

CLINICAL SCALES

Eroticized Rage

In 1975, Robert Stoller described perversion as the “erotic form of hatred.” At the core, he observed sexual behavior that breaks the rules. Social disapproval, judgment, and shame are key to arousal taking place¹. Currently, eroticized rage has been used as a term to describe the anger that is underneath sexual behavior that is socially unacceptable. This scale strongly taps into a sexual fantasy life that is very opportunistic. The behaviors described are all predatory at some level. The patient may never act on these fantasies, due to social inhibitions or lack of opportunity. More than likely, the affective underpinnings may manifest in other, “more acceptable” behaviors. A high score, however, would prompt the therapist to explore the behavioral dimensions of the SDI very carefully. Clearly treatment would also involve sifting through the collage of potential sources of sexualized rage. Almost always these include one or more of the following possibilities:

- Grievance – revenge, entitlement, and rule breaking are rooted in some sense of betrayal, hypocrisy, or unfairness. Sexual, physical, and emotional abuse often set the stage. Partners who are demanding, difficult, and unresponsive are part of the betrayal scenario. Also consider bosses, communities, and social injustices as part of entitlement
- Insufficiency of Self – a belief in insufficiency can unduly cause despair at meeting personal needs. Co-morbid personality issues would emerge, including depression, dissociation, and the compartmentalization of self, character disorders, or the self-absorbed personality traits of narcissism.
- Vulnerability – arousal which hinges on the vulnerability of self or others is vital to assessment and treatment. Some of the most damaging consequences of human sexual behavior reside in the dark corners of vulnerability. For the therapist, it is critical to determine if sexual arousal is potentiated by the exposure or vulnerability of self or others.

Eroticized Rage Scale

The 50-item scale itself is strong, coherent, and stands on its own. The behaviors reflected in the scale break down into four distinct segments – all of which to some degree involve the invasion of self or others. These factors form four subscales which share common traits:

- **Overt Invasion** – Clear use of force or trickery to violate others unites these items in victimization of others. Seeking or using children may be a part of the behavioral pattern since children are not able to protect themselves. Use of force is a theme for those more capable of protesting the behavior. Also, degradation is a theme, such as having sex with the dead or forcing feces on unwilling sexual partners, or using drugs to gain entry.
- **Boundary Invasion** – Invasion of others without their awareness is the core theme of this subscale. The fascination with peering into the life of others is marked by a fascination for proximity without a desire to penetrate but rather to know or touch the other. Invasion is so observational that the goal is to see the body of the other which often morphs into obsession in the clothing or the removal of the clothing. This involves some risk behavior such as stealing underwear and unconventional dressing in order to be “in the world of the other.” This “point of view,” to use pornography language (POV) often leads to creating pictures, stories, and music so it precisely reflects the removed or empowered or detached role. Writing one’s own scripts or performing in the scenario enhances the POV” Producing pornography commercially is a natural extension of the POV. Within this context, the detached observer becomes empowered to invade, direct, or control others who otherwise were not reachable or willing. Thus it is a way to penetrate the world of the other (which is about anger) while preserving a sense of safety (which is about anxiety). Both are known to heighten the pleasure center activity in the brain. The clinician must start with observational behavior and the meaning the patient derives from being aroused this way. Purposefully tracing that trail will uncover anger, contempt, disdain, and righteous entitlement.
- **Covert Invasion** – An alternative to the use of force is the abuse of trust. Gaining sexual access to others by trading on positions of power and intimacy still is predatory behavior. Targeting the vulnerable is

more than simply gaining access. It is rooted in deep angry feelings that justify breaches of trust. Because seduction often involves kind, or even generous behavior, the victim is often confused, or the patient may create a specific “uniqueness” to justify the situation. Thus, while still opportunistic, the behavior is cloaked and hidden by charisma, special circumstances, and even admirable qualities. The clinician has to work to unmask the seduction, lay bare the justifications, and make explicit the rageful assumptions underneath the rationalizations.

