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Practice Of Consensual BDSM And Relationship Satisfaction

Hannah M.E. Rogak
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This thesis submitted by Hannah M.E. Rogak in partial fulfillment of the
PRACTICE OF CONSENSUAL BDSM AND RELATIONSHIP SATISFACTION

by

Hannah M.E. Rogak

B.A., University of Minnesota-Twin Cities, Minneapolis, 2010

A Thesis

Submitted to the Graduate Faculty

of

St Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science

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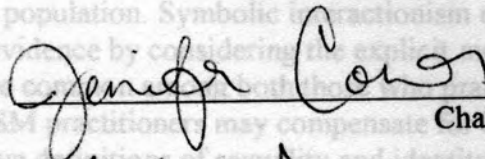
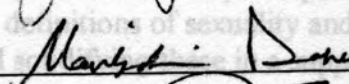

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This thesis submitted by Hannah M. E. Rogak in partial fulfillment of the requirements for the Degree of Master of Science at St. Cloud State University is hereby approved by the final evaluation committee.

Hannah M.E. Rogak

Sexual behaviors and styles that differ from that of the majority culture have been pathologized since civilizations began to form. One such category of sexual variation is BDSM (bondage-discipline/dominance-submission/sadism-masochism), which remains subject to widespread discrimination in the United States. Research on the treatment of BDSM practitioners by the legal, medical and mental health systems, as well as popular culture representations, suggests widespread discrimination in the United States. Feminist theory posits that such routine stigmatization from one's social context can lead to significant emotional and social stress.

A growing body of literature, however, describes those who engage in BDSM activities as well-educated, socially well-adjusted individuals who are no more likely to have psychological distress than the general population. Symbolic interactionism explains this division between theory and empirical evidence by considering the meaning-making and positive interactions shown to be common within the BDSM and BDSM communities. Thus, BDSM practitioners may compensate marginalized population by creating their own definition of sexuality and identity separate from that of the dominant culture, and

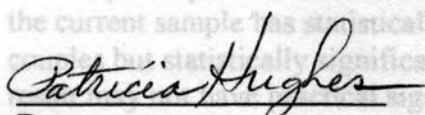

Chairperson

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PROCEDURE

This study used an online survey distributed via BDSM community websites and word-of-mouth to measure relationship satisfaction among BDSM practitioners who were in committed relationships. The Revised Dyadic Adjustment Scale (RDAS) was administered, as well as a number of demographic and BDSM participation questions about both the participants and their partners. Data were collected for 8 weeks.

FINDINGS

The hypothesis predicted no difference in relationship satisfaction scores of BDSM participants and those of the general population. This hypothesis was rejected, as the current sample has statistically significantly lower RDAS scores than nondistressed couples but statistically significantly higher RDAS scores than distressed couples. This finding is statistically significant, however, since the BDSM mean and distressed mean were two points apart on a 69-point scale. Additionally, data analysis roles to see if women and submissives had lower RDAS



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PRACTICE OF CONSENSUAL BDSM AND RELATIONSHIP SATISFACTION

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scores (based on feminist critiques of BDSM being replication of patriarchal oppression). This yielded no statistically significant results. These results were considered in the context of both feminist and symbolic interaction theories and the current body of literature.

I would like to thank my advisor, Dr. Jennifer Connor, for going beyond her official

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Jennifer Connor
Chairperson

to help me get this thesis completed, and my committee members, Dr. Manijeh Zerbib, for pushing me and Dr. Saad Zerbib, for pushing me to complete this thesis. I would also like to thank all the people who supported me and courageous enough to volunteer their time and personal information to a grateful stranger. Lastly but most importantly, I thank my glorious husband, Matthias Meyer, for always cheering me on and keeping me from giving up these last two years. You're the best thing money can't buy.

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Chapter I

INTRODUCTION

While sadomasochism (SM) has at various times been treated as criminal behavior, mental illness, sexual taboo and sign of sexual freedom, it continues to be an under-researched and poorly understood subculture. To lay the foundation for the current piece of work, the following is a basic primer on what constitutes SM, the broader SM community, and the current research study on SM participants (though it is by no means an unbiased or complete catalog of what is a very complex family of related practices and lifestyles)

Today, SM is more accessible to the general public as well as its participants through numerous educational and fictional SM books, online and physical communities, and increasing pop culture representation. The SM community in the United States has evolved over time from a primarily gay male to a pansexual population, and the interests of participants have expanded to create various subgroups. Some subgroups partake in only bondage and restraints, others only hierarchical power dynamics and others still only role play, all in addition to those who enjoy the consensual giving and receiving of pain. As such, some use the term BDSM (bondage-discipline/dominance-submission/sadism-masochism) incorporate a broader range of interests and activities. As such, unless specifically referring to the giving and receiving of pain, BDSM is used henceforth, even

when authors referenced may have used the term sadomasochism or SM (which, according to almost all previous studies reporting multiple BDSM roles, is erroneous; only a minority of the BDSM population identifies as both sadist and masochist, so the endurance of the term by professionals is itself perhaps a sign of misinformation).

As with other subcultures, the BDSM community has its own concepts and terms. A “scene” is a discrete period of time in which one or more individuals partake of BDSM activity, and can be used both as a noun and a verb (“Don’t interrupt them while they’re scening”). Another word for this is “play,” a complex term that can stand both for a particular instance of activity, such as a scene, as well as a category of BDSM interest (e.g. “knifeplay,” or an interest in using knives in BDSM play). BDSM communities are formed in part online through chatrooms and social networking sites, as well as by physically meeting. Some of these meetings are public or private “play parties” where attendees may scene in private or in front of an audience of other attendees. Other meetings, known as “munches,” are public, non-sexual, non-play events used to welcome newcomers, educate, socialize, and plan future events. While some individuals continue to practice BDSM privately, many are active in local, national and international BDSM communities that continue to shape how BDSM is viewed, both by its practitioners as well as the general public.

The majority discourse on BDSM in American society today, however, is still one of both curiosity and scorn. Several studies done over the last decade have shown the presence of discrimination against BDSM-identified individuals by professionals in the medical, mental health, legal, and law enforcement systems (Klein & Moser, 2006;

Kolmes, Stock & Moser, 2006; Lawrence & Love-Crowell, 2008; Ridinger, 2006; Wright, 2006; Wright, 2008; Wright, 2010). A preponderance of research, however, has so far shown no correlations with mental illness, a history of abuse, or an inclination to criminal behavior (Connolly, 2006; Cross & Matheson, 2006; Dancer, Kleinplatz, & Moser, 2006; Lawrence & Love-Crowell, 2008; Moser & Kleinplatz, 2005; Newmahr, 2010b; Powls & Davies, 2012; Richters, de Visser, Rissel, Grulich, & Smith, 2008; Weinberg, 2006).. To justify the culture of discrimination surrounding this population, validation must be found for negative outcomes in BDSM practitioners as a result of these activities (as even a history of trauma would not necessitate BDSM's classification as an activity to be stopped). This study takes this question to a relational level fitting such a collaborative activity, examining whether this population has the same levels of relationship satisfaction as the general population.

Consensual BDSM: BASIS FOR CURRENT STUDY

As of yet, no quantitative study has explicitly explored the effects of BDSM participation on marital or family systems. One qualitative study found that 88% of 146 Master/slave respondents expressed being satisfied with their relationship and 71% reported being *more* satisfied with it now than when it started (Dancer, Kleinplatz & Moser, 2006). The purpose and design of Dancer et al. (2006), however, was to see whether such relationships exist and how they work but not whether they are satisfying. Additionally, this study did not require that participants be in romantic relationships with their BDSM partner (indeed, some couples in the sample were explicitly not romantically

or sexually involved). Thus, one next step is a quantitative study on relationship satisfaction using a scale established for the general population on a defined subset of the BDSM population: couples in committed, romantic relationships.

Because BDSM practitioners have been found to have stable employment and higher incomes and education than the general population (Povls et al., 2012; Weinberg, 2006), and because the subculture emphasizes communication and negotiation of needs and desires with partners (Butts, 2007; Dancer et al., 2006; Newmahr, 2010b; Nichols, 2006), one might expect the practice of BDSM to be correlated with more satisfaction in relationships. However, if participation does function as a mental illness or if participants have internalized cultural messages of pathology, the practice may correlate negatively with relationship satisfaction.

Research Hypothesis

Consensual BDSM couples will not differ significantly on a measure of marital satisfaction from the measure's tested norm. This result will remain when participant scores are compared via levels of demographic variables.

Chapter II

LITERATURE REVIEW

HISTORY OF SEXUAL PATHOLOGY

Despite being one of the foundational behaviors of the human species, sexuality has been and continues to be the most controversial aspect of humanity. Why that is so is not immediately clear, yet, without considering its history, one could argue that human sex is as natural and inconsequential as eating or resting. So how did sex become an impulse that has, over the course of history, caused so much guilt, shame, disgust, ire and confusion? The curious case of how expressions of sexuality became taboo is a complex one.

Reay Tanahill's comprehensive book, *Sex in History* (1980), chronicles sexual behaviors from the Neolithic Age to the book's publication and offers theories on, for example, how men came to be the dominant gender in most of the world, how incest became the "first taboo," and how the major cultures throughout history responded to unusual or undesired sexual behaviors. The injunction against incest, for example, came to exist almost universally as humans spread across the globe, and this first limit on sexual behavior, says Tannahill, likely came about during the Pliocene ice age as a means of inter-tribal alliance and evolution; an inbred species is less genetically diverse and therefore more vulnerable than one that includes potentially life-saving variations. Thus,

tribes or clans that remained incestuous would, over the course of many thousands of years, die off, leaving only incest-forbidding cultures to flourish. Tannahill shows how other variations in sexuality, like adultery, prostitution and pederasty, have gone in and out of favor as population fluctuated and religious and political alliances changed. These degrees of vacillation between tolerance and prohibition across cultures and history imply that attitudes about sexuality are predominantly dictated by society as opposed to biology

So how is it that sexuality became an obsession across cultures? Recent history in the West provides one example: In his 1976 book *The History of Sexuality*, Michel Foucault hypothesizes that the supposed repression of sexuality in the Western world resulted, ironically, from an exponential increase in the discourse around it. The public conversation of sex began to broaden, Foucault posits, from Catholicism requiring excruciatingly detailed sexual confessions in the seventeenth century, which theretofore had been reserved for only the "ascetic and monastic setting" (p.20). The nodes of public discourse expanded further as sexuality became the focus of bureaucracies concerned with population analysis and control in the nineteenth century. Soon the topic of sexuality was dissected by doctors, politicians, social committees and educators, inherent in the planning of buildings (separating uncontrollable sexual boys and girls) and overt manuals delineating appropriate from inappropriate sexualities. By the time of Foucault's writing, the West had endured three centuries of modern societies "dedicat[ing] themselves to speaking of it *ad infinitum*, while exploiting it as *the secret*" (p.35).

The mere act of description necessarily delineates one thing (or behavior, in this case) from another, and this act requires some guiding principle- a value or quality

judgment. Thus, the increase of discourse about sex, according to Foucault, has led to an exponential increase in the "otherness" ascribed to it and the implied need to define what makes it so noteworthy. Foucault points out that the mere act of talking about sex does not necessarily bring it out of the dark (defy repression) but could act as ever-strengthened boundaries in which the subject must remain. In the case of sexuality, words, ironically, have acted as censors by how and why one is speaking, and which words are used and not used. Thus, modern society "did not set up a barrier; it provided places of maximum saturation. It produced and determined the sexual mosaic" (p. 47).

