

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

## **CHAPTER TWO**

### **REVIEW OF THE LITERATURE**

#### **Sexuality and Relationships**

Sexuality can be seen as central to long-term relationships, and sexual compatibility and sexual satisfaction play an important role in whether or not a couple may stay together (Lawrence & Byers, 1992). Commitment to the relationship is another important determinant to whether or not a couple may stay together. Commitment is defined by Brown and Amatea (2000) as: "The commitment component refers to the short-term decision to label our attitude towards another as love and also the long-term decision to try to maintain that love into the foreseeable future. Thus commitment involves cognitive acts, rather than emotions, and may include conscious intention and will-power. So commitment is a cognitive component of love" (p.40). Further, sexuality can be seen as central to long-term relationships, and sexual compatibility and sexual satisfaction play an important role in whether or not a couple may stay together (Lawrence & Byers, 1992). Sex and intimacy are considered to be the main ingredients of a passionate relationship (Love, 1999). Relationships exist where sexuality is not considered to be important: in many long-term couples diminished sexual interaction takes place and the relationship has become a partnership without the sexual and passionate component. Mostly, however, at least one partner in such a scenario feels that something is amiss.

Problems related to sexuality often arise within relationships. It can be that one partner has a stronger sexual desire than the other partner; or it can be that one or both partners experience some type of sexual dysfunction (erectile problems, premature ejaculation for men; orgasm or arousal problems for women, for example) (Kaplan, 1987). Another issue may arise for a couple when one partner wants to engage in a particular sexual activity and the other partner is willing but uncomfortable, or unwilling and uncomfortable (Newman, 1997). One partner may want to visit a swingers club, for instance, and the other partner may feel uncomfortable with this idea. Alternatively, one partner may want to act out a fantasy of the partner being particularly "rough" within a sexual context, while the other feels frightened and disturbed by the partner's request.

The author of the present project has had many experiences with clients in her consultation practice in which the male partner wanted to experience feeling sexually submissive with his partner. He wanted her, for example, to take charge and sexually dominate him by "forcing" him to provide her with oral sex or by being firmly told what to do. Often the fantasies went further, where the man wanted to be bound or spanked. In some cases, cross-dressing in female undergarments was a component part of the satisfying sexual practice. When these sexual desires were expressed in the relationship with a female partner, reportedly the partner often reacted with confusion and fear, questioning the whole relationship.

It is certainly not only by therapists that non-traditional sexual behavior or desire is associated with pathology (Newman, 1997). Often the question arises within a relationship: is the partner emotionally disturbed because of his request? The resulting dynamic often becomes that the man abandons the request but feels distressed that his partner is not willing to try to understand his needs or fantasies. In many cases, such men eventually contact a professional dominatrix with whom they might safely enact their fantasies. Much shame and guilt may accompany the experience of having one's sexual desires pathologized by a partner, and/or of paying a professional for sexual satisfaction under those circumstances. Men may express feelings of guilt as being unfaithful to the partner whom he loves.

Our sexual self is a critical component of the overall sense of self and even might be seen as a central organizing function in the generation and maintenance of relationships. Individuals whose sexual needs are not met within the primary relationship may

search for their sexual fulfillment elsewhere. It is not unexpected that this could be detrimental to enduring relationships when both partners are not informed, comfortable, and consensual in their sexual practices.

When a couple confronts conflict, a psychotherapist may be contacted for help. If the problem, or part of the problem, is sexual in nature it is important that the therapist is both well-informed and comfortable to explore the issues with which the individual client or the couple attempt to cope, without stigmatizing those sexual fantasies or behaviors variant from the norm. In other words, the therapist who has negative reactions to a client's sexual fantasy or behavior will most likely not be able to create a trusting environment for therapy to flourish. Studies by both Moser (1988) and Queen (1996) found that many clients do not disclose their sexual fantasies or activities to a therapist because they are afraid that the therapist may judge them negatively.

## **Stigmatization of Sexual Behavior**

Most sexual behavior differing from procreative sex has been historically stigmatized in one form or the other. In Judeo-Christian culture, religious tenets have essentially defined the range of human sexual behavior as well as any derived pleasure therein. These belief structures generally address heterosexual intercourse as existing for the purpose of procreation and union between married partners. In the most fundamentalist branches of religion, procreation is seen as the primary function of the sexual act. Sexuality exists, from this perspective, as a way in which loving married partners encourage sexual relations—especially at times during which the woman is most likely to conceive. Of course, over time and particularly after the sexual revolution in the 1960s and 1970s, a wider range of sexual activities became considered to be within conventional bonds. However, much stigma still remains attached to many variations of human sexual behavior.

