The Pleasure of
Recently, BDSM has entered the plotline in episodes of several popular primetime television series, made-for-TV movies, and motion pictures. This increased focus on BDSM by the entertainment industry may have been sparked by the national news coverage surrounding the trial of the BTK serial killer in 2005, primed by the prior arrest and conviction of John Edward Robinson, the first known cyber serial murderer who attracted his victims through a shared interest in BDSM (Gross, 2005). The increased focus on BDSM may be the natural byproduct of increased prevalence in the general population, increased openness within the BDSM community, and/or increased societal curiosity regarding more extreme alternative sexual practices. The near absence of empirical research on BDSM makes it impossible to know the exact factor(s) underlying the thematic trend.

The Basics of BDSM

A key difficulty in researching BDSM is the lack of formalized, uniform definition of terms, agreed-upon by scholars and practitioners of this alternative form of sexual expression (American Psychiatric Association [APA], 1994; American Psychiatric Association [APA], 2000). In the late 1890s, sexologists considered human sexual masochism a natural evolution of that evidenced in lower mammals. Over 40 mammalian species have been identified that bite while mating; among humans, approximately 25% of both men and women report having been sexually aroused by a partner's bite (Ellis, 1927; Weinberg, 1995). Masochism became defined as sexual algophilia, or the “fondness or love of pain” during sex (Féré, 1899). To incorporate sadism in this construct, Schrenck-Notzing developed the term “algolagnia,” determining the attraction to sadomasochism was lust rather than love (Schrenck-Notzing, 1893). Unlike algophilia, the word algolagnia reflects both the active (algo-/pain) and passive (-lagnia/lust) components of sadomasochism. It was not long before the meaning of algolagnia was expanded to include not just acts, but also the fantasies of sadomasochism that are necessary and sufficient to achieve sexual gratification (Eulenburg, 1911).

There is evidence of BDSM occurring across time and cultures, with perhaps the most widely known example being the Kama Sutra, written by Vatsysayana in 450 AD as a guide to maximizing sexual pleasure (Vatsysayana, 1964). As suggested by the Kama Sutra and as raised by Ellis in 1927, “pain” may not be an appropriate term or applied concept in the context of sadomasochism, in which (regardless of the underlying reason) pain is experienced as pleasure resulting in sexual gratification (Eulenburg, 1911). This paradox led to a paradigmatic shift away from a singular focus on pain, as pain itself is not perceived as erotic for every practitioner of
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BDSM and may be included in only one of many BDSM rituals practiced by those who do. As BDSM includes the desire or need for submission, domination, and humiliation for sexual gratification (often without requiring pain), the definition of BDSM shifted to a focus on the construct of an erotic power exchange.

Scholars and practitioners alike accept that sadomasochism exists in the context of an extreme psychological imbalance of power between partners, in which one is submissive and the other dominant (APA, 2000; Ellis, 1927; Weinberg, 1995). This power differential is played out in one of many roles, such as master-slave, teacher-student, or parent-child. It is also generally accepted that sadomasochism involves the fantasy or urge to inflict (sadism) or receive (masochism) physical pain and/or humiliation during sex; urges that may or may not be acted upon. Bondage refers to the use of physical restraints and/or psychological restraint (through controlling commands) during sex. However, sexual domination and submission do not require either restraint or the infliction of pain.

The sexual behaviors encompassed by sadomasochism range from harmless (such as gentle biting and spanking or being blindfolded) to comparatively bizarre (such as being required to mimic animals, or being defecated and/or urinated upon) to fatal (through self-strangulation to induce arousal consequent to oxygen deprivation or accidental/negligent/intentional murder) (Masters, Johnson, & Kolodny, 1995; Reinisch, 1990; Weinberg, 1995). As with the intensity and severity of behaviors, there is a wide range in the frequency with which BDSM is practiced by those who enjoy it. For some, BDSM is part of every sexual interaction, while for others it is occasional. Most sadomasochists, as differentiated from rapists, seek willing partners where limits are clearly defined and respected, while a few realize sexual pleasure by intentionally pushing past consent.