Tannahill offered support for Foucault's hypothesis in writing:

Most people are aware that sex is not everything- but they sometimes act as if it is. And in the late twentieth century this situation has been exacerbated by the fact that it has developed, for the first time in history, in an era of mass communications. It has become a matter not of minority, but of majority concern. (p. 423)

She, just as Foucault does, goes on to relate the preoccupations with every detail of sexuality to a governing body (be it Church, State, or Commerce). These societal interest groups look to increase their control over the individual by turning a natural, necessary act of humanity into a dark secret to be repented or a disorder requiring a cure. Here again, taboo is a cultural creation based in an attempt to gain power.

This dividing into Foucault's mosaic of perversion extended to numerous categories through medical and psychological prescriptions of "abnormal" sexuality. Sigmund Freud is one of the most widely recognized progenitors of secular sex standards, and his *Three Essays on the Theory of Sexuality* provide explicit delineations between normal and not. Freud termed sexuality as humanity's "weak spot," the area in which an

otherwise normal person could behave abnormally. In just one paragraph, Freud disqualified future arguments that unpopular sexual behaviors done by otherwise sane people might be proof of the behavior's harmlessness.

Indeed, Freud had very explicit delineations between normal and abnormal sexuality, though his reasoning was sometimes unconvincing. His essay "The Sexual Aberrations" includes homosexuality ("inversion"), fetishism, voyeurism, sexual touching without intercourse, sadism and masochism. His condemnations do not, interestingly, include oral and anal sex; Freud explains the prohibition of these acts come only from a disgust typical of "hysterical girls" and that "the sexual instinct in its strength enjoys overriding this disgust" (p. 18). Freud does not offer a compelling reason why the orifice of excretion is more normally enticing than looking "exclusively at the genitals," which he also defines as perverse. Whatever the aberration, Freud concludes that, although entirely unhealthy, the propensity for these aberrations exists in all humans; "the insane merely exhibit any such aberration to an intensified degree" (p. 14-5). Here, as described in *History of Sexuality*, Freud's ultimate contribution to the discourse on sexuality is to define it as a perilous activity about which we must be ever vigilant.

One topic on which Freud was particularly progressive was his theory of how homosexuality came to be. In his conclusion on the matter, Freud writes that, just as we cannot know how a man develops an exclusive sexual interest in a woman, we cannot profess to know how the opposite occurs in "inverts." In this way, he was ahead of many fellow psychiatrists, notably the authors of the Diagnostic and Statistical Manual of Mental Disorders (DSM). It wasn't until 1973, in the second edition of the DSM, that

homosexuality was removed as a disorder, but in its place was Sexual Orientation Disturbance and Ego-Dystonic Homosexuality (Spitzer, 1981). These were controversial enough to be removed by the revision of the third edition, published in 1987. What Freud deemed “nothing to be ashamed of” in a 1935 letter (“Historical notes,” 1951), a board of American psychiatrists continued to pathologize, in some way, for another five decades.

Homosexuality offers a study of the evolution of law in matters of sexuality that continues to echo in other unpopular sexual practices. Until the *Lawrence v. Texas* decision in 2003, sodomy was illegal in 15 U.S. states, and prior to 1962 was considered a felony in every state. Sodomy is a term rarely defined in law but generally accepted to mean any sexual act deemed as “unnatural” or “immoral” and often includes anal sex, oral sex, and bestiality (Newton, 2009; p.85). Sodomy laws reinforced the use of sexual perversion to discriminate against certain classes of individuals; “Since the laws had rarely been enforced against heterosexuals, there was no sense of urgency about their repeal” (Sullivan, 2003). Prior to 1993, homosexuals were not permitted to serve in the U.S. military and until 2011 were allowed to serve as long as they did not disclose their sexual orientation. The Defense of Marriage Act (DOMA) of 1996 restricted federal marriage benefits for and inter-state recognition of same-sex marriages, declaring federal disapproval of same-sex relationships. Interestingly, despite the restricting nature of DOMA, the number of states explicitly forbidding same-sex marriage increased from 7 to 25 almost immediately following its September passing. Here one can see how the official state discourse around sexuality served to intimidate certain citizens into

behaving as the majority does (through threat of legal action), at the same time as it increased awareness and fear.

ORIGINS OF SADOMASOCHISM AS A PERVERSION

Homosexuality is one form of sexuality to come under enduring public scrutiny and condemnation, but it is certainly not the only one. The history of sadomasochism is similar, yet less of it so far has occurred in popular discourse.

The emergence of the terms 'sadism' and 'masochism' is in itself an interesting study of Foucault's theory on sexuality becoming insatiably pathologized. Both began as literary subjects who revel in their atypical sexualities, and were transformed over time into diagnoses through increasing consideration. 'Sadism' was inspired by the Marquis de Sade's 1791 novel *Justine: or, The Misfortunes of Virtue* and his personal sadistic exploits, for which he was repeatedly imprisoned. *Justine* details the story of a young woman attempting to live a virtuous life but constantly meeting sexual exploitation and degradation while the narrator (her long lost sister) finds a life of goodness by first sacrificing herself to vice. Thus, the message of the text is that one will be continually punished for not allowing sadistic conquest but a submission to vice is rewarded.

On the other hand there is *Venus in Furs*. Leopold von Sacher-Masoch's 1870 short story describes a man named Severin who begs a woman, Wanda, to take him as her slave and to commit ever-increasing degradation and physical punishment on him. As with de Sade, Sacher-Masoch's story was autobiographical; copies of the "slave contract" he had with his mistress still exist. From his surname emerged the term "masochism".

With both of these examples we can see Foucault's 'ars erotica,' or romantic, aesthetic depictions of sexuality, turned into 'scientia sexualis,' or classical, intellectually-defined terms; despite their literary origins, the prevailing discourses surrounding these terms aimed not to educate or celebrate but rather separate and diagnose sexual behaviors.

In 1886, psychiatrist Richard von Krafft-Ebing actually coined the terms "sadism" and "masochism" as the giving and receiving of sexualized pain, respectively, from these two authors. Krafft-Ebing coined other words that contributed to society's ability to define normal from abnormal: the word "fetish" came to refer to a sexual object, whereas previously that term had been applied only to *religious* objects imbued with supernatural powers over others; "paedophilia"; and the re-popularizing of "heterosexuality" and "homosexuality". As Krafft-Ebing and other medical professionals aimed their focus on sexuality, deviations in sexual behavior moved from being sinful acts, committed by an otherwise "normal" person at a fixed point in time, to disorders inherent in the individual. Here again a perhaps well-meaning attempt to understand unusual sexual behaviors became a more disparaging and enduring label. (Oosterhuis, 2012)

Despite being one of the most iconic studies of sexuality in the 20th century, Alfred Kinsey's studies on female and male sexuality had little to say on the subject of BDSM. Topics explored in the almost 12,000 interviews included anal sex, masturbation, experience with prostitutes and, perhaps most famously, homosexuality. This latter subject sparked the 1948 creation of the Heterosexual-Homosexual Rating Scale (also known as the "Kinsey Scale"). The book on male sexuality, published in 1948, and the book on female sexuality, published in 1953, reported that about 22% of men and 12% of

women found a sadomasochistic story arousing. Otherwise, the Kinsey Reports were silent on the matter. (Kinsey Study Data).

The course of human history shows a wide range of sexual behaviors and both acceptance and prohibitions of those behaviors. Thus, an objective truth about inherently appropriate sexuality appears to be impossible. Once it is accepted that sexual norms depend more on what is fashionable for or advantageous to a certain people at a certain time, the discussion of sexual discrimination goes from what is correct to what is desirable. This conversation continues to the current day in the United States as sexual minorities continue to experience both personal and institutional discrimination.

DEMOGRAPHICS OF POPULATION

Before continuing on to discuss the state of BDSM in the current era, we will first examine of whom this population exists. How prevalent is BDSM participation and how do participants differ from other groups on gender, ethnicity, age, profession, etc.? Getting a basic understanding of these dimensions would be sensible before further scrutinizing their practices.

The exact number of participants who at least occasionally engage in BDSM behavior is sometimes hard to determine. Richters, et al. (2008) found that 1.8% of sexually active people in Australia engaged in BDSM in the previous year. Moser and Kleinplatz (2006) suggest that as much as 10% of the U.S. population is likely to be involved in some way. The Kinsey Institute supported this in their Report on Sex, citing estimates around 5-10% of the US population (Reinisch & Beasley, 1990). Because of

difficulties defining everything that may constitute BDSM behavior and participants who may not want to self-identify as a sexual minority, firm prevalence rates are not readily available. But, as other researchers have noted, themes of BDSM have become commonplace and even trendy to areas of the general population, such that many adults who are not participants are nonetheless familiar with parts of BDSM (Weiss, 2006a).

Most studies have found that the BDSM subculture is “overwhelmingly White” (Sheff, 2011). One sample found that almost all participants had completed high school (96.9%) and 75% had a bachelors or higher degree (Connolly 2006). This fits with previous studies showing BDSM practitioners to be better educated than the general population (Breslow, Evans & Langely, 1985; Moser & Levitt 1987; Sandnabba, Santtila & Nordling, 1999; Sheff, 2011; Spengler, 1977). Sixty-seven percent of the Connolly (2006) sample reported working in professional fields, with an additional 22% in creative fields. Sandnabba et al. (1999) found this population to have higher incomes than the US average. This study, as well as others, has found a higher percentage of this population tends to be single (Breslow, et al., 1994), and the researchers hypothesized that it may be more difficult to find an BDSM-compatible partner.

In general, people who identify as BDSM participants (or in some studies, those with BDSM fantasies) tend to be White, middle-income, well-educated and more likely to be single. Based on demographics alone, there doesn't appear to be anything alarming or unusual about them. And yet, as we'll see in the following section, BDSM participants are the recipients of overt discrimination at most levels of society.

EVIDENCE OF DISCRIMINATION

The practice of sexual sadism and sexual masochism is currently designated as a mental health diagnosis in the most recent edition of the Diagnostic and Statistical Manual of Mental Health Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013). In order for the individual to qualify for this diagnosis, they must have acted on a non-consenting person, or the urges must have caused significant distress or interpersonal difficulty (APA, 2013). In practice, this should mean the diagnoses of sexual sadism or sexual masochism are reserved for either criminal populations or individuals who volunteer for therapy focusing on issues with their sexual activity. In reality, however, there seems to be confusion about when to apply the diagnoses; the mere inclusion of sexual sadism as a mental health diagnosis has led to discrimination by mental health professionals, social service workers, and the judicial system of consensual BDSM activity (Klein & Moser, 2006; Kolmes, Stock & Moser, 2006; Lawrence & Love-Crowell, 2008; Ridinger, 2006; Wright, 2006; Wright, 2008; Wright, 2010).

For instance, Susan Wright, spokesperson for the National Coalition for Sexual Freedom (NCSF) claims that the NCSF was asked for help in child custody/divorce cases by 132 individuals in 2009 because of their involvement in alternative sexual practices. In 2008, that number was 157 individuals. Such situations are supported by other articles on the influence of participation in BDSM activities on judicial decrees, despite the lack of any nonconsensual behavior or, in some cases, any mental health diagnoses (in one large trial, defendants were actually convicted of aiding and abetting abuse on themselves,

though consensual; Klein & Moser, 2006; White, 2006). Ridinger (2006) cites a number of cases where consensual BDSM activity led to arrest, intimidation, libel, and prosecution among police, prosecutors and judges. The subject matter of these situations varied, from child custody and employment discrimination to right to privacy, and even murder. One instance involved the arrests of gay men holding a fundraiser where they auctioned off “slaves,” and police arrested everyone involved, citing anti-slavery codes. In court, police were unable to explain why the slaves were arrested in addition to the auctioneers, despite being told that the “slavery” was voluntary. Ridinger emphasizes that BDSM will continue to be a problematic area for the legal system until society begins to view BDSM as sexual instead of criminal.