Homosexuality as pathology (homophobia) is still prevalent among many subcultures of the larger American culture, including a broad segment of the presently politically powerful American Christian right. Homosexuality was a clinical diagnosis in and of itself in the original Diagnostic and Statistical Manual I (DSM I) and DSM-II. In 1974, homosexuality as a pathology was replaced by “ego-dystonic homosexuality” (DSM-III). By 1986 (DSM-IV) homosexuality as a basis for pathology was entirely removed.

Social cultural change often lags behind social policy. Homosexual men and women often still experience trauma in identifying their sexual orientation and in expressing that orientation to family, friends, and community (Greene, 2000). Homophobia persists culturally and is internalized by heterosexuals, homosexuals, and homophobes alike. Sakalli (2002) demonstrated that negative attitudes towards homosexuality are especially present among individuals of any sexual orientation who believe that homosexuality is controllable, where sexual orientation is a choice. In one survey (Anderssen, 2002) young adults expressed negative attitudes towards homosexuals: 39% against females and 63% against males. Two years later, the same individuals reported a slightly more positive attitude towards homosexuals (32% and 59%), and this was considered to be related to the participant's exposure to homosexuals and lesbians. Findings from other studies suggest that efforts to reduce stigma associated with homosexuality are still needed. In current times, public education brought about by targeted groups and organizations in addition to greater familiarity by the general public with “outed” homosexuals has tempered cultural fear of this sexual practice.

The sexual orientation of bisexuality also has been stigmatized, but parallel with homosexuality, much of the stigma has been removed through education and increased awareness. Many bisexuals experience themselves as treated with prejudice by both heterosexuals and homosexuals (Herdt, 2001). In social discourse, it is common to hear “What are you: gay or straight? Make up your mind!” when in fact “both” is the heart-felt response. One study looks at intimate bisexual couples and discusses their difficulties related to internalized negative judgment regarding their sexual orientation. Homophobia and internalized homophobia, the bisexual's identity search, and being stuck in stereotypes apparently can cause blocks to intimacy among bisexual couples (Matteson, 1999).

Even the practice of masturbation still carries stigma in the American culture. Originally considered to be a sin against God's will by many religions, masturbation is now largely accepted as a healthy activity, unless it carries a compulsive component—a compulsion which is distressing to the individual or puts one into dangerous situations. One study found that students become more accepting of masturbation after completing a course in human sexuality (Bertholf, 1999). However, some religious and cultural groups still consider masturbation a problematic activity to be avoided at all costs.

Over the last 30 years, many individuals and couples have experimented with multiple sex partners and “swinging”. This practice, although growing in number, has been somewhat neglected in scientific research. One study (Rubin, 2001) found that, while some alternative life-styles such as singlehood and nonmarital heterosexual cohabitation “have received serious social science attention, those on the fringes have been largely ignored.” In the general population, swinging still is largely considered to be a symptom of a psychological deficiency, such as immaturity and fear of commitment (Jenks, 1998). Nevertheless, numerous swingers’ clubs and “polyamorous” communities have sprouted throughout the Western world, with members commonly claiming to have healthy and loving relationships with more than one partner.

The use of erotic material (movies, pictures, written stories) for sexual stimulation is another variety of sexual behavior that is controversial. While some individuals and couples find graphically erotic material to be sexually stimulating—even enhancing to their sexual relationship with one another—others, more women than men, condemn such materials because they believe that it exploits women and children and can be therefore destructive. Even though several lines of women-produced erotica have arisen over the last decade (for example, *Femme Productions* by Candide Royale), the idea persists that erotica always exploits women. In one survey study conducted in the San Francisco Bay Area (Wilnier, 1999), 84 of 133 female participants rated sexually explicit materials as negative. In more conservative parts of the U.S., a more negative attitude towards erotic material may prevail. It appears to be difficult for many to distinguish between pornographic material, which depicts women as victims, and material which is woman-oriented, described as erotica, where women are portrayed as sexual beings who are in charge and who take pleasure in their sexual interactions (Cowan, 1992).

