



INSTITUTE FOR  
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***Psychology & BDSM: Pathology or  
Individual Difference?***

## **Psychology And BDSM: Pathology Or Individual Difference?**

As a clinical psychologist, I am a member of a profession that many believe has replaced religion in its power to influence social opinion and behavior. Like religion, my profession has comforted and guided many people... and harmed many others. Over the last hundred and twenty-five years of its existence as a branch of medical science, psychiatry/psychotherapy has contributed to the oppression of women, blacks, gays, and others by labeling these people psychologically inferior (in the case of women and blacks, for example) or mentally pathological, as with gays and other sexual minorities. The effect of the 'pathologizing' of certain groups has been profound. Theories of the inferiority of women have been used to justify exclusion of women from leadership positions; theories of black inferiority used to justify racist policies.

In the area of sexuality, psychology has been particularly harsh and justified particularly brutal treatments for those considered "sexual deviants." Through the first half of the twentieth century, girls who had "excessive sex drive", e.g. masturbated regularly, were considered abnormal and might be subjected to clitoridectomies; until the 1970s gay people could be committed to mental institutions by parents; and even today electro-shock aversion therapy and so-called "chemical castration" are considered acceptable psychiatric interventions for sexual paraphilias - among which are included Fetishism, Sexual Masochism, Sexual Sadism, Transvestic Fetishism, and other practices near and dear to some of us.

Why does psychiatry even concern itself with sexual behavior that is consensual and adult? Why label any such behavior "sick"? Urban anthropologist and founding LSM member Dr. Gayle Rubin has described the way society views sex by classifying sexual behavior as part of the "Charmed Circle of Sex" versus the "Outer Limits". Basically, society likes sex to be straight, married, monogamous, private, not-for-hire, procreative, and vanilla. Some BDSMers manage to violate each and every one of those proscriptions - sometimes all at once! According to Rubin, society does its best to eradicate or suppress behavior on the "outer limits". We do this in several ways, including social and religious disapproval, legislation around sexuality, and classifying behavior as psychologically "sick" versus "healthy". Enter the role of psychiatry.

Mental health theories have changed. Masturbation is okay; women can be sexual; even homosexuality is no longer a mental illness. But psychiatry still pathologizes BDSM, and I maintain that this contributes to shame, secrecy, isolation, and self-loathing within the BDSM community. More concretely, it justifies laws criminalizing S/M behavior, legal decisions to deny child custody to kinky people, and discrimination in job and housing areas. So it's more important than you think to fight the psychiatric classification of kinky behavior.

Personally, I'm queer - bi and kinky. Professionally, I've spent over 19 years as the founder and director of IPG Counseling/Institute for Personal Growth, a New Jersey/New York psychotherapy center with two dozen therapists who work with sexual minorities. I've had first-hand opportunity to see, in the case of gays and lesbians, how psychiatry has damaged people, and how the changes in psychiatric theory and diagnostic nomenclature have contributed to positive social and personal change. I have vivid memories of lesbians and gay men committed to mental institutions simply by virtue of their sexual preference, losing their children because they were, by definition, psychologically unfit, losing jobs because they were considered "sick". But most of all, I have vivid memories of the heavy baggage of shame and self-loathing all gays and lesbians carried because they considered

themselves "pathological" and therefore inferior to the rest of society. I have also witnessed an amazing blossoming of pride, more in each younger generation of queer kids.

The same thing can happen in the kinky community if we raise, first, our own consciousness and, second, the consciousness of professionals. Let's start with the Diagnostic and Statistical Manual of the American Psychiatric Association - the Bible of mental health. The fourth edition of this tome considers us "Paraphiliacs". What this means is: we are sick simply because of what we fantasize about and/or do, no matter what else we are like as people or how healthy or sick the rest of our lives are.

The DSM IV is not particularly logical in its classification or diagnostic criteria for paraphilias. Some definitions are blatantly ridiculous: you are a fetishist, for example, if silky underwear turns you on but not if vibrators turn you on (vibrators are specifically made for sexual use, underwear is not). Other definitions manage to be both offensive and socially naïve at the same time: part of the definition of a Sexual Sadist is "the person has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause marked distress or interpersonal difficulty." In other words, you can be a sadist if you rape and torture someone OR if your wife finds out you have domination fantasies and divorces you OR if you feel personal distress because you've been told being a sadist is sick!

Moreover, like the Catholic Church, the DSM IV makes no distinction between fantasy and behavior; again, the definition for Sexual Sadism only says you have to have "recurrent, intense sexually arousing fantasies... in which the psychological or physical suffering... of the victim (sic) is sexually exciting." Among other things, this definition includes such a huge percentage of the population as to be ludicrous.

Beyond these failures of logic, the most serious problem with the psychiatric classification of much of our behavior as Paraphilia is that there is no justification for considering Paraphilias 'illnesses' in real life. Where is the harm to the individual or to society at large, beyond offending some people's sensibilities? One can argue for continued classification of nonconsensual sexuality... but why BDSM?

To understand why this happens you must understand that psychiatry is much closer to an art than a science and that there are some huge grey areas where social mores and personal prejudices enter in. Decisions about whether or not a behavior is "pathological" are quite literally made by a vote of a bunch of mostly old white heterosexual men. Some behaviors aren't that tough to come to consensus on: most suicidal behavior, much psychosis, some addictions, are so clearly destructive that it seems hard to believe they should not be considered as aberrations. Other areas, like consensual sexuality, for example, are much tougher. Many people with statistically unusual sexual behavior DO seem very distressed, but the problem is that this distress may be just as easily a result of social stigma as it is a result of the sexual behavior itself.

