

## **A possible psychogenesis of the paraphilic behavior based on an interpretation of the film "La Pianiste"**

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**Summary.** This article aims to explore, through a psychological-narrative reading of the film "La Pianiste" (Haneke, 2001), specific dynamics that underpin paraphilic behavior. The focus is specifically placed on masochism and on the ambiguities surrounding the concept of consent within BDSM practices. The protagonist, Erika Kohut, is here described through the psychodynamic perspective together to the attachment theory. At the core of the analysis lies Erika's symbiotic and deeply oppressive relationship with her mother, which finds expression in self-harming rituals and submission fantasies. The erotic relationship and the sexual life of the protagonist, characterizing the film, poses a crucial question: how free is a "yes" in reality? While consent is often framed as a conscious and voluntary act, Erika's story reveals it to be a dangerously ambivalent terrain, shaped by unresolved psychic wounds. This work does not aim to stigmatize or pathologize BDSM practices, but rather to interrogate their "shadow zones": when do these practices become a space for reconstructing the Self, and when do they risk turning into a stage where unprocessed suffering is compulsively replayed?

**Key words.** BDSM, consent, paraphilia, sadism-masochism.

*Una possibile psicogenesi del comportamento parafilico sulla base di un'interpretazione del film "La Pianista".*

**Riassunto.** Questo articolo si propone di esplorare, attraverso una lettura psicologico-narrativa del film "La Pianista" (Haneke, 2001), le dinamiche specifiche che sottendono il comportamento parafilico. L'attenzione è rivolta in particolare al masochismo e alle ambiguità che circondano il concetto di consenso nelle pratiche BDSM. La protagonista, Erika Kohut, viene qui descritta attraverso la prospettiva psicodinamica, unita alla teoria dell'attaccamento. Al centro dell'analisi si trova la relazione simbiotica e profondamente oppressiva di Erika con la madre, che trova espressione in rituali autolesionistici e fantasie di sottomissione. La relazione erotica e la vita sessuale della protagonista, che caratterizzano il film, pongono una domanda cruciale: quanto è libero un "sì" nella realtà? Mentre il consenso è spesso inquadrato come un atto consapevole e volontario, la storia di Erika lo rivela come un terreno pericolosamente ambivalente, plasmato da ferite psichiche irrisolte. Questo lavoro non mira a stigmatizzare o patologizzare le pratiche BDSM, ma piuttosto a interrogarne le "zone d'ombra": quando queste pratiche diventano uno spazio di ricostruzione del Sé e quando rischiano di trasformarsi in un palcoscenico in cui la sofferenza non elaborata viene riproposta compulsivamente?

**Parole chiave.** BDSM, consenso, parafilìa, sadismo-masochismo.

### **Introduction**

The issue of paraphilic behavior is too complex for psychopathology and sexual medicine, particularly for diagnostic issues. From nosographic point of view it is often not easy to establish the distinction between a normal or pathological unconventional sexual behavior. On the other hand, it is the compulsive and obsessive thinking together with the inability to reach a sexual arousal with a conventional sexuality to determine a pathological facet of the paraphilic behavior.

Therefore, from a clinical perspective, it is possible to consider paraphilic disorder as a pathology of the arousal phase of the DEPOR (Desire, Excitement, Plateau, Orgasm, Resolution) linear model<sup>1,2</sup>. The paraphilic patient needs in a mandatory manner of the paraphilic behavior or object to obtain the sexual arousal. In this light, each paraphilic behavior could

be considered fetishism. The fetish represents the behavioral substitution of the genital sexuality<sup>3</sup>. However, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) specifically determines the diagnostic criteria to a paraphilic disorder, with a distinction between nine different forms of this. During the history of psychopathology, several authors, plenty in the psychoanalytic field, treated the perversions and paraphylies, with a particular attention to the sado-masochism<sup>4,5</sup>, although the main first opera about perversion was by Krafft-Ebing<sup>6</sup>.

To date, the world of sexual perversions is very heterogenous, and some cases offers to clinicians a fundamental reflection also in terms of sexual education, about the consent in the sexual relationships, as in BDSM (an acronym for Bondage and Discipline, Dominance and Submission, Sadism and Masochism) practices<sup>7</sup>. BDSM is a particular form of sadism and masochism in which it is important, from pre-

ventive perspective to establish the border between normal and suffering conditions.