While in a committed relationship with a partner, most individuals engage in erotic fantasies of someone other than the partner. The fantasized other may be a celebrity or it might be an actual person from real life. According to one survey (Hicks, 2001), 98% of men and 80% of women engage in extradyadic sexual fantasies while in a committed relationship. To fantasize about someone else while engaging in sexual activities with a partner is considered problematic by many, including the person engaging in the fantasy, who may experience a great amount of guilt. Men and women in one study (Yarab, 1998) rated the sexual fantasies of their partners as highly unfaithful and jealousy provoking. Even though it can be experienced to be disloyal, many individuals who practice the use of fantasy during sexual activities claim that it is a helpful tool to enhance one’s sex life and thus enhance the relationship with their partner (Oser, 1997). Once again, education and familiarity become key variables for mutual sexual satisfaction, as does consensual participation.

In the larger Western culture it has been commonly accepted for older men to find sexual relationships with younger women. Acceptance of this practice probably evolved because until modernity (including birth control and modern methods of childbirth) men far outlived women (Hillier & Barrow, 1999). Women died in childbirth. It was solely younger women who were available for men to marry and care for the children from previous marriages. From this demographic reality emerged the cultural understanding of appropriate behavior for men (partnering with younger women) and inappropriate behavior for women (partnering with older men). Once again, the social reality of a reduced availability of men for women, particularly among those beyond the ages of 40, occurs concurrently with the increasingly more common occurrence of older women having sexual relationships with younger male partners. Bonds and Nicks (1999) found that among couples who applied for marriage licenses, 63% were “male-older” couples, and that no significant difference in age range between “male-older” and “female-older” couples. Nevertheless, some negative attitude towards “female-older” couples was observed.

A parallel diversion from previously firmly accepted gender roles also tends to evoke many stereotypes: a sexually passive and submissive man may experience difficulty finding acceptance by female partners. With the “Marlboro” man as cultural model, diverting from this given or sexually normative role can result in social penalties of stereotype and prejudice. Similarly, a very aggressive woman who either pursues the object of her sexual desire directly or who chooses to be in charge during sexual activities and takes a dominant role, may be considered by more conservative cultural groups to stand outside the bounds of normative sexual behavior.

The issues of gender role stereotypes and perceived sexual normative behavior brings us directly to other controversial variations of human sexuality. The topics of sadomasochism and domination and submission are the main themes for the current study. Sadomasochistic (SM) activities involve the giving and receiving of consensual pain, generally within an erotic context. Domination and submission (DS) deals with one partner taking control while the other partner consensually surrenders control. The difference between SM and DS involves the giving and receiving of pain; in SM this is central and in DS it is not. .

Sadomasochism and DS can overlap within an encounter. For example, a woman may get into a dominant role and “take charge” of a man who is willing to “surrender” to her. She may tell him to strip naked and kiss her feet (DS) and later, physically spank him (SM). Sadomasochism and domination/submission can take place with any number of partners and within any sexual orientation. For the current study, the focus is on one-on-one heterosexual encounters between partners in long-term relationships.

## **Sadomasochism and Dominance and Submission**

**Sadomasochistic Activities.** In sadomasochist activities (SM) one of two roles are usually taken: the “top” and the “bottom.” The “top” role is that of administering pain to the “bottom.” A top may thus slap, spank, whip or cane a bottom, and these activities may range from light to severe pain, including markings. The top may put nipple clamps on the bottom, or cut or brand him/her in a particular sadomasochistic ritual. This may be combined with rope bondage or other type of restraints. These activities may look frighteningly abusive to an outside observer. However, both adults have consented to these activities and clear, mutually understood safety measures are observed by the top who is in charge of the “scene.” Much communication takes place before individuals engage in DS and SM activities, especially if they previously have not enacted scenes with each other. Participants select roles and activities, discuss limitations and preferences. Again, if pain or intense psychological role playing is involved, the partners usually agree on a *safe word*, a term which the bottom can use during the scene to let the top know that one’s limits have been reached. In this case, the top will lighten up the activity or stop entirely, if necessary, in order to protect the bottom. Safe words which are commonly used are “red” for “stop” and “yellow” for “lighten up”. Further, a top who administers whippings, for example, will be informed of what body parts are safe to whip even severely (buttocks, thighs, parts of the back) and what parts are not (kidney area, genital area, etc.). Certain SM organizations (for instance, the Society of Janus in the San Francisco Bay area) offer many workshops regarding safety in SM play. A good top, or someone willing to skillfully and safely administer pain to a sexual masochist, is highly sought after in the SM community.

**Dominance and Submission Activities.** In dominance/submission activities (DS), power and control are the essence rather than pain. Although the terms “top” and “bottom” may be used here, one partner is usually referred to as being dominant, while the other one is submissive. A dominant male is often referred to as “Master” while a dominant female is called “Mistress.” The submissive person is often called “slave,” although some individuals object to using the term “slave” because of the violent nature of history.

