

Power and Love: Sadomasochistic Practices in Long-Term Committed Relationships

CHAPTER ONE

INTRODUCTION

Sexuality is a central part of the human experience and issues related to sexuality often arise in psychotherapy. For this reason, it is a topic with which mental health professionals must feel comfortable. It is necessary that therapists be aware of variations in sexual practice and pleasure so that they can, for example, counsel without prejudice a homosexual client or clients dealing with sexual problems. Many mental health professionals come into contact with clients who are involved in the sexual variation of sadomasochistic practices (SM) or with clients who act out sexual fantasies of dominance and submission (DS).

The actual percentage of individuals engaged in SM and DS activities and fantasies seems impossible to determine. "Because prevalence estimates vary as a function of recruiting strategies, how terms are defined, and the honesty of respondents, it may not be possible to uncover the actual rates of participation" (Cross, 1998). Similarly, it is impossible to estimate the exact number of mental health professionals who come in contact with clients who are involved in SM and DS. First of all, no such research exists, and secondly, many clients who actually are involved in SM and DS do not disclose about their activities and fantasies out of fear of being judged by the therapist (Moser, 1988; Queen, 1996).

Some variations and expressions of human sexuality, such as masturbation and homosexuality, have lost much of their previous stigma (Simoni, 2000), because people in the Western world became better educated regarding ranges of sexual practice. Sadomasochistic practices, however, are still stigmatized. Many individuals involved in SM keep their activities secret because if they did not, they would have to deal with social penalties ranging from being socially ostracized to being charged with breaking the law. If individuals involved in SM seek out psychotherapy for one reason or another, they often feel uncomfortable disclosing their sexual practices to their therapists because those practices are treated as pathology (Moser, 1988).

The medical and psychoanalytic understanding of sadomasochistic fantasies or enactments is that these are based on maladjustment or on some type of psychological or personality disorder (Freud, 1924; Krafft-Ebing, 1886; McCary 1967/1973). The most recent diagnostic manual, DSM-IV (American Psychiatric Association, 1994), lists sexual sadism and sexual masochism as potential sources for functional impairment. According to some research (Moser, 1988; Queen, 1996), most mental health professionals indeed lack information about SM practices which may prevent them from feeling comfortable working with clients who engage in such activities and fantasies. This lack of information and of personal comfort can make it difficult for many mental health professionals to distinguish between a psychologically healthy sexual SM enactment and a potentially problematic one.

More recent research has begun to establish sadomasochistic sexual activities as a behavior unrelated to psychopathology or gender inequities, but as a valid expression of human sexuality. Several researchers examined SM practitioners' (SMPs) experiences and the meaning of SM to the people involved (Cross, 1998; Panter, 1999). Other researchers utilized anonymous questionnaires to explore the nature of SM activities and SMP personalities (Baumeister, 1988, 1989; Levitt *et al.*, 1994; Moser, 2002; Sandnabba *et al.*, 1999). The most recent research by Sandnabba *et al.* (2002) summarizes and compares the findings from five studies previously conducted in Finland between 1999 and 2002, bringing new insight into the nature of SM and its practitioners without imposing judgment or prejudice.

The present project is designed to provide information and specific education to motivated mental health professionals about sadomasochistic practices and at SMPs, to enable them to hold a potentially less pathologizing view of clients who engaged in

such activities. Well-informed psychotherapists will be more able to understand the clients' perspective through dispelling stereotypes. A well-informed therapist will also be able to help clients with potential issues around stigma and SM.

The project has four component parts: (1) a review of the literature to establish the current information base available to the motivated psychotherapist; (2) excerpts and summaries of interviews with four couples, each of whose committed relationship includes the practice of sadomasochism; (3) developing an educational video for mental health professionals, featuring couples who discuss their SM practices and their experiences with the mental health community; and (4) discussion of the psychological and relational impact of these sexual practices on the individuals and the therapeutic relationship. The meaning of sexuality in long-term relationships is compared to the meaning of SM activities in the long-term relationships of the four couples.

The literature review provides the reader with a summary of literature regarding the topics of the meaning of sexuality in relationships, of non-traditional sexually variant practices (such as homosexuality) and the mental health community, and research and theory on sexual sadomasochism. Special attention is given to how SM has been viewed by the mental health community. Some of the literature discussing SM pathologizes SM fantasies and activities while other professional writing illustrates non-pathological findings and results. A detailed discussion of the results of the videotaped interviews with the four couples provides the data from which the conclusions are developed regarding the experiences that these couples are having, including the experiences these couples are having with being stigmatized.

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