In this article, we aim to treat some aspects related to paraphiliac behavior, with a psychodynamic description of the famous film concerning the theme of perversion: “La Pianiste” by Michael Haneke (2001), based on the novel by Elfriede Jelinek “Die Klavierspielerin” (1983). The film tells the story of a Viennese piano teacher, Erika Kohut, who lives under the oppressive control of her mother. The encounter with a young student begins a spiral of sadomasochistic and self-harming rituals, transforming her body into a stage for a trauma never faced.

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### Mother-daughter relationship

The bonds formed during early infancy with primary caregivers – typically the parents – and the ways in which these bonds develop are crucial to a child’s future relational functioning. Depending on the type of attachment established, the individual will internalize specific *internal working models* that become prototypes for lifelong relational behavior<sup>8</sup>. These models tend to remain stable over time, functioning as filters through which all subsequent attachment experiences – across both childhood and adulthood – are processed<sup>9</sup>. Therefore, it is well known in the psychopathological field the role of primary relationship and related attachment style in the development of personality<sup>10,11</sup>.

In the film, the Erika-mother dyad is of high clinical significance, as it represents the core from which the protagonist’s paraphilic behaviors take shape. The mother figure is portrayed as intrusive and omnipresent to a nearly totalizing degree, occupying every dimension of Erika’s existence – from the professional to the libidinal. A healthy affective regulation is entirely absent, as the mother obsessively demands a symbiotic unity with Erika, to the point of sleeping in the same room in separate single beds<sup>12</sup>.

This pathological attachment is evident from the earliest scenes: the elderly mother enters without knocking, meticulously inspects Erika’s clothing, rummages through her drawers, and urges her to study obsessively in order to perfect her piano skills. The dialogues between the two women are often cold or minimal, and Erika rarely expresses opposition: each word from the mother is received as a command to be executed with precision, disguising emotional bonding as rigid control<sup>11</sup>.

This dynamic becomes a suffocating psychic knot, within a household where personal and mental boundaries are consistently violated<sup>13</sup>. The only space Erika perceives as her own is the *Konservatorium*, which she experiences as a refuge from the stifling environment of her home. For Erika, music is a pas-

sion, but it simultaneously takes the shape of a prison of perfection. The works of Schubert, Schumann, and Bach are executed with technical mastery – through absolute control and rigidity: locked shoulders, motionless posture, and intense focus.

In this context, musical discipline functions as a partial sublimation of Erika’s sexual drive into a socially valued act<sup>3</sup>. However, this transformation does not lead to full gratification. Rather, playing the piano serves as a psychic anesthetic – trapped libidinal energy<sup>3</sup>.

Moreover, within the soundproof walls of the conservatory, Erika attempts to reconstruct the “secure base” that was absent during her childhood. Bowlby (1982) defines this base as an emotional resource point from which a child can venture out to explore the world, confident in the ability to return in times of threat<sup>14</sup>. In Erika’s case, her mother’s constant presence and control result in a dysfunctional attachment system. Their relationship is shaped from the outset by chronic surveillance and persistent intrusiveness.

Thus, the mother cannot be considered a stable and reassuring point of reference. Instead, she is an ambivalent figure – alternating between pathological caregiving and total invasion of Erika’s psychic space. This disorganized attachment configuration results in a profound entanglement between the need for closeness and the fear of emotional suffocation<sup>15,16</sup>.

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### “Clinical” scenes

This chapter explores key scenes from “La Pianiste” as if they were “clinical vignettes” – situations that bring to light various intrapsychic dynamics, revealed through somatic acts or paraphilic behaviors. The analysis adopts a descriptive-interpretative approach aimed to a clinical observation and symbolic interpretation.

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### Mirror cutting scene

Particularly significant are the scenes in which the protagonist engages in acts of self-harm. These moments represent the emergence of a psychic rupture that finds its only channel of expression through the body. These gestures do not end in themselves; rather, they embody a sense of self-punishment and the desire for absolute control. At the same time, they reflect Erika’s repressed sexuality and her tendency to inflict physical pain upon herself in silence and solitude. The bathroom – a sterile, almost clinical space repeatedly shown in the film – becomes the designated site where these acts unfold.