In dominance/submission activities much role-playing takes place. The submissive may not be typically submissive in the rest of a one’s life, for example, but one may choose to take the submissive role for the designated erotic encounter because it carries a pleasurable charge. Role playing can be utilized to enact a complete scene that is meaningful to the participants. For example, the submissive female may play a “naughty little girl” who gets spanked by the dominant male who plays her “Daddy.” Bondage may be used to enhance the power differential: the submissive may be immobilized with leather shackles and ropes and told that she is captured and has no control. A male submissive may be verbally humiliated by his mistress, who may tell him that he is inferior to her. Again, SM and DS activities often overlap and a heavy SM scene may also dictate that the bottom is very submissive. In both DS and SM activities, the transfer of power from the bottom (submissive) to the top (dominant) is important (Moser, 1988). “It is this consensual exchange of power, according to participants, that is erotic: the pain is simply one method of achieving this power exchange” (Cross, 1998). Califia (1983) supports this view in her in-depth study of participants, indicating that power is the keyword, not pain. Pain thus becomes a means to an end.

During both sadomasochistic and dominance/submission encounters the bottom (the submissive partner) seems to enter into some sort of pleasurable erotic realm. The top (dominant partner) often takes care of the bottom’s needs to enable the bottom to experience the desired sense of surrender or the erotic pain. In long-term relationships SM and DS partners are usually well synchronized: the dominant and submissive needs are well-matched as are the desires for receiving and administering pain, and this leads to mutual satisfaction, often orgasm, during an encounter.

Although DS and SM differ significantly, as described above, the present investigation will refer to all DS and SM activities and fantasies as “SM.” This lack of distinction is because previous research reported in the literature exclusively uses the term “SM” or “sadomasochism” to include both practices of sexuality.

## **The History of Sadomasochism**

Krafft-Ebing (1886) coined the term “somasochism” following culturally well-disseminated writings of two European men: the Marquis de Sade (1740-1814) and Leopold von Sacher-Masoch (1836-1895). Both authors (de Sade, 1966; Sacher-Masoch, 1996) described the pleasure and practice of sexual dominance and submission, and the administration and receiving of pain as pleasurable and sought-after sexual practices.

It appears that somasochistic behavior was prevalent throughout the ages in many different cultures. By some researchers, SM behavior is seen transhistorically (Ellis, 1936) and cross-culturally (Ford & Beach, 1951). Gebhard (1976) stated that “From a phylogenic viewpoint it is no surprise to find somasochism in human beings” (p.163). Kinsey et al. (1953) found SM-type behavior prevalent among mammals. However, sexual somasochism appears to be a more recent phenomenon, emerging in the late 15 th century. This sexual behavior appears to be limited to Western culture (Europe and later on the U.S.). An ongoing debate between researchers rages about whether the historical evidence of somasochism in many diverse cultures actually had a sexual purpose or not. While somasochistic behaviors were found in pre-literate societies and in animal cultures (Martin & Gebhard, 1953, as cited in Moser & Levitt, 1987) these behaviors also appeared in ancient Egypt, India, Asia, and Arabia (Moser & Levitt, 1987). Baumeister (1989) disagrees that the descriptions of SM practices in these cultures truly reflect somasochistic behavior, because they do not have a sexual purpose, as does more contemporary Western SM. For this project, the focus is on sexual somasochistic behavior.

## **Somasochism: Theoretical Approaches**

**Psychoanalytic Theories** . An historical perspective of somasochism informs us that these practices have traditionally been considered to be psychopathological. Krafft-Ebing (1886) linked somasochistic desires with “perversion of the instinct” and considered it to be a disease. Freud (1930), nearly 50 years later, discussed SM as a “manifestation of the destructive instinct...strongly alloyed with eroticism (p.122).” Freud, although considering the expression of SM behavior a pathology, saw destructive instinctual drives as inherent to human nature. According to Freud, all people possess destructive impulses to overpower and kill. During the development of ego and superego, these destructive impulses become repressed so that the person experiencing them does not act them out and instead adheres to societal standards of behavior. According to Freud, sex and aggression are closely linked. For example, in heterosexual intercourse, the man overpowers the woman and penetrates her, while the woman obtains masochistic pleasure from this violent sexual act (Freud, 1900). These occurrences of sexual sadism and masochism, within a certain range, are normal. If one does not succeed in sufficiently mediating sadistic impulses, sexual sadism may increase and the result is pathology.

