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Somnophilia and the sleeping beauty syndrome - the unknown patterns of arousal

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Introduction

Even though the media and popular literature has long since made us familiar with different patterns of arousal such as sadomasochism and boot fetishism, few have heard of Somnophilia and the "Sleeping Beauty syndrome". This despite the fact that the two latter conditions can lead to sexual violence and that knowledge about them can relieve the victim's emotional reactions. Both Somnophilia and the Sleeping Beauty syndrome are scarcely described in literature. In 1986, psychologist and sexologist John Money described Somnophilia as a Paraphilia "of the marauding predatory type in which erotic arousal and facilitation or attainment of orgasm are responsive to and dependent on intruding upon and awakening a sleeping stranger with erotic caresses, including oral sex, not involving force or violence". The Sleeping Beauty syndrome was already described in 1972 by the psychologists Victor Calef and Edward Weinshel. The term is sometimes used synonymously with Somnophilia, but usually refers to the arousal depending on, or being increased by, the sleeping person waking up during the sexual contact.

It is debatable whether sexual health is a part of mental health, or whether sexual, mental and somatic health should be viewed as three equal areas. Regardless, one should be equally careful in pathologizing sexual health as one is in diagnosing mental disorders. The last few years, the perception of sexuality and sexual practice has changed immensely. This has mainly led to positive changes, especially for the sexual minorities. Moreover, it has led to several of the "sexual diagnoses" not being utilised anymore in the ICD-11 and the DSM-5.

In addition, the change in how we understand sexuality is a good example of the power the internet, popular culture and subculture holds in modern society. A search of "Sleeping Beauty" online will result in both pictures of Disney's Sleeping Beauty and links to rough pornography. If you count the number of videos per category on the largest free internet porn sites you will find that the category "sleepy sex", "Sleeping Beauty", sleeping pictures and "sleeping movies" are increasing in popularity. Even those of today are youth who do not use internet porn, are familiar with terms like MILF, Girlfriend Experience (GFE) and Coed Party. These terms originated on the internet and in internet porn, but are more often being used in daily life.

Classification of sexual patterns of arousal and orientation

One of psychologist's tasks is to be able to differentiate between normal variations and disordered conditions. This takes more than being familiar with the diagnostic criteria is existing diagnostic manuals. But that is where is begins.

Sexuality is like love, timeless and transcending classifications. Understanding of sexuality has changed in line with varying societal conditions and moral beliefs. The German-Austrian psychiatrist, Richard VIN Krafft-Ebing, described conditions such as fetishism and homosexuality in the 1880s. On the basis of sexuality being understood as being in service of propagation, all sexual behaviour other than intercourse between a man and a woman was classified as a perversion. This included masturbation and sexual fantasies about "abnormal sexuality". However, times change, and the diagnoses change with it. It is a long time since psychiatrists and psychologists used homosexuality as a diagnosis. Today, you still find the diagnoses fetishism, festishistic transvestism, sadomasochism and multiple disorders of sexual preference in the ICD-10, but in 2010 the Norwegian Department of Health decided they were no longer valid in Norway. Moreover, there is no overall chapter in the ICD-10 which deals with "sexual disorders" or anything similar. What most associate with unusual patterns of sexual arousal is classified under F65 Disorders of sexual preference? This is where, apart from the now invalid disorders (in Scandinavia), Paedophilia, Voyeurism, Exhibitionism and "F65.8 other disorders of sexual preference" are also found. F65.8 describes the categories of making obscene telephone calls (Telephone Scatologia), rubbing up against people for sexual stimulation in crowded public places, sexual activity with animals, and the use of strangulation or anoxia for intensifying sexual excitement (also called Asphyxiophilia), and lastly, Necrophilia. In addition, the diagnostic group "F64 Gender identity disorders" with the diagnoses Transsexualism, Dual-role transvestism (which is also invalid in Norway) and Gender identity disorder of childhood are listed. The last "sexual disorder group" (beyond the group known as sexual dysfunctions such as premature ejaculation, vaginismus, or the lack or absence of sexual desire) is "F66 Psychological and behavioural disorders associated with sexual development and orientation". In this group you find the diagnoses Sexual maturation disorder, Egodystonic sexual orientation, and Sexual relationship disorder.