According to Erika perspective, pain becomes the only available way through which she can achieve a

sense of embodiment and feel some form of belonging to her own body<sup>17</sup>. One key scene powerfully illustrates this dynamic: Erika examines herself through a mirror placed between her legs. The nature of this gaze is dual. The cut on her thigh, in this context, symbolizes a boundary line: it is not a gesture of penetration but rather of demarcation. It does not involve the genitals directly but is placed in proximity. Erika does not act upon her sex; she does not inhabit it nor integrate it into her lived experience. Instead, she observes it from the outside, excluding it from her emotional life.

On a symbolic level, this reveals her inability to experience desire in a complete and integrated manner: she may dominate it, control it, or witness its suffering – but she cannot fully embody it. Through this dynamic, Erika simultaneously assumes the roles of subject and object, victim and perpetrator, in a voyeuristic process directed toward herself<sup>18</sup>.

From a psychodynamic perspective, this behavior may be interpreted through the theoretical framework of Masud Khan, who posits that the origin of certain perversions – such as masochism and sadism – can often be traced back to a pathologically significant and distorted mother-child relationship<sup>5</sup>. In this view, the enactment of sadomasochistic, masochistic, or fetishistic behaviors may serve, for some individuals, as an unconscious attempt to repair a primitive relational wound.

In conclusion, Erika's self-harming behaviors may be less an expression of raw instinctual drive and more a desperate attempt at internal repair<sup>19,20</sup>. Her psychic world – profoundly compromised by the toxic relationship with her mother – manifests its suffering through acts of pain that paradoxically function as a form of self-healing: a symbolic effort to mend the emotional wound of early relational trauma<sup>21</sup>.

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### Scene of the olfactory ritual

Within a physical setting reminiscent of a peep show, Erika does not engage in masturbation nor establishes any direct contact with her own body, systematically avoiding explicit sexual acts. The act of collecting a tissue soaked with someone else's bodily secretions constitutes a symbolic ritual: the tissue becomes a "sacred" fetish – an object of residual value that functions as a conduit for a desire otherwise unreachable. Erika's pleasure does not stem from direct interaction, but rather from the absorption and internalization of the desire of others, experienced passively and from a distance. Her pleasure is thus indirect – almost displaced – as she seeks not physical contact, but the presence of desire itself. She wants to observe and perceive, without ever being truly touched.

Freud (1927) conceptualized this phenomenon through the notion of the "partial fetish object," which receives a libidinal investment and becomes a surrogate for the erotic scene. In fetishism, the partial object assumes a central role, becoming an irreplaceable nucleus of sexual arousal; in its absence, the sexual response is inhibited.

From a psychodynamic point of view, the fetish functions as an ego defense against the unconscious anxiety of castration<sup>22</sup>. This anxiety emerges during the phallic stage of psychosexual development (around ages 3-4), when the child is confronted with the realization of the mother's lack of a penis<sup>22</sup>. This discovery evokes deep anxiety, fueled by the fear that the same deprivation may befall the self<sup>3</sup>.

To manage this psychic threat, two parallel processes are activated: from one hand, the unconscious repression of maternal lack; on the other, the denial of this absence through the libidinal investment in a substitute object. This fetishistic surrogate symbolically represents the imaginary maternal phallus and, whether visibly concrete or mentally evoked, it operates as a defensive tool to preserve a reassuring sense of psychic integrity<sup>23</sup>.

In adulthood, the fetish becomes an essential component of sexual activity for certain individuals. It may consist of specific objects (e.g., shoes) or particular body parts, becoming a prerequisite for achieving sexual arousal. This phenomenon can be situated within the DEPOR model. In particular, the absence of the fetish object impairs the "E" phase (Excitement), leading to a blockage in physiological arousal, characterized by a lack of vasocongestion, genital response, and sexual desire<sup>24</sup>.

