only if he/she proves to be powerful he/she will be loved, while any sign of weakness or powerlessness will provoke contempt in the other and condemn him/her to loneliness.

In the criminal personality the desire for power reaches such an intensity that the person will take any action in order to have more power and exercise dominion over his or her surroundings. If a person who has developed a criminal approach to the world also develops sadistic desires, i.e. sexual and genital pleasure by giving suffering to, subduing or humiliating another person, then the situation becomes dangerous and potentially lethal.

Most of us, if we speak of sadism, think of a man with those characteristics. But in these people the personality trait that determines the dominant, violent, painful behaviour to the point of torture is not sadism but criminality. A person with sadistic desires, not a criminal, could never cause pain to another person without her/his consent, whereas a criminal, not a sadist, could go so far as to rape or torture another person without any sexual or genital involvement. The reasons for this are purely related to power and money (which are some of the most important means in our times to acquire power).

Masochism, if present in a criminal personality, will not have such dangerous consequences for the environment because it will not contribute to make the person feel even more powerful. Rather, it will be something that the person will tend to live secretly.

Having made this distinction, we can start talking about sadism and masochism.

Separated from criminality, these two philiias need each other in order to be able to be experienced freely and with mutual satisfaction, i.e. a sado-maso relationship needs to be established.

Most of us experience and enjoy sadistic and/or masochistic pleasures. This is probably due to the fact that our pleasure and pain receptors are the same and therefore, pain and pleasure – with varying levels depending on our degree of masochism and/or sadism – are easily mixed. Fingernails digging into the flesh of the back even to the point of making it bleed and/or biting of the shoulders or neck to the point of leaving bruises are common experiences during the height of pleasure. So is the pleasure of spanking, being spanked or of tying one’s partner to the bed and have more violent intercourse. These experiences (and others) are manifestations of sadism and/or masochism but for most people they will tend to be occasional desires or occur when the level of mutual arousal and pleasure is already very high.

In persons with strong sadistic and/or masochistic tendencies, they will instead be present as essential prerequisites without which the person cannot become aroused or achieve orgasm.

If these people manage to get involved in an affective relationship with another or other people with similar sexual desires, they will be able to have a satisfying sexual and affective life. This is the case for many people who recognise themselves in the BDSM movement and who live their experiences in couples or groups.

The situation is different if the person with sadistic or masochistic desires does not identify with these movements and/or lives in a relationship with a partner who does not experience a sexuality that is complementary to his/her philia.

In this situation, the discomfort can become considerable.

The person comes to therapy because he/she feels wrong or angry with the partner who makes him/her feel that way.

Couple therapy can be an effective tool when what emerges is a mutual hardening on one’s own positions that highlights a power play. The most common risk is that the process of ‘conviction’ develops. The person with sadistic desires will try to ‘convince’ the partner to ‘try’ being tied up, whipped, spanked or having hot wax put on their skin and other painful fantasies. The person with masochistic desires, on the other hand, will try to ‘convince’ the partner to perform these practices on them. ‘Conviction’ is a typical strategy that,

behind a veneer of equality, conveys an objectification of the other that opens the way to power conflicts. The typical phrase: “*Try it! What does it cost you? If you don't like it, forget it!*” pushes the partner to do something not out of her/his own desire and/or excitement but to please the other. Now, if we are in a moment of an exchange of love and great excitement, pleasing the other may be my desire and thus become the motor for wanting to try something new that I may or may not like. But if we are at an early stage of the relationship or the desire is low, doing something to give pleasure to the other makes us an object and opens the way to annoyance, resentment and power conflict.

The person often comes to therapy for other reasons and then, during the process, the suffering arising from their sadistic or masochistic desires emerges. Sometimes sadism or masochism are the scapegoats to which the couple or the individual attribute the cause of their crisis and dissatisfaction, hiding other more frightening reasons that they do not want to face. In this case, therapy will help people to meet their real fears.

Sadism and masochism are real causes of suffering, even for people who happily practise BDSM, when a growing spiral of seeking pain in order to experience pleasure develops which leads to practices that can create permanent damage or even be fatal.

Faced with a person who has this experience, it is important to avoid generalisations. People often speak of an existential emptiness which the person tries to fill by means of ever stronger feelings, ever greater excitement, ever greater closeness to death. This interpretation may be correct but it is the originality of the solution developed by the person that is important. Not so much the search for pain to increase pleasure which, as we have already mentioned, is quite common but the objectification of the other in order to overcome one's own fears.

