

# BEHAVIORAL SCALES

## Fantasy Sex

Person is obsessed with a sexual fantasy life. Arousal depends on sexual possibility; obsession and preoccupation prolong the feeling. Obsession can be heightened by masturbation, supercharged relationships and sexualized environments. Observing or “spying” add to obsessive life as does acting out the fantasy. Orgasm or direct sexual contact with others is avoided, but sexual contact with self may be compulsive. Mental imagery is the pornography that fuels the acting out. Distorted belief that sex is love, the goal of sexuality is to engage in ultimate fantasy construed in the mind, sexual thoughts and feelings are justified and minimized; idea that only way to deal with reality is to escape in fantasy. Fantasy can progress as addict tries to heighten sexual arousal by modifying fantasy to include more risk behavior and trying to make fantasy a reality. Dissociation and engaging in other “soothing” addiction are common. Childhood history of seductive caregivers; erotized relationships, sexual prowess and seduction that were highly rewarded. This scale taps when fantasy become behavioral. Time spent, life disruption, sexual behavior that does not fit the fantasy, and denial patterns are all key to the ways fantasy filters behavior and life.

## Seductive Role Sex

Seduction, multiple relationships, affairs, and/or unsuccessful serial relationships. Arousal is based on conquest and diminishes after initial contact; arousal can be a function of power and can be heightened by increasing risk and/or number of partners. Seductive sexuality is used to gain control over others. Many relations at the same time or a series of successive relationships; extramarital affairs, hustling in singles clubs or bars; flirtation and seduction may represent ways to get power over the victim. Ability to perform normal tasks due to time commitments in relationships becomes impaired. Impact of behavior on self or others is minimized. Dissociation and compartmentalization; alcohol/drugs often associated with seduction. Depression, sexual aversion, abandonment, and failure to bond are common in early family environment. Common early sexual seduction by a caregiver.

## Anonymous Sex

High risk sex with anonymous partners, seeking ultimate objectification with their consent. Arousal involves no seduction or cost and is immediate, has no entanglements or obligations associated with it, and is often accelerated by unsafe or high-risk environments such as bars, beaches, parks, restrooms, bathhouses, and showers, where addict spends a great deal of time cruising to find sexual partners. Anonymous sexual encounters are described as simply having a high sex drive. Anonymous sex addict convinces himself that everyone engages in that kind of encounter as part of the culture (e.g. “machismo”), and often believes that they don’t affect primary relationships, that there are no consequences to their behavior or if there are consequences, these happen to other people. Increase of time and money spent on cruising for and engaging in anonymous sexual encounters, ignoring responsibilities and commitments, indicate escalation. Alcohol and cocaine are often associated. Extensive histories of child abuse, lack of attachment and intimacy avoidance, and dissociation; early exploitive sexual experiences and disengagement. Online behavior is a major portal to cruising. Patients and therapists should attend to clinical scales for further understanding.

### Paying for Sex (Power)

This scale measures using positions of power as a way to 'pay' for sex. Mistresses, nannies, online escort relationships, and multiple families are examples. In a business context, jobs, inordinate salaries, perks, and promotions are used to build dependency. Bottom line, it is still sex for money, but clearly different from commercial sex. Abuse of power is excuse, and desperation is confused with consent. Distorted view of relationship that is being bought as "real;" dependency is confused with intimacy.

### Paying for Sex (Commercial)

This scale taps sex as simply business. Money is exchanged for sex. Arousal is connected to payment for sex and with time the arousal actually becomes connected to the money. Paying for prostitutes, for sexually explicit phone calls, using pornographic lines, or for getting sexual favors. Payment creates entitlement and a sense of power over meeting needs but arousal starts with "having money" and the search for someone "in the business." Common scenario involves having means, search, payment, preferred acting out, and extreme shame; however, this type of addict has a profound inability to take care of himself. Behavior is seen as victimless; addict sees himself as helping others by providing money and supporting his victim. Risk of contracting STD is minimized. Time and money expended are an indicator of escalation. Compulsive spending and gambling usually accompany this addiction. Early family environment is usually sexually negative, in which sex is bartered for money, or there is an early initiation with a prostitute promoted by a relative.

