

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

CHAPTER FIVE

DISCUSSION

There were three central purposes of the present study. The first purpose was to understand the sadomasochistic practices of four couples through their accounts of experiences. The couples were asked questions about the nature of their relationships and the importance of SM practice within those relationships. What kind of commitment did they have to each other? What was the meaning of SM within the context of their relationships?

The second purpose of the current study was to illuminate the individuals' and the couples' experiences of interpersonal judgment regarding their sexual orientation, with an emphasis upon experiences with professional psychotherapists. Were mental health professionals perceived as neutral or judgmental? What would SM practitioners (SMPs) recommend to mental health professionals when dealing with clients involved in SM?

The third purpose of the study was to produce an educational video for mental health professionals about couples in committed long-term relationships who practice SM with each other. The video, consisting of segments from the three videotaped interviews (one couple declined), was edited to provide the interested psychotherapist with information on what SM means to some participants, and especially the SM practitioners' experiences with psychotherapists. All participants made recommendations regarding what psychotherapists should know when working with SMPs.

Commitment in SM Relationships

All four couples appeared to be very committed to their relationships, assuming the definition of commitment by Brown and Amatea (2000): commitment is a cognitive component of love that involves cognitive acts rather than emotions, and may include conscious intention and will power. The shared SM orientation seemed to add an element of conscious intention regarding the SMP's commitment to their relationships. The couples appeared to be conscious of the unusually good match they had found with their current partners who were also involved in BDSM, and held intentions to make the relationships last. An element of liberation of having finally found a compatible partner who also shared the BDSM orientation appeared to be an additional bond for the 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). Sex and intimacy are considered to be the main ingredients of a passionate relationship (Love, 1999). The fact that these couples found each other and shared a sexual orientation gave them much pleasure and satisfaction.

Sadomasochistic Practice and Meaning

In all four couples, SM appeared to be very meaningful in regards to their relationships and to their lives in general. The meaning of SM to these couples ranged from security within the relationship to enhanced sexual pleasure and excitement to perceived psychological transformations.

For the first couple, Sandra and Bill, SM appeared to especially mean security and stability besides providing the couple with an enjoyable and creative sex life. Couple one used their clear role division (mistress/slave) as a guarantee for stability; "no change" was considered to be a positive outcome. Their wedding ceremony involved an elaborate contract about the SM nature of their relationship, stating, among other items, that Bill would be Sandra's slave forever.

The meaning of SM for the other three couples also contained an element of security for the relationships, as a suitable partner had finally been found. However, the meaning's focus ranged more from pleasurable, exciting sexual activities to therapeutic healing and psychological transformation. The couples other than couple one considered their SM activities and role play as promoting change and personal growth, especially couple two, Hela and Steven. Hela and Steven purposefully utilized some of their BDSM (bondage and discipline, SM) sessions to deal with specific issues that they were dealing with: race issues, body image issues, and issues of violence. They entered sessions with the purpose of dealing with particular issues, and the end results appeared to be the experience of increased self-awareness. For example, Hela was the survivor of domestic violence. She discussed her issues with Steven, and he engaged her in experiences where she was submissive to him (which she sexually enjoyed) but where she was in control of the situation. According to Hela, for the first time in her life, she was able to assert herself and communicate her needs to her partner. She reported the benefits of these experiences as continually healing and empowering.

Hela and Steven, and to a certain extent couple four, Simone and Tim, also spoke about "shadow play" as a meaningful aspect of their SM activities. The dark, hidden, unknown and taboo-inflicted parts of the psyche are made conscious and perhaps sexually enjoyed. In this context, Steven (couple two) spoke about how he learned to re-direct violent impulses in the safe and consensual SM scenes and become more conscious. He utilized an SM scene to deal with old and long-standing race issues, thus making the BDSM a tool for conflict resolution. Couple four spoke about acting out the taboo-ridden themes of incest fantasies with each other- fantasies that had a long history and much meaning to both partners. They reported the beneficial psychological effects of finally having found a partner where enacting these fantasies was not only accepted but also enjoyed and encouraged. They claimed that it greatly contributed to psychological well being.

