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Attitudes and Values

Personal Position Paper

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## Introduction:

This paper will discuss various aspects of bondage-discipline, dominance-submission, sadism-masochism (BDSM) (Hyde & Delamater, 2011, p. 345). It will attempt to define the practice of BDSM, define what a paraphilia is, outline the history of BDSM, explain its pathologizing as a paraphilia, and demonstrate the positive aspects of its removal as a pathology. This paper will do so by demonstrating flaws in BDSM's diagnosis as a paraphilia and by delivering results of studies that show positive outcomes for BDSM practitioners. It will also briefly touch on why sadomasochism should also be removed as a pathology, by demonstrating the biological connection between pleasure and pain and the high percentage of people who have experienced pleasure through pain.

## About BDSM and paraphilia

This paper will use the definition by Wiseman for BDSM (as cited in Kolmes, Moder & Stoke, 2006, p. 302) as it covers all aspects of BDSM. BDSM is the “use of psychological dominance and submission and/or bondage, and/or pain related practices in a safe, legal, consensual manner in order for participants to experience erotic arousal and/or personal growth”. With that said, BDSM is difficult to classify, as it can be either an identity, a practice, a lifestyle or an orientation (Kolmes, 2006, p. 305). The “B” and “D” aspects refer to bondage and discipline, which is related to either psychological or physical restraints (Hyde & Delamater, 2011, p. 345). The “D” also refers to dominance over another, who would be the “S” aspect- the submissive, which entails consensual power exchange with the dominant practitioner using this power over the submissive practitioner (Hyde & Delamater, 2011, p. 345). The “S” aspect also refers to sadism, while the “M” refers to Masochism. Sadism dates at least as far back as 1814 as it takes its name from Donatien Alphonse de Sade (1740-1814), due to his sadistic sexual interests – pleasure from inflicting pain or humiliation onto another person (Hyde & Delamater, 2011, p. 345). The “M” aspect refers to those who are sexually aroused by being humiliated, physically wounded and/or bound (Hyde & Delamater, 2011, p. 345). The term Masochism comes from Leopold von Sacher-Masoch (1836-1895) due to his expression of desire for masochism (Hyde & Delamater, 2011, p. 345).

The Department of Sexology strongly believes that BDSM is no longer considered to be a paraphilia, as per the Diagnostic and Statistical Manual of Mental Health Disorders 5<sup>th</sup> edition (DSM5, n.d., para. 1). However, consensual sadism and masochism is still pathologized in the DSM5 (Alison, Hargreaves, McManus, & Rainbow, 2013, para. 8). A paraphilia has many definitions, however this essay will use the one that creates the associated stigmas this paper draws upon: “an erotosexual and psychological condition characterized by recurrent responsiveness to an obsessive dependence on an unusual or socially unacceptable stimulus” (Bullough & Bullough, 2014, p. 435), and now only becomes a disorder should it cause the practitioner or others harm or distress (Hyde & Delamater, 2011, p. 340). The terms sadism and masochism were coined by the psychologist Richard von Krafft-Ebing (1840-1902) (*Richard Freiherr von Krafft-Ebing, n.d. para. 2*), as was the introduction of BDSM into psychiatry as a pathological illness through the publication

of his book *Psychopathia Sexualis* in 1886 (Winter, 2018), at a time where homosexuality was also considered a paraphilia, or parathesia – “sexual desire for the wrong goal or object” (*Richard Freiherr von Krafft-Ebing, n.d. para. 6*), and sex was saved solely for marital relations and reproduction, with male-only orgasm (*Richard Freiherr von Krafft-Ebing, n.d. para. 6*). Since Ebing’s time, BDSM and sadomasochism has remained stigmatized through its continued diagnoses as a paraphilia (Lin, 2016, para. 1), as documented in the two manuals therapists have drawn from for diagnosis, which are; the DSM and the ICD-10 Classification of Mental and Behavioural Disorders (Winter, 2018). This pathologizing of sexual practices has been standard for any sexual activity that differs from what is considered a cultural norm regarding sexuality (Rogak & Conner, 2017, para. 1). However, the past diagnosis of BDSM being considered “unusual” or “socially unacceptable” is redundant, as up to 14% of American men and 11% of American females have participated in BDSM activities (Kolmes, 2006, para. 1). Additionally, BDSM has been depicted multiple times in pop culture, an example of which found in the song “S & M” by the popstar Rhianna, showing just how accepted this practice is in society (Winter, 2018).

