

SAQ Sexual Addiction Questionnaire

Pilot Study Based on Italian Population Sample

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Introduction

The Sexual Addiction Questionnaire (SAQ) is a new assessment tool created by the Authors, with the goal to collect all useful information about sexual addicted behaviour and to help understanding psycho-sexological features of their personality.

This pilot study has the purpose to analyse the SAQ reliability and to collect all the information that could help to clarify if the person is engaging in a particular sexual behaviour in dependent way.

Objectives and Methods

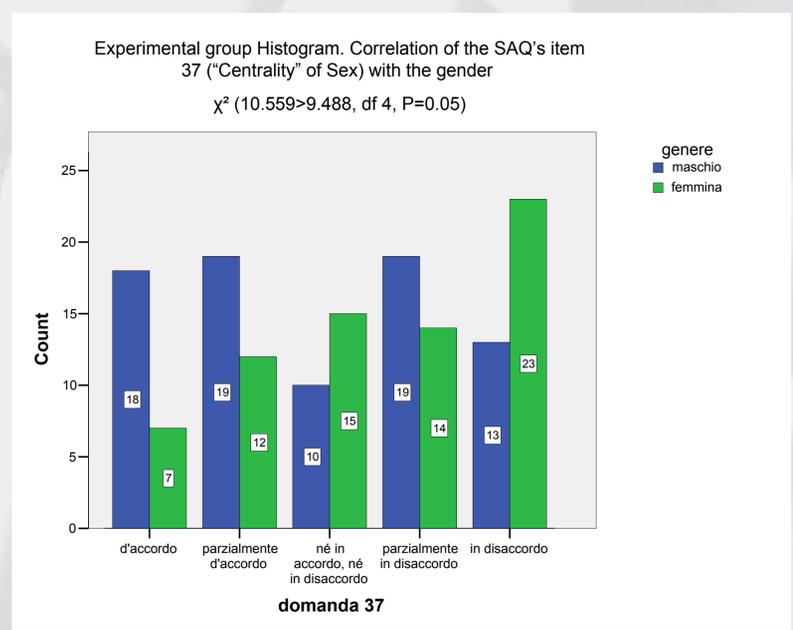
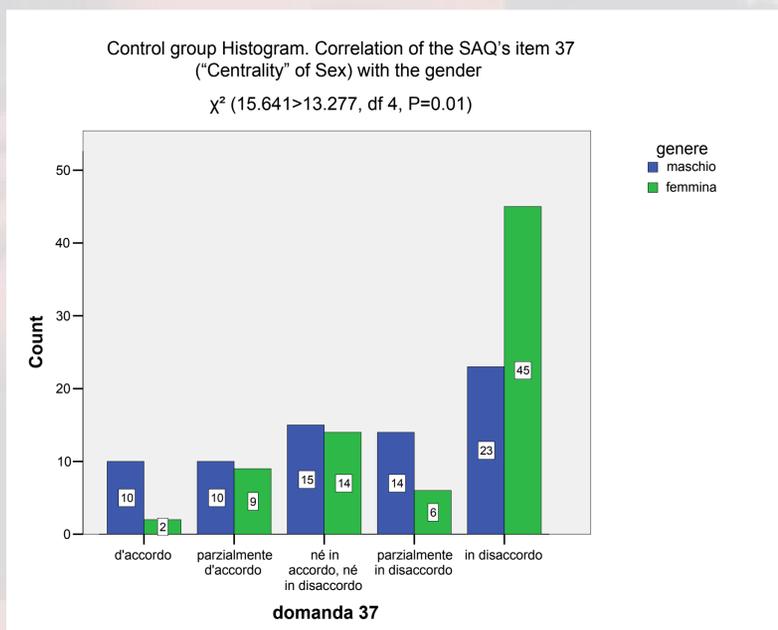
SAQ is composed of 66 five-points Likert Scale items and 14 personal data items. Questions have been formulated focusing on the typical sexual addicted acts and characteristics, suggested by the clinical experiences of different Authors (Carnes, 1991; Griffin-Shelley, 1991; Earle, Crow, 1998). Our research focused on 300 voluntary subjects (average age of 31.7, SD 9.1, range: 15-58). The survey was administered on printed format to 150 subjects (esteemed as control group, they were presumably all free from sexual addiction) and on-line through the IISS website (www.iissweb.it) to the other 150 (esteemed as experimental group, they were interested in sexological arguments). According to the difficulty in finding people affected by sexual addiction, we assumed that the subjects' spontaneous decision to spend time attending the online format and the stronger perception of anonymity given by the web, could reveal a strong involvement in this psycho-sexological disease. That is why the "on-line subjects" have been considered as an experimental group.