Ridinger’s case studies are supported by survey data in the broader BDSM community. The number of individuals reporting general discrimination based on alternative sexual practices was over 500 in 2009 (Wright, 2010). In 2008, the NCSF conducted a survey of 3,058 BDSM-identified individuals and found 30% had suffered harassment discrimination based on their sexual practices: 49% of these respondents cited discrimination from medical professionals, 39% from mental health professionals, and 25% from police or other government employees. In regards to the diagnostic criteria applied by mental health professionals, Wright advocated for a distinction between an individual’s distress due to societal disapproval and internally-generated distress when determining a diagnosis, which is not a factor in the DSM-5. (Wright, 2008)

While the source of these numbers may be biased (the NCSF is an alternative sexuality advocacy group), they are supported by other studies. Kolmes, Stock, & Moser

(2006) conducted open-ended surveys of 175 BDSM-identified individuals and 17 mental health providers and found 118 incidents of therapist bias and inadequate care; the major categories among the responses were (in order of prevalence): considering BDSM to be unhealthy; requiring a client to give up BDSM activities; confusing BDSM with abuse; having to educate the therapist about BDSM; assuming BDSM interests are indicative of past family/spousal abuse; and therapists stating they are BDSM-positive when they are not actually knowledgeable about BDSM practices (p. 314). This was in spite of the fact that 74.9% of participants reported the issues for which they sought therapy were unrelated to their BDSM practices.

Lawrence and Love-Crowell (2008) confirmed this, stating among a small sample (14) of psychotherapists with significant experience working with BDSM clients, concerns related to BDSM were uncommon. Finally, in a case study of one custody case, Klein and Moser (2006) detail how knowledge of parents' consensual BDSM activities can become more important than the parents' relationship with the child, or recommendations from other family members, parent evaluators, and child protective services case workers. Wright (2006) also speaks to this: "NCSF annually tracks requests for assistance and compiles them in an Incident Response report... The largest category of incidents concerning individuals involved parents who were engaged in child custody and divorce cases" (p. 226). Alternative sexual practices between consenting adults may still lead to discrimination, even though no one in these studies had been diagnosed with Sexual Sadism or Sexual Masochism Disorder.

Pathologizing approaches and language is not limited to the mental health, medical, or judicial fields, however; quite a few academic journal articles take a stigmatizing stance. Some research that appears pathologizing only does so because the subject matter is nonconsensual behavior, usually in criminal populations, but the delineation between their population and that of consensual BDSM practitioners is often never made (Kirsch & Becker, 2007). This could be because the authors expect the readers to make this discernment based on context, or it could be that it did not occur to the researchers that there is a consensual, non-criminal population who engages in, for instance, sadism and masochism (two common areas of crossover between the two populations).

One recent article that openly acknowledged the different populations still termed those who enjoy giving sexual pain but are not engaging in criminals as nevertheless “sexual psychopaths” and that this equated to an “extreme aberration of ‘love’” (Palermo, 2013). This author also referred to those who engage in consensual BDSM as having either sadistic or masochistic personality types, which is not supported by the literature (Connolly, 2006).

One case study of three women seeking therapy for discomfort with their sexual behaviors found support for the hypothesis that “prolonged emotional, sexual, or physical abuse can be a causal factor in the development of sexual masochism” (p. 233). The authors, however, make unsupported assertions about this population that suggest an existing bias. For example, they assert “sexual masochism, like most paraphilias, interferes with achieving meaningful sexual relationships” (p. 231) without citing any

empirical evidence. Moreover, 15 of the 22 articles cited were over 20 years old (at the time of publication), four of which were more than three decades old. (Abrams & Stefan, 2012)

These articles, either accidentally or purposefully, encourage the confusion in the academic and professional sphere on whether consensual BDSM activity is related to abuse and psychopathology. The presence of consent in BDSM behaviors appears to be what separates criminal and clinical kinds of sadomasochistic behaviors and those within the context of mutually beneficial adult relationships. Given that recent research has found no strong correlations between various kinds of psychological distress and consensual BDSM practice, there is no longer any justification for authors failing to make this distinction when referring to psychopathology in criminal populations.

Discrimination occurs more subtly in even superficially kink-friendly avenues, where laypeople are often provided with romanticized (and hetero-normative misogynist) conceptualizations of BDSM. It is easy to see Foucault's assertions continually validated in regards to increased discussion leading to increased division and discrimination. The 2011 novel *Fifty Shades of Grey* by E.L. James has rekindled the public's discussion of what constitutes normal and abnormal sexuality. The plot consists of a young woman, Anastasia, submitting to the sadistic whims of a supposedly broken man, Christian, whose BDSM interests both disturb and intrigue Anastasia. Eventually Anastasia leaves the relationship, deeming them incompatible. One news outlet asserted that *Fifty Shades* is the "fastest selling paperback of all time" (Bentley, 2012) while another stated that by November of 2013 the trilogy had sold more than 90 million copies and had been

translated in 52 languages (Johnson, 2013). Being both recent and prolifically read, *Fifty Shades* is a useful pop culture representation of what is supported by society as an acceptable representation of BDSM (it likely would not sell well if the general public strongly disagreed with its depictions) as well as providing instruction about the subculture to those unfamiliar with BDSM. In other words, the book stands as evidence of popular opinion at the same time as it is shaping it.

Despite its very recent publication, a number of academic articles have already sought to discredit its depiction of BDSM practitioners. Harrison (2013) took issue with childhood trauma being the sole reason given for Christian's interest in BDSM and termed the story, not one of Christian's redemption but of being rewarded for normalizing his sexuality into a more socially acceptable context. Harrison states that Christian is disciplined "into the heteronormative regime of his social context" when he is compelled by Anastasia to forgo his more hardcore BDSM inclinations in exchange for a romantic relationship. Downing (2013) echoes this sentiment, stating that the book sets up BDSM as the "sick, scary" symptoms of childhood trauma. She also comments on the salvation message, writing that the book reviles the explicit BDSM contract in the plot while "extolling romance, marriage, and parenthood as the inevitable desires of women and as the means via which a woman can save... a sexually and socially errant man" (p. 100). Downing calls into question why one social contract (marriage and children) should be lauded over the other, as James appears to in *Fifty Shades*. Although it is perhaps the most salient pop culture depiction of BDSM in recent years, it is not necessarily an accurate or affirmative one.

FEMINIST THEORY AND MINORITY STRESS

Feminist theory addresses the effects of such a widespread negative message on members who identify as part of the BDSM subculture. Generally, this theory holds that women in the US are treated by the dominant culture as inferior classes of people and that this experience effects the way they view themselves, their loved ones, and their broader place in society. This occurs through overt means, such as parents telling their daughter, "Girls don't make very good team leaders," or more subconsciously, as when men are hired for upper management at higher rates than women, regardless of qualifications. When women receive such messages from birth into adulthood, the messages begin to shape women's realities and define what is acceptable and not, what is "normal" and not for a woman. In this way, whenever a woman wishes to differ from that prescribed norm, she is punished somehow within her social context. Thus, according to feminist theory, women are socially constrained to behave only in ways deemed acceptable by society, or else be outcast or stripped of their identity as a woman. Subsequent frameworks have related this phenomenon of power and oppression to the experiences of minorities as well (see paragraph below.) To break this cycle and reject the negative effects of being a minority, individuals and groups need to resist the dominant message of their inferiority and behave in a way inconsistent with such negative expectations. Here, feminist theory and symbolic-interactionism intersect, as the minority individual recognizes how their context has affected their perceptions and then consciously works to change meanings.

This alters their interactions with their environment, which in turn reshapes their perceptions of reality. (Osmond & Thorne, 1993)

Those who practice BDSM are influenced in such a way on a number of levels. On a macro level, the dominant culture in the United States does not validate the practice of BDSM (Klein & Moser, 2006; White, 2006; Wright 2006; Wright, 2008). Therefore, their meaning of their kink interests and relationships may be that of it being taboo, socially unacceptable, pathological or harmful. Internalizing this dominant message, as well as having to hide parts of their life from others, would lead to shame and guilt. Those who remain at this stage, who have internalized the negative dominant message, may *not* identify with others who practice BDSM. This is a concept called *minority stress* (Meyer, 2003). Although the presence of minority stress has not been confirmed in those who practice of have an interest in BDSM, previous research has found evidence of it adversely affecting other sexual minorities such as those in the LGBT community (Kelleher, 2009; Meyer, 1995; Meyer, 2003). Given research that supports a culture of discrimination against BDSM practitioners, the presence of minority stress is an important consideration when comparing this population to that of the general public.

Over the past three decades a sadomasochist-feminist discourse on BDSM has developed in the literature, particularly in regards to elements of power, subjugation, and Western patriarchal norms of sexuality. One important contribution was *Against Sadomasochism: A Radical Feminist Analysis*, a 1982 anthology generally declaring SM and BDSM activities as extensions of hegemonic sexuality (Linden, Pagano, Russell, & Star, 1982). A common theme among the essays is that one cannot be both a feminist and

a sadomasochist. In his book review, Charles Moser, a significant researcher of BDSM, found that despite being well-written, the book is not based on any kind of data and is “infuriating” for anyone who understands BDSM (Moser, 1984; p.417). The perspectives espoused in *Against Sadomasochism*, however, continue to be central to the anti-SM faction of feminists that exist today.

On the other side of the discourse are those who view BDSM as either an empowering, anti-establishment form of sexual expression or a consensual simulation of the male-dominant power inequalities opposed by feminism. Hopkins (1997) asserts that although BDSM violence and roles *appear* to mirror patriarchy, all the coercion, terror and real harm is negated by negotiations and the power of participants to halt the scene. BDSM practitioners are engaged in a *simulation*, much like trained sword-fight actors who thrill at the act of fighting, totally separately from the act of harming. Earlier arguments (such as in *Against Sadomasochism*) indicated that those who engage in BDSM play are *replicating* actual abuse and that sadomasochists enjoy BDSM more the closer it gets to real oppression. Hopkins asserts that a sadomasochist can desire and gain pleasure from the simulation while still viscerally abhorring real acts of rape, kidnapping and abuse. Hopkins uses the example of a rider on a rollercoaster and asks, “but is the best interpretation of the roller coaster rider’s desire that she really would like to plummet to her death or collide with another train?” (p.125-6). Thus, mere aesthetic similarities with acts of oppression are not sufficient to say BDSM serves as replications of them.

BDSM as simulation, not replication or catharsis, became one of the first perspectives to explain both the violent, hierarchical appearance of and deep enjoyment

in BDSM activities. About a decade later, though, Nils-Hennes Stears took the concept of BDSM simulation further, integrating into it Kendall Walton's theory of art known as "make-believe" (Stears, 2009). In this framework, art is a game synonymous with child's imaginative play, where one uses props and experiences *quasi*-emotions (the belief in and physiological response to a stimulus without the motivation to act: e.g. feeling genuinely afraid during a horror movie but not running out of the theater). Role-play BDSM is a similar game of stepping into a predefined game of make-believe, complete with props, storylines, and the experience of *quasi*-emotions. Seen in this way, BDSM fits more into the concept in Newmahr (2010b) of BDSM activities being "serious leisure" instead of tamed versions of criminal impulses or merely "kinky sex" (p.314).

