Mediterranean Journal of Clinical Psychology

ISSN 2282-1619

MJCP

Vol 7, n 2, 2019
Clinical Psychology

Paraphilias and Violence in the couple. A systemic approach

Stefano Iacone [1]

Abstract

The systemic therapy has given great attention to the violent dynamics of couples, but has rarely connected the different forms of violence with the Paraphilic Disorder. The phenomenology of the Paraphilic Disorder tells us the violence is a certain and fixed data instead. The common perception about Paraphilic Disorder is based on the image of a solitary individual coercively chained to rigid and stereotypical sexual fantasies. Clinical practice, on the other hand, tells us that, in most cases of Paraphilic Disorder, the patient forms a fixed or long-lasting couple and therefore shares and elaborates the perverse ritual with a partner. So it's necessary view four levels to understand the "evil", the hatred, that leads to dehumanize the partner: genetic baggage, motivational systems organization, relational pattern and emerging qualities of bonds. Generally the systemic approach has given great attention to the two later points. In particular, in this paper the author supports the importance of understanding and healing the "third world" that every couple co-create: the couple's absolute (Caillè, 2004). In this paper the couple's absolute are called the "We", meaning a collective mental dimension that contains mythological, cognitive and somatic aspects that generate a unique identity for each couple. If the therapist understand the "We", can grasp the real meaning of the violent acts in the couple and this is a central point of a real therapeutic change.

[1] Pathological Addiction Department ASL Napoli 1 Centro, Naples, Italy

E-mail corresponding author: stefano.iacone@fastwebnet.it

Keywords:
Paraphilia; Couple psychotherapy; Violence dynamics; Interpersonal motivational systems; Sex disorders; Forms of vitality.

DOI: 10.6092/2282-1619/2019.7.2000

1. Introduction

The systemic therapy has given great attention to the violent dynamics of couples, but has rarely connected the different forms of violence with the paraphilias. This is defined as an intense persistent sexual interest, "different from the sexual interest for genital stimulation or sexual preliminaries with phenotypically normal, physically mature and consenting human partners" (APA, 2013; trad.it. 2014 p.686) which automatically includes behaviors such as the spanking, flogging, binding, use of objects, which then becomes a Paraphilic Disorder when these behaviors are experienced in a dystonic, compulsive and potentially harmful way for oneself and for the other. The phenomenology of the Paraphilic Disorder tells us the pervasive and elusive violence is a certain and fixed data instead, which is not limited to intimate behavior.

Paraphilias are a difficult subject to deal with, not just for systemics. Freud had them placed at the center of psychoanalytic thought. The Freud's remarks «neurosis is, as it were, the negative of perversion» is famous and it has sometimes been interpreted as meaning that perversion is simply the direct expression of a natural instinct which is repressed in neurosis. In his *Three Essays on the Theory of Sexuality* (1905) Freud's intention was to construct a bridge between the "perversions" and "normal" sexuality. Clinically exploring "a richly diversified collection of erotic endowments and inclinations, and concluded that "all humans are innately perverse". He refining his analysis in many occasions (Freud, 1919, 1924, 1927, 1932): in *A child is being beaten* (1919), Freud laid greater stress on the fact that perversions "go through a process of development, that they represent an end-product and not an initial manifestation", so he underlined the defensive function of pervert symptoms. Than only a few unorthodox followers have studied the considerations of the founder of psychoanalysis on them.

On the other hand, in more recent time psychiatry has then numbed their repugnant subject matter re-naming them "paraphilias" (from the greek para παρά = "at", "next", "well" and philia φιλία = "love", "affinity"), thus clearing all subversive characteristics. The DSM-V has proposed appropriate to place such behavior on a continuum running from a normal paraphilia, it comes to disease as a Paraphilic Disorder and finally up to the behavior of sex-offender. This dismissal satisfies a politically correct approach, but is not consistent to clinical experiences. Instead, this politic reinforces the image of a solitary individual coercively chained to rigid and stereotypical sexual fantasies. Clinical practice, on the other hand, tells us that, in most cases of Paraphilic Disorder, the patient forms a fixed or long-lasting couple and therefore shares and elaborates the perverse ritual with a partner (Kahr, 2007).

In our times the dehumanized and hyper-sexualized universe of paraphilias finds a very wide; it seems to have gained space on media and shared by the best-seller soft-porn novels or the multifaceted world of internet. This subtle and widespread diffusion has brought to a silent colonization of people's erotic fantasies. So managers and housewives today dream together whips, ropes, handcuffs and other transgressions, to liven up their *torque ménage*. The focus of Paraphilic Disorder however, is another: it is not only the dangerous or bizarre sexual practices, but specific relationships link to a denial of otherness, exploring the boundaries of pleasure and pain.

Astute editorial operations, such as the best-seller book *Fifty shades of grey*, have disguised a bond focused on total domination and masochistic submission as a hyper-romantic love story. So the male lead, a malignant and cold narcissist, becomes a dark prince to indulge and redeem. In reality the relationships of a "Christian Grey Personality" are invariably accompanied by a sense

of personal degradation, of human misery so much for the victim as for the perpetrator. These patients speak in a peculiar language: the language of most radical mortification of self. Therefore it's very important not to polarize the attention on the old or new sexual practices, which people consume in the bedroom (or anywhere else), that are also hinted at in some television ads. Casting these various forms of desire in psychiatric categories is reductive; these can also be fun toys for bored couples. Unlike everyday psychotherapeutic practice, the clinicians deal with the dark shadows of *not empathic relationships*, dominated by feelings of hatred, only experienced under the sign of domination or submission. The body, sexuality, pleasure and pain are the tools and the language used to create violent, deadly relations.

