Research Article

Personality profiles of luxury escorts: Psychoclinical evidence in prostitution activity

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Abstract

Purpose: This research addresses the issue of the personality profiles of subjects who undertake the activity of luxury prostitution, understood as one or more acts aimed at offering sexual services in return for payment. In this research, the theme is aimed at the psychopathological investigation of the personalities, according to the PICI-1(TA), of all those subjects who voluntarily and without any constriction or obligation, freely decide to undertake this activity, for personal reasons.

Methods: Clinical interview and administration of the MMPI-II, PICI-1 and PSM-1.

Results: The research on a population sample of 838 persons showed that: 1) On the MMPI-II they reported pathological values on the scales of hypochondria, paranoia, depression, psychopathic deviance, hysteria, schizophrenia and hypomania; on the content scales, on the other hand, the scales of anxiety, depression, antisocial behaviour, social distress, anger, cynicism and family problems were pathological. 2) On the PICI-1, the data are even more significant. The male population sample singularly obtained at least 5 dysfunctional traits among borderline, narcissistic and sadistic personality disorders, for 92.38% (149/162); the remaining population sample, instead, singularly obtained at least 4 dysfunctional traits among bipolar, histrionic and psychopathic personality disorders. The female population sample singularly obtained at least 5 dysfunctional traits among borderline, narcissistic and masochistic personality disorders, for 94.35% (629/676); the remaining population sample, however, singularly obtained at least 4 dysfunctional traits among sadistic, bipolar and histrionic personality disorders. 3) On the PSM-1 other significant and relevant data appear, such as extremely high values in the marking relating to psychological abuse, physical abuse, unbalanced intra-parental relations and exposure to pornography in childhood and/or pre-adolescence, with a marked dysfunctionality on sexual conduct. On the basis of these data, it is reasonable to state that 93.37% of the selected sample of the population presents marked psychopathological traits that can be defined as a borderline, narcissistic and sadistic personality disorder, with traits very close to bipolar, histrionic and masochistic disorder, deserving of psychotherapeutic treatment.

Conclusions: Based on the data obtained, it is reasonable to state that 93.37% of the selected sample of the population presents marked psychopathological traits that can be defined as a borderline, narcissistic and sadistic personality disorder, with traits very close to bipolar, histrionic and masochistic disorder, deserving of psychotherapeutic treatment.

Contents of the manuscript

Introduction and background

The word 'prostitution' derives from the Latin verb 'prostituĕre' and indicates the situation of a person (usually a slave) who does not 'prostitute herself' but (like a commodity) is 'put up for sale' in front of her master's shop. This origin therefore recalls the historically more usual condition of the prostitute, who does not exercise her profession autonomously, but is somehow induced to do so by persons who exploit her work for their own gain (so-called 'pimps'). In ancient times, in terms of terminology, a distinction was made between "prostitutes" and "merchants", understood as low-level and expensive prostitutes and high-level and very expensive prostitutes; today, the term prostitute is often used in conjunction with "peripatetic", while the term "merchant" is often confused with the international term "escort" (or "gigolo" or "rent-boy" in the masculine form), who in reality

carries out a more organised and complex activity aimed not only at sexual performance but also at accompanying people to social events and specific circumstances and/or occasions. In ancient Greek society, both male and female prostitution existed. Prostitutes, who wore distinctive clothing and paid taxes, could be independent and were influential women; the educated, high-class prostitute was called a hetera. Solon established the first brothel in Athens in the 6th century BC. In Cyprus and Corinth, according to Strabo, a kind of religious prostitution was practised in temples with dozens of prostitutes. Female prostitutes were divided into different ranks, among which were the ethers and pornai. Male prostitution was very common in Greece. It was often practised by teenagers, reflecting Greek pederasty. Young slaves worked in the brothels of Athens, while a free teenager who sold his favours risked losing his social and political rights once he became an adult. In Ancient Rome, however, Roman law regulated prostitution by various laws, and prostitution was practised in lupanariums, buildings outside the city that were only open at night, and prostitutes or harlots were generally slaves or members of the lower classes. In the Middle Ages, prostitution was common, and often tolerated in urban contexts, but often prohibited near the city walls or in areas close to official buildings. Prostitution can be classified into broad groups, each with its own specificities and modes of exercise, depending on the gender or sexual orientation of the person offering the service or depending on the service offered. Thus, we have female prostitution, which is the most widespread and best known, male prostitution, and transsexual prostitution, the Majority of which are transsexual women (MtF) or transvestite men. To these macro-groups should be added the phenomenon of child prostitution, that of voyeuristic virtual prostitution offered via the internet with cameras, and that of sexual assistants, a service of a sexual nature aimed at the disabled that involves a pecuniary payment. The ways in which prostitution, which is often socially ostracised and illegal in many countries, is carried out are wide and varied. Street prostitution is very common, with the practitioner offering his services on the street, either walking or waiting on the pavement, generally, but not in the case of male prostitution, dressed in flashy and elegant clothes. The sexual service is often consumed in a car or in rented rooms in motels and hotels, or in flats specifically designed for prostitution [1-4].