### Trading Sex

Trading is about exchanging partners, wives, and friends as part of sexual scenarios. This can be done for cash, often involves one orchestrating and/or watching sexual behaviors of intimate partners. This can be done on internet as well as in person. Often includes swapping pictures or sharing of pictures of 'ex' girlfriends or spouses. Swap of partners, join sex clubs and nudist camps to find sexual partners. High preoccupation with sexual image, common use of tattoos and piercing. Ads on magazines or newspapers to serve the addiction. Distorted belief that there is no victim and no consequences for trade, because it is seen as a relationship choice or lifestyle.. Increasing search of more ways to trade sex and services, often progressing into anonymous sexual encounters. "Speed" and cocaine are often associated. Behavior often replicates early sexual experiences with caregiver where fear, sexual pleasure, shame and power were elicited in the child. Sex becomes the commodity by which to manipulate others and get what addict wants.

### Voyeurism

Visual arousal. Visual sex, peep shows, and other visual stimulation to escape into obsessive trance. Window peeping and secret observation correlated with excessive masturbation heightens arousal. Non-sexual material can be sexualized. Distorted belief that as mere observers, they are not engaging in sex; hence there are no victims. Behavior is justified by claiming that the victim was provocative and wanted to be victimized; actually, the victim is unaware of the voyeur. Escalation indicated by money expended on videos, magazines, strip bars, etc. Childhood abuse by exposure to sexual activity beyond appropriate developmental level, such as finding father's pornography collection or early internet exposure. Note: fratteurism also works into this

framework because people who are touched are unaware (touching others without their awareness is part of the covert, hidden behavior).

### Pornography

Pornography addiction is a subscale of voyeuristic addiction that grew into a fundamental measure of pornography use. The porn addict acts out visually, as does the voyeur, except that activity is focused on pornographic images. Use of alcohol and nicotine can be highly associated. Masturbation to pornography is a separate issue for masturbation in general.

### Exhibitionism

Attracting attention to body or sexual parts of the body. Exposing oneself in public places or from the home or car; wearing clothes designed to expose; masturbating, hoping to be noticed by someone else. Sexual arousal stems from reaction of viewer shock or interest. Attention seeking pushes cultural norms or violates social conventions and laws. Orgasms may not be important. Acting out is justified by pretending it was accidental; distorted belief that victims want to see them, that their behavior is not as bad as other forms of sexual acting out since there is no physical contact, and assuming there is no victimization. Greater risks, such as exposing in areas where they may be recognized or arrested, are taken as the disease progresses. Use of alcohol and marijuana are commonly associated. Families of origin show poor boundaries around sexual activity and nudity, and pleasure can be connected to reward exhibitionistic behavior. Internet and webcam behaviors can be a catalyst as well as normalized behavior. Stripping for hire, parties, clubs can be part of scenario. Being filmed for casting porn movies or spring break movies is also fit the pattern. Nudism is part of early sexual exploitation is frequent.

### Intrusive Sex

Arousal is achieved by boundary violations through conversation, space, and privacy. Orgasm is a secondary goal; arousal is related to having sexual contact with inappropriate sexual conversations, advances, or gestures toward another; sexual harassment and pretense that these acts are accidental, use of inappropriate sexualized humor. Addicts have the distorted conviction that there are no victims and commonly believe that victim enjoyed the exploitation and must have wanted it to happen. Addict develops tolerance to own behavior, expanding settings, and using more intrusive acts, which may indicate escalation. Alcohol/drugs commonly associated, as well as bipolar disorders and schizophrenia. Intrusive caregivers during childhood, emotional incest, overwhelming eroticized parents that model the intrusive behavior. This scale taps into romance junkie invasive form of attachment. Patients and therapists should be aware of 'fatal attraction' scenarios and should cross check clinical scores.

### Pain Exchange

Causing or receiving pain to enhance sexual pleasure; being humiliated as part of sexual arousal, sadistically hurting or degrading another sexually. Arousal is fused with pain, degradation or both, built around scenarios of humiliation and shame. Orgasm and pleasure are elusive or may not occur without pain or violence. The trigger for arousal is fear or re-enactment of fearful situations by watching others hurt or be hurt as part of sex. Masochistic practices are included, either with sexual aides, or using chemicals to enhance sexual arousal. Distorted feelings of

unworthiness or omnipotence depend on passive or dominant role. Amount of pain inflicted or suffered indicates escalation. Use of drugs as part of the ritual is often associated. Repetition of early trauma an severe impulse control disorders or explosive personality disorders may be evident. Abusive sexual experiences are common in the addict's early history. Clearly one of the most dangerous categories in the typology. Highest risk of injury and death. Asphyxiation highly related to danger.