On the topic of violence in the couple it is appropriate to make a distinction: in the majority of cases we intend to treat the forms of intimate partner violence (IPV) that is a domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner. IPV can take a number of forms, including physical, verbal, emotional, economic and sexual abuse (Wallace et al., 2016). As Cigoli and Snyder (2017) brilliantly argued, these forms of violence are underpinned by multiple psychological and interpersonal dynamics, in which the alien- self syndrome (Fonagy & Target, 2003) takes a relevant place due to its rigid recursion. Unlike the violence in perverse bonds, it appears closer to that which Gilbert (1990) has called Identity Abuse. The most marked and immediately visible difference is that in perverse bonds there is a continuous exchange of roles between victim and persecutor. Not only is there an unconscious collusion between the partners, but the interdependence between "the servant and the master" is dramatized in an exchange of parts between dominant and submissive partner. In the IPV the roles are tragically rigid: the projection of the alien self on partner-victim does not foresee if not in rare cases, an alternation between partner.

Many theories have basically connected the etiology of Paraphilic Disorder to a close combination of violence and sexual arousal, experienced by the child at a very early age. Many contributions link Paraphilic Disorder to disorganized attachment and the consequent sexualized control strategies (Kaplan, 1991; Lyons-Ruth & Jakovitz, 1999). These children have a particular family constellations: the sons have seen as a holder, used by parents to throw their torpid parts; these are an objects of their property. The perverse ritual would be the result of a compulsion reiteration, a dramatization of an inner scenario. This is a fundamental hypothesis that has gained ground in many therapy models, but it show many critical points: at first fails to explain the absurdity of the evil in a perverse bonds. Latest studies and research on mental functioning suggest other paths, other meanings. I believe that the time is ripe to explore this outrageous universe in light of the contributions given by the new "science of the mind" (Edelmann, 1994). From neuroscience to philosophy, from evolutionism to infant research,

today the perspectives on mental functioning and its pathologies have been indeed enriched by important contributions, providing original answers**.** Many studies speculate that the core of violent form of mental illness may be explain as a failure development of empathy, of all reciprocity forms (Goldmann, 2011). Baron-Cohen (2011) approaches the "malignant diseases" - those that produce damage and suffering to others as the Psychopathy or the Antisocial Personality Disorder (APD) - through the genetic and neurobiological perspective: these patients would have a genetic zero negative (Type P) profile and would show brain's anomaly (for example reduction of the mass of the amygdala, hypo-function of the frontal cortex). This explain probably the fundamental empathy deficit, but I think it is not sufficient. In this paper, I argue that this severe empathic deficit can be explained by the development of SMI (Lichtenberg et al., 1996; Liotti et al., 2008, 2016). Paraphilic Disorder, in particular, are explained by an inter-subjectivity system default. As for Psychopathy or Antisocial Personality Disorder, the failure of the construction of primary and secondary inter-subjectivity, closely related to violent traumas in childhood, can definitively affect the empathic and affective capacities of the individual; the default of the inter-subjective system can subsequently lead to its "substitution": the inter-subjective system gives way to more ancient motivational systems and, in particular, to that of sexuality, which thus becomes a new organizer of the relationship life, activating its domain/submission sub-modalities (Panksepp, 2004).

The inter-subjectivity system default is only a *first step*: the *second step* is a peculiar family constellations and relational pattern. The patient's contexts of learning and meta-learning can be very different but are tangled very closely to violence and sexual violence; so different sexual behaviors take on essential meanings and communicative importance. The family, the trigenerational history, the peer group, the culture of the social group make a decisive contribution to transmitting behavior patterns in sexuality (Sandnabba et al., 2002; Toates, 2009). Last but not least, it's necessary to considered the co-creation of the "We", or rather emerging qualities of these bonds. The meeting between the two partners creates a third "world," not conveyed by narratives, nor made explicit in a direct way by the partners. Caillè (2004) has defined it as "the couple's absolute", that is a collective mental dimension that contains mythological, cognitive and somatic aspects, that generates a unique identity for each couple. This is the aspect least investigated in the Paraphilic Disorder, although the mental space is full of unspeakable and unthinkable ghosts. The couple's absolute - the "We" - is expressed through the bodies, in dreams, images, in impulsive actions, that will find a dramatized form in the perverse ritual – the final image of bond. The complete understanding of the absurdity of violence passes through the understanding of the "We" and its contents. It is not only an individual heritage but it is a reality supervening at emotional relationship. This understanding

appears to be decisive for stimulating a stable and lasting therapeutic change. To understand the "evil", the hatred, that leads to dehumanize the other, it's necessary these three steps: genetics, neuroscience, relationship and emerging qualities of bonds. These levels interact constantly and lead to the creation of rigid and pathological self-organization. This complex plot will be explained in the second paragraph. In the next paragraph I make some considerations on the emergence of the "We", as the fundamental collective dimension of each couple, which generates identity, contains the ghosts, but can turn into a monster that devours love and destroys the bonds.

2."Our alliance will implicate a mystery."