According to Stears, people engage in BDSM activities the same way they would engage with any other representational art (books, film, etc.). Thus, if radical feminists view enjoyment of BDSM activities as endorsing patriarchal injustices because they appear the same, then enjoyment of *Schindler's List* would be anti-Jewish and *Grapes of Wrath* be pro-exploitative. Such films would engage with viewers entirely differently in a world without the Holocaust or the Great Depression, and so, using the logic applied to BDSM, they rely on the very real presence of genocide and poverty for their greatness. Furthermore, all pro-feminist writings would also be implicitly supporting patriarchy, since readers must agree to the presence of real injustices to engage appropriately with feminist concepts. As Stears writes, this is clearly flawed. At best, feminists may hold that BDSM seems personally objectionable or inappropriate, but their arguments so far have not validated the claim that BDSM is morally oppressive or patriarchal.

Hopkins (1997) also makes an interesting assertion about consent in BDSM activities. Many feminist critiques have questioned whether anyone can actually consent to power inequalities and bodily harm, asserting that any act of BDSM, consensual or not, is ultimately an act of coercion of one by another. Women in particular have a problematic relationship with consent, given a history of appearing to “consent” in a context of unjustly limited options or implicit threats. Hopkins counters this by framing the mere question as a common tactic used by outsiders to discriminate against a minority group: BDSM participants fully experience their own consent and it is only those who seek to suppress sexuality who call consent into question. What suppresses BDSM practitioners, Hopkins writes, are the prejudices of the dominant culture that limit their activities, not any lack of freedom and equality within the subculture itself. Moreover, the broader BDSM community is so organized around consent and negotiations that it is a context in which consent appears to flourish in ways not seen in even lesbian and feminist communities. Thus, BDSM as it is most commonly executed may be the very epitome of postmodern, democratic sexuality.

While these publications center on whether BDSM or SM in general are compatible with feminism, other authors have applied feminist theory to better understand BDSM and related concepts. Newmahr (2011) looked at the current body of literature on edgework and used SM specifically to reframe the concept from a postmodern feminist perspective. Edgework is defined as risk-taking activities or extreme experiences that bring one near to the line between life and death or order and chaos. Newmahr asserts that edgework has so far been seen in a very individualistic, physical, ruggedly masculine

way that has limited applicability across lines of gender, race, and class. BDSM provides an example of how edgework can involve emotional and psychological risk, explicit collaboration, and socially interdependent boundaries not considered by previous scholars of edgework. In this way, BDSM is not only compatible with feminism, it provides the first framework for understanding risk-taking that better aligns with feminist theory.

Despite the presence of lesbian and feminist BDSM practitioners and decades of rhetoric, the debate on whether BDSM is compatible with feminism is still not resolved. In either case, feminist theory's contribution of power, violence, gender, and injustice cannot be ignored when considering a subculture committed to exploring the very same concepts. It would also be hard to know whether there would be any discussion of discrimination against sexual minorities such as BDSM participants if feminist theory had not first brought attention to the nearly world-wide subjugation of women.

LACK OF EVIDENCE OF PSYCHOPATHOLOGY

While conversations of make-believe power exchanges and replications of injustice are important to understanding BDSM, they are extravagances if BDSM practitioners are not first accepted as deserving justice and equality. If there is indeed widespread prejudice, as evidenced in the section on discrimination, it is important to nullify those misconceptions before moving on to other aspects of BDSM participation.

Even in the context of cultural stress from being a marginalized population, little evidence of pathology is found in research on BDSM practitioners. Most research in the last two decades has found that the *consensual* practice of BDSM doesn't appear to be

significantly correlated with mental illness (Connolly, 2006; Cross & Matheson, 2006; Dancer, Kleinplatz, & Moser, 2006; Lawrence & Love-Crowell, 2008; Moser & Kleinplatz, 2005; Newmahr, 2010b; Powls & Davies, 2012; Richters, de Visser, Rissel, Grulich, & Smith, 2008; Weinberg, 2006). The largest study to date of descriptive data on BDSM participants consisted of surveys of 19,307 individuals living in Australia (Richters, et al., 2008). This study tested the hypotheses that BDSM participants were (1) more likely to have been subject to sexual coercion, (2) more likely to suffer from sexual difficulties or lack of sexual interest, and (3) would score higher on measures of psychological distress. At a 95% confidence interval, all three hypotheses were rejected. In fact, male BDSM participants were significantly *less* likely to have elevated psychological distress than males who did not engage in BDSM.

A more thorough examination of potential relationships between BDSM activity and mental illness was undertaken by Connolly (2006). This sample consisted of 73 men, 56 women, and 3 transgender individuals, with a mean age of 43 (SD 9.96) and all predominantly White. Participants were recruited through various BDSM organizations in Southern California and 89% held current membership in one or more of these organizations. Participants were evenly distributed among dominant and submissive BDSM orientations, with only 6.5% reporting no preference/both equally (termed “switches” in the subculture). Across all measures of depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, borderline personality disorder, and dissociation, the majority of the sample scored within normal ranges and means were not statistically significantly different from the standardized mean. The mean score for

psychological sadism was higher than average, but there was no correlation between sadism and assuming a dominant role in BDSM activities. Higher sadism scores were just as likely among those preferring the submissive role, which is unexpected. Participants were below average on two measures of masochism, and their scores did not correlate with their BDSM role (dominant/ submissive). There were statistically significantly higher levels of narcissism among dominants, but the authors of the scale (Millon, Davis & Millon, 1997; Millon Clinical Multiaxial Inventory (MCMI)) found that at moderate levels of narcissism on this measure will include “normal if not adaptive traits” (p.125). Millon et al. also reported that higher narcissism scores correlate with social desirability, meaning participants who are concerned about appearing negative may have inflated narcissism scores on the MCMI. Thus, interpretation of the higher levels of narcissism among some participants was unclear.

It should be noted that several questions proved problematic in Connolly’s study based on participant feedback, such as items related to hurting or being hurt by a loved one (it did not include whether hurt was consensual). After removing these items and confirming unchanged reliability, Connolly found the results also unchanged. However, this is an important consideration for such a specialized population, and may call into question the validity of other research that does not consider feedback from their samples on test items.

Because of the incidence of discrimination and the lack of strong empirical support for inclusion as a paraphilia, some researchers have questioned the need for sexual sadism, masochism, and fetishism diagnoses. Moser et al. (2005) and Reiersøl et

al. (2006) advocated for the removal of sadism, masochism, and related paraphilias from the DSM and the International Classification of Diseases (ICD), respectively, citing the lack of support for the qualification of BDSM and fetishisms as mental disorders. Full removal may be inappropriate, however, as coercive, violent paraphilias are significantly more common among convicted sexual offenders, lending support for their applicability among forensic populations (Thornton, 2010). Thus, the same author advocated for the addition of a diagnostic category of *coercive* paraphilia, stating:

There is a non-sadistic form of paraphilia relevant to rape where the paraphilic focus is coercing another into sexual activity with key cues necessary to elicit the arousal being those that maximize how salient coercion is. In contrast, there is a sadistic paraphilia which can be expressed in some kinds of rape but is also expressed in non-sexual sadistic activities (consensual and non-consensual) and in consensual sadistic activities where the central cue to eliciting arousal is causing injury to the other person. (p. 415)

Another review of the literature found significant support for the use of this diagnosis among nonconsensual sexual offenders (Fedoroff, 2008), supporting the notion of both Wright (2008) and Thornton (2010) that the application of paraphilic diagnoses be limited to *coercive* sexual offenders and not based solely on the participation in alternative sexual activities. Shindel & Moser (2011) echoed these statements, calling for the DSM-5 to either include empirical data that support the current diagnoses (which they state is currently lacking) or provide a statement say the diagnoses are not empirically supported.

A review of research over the previous three decades concluded “SM practitioners [are] emotionally and psychologically well balanced, generally comfortable with their sexual orientation, and socially well adjusted” (Weinberg, 2006, p. 37). Another more

recent review concluded “the notion of SM constituting a psychiatric disorder is also questioned by the evidence of the typically high social status and functioning of SM participants, and the generally positive attitude that members of this community have toward their own sexual practices” (Powls & Davies, 2012, p. 231). These authors advocated for a neutral stance among clinicians, stating that uncommon does not inherently equate to harmful. However, the fifth edition of the DSM still includes Sexual Sadism, Sexual Masochism, and Fetishism without revisions (Krueger, 2010a; Krueger, 2010b), implying more research may need to be done on whether and when BDSM participation qualifies an individual for a mental illness.

POSITIVE EFFECTS AND FUNCTIONS OF PARTICIPATION

If BDSM and other consensual paraphilias are to remain as mental health disorders, more research will be needed on the harmful effects they may cause (not just on comorbidities), and there should be an open dialogue about potential benefits. Some recent research has begun to focus on emotional and social benefits to participants of engaging in BDSM behaviors, including avoidance of sexual monotony, providing an opportunity for emotional healing, acting as prolonged foreplay, and encouraging communication of potentially taboo or sensitive subjects within relationships (Butts, 2007; Kleinplatz, 2006; Lindemann, 2011; Newmahr, 2008; Newmahr, 2010b; Nichols, 2006; Powls et al., 2012). One study measured cortisol levels before and after participants engaged in BDSM activity and found lower cortisol levels and increased relationship closeness after scenes (Sagarin, Cutler & Cutler, 2009). Kleinplatz (2006) found that her

interactions with BDSM couples enabled discovery of new concepts that facilitate extraordinary sex in any couples and individuals.

Several researchers have found that the benefits are often entirely unrelated to sex. Some respondents in Dancer et al. (2006) described their BDSM relationship as completely non-sexual and Butts (2007) found it inappropriate to describe her case study in terms of sexual behavior patterns, as so much of the Master-slave relationship was not sexual. A qualitative study on professional Dommies (“dominatrices” in popular culture) concluded that BDSM scenes or sessions can be therapeutic for clients, citing examples of clients who have requested scenarios specifically to atone for wrongdoings, address past trauma or incite personal fortitude (Lindemann, 2011). Hopkins (1997) likens BDSM activities to forms of adult make-believe that allow practitioners to reauthor their previous experiences and remove their “violent, patriarchal defining features” in a different context. Hopkins goes on to point out that these simulations of violent acts are not “stand-ins” for real crimes (rape, assault, homicide) but are end goals, enjoyable in and of themselves without necessitating a desire in participants for actual violence or submission. This view of make-believe or the use of BDSM as an escape into a fantasy world is supported by other studies (Kleinplatz, 2006; Lindemann, 2011; Turley, King & Butt, 2010).

Newmahr (2010a) explored the role of pain in BDSM, an often controversial aspect, and found that it was not central or even desired for many in the kink community, but even for those who enjoyed it, the appeal was often not sexual. She identified several categories of how pain served a purpose for the recipients: “sacrificial pain” being a gift

or favor for a sadistic Top; “investment pain,” a challenge to overcome as in sports training; and “autotelic pain” where one simply enjoys the sensation itself. Participants in the first two categories did not enjoy the feeling of pain itself, viewing it as something to withstand, and these participants are more common in the BDSM community.

Several studies have examined the positive functions of BDSM communities and found that they provide social interaction, a sense of belonging, a means of self expression, feelings of accomplishment, and education in technical skills and physical and emotional safety (Newmahr, 2010a; Newmahr, 2010b; Weiss, 2006b). Connolly (2006) found among members in BDSM organizations, 71% felt involvement in those groups provided social support, 85.5% said their involvement paved the way for new friendships and 84% felt the groups provided them with education on their BDSM practices. Clearly for some, the community itself can be as important as dyadic BDSM relationships.