From a nosographic perspective, this condition may be classified as a dysfunction of the excitatory phase within the linear DEPOR model<sup>2,24</sup>. Whereas in neurotypical individuals the neurophysiological processes related to desire and arousal can be activated even without specific fetishistic stimuli, in the pathological cases described the process becomes exclusively contingent on the presence – either physical or mental – of the fetish object. Without it, the physiological correlates necessary for arousal are not triggered, resulting in the impossibility of completing the sexual response cycle<sup>2,24</sup>.

In this sense, the dependence on such erotic variants acquires clinical relevance from both psychodynamic and neurophysiological standpoints.

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### Involuntary urination as a psychosomatic manifestation of repressed desire

A notable scene in the film features an unusual physiological response: an episode of involuntary urination. The protagonist secretly observes a consensual sexual encounter between two young indivi-

duals inside a car. Once again, she remains a distant spectator – unable or unwilling to take part in the act – preserving her status of untouchability and non-participation. This bodily reaction acquires a powerful symbolic significance: Erika's body, unable to contain or redirect arousal into a sexual act, translates it instead into an involuntary expulsion. Urine, in this context, becomes a contaminated surrogate for pleasure – loaded with shame and guilt. There is no intimacy, no emotional connection, no shared affect. What remains is an isolated event that amplifies the scene's emotional weight. It becomes a theatrical staging of repressed desire – an erotic impulse rendered unlivable and unfulfilled.

In this symbolic economy, urine represents the only bodily fluid Erika is capable of releasing. It stands as a metaphor for the unbridgeable distance between her solitary, tragic experience of desire and the overt, shared pleasure of others. Through involuntary urination, she appears to be physically expelling her own shame: sexual excitation cannot be mentally processed or symbolized, and is instead discharged by the body in a non-erotic, uncontrolled form.

This scene may be interpreted as an attempt at emotional regulation – one in which Erika's ego fails to mentalize affective arousal, relegating the management of impulse to the body itself. Although this episode cannot be defined as female ejaculation *stricto sensu*, it is worth noting that scientific research has explored physiological phenomena occurring during sexual arousal that are difficult to classify.

For instance, a study by Rubio-Casillas and Janini analyzed a case of female ejaculation, aiming to clarify the physiological and emotional responses involved<sup>25</sup>. While Erika's case unfolds in a markedly different context, this literature nonetheless invites reflection on the body's responses to sexual tension that remains unelaborated on the psychic level. To this day, the phenomenon of female ejaculation remains a subject of debate – caught between physiological inquiry and psychological-symbolic interpretation – without a unified definition.

In conclusion, the scene in question more likely illustrates a case of arousal-induced incontinence, devoid of orgasmic response, and better understood as a psychosomatic expression of repression, shame, and unmet excitation.

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### **BDSM and Consent - BDSM dynamics and paradox of control**

All erotic practices that fall within the realm of BDSM share one essential prerequisite: the informed and explicit consent of all parties involved<sup>7,26</sup>. In the absence of such consent, any practice becomes, by definition, an act of abuse or violence, and can no

longer be classified as BDSM. It is therefore possible to draw a clear distinction between consensual and non-consensual erotic acts, although this boundary becomes more fragile and uncertain in the presence of specific variables – such as altered states of consciousness, psychiatric conditions, or minority of age – which may compromise the individual's capacity to provide free, conscious, and informed consent.

In "La Pianiste", Haneke explores the psychological and psychopathological dimensions of the protagonist, Erika, through the representation of paraphilic behaviors. To understand the power dynamic (D/S in BDSM terminology: the relationship between a dominant and a submissive) that develops between her and her student, Walter, one must first consider the maternal hyper-control and severe self-regulation that define Erika's psychic state from the outset.

On one side stands the mother – oppressive, repressive, and guilt-inducing toward any attempt by Erika to assert autonomous decision-making. On the other, the act of playing the piano becomes for Erika not so much a profession as an attempt to impose order on both her internal and external reality. The pathological bond with the mother stunts any possibility of affective autonomy, rendering Erika a submissive and dependent adult-child, trapped in a cycle of emotional blackmail and infantile rebellion.