The couple is a complex organism, a highly sophisticated system. For a psychotherapist, the couple's storytelling have many seductive aspects: these are dirty sex stories and feelings, often associated with treachery and shameful secrets. The couple tells many things, hiding many others at the same time. The origins of each couple have roots in their distant past, in their primary relationships, in family patterns, in past wounds. The couple is always the bearer of a large baggage, sometimes traumatic, or full of treasures. But this past coexists with a future, which is what the couple can build day by day, what they can plan together. This co-existence between a past and a possible future becomes a fundamental dialectic, because it opens the doors on the creative dimension of living systems (Thompson, 2007). This co-existence can indeed bring the two partners to repeat some coerced old traumas, but also to create new forms of being together. We cannot ignore the disenchantment about married life. This marks the transition from illusion to disillusionment; it is the fall of the idols, the fall of initial idealizations, the crisis of the magic encounter. It is always a critical passage: marks the ability to turn the love in a gesture of mutual recognition, without depriving it of the force of passion. It is the moment in which we must overcome the "I thought you were different" to arrive at an acceptance of the other, real and profound, the true encounter between two people. Then union is paradoxicallly the last step. The union experienced previously, during the falling in love, is closer to an unconscious contagion between two minds than the creation of "We". At the end there is a deep union with oneself and with the other, it requires reconciliation with its own history and allows a genuine contact, an intimacy in the distance. In this phase, the couple co-creates a "third world": the couple's absolute. I prefer to call it more simply the "We", meaning a collective mental dimension that contains mythological, cognitive and somatic aspects that generate a unique identity for each couple. It is the dimension that welcomes the emerging qualities of the bond. So the "We" can be "friendly and warm", "cold and destructive".

The argentine tango is a good metaphor to see the "We": there is constant search for a dynamic balance between roots and instability, closeness and distance, contact and detachment, fluidity and rigidity. It represent the continuity of self and connection with the other. At the end, we can observe a dance, with peculiar qualities: we can observe a passionate, violent or beautiful tango, not only two people. Every bond shows its qualities. As Luce Irigaray said, "be two" is based on the renunciation of predatory gesture, thus opening a permanent mystery, irreducible to a lack of knowledge of the other: "be irreducible to one another can secure the two, the one, the us, and between us ... by leaving you and me, but reducing the other in my way, we hear again and again that the irreducible exists "(Luce Irigaray, 1996). It is extremely important, in the experience of be-two, to know how to maintain a sense of interconnection with the other, and also a sense of separateness and continuity of the self.

These dilemmas of the couples have since found in recent decades amazing interlocutors in different disciplines, apparently far removed from the problems of love, but demonstrated to have much to say. I'm talking about the new scientists of the mind, or the broad scientific movement that includes neuroscience and philosophy, cognitive science, and molecular biology. They are throwing a new look about the nature of consciousness (Damasio, 2000), the neurobiology of interpersonal relations and psychopathology (Shore, 2003; Stern, 2010). The mainstream idea is that everyone is programmed to connect, synchronize and empathize with others, so that everyone possesses the ability to create a real neural wireless network. A second research program extremely influential in recent years has been developed for infant research (Stern, 1985; Tronick, 2007) that has moved further focus on a mental organization - no longer closed in a brain - or the mother-child system and its qualities. From the internal world, the focus shifted on interpersonal processes that underpin the growth of a person; the relationship is fundamental for development of the child: the mind grows influenced by another mind and influencing it in turn. Love or any other emotions are not merely "into" the mind of a person and then transmitted to another; rather we think that these are co-created, negotiated between partners from moment to moment during their relationship (BCPSG, 2010). The thought of this complexity brings us to observe the creativity of living systems and how their meeting will bring out the "new" qualities "emerging" from a system.

When two minds meet in everyday life - in the therapy room too - we can observe a progressive construction of shared knowledge, i.e., a learning process about how to exert a stronger influence, something akin to what Schiepek (2015) called "better grip". This kind of phenomenon is maximally relevant in human systems. Beyond the most celebrated case concerning caregiver-baby dyads, many other examples concern adult daily life: primary triangles (mother-father-baby), couples in love, and working teams represent different refined instances

of "two-or-many-minds-system", veritable wireless neural networks. As in love affairs, the great emotional impact, as well as the resonances between the therapist and her client, suggest to look at dyads as being immersed in a process of continuous reciprocal calibration and re-calibration, where there is no ideal consensus to get, but rather an uninterrupted movement in which the partners connect and separate up to reach more integrated states of mind (Tronick, 2007).

These contributions lead to profoundly rethink the functioning of the couple: we can no longer imagine the encounter as a collusion of two "inner worlds" (Dicks, 1967), but something more complex. The thesis of collusion was an important step: it explained how many unresolved episodes in someone's personal history, are materialized in everyday life. It is the idea of pathological collusion of the two partners. This unconscious pact is a key for understanding the couple, but we cannot stop there. A bond that perpetuate the sense of impoverishment or, conversely, enrichment of self, cannot be reduced to the stories of the two individual partners, but should be explained as a co-creative process, emerging between two minds. *Mutatis mutandis* scientific research has reported to the fundamental hypothesis of systemic thinking about the couple: the systemic approach has always emphasized the irreducibility of the connection to the sum of the personal stories and has underlined the emergence of the third dimension, the bond, or simply "We" (Caillè, 2004; Harris et al., 2014). "We" is an autonomous body, a third being that has an organization based primarily on the generative processes of human systems (Brinck, Reddy, & Zahavi, 2017; Gilbert, 2000; Tomasello, 2009).

This concept, which in the past has had a phenomenological meaning (Brinck, Reddy, & Zahavi, 2017), today takes scientific dimension. Therapists can observe it through the bodies and dreams. "We" is also becoming familiar to biologists, neuroscientists and evolutionists. This is old knowledge for the therapists. Whitaker (1981) spoke of the "dance of the family" to understand not only the interactive level, but also those Gestalt qualities that animate living systems. The couple creates an including and describing emotional-cognitive gestalt. Caillè (2004) then points out that the "We" resides both within and between partners, in a pre-verbal and pre-conceptual mind that he defines mythological: the "We" cannot be defined in binary terms, through reasoning, but it is perfectly perceptible in the complex plot, or through metaphors, dreams. As Luce Iragaray illustrates "Beyond instinct, renouncing the predatory gesture, the exchange takes place [...] you remain a mystery through your body and your verb, and our alliance will implicate a mystery" (Luce Iragaray, 1996, p.21). This is, in my opinion, the splendor of the couple or the ability to generate the new, save the differences and covering the whole with an aura of mystery, because there are not enough words to describe the emergence of the new.