#### Positive and Negative results of BDSM

Recent studies have shown that there may be benefits experienced for BDSM practitioners (Assen & Wismeijer, 2013, para. 2). One study in 2013 showed that those who practiced BDSM compared to non- BDSM practitioners were less neurotic, more extraverted, more open to new experiences, more conscientious, less agreeable and less rejection sensitive (Assen & Wismeijer, 2013, para. 30). It also showed that female BDSM practitioners had more confidence in their relationships, lower needs for approval and were less anxiously attached compared to non- BDSM women (Assen & Wismeijer, 2013, para. 30). Also, the subjective well-being was higher than that of the control group of non-BDSM practitioners (Assen & Wismeijer, 2013, para. 31). Additionally, the results suggested that BDSM practitioners had more autonomy and were psychologically and interpersonally stronger than the control group of non-BDSM practitioners (Assen & Wismeijer, 2013, para. 31). Yet another finding on BDSM activities and its potential for positive experiences for practitioners was found in a study on whether consensual BDSM creates altered states of consciousness. The study found that the role of the dominator feels more

“flow” - which is an altered state of consciousness that includes loss of self-consciousness, time transformation and unambiguous feedback among other aspects (Ambler 2017, para. 13). Meanwhile the submissive feels both transient hyper frontality, which relates to states of runner’s high, day dreaming and meditation, as well as a little flow (Ambler 2017, para. 17). The findings also showed that the BDSM practitioners experienced reduced psychological stress and increased sexual arousal (Ambler 2017, para. 67). These findings suggest that rather than being considered a paraphilia, BDSM should be considered a leisurely and enjoyable practice. According to Rogak and Conner (2017, para. 4) there have been no findings on a correlation between BDSM and mental illness, a history of abuse, criminal behaviour or neuroticism. However, there has been a study on males at an average age of 28.71 that suggested that male practitioners who experienced suicide ideation may be at a higher risk of suicide than those who did not practice BDSM, which could turn into suicidal behaviours more rapidly due to a fearlessness of death and increased perceived pain tolerance (Brown, Roush, Mitchell & Cukrowicz, 2017, para. 45).

#### Sadomasochism and the pain and pleasure connection

On another note, pain is associated with pleasure on a biological level, as evidenced in the following cases. In one study, a professor at Harvard Medical School found that when the area of the brain associated with pain was activated, so too were the areas associated with pleasure (Cromie, 2002, para. 2). In a later study at a Michigan University, a brainscanning device was used to monitor controlled muscle pain and the activity from the brain’s dopamine system which releases dopamine, a chemical commonly known as the pleasure chemical (Gavin, 2006, para. 2). The study found that the dopamine system was highly active during the pain infliction. According to this study this was the first time that dopamine was associated with a pain response in humans (Gavin, 2006, para. 3). Additionally, in another article, Leknes and Tracey (2008, p. 317) demonstrate how the major regions in the brain associated with pleasure and pain overlap and how the same areas are used for pleasure and pain processing. These findings suggest that the idea that sadomasochism is “glorifying cruelty” as ruled in the Spanner case of 1987 (Winter, 2018), between consenting adults, many of whom experience pleasure through

masochism, is also invalid and uninformed due to the current research on the connection between pleasure and pain.

#### Sadomasochism removed from the DSM

Given the changing state of affairs it would not be so far removed to have sadomasochism removed from the DSM, which has already happened in Sweden in 2008 (Krueger, n.d., para. 1). Along with the findings that pain and pleasure are biologically connected, it can be demonstrated that Sadomasochism may not be as “unusual” and/or “socially unacceptable” as assumed. In a study on pleasure experienced through pain, findings showed that 26 percent of both men and women experienced arousal while being bitten during sex (Kingsey, et al., 1953, pp. 677-678). These findings demonstrate that wanting to give or receive seemingly painful, yet in fact pleasurable acts between consenting adults is not so unusual. The continuation of diagnosing consenting adults for something that does not cause them or anyone else harm or distress may continue to create stigmas for unnecessary pathologizing, bias, self-doubt and stress, just as previous pathologizing of now un-pathologized practices has done (Kolmes, 2006, p. 305).

## Conclusion:

Therefore, while BDSM has been deemed a psychological illness in the past and may indeed still have a stigma associated with it, there is evidence to suggest that not only is the practice an activity enjoyed by at least a tenth of the population, there have been some studies that suggest the practice of BDSM improves subjective wellbeing. However, while there is no known correlation between crime, abuse history and mental illness and BDSM, there has been evidence that suggested BDSM may put male practitioners at risk of suicide should they already experience suicidal ideation. The findings that there is a biological relationship between pain and pleasure makes the association of consensual sadomasochism with cruelty invalid, as the pain is proven to bring a pleasurable experience. Additionally, to be a paraphilia sadomasochism needs to be unusual, however the high percentage of people who experienced pleasure through pain invalidates the idea that sadomasochism is unusual, demonstrating the pathologizing of which may be inaccurate and create unnecessary stigmas as has been done with homosexuality and BDSM.

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