Research objectives and methods

This research addresses the issue of the personality profiles of subjects who undertake the activity of luxury prostitution, understood as one or more acts aimed at offering sexual services in return for payment. In this research, the theme is aimed at the psychopathological investigation of the personalities, according to the Perrotta Integrative Clinical Interview (PICI-1TA) [5-7], of all those subjects who voluntarily and without any constriction or obligation, freely decide to undertake this activity, for personal reasons.

The phases of the research were divided as follows:

1) Selection of the population sample.

2) Individual clinical interview.

3) Administration of the Minnesota Multiphasic Personality Inventory (MMPI-II) to each population group.

4) Data processing following administration.

5) Administration of the PICI-1 to each population group.

6) Data processing following administration.

7) Administration of the Perrotta Individual Sexual Matrix Questionnaire (PSM-1).

8) Data processing following administration, in relation to data obtained from clinical interviews and the administration of the MMPI-II, PICI-1 and PSM-1.

All participants were guaranteed anonymity and respects the ethical, moral and clinical content of the 1964 Declaration of Helsinki. The main limitations of the research is one: the PICI-1 and PSM-1 are not yet standardised psychometric instruments but are proposed, despite the excellent results obtained and already published in international scientific journals [6-9].

This research has no financial backer and does not present any conflicts of interest.

This research work aims to answer the following one question: "*Does the selected population sample have a greater correspondence with one or more specific personality disorders?*".

Setting and participants

The requirements decided for the selection of the sample population are:

1) *Age between 18 years and 49 years.* The original idea was to extend the population sample up to the age of 72; however, it was preferred to drop it to 50 years for three reasons: (a) the population sample was extremely small (16 people), not at all statistically representative; (b) after the age of 55, during the first clinical interviews, it was noted that the motivation was no longer voluntaristic but related more to economic needs that could not otherwise be met in the short term, thus making the requirement of free and independent choice disappear; c) after the age of 55, the activity of luxury prostitution tended to focus exclusively on clients of mature or advanced age (except in rare cases of particularly young clients, between 18 and 24), ending up in a relationship that tended to be interested in lonely and/or wealthy elderly people.

2) *Residence or domicile on Italian territory for at least 1 year*, regardless of nationality and/or citizenship.

3) *Well-defined male or female gender*, regardless of sexual orientation.

4) *Continuous and non-occasional professional sexual activity*, with experience of at least 6 months *and carried out in*

a private flat and not in a public place, in accordance with the legal provisions on prostitution on Italian territory.

5) *Professional activity of voluntary prostitution, conscious, free and independent of compelling factors,* e.g. obligations or threats by third parties, inability to find a job in the near future, urgent needs that cannot be resolved otherwise. The often recurring hypothesis of starting prostitution in order to pay for the quality of life of one's children and family is not an exclusive cause, since the real motivation driving the person is not necessity but the individual and selfish need to earn as much money as possible with as little effort as possible, in order to boost economic income and to be able to maintain the luxury and well-being sought.

6) *Absence of psychopathological diagnosis before the start of the prostitution activity.*

The selected setting, taking into account the protracted pandemic period (already in progress since the beginning of the present research), is the online platform via Skype and Videocall Whatsapp, both for the clinical interview and for the administration.

The present research work was carried out from March 2020 to December 2020.