### Exploitive (Trust)

Exploitation on partner vulnerable to gain sexual access (e.g. sex with distressed persons). Arousal patterns are based on target "types" Arousal may occur in the "grooming" process of building trust in a potential victim. Explicit and/or illegal boundary violations; seek high-risk situations; administering drugs, using position of power. Distorted belief of entitlement to have sex with anyone as a way to exert power. Behavior is justified on the conviction that the victim really desires it. Use of more ways to make victims vulnerable can be signs of escalation. Years of severe damage in childhood experience; addicts were victims of exploitive sex or present when victimization was occurring. Rationalization and exploitive mythology may go back many generations. Social upheaval can be a catalyst such as war or oppression or as can be seen in gay culture. Often highly associated with narcissism, especially in professionals or business leaders. For that reason, behavior may not be part of addiction.

### Exploitive (Force)

Exploitive behavior which involves direct force or pushing oneself into another's life. 'No' is not an acceptable answer – if a choice is even given. Some behaviors are simple intrusive, such as phone calls or stalking or propositioning. But use of force extends the threat of overriding the boundaries and rights of others. This extends beyond lack of respect and escalates to predatory opportunism. Taking advantage of people's vulnerabilities, circumstances, or innocence is still about force and will. Important to cross check with eroticized rage scales. Patient must see that because behavior did not involve rape, the mentality has the same features as a rapist or sex offender. Note the behavior may also be part of personality issues or addiction issues or both.

### Exploitive (Child)

Exploitation behavior focused on children. Basically this scale serves as a global pedophilia measure. Features of other exploitive scales exist here too, only the arousal template is triggered by youth. Important to understand varieties of factors in this template which differentiates child interest or contract. Internet use can be about unresolved developmental issues. Actual behavior may reflect trauma but also clearly anti-social or narcissism personality disorders. Offending behaviors may or may not be part of an addiction pattern.

### Drug Interaction

A scale that pulls together drugs and sexual activity. Strongly suggests addiction interaction. The research questions is the relationship with specific drug addictions asked in the beginning of the SDI-R. Also we could connect with consequences answer. If this scale is high, patient and therapist should screen for drug addiction. Special attention should be given to different drug activity surrounding different sexual scenarios. Very important underpinnings; for example, to extended masturbation on cocaine and the orchestration of threesomes to watch n marijuana. Each has different implications for therapy.

## Object Sex

Object sex involves the use of specific articles that have become eroticized. Masturbating with objects, cross dressing, and fetishism fall into this category. Also included is sexual activity with animals. Note that if patient did one of these behaviors, he/she probably did others.

## Internet Sex

All behaviors in this category are internet activities. A high score would mean that a primary venue for sexual acting out is cybersex. The use of social/digital media becomes sexualized in itself. Dislocation of intimacy and personal sexual contact diminish, according to common reports. Also frequent isolation and detachment should be cross checked with clinical scales.

## Paraphilias (Special Items)

This is not a scale, but a list of items that are important but have not been shown to be clearly associated with any scale. These are simply listed for the therapist and patient's discussion. Clearly important to relate any listed item to the clinical scales. Special note: money in exchange for sexual activity has become so diffused and common, a separate scale that used to be in the SDI has lost ability to discriminate. If item comes up, therapist and patient would be best served to review all sexual behaviors in which that was true.

## Masturbation

Behaviors focused on genital stimulation with self, other, public, and private – the common theme is masturbation. This appears to tie masturbatory items except for one item highly associated with pornography and another associated with Internet exposure. The theme tapped into is the genital stimulation. Patients and therapist should note obsession with 'hand job,' 'solo girl,' and related sites as fitting larger scenarios and courtship issues. Note: Many of the items in this scale contribute to other scales. This is the only scale that has items overlapping with other scales. Due to that overlap, this scale will have an inflated correlation with some of those scales. The SDI will have sharper defining of scales. For the time being, be aware that this relationship exists.