Masochism is seen as “reversal of an aggressive, sadistic component to its opposite” (Freud, 1900, p.159). If the person is female, a certain amount of sexual masochism was considered to be normal. If the person is male, he could exhibit some sexual sadism, but not too much, and certainly no sexual masochism was considered to be “normal” for a man to have. Freud (1919, 1924) later on spoke about the death instinct becoming expressed through masochism. He further made distinctions between erotogenic masochism, feminine masochism and moral masochism. Again, for the present research the focus is exclusively on sexual somasochistic behavior which people engage in for pleasure.

More recent psychological research and theory continues to pathologize somasochistic practices and fantasies, relating their enactment to previous trauma- as a “rescript” of trauma scenarios (Brothers, 1997). Stoller (1989), a psychoanalyst who worked with patients involved in somasochistic sexual practice believed that his patients were involved in SM because they had suffered from intense medical interventions when they were physically ill as children. Sexuality in somasochistic relating is “most often viewed as defensive, functioning to eroticize the repetition of earlier trauma, as a defense against painful affect” (Celenza, 2000, p.527). Here, the trauma could be psychological or physical in nature.

Avoidant or ambivalent, thus pathological, attachment to the mother is thought to relate to the desire to engage in SM activities by others (Santtila, Sandnabba & Nordling, 2000). Another cause for somasochistic desires in adults is believed to be childhood sexual abuse (Santtila, Sandnabba & Nordling, 2000). Although the findings of Santtila et al. (2000) report that the majority of somasochistically active subjects did *not* report sexual abuse, the rate of childhood sexual abuse was reported to be slightly higher in the somasochistically active individuals than that of the general population, though not of statistical significant difference.

Other researchers take a less pathologizing approach. Butcher (1999) examined the literary fictional works of de Sade's *120 Days of Sodom* (1966), and Sacher-Masoch's *Venus in Furs* (1996). The terms *sadism* and *masochism* originate out of these two literary works. The author considers how the shadow, the culturally rejected and unknown, may become projected onto the material of these two books. In other words, the two books describe moral and sexual aspects of humanity which at large are rejected by society, and they thus allow for projection by individuals or groups who disown these aspects within themselves.

**Radical Feminist Theories.** Radical feminists claim that SM is the pathological perpetuation of patriarchal oppression and violence against women (Bar-On, 1982), where SM practitioners have internalized patriarchal oppression and act it out with each other sexually. Some feminist theoreticians consider a sadist to take on the masculine role of dominance while the masochist takes on the feminine role of submission (Lewis & Adler, 1994). Most radical lesbian feminists disapprove of SM and believe that a SM practitioner cannot count her/himself as a feminist (Califa, 1983), because SM is seen as the perpetuation of sexism and female oppression.

**Social Learning Theory.** Loewenstein (1957) theorized that when parents interact with their children in a certain manner, a child's underlying masochistic tendency might become enforced. If a parent, for example, threatens and frightens a child, then rewards and comforts her afterwards, pleasure and pain, or the threat of pain and the removal of the threat, take place in the same moment and thus become tied together. Later on, as an adult, this pattern may become repeated in SM activities, where the masochist first experiences discomfort and humiliation but then gets rewarded by an orgasm.

**Stress Reduction Theory.** Personality and self-psychologist Baumeister, (1988, 1989) developed a theory describing sexual masochism as a temporary break from everyday life's responsibilities and high levels of self-awareness. He analyzed the self-reported experiences of men and women involved in sadomasochism and proposed that people who engage in masochistic behavior are taking a break from the growing burden of the huge societal demands on individual selfhood, which is a source of stress. On one hand, individuality is highly valued in modern Western culture, yet due to economic demands, personal independence and autonomy is more difficult to achieve than it was a century ago (Baumeister, 1989).

## **Incidence of SM Behaviors**

The number of SM practitioners within the general population is difficult to estimate. Depending on the investigation, between 2.5 % male masochists (Hunt, 1974) and 45.8 % (Crepault & Couture, 1980) fantasize rape by a woman. Between 4.6 % (Hunt, 1974) and 29 % (Hamilton, 1929) of female masochists experience "pleasant sexual thrills" from pain. Kinsey et al. (1953) reported that 50 % of their male and female research subjects reported at least some erotic response to being bitten.