Couple three, Brian and Lynn, mostly appeared to consider their SM practice as sexually exciting and enjoyable. Brian said that he "came this way" and that exposure to erotic pain was an important part of his sexual make-up. He had difficulty finding a partner who was accepting and supportive of his SM orientation. When Brian met Lynn and they both began enjoyed SM practice with each other, it gave them additional meaning and intimacy in their relationship.

Couple two also brought up the issue of spirituality within the SM context. Steven was a Sufi practitioner, Hela practiced Zen meditations, and they both practiced mindfulness, also in the context of BDSM. Hela mentioned that SM activities held a spiritual component for her when SM was practiced within the context of deep human connections. She said that in BDSM encounters she felt that she was "connecting with spirit" because of the depth and intensity of such an interpersonal experiences. Also, the fact that in BDSM, "you have another person's life in your hands" added spiritual and responsibility components to such activities, according to Hela. Couple one was involved in the Service of Mankind Church (SMC), where they practiced Goddess/pagan spirituality, and their practice had a strong female dominant (SM) connotation. The fact that SM can involve a spiritual component opens another dimension to SM practice for some individuals.

Early Life SM Orientation

Six individuals realized that they held SM interests very early in their lives, while two participants discovered BDSM through their partners later on. For example, Brian of couple three said "I came this way." Tim, of couple four, talked about early fantasies, and that he believed that many people in the SM scene had early fantasies. This may be important for mental health professionals to know. SM may be a sexual orientation that some individuals realize early on in their lives and will not disappear, similar to homosexuality (Greene, 2000; Sakalli, 2002; Simoni, 2000). Before homosexuality was depathologized and removed as an illness from the diagnostic manuals, many mental health professionals tried to "cure" homosexuals. Although homophobia persists (Sakalli, 2002), it is now becoming more accepted as a sexual orientation. The current researcher believes that BDSM is a sexual orientation for many practitioners who become aware of this orientation early on in their lives. For some practitioners, BDSM may be an optional sexual activity; for others, however, it is a crucial aspect of who they are, an aspect that will not go away. If stigmatization is to be reduced, mental health professionals must develop greater acceptance of BDSM as a sexual orientation.

The six individuals who knew that they were interested in SM early on in life were initially unable to find partners who were open to such activities. The previous partners actually seemed to be very uncomfortable and judgmental around SM activities, since they were not involved in it themselves. Newman (1997) spoke about problems when one partner wants to engage in a particular sexual activity and the other partner is willing but uncomfortable, or unwilling and uncomfortable. Within flourishing

and stable committed relationships, the six individuals who had discovered their SM orientation early in life felt liberated around their deeper sexual SM orientation. The two women who came into SM via their partners reported that SM enhanced their relationships and their sexuality. One of the “later life SM practitioners” (Hela) even described the role play as potentially healing (around her issues of empowerment).

SM Practitioners (SMPs) and Attitudes of Others

All four couples maintained a clear separation between the SM community and the “vanilla” community (non-SM practitioners). Sandra (couple one) made the apparently strongest division of “us versus them”, with “us” being SMPs and “them” being the “secretary downtown.” Sandra stated: “If I know a secretary that works downtown, that’s odd! Because I don’t usually come across a normal housewife with children, I don’t relate to people like that, and they can’t relate to me. So, we don’t gravitate in each other’s worlds. I don’t come across people like that.” Her husband had casual acquaintances at his work who knew about his SM background and teased him about it. The rest of the interviewees did not disclose their SM orientation to non-SMPs. It is very clear to all individuals in the interviews that SM is highly controversial and is commonly judged negatively. They thus feel the need to keep their SM orientation hidden and lead some sort of a double life. Only one person (Hela) had a best friend who was not in the SM scene and who did not know about Hela’s involvement. All others had no close friends outside the SM community.

The need for secrecy and exclusion may limit the establishment of closer friendships of SMPs to other people involved in SM. If stigmatization lessens, it seems likely that SMPs will be less concerned with reactions of non-SMPs, if orientation is disclosed. In areas where no well-developed SM communities exist (as they do exist in the San Francisco Bay Area), individuals with SM orientation often suffer a great sense of isolation, even despair.

The current researcher has worked as a consultant to SMPs mostly within the U.S. and heard frequent reports of individuals who were externally living regular lives, often married, but who were internally suffering because they felt that they could not share their SM orientation with anyone. With the advent of telecommunications via the Internet, many people with an SM orientation have joined “Chat Rooms” and other on-line anonymous activities with other SMPs (Cross, 1998). The anonymous contacts, however, often prove unsatisfactory to the participants, where many reported “feeling stuck and lonely” to the current researcher.