Even though the diagnostic descriptions in the American DSM and the international ICD have become quite similar over time, the structure is somewhat different. Diagnosing a Paraphilia in the DSM-5 is based on the premise that people "with atypical sexual interests" do not have a mental disorder. In addition, the basic conditions apply that a) the one in question must "feel personal distress about their interest, not merely distress resulting from society's disapproval" or "have a sexual desire for sexual behaviours involving unwilling persons or persons unable to give legal consent". There was a lot of excitement regarding the last revision of the DSM. The DSM-5 work group describes it as follows (www.dsm5.org):

"One of the first questions addressed by the Paraphilias Sub workgroup was whether all Paraphilias are ipso facto mental

disorders. We took the position that they are not. We therefore proposed that the DSM-5 make a distinction between Paraphilias and Paraphilic Disorders, as described below. A Paraphilic Disorder is a Paraphilia that is currently causing distress or impairment to the individual or a Paraphilia whose satisfaction has entailed personal harm, or riskof harm, to others in the past. A Paraphilia is a necessary but not a sufficient condition for having a Paraphilic Disorder, and a Paraphilia by itself does not automatically justify or require clinical intervention".

Some find this clarifying, whilst others wonder why Paraphilia should be described in a diagnostic manual if it is not a disorder.

Clinically, the Paraphilias are often divided into two groups: those which concern specific objects (such as fetishes), and those which concern behaviour (like Voyeurism or Exhibitionism). Somnophilia would per definition fall into the behavioural category, but that requires that the fantasy is actually acted upon. Furthermore, some people describe the whole situation surrounding the "sleeping situation" as being sexually arousing, including carefully removing the duvet from the sleeping person. In that respect, the pattern of arousal can be classified as object based. Others admit that the fascination for sleeping women is about the woman being defenceless and therefore an "easy victim". In those cases the fantasies are more similar to fantasies of rape than classical Somnophilia. Sexual arousal specifically for rape is classified as Biastophilia. Since Somnophilia is primarily about sexual arousal regarding sleeping persons that are not a partner, the limits are

vague and overlapping between the different patterns of sexual arousal.

In American literature, the NOS (not otherwise specified) Paraphilias are often divided into four main categories depending on which erotic focus is dominating. The first category involves sexual arousal from "nonhuman objects". Examples of this would be Zoophilia, Urophilia, and Coprophilia (animals, urine and excrements). The second category regards sexual arousal from "suffering or humiliation of oneself or ones partner". Examples are Biastophilia and Scatologia (rape and obscene language). The third category involves "atypical focus involving human subjects". Examples of this would be Partialism and Asphyxiophilia (body parts and strangulation). The fourth and last category contains "sexual arousal from children or non consenting persons". In addition to

Paedophilia, this category concerns Necrophilia and Somnophilia.

The Norwegian criminal law prohibits "sexually offensive or otherwise indecent behaviour and verbal sexual approach (e.g. exhibitionism, showing porn), sexual acts (e.g. touching of genitalia or that others have to masturbate the offender), and sexual conduct with children" (lovdata.no). In addition, sexual conduct with animals is prohibited by the animal protection law. In other words, touching a sleeping person would be punishable by law if it is deemed indecent or offensive.

Theoretical understanding

Grobin (2008) comments ruthlessly on how unhelpful earlier theories have been for understanding and treating the Paraphilias: "The focus on the theories associated with infantile sexuality, Oedipal concepts, and mothers in the development of"perversion" and offending, and the belief that insight can ameliorate sexual offending behaviour, are intellectual interesting but have not met with notable success – at least if measured by a reduction in reoffending". Most textbooks on sexual violence still address several models on how one should understand the development of sexual deviance. The most well-known models are Freud's libido theory and John Money's lovemap theory (Aggrawal, 2009).