Even in the practice of BDSM, what makes the situation dangerous is that in making the situation extreme *either I become an object or the other becomes one*. If this were not the case, I – a sadist – would always be simultaneously in touch with both the pleasure of giving pain and the concern for the other's health. The former would be a figure, while the latter would be in the ground, ready to emerge and make the pleasure slip into the ground. Similarly, I – a masochist – would have in the foreground this pain that makes me experience an ever-increasing pleasure but at the same time in the background I would have the care for the partner whom I do not want to experience the consequences of my extreme search and whom I therefore protect by stopping him/her even if I feel I could go even further.

The fact of making the other or myself an object – which we have also seen as a danger in non-BDSM couples – can be a useful focus during the therapeutic relationship. This is because, as always, if it is a solution the person adopts in relationships when they become intense and the boundary with the other permeable, it will also be present in the therapeutic relationship and it will be up to us to bring it out from the ground.

Lastly, we would like to pay attention to zoo-sadism which we have decided not to include in zoophilia which we will discuss later. Taking pleasure and genital arousal in causing suffering to animals is, we believe, primarily a criminal behaviour that also includes cruelty to animals. As already mentioned, a person with these characteristics is unlikely to come to therapy unless he/she is undergoing a crisis with his/her criminal ‘being’.

7. Paedophilia

If we distinguish the wholesome/pathological behaviour from the delinquent one, we can divide this strand into paedophilic desires and delinquent paedophilia.

7.1. Paedophilic desires

Paedophilic desires are present within many adult relationships. They range from the widespread pleasure of our partner speaking to us in a child's voice, dressing up as a child, behaving and acting like one. These can develop into games that excite us both (let's play “The Master and Margarite” or “Little Red Riding Hood and the Wolf”, etc.). They can also be articulated in developed and shared fantasies (pretend you are a seven-year-old girl asking for my help). In any case, we are talking about paraphilic behaviours that can totally or partially fill people's sexual lives but which continue to be part of a shared sexuality between consenting and participating adults. Thus, part of a healthy sexuality.

The observable phenomenon is that the arousing fantasies the person appoints the other person with are fantasies that turn the other person into a child, i.e. 'big me, little you'. These fantasies make the situation erotic and exciting but then dissolve at the moment of full contact, when the pleasure is no longer related to a fantasy but to the authentic contact with the person with whom I am having a sexual union.

Fantasy, therefore, is not an obstacle to the contact with the other, on the contrary it is an important ingredient of rapprochement.

The situation becomes pathological, i.e. bearer of suffering, when the fantasy becomes an obstacle to full contact because I cannot use it to invest the other with my arousal. The fantasy of having sexual contact with a boy and/or a girl does not allow me to invest an adult partner with arousal.

When brought into therapy, this suffering allows us to explore various aspects of the contact intentionality we seek to realise through this fantasy/desire.

The work is not interpretative. It is not primarily a matter of finding out 'what kind of paedophile' I have in front of me. It can be a person who is frightened by adulthood and who therefore still feels little when coming into contact with emotionality and sexuality; a person who only in the encounter with a child feels safe enough to allow himself/herself to experience excitement and love. Or it may be a dominant but insecure person who does not allow himself/herself to express dominance with an adult for fear of rejection or contempt and who only in the vulnerability of the other finds the key to unleashing and enjoying his/her power. Or again, a confused person who experiences excitement and pleasure in physical play and/or emotional contact with children: these feelings confuse him/her, arousing the fear of being a paedophile, of being able to lose control and act if he/she finds him/herself in a favourable situation.

Each of these experiences and others more may be present in the ground of a person suffering from paedophilia.

But which figure emerges in the encounter with the therapist?

The ingenious insight of Gestalt therapy is that in the current situation, i.e. in the encounter between patient and therapist, in the co-construction of the meeting, strategies to avoid the anxiety and the suffering of living arise. For example, rejection and/or fear and/or the desire to infantilise in order to afford excitement might emerge. This would probably be followed by my refusal to infantilise myself for fear of losing power in the relationship or experiencing a form of arousal that is alien to me...

The aim of the work will not be to overcome paedophilic arousal but to highlight what prevents a person from investing a consenting adult with their fantasies and also the possible responses of the environment if they would allow themselves to do so.

Should delinquent components emerge during this work, then these will be the focus of our work, before we can tackle paedophilic suffering.