3."The other can be my master and my servant." A Systemic view about Paraphilic Disorder

The life's couple can be an astonishing journey, but we must candidly admit that marriage can become an inferno. Sartre (1943) said that hell is the other. I am convinced that many men and women are ready to share that statement. Without going into detail with his thesis, we can see how the new sciences of the mind have sustained the exact opposite: suffering arises from interpersonal disconnections, it resides in the social breaks (Cacioppo, 2008).

The couple's bond has to strike a balance between flexibility and continuity, between identification and intimacy. It must ensure a continuous movement between connection-disconnection-reconnection with each other. The moments of emotional disconnection can give rise to deregulated mental states; instead of leading to empathic resonance, the disconnection leads to defensive distortions. In these occasions, the couple falls in a spiral of misunderstandings and misinterpretations that partners are not allowed to repair.

The couple enters the field of distorted empathy in which the understanding of the other facilitates the manipulation, the psychic intrusion and the identity's violation. Violence, rigid and perverse sexuality can't be reduced to a disconnection or to the failure of the couple. It's something more radical: it is a non-empathic relationship.

For example, the woman-object, devoid of any vital spark, remains an exciting and totally submissive sexual object. This image doesn't depict an encounter, but the impossible attempt to have a partner without encountering otherness (Kaplan, 1991).

In summary it can be stated:

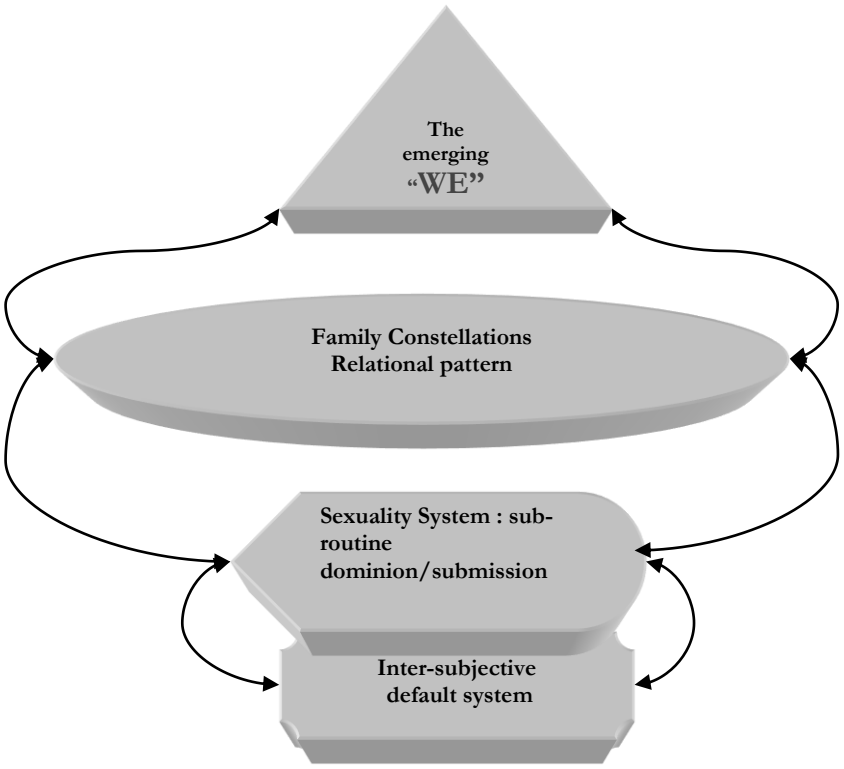
1- the core of Paraphilic Disorder is a radical break of the mental connection with each other, but also a default of inter-subjectivity system: it all begins with a disorganized attachment, but recursive failure of the system of inter-subjectivity leads to co-opt another motivational system, that of sexuality. This happens especially if there have been repeated sexual traumas in childhood (Ward & Siegert, 2002; Wieckowski et al., 1998). The auto-organized processes leads to a different affective regulation, rather than chaotic experience (Shore, 2003). Sexuality system does not include mental connections based on empathy and reciprocity. It manages human relations through circular dynamics of domain-submission. At first, the partner is the torturer and in the next he is a humiliated victim. This is the phenomenological core of these couples. When we meet stories of inflicted or experienced violence, we must recognize that the bonds basically will represent an attempt to escape the inter-subjective foundation of the mind. Rejecting the importance of inter-subjectivity as the main organizer of psychic life (Liotti & Monticelli, 2008; Stern, 2009),

the patient find a mental connection only through negative emotions, as pain and hatred. From these "negative" connections, will arise the "We" of a couple (look to the point two). Masud Khan (1989) fixed this passage as the obedience to "the mortal economy of sexuality". Kahn's expression can be translated into the fact that the motivational system of sexuality and competition - evolutionarily related (Gazzaniga, 2007) - can replace the inter-subjective system as organizer of relational life. The "mortal economy of sexuality" replaces inter-subject recognition; the security of attachment gives way to pleasure of power.