The SM community as a social network and as a resource for close friendships clearly played an important role for the interviewees in the present study. Sandnabba *et al.* (2002) found that “social well-being appears to be associated with levels of integration of sadomasochistic subcultures” (p.39). Within the safety and confidentiality of the SM community, the SMPs interviewed for the current research could feel free to be themselves, without worry about judgment and prejudice. All were members of SM organizations (such as Society of Janus, Service of Mankind Church, Mahagony) and participated in social events and perhaps attended “play parties”, where SMPs socially gather and may act out a consensual “scene” with each other. The monogamous couples would do such a scene with each other; couples in open relationships and single members could join a scene with different people. To the investigator, it appeared that individuals from the SM community also were available to each other for discussions regarding everyday issues when needed. In other words, the SM community appeared to play a crucial role of social support for the SM practitioners interviewed.

Just as homosexual men and women often still experience distress in identifying their sexual orientation and in expressing that orientation to family, friends, and community (Greene, 2000), SMPs most likely suffer stigmatization from their sexual orientation. Internalized homophobia can cause blocks to intimacy among bisexual couples (Matteson, 1999). The couples in the current research had indeed found suitable partners and reported a great sense of liberation from having to conform to non-SM type relationships. Many SMPs are not feeling safe enough to being “out” about their sexual orientation and may suffer a great sense of isolation, especially if they do not have access to SM community. Califia (1983) speaks about the negative effects of stigmatization of SMP’s sexual behavior. As clients in therapy, many who are involved in SM and DS never disclose their activities and fantasies to their therapists because of fear of being judged (Moser, 1988; Queen, 1996).

Sadomasochistic Practitioners and Attitudes of Mental Health Professionals

Seven of the eight interviewees had had experiences in psychotherapy with mental health professionals. Only Bill (couple one)

had no experience with psychotherapy at all. His wife, Sandra, saw a therapist weekly for seven years. Hela and Steven (couple two) both had individual and couple's counseling, and Hela was in therapy with a mental health professional at the time of the interview. Lynn and Brian (couple three) both had individual and couple's counseling; Brian actually started psychotherapy in his teen-age years, when he was experiencing difficulty in school because of his dyslexia. Simone and Tim (couple four) both had experiences with psychotherapy, as individuals and as a couple. Tim also received psychotherapy for his Vietnam War induced Post Traumatic Stress Disorder.

The individuals' and the couples' evaluations of their experiences with the attitudes of mental health professionals ranged from positive to negative, with the negative attitudes encountered outnumbering the positive ones (see results section, "Theme 7). Those with positive attitudes described therapists as non-judgmental and able to stay with the client's experiences, even if the therapist did not have much knowledge about SM. The negative attitudes ranged from the therapist asking too many ignorant and judgmental questions to an instance of abandoning the client without a referral when the client disclosed her SM orientation. Several SMPs reported avoiding any reference to SM with their mental health professionals because they feared the therapist's reaction, findings consistent with those reported in previous research (Moser, 2001; Queen, 1996). Many reference texts and research articles take a theoretical approach to SM (Krafft-Ebing, 1886; Freud, 1919, 1924; Brothers, 1997; Celenza, 2000). Theoretical approaches to SM consistently pathologize such activities, and it is not surprising that many mental health professionals tend to hold pathologizing views because they have been trained with such theories. Researchers who study SMPs in detail tend to depathologize SM (Baumeister, 1988, 1989; Cross, 1998; Levitt, Moser & Jamison, 1994; Moser, 2001; Panter, 1999; Sandnabba *et al.*, 1999; Santtila *et al.*, 2002). Since most mental health practitioners have no exposure to SM activities unless a client speaks about it, the pathologizing view prevails. Mental health practitioners must gain increased exposure to what SM may mean to its practitioners.

All eight participants, even Bill (couple one) who had never received psychotherapy, had recommendations for mental health professionals. The recommendations centered around the importance of education for therapists regarding SM, that the therapist keep an open mind and stay with the client's presenting concerns, and that therapists need enough knowledge to distinguish between destructive SM behavior and consensual and safe SM.