SYMBOLIC INTERACTIONISM AND POSITIVE MEANINGS

The positive effects of BDSM participation can, in large part, be explained by symbolic-interactionism. This theoretical perspective posits that interactions between people and within the contexts of society are the most important areas for meaning-making. This framework also holds that those punctuations create the world each individual experiences (if there is an objective reality, it is unknowable by humans). In other words, each person’s perceptions of her world are influenced to a large extent by the relationships she has and the norms of her culture. Definitions of things like

behaviors, emotions and relationships come from the person's experiences with other people and thus cannot be understood outside of their interactional context. (LaRossa & Reitzes, 1993)

As detailed above, those who engage in BDSM behaviors often engage in increased communication on multiple levels. Becoming comfortable with one's sexual interests may require a restructuring of personal versus societal norms, if society does not accept one's interests. BDSM participants also go through exploration and evolution of their sexuality as they familiarize themselves with alternative sexual practices, thus reshaping their sexual identities. In relationships, this evolution of self continues but also includes explicit negotiation and contracts. Within BDSM groups and broader communities, a subculture develops that becomes an affirmative alternative to the alienating message from the dominant culture. Here members teach, debate, discover, and variously rewrite their ideas of their own sexualities as well as sexual norms for other genders, ages, and relationship types. Within this community, members find not only social support but a place to create new sexual archetypes and play around with old ones.

Those who choose not to accept the dominant message, or have limited experience with the dominant stigmatizing message are more likely to accept being someone who participates in BDSM. Their definitions of healthy relationships and healthy sexuality may not match those of the dominant culture. They choose relationships and a way of interacting that support BDSM behaviors (which explains regional BDSM communities and social gatherings). Some proudly identify as being part of the BDSM lifestyle, thereby aligning themselves with others of this sexual minority subclass. Indeed,

one review of the literature stated that “SM is dependent upon meanings, which are culturally produced, learned, and reinforced in S&M cultures” (Powls, 2012). Indeed, there is evidence of this reauthoring of the dominant discourse around sexual norms:

... all participants’ accounts involved understanding BDSM as a conscious rejection of the social norms surrounding sex, and creation of a fresh set of sexual rules. This was not necessarily a rejection of normative vanilla (non-BDSM) sex, rather a rejection of the rules attached to sex by society. (Turley, et al., 2010)

Openly identifying as a BDSM participant and aligning with a community could provide a counterargument to the stigmatizing message of the broader social context, thereby mitigating their effects. This group of individuals is more likely to be represented in the current study.

The distinction between these two groups should be considered as complex and on a continuum rather than two discrete categories. Stiles and Clark (2011) found that 92% of their sample engaged in at least some concealment of their kinky relationships in most of their social support networks, with 38% using “absolutely concealment” (their friends and family are entirely unaware, unless the friends or family were also kinky). Only 1% of this sample considered themselves “open,” meaning they were honest about their kinky relationships with coworkers, friends and family. This study looked at individuals who were active in the local kink community and had long-term kinky relationships (not just individuals who engaged in BDSM behaviors on occasion or only in sexual contexts). One might expect this sample to fall more into the category of rejecting the dominant message of BDSM as a sign of pathology (because they are open members of BDSM communities), and these participants still felt they needed to live “double lives” within their various social circles. Thus, even if an individual does not

view themselves as unhealthy or immoral, they may still be affected by the stress of concealing the kind of relationship they have with their partner.

Several researchers, however, have found low incidences of distress due to BDSM participation. Breslow et al. (1985) found about 75% of their sample reported that they rarely or never felt “dirty or perverted” about BDSM. Spengler (1977) found only a small minority of that sample reported they failed to get positive self acceptance of their BDSM behaviors. Moser & Levitt (1987) found only 6% of their sample agreed with the statement “I wish I were not into S/M.” It must be considered that these studies likely had the same self-selection bias as the current study, due to more comfortable BDSM practitioners being more likely to volunteer for a study on BDSM. However, these studies do provide a useful contrast to the idea of the Pygmalion effect in this population.

Another aspect of Symbolic Interactionism in regards to BDSM is the concept of negotiation and contracts among practitioners. Newmahr (2010b) details the common practice of “bottoms” and “Tops” communicating their preferences, negotiating how to meet each other’s desires effectively, and even meta-communication about how to let the other know when something has been misunderstood. BDSM practitioners place limits on what is acceptable during their scenes, terming these “hard” and “soft” limits (limits on what is never to happen, and limits that are ok only in certain circumstances, or that the Top may push in scene). Because physical and emotional safety is a large emphasis in the kink community, great care is often taken before, during, and after BDSM activities to ensure the well-being of all involved. Dancer, Kleinplatz, & Moser (2006) examined “24/7” relationships, where one person is the Dominant or Master and the other is the

submissive or slave indefinitely, for the duration of their relationship (unless negotiated otherwise). These couples often have explicit contracts, written expectations, rules and contingencies for their respective roles. This contract is not a static item but something that evolves over time and requires regular communication between partners on how the relationship is going and how it could be different. This overt emphasis on meaning-making towards mutually beneficial ends is more subtle and less frequently utilized in the general population and stands as one of the most prominent features of the BDSM subculture. BDSM participants (FetLife.com and EroticAwakening.com) and participants were encouraged to share the study with other BDSM practitioners. Unlike the couples from the control study (Busby, Crane, Larson & Christensen, 1995), the current sample consisted of individual participants (as opposed to each member of a couple), though participants may have asked their partners to participate as well. Thus, data on partners was reported by the participant and not the partner. Additionally, participants were instructed that if they were in non-conogamous relationships, they should choose a "primary" relationship to refer to throughout the study. Advertisements contained a brief introduction to the study as well as a hyperlink to the survey, which was hosted by SurveyMonkey through the St Cloud State University (SCSU) Statistical Consulting and Research Center.

INSTRUMENTS

The online survey consisted of three parts: basic demographic information, BDSM participation, and the BDIS (Busby et al., 1995) Labels of sexual orientation.

Chapter III

METHODS

PARTICIPANTS

Participants for this study were recruited through advertisements on two websites targeted at BDSM participants (FetLife.com and EroticAwakening.com) and participants were encouraged to share the study with other BDSM practitioners. Unlike the samples from the control study (Busby, Crane, Larson & Christensen, 1995), the current sample consisted of individual participants (as opposed to each member of a couple), though participants may have asked their partners to participate as well. Thus, data on partners was reported by the participant and not the partner. Additionally, participants were instructed that if they were in non-monogamous relationships, they should choose a “primary” relationship to refer to throughout the study. Advertisements contained a brief introduction to the study as well as a hyperlink to the survey, which was hosted by SurveyMonkey through the St Cloud State University (SCSU) Statistical Consulting and Research Center.

INSTRUMENTS

The online survey consisted of three parts: basic demographic information, BDSM participation, and the RDAS (Busby et al., 1995). Labels of sexual orientation,

BDSM roles and BDSM participation levels were taken from the profile options on FetLife.com, the primary social networking site of the BDSM community. This site has over a million users and integrates user feedback, so it was considered a BDSM-friendly source for demographic labels. These labels are not defined on FetLife.com. Users merely choose which they feel best describes themselves based on their own interpretations. Thus, categories used in the survey were not defined for participants; it was up to participants to interpret options, such as the participation levels of “Only in the Bedroom” and “I live the lifestyle 24/7” and sexual orientation labels such as “pansexual” and “queer.” Additionally, several items had the option to type in a response (sexual orientation, ethnicity, and relationship type). This was viewed as a more inclusive approach than defining options for participants.

Revised Dyadic Adjustment Scale

The Revised Dyadic Adjustment Scale was adapted from the Dyadic Adjustment Scale (Spanier, 1976) by Busby et al. (1995). This scale consists of 32 items on 4 major dimensions: couple consensus, cohesion, satisfaction, and affectional expression. Each item is either multiple choice or Likert scale and consists of questions such as “Do you kiss your mate?” and “Do you ever regret that you married? (or lived together).” The original sample consisted of 109 married couples and 90 divorced individuals (41 male, 49 female).

The DAS has been shown to be a reliable measure, with “relationship adjustment” as a distinct construct well-measured by the scale (Graham, Liu & Jeziorski, 2006; Sharpley & Cross, 1982; Spanier & Thompson, 1982). A meta-analysis of 554 studies

since the scale's first publication showed a strong total reliability score of .915 (Graham, Liu & Jeziorski, 2006). This meta-analysis also found no significant differences in regards to sample demographics such as gender, race, marital status, and sexual orientation. Though useful for nonclinical samples, when used for research several items in the DAS proved problematic (Crane, Busby, & Larson, 1991; Sharpley & Cross, 1982; Spanier & Thompson, 1982). Thus, the revised version of the RDAS was created to address these concerns and provide an improved scale for research.

The RDAS is a scale consisting of 14 Likert-scale items from the DAS, with the removal of items with low validity and reliability (and the removal of the "affectional expression" subscale). The Likert scales are scored from 0 to 4 or 5, such that a higher score correlates with greater relationship satisfaction. Not all the questions are equally weighted; thirteen of the items are 5-point scales and one is a 4-point scale ("Do you and your mate engage in outside interests together?"). In Busby et al.'s analysis of the DAS, this item had the lowest inter-item reliability of the 14 items selected through factor analysis. Items 1-6 and 11 are reverse-coded, so that the options read left-to-right were scored in ascending order, whereas on the other items are scored in descending order (left-most item scores 5 points).

In distressed and nondistressed samples, the RDAS has been shown not to differ significantly from the DAS in measuring dyadic adjustment and was able to distinguish between the two samples (Busby, et al., 1995). Additionally, the RDAS has been compared to both the Kansas Marital Satisfaction Scale and the Satisfaction with Married

Life Scale and found to be on par with both (Crane, Middleton & Bean, 2000; Ward, Lundberg, Zabriskie & Berrett, 2009).

Data from Busby et al. (1995) were used as the control sample of nondistressed and distressed couples for hypothesis testing. In the original study, Busby et al. defined distressed couples (N=98) as those currently attending therapy while nondistressed couples (N=144) were not. Additionally, clinical couples who scored above and nonclinical couples who scored below the DAS cutoff (107) were not included in these control samples. Both samples were pulled from two different geographical areas in the US but were predominantly Caucasian (95%) and middle class (which, as cited previously, is similar to prior samples from the BDSM population).

PROCEDURES

Data collection procedures were approved in advance by the SCSU Institutional Review Board (SCSUIRB# 1248-1499). Participants were notified before taking the survey that participation was voluntary, no compensation would be provided, and all data would be collected anonymously and stored in aggregate. This informed consent included possible risks and benefits of participation as well as contact information for the study's researchers. Participants were required to electronically agree to the informed consent, affirming that they are over 18 years old and agreed to participate. Data were collected for 8 weeks.

Because mean comparison would not be possible without complete RDAS scores from each participant, participants were required to answer each item on the RDAS to

continue in the survey. A number of participants dropped out before the RDAS was completed. Thus, participant data was considered unusable and not used in data analysis when each of the 14 items was not completed. Also, a portion of the sample reported not currently being in a committed relationship, and because the validity of the RDAS has not been tested on those who are casually dating or separated, these participants' scores were also not included in data analysis. The rest of the survey's items were not required to participate (therefore totals of these items may vary).

DATA ANALYSIS

Descriptive statistics were obtained for three sections of the survey (demographics, BDSM participation and partner BDSM participation). The mean RDAS score and standard deviation for the sample were obtained and compared to the scale's standardized mean and standard deviation for distressed nondistressed couples (see "Instruments" in previous section).

In order to use the Student's *t*-test, the samples must be both normally distributed and have equal variances. If these assumptions were not met, the unequal variances *t*-test would be used. Tests for normality and equality of variances were conducted prior to the comparison of means. A Shapiro-Wilk test on the BDSM sample was statistically significant at $p < 0.05$ for a non-normal distribution (though not at $p < 0.01$). However, this test can have false significance in larger samples, so a Q-Q plot was produced (Figure 1) and found to support a normal distribution.