2- The empathic disconnection does not fully explain the destructive and violent aspects of the couple, it maybe accounts only for the first step. The "evil" is traditionally placed *inside* the individual, in the tragic events of childhood, in the horrors seen and suffered at a very early age (Roudinescu, 2007). I do not deny the importance of these experiences that nurture adult destructiveness, but it's necessary to recognize the destructiveness of the couple as an emerging quality. The meeting with the partner should not be thought only as a collusion, as a discovery of an ancient ghost, which will allow the repetition of trauma. The creation of a couple's bond marks the entry into a powerful collective dimension, the "We" dimension. This concept has enormous importance in the explanation of a bi-personal mind of the couple: the "We" is an emerging phenomenon that offers complex emotional equilibrium or, conversely, is able to plunge the two partners into a horrible and inhuman abyss. The power of meeting between two minds, the birth of the "We" and its irreducible quality can also be the breeding ground of the darkest abysses of inhumanity. In a perverse bonds, partners build a "We" aimed to destroying reciprocity and recognition, preferring negative attunement (Stern, 1985), dominated by hatred and suffering. The perverse rituals will represent the most efficient way for both to regulate the negative emotions.

3- Particulars family constellations are the mediating factor of the first two points. Relational patterns and family dynamics, as well the cycle of violence are perhaps the most investigated aspects by systemic therapists. But we know today with certainty that these constellations are the basis of various diseases and therefore do not represent a specific factor of the Paraphiliac Disorder. Only understanding of emerging quality, so the creation of a terrific "We" throws light on the different forms of violent and sadomasochistic behavior.

Fig.1



According to Luce Irigaray (1996), sexuality is a potent emotional organizer, that not favor inter subjectivity. Sexuality requires a necessary ruthlessness in order to achieve full enjoyment, displaing ontological differences too. Undoubtedly the differences between the female and male bodies present us with exciting challenges, but at the same time they pose the premises to reducing the other to an object. In this perspective, based primary on the default of inter-subjectivity system, the emerging "We" will not function as a safe place, but a bizarre and powerful creature. Inevitably, these considerations on the "We" lead me to re-think clinical approaches, both for understanding and operational techniques. Focusing on the "perverse We", the psychotherapist can comprehend the interrelated four levels (fig.1) and so the most scabrous situations and couple's secrets.

4. Dancing between shine and shadows. The couple's psychotherapy

As the scientific literature states, the most recent models of therapy on paraphilias have focused on "cognitive reconstruction", on "minimal arousal conditioning" (Kafka, 2008), but above all on the development of the violent patient's empathic capacities (Wincze, 2000). The systemic approach instead focused on the dynamics of couple and family and the possibility of interrupting the violence's cycle. These models have certainly given important therapeutic responses. Although these are very different models, in my opinion, these focusing on the

processes of learning and meta-learning, on what I have previously defined the *second step*. These models do not provide therapeutic work on the bond and its emerging qualities. This is a serious problem for a psychotherapist.

The couple, who have shared for years a perverse ritual made of violence and pain, exciting and mortifying, needs not only a non-judgmental attitude, but a mind capable of thinking and containing their horrors. To create an effective therapeutic alliance, the therapist must tune into their fear, which has been exorcised for years by the ritual. The psychotherapy's experience is something emerging within the system, that irreversibly alters the canonical way of being-together, as well the explicit as well the implicit levels. The therapeutic attunement includes pre-linguistic aspects and presents much more then a semantic aspects. It unites body and mind, the inside and the outside, the self with the other (BCRG, 2012). Therefore the therapist must deal with not only a traumatic past, but must faces up what the couple has created over the years. The therapist should tune in with the "We" and bring out its needs and resources. He must join the dance of the "We", without many words, and live in deep contact with its dark world.

Both the resources and the stronger atrocities of the couple are deeply refractory to linguistic formulas. It is not for shame or reticence: the "We", the real tyrant of the couple, transcends language and speak through body language. Words are a pale witness of the poor knitting of perverse bond. The therapeutic setting will form a "thick" space, will create a new kind of bond. Words represent only secondary elaborations. Words and semantics show all of their deficits especially when the "evil" holds mentalizing functions hostage. The only way to transform the two lovers invisible bond, is working on the anguished "We". Dependent, perverse and violent couples talk about a "We" that no longer contains them: when a couple asks for psychotherapy, the "We" is not a sustainable space anymore. Every marriage crisis with a violent ménage presents a hypertrophied "We": it is a stark, a crazy "third world" in the couple, that is no longer capable of representing the nature of their bonds. Only thought "touching the We", the therapist can finally turn it into something different.

In therapy, sharing a "We", the result of a perverse bond is a strong, difficult and risky experience. It is an absolutely essential passage, preliminary to the creation of the therapeutic "We". To enter into resonance with such a peculiar bond means moving in dark and disquieting places. Access to these places is problematic: one of the reasons for the perverse bond's strength is the impermeability of its "skin". Sometimes it seems impossible to violate the extreme secrecy of his world without having built a sufficiently good attunement. This "sufficiently good" attunement is built in a very narrow space, in that small fracture that exists between the inviolability of "We" and the therapist 's spontaneous empathy. It is a space that is created

between the experiences of profound shame, guilt and the maniacal omnipotence that the partners flaunt towards the outside world. It is a space between an unspeakable and unthinkable horror and a childish and blackmailing rage. This furious swing can charge the therapist with an experience of great awe and powerlessness or angry contempt. The therapist is called to "hold" this emotional field. In this paper I am intentionally emphasizing the importance of the psychic field between two partners, which emerges hardly or partially when an individual setting is adopted. Clearly this emphasis does not deny the importance of differences between two partners: the perception of psychological violence, the Capacity to Love (Kernberg, 2011), those of mentalization can be very different, but the emergence of a perverse " We" also precipitate the "healthier" partner to lower functioning, or less integrated. This therapy results in an experience of confusion and disorientation of the therapist when the "healthier" partner shows a dramatic deterioration.