Sixty-six items has been divided in 16 areas: 1) Control Management/Compulsivity Area; 2) "Centrality" of Sex Area; 3) Negative Consequences of social and working area; 4) Addiction Area; 5) Secrecy/Isolation Area; 6) Tolerance Area; 7) Coping Area; 8) Withdrawal Area; 9) Search of Pleasure/Craving Area; 10) Paraphilias and Other Sexual Diseases Area; 11) Risk Behaviours Area; 12) Family and Sexual Education Area; 13) Family Area; 14) Ethical-Religious values Area; 15) Sexual and body-Self/Masturbation Area; 16) Drugs and Behavioural Addictions Area.

Preliminary Results and Discussions of Statistical Inference in the SAQ Areas

SAQ allowed us to collect useful information about sexual behaviour and to get a preliminary analysis about the prevalence of sexual addiction in a whole of 300 subjects. The double modality of administration of SAQ permitted to infer some important differences between the two groups, since "experimental subjects" showed higher percentages in many of the key-items of the questionnaire.

The SAQ **Centrality of Sex Area** (2) is composed by 3 items: (1) *I think that sex is the most important thing in my life*; (2) *During important activities (work, study, etc.) or in my free time I get absorbed by thoughts about sex*; (3) *I organize my days so as to find more possible time to devote myself to sexual practices*. Crossing these 3 items with the gender variable, we hypothesized the existence of a significant difference among the answers of males versus females. Outcomes showed that females of both groups tend to disagree with the items proposed while males tend to agree or partially agree with these items.



This data lines with possible socio-relational problems that a sexual addicted man could face in his life, and as suggests Weiss (1998), he could tend to get isolated and in extreme cases to refuse possible friendships, facing life only through his addiction experience.

The **Tolerance Area** (6) is composed of 3 items: (1) *I need to dedicate much more time to my sexual behaviours*; (2) *I spend much time to recover myself from my sexual practices (physically and mentally)*; (3) *Among the next sexual behaviours choose which of them you feel to engage in an addicted way: a. sexual fantasies, b. masturbation, c. seducing sexual role, d. anonymous sex, e. sex by payment, f. sold sex, g. voyeuristic sex, h. exhibitionistic sex, i. intrusive sex, l. sado-masochistic sex, m. sex bizarre, n. sex with children, o. none of these behaviours*.

An important difference between the two groups is the item (3), even if in a descriptive statistic analysis. Control group participants engage in an addicted way: sexual fantasies 69 (46%), masturbation 42 (28%) and seducing sexual role 36 (24%), while 56 (37.3%) of that group doesn't show addiction for any behaviour. The on-line subjects consider sexual fantasies 99 (66%) and masturbation 83 (55.3%) as the most recurring addicted sexual behaviours, followed by seducing sexual role 55 (36.7%), exhibitionistic 20 (13.3%) and voyeuristic sex 19 (12.7%). The 23 (15.3%) of on-line participants do not practice any of the showed sexual behaviours in an addicted way. This data confirms that the experimental group tends to have sexual addiction, and this probably determined the motivation to fill out the questionnaire online. In this preliminary analysis only a few items have been assessed. We refer to our article for discussion and interpretation of the whole work. Following Goodman's (1998) integrated approach, we agree with his etiologic hypothesis (**sexual addiction = addiction process + sexualization**) underlining not only the importance of an early sexual exposition in childhood but also the formation of a particular kind of **narcissistic personality** (Quattrini & Spaccarotella, *in press*).

Conclusions

According to the literature, the possibility to elaborate diagnostic criteria for sexual addiction is still far. That is why we invented an instrument that analyses in a qualitative manner the prevalence of this disease within the population. Administer the SAQ to a larger population could reveal important clinical elements for the psychotherapy of sexual addiction.

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