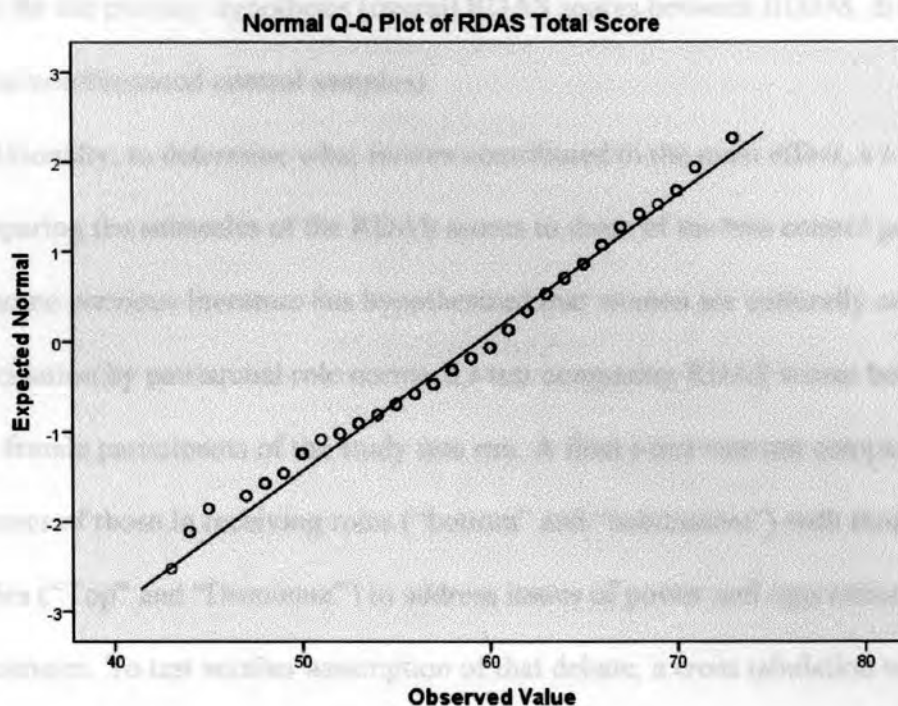


Figure 1

Q-Q plot of study sample RDAS scores.

Homogeneity of variances was also examined. According to Howell (2008), heterogeneity can be assumed if one sample's variance is more than 4 times that of the other sample or if the variances are quite different and the sample sizes are very different. Because the full dataset of the control study was not available, a Levene's test was not run. Given variances of 51.8 in the current sample and 43.6 in the Busby et al. (1995) study, heterogeneity of variances was considered unlikely. However, because the sample sizes were 163, 288, and 196 (BDSM sample, nondistressed control sample and distressed control samples, respectively), and because the control sample dataset were not available to test for normality, both the Student's *t*-test and unequal variances *t*-test were

computed for the primary hypothesis (overall RDAS scores between BDSM, distressed control and nondistressed control samples).

Additionally, to determine what factors contributed to the main effect, a *t*-test was done comparing the subscales of the RDAS scores to those of the two control group. Because some previous literature has hypothesized that women are culturally compelled into participation by patriarchal role norms, a *t*-test comparing RDAS scores between the male and female participants of the study was run. A final *t*-test was run comparing RDAS scores of those in receiving roles (“bottom” and “submissive”) with those in giving roles (“Top” and “Dominant”) to address issues of power and oppression in feminist debates. To test another assumption of that debate, a cross tabulation was made between gender and BDSM role to examine whether women are more likely to be submissives and men are more likely to be Dominants.

DEMOGRAPHIC STATISTICS

The majority of participants were female (51.3%), then male (46%) and transgender (1.8%). Of the valid responses for age (134), the mean was 41.1 years, SD=11.1. Eighty-five percent of participants were from the United States and US territories.

Chapter IV

RESULTS

MISSING CASES

Of 269 participants who initiated the survey, 267 agreed to the informed consent. Of these, 191 completed the RDAS portion of the survey. The participants who did not finish dropped out at one of three items: agreement on religious matters (n=63), discussing divorce or separation (n=8), and getting on each other's nerves (n=7). Because this study has not before tested on this population before, these items may prove particularly problematic for this sample, or they may have changed their mind about participating ("religious matters" was the first question of the survey).

As mentioned previously, only those who reported being either in a committed relationship or legally married (85% of sample) were included. Those who reported being single, dating, divorced, separated, or widowed (totaling 13.5% of the sample) were not included. This left 163 participants

DEMOGRAPHIC STATISTICS

The majority of participants were female (51.5%), then male (46%) and transgender (1.8%). Of the valid responses for age (134), the mean was 41.1 years, SD= 11.1. Eighty-five percent of participants were from the United States and US territories.

Participants who identified as White/Caucasian comprised 95.7% of the study. Ninety-three percent of the study had some level of post-high school education.

Of the 152 participants who reported a type of relationship, monogamous couples made up the majority (43.6%) whereas polyamorous and open relationships were 32.1% and 21%, respectively. Of those who responded, 53.8% reported being heterosexual

Thirty-three percent of participants identified as submissive, 31% as dominant and 22% as switch. The majority of the sample chose “I live the lifestyle when I can” as their level of participation (44.7%) whereas 30.4% said they “live it 24/7,” and 15% said they participate in BDSM “just in the bedroom.” The numbers for partner’s level of participation were similar. Partners’ BDSM roles mirrored that of the participants’: 34.3% dominant, 27.3% submissive and 15.5% switch. Partners were identified by participants as predominantly heterosexual (62.6%). See Table 1 for more information (note that frequencies do not always total 163, as answers to these questions were not required).

A cross-tabulation revealed a statistically significant difference in BDSM roles between men and women, $\chi^2(7, N=159)=49.521, p<.01$. Women were predominantly submissive (54.3%) while men were predominantly Dominant (42.4%). Men were more likely to identify as Switch than women (30.4% as opposed to 16.3%). More than women than men identified as masochist (4.3% compared to 0%). Overall, however, there were few participants who identified primarily as sadist or masochist (N=7), confirming previous studies that have found participants most interested in pain to be the minority.

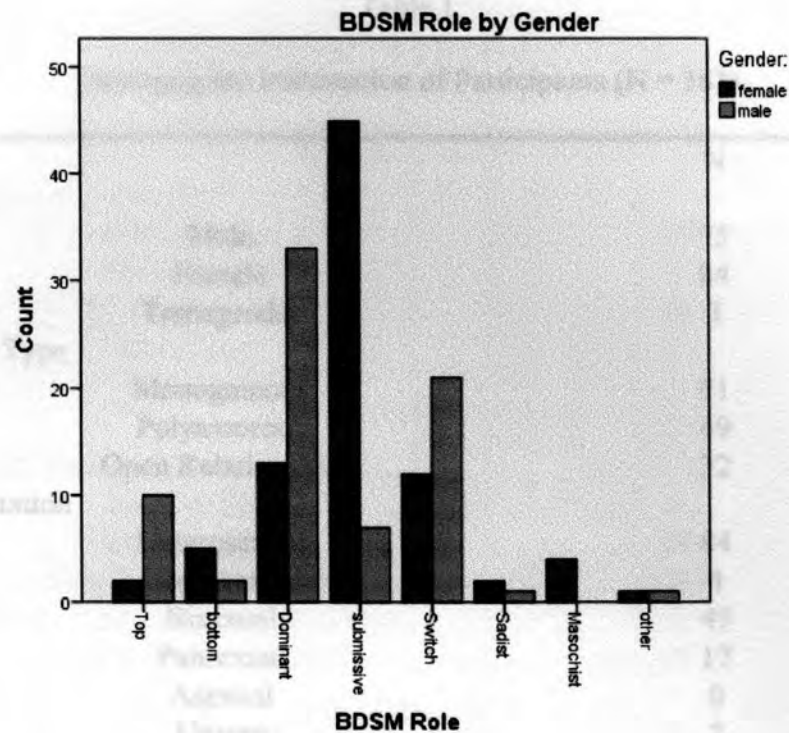


Figure 2

BDSM Role by Gender

One item related to hypothesis testing was level of BDSM participation. It was speculated that differences in level of participation among couples might account for lower RDAS scores. Before testing this, a cross-tabulation was made to see if a significant number of participants had different levels of BDSM participation from their partners. Because 60% of cells had counts less than 5, the assumptions of a Chi squared test were considered violated and the test was not run. Moreover, 82% of participants reported the same level of participation as their partners, so it is unlikely that differences in participation levels between partners had a significant effect on the overall RDAS mean of the sample. The following two tables show demographics for participants and their partners.

Table 1

Demographic Information of Participants (N = 163)

	N	%
Gender		
Male	75	46
Female	84	51.5
Transgender	3	1.8
Relationship Type		
Monogamous	71	46.7
Polyamorous	49	32.2
Open Relationship	32	21.1
Sexual Orientation		
Heterosexual	84	53.8
Homosexual	4	2.6
Bisexual	49	31.4
Pansexual	17	10.9
BDSM Role		
Asexual	0	0.0
Unsure	2	1.3
Ethnicity*		
White	156	95.7
American Indian	7	4.3
Middle Eastern	3	1.8
Asian	1	0.6
Hispanic/Latino	1	0.6
Level of BDSM Participation		
Just Curious	2	1.2
Once In A While	13	8
Only In The Bedroom	25	15
I Live The Lifestyle When I Can	72	44.7
I Live The Lifestyle 24/7	49	30.4
BDSM Role		
Top	12	7.3
Bottom	7	4.3
Dominant	48	29.4
Submissive	53	32.5
Switch	34	20.1
Sadist	3	1.8
Masochist	4	2.5

(Frequencies do not all total 100%, as answers to these questions were not required)

*Multiple selections per participant were allowed

Table 2

Demographic Information of Partners

Sexual Orientation of Partner		
Heterosexual	102	62.6
Homosexual	5	15.3
Bisexual	20	24.5
Pansexual	9	5.5
Asexual	1	0.6
Other	3	1.8
Level of BDSM Participation		
Just Curious	9	5.6
Once In A While	20	12.5
Only In The Bedroom	24	15
I Live The Lifestyle When I Can	63	39.4
I Live The Lifestyle 24/7	44	27.5
BDSM Role		
Top	7	4.3
Bottom	10	6.2
Dominant	55	34.2
Submissive	44	27.3
Switch	25	15.5
Sadist	5	3.1
Masochist	3	1.9
Other	12	7.5

HYPOTHESIS TESTING

Although the RDAS has not been used on a BDSM-identified sample before, the instrument showed good internal consistency ($\alpha=.83$). The BDSM sample ($M=50.3$, $SD=7.2$) scored statistically significantly lower on the RDAS than that previously reported of nondistressed couples ($M=52.3$, $SD=6.6$), Student's $t(449)=2.99$, $p<0.01$ unequal variances $t(312)=2.92$, $p<0.01$. Cohen's $d = 0.29$, which is considered a small

effect size. The BDSM sample ($M=50.3$, $SD=7.2$) scored statistically significantly higher on the RDAS than that of distressed couples ($M=41.6$, $SD=8.2$), Student's $t(357)=10.5733$, $p<0.0001$, unequal variances $t(355)=10.70$, $p<0.0001$. Cohen's $d = 1.12$, which is considered a large effect size. Thus, the BDSM sample RDAS mean was lower than nondistressed couples but higher than distressed couples. Values of all three groups are included in the following table.

Table 3
RDAS scores for BDSM and Control Samples

	N	Mean	Std. Deviation	Variance
BDSM Sample	163	50.3	7.2	51.8
Nondistressed Control Sample	288	52.3	6.6	43.6
Distressed Control Sample	196	41.6	8.2	67.24

The RDAS contains three subscales: Consensus, Satisfaction and Cohesion. The current sample was again compared to both nondistressed and distress couples from the Busby et al. (1995) article on these three subscales, with values listed below.