Systemic therapy has developed important techniques to frame the individual partner and the "We": the family sculpture (Satir, 1976), managed in a precise protocol of couples therapy later by Caillé (2004), is powerful tool to capture the emerging quality of the system. The need to go beyond the narratives techniques, more generally the techniques matured in the field of social constructionism, lead us to reevaluate all the techniques that work on implicit or extra verbal aspects, especially in sexual problems (Clement, 2016). These techniques can today be read today in light of the fundamental contribution of Stern's Forms of Vitality. Daniel Stern's last, precious intellectual bequest turns out to be fully relevant to handle with the various points raised above, as well in development psychology as well in psychotherapy. This concept has been the subject in recent years of several neuroscience research that investigated where and how the brain processes the overall quality of experiences (Gellese & Rochat, 2018). Forms of vitality are somehow elusive, difficult to define but, at the same time, simple to grasp. They are abstract forms, identified essentially by dynamic features that, Stern describes through dynamic (*agogic*) musical terms: *crescendo* and *decrescendo*, *diminuendo*, *legato,* and so on. But, at the same time, these structures are vehicles of meaning. Consequently, they help us to get the sense of an action.

"Starting with movement, we got five dynamic events linked together. These five theoretically linked events – moment, time, force, space and intention/directionality – taken together give rise to the experience of vitality. As a unity, a Gestalt, these five components create a "fundamental dynamic pentad". This natural Gestalt gives rise to the experience of vitality in one's own movements and in those of others. [...] Vitality is a whole. It is a Gestalt that emerges from the theoretically separate experiences of movement, force, time space, and intention. [...] The Gestalt or "emergent property" seems to be the most useful concept for dealing with holistic experience". (Stern, 2010, pp. 4-5)

The notion of vitality form thus helps explaining the human propensity to represent situations in dynamic, meaningful narrative units. In order to be meaningful, experiences must be *vital,* i.e., they must possess intentional vivid narrative structures unfolding dynamically over space and time. This is true when we infer what another person is making experience of by looking at their behavioural manifestations (Stern, 2009), but also - not less importantly - when we introspect our own mind. As stressed in many occasions (Stern, 2009), forms of vitality denote the quality of experiences, the way they are revealed to the self. Each single self-experience can be a transient, context-related phenomenon; but, taken together, experiences progressively influence personality, modulating background feelings and mood attitudes. It is clear from all these statements that it is not just a matter of perceiving the quality of interactions - as it was in earlier Stern's (1985) definition of vitality affects; rather, forms of vitality correspond to experiential properties that infuse the psychic reality in its entirety (Køppe & Veaver, 2008).

How does thinking in terms of vitality forms impacts on psychotherapy? Forms of Vitality draw the therapist's attention on the *here and now* (Stern's *Now moment*) of events. Indeed, in this clinical framework mental states are not considered as disembodied and decontextualised entities; rather, they cannot be disjoined from the manifestations they give rise, which are dynamic processes unfolding in time. The underlying idea is that the therapist must dive into the experience tied to a specific behaviour of her client and start the therapeutic dialogue from there (Stern, 2010). Notice that there are good and bad forms: already in 1985, Stern wrote about *under-attunement* and *over-attunement,* referring to forms of mental connection that produce distress and suffering. Manifestly, psychological suffering is often tied to "painful vital forms", which constitute the starting point for the clinical. Stern took the notion of vitality forms to be crucial also for psychotherapy: in his peculiar therapeutic approach, developed since 1998 with the *Boston Change Process Study Group*, he formulated the idea of "something more than interpretation", and stressed the urge to put vitality forms at the core of the therapy, as the elicitor of therapeutic dialogue (BCPSG, 2010). In his latest book, Stern suggested that a responsible and sensitive caregiver must not only seek affective tuning, but also go beyond mere mirroring, aiming not at echoing the distressed client (thus generating further distress), but at helping him to elaborate what is unacceptably, overwhelming and menacing. While looking for fine-tuning, the therapist must also aim at creating a safer environment where to share, handle with and reflect about affects.

Stern invites us to make a "shared feeling voyages" with our clients: psychotherapy should be conceived as a space in which processes of co-creation of emergent qualities are promoted. The canonical way of being-together, in both its explicit and implicit aspects, is irreversibly altered. Psychotherapy should promote an encounter that considers together mind and body, inside and

outside, self and other. At the same time, it should also accommodate pre-linguistic aspects and aspects more overtly tied to the semantic register. In this encounter, "the role of dynamic forms of vitality is equal to a global organizer of interpersonal experience, playing a major role in structuring of pre-reflexive experience" (Stern, 2009, p.323). Notably, Stern introduces the definition of *soft assembly* to shed light on the role of vitality forms in the transformation process of implicit and pre-reflexive memories into explicit, narrative traces. The late Stern's ideas theorizes the crucial role of vitality forms in transforming implicit memories into an explicit, fully affordable format (Stern, 2009).

Indeed, an efficacious immersion in forms of vitality allows us to create a deep contact with clients' inter-subjectivity. In turn, this contact generates further "new" forms of vitality, thereby promoting greater awareness of both inner and interpersonal world. Psychotherapy centered on forms of vitality is highly "integrative": it is capable to embrace the multiple dimensions in which the therapeutic relationship unfolds - to link the implicit and the explicit, according to the suggestion of the Boston Change Process Research Group (BCPRG, 2010).

This aspect is perhaps the most interesting and useful thing in bodily techniques in the field of Paraphiliac Disorder: through the Caillè's couple protocol, the therapist can observe the terrifying ghosts who for years has confined in a bizarre sexual ritual; through the sculpture the therapist can reflect on the images that come out of it.