Often, SMPs enter psychotherapy to work on issues unrelated to their SM activities. If a client's SM sexual practices are not presented as problematic, therapists should be able to maintain focus on the appropriate issue and be undistracted by the client's sexual interests, except where clinically indicated. In many cases, a mental health professional may need only minimal knowledge about SM, especially if SM is not the presenting problem.

Tim (couple four) raised an interesting point. He suggested that mental health professionals should consider SMPs to be persons of a different culture. Tim said: "I have a great deal of respect for therapists. I had a lot of therapy, most of it hasn't gone into the realm of/[SM]. Mainly the therapy that I go for is the type of therapy that everyone goes for. So, I have a lot of respect for therapists, for the profession. My belief is that oftentimes therapists get trapped in their own culture." In other words, therapists who successfully could work with SMPs would need to receive sufficient education about the culture of SMPs.

Currently, graduate training programs and extended education facilities offer a great variety of courses and workshops in the field of clinical psychology. Many programs that promote increased familiarity with cultural and ethnic diversity and variations in human sexuality (such as homosexuality) are available in larger cities to mental health professionals. However, information for psychotherapists about sadomasochistic practice is rarely available. Although the exact numbers are unknown and no research regarding the exact percentage of SMPs within the general population exists, it is clear that many individuals are involved in SM practice. An informed mental health professional would greatly benefit from exposure to the necessary information to productively work with clients involved in SM. The video produced by this investigation is one such educational device that can provide the interested psychotherapist with more knowledge about SMPs.

Limitations of the Study

It is important to bear in mind that only four couples were interviewed. These eight individuals are a very small sample and may not represent SM couples at large. Further, the couples volunteered for this project and made contact via the SM scene. They were all persons reasonably comfortable and self-confident, able to share their SM experiences with other scene members.

Other SMPs may be much more secretive regarding their SM practices and hold different attitudes about themselves and about mental health professionals than the participants in the current study.

The current researcher was the sole interviewer of the participants. Her own positive attitude towards BDSM as a variation of human sexuality and a lifestyle may have, on one hand, influenced the interview responses with positively biased questions. On the other hand, the fact that she was SM positive made the interview possible: the participants took the risk of exposure on video because they believed that the researcher was conducting educational work for mental health professionals that was important.

The educational videotape prepared for the present study was produced solely by the researcher and its effectiveness as an educational tool has not yet been established or evaluated. The video may contain unintended biases and ineffective content that may render it unhelpful for the educational purpose for which it was intended.

Conclusions

The conclusions which follow are based primarily upon the findings of the current study. They are supported also by critical appraisal of the SM literature and the current researcher's knowledge of the SM community, and her familiarity with SM practice.

All four interviews provided rich personal narratives that revealed new information about SM and its practitioners. By exploring in depth the meaning given to SM practice by the eight individuals of the four couples, and through the participants' descriptions of experiences with psychotherapists, several new insights and perspectives about SMPs emerged from the interviews:

- SM enactments can be healing tools and tools for transformations;
- SM can be viewed as a type of sexual orientation of which many persons become aware early in life;
- SM is a distinct subculture;
- SM relationships and SM community support promote liberation from the repression and judgment of non-SM mainstream society;
- Some SM practitioners maintain and sustain committed long-term relationships and work through difficult relational issues;
- Interviewees had generally negative experiences with psychotherapists, who clearly lacked information regarding SM and who often were judgmental and unhelpful to their clients. Many psychotherapists would benefit from receiving proper education about SM.

The three couples videotaped showed great courage in revealing their controversial lifestyles and sexual orientation to unknown future viewers of the videotaped interview excerpts. Their experiences with prejudice towards SM with previous psychotherapists appeared to help them understand that their contribution to the present investigation would be beneficial to psychologists and mental health practitioners, and that it would ultimately be beneficial to other SM practitioners who would encounter psychologists in the future.

Mental health professionals would benefit greatly from specialized education and training regarding the practice of sadomasochism. The fact that individuals and couples with SM practices consider SM a helpful addition to their lives is a perspective that must be brought to the attention of mental health professionals who consider SM practices to be problematic and pathological. In general, research that helps to further depathologize SM will be useful in creating a more open attitude towards persons who practice SM and who also seek psychotherapeutic services.