7.2. Delinquent paedophilia

Delinquent paedophiles are unlikely to present themselves in a therapy room but we may find ourselves working with them if we carry out activities in prisons. As we have repeatedly stated, the characteristic feature of delinquent behaviour is absolute indifference to the consequences of our actions on our surroundings. In the case of paedophilia, this manifests itself in two very different paedophilic experiences.

7.2.1. Paedophilia with 'care' for the other person

In this form, the adult does not exercise violence but seduces the child developing an experience that can also be pleasurable for the child. In this case, the disinterest relates to the potentially devastating psychic consequences for the child of experiencing adult sexuality during childhood. Consequences that sometimes do not manifest themselves immediately but only when the child grows up and realises what has happened. For therapists who work with adults who were victims of such abuse as children, this is the most insidious paedophilia because the abused person often feels guilty, dirty and wrong, precisely because of the memory of having experienced pleasure. The absence of physical pain and the presence of care and attention for the child's pleasure, too, is what empowers the paedophile to absolve himself/herself by claiming that it is not he/she who has harmed the child but it is what the adults say afterwards that has created the harm. This statement confirms the primacy of delinquency over sexuality, because this is the statement of the delinquent who absolves himself/herself by making the behaviour of his/her surroundings delinquent. Helping the

person to become aware of his or her delinquency by supporting him/her to identify with the external environment onto which he or she projects his/her behaviour can be crucial. If we do so, the person – not recognising the violence in his or her own behaviour – does not identify the child as a victim and therefore cannot identify with her/him in order to recognise the suffering.

7.2.2. *Paedophilia with violence*

In this case, the child is clearly an object and the disregard for the consequences of one's actions on the other is total. Working with these people necessarily involves the experience of identification with the victim and the alienation from oneself. Only by being able to have this experience does the person make the other a subject and no longer an object. The cognitive understanding of this experience is not sufficient. Just as the encounter with this paedophilia is always an immediate traumatic experience for the child, so it is essential for the offender to identify with the ordeal. The process of identification and alienation is fundamental. Punishment, for example being put in prison, rarely has a therapeutic effect on the offender who may continue to feel disconnected from his/her environment and thus from his/her potential victims. It is only through the voluntary process of identification and alienation that the person re-establishes the connection by accepting to live, through a process similar to self-hypnosis, the traumatic experience he or she made his or her victims live through.

8. Transvestism

This is another example of a term that seems diagnostic but is actually a reductionist and judgmental interpretation of a very complex phenomenon. The term 'transvestism' indicates that the person is disguising himself/herself, that is, he/she is masking his/her true identity. A kind of deception to the detriment of the environment which is therefore entitled to view those who practise it with suspicion and mistrust. In reality, through cross-dressing the person gives expression to an identification that he/she keeps hidden most of the time.

When one speaks of transvestism, he/she usually means the pleasure of dressing up in the clothes of the opposite sex and posing accordingly.

Common in children, this pleasure continues into adulthood and is the protagonist of many goliardic performances that excite and entertain young and old alike.

It may have an important fetishistic component, in which case the arousal is primarily linked to the dress, including touching it, looking at it and looking at oneself in the mirror wearing it. In this form, it can often be acted out as individualistic and solitary behaviour, accompanied by fear and shame of being discovered. That is, it is experienced in secret and kept away from any public and relational expression, unless anonymity or a form of social sharing and acceptance is guaranteed, such as during carnival events. However, already in this form, transvestism begins to take on its characteristic as an expression of identification with the opposite gender.

Transvestism acquires even different characteristics in the experience of *drag queens* or *drag kings*¹, as these are art forms in which men dress up as women, generally exaggerating their characteristics with very striking clothes, accentuated make-up, high heels, gaudy wigs. Similarly, women dress up as men, exaggerating the stereotype of male attributes, such as hairs and beards, bulge in trousers to simulate particularly large genitals and 'serious' clothing. All this, however, takes place during an artistic performance: singing, dancing, theatre or cinema and tends to be limited to it and not acted out at other times, unless these lend themselves to performance attitudes, e.g. during events such as the Gay Pride.

Although sometimes people who perform as *drag queens* and *drag kings*, have a transgender sexual orientation, in the foreground is the artistic performance that constitutes a form of erotic, intellectual and sometimes even self-therapeutic satisfaction in its own right.