So the therapist must be able to speak a language far from the trajectories of rational thought; it must use a language of primary metaphors (Lakoff & Johnson, 1980), of images, of allusive representations that capture the complexity of the emotional whole. The therapy must form some Gestalt that welcome opposites and emphasize the relationship between the elements, including background and figure, melody and counterpoint. Dialogue in therapy plays between mythological representations and the cognitive self. The different forms of vitality, arising in the therapy-room, are the red thread unites dialogue and emotions, the words and the subjective experience that emerges from bodily techniques. Thus psychotherapy becomes a virtuous circle between experiencing, self-regulating and self-reflective thinking (Shore, 2003). This recursive process can increase the thinkability of events and processes of symbolization.

As the pioneers of systemic therapy did in the past, I would like to point out the importance of "doing", the importance of therapeutic experience in the room, not only the knowing and telling. Today we can look at the techniques of Erickson, Whitaker and Minuchin with different eyes, cleaned of all their strategic ambitions, sometimes hidden under a magic aura. Paradoxical prescriptions, rituals, sculptures, and many other creative ingredients of the therapeutic relationship, are close to the embodied cognition (Iacone, 2016). Concerning this point,

Günther Schiepek claimed that the most significant outcome of the encounter of a client with his therapist is to delineate, through continuous modulations of the relational dynamics, the best conditions to transform the rigid auto-organizations that typically produce suffering. "Psychotherapy can be seen as a dynamic and adaptive attempt to provide conditions for self-organized pattern transitions in the biopsychosocial system of the client(s). Most processes of self-organization occur in form of cascades of (for the most part) discontinuous phase transitions – and equates exactly to "sudden changes" (Schiepek et al., 2015, p. 18; emphasis in the original). What is particularly interesting in Schiepek's approach is its stress on those "intermediate", floating stages, full of still-not-actualized potentialities. These stages are what transform implicit memories into self-reflexive representations.

New scientists of the mind sustain that mental processes underlying consciousness and self-consciousness are primarily "embodied" by nature and are expressed first of through the body, actions and emotions. The mind and the encounter of minds are basically pre-verbal, they precede language, they wander, and this embodied knowledge constantly changes individuals and the context in which they are immersed. Caillè (2004) has effectively defined the psychotherapy as an "epistemic dance": as in a dance, it is not essential to consciously learn its "theory", it is important to know the rhythm, the melody, the movements. I think the systemic model with its "pioneers" has given many unavoidable contributions in this direction; these are now being confirmed from neuroscience and cognitive science; it is mainly an incentive to innovate, rather than self-confirm, our theories and techniques.

As a systemic therapist, overcoming the disappointments of post-modern narrative and arrogant self-referential thinking, one can finally look out, without too much fear, at a territory shared with neuroscientists, philosophers of mind and anyone else interested in mental processes. The clinical fallout of this meeting leads us to understand how the processes of change in psychotherapy that lead to a more integrated functioning, to a greater capacity for symbolization and construction of more mature relationships can pass more effectively through expressive methods, body techniques, aesthetic mediators, especially with cases of very serious diseases, such as those presented in this paper. These are methods and techniques that fortunately are finding an ever wider and shared diffusion in many different psychotherapy models.

References

1. APA (2013), *Diagnostic and Statistical Manual of Mental Disorders (DSM–5)*; Tra it. Cortina, Milano, 2014.
2. Baron-Cohen, S., (2011). *The Science of Evil: On Empathy and the Origins of Cruelty*, Basic Books, NY.
3. Boston Change Process Study Group, (2010). *Change in Psychotherapy. A Unifyng Paradigm*. W.W. Norton & Co., NY.
4. Brink, I., Reddy, V., Zahave, D,. (2017). The primacy of the "we"? In Durt, C., Fuchs. T., Tewes, C., (eds.). *Embodiment, Enaction, and Culture: Investigating the Constitution of the Shared World*. MIT Press, Cambridge, London.
5. Cacioppo, J., Patrick, W., (2009). *Loneliness: Human Nature and the Need for Social Connection*. W.W. Norton & Company, NY.
6. Caillè, P., (2004). *Un et un fons trois. La couple d'aujourd 'hui et sa terapie*. Editions Faber, Paris.
7. Clement, U., (2016). *Systemische Sexualtherapie*. Klett-Cotta, Berlin.
8. Cigoli V., Snyder S., Gennari M., Margola D. (2017), *Terapie di coppia*, Franco Angeli, Milano.
9. Damasio, A., (2011). *Self Comes to Mind: Constructing the Conscious Brain*. Random House Books, NY.
10. Dicks, H., (1967). *Marital Tensions: Clinical Studies Towards a Psychological Theory of Interaction*, Karnac Books, NY.
11. Edelman, G. (1994) *Bright Air, Brilliant Fire: On the Matter of the Mind*. Penguin, NY.
12. Fonagy P., Target M. (2003): Men who use violence against women, in *Attaccamento e funzione riflessiva*, Cortina, Milano,2003.
13. Freud S., *Tre saggi sulla teoria sessuale*, 1905, O.S.F., 4. Boringhieri, Torino, 1974.
14. Freud S., *Un bambino viene picchiato (Contributo alla conoscenza dell'origine delle perversioni sessuali*), 1919, O.S.F., 9.
15. Freud S., *Il problema economico del masochismo*, 1924, O.S.F., 10, Boringhieri, Torino 1979.
16. Freud S., *Feticismo,* 1927, O.S.F., 10, Boringhieri, Torino 1979.
17. Freud S., *Introduzione alla psicoanalisi (nuova serie di lezioni),* 1932, O.S.F., 11: 121-284. Boringhieri, Torino 1979.
18. Gazzaniga, M., (2008). *Human*. HarperCollins, NY.
19. Gallese, V., Magali, J., Rochat, M. J., (2018). Forms of Vitality: Their Neural Bases, Their Role in Social Cognition, and the Case of Autism Spectrum Disorder. *Psychoanalytic Inquiry*, 38, 2: 154-164.
20. Gilbert, M., (2000). *Sociality and Responsibility: New Essays in Plural Subject Theory*. Rowaman & Littlefield Publisher, Maryland.
21. Goldman, A.I., (2011). Two routes to empathy. Insights from cognitive neuroscience. In: *Empathy: Philosophical and Psychological Prespectives*, eds. A. Coplan, P. & Goldie. Oxford University Press.
22. Harris, C., Barnier, A., Sutton, J., Keil, P., (2014). Couples as socially distributed cognitive systems: Remembering in everyday social and material contexts. *Memory Studies*, 7, 3: 285-297.
23. Khan, M., (1989). *Alienation in Paraphilias*. Karnac, London.
24. Kahr, B., (2007). *Who's Been Sleeping in Your Head: The Secret World of Sexual Fantasies*. Basic Books, NY.
25. Kaplan, L., (1991). *Female Paraphilias: The Temptations of Emma Bovary*. Jason Aronson.
26. Køppe, S., Veaver M., (2008). Vitality affects, International Forum of Psychoanalysis, 17: 169-179.
27. Kernberg O.W. (2011) Limitations to the capacity to love, *The Internationl Journal of Psychoanalysis*, Pages 1501-1515, Published online 2017
28. Iacone, S., (2016). *Mio servo e mio padrone. Legami perversi di coppia e psicoterapia*. Mimesis, Milano.
29. Iirgaray, L., (1996). *To be two*, Routledge. London and New York.