Jones and Wilson's model on the "real world", the "virtual space" and the "fantasy space" (Jones and Wilson, 2009) is exciting because it is concerned with the relationship between individual and environment, amongst others the influence of the internet. Their virtual space is an intermediate variable or arena where fantasies are tried out and new fantasies are created. They imagine that fantasies can arise "on their own" or as a result of influences from the surroundings. Most fantasies will not be transferred into practice, and if the area, it will not be in a way that is detrimental to others (Nøttestad, Øverland & Hald, 2010). However, fantasies will sometimes be acted out in the real world. A fantasy about having sex with a prostitute can for instance be acted out by clicking on escort websites online, or by driving in areas with street prostitution while fantasising (with or

without masturbation) about carrying the act out in "the real world". For many, pornography is used

as a "virtual space".

Baudrillard uses pornography as an example of how society creates a demand which thereafter creates new markets for the capitalist system. Pornography directly translated means "depiction of prostitutes". The prostitutes were those working in public brothels. They were cheap and easily available, just like pornography is today, and they demanded nothing but money in return. Pornography has close-ups that one usually does not experience in real life. The colours are exaggerated, the movements are contrived, and body parts and camera angels are perfectly adapted for maximum peeping effect. Now pornography defines sexuality, not the other way around. One can find equivalent processes with violence. The term "hyperkill" is used to describe the extreme violence some perpetrators react with when they experience that reality does not live up to their fantasies of violence. In movies, violence is often depicted in slow motion and with the same exaggerated colours we are familiar with from pornography. Reality is not like that. The extreme violence can in this way be understood as an attempt to produce the desired emotions from the fantasy.

Differences and similarities with other patterns of sexual arousal

Pornography and Somnophilia have in common the fact that they demand nothing by the "consumer". The Somnophiliac is a passive spectator, he does nothing and therefore claims that he cannot be blamed for anything. The Somnophiliac therefore claims like the pedophile that attraction is about "pure" admiration rather than "dirty sex". The Sleeping Beauty syndrome, on the other hand, hinges on the surprise the sleeping individual experiences when she awakens. The perpetrator either hopes that she will react by becoming aroused or scared, potentially both in whichever order. This is a commonality with exhibitionism and rape.

Sexual arousal from rape is traditionally described as Biastophilia and is coded as an "other diagnosis/NOS" under the paragraph on Paraphilia. Coercive Paraphilic disorder was suggested as a new diagnosis in the DSM-V, but it was not approved. Norwegian research

shows a lifetime prevalence of rape to be 9,4 percent amongst women and 1,1 percent amongst men (Thoresen and Hjelmdal, 2014). We know little about the connection between deviant patterns of sexual arousal and rape, but several studies show that around half of the adult perpetrators themselves report on deviant sexual interests from early youth (Ingnes and Kleive, 2011). It is likely a minority of these who have a specific arousal from rape or humiliating the victims, even though a swift

review of online pornography shows surprising amounts of sites specifically targeting this (e.g.www.publicdisgrace.com). Many assume that sexual offenders have been abused themselves or are in other ways victims, but Norwegian studies provide varying support for this. In a recent interview-study of youth convicted for sexual abuse, support was not found for the offenders being exposed to traumatic experiences, neglect in early childhood, or poor attachment to parents (Sandvik, 2014).

In their article in the International Journal of Psychoanalysis (1972), Calef and Weinshel claim that the "Sleeping Beauty" syndrome is a neurotic equivalent of Necrophilia.

"The theme of the 'Sleeping Beauty' who is brought back to life, as it were, by the love of a Prince Charming is one which has fascinated both story-tellers and listeners for hundreds of years. It is our impression that not infrequently we hear, from our analytic patients —primarily via various denials — this same theme and its disguised wishes. We are referring to those patients who complain that their spouses go to sleep before them and before sexual activity can be initiated. It is our experience that, at least in many of these individuals, this complaint is an attempt to hide the fascination and attraction for the sleeping sexual object and the wish to make love to that object" (p. 67).