- **Reverse Invasion** – This scale measures the intensive abuse of the self. To use Stoller’s language, this is when self-hatred becomes eroticized. The items are a virtual catalog of ways to hurt, degrade or invite invasion of the self. The scale also features items in which the patient persists in inviting self-harm or degradation. These unwanted invitations create a reverse polarity in which they are invading others in their seeking of hurt. The anger that drives this scale may manifest as an “in your face” taunting or seductive message to be violated. Therapists will note the obvious repetitions of violence and trauma implicit in these scenarios. Part of the patient talk is to parse out the eroticized rage for self, and the embedded rageful ambivalence of both needing and disdaining the other’s obsessive behavior to close the circuitry for arousal. Of note also is the high correlation of tobacco use as part arousal. Asphyxiation and tobacco use may be linked as well as hyperventilating tobacco smoke. Nicotine effects can convey a capacity to handle high risk situations, and also can be woven into the brain’s arousal and pleasure pathways.

The Preoccupation Clinical Scales

Note these are measures of patient thinking and obsession. Whether asked or not, they reveal important dynamics for enactment.

- **Preoccupied Personal** – Obsession focuses on specific persons and creates “fatal attraction” type of scenarios. The obsession can morph into thoughts that are highly intrusive, including primary invasion, inappropriate disclosure, and even stalking. Note that the person obsessed about does not have to be even an acquaintance. This person may “live” in a series of fantasy relationships while having no basis in reality.
- **Preoccupied Relational** – Patient fantasy life focuses on multiple sexual relations with little discrimination as to how that happens. The primary features are conquest and novelty. The term “romance junkie” also fits the scenario of moving on to new persons once you “own” or have been chosen by a lover. Many patients report that once having had sex, the romance is over. Also a manipulative component may exist in using alcohol or coercing partners to swap for access to new people.
- **Preoccupied Isolated** – Sex is a solitary process involving many methods to stay stimulated. Actual sex is disappointing or even despair-filled. Much emotional attention is spent searching for sources of stimulation or in the gathering, maintenance, and utilization of stashes, collections, or sources. They are kept, inventories, and guarded in case resources dry up. Think of this patient as a hoarder of sources of stimulation. Often these patients report periods of sexual deprivation, and antipathy for what they consider “special needs” they really should not have. To sum up, there often is a binge/purge of the mind which takes up an extraordinary amount of the bandwidth of this person’s attention. Behavior may be negligible, but the battlefield in the mind is huge. Treatment must include a binge/purge mentality.
- **Preoccupied Public Anonymous** – Erotic focus is finding partners to have sex, usually in a public or semi-public place. Finding, initiating, and consummating with non-relational partners is the core architecture of the scale. Part of the eroticism may be that sex is in a public setting in which the patient may be seen, or the risk of discovery exists. There is little or no intent for relationship, rather perversity of breaking rules, breadth of contacts, and maybe even shock value are the primary themes found in the scale.

- **Preoccupied Online Anonymous** – In stark contrast to the Public Anonymous scale, patients who score high on this scale obsess about online anonymous activities. While it shares the anonymity and anonymous partner – seeking of the public anonymous – a majority of this obsession is with online activities themselves. A portion of acting out, including exhibitionism and masturbation occurs online. The preoccupation forces of these two scales are quite distinct, with possible co-existing thought patterns. What the scales probably measure most is anonymous sex in two distinct venues.
- **Preoccupation Sadomasochism** – Obsession with sadomasochism represents a wide variety of ways of receiving or providing pain and humiliation. This is an important scale because it shows a spectrum of activities in the fantasy life of the addict, which may never be acted upon. Nevertheless, a fertile ground for therapists looking for clues to high arousal activities and trauma repetition.
- **Preoccupation Financial** – This scale identifies financial obsession as an overlay to sexual activities. While the specific behaviors in fantasy are quite diverse, the commonality is money as the access to sexual behavior. High scores on this scale minimally mean that money has become sexually potentiated. A high probability also exists that significant financial disorders are involved, such as spending, debting, gambling, or risk taking. A financial disorders assessment would be advisable. Remember that it is quite probably that actual money spent on sex might be focused on a few specific behaviors. High scores here indicate many behaviors contingent on money have been considered. Thus, arousal is really about “purchase,” which may have a relationship with eroticized rage subscales.