Traditionally, transvestism is ascribed to those people, generally men, who express their transgender desire in this way, so much so that the term 'transvestite' was coined for them. Transvestism is still considered a crime

¹ *Drag* is also a queer practice characterised by challenging the norms that regulate and reproduce gender binarism, with both personal and collective, erotic and political performative meanings and signifiers. *Drag* workshops are often organised and attended by gays and lesbians.

in several countries in the world and it is prosecuted by law because, as mentioned above, it is interpreted as cheating the community. It is interesting to note that when talking to 'transvestites', they report that they feel so when they wear the clothes of the gender ascribed to them by society, whereas they feel 'real' when wearing the clothes that allow them to express their identity.

A further complication is that the term 'transvestite' has acquired a negative connotation; it is in fact linked to prostitution and the whole phenomenon of transvestism ends up representing 'perversion' par excellence. This is well illustrated by the Portuguese term *viado*, also widely used in Italy, which derives from the word *transviado* meaning pervert.

The phenomenon of transvestism generally manifests itself as early as childhood or, at the latest, in adolescence and is linked to self-expression with an identification other than oneself. It almost always causes the subject painful and often traumatic experiences, as it becomes an emerging novelty in the person's life which he or she finds very difficult to assimilate due to the rigid, contemptuous and often violent social and family rejection.

If an assimilable novelty is assimilated, i.e. it is made 'myself', it will be integrated and contribute to a smooth, harmonious expression, i.e. to a good form of the self. But if the novelty cannot be assimilated, despite the fact that it is desired and important to us – for example because of a strongly invasive and punitive intervention by the environment, be it familial, social and/or cultural – then it will easily express itself in a dissociated, disharmonious form. Like Stevenson's *Mr. Hyde*.

The therapeutic intervention, if requested by the person or by his/her family members, should first and foremost aim to heal the traumatic lived experiences. These are generally 'overcome' with negative introjections about oneself (Bellini, 2020). Secondly, it should simultaneously support the sense of belonging to the community and the uniqueness of the individual's development. What guides the therapeutic intervention is always the level of suffering brought by the person. If the split is well tolerated, meaning that the person is able to have a rich and satisfying 'day-time' and/or 'official' life and then an equally rich and satisfying 'night-time' and/or 'alternative' one without suffering from this double identification or creating suffering in his/her environment, once again one should not speak of paraphilia, but only of a different expression of sexuality.

If, on the other hand, and this is unfortunately often the case, the expression of this double identification is strongly conditioned by the negative judgements that the person has suffered and introjected, he/she will develop reactive behaviours, such as automated, repetitive and unfelt ones, which will have the function of preventing the environment from seeing his/her fear. These behaviours will be seen as aggressive and provocative by the environment, which will react with even more contempt and violence, triggering a perverse cycle that supports marginalisation and expulsion.

Working on these introjections mainly means helping the person to come out of the isolation in which they have locked themselves. This isolation may not be recognised because the person has managed to develop membership in a group of 'chosen ones' (which he or she despises) and not of like-minded people (an important stage in identity development)². But if this group is the only reality in which the person can feel at home, even if it is salvific, it is still a sign of isolation. In the safety of the therapeutic environment, the person can then experiment with influencing the environment and being influenced by it. Exploring 'another sexuality' without this becoming a defeat of the self.

When speaking of this type of intervention, the difference of Gestalt therapy from psychodynamic approaches emerges. We do not believe that *all the person's suffering can be traced back to childhood*. The person will have to be supported to enter into conflict with the therapist. *In this ongoing confrontation he/she will experience various ways to influence the therapist whose job will be to frustrate all attempts to make the current relationship fit into old behavioural patterns. The person will be supported to encounter the novelty of the present situation and to sustain the anxiety of a new contact experienced with the wholeness of his/her present self, i.e. without giving up parts of himself/herself that made him/her feel too exposed and vulnerable in the past. The transition will be from: "I disguise myself so I am able to withstand the clash with the world" to "This is not a disguise, this is me and around me I have all the support I need to be me in the world"*.