On the Consensus subscale, the BDSM sample scored lower than the nondistressed group ($t(449) = 5.48, p < .001$) but higher than the distressed group ($t(357) = 5.14, p < .0001$)

Table 4

RDAS Consensus Subscale Scores

	N	Mean	Std. Deviation
BDSM sample	163	22.3	4.2
Nondistressed Control	288	24.2	3.1
Distressed Control	196	20.1	3.9

Table 5

RDAS Satisfaction Subscale Scores

	N	Mean	Std. Deviation
BDSM sample	163	15.5	2.3
Nondistressed Control	288	15.7	2.2
Distressed Control	196	12.2	3.1

T values for BDSM Sample Compared to Nondistressed Sample

Table 6

RDAS Cohesion Subscale Scores

	N	Mean	Std. Deviation
BDSM sample	163	12.5	2.9
Nondistressed Control	288	12.4	2.8
Distressed Control	196	9.3	3.3

On the Consensus subscale, the BDSM sample scored lower than the nondistressed group ($t(449)=5.48$, $p<.001$) but higher than the distressed group ($t(357)= 5.14$, $p<.0001$). On the Satisfaction subscale, the BDSM sample did not differ statistically from the nondistressed group ($t(449)=.91$, $p>.05$) but scored higher than the distressed group ($t(357)= 11.26$, $p<.0001$). On the Cohesion subscale, the BDSM sample did not differ statistically from the nondistressed group ($t(449)=.36$, $p>.05$) but scored higher than the distressed group ($t(357)= 9.66$, $p<.0001$). The effect sizes between the BDSM group and the distressed group on the Satisfaction and Cohesion scales were very large ($d=1.19$ and $d=1.02$, respectively), whereas all other significant results had moderate effect sizes. Thus, Consensus was the only subscale where the BDSM sample differed from the nondistressed group, whereas the BDSM group differed from the distressed group on all three subscales. Values for the BDSM and both control groups are shown in the tables below.

Table 7

T values for BDSM Sample Compared to Nondistressed Sample

	<i>t</i>	df	Cohen's <i>d</i>
Consensus	5.48*	449	.52
Satisfaction	0.91	449	.09
Cohesion	0.36	449	.03

*significant at $p<.001$

Table 8

T values for BDSM Sample Compared to Distressed Sample

	<i>t</i>	df	Cohen's <i>d</i>
Consensus	5.14*	357	.54
Satisfaction	11.26*	357	1.19
Cohesion	9.66*	357	1.02

*significant at $p < .0001$

In order to address feminist critiques of BDSM participation noted in the literature review, RDAS scores were also examined on in the context of gender and on dimensions of power and control (a concept central to the BDSM subculture). Mean scores on the RDAS were not statistically significantly different between male- and female-identified participants at a .05 significance level ($t(157)=0.903$; there were not enough transgender participants for comparison { $N=4$ }). Thus, women and men who engage in BDSM activities appear to have similar levels of relationship satisfaction.

Because some have interpreted the unequal power dynamics of BDSM to be replications of oppressive societal roles, relationship satisfaction and BDSM roles were also examined. Although they are not the same, bottoms and submissives were grouped together and Tops and Dominants were grouped together, as together they represent the two sides of BDSM power exchange, which is a continuum more so than as discrete, easily-defined categories. As such, Switches were not considered, as they are conceptually in the “middle” of the power dynamic spectrum. These four groups consisted of 133 participants. The two polarized groups were called “submissives” and

“Dominants” (N=60 for each). These two groups were not statistically significantly different at a .05 significance level ($t(118)=0.52$). Below is a table listing the values for gender, role, and RDAS scores.

Table 9

Gender, BDSM Roles, and RDAS scores

	N	Mean	Std. Deviation
Women	84	50.15	7.76
Men	75	50.40	6.68
Submissives*	60	50.52	7.87
Dominants**	60	49.78	7.70

* Submissives and bottoms combined.

** Dominants and Tops combined

Chapter V

DISCUSSION

In the context of discrimination in the majority culture and an ongoing debate within the feminist community, the current study provides support for a more accepting stance, as well as improvements and additional topics for future research.

CONSIDERATIONS FOR THE HYPOTHESIS

The current study sought to compare relationship satisfaction among romantic dyads who participate in consensual BDSM activities and that of the general population. The results of this study suggest that BDSM participants have lower levels of relationship satisfaction when compared to nondistressed couples, but higher than distressed couples. Additionally, men and women in the BDSM population appear to have similar levels of relationship satisfaction, which was also found between the two extremes of BDSM roles (submissive and Dominant). The reasons for these results may be numerous.

Perhaps most important is the difference between statistical significance and practical significance. If the average RDAS score of the BDSM sample had been one point higher (51.3 instead of 50.3), neither *t*-test would have yielded significant results. On an instrument whose possible scores range from 0 to 69, it might be hard to expect a couple or even an experienced therapist to be able to distinguish two couples with a 1-

point difference on the RDAS. Moreover, when one compares the BDSM sample to the distressed sample, the effect size is considerably larger than with the nondistressed sample.

The statistically significant difference found with nondistressed couples may have something to do with the Consensus subscale. Being that the current sample was indistinguishable from nondistressed couples on the other two subscales, it could be that the items in the Consensus subscale are problematic for this population. This makes sense when one considers that BDSM relationships are usually centered around an unequal power dynamic, where one partner is “in control” or makes certain decisions for the other partner. If two people *agree* to enter into a relationship where this is the case, it could be argued that agreement on major issues may not be as important to relationship satisfaction as in partners that *expect* to be equal. And indeed, when looking at the results for the Satisfaction subscale (comprised of items related to stability and absence of conflict), the BDSM sample is not different from the nondistressed groups but is highly statistically significantly different from the distressed group (the same is true for the Cohesion scale, which measures how often partners discuss and do activities together).

Thus, while BDSM couples may not agree on things like religion, careers, and sex, they are not more likely to discuss separating or to “get one each other’s nerves” than couples in the general population. From this perspective, the power exchange that each BDSM partner comes into their relationship may actually serve as a protective factor against disagreements; relationships where partners aim to be equal in decision-making may be more sensitive to differences of opinion than relationships where the

partners have a clear system for dealing with disagreements (e.g. the submissive may speak his piece, but both know the Dominant will have final say). Given that the majority of the current sample did not identify as living the lifestyle “24/7,” which implies the power dynamic exists at all times, this possible protective factor would be a topic for future study.

Some of the procedural errors that may also account for the current results are detailed in the limitations section below, but one worth noting here is the issue of priming; not given the prevalence of stigmatization, explicitly calling for BDSM participants may have subconsciously reminded participants that they are expected to be less mentally and emotionally healthy and led to lower RDAS scores (Murphy, Campbell, & Garavan, 1999). Feminist theory also urges a consideration of the power of institutions on minority groups, and the association of this study with a university may have strengthened the reminder of prejudice. Each of these could have contributed to artificially lowered scores.

Social context, however, could also affect levels of social desirability in this population; members of a minority group may feel defensive against appearing pathological, so participants may have consciously or unconsciously inflated their rates of adjustment to appear more healthy or well-adjusted. Neither of these possibilities takes into account the normal distribution of the current sample, however; if there was a non-relationship influence impacting RDAS scores across the entire population, one would expect the distribution in the BDSM sample to be skewed to one extreme or the other.

While the hypothesis of this study was rejected, the practical application of these findings is unclear. If considering only statistical significance, some may take the results as proof of decreased relational health among BDSM practitioners. This, however, would be in conflict with the large majority of previous research that found no support for increased psychopathology or decreased social functioning (Connolly, 2006; Cross & Matheson, 2006; Dancer, Kleinplatz, & Moser, 2006; Lawrence & Love-Crowell, 2008; Moser & Kleinplatz, 2005; Newmahr, 2010b; Powls & Davies, 2012; Richters, de Visser, Rissel, Grulich, & Smith, 2008; Weinberg, 2006). Given the literature and the larger effect size between the BDSM sample and the distress sample, it would be appropriate based on the findings of this study to assume the relationship satisfaction of BDSM couples are similar to that of general population couples.

BROADER IMPLICATIONS TO FEMINIST CRITIQUES

In the broader discourse on power, marginalization and sexual agency amongst feminists, BDSM and SM in particular has become a polarizing issue. Though there are nuances, there are overall two perspectives: one believes that sex and relationships containing an unequal power dynamic or physical pain, regardless of consent, is inherently reminiscent of and thereby validates patriarchal oppression, and the other side believes that criticism is just another form of majority discrimination of a counter-cultural sexual expression that actually empowers women. Most of this debate has occurred theoretically, without significant reference to data.

The purpose and results of the current study can be situated in a perspective astutely set forth by Maneesha Deckha in her 2011 article “Pain As Culture: A Postcolonial Feminist Approach to S/M and Women’s agency” (Deckha, 2011). Deckha writes from a postcolonial feminist perspective, which evolved as a response to feminism largely focusing only on women’s issues from a Western perspective. She alleges that feminists who oppose BDSM are committing the same transgression as, in one example, Westerners who decry Muslim headcoverings without having any knowledge of the women’s cultural contexts. BDSM, she writes, is a domestic subculture that should be approached the same way that many Western feminists have come to approach other unfamiliar cultural practices: learn the contexts and understand the culture before offering critiques or condemnations. She suggests three steps to achieve this “world-traveling” perspective: understanding our own context first, finding parallels to what we know (which requires we educate ourselves about the Other, to find adequate likenesses), then recognizing that one’s perceptions of the Other culture may be tinted by hegemonic representations. Additionally, experiences of those within the BDSM culture must be given consideration, which she alleges has not been the case in much of the debate.

Deckha also suggests that unequal power dynamics are common in many settings of Western life, so she finds it perplexing why the same feminists who decry BDSM are not also calling for the outlawing of male bosses with female subordinates. Indeed, here again we see that the same situation which is acceptable in its platonic state becomes egregiously anti-feminist when sexual pleasure is involved. The other main difference is that, in the Western world, capitalism is a reality one cannot simply choose to opt out of,

whereas BDSM practitioners make the active choice to opt in and co-create that script. Deckha appears to agree with Stears (2009) that, at that point, BDSM becomes more a matter of personal distaste than theoretical contradiction and the anti-BDSM argument becomes more a matter of the same Western-majority superiority that postcolonial feminists have advocated against. Deckha does not explicitly take a side in the discussion, however, but urges a moral consistency through treating the BDSM subculture as just that- a domestic Other culture not to be dismissed outright.

In some ways, the mere existence of the current study commits the same outsider bias that Deckha hopes to change. Foucault's concept of discrimination by delineation applies: by presenting a hypothesis that BDSM participants are no different from anyone else, there is an implicit assumption that it is *not* the case, that they are obviously different (since one would not waste time comparing an apple to an apple). Moreover, applying a discrete quantitative measure to a widely various population belies a certain misunderstanding of the subculture (see next section). However, since BDSM culture has already been situated as Other, the process Deckha advocates should begin in order to begin: to find parallels in one's own culture one must better understand the Other culture, and to understand another culture, one must study it, using multiple methods and from multiple perspectives. As it stands, this study supports the notion that those who fundamentally oppose the practice of BDSM may be operating under hegemonic perceptions and not a thorough understanding of the culture.