30. Lakoff, G., Johnson, M., (1980). *Metaphors We Live By*. The Chicago University Press, Chicago.
31. Lichtneberg, J.D., Lachmann, F..M., Fosshage, J.L. (1996). *The Clinical Exchange: Techniques Derived from Self and Motivational Systems*. The Analitic Press, NY.
32. Lichtenberg, J.D., Liotti, G., (2016). Motivational systems and problems of patients with narcissistic, borderline and dissociative desorders, in Ivaldi (eds) *Treating Dissociative and Personality Disorders: A Motivational Systems approach to theory and treatment*. Routledge, London and NY.
33. Liotti G., Monticelli M., (2008). I sistemi motivazionali nel colloquio clinico. Cortina, Milano.
34. Lyons-Ruth, K., & Jacovitz, D., (1999). Attachment disorganization: Unresolved loss, relational violence and lapses in behavioral and attentional strategies, in Cassidy J. & Shaver P.R. (eds) *Handbook of attachment: Theory, Research and Clinical Implications*. Guilford Press, New York : 522-554.
35. Monticelli F. (2005). Le perversioni sessuali nella prospettiva cognitivo-evoluzionistica, in *Psicobiettivo* 1/2005.
36. Panksepp, J., (2004). *Affective neuroscience: the foundation of human and animal emotions*, Oxford University Press.
37. Salter, D., McMillan, D., Richards, M. et. Al. (2009). Development of Sexually abusive behaviour in sexually victimised males: A longitudinbal study. *The Lancet*, 361 : 471-476.
38. Satir, V., (1976). *Making contact*, Celestial Arts, University of Michigan.
39. Sandnabba, N.K., Santilla, P., Alison, L., Nordling, N., (2002). Demographics, sexual behaviour, family background and abuse experiences of practitioners of sadomasochistic sex: a review of recent research. *Sexual and relationship Therapy* 17 : 39-55.
40. Sartre, J.P., (1943). *L'être et la nèant*, Gallimard, Paris.
41. Schiepeck, G., (2015). *Integrative Psychotherapy. A Systemic Approach*. Hogrefe Publishing, Heidelberg.
42. Schore, A., (2003). Effects of a Secure Attachment Relationship on Right Brain. Development, Affect Regulation and Infant Mental Health. *Infant Mental Health Journal*, 22: 7-66.
43. Stern, N.D., (1985). *The interpersonal world of the infant*. Basic Books, NY.
44. Stern, N.D., (2009), Pre-reflexive experience and its passage to reflexive experience. A developmental view. *Journal of Consciousness Studies*, 16, 10-12: 307-331.
45. Stern N.D., (2010), *Forms of Vitality: Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development*. Oxford University Press, NY.
46. Stern, P., (2010). Paraphiliac Coercitive Disorder in DSM: the right diagnosis for right reason. *Archievies of Sexual Behavioour*, 39: 1443-1447.
47. Toastes, F., (2009). An integrative Theoretical Framework for understanding sexual motivation, arousal and behavior. *Journal of Sex Research* 46: 168-193.
48. Tomasello, M., (2009). *Why We Cooperate*. MIT Press Cambridge.
49. Thompson, E., (2007). *Mind in Life: Biology, Phenomenology, and the Sciences of Mind*, Harvard University Press, NY.
50. Tronick, E., (2007). *The Neurobehavioral and Social-Emotional Development of Infants and Children*. W.W. Norton & Co., NY.
51. Wallace, Harvey, Roberson, Cliff (2016). Intimate Partner Abuse and Relationship Violence. *Family Violence: Legal, Medical, and Social Perspectives*, New York, N.Y. Abingdon.

52. Ward, T., Siegert, R.J., (2002). Toward a comprehensive of Theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law* : 315-351.
53. Whitaker, C., Napier, A., (1978). *The family crucible*, Harper & Row, NY.
54. Wiekowski, E., Harsoee, P., Meyer, A., Shortz, J., (1998). Deviant sexual behavior in children and young adolescents; frequency and patterns, Sexual Abuse. *Journal or Research and Treatment*, 10: 293-303.
55. Wincze, J.P., (2000). Assessment and treatment of atypical sexual behavior" in Leiblum S. & Rosen R.C. (eds) *Principles and practice of sex therapy*, Guilford Press, NY.

DOI: 10.6092/2282-1619/2019.7.2000