In this situation, *identification with something other than myself must be a slow process in order to give my environment time to change its identification, and the person must take responsibility for this*. It is important,

² Belonging to groups of like-minded people is a resource, not a closure. It is the possibility we give ourselves to live the experience of recognising ourselves in the gaze of others, to feel at ease in our own shoes, to strengthen ourselves and – perhaps – then face others with the renewed capacity to influence and be influenced... It is the discovery of not being alone, the only one or the only ones to have such a personal experience. The discovery of belonging to plural subjectivities represents an opportunity for growth: it is a richness, also a resilience, that accompanies us in living belonging to a minority group without ever excluding a wider one.

therefore, that the therapist does not appear to be a chosen being to whom “the other” identification of the person does not create any difficulties. The therapist is the world with its complexity and with the need for support that asks the person to develop a new identification and a new balance. The therapist will also ask the person for support in order to be able to support him or her in turn. Learning to support the environment I want to be supported by is always a key point when we need to develop a new identification.

9. Zoophilia or zoerasty

If anyone hasn't watched Woody Allen's *Everything you always wanted to know about sex** (**but were afraid to ask*), and in particular the episode in which Gene Wilder plays a doctor who falls in love with a sheep, I suggest you watch it now. If we do not reduce sexuality to genitality alone, zoophilia is probably the most widespread philia. Kisses, hugs, caresses, bedfellows: animals have always received and reciprocated expressions of love and pleasure from many humans.

For the most part, however, genitality is excluded, so much so that in this case we speak of zoerasty, from the Greek word *erasteuo* meaning carnal desire. Whether this phenomenon is one of the consequences of having assigned control of sexuality to morality or whether it depends on the fact that genital relations between different species are quite rare in nature it is difficult to say. Even if all masters know that their beloved (for that is what we are talking about) often give clear signs of genital arousal towards them. Then the experts in the field maintain that it is not a matter of sexuality, but of dominance behaviour. Nevertheless, the fact that there is genital arousal is undeniable.

Sexuality with animals is as much as ever left in the fog if not in the darkness.

In the famous Kinsey report we can read that 17% of American males living in rural areas claimed to have had at least one experience of genital intercourse with animals. The percentage of women seems to be lower. In various cultures it is said that shepherds do not disdain having genital intercourse with sheep and goats. Women are said to enjoy having their genitals licked by their small dogs. Pornography often shows sex scenes generally between women and animals, but now – with the clearance of gay culture – also between men and animals. It is said that the devil took the form of a goat and that witches had sex with animals. Going even further back with the myths, Zeus is said to have had sexual relations with women by taking animal form, usually a bull or a swan or an eagle.

In short, there are many fantasies and myths about human-animal genitality. There are also concrete facts that have led governments in various countries around the world to enact laws banning zoerasty, usually after serious episodes, such as the death of Kenneth Pinyan in the USA in the 1960s. As far as therapy is concerned, the first step is to separate zoo-philia from zoo-sadism and thus to exclude from this line any practice that causes pain to the animals, that is that deprives the animal of the freedom to escape and leave – something that any animal will do if it has a painful and/or unpleasant experience.

The most common form of suffering that arrives in therapy is that of being subjected, if discovered, to public scorn, legal action and expulsion from one's environment as it happened to Gene Wilder in the film mentioned at the beginning. If the person is aware of the risks he or she takes and is afraid of them, therapy will help him/her to bring out what makes this genital satisfaction so important. As Perls reminded us, sexuality is not the primary force that sustains the human being: first there is survival and nurturing to grow. What happens when this scale is reversed and the person is willing to jeopardise his/her ability to grow and survive in his/her environment? What is he/she trying to affirm, communicate to and in his/her environment? The first point of attention is therefore not inter-species genitality, but the psycho-cultural value it assumes.

Another reason for suffering occurs when the person also wants to have a couple or family life with humans but is unable to get genitally aroused except with animals. Even in this situation, it is not so much the pleasure of having genital exchanges with the animal that creates the suffering, but the inability to have them with humans. So, in the foreground, we do not have zoo-philia, but erectile or lubricatory impotence.

From what has been written so far, it appears that zoophilia, or rather zoerasty, is not the 'problem' to be addressed, unless the person experiences a major inner conflict with a personal morality that condemns it. But even in this case, the conflict between desire, whatever it may be, and the moral code would be in the foreground.

If the person manages to live out his/her zoophilia in an environment that accepts and supports him/her or, possibly, manages to live it out in his/her private life while maintaining a rich and satisfying social life, we do not believe there is a clinical problem.

It is when zoophilia prevents a satisfying social life that the therapy becomes useful. In this case it is not love

with the animal that creates the 'problem', the 'disturbance', the 'perversion', but the lack or difficulty or fear of love with the human being.