The other main contribution of this study to the feminist BDSM debate is the inclusion of participant's subjective experiences. First, this study found no significant

differences between male and female BDSM participants. While the discursive construction of realities is an integral concept to understanding subcultures, it would be unwise to dismiss out of hand the relationship satisfaction these female participants proclaim to enjoy simply because they may have internalized Western patriarchal norms of female inferiority. The same can be said of the large sub-category of women in this study who self-identify as a submissive or bottom; that there were no statistically significant differences in relationship satisfaction between submissives/bottoms and Dominants/Tops supports the validity of female submissives' subjective experiences. This is an integral piece in considering the subjective experiences of subculture members, as Deckha advocates and provides support for a more emic or ethnographic approach to determining whether and when BDSM activities are not considered anathema by the feminist community. Indeed, coming from Deckha's world-traveler perspective, it should be no surprise that voluntary members of a subculture they co-create would express satisfaction about their relationships.

LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

Before generalizing these results, sampling issues must be considered. For example, this was a convenience sample, not a probability sample. It is likely that the participants reached through a kinky social networking site and a communal snowball method limited the sample to those who were the most comfortable with identifying as a BDSM practitioner. It is possible that results would be different if BDSM participants who are not comfortable with their BDSM interests or activities were included. This sample also

had very few participants who were “just curious,” meaning they have an interest but have not engaged in BDSM activity (N=2), which is a further limitation that may have altered results (the study consisted mostly of active BDSM participants, not those currently unable or unwilling to act on their interests, such as if their partner were not interested in BDSM).

Throughout data collection, the primary investigator was contacted multiple times about the restrictions required by the use of the RDAS. These criticisms fell primarily into one of two categories: those relating to non-monogamy and those relating to kinky relationships in particular. One participant cautioned that the study would have a detrimentally limited sample due to only accepting dyadic romantic relationships in which the couple is “committed”. Moreover, while the survey instructed participants to respond in regard to their “primary partner,” some non-monogamous participants felt uncomfortable with being required to “rate” which of their relationships was primary (participants were encouraged not to take the survey several times for each of their partners, as this would affect the ability to compare to the monogamous control sample).

The methods of this study make certain assumptions about sexuality, relationships, and BDSM which may not align with or make sense to many in the broader kink community. The scale assumes that the “couple” is “committed,” though that was not explicitly defined. The scale expects participants to provide answers to complex questions on discrete 4- and 5-point scales, which can be problematic for a subculture that may take pride in not being easily defined. The RDAS places significant importance on everyday interactions that may not occur for some BDSM participants; for instance, in

a Master-slave relationship where one partner makes all major decisions for the couple, agreement on various topics might be irrelevant to their relationship satisfaction. Some participants may also have taken offense to the exclusion of their non-sexual relationships, as these may be as important or more so than romantic relationships for some kinky individuals.

Future studies should seek to confirm or refute whether BDSM couples should be classified as more likely to have distressed romantic relationships than couples in the general population. Future researchers should consider whether another relationship satisfaction scale would be more appropriate for this population or if a new instrument could be constructed. For instance, because of its lack of certain relational assumptions (e.g. living together, agreement on sex being important, etc.), the KMSS might be more appropriate. Additionally, a scale specifically for non-monogamous or non-sexual intimate relationships could be helpful, particularly if created with the input of the non-monogamous and kink communities. To include participants who may feel less comfortable aligning themselves with the BDSM “label,” future researchers could adjust the language used to identify specific behaviors instead of relying on a label to recruit participants (indeed, even some open members of the kinky population may dislike the term “BDSM”). Future research could also look for evidence of minority stress in this population, and compare how much, if at all, being connected to a BDSM community and broader subculture mediates the effects of that stress.

Lastly, although it continues the trend of defining BDSM participants as Others with possible pathologies, future studies could explore the understanding of and possible

identifications with feminist cultural and political ideologies among BDSM practitioners. If, as some imply, female BDSM participants only enjoy such activities because they are operating under internalized oppressive norms, there should be a lack of objective and introspective understanding of feminist concepts and possibly higher rejections of feminism's core goals. Qualitative investigation could be crucial to either dispelling or supporting this assertion.

CONCLUSION

This study attempted to compare relationship satisfaction between individuals who participate in BDSM behaviors and the general population. The history of pathologizing sexual behaviors was addressed both generally and specifically on how it relates to homosexuality and sadomasochistic behaviors. Research on BDSM from the past three decades was summarized, including evidence of discrimination in multiple settings and the lack of evidence for psychopathology in BDSM participants. Possible positive effects of participation were also detailed. Symbolic Interactionism and Feminist theory were used to frame the context of the current study and support the hypothesis that BDSM participants would not differ significantly from the general population on one measure of relationship satisfaction. The results of the study rejected this hypothesis, finding that the scores of BDSM participants were statistically significantly lower than those of nondistressed couples the general population, but higher than distressed couples. Moreover, the current sample did not differ on dimensions of gender or primary BDSM roles. Given the equivocal nature of the results, future research will need to investigate

this topic further, taking into account the various limitations of this study and potential topic expansions related to feminist theory. However, for practical purposes, it could be concluded from this research that BDSM couples do not differ functionally from couples in the general population.

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APPENDICES

APPENDICES

Appendix A

Call for Participants in a University Study on BDSM in Relationships

This study looks at relationship dynamics and voluntary participation in BDSM activities between partners. The study is being conducted by a graduate student of the Marriage and Family Therapy program at St Cloud State University. Participation takes about 15 minutes, is entirely anonymous and voluntary, and will improve scientific understanding of the experiences of kinky individuals.

If you'd like to participate in this brief survey, please follow this link. If you have any questions, concerns, or suggestions, the link also contains the contact information of the primary investigator.

APPENDIX A

Advertisement

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APPENDIX B

Informed Consent

BDSM/Marital Satisfaction Study Informed Consent

Study Purpose

The purpose of this research project is to examine the benefits, drawbacks and voluntary participation in BDSM activities. This is a research project being conducted by a graduate student in the Marriage and Family Therapy program at St. Cloud State University in Minnesota. You are invited to participate in the research project if you are an individual who participates in BDSM activities with your partner, or your partner.

Participation in the Study

Your participation in this research study is voluntary. If you decide to participate in the study, you may withdraw at any time. If you decide not to participate at all or at any time, you will not be penalized in any way, and any information you have provided will not be included in the study.

APPENDIX B

Participation in this study involves filling an online survey that will take approximately 15 minutes. Your responses will be confidential and we do not collect any identifying information such as your name, email address, or phone number. You may quit the survey if you do not feel comfortable answering.

Informed Consent

All information you provide will be kept confidential until it is de-identified at the conclusion of the study. All data is stored electronically in a secure facility and the survey website is SSL-encrypted. The results of this study will be used for scholarly purposes only and may be shared with St. Cloud State University representatives. Data will be presented in aggregate (no individual sets of data).

Content of the Survey

The survey questions will include demographics (age, gender, race, highest level of education completed, marital status), frequency of participation in BDSM activities, BDSM role orientation, and questions about your daily interaction with your partner.

Risks and Benefits to Participating

Because of the personal nature of these questions, you may experience feelings of anxiety, depression, shame, or other discomfort. If this occurs, please consider seeing a helping professional of your choosing. You can find a directory of "LGBT" mental health professionals here: <http://www.needan.org/resources/link-to-mental-health-professionals-directory-of-lgbt-mental-health-care.html#st=14>

You will not receive direct compensation for participating in this study. However, the researchers hope to advance the scholarly literature on alternative sexual practices to

BDSM/Marital Satisfaction Study Informed Consent

Study Purpose

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Participation in the Study

Your participation in this research study is voluntary. If you decide to participate in this study, you may withdraw at any time. If you decide not to participate in this study at any time, you will not be penalized in any way, and any information you have provided will not be included in the study.

Participation in this study involves filling an online survey that will take approximately 15 minutes. Your responses will be confidential and we do not collect any identifying information such as your name, email address or IP address. You may omit any question you do not feel comfortable answering.

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You will not receive direct compensation for participating in this study. However, the researchers hope to advance the scholarly literature on alternative sexual practices to

better reflect the realities of those who engage in them, and your participation will be a great help towards that goal.

If you have any questions about the research study, or would like to view the study results at the end of the project, please contact the primary investigator:

Hannah Rogak, BA
Graduate Student of Marriage and Family Therapy – St Cloud State University
roha1203@stcloudstate.edu

Jennifer Connor, PhD, LMFT
Study Advisor
Associate Professor & Coordinator of Marriage and Family Therapy Program
St Cloud State University
(320) 308-4176
jjconnor@stcloudstate.edu

This research has been reviewed according to St Cloud State University IRB procedures for research involving human subjects. For more information, visit <http://www.stcloudstate.edu/irb/>.

ELECTRONIC CONSENT: Please select your choice below.

Clicking on the "agree" button below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

Demographic and BDSM Questions

- 1 Age
- 2 Primary Residence (All in which 8 responses): Canada, Mexico, Central America and the Caribbean, South America, All the Middle East and North Africa, Europe (including Russia), Africa, Australia and Oceania)
- 3 Ethnicity/Race (All that apply): Black, White, Hispanic, American Indian/Alaska native, Middle Eastern, Asian, Unknown or Other, Pacific Islander, Other, Multiracial)
- 4 Gender (Female, male, transgender, intersex, other, decline to answer)
- 5 Relationship Status (single, living in a consensual relationship, legally married, separated, legally divorced, widowed)
- 6 Relationship Type: Other than a consensual relationship (check one in last box)
- 7 Highest Level of Education Completed (grade school, high school/GED, some college, technical program, Associates degree, Bachelor's degree, Masters degree, Doctoral degree, Medical degree, Juris Doctor degree, Post-doctoral education, Other, decline to answer)

APPENDIX C

Participant Questions

- 1 Frequency of BDSM participation (a whole, just in the bedroom, I live the lifestyle when I can, I live the lifestyle 24/7)
- 2 Role (please pick your primary identification): (Top, bottom, Dominant, submissive, Master, slave, Switch, Sadist, Masochist, other)
- 3 Sexual orientation: (heterosexual, homosexual, bisexual, pansexual, asexual, unsure, other)

Participant's Partner's Questions

"To the best of your ability, please answer these questions in regards to your partner. If you have more than one partner, please choose your primary partner. Please answer for the same partner throughout the study."

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3. Ethnicity/Race: (White/Caucasian, Black/African-American, American Indian/Alaska Native, Middle Eastern, Asian, Hispanic or Latino, Pacific Islander, Other, Multiracial)
4. Gender: (female, male, transgender, intersex, other, decline to answer)
5. Relationship Status: (single, dating, in a committed relationship, legally married, separated, legally divorced, widowed)
6. Relationship Type: (Monogamous, Polyamorous, Open Relationship, Other[write-in text box])
7. Highest Level of Education Completed (grade school, high school/GED, some college, technical program, Associates degree, Bachelors degree, Masters degree, Doctoral degree, Medical degree, Juris Doctor degree, Post-doctorate education, Other, decline to answer)

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3. Sexual orientation: (heterosexual, homosexual, bisexual, pansexual, asexual, other, unsure).

Revised Dyadic Adjustment Scale

	Always Agree	Almost Always Agree	Occasionally Agree	Probably Disagree	Always Disagree
1. Religious matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrations of affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Making major decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sex relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conventionalism (correct or proper behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Career decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	All the Time	Most of the time	More often than not	Occasionally	Rarely	Never
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7. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

8. How often do you and your partner quarrel?

9. Do you ever regret that you married (or lived together)?

10. How often do you and your mate "get on each other's nerves"?

11. Do you and your mate engage in outside interests together?

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
--	-------	------------------------	-----------------------	----------------------	------------	------------

12. Have a stimulating exchange of ideas

13. Visit together on a regular basis

14. Carry out social obligations

APPENDIX D

Revised Dyadic Adjustment Scale