Regarding sadistic tendencies, Hamilton (1929) found that 51 percent of males reported "pleasant sexual thrills" from inflicting pain, but a more recent study (Hunt, 1974) reported only 4.8 %. Hamilton (1929) found that 32 % female sadists report "pleasant sexual thrills" from inflicting pain, while (Hunt, 1974) reported 2.1 %.

Stein (1975) interviewed 1242 men who were patronizing regular prostitutes and found that 13 % of the men wanted to be treated as sexual "slaves." The prostitutes were not advertising as dominatrixes (professionals who enact SM scenarios with their clients).

It appears that sexual sadomasochistic practice is not unusual although only a minority of the population engages in it. Dietz & Evans (1982) examined 1760 cover photographs of erotica magazines and found that 17.2 % of the magazine covers depicted scenarios related to bondage and discipline and humiliation, which means that a large interest in the buyer's market exists regarding these themes.

More recent research found that significant amounts of women are involved in SM activities (Breslow et al., 1985; Moser and Jamison, 1994; Moser, 1998; Weinberg, Moser, & Williams, 1984). Still, exact numbers of how many people are practicing SM are impossible to obtain because many people do not disclose because of the stigma attached to SM practice.

## **Sadomasochism: Empirical Approaches**

Several reports in the literature simply describe the characteristics of men and women involved in SM. For example, parallel with other research findings (Levitt *et al.*, 1994; Sandnabba *et al.*, 1999; Baumeister, 1988, 1989) found that masochists are generally above average in education and income. These cross-sectional studies, conducted by different researchers over two decades of time, provide robust demographic data.

Another investigation explored what people do who are engaged in sexual bondage (Ernulf & Innala, 1995). Five hundred fourteen individuals involved in sexual bondage participated in a computerized discussion on their experiences. The most frequently reported individual experience was playful use of bondage to explore new areas of sexual pleasure. Other experiences centered on the exchange of power and intensified sexual pleasure. Dominant and submissive role-play was an important aspect of the experience for the majority of the participants of this study.

Additional explorations of the topic have considered the social adaptation of men and women involved in SM. Levitt, Moser and Jamison (1994) conducted a study with 45 women who were part of the SM subculture. The results indicated that these women had become aware of their orientation as young adults and were mostly satisfied with it. In support of Baumeister's (1989) findings, these women tended to be better educated and less often married than the average population.

A similar finding linking sexual satisfaction and sadomasochism resulted from a study by Sandnabba, Santtila and Nordling (1999). One hundred sixty-four male participants who were members of two sadomasochistically oriented clubs completed semi-structured questionnaires asking SM practitioners (SMP) about their sexual activities and their socio-economic status. The findings suggested that participants were flexible in sexual activities and they were socially well adjusted. The study appears to be of importance, bringing more information about SM practitioners via the practitioners, instead of creating theories about them.

A greater number of singles was showing among SMPs compared to the general population, which, according to Sandnabba, Santtila and Nordling (1999) indicated that "sadomasochistic preference leads to difficulty establishing a permanent relationship. The fact that more singles frequented the SM clubs could be because individuals in relationships may not frequent these clubs as often, however. Another limitation of the study is that one hundred sixty-four males are only a random sample, and that more in-depth studies including developmental background will be required to fully understand the social and psychological functioning of sadomasochistic practitioners (SMPs).

Other empirical studies of SMPs were conducted by Breslow *et al.* (1985, 1986); Dietz and Evans (1982); Moser and Levitt (1987); Stein (1974); Spengler (1977); and Weinberg, Williams and Moser (1984). These studies examined large numbers of research subjects; however, the methodology employed anonymous questionnaires handed out at SM clubs. Such data collection methods could influence individuals to give a superficially more positive outlook if they, for example, just underwent a satisfactory SM encounter. The questionnaires may represent just one very important aspect of the experience of SM practitioners. The SM subculture at large may not be represented here.

Alison *et al.* (2001), a Finnish group of researchers, examined the co-occurrence of SM behaviors by using Smallest Space Analysis on 184 returned questionnaires by SM practitioners. The researchers created a graphic figure (Alison *et al.* 2001, figure 1) which sorts SM behavior into four categories: hypermasculinity (such as fistfucking and watersports); administration of pain (such as caning and spanking); humiliation (such as faceslapping and verbal humiliation); and physical restriction (such as bondage and straightjackets). Some of the categories applied to certain SM behaviors appear to be arbitrary, however. For example, the researchers put "flagellation" under the category of humiliation and "ice" (application of ice onto skin and genitals) under "physical restriction". It may be impossible to capture the complexity of SM behavior in a two-dimensional graph. Further, behavior associated mainly with homosexual SM practitioners (categorized under "hypermasculinity" by the researchers) can also frequently be found in heterosexual SM activities (such as dildos and watersports).