To make things worse, most psychiatric viewpoints are based purely on theory with almost no fact to back it up other than "clinical observation." Theory about sexuality has been pretty dismal. From the very beginning, both sexologists like Kraft-Ebbing and psychiatrists like Sigmund Freud took it for granted that the "charmed circle" of sex was "natural" and "normal", and that everything outside that circle was "neurotic". In other words, no proof that "deviant" sexual behavior was illness was needed; it was self-evident to any 'normal' person. Their theories followed from their

beliefs, so they naturally classified almost any sexual act other than heterosexual husband/wife missionary intercourse - everything from masturbation to BDSM - as sick.

Nothing changed much until Kinsey in the 1940s and 1950s, and then Masters and Johnson in the 1960s. Masters and Johnson studied the human sexual response from a medical point of view and proposed a model of sexuality that broadened the "charmed circle" - now sex involved pleasure and intimacy, not just procreation. However, they portrayed sex as a fairly simple bodily function, a bit like eating and defecating (no scat jokes, please). Their view seemed to be that, if social prohibitions against sex were removed, "natural" sex would be fun, sweet, loving one-on-one encounters that involved a lot of touching and even oral and anal sex, possibly even between two people of the same gender. As you might guess, this perspective had no room in it for kink, which was generally viewed by the sex therapy field that emerged following M & J as "deviant" behavior that probably wouldn't exist if our culture was more "sex-positive".

But at the same time, a theory began to emerge that went 'outside the box', as the cliché goes. This theory, which had its seeds in the Kinsey research and has been continued by Tripp, Moser, and others, has been labeled by Jack Morin, Ph.D. as the "paradoxical view" of sex. The paradoxical perspective of sex holds that there is no reason to consider sexual behavior pathological unless concrete evidence of life-threatening or similar horrendous harm exists, or unless it is nonconsensual (by definition including children as nonconsensual). The paradoxical perspective sees sexual preferences of all types as being the result of a complex interaction of biology/genetics: early childhood imprinting experiences (not "abuse", but a wide variety of potential experiences); individual experiences; and social mores and customs.

The paradoxical perspective makes intuitive sense to anyone who is sexually sophisticated, particularly "scene" people. It recognizes, for example, that power dynamics exist in all sexual exchanges; that sex involves aggression as well as love; that sexual arousal often involves playing with so-called "negative emotions" like fear and anxiety; that early childhood experiences are sometimes evoked during sex but this can be healing as well as disturbing; and so on. From the paradoxical framework, the origins of individual sexual preferences are complex and multi-faceted. For example, it is likely that people are born, not only with differences in level of sex drive or libido, but with differences, say, in whether intense or mild stimuli is arousing; differences in pain threshold; differences in tendency to need excitement and novelty as opposed to routine. Some childhood experiences may have impact on some children and not others for reasons not yet understood. A diaper, for example, may become eroticized for one toddler and not another, or a spanking create excitement verging on arousal in one child but not the next. Introduction to BDSM fantasies in adolescence or even adulthood may shape the direction of future sexual behavior for some people, but not others. In short, the paradoxical perspective sets aside judgments about consensual adult sexuality, acknowledges that we are just at the beginning of efforts to understand the human sexual response. Proponents of this model try to explore sex as it really is, rather than as society thinks it should be.

This does not deny the possibility that BDSM players can be crazy. Why should the leather community be exempt from the same percentage of nuts as the rest of the world, perhaps even a slightly higher percentage, since most "fringe" communities attract people who are at extremes of the bell curve on all kinds of behavior. It does

not deny the possibility that BDSM can be abused: generally speaking, anything that is very pleasurable also has an abuse potential. And there are particular issues, like "bleed-through" of scene roles into everyday life, that are unique in some ways to the fetish world. But the point is, there is nothing pathological about BDSM per se or the people who like it.

The bad news for those in the kinky community is that the vast majority of therapists, even some trained to work with the gay and lesbian community, hold to some version of the old Freudian model of pathological sex. And they are taught this in graduate school, because the 'Bible' still includes kink as a mental illness. So you should be very careful in choosing a therapist and interview any counselor about whom you are unsure. Use resources like Kink Aware Professionals on the Internet and (shameless plug:) if you live in New Jersey or near the PATH in Manhattan, consider calling us at IPG. (Even if you don't, visit our website at [ipgcounseling.com](http://ipgcounseling.com); we try to keep some interesting stuff up there).

The good news is that things are changing. Increasingly, especially within the sub-group of therapists with special training in human sexuality, the paradoxical perspective, or something like it, is being adopted. As evidence, this year's annual national conference of the American Association of Sex Educators, Counselors, and Therapists has BDSM as a major theme. The presentations, far from pathologizing BDSM, include ones that educate and inform therapists and panels that show the ways in which the BDSM community is on the vanguard of sexual communication and sexual responsibility. With raised consciousness on the part of the fetish world as well as the psychotherapy profession, some day we can hope to see our behaviors and preferences regarded as merely a normal variation within the broad spectrum of human sexuality.