Recommendations

Recommendation 1.

Mental health professionals could benefit greatly from proper education about SM in order to acquire knowledge that would enable effective work with clients who practice SM. Graduate psychology students would benefit from receiving unbiased

education that does not pathologize sexually variant behavior including SM.

Recommendation 2.

Unsafe or destructive behavior within the SM context may be appropriately addressed in therapy, once a trusting therapeutic relationship has been established. It is the therapist's responsibility to know enough about SM to make a judgment that would support such an intervention. The importance of the concepts of "safe, sane and consensual" SM should be familiar to mental health professionals.

Recommendation 3.

Properly educated mental health practitioners can help clients explore the issues on which the client wishes to work, which may or may not be their SM practices. If the client wants to work on SM issues, a properly educated and trained therapist will be able to assist without imposing judgment and without pathologizing SM activities or SMP character. Again, the therapist must be aware of the importance of "safe, sane and consensual" SM activity as well as abusive, dangerous or destructive behavior.

Recommendation 4.

If, because of excessive personal reactivity, a therapist cannot work with clients who disclose their SM practice, it is the ethical responsibility of the therapist to make a referral appropriate to client needs. Therapists must be sensitive to clients' potential emotional vulnerability if such a referral is presented in a shame-inducing manner.

Recommendation 5.

The video produced by the current research project should be evaluated with regard to its effectiveness in promoting attitude change towards SM of the mental health professionals who view it. The video is available to be viewed by mental health professionals and psychology graduate students only. Interested mental health professionals may contact Gabriele Hoff by e-mail (info@lifestyleeducation.net) or by telephone (415) 255-7866 to arrange for a viewing. A consent form guaranteeing confidentiality needs to be signed prior to the viewing.

Future Research

Suggested future research includes in-depth research regarding the experiences and the meaning of SM for couples and individuals, such as that conducted by Cross (1998), Panter (1999), and by the current researcher. It would be interesting to compare single SMPs with SMPs within relationships to examine whether relationship is related to self-esteem, since much stigma is attached to SM practice.

The role of community deserves further attention. What difference does it make to SMPs if they have access to SM community, to social gatherings, to "play parties"? Does community involvement diminish the effects of stigma attached to SM?

Another recommendation for future research is to examine ethnicity and SM. One couple in the current research project was of mixed race. They reported feeling "doubly marginalized as people of color and as kinky people." Is racial identity affected by SM activities? What type of SM community is available to SMPs of color?

What similarities and differences exist among SMPs of different age groups? Are there gender effects in SMPs? What similarities and differences exist with SMPs of different sexual orientation (homosexual, bisexual, heterosexual)? What are the experiences of men who visit professional dominatrixes but who live a non-SM lifestyle apart from occasional sessions? What are the experiences of work-related burnout for professional dominatrixes who are involved in the SM lifestyle versus the ones who are not involved and only do their job for financial reasons?

Most SMPs reported having early SM fantasies. At what age did they experience being "different" (from non-SM people)?

What was the nature of those fantasies? Did they have actual experiences (some people reported that they did)? Are there particular effects of child abuse among SMPs? Do SM practices reinforce dysfunctional behavior, or can it be used for healing purposes?

Some research using anonymous questionnaires was conducted in the U.S. (Ernulf & Innala, 1995; Moser, 1988, 2001). Extensive research was conducted in Finland (Alison *et al.*, 2001; Nordling *et al.*, 2000; Sandnabba *et al.*, 1999; Santtila *et al.*, 2000; Santtila *et al.*, 2002) . More research could be conducted in the urban U.S. where SM clubs exist. Anonymous questionnaires have the advantage of possibly engaging more subjects willing to speak about their SM orientation, since they do not need to reveal their names and identities. However, in-depth interviews with SMPs that go beyond questionnaires could help to further remove stigma by understanding the individual's experiences and stories, where real people speak about their experiences in a very personal manner.

No research reported thus far has attempted to estimate the exact numbers of SMPs within the general population. It may be impossible to do so, because most SMPs typically engage in their fantasies in secret and alone, and it may be unlikely that they would reveal their sexual orientation out of fear of social ostracism. In time, however, when stigmatization lessens, more SMPs may feel safe enough to reveal their sexual orientation and approximations of the frequency of SM practitioners may become possible.

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