The selected population sample is 838 participants, divided into four groups:

		YOUNG (cluster A)	ADULT (cluster B)	MATURE (cluster C)	OLD (cluster D)	TOTAL
AGE		*18-25*	*26-33*	*34-41*	*42-49*	*18-49*
SEX	Male	46	82	27	7	162
	Female	374	218	50	34	676
TOTAL		420	300	77	41	838

Results, limits and possible conflicts of interest

Following the selection of the chosen population sample (first phase), the clinical interview (second phase) and the assessment about MMPI-II [8-9] test (third phase) and to the processing of the data (fourth phase), in order to obtain the clinical findings necessary and useful. The data obtained, with values above 65 corrected points, for frequencies above 50%, are as follows:

In the fifth and sixth stages of the research, the data from the PICI-1 (TA version) [6,7] were administered and analysed, as listed below:

1) The male population sample singularly scored at least 5 dysfunctional traits among borderline, narcissistic and sadistic personality disorders, for 92.38% (149/162), thus obtaining a marked diagnosis of specific personality disorder. The remaining population sample, however, obtained individually at least 4 dysfunctional traits among the bipolar, histrionic and psychopathic personality disorders.

2) The female population sample of cluster A singularly scored at least 5 dysfunctional traits among borderline, narcissistic and masochistic personality disorders, for 94.35% (629/676), thus obtaining a marked diagnosis of specific personality disorder. The remaining sample of the population however obtained individually at least 4 dysfunctional traits among the sadistic, bipolar and histrionic personality disorders.

In the seventh phase of the research, the data from the PSM-1 [10] were administered and analysed, as listed below:

1) The male population sample reported the following relevant data:

a) 53.32% (86/162) are not heterosexual.

b) 75% (121/162) are monogamous, but the polygamous component of the population sample (9.3%, 15/162) reported a value higher than 33/60 in 100% of cases when tested on relational couple style (type C).

c) 83.08% (134/162) reported psychological abuse, physical abuse, unbalanced intra-parental relationships and exposure to pornography in childhood and/or preadolescenc [11-17].

d) 88.66% (143/162) reported a value of more than 35 points (positive: > 20/50) on the sexual dysfunctional conduct questionnaire. If we were to take the value required by the questionnaire (20/50) for positivity, it would be 100%.

2) The female population sample:

a) 86.7% (578/676) are heterosexual but 65.45% (385/578) of them are still willing to engage in same-sex sexual services for economic reasons.

b) 97% (656/676) are monogamous or open to the polygamous idea only if they are guaranteed that their partner is monogamous and faithful, but the polygamous component of the population sample (3%, 20/676) reported a value higher than 33/60 in 100% of cases when tested on relational couple style (type C).

c) 83.08% (134/676) reported psychological abuse, physical abuse, unbalanced intra-parental relationships and exposure to pornography in childhood and/or preadolescence [11-17].

d) 53.10% (354/676) reported suffering from anorgasmia or sexual desire disorder.

e) 66.15% (441/676) reported a value of more than 35 points (positive: > 20/50) on the dysfunctional sexual conduct questionnaire. It is 97.2% (648/676) if we were to take the value required by the questionnaire (20/50) for positivity.

Clinical Scale							
Scale	Hs	D	Hy	Pd	Pa	Sc	Ma
Subscale	-	D1-D2-D5	Hy1-Hy2	Pd1-Pd2-Pd3	Pa1-Pa2	Sc4-Sc5	Ma1-Ma2-Ma4
Significance	Hypochondria	Depression (subjective dccepression, psychomotor slowdown and brooding)	Hysteria (Denial of social anxiety and need for affection)	Psychopathic deviation (family, authority and social conflicts)	Paranoia (persecutory ideas and susceptibility)	Schizophrenia (Loss of impulse control)	Hypomania (Amorality, psychomotor acceleration and Ego Hypertrophy)
Frequency (m)	91/162 (56.42%)	102/162 (63.24%)	121/162 (75.02%)	105/162 (65.1%)	85/162 (52.7%)	107/162 (66.34%)	135/162 (83.7%)
Frequency (f)	403/676 (60.45%)	416/676 (62.40%)	413/676 (61.95%)	445/676 (66.75%)	448/676 (67.25%)	469/676 (70.15%)	533/676 (79.95%)