A similar research project was conducted in Finland by Santtila *et al.* (2002) where 29 men involved in different aspects of SM filled out questionnaires about their behavior. The different themes of SM behavior were sorted according to intensity levels and were given theme names: hypermasculinity, administration and receipt of pain, physical restriction, and humiliation. Again, the researchers are attempting to dispel the myth that SM behavior is all alike; instead they focus on the different aspects of SM behavior and addressing some of the meaning to the participants. The anonymous questionnaires do not allow for an in-depth look at meaning; however, they provide us with important information about the variety of SM behavior.

The most recent research by Sandnabba *et al.* (2002) summarized the results from five previously conducted empirical studies (Alison *et al.*, 2001; Nordling *et al.*, 2000; Sandnabba *et al.*, 1999; Santtila *et al.*, 2000; Santtila *et al.*, 2002), where 184 Finnish sadomasochistically oriented individuals had returned questionnaires. Ninety-five of the subjects were predominantly heterosexual; ninety-one were predominantly homosexual SM practitioners; only 22 subjects were female. The paper reviewed the previous studies and compared demographics, sexual characteristics, sexual behavior, family background, experiences of childhood sexual abuse and looks at sadomasochism as a multifaceted phenomenon. Besides confirming previous findings (such as that SM practitioners tend to be more educated and have higher income than the average population, and that they appear to have greater difficulty finding partners), a few new aspects of SM practitioner's characteristics evolved. For instance, Sandnabba *et al.* (2002) found that homosexual male individuals establish their SM orientation later than heterosexual SM practitioners. Further, about one-third of SM practitioners reported that only SM sex could satisfy them, while two-thirds indicated having much flexibility in being able to switch from masochistic to sadistic positions and also enjoying non-SM sex. Further, the fact that SM behavior is complex and involves different activities for different persons was examined, which aids to remove a certain stereotype that "all SM'ers are into whips and chains."

### **Subjective reports of experiences and meaning.**

Some researchers have looked beyond behavior and attempted to explore the personal meaning which SM practitioners (SMPs) give to their activities and relationships. Cross (1998) examined 27 sadists, 34 masochists and 32 switchers (individuals who switch from the sadistic or dominant to the masochistic or submissive role and back) and compared these SMPs to a group of 61 non-SMPs. All subjects were contacted via the Internet. An additional 36 non-SMPs were a random sample from a university student population. Cross administered eighteen psychological tests in order to measure levels of sexual guilt, mental stability, self-esteem and psychopathology.

In her introduction, Cross (1998) spoke about the threefold purpose of her study:

First, it was anticipated that these efforts would ultimately play a part in establishing sadomasochism as a behaviour not necessarily tied to mental illness, neurosis, or gender inequities. A second goal was to evaluate the usefulness of other theories that attempt to explain s/m as a set of behaviours best understood as a function of the context in which they occur, namely modern Western society. One promising candidate was the contention that sadomasochism, and masochism in particular, provides the individual with an escape from stressful high-level awareness of the self, a kind of "holiday" from daily responsibilities and worries. Thirdly, if none of the proffered theories was supported, it was hoped that the findings would provide an indication of a more appropriate framework for understanding s/m, which could then be pursued in subsequent research (p.1).

Cross' project was divided into three studies. In study one Cross' research examined different current conceptualizations to the origin of SM behavior and fantasies: the psychoanalytic view, the radical feminist perspective, the social/personality view, and the perspective from SM participants themselves. Cross tested four theoretical approaches to SM: psychoanalytic, psychopathology, radical feminist and escape-from-self theories. Cross administered a battery of questionnaires to test the various perspectives. She found that SMPs test scores did not significantly differ from one another or from those of the non-SMPs.

In the second study, Cross examined SM activities which took place in internet chat rooms, where individuals interact with each other via computers and discuss and enact their SM fantasies virtually in cyberspace. She raised the question whether internet SM is more superficial and fantasy-bound than real-life SM. Cross compared the real-life SM group and the virtual SM group with a group of ten individuals involved in fantasy role-play games, such as "Dungeons and Dragons", in order to see whether the virtual SM group had more in common with the real-life SM group rather than the (non-sexual) role-play game group. Cross examined the data from ten individuals for study 1, data that were not included in the study 1 analysis because the ten individuals had reported that they engaged in SM exclusively via the Internet. The internet-only group was compared to ten real-life (no on-line "play") SM practitioners. Cross further included a randomly selected sample of ten individuals from the non-SM on-line comparison group from study 1, and another sample of ten individuals involved in non-sexual on-line fantasy role-play games such as "Dungeons and Dragons".