Also in this area, online pornography has a possible overlapping role. Where it is difficult (but not impossible) to find pornography linked with Necrophilia, it is relatively easy to find both pictures and videos of men having sexual contact with sleeping women online. In common for all these patterns of sexual arousal is that the offender defines himself away from "having to perform sexually". By taking away sexual pleasure from the victim, or giving oneself a role to play rather than representing oneself, sexuality becomes less threatening.

Clinical relevance

Both in the clinic and in trials, sleep-related rape or so called "after party rape" are described as if "it just happened" because they slept or woke up near each other, or because he (there are very few reports of women) thought it was consensual, or because he was too tired to understand that the victim did not want it to happen. These explanations can be quite convincing and often the offender believes it himself. Knowledge about Somnophilia and the Sleeping Beauty syndrome show that there are people with a specific pattern of arousal related to sleeping and defenceless women. Sexual conduct with sleeping individuals is punishable regardless of the explanation, but it has a clinical relevance both for treatment and risk assessment what the motivation of the offender is.

Today, most treatment of convicted sexual offenders is mainly by cognitive or psychodynamic group treatment. There are in part great differences between the two approaches, but both emphasise the importance of giving the participants increased awareness of their pattern of arousal. Treatment of victims of abuse normally takes place by means of individual trauma based out-patient treatment. Naturally, processing the specific trauma is very important, but this is made difficult by the victim's shame and feelings of guilt. Victims who have not experiences violence in connection to the assault often experience greater feelings of guilt. It can therefore be very important for a victim to know that the offender either had planned the assault, and/or had selected her based on a specific pattern of arousal.

Sexual patterns of arousal are also relevant for assessing the risk of new offences. Psychologists are expected to be able to conduct risk assessments for violence today, also sexual violence. Normally, so called structured clinical risk assessment tools are used for this purpose. It is well documented that Paedophilia is a risk factor for new assaults on children, amongst others because it increases the risk for actively seeking child-victims. Similarly, it would be natural to imagine that people with a sexual preference for sleeping individuals, would actively seek situations where he would have "access to" sleeping victims. This requires psychologists to have knowledge about there existing such a preference and those they actively seek to ask questions about it.

Conclusion

There are descriptions of sexual fascination related to sleeping persons in fictional writing and other sources. For instance, James Joyce described how both he and his wife rejoiced in the fact that he would perform oral sex on her as she slept: "This will cause her to groan and grunt and sigh and fart with lust in sleep" (letter to Nora Barnacle, 1909). However, it is rare that people with unusual sexual preferences discuss it without invitation, and it is rare for professionals to ask for it directly. Therefore, Somnophilia and Sleeping Beauty syndrome is probably more common than one believes.

Deficiencies and unclarity surrounding the diagnostic criteria also makes it difficult to acquire certain knowledge of the conditions. Such unclarity in those terms also applies to most of the sexual disorders in the "other"-category and to some extent to the "usual" Paraphilias. Paedophilia, for instance, is defined in the following way: "[…] predominant preference for sexual activity with a prepubescent child or children" and Exhibitionism as: "[…] almost invariably associated with sexual arousal and masturbation".

A professional understanding of Somnophilia and the Sleeping Beauty syndrome is naturally based on whether the conditions are unusual, illegal and how they in that event could be treated. But it can also be understood as an example of how sexual preferences are influenced by society and how society influences sexuality. Furthermore, the conditions have in common that the sexual practice lacks the basic interaction one expects in all types of communication. Seduction and mutual interaction is an essential part of sexuality. It demands and creates the reciprocity that is necessary for good sex, and for the parties to appear as real acting people rather than passive consumers of sex. It demands that one is confident regarding ones partner, confident with oneself or simply brave. Somnophilia, Paedophilia, rape, and pornography are from this perspective also a display of insecurity, ignorance or cowardice.

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Conflict of interest

The author declares that there is no conflict of interest.

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