Content Scales							
Scale	ANX	DEP	ANG	CYN	ASP	SOD	FAM
Significance	Anxiety	Depression	Anger	Cynicism	Antisocial behaviour	Social discomfort	Family problems
Frequency (M)	91/162 (56.42%)	104/162 (64.48%)	137/162 (84.94%)	162/162 (100%)	121/162 (75%)	125/162 (77,5%)	162/162 (100%)
Frequency (F)	107/676 (66.34%)	421/676 (63.15%)	654/676 (98.1%)	676/676 (100%)	533/676 (79.95%)	521/676 (78.15%)	676/676 (100%)

Additional Scales					
Scale	A	R	Mac-R	AAS	HO
Significance	Anxiety	Repression	Substance dependence	Drug addiction	Hostility/ Frustration
Frequency (m)	96/162 (59.52%)	123/162 (76.26%)	83/162 (51.46%)	87/162 (53.94%)	146/162 (90,52%)
Frequency (f)	425/676 (63.75%)	498/676 (74.7%)	399/676 (59.85%)	406/676 (60.9%)	598/676 (89.7%)

Conclusions

The research on a population sample of 838 people demonstrated:

1) On the MMPI-II, they reported 58.4% on the hypochondria clinical scale, 60% on the paranoia scale, 62.8% on the depression scale, 65.9% on the psychopathic deviance scale, 68.5% on the hysteria scale, 68.2% on the schizophrenia scale and 81.8% on the hypomania scale. On the content scales, the selected population sample reported 61.3% on the anxiety scale, 63.8% on the depression scale, 77.5% on the antisocial behaviour scale, 77.8% on the social distress scale, 91.5% on the anger scale and 100% on the cynicism and family problems scales. On the additional scales, the repression scale stands out significantly with 75.4% and the hostility/frustration scale with 90.2%.

2) On the PICI-1, the data are even more significant and expressive a precise psychopathological diagnosis of personality. The male population sample singularly scored at least 5 dysfunctional traits among borderline, narcissistic and sadistic personality disorders, for 92.38% (149/162), thus obtaining a marked diagnosis of specific personality disorder; the remaining population sample, however, obtained individually at least 4

dysfunctional traits among the bipolar, histrionic and psychopathic personality disorders. The female population sample of cluster A singularly scored at least 5 dysfunctional traits among borderline, narcissistic and masochistic personality disorders, for 94.35% (629/676), thus obtaining a marked diagnosis of specific personality disorder; the remaining sample of the population however obtained individually at least 4 dysfunctional traits among the sadistic, bipolar and histrionic personality disorders [18-42].

3) On the PSM-1, the following data appear significant and relevant:

a) The male population sample reported the following relevant data: 53.32% (86/162) are not heterosexual; 75% (121/162) are monogamous, but the polygamous component of the population sample (9.3%, 15/162) reported a value higher than 33/60 in 100% of cases when tested on relational couple style (type C); 83.08% (134/162) reported psychological abuse, physical abuse, unbalanced intra-parental relationships and exposure to pornography in childhood and/or preadolescence; 88.66% (143/162) reported a value of more than 35 points (positive: > 20/50) on the sexual dysfunctional conduct questionnaire. If we were to take the value required by the questionnaire (20/50) for positivity, it would be 100%.

b) The female population sample: 86.7% (578/676) are heterosexual but 65.45% (385/578) of them are still willing to engage in same-sex sexual services for economic reasons; 97% (656/676) are monogamous or open to the polygamous idea only if they are guaranteed that their partner is monogamous and faithful, but the polygamous component of the population sample (3%,

20/676) reported a value higher than 33/60 in 100% of cases when tested on relational couple style (type C); 83.08% (134/676) reported psychological abuse, physical abuse, unbalanced intra-parental relationships and exposure to pornography in childhood and/or preadolescence; 53.10% (354/676) reported suffering from anorgasmia or sexual desire disorder; 66.15% (441/676) reported a value of more than 35 points (positive: > 20/50) on the dysfunctional sexual conduct questionnaire. It is 97.2% (648/676) if we were to take the value required by the questionnaire (20/50) for positivity.

On the basis of these data, it is reasonable to state that 93.37% of the selected sample of the population presents marked psychopathological traits that can be defined as a borderline, narcissistic and sadistic personality disorder, with traits very close to bipolar, histrionic and masochistic disorder, deserving of psychotherapeutic treatment [19–43].

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