Cross (1998) stated:

The goal was to determine whether the virtual s/m group had more in common, in terms of sexual proclivities, with the real-life sadomasochists, the role-players, or the non-s/m Internet group, or whether, alternatively, they were unique unto themselves. Thus four possibilities existed: (1) the virtual sadomasochists could most resemble the non-sadomasochistic Internet sample; (2) they could resemble the non-sadomasochistic role-play sample; (3) they could most resemble the real-life sadomasochists; or (4) they could remain a distinct group unto themselves (p.90).

Virtual sadomasochists were more like real-life sadomasochists than non-sadomasochists. While virtual sadomasochists and real-life sadomasochists may share sexual proclivities, one limitation of the findings is that this similarity still does not lead to the conclusion that virtual sadomasochists and real-life sadomasochists closely similar.

In study three, Cross examined the issue of power and its great significance in SM, a central theme in SM interactions. Cross contacted virtual SM “talkers” in chat rooms and, with their permission, accompanied them through their virtual SM activities. Analysis of the transcripts of these interactions revealed that both sadists and masochists “made ample and equivalent use of indicators of status such as mode of address, obedience to commands, indicators of ownership, and physical coercion” (Cross, 1998). The findings thus support the notion that SM can be viewed within the context of power and power exchange, instead of looking at it as giving and taking pain and humiliation.

Using qualitative methods, Panter (1999) conducted semi-structured interviews with ten female participants to describe and define sadomasochism and to differentiate between consensual sadomasochism and abuse. She investigated the personal definitions and behaviors involved in female sexuality, exploring SM fantasies specifically and she examining the personal meaning of SM to the participants. Panter specifically examined themes such as consensuality, abuse, partners, power, intimacy, and trust. Panter summarized her findings:

The most salient aspects for the participants of being a consensual sadomasochist included a sense of personal empowerment, which is characterized by both personal and interpersonal power. The main themes that emerged from the study were that the participants experienced a greater sense of power as a result of their sadomasochistic involvement, and the overarching component of being able to escape from the confines of the participants’ daily experiences for a short period of time (p.1).

Panter’s study provides useful information on the participant’s experiences and their views. The participants, for example, reported that their SM activities allowed them to have a temporary break from regular daily activities, and that these breaks helped them to feel relaxed and more in control of their lives. However, the sample was limited to ten Caucasian female sadomasochists from Northern Carolina, not necessarily representative of the population of female sadomasochists.

### **Non-patient versus patient SM practitioners**

Many SM practitioners do feel empowered by their sexual orientation. They also may never seek out psychotherapy, because they do not think that they need psychological treatment. Others do indeed believe that they do have some psychological problems and may visit a mental health professional. The presence of SM fantasies may or may not be part of a presenting psychological problem. For example, a client may seek psychotherapeutic treatment for depression, but may not consider his or her SM activities to be a problem. To the contrary, the SM may be experienced as a positive component in the client’s life.

Moser (1988) states

“S/M practitioners, like members of any other sexual orientation, can have psychiatric problems. The determination of whether the S/M interests or behaviors are causing, exacerbating, or irrelevant to the problem is difficult. A serious analysis requires considerable knowledge of the S/M community and the spectrum of S/M practices. Given that there are few experts on sadomasochism, a nonjudgmental approach and a desire to learn is essential” (p.53-54).

Many SMPs do not seek therapy because they do not perceive their sexual practice to be a problem aside from societal

stigma attached to their fantasies and behaviors. Moser (2001) says

“Individuals who have nonstandard sexual interests continue to be pathologized, despite the lack of research establishing a difference in functioning between those so diagnosed and ‘normal’ individuals. There is little evidence that they experience any distress or dysfunction except as a result of societal condemnation of their sexual desires” (p.93).

If a psychotherapist is consulted because of an issue unrelated to the client’s sexuality but the client’s SM orientation becomes apparent, it seems to be utterly important that the therapist feels comfortable, somewhat informed and accepting of the client’s sexual orientation. It could be detrimental to the therapy if the therapist makes uninformed assumptions about the client’s mental health simply because of stigma attached to SM activities. This applies both to therapy with an individual and therapy with a couple.

[Go to Chapter 3](#)

[Return to Front Page](#)