Her psychic rigidity is mirrored in her musical practice: although technically flawless, her performance style is emotionally sterile – hyper-controlled, cold, and devoid of expressive nuance. Walter could potentially embody the "Other" through whom Erika begins to encounter desire. However, her inability to form healthy relational bonds immediately distorts the nature of their connection. Rather than developing into a functional affective or sexual relationship, the interaction devolves into a power play – of dominance and submission – that bears the aesthetic of BDSM yet lacks its essential foundation: consent.

Having been conditioned to submit to her mother's will and denied any true capacity for autonomous choice, Erika cannot conceive of a sexual dynamic in which both individuals retain the agency to choose, refuse, or negotiate. Instead, she imagines sexuality only in terms of unilateral domination – where one party exerts total power over the other, who is thus reduced to an object, stripped of subjectivity<sup>4,5</sup>.

A particularly revealing scene in this regard is when Erika delivers a letter to Walter, detailing with great specificity the practices she wishes to undergo. At first glance, the act appears to be one of extreme submission. However, it paradoxically constitutes a clear example of what in BDSM terminology is called *topping from the bottom* – a form of bottom-driven domination in which the submissive exercises true control, reducing the dominant to a mere executor of

scripted erotic acts that reflect the submissive's desires and preferences.

This dynamic highlights a frequently overlooked aspect of BDSM: the power and control often exercised – beyond the logic of *topping from the bottom* – by the submissive party. Nonetheless, within ethically conducted BDSM dynamics, both dominant and submissive retain the ability to establish limits, to negotiate the terms of play, and to withdraw consent at any time. A safeword is typically agreed upon in advance to allow the submissive a tool for interrupting any ongoing sexual activity.

Ultimately, Erika appears to possess no integrated understanding of sexual consent, and therefore cannot exercise or respect it within such relational dynamics. Instead, she attempts – clumsily – to impose upon sexuality the same rigid and disciplinary pedagogy she applies to the piano: she seeks to control every detail of her own humiliation, transforming the sexual act into a pre-written musical score to be performed mechanically.

Disoriented and repulsed by her requests – and perhaps feeling legitimized by her apparent willingness (“This is what you wanted, isn’t it?”) – Walter ultimately perpetrates a sexual and physical assault on Erika, once again devoid of consent or boundaries. Thus, Erika’s fantasy of submission – more accurately, of domination from below – is shattered by the reality of imposed submission. This rupture delineates the fragile border between non-normative sexual practice and the psychopathology of paraphilic sexuality.

This is highlighted in the scene where the student shows up at Erika’s house in the middle of the night, visibly upset and gripped by a mixture of frustration, desire, anger, and a sense of bewilderment.

Walter misinterprets the Erika’s requests wrote in a letter, and he cross the border between BDSM practices and violence<sup>27</sup>. This scene can therefore no longer be seen as an erotic game mutually agreed upon between the parties, but is effectively rape<sup>28</sup>. The sexual intercourse was therefore not consensual.

## Conclusions

The characteristics of perversions are several as was described for the first time in the famous opera of von Kraft-Ebing<sup>6</sup> and also the phenomenology of sado-masochism is too variegated. However, from a psychopathological point of view the psychogenesis of this main perversion is often characterized by a specific psychological suffering, as shown in Erika, the protagonist of “La Pianiste”. According to the Freudian perspective, it seems that a possible paraphilic disorder originates from a repression of sexuality together to a dysregulation of primary relationships and attachment system.

On the other hand, the dividing line between normal and pathological conditions is often a matter of debate when we speak about paraphilic behavior. Generally, the obsession and the exclusivity of the perverse praxis determine the border of a clinical condition and, therefore, a possible diagnosis of paraphilic disorder<sup>29</sup>. In “La Pianiste” this border is constantly crossed by Erika, when she conceives the sexuality only with the search of perverse practices to achieve sexual excitation and pleasure. In this regard, paraphilic disorders appear mainly related to the desire and excitation sexual phases, and the obsessive attitude to search paraphilic behavior to activate desire and excitation characterize the pathological side of people recurring to sexual perversion. This is often due to a specific sexual development that can be explained with intrapsychic and environmental factors, although the psychodynamic theory affirms that the phases of sexual development play a central role.

In the light of these considerations, it is suitable to assess the relational world in people suffering from paraphilic disorder and consider it into the therapeutic process.

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