The Beginnings of BDSM

A range of theories exists as to the etiology and attraction of BDSM (APA, 2000; Masters et al., 1995; Weinberg, 1995). Clinical and lay views on the practice of BDSM range from its being a form of normal, healthy sexuality, to being reflective of issues related to vulnerability and intimacy, to its being synonymous with mental illness. While dominance and submission are generally accepted as normal aspects of the continuum of sexual behavior, sadism and masochism are less so. In light of the fine line between pleasure and pain, it has been hypothesized that BDSM is associated with an atypically high pain threshold. As endorphins are autonomically released in response to both pleasure and pain, it has also been suggested that BDSM is associated with abnormally high levels of endorphins reinforcing an initial experimental or accidental experience with BDSM.

In terms of psychological theories of etiology, psychoanalytic theory purports BDSM is the result of childhood sexual trauma; psychobiological theory asserts BDSM is the result of hormonal influence on the central nervous system; and behavioral theory suggests the practice is acquired through early exposure to BDSM (through experience and/or observation) that is imitated and reinforced. Learning theory contends that BDSM represents a form of conditioning; specifically, when a young boy becomes aroused while being spanked over his mother’s lap. The pain is associated with arousal resulting in patterned masochism. (Of note, BDSM cyber-serial killer John Edward Robinson was the middle of five children born to a binge-drinker alcoholic father and a mother who was an excessive disciplinarian.)

Based on self-report, men tend to prefer BDSM more than women do. Among men, it is especially enjoyed by those who are well-educated and employed in high-status and/or high-authority positions (Masters, Johnson, & Kolodny, 1985; Masters et al., 1995; Reinisch, 1990; Weinberg, 1995). This observation has
led to a “psychodynamic” interpretation of the individual’s preference for the submissive/bottom or dominant/top role in a BDSM sexual encounter or scene. That is, which role the given person plays out in a scene is determined by the nature of the role he or she has assumed or been assigned in his or her public life. A publicly dominant person would be given to assume the submissive/masochistic role in BDSM, while a person who feels (or is) powerless and/or inadequate in his or her public life would assume the dominant/sadistic role in sex. Acting-out in the opposite role allows for a sense of balance, a release of tension or repressed rage, or the practice of self-confidence.

Between 5-10% of the population in both the United States and the European Union practice some sort of mild, pain-free BDSM sex-play on a regular basis (APA, 2000; Masters et al., 1985; Master et al., 1995; Reinisch, 1990; Weinberg, 1995). It is, however, extremely rare for sadomasochism to be an individual’s only means of sexual satisfaction (paraphilic sadomasochism is seen almost exclusively in males, at a ratio of 20:1). Of those adults who find BDSM pleasurable, males typically report having enjoyed the behavior since childhood, while females characteristically report first finding the behavior pleasurable in adulthood after being introduced to BDSM by a partner.

A Perfectly Normal Perversion?
In the late 1970s and early 1980s, those who participated in the alternative lifestyle associated with BDSM had become increasingly visible to the public through the adoption of the leather trend in dress started by gay men and the emergence of BDSM clubs where people with like interests could meet. As a result of this normalization through familiarity, by the mid-1980s BDSM was no longer considered inherently indicative of mental illness. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) included Sexual Masochism and Sexual Sadism in the category of Sexual and Gender Identity Disorders, diagnosable only if the sexual fantasies, urges, and/or behaviors persisted for at least 6 months and caused clinically significant distress or impairment in functioning (APA, 1994).

With the revisions made to the DSM-IV in 2000, sexual sadism/masochism can be diagnosed if the fantasies or urges are acted upon, even if the individual does not suffer consequent distress or impaired functioning (APA, 2000). As noted by Masters et al., there are individuals with sadistic or masochistic fantasies that, while ego-dystonic, do not result in a level of distress sufficient for diagnosis and do not meet the criteria for obsessive-compulsive disorder (Masters et al., 1995). They also note that while sadomasochistic fantasies are common, most of those who find such fantasies sexually arousing have no desire to experience the acts in real life.

For some individuals fantasies and urges for violence during sex and the possible negative consequences of acting on these urges results in those individuals experiencing a level of fear and anxiety that may lead to voluntary participation in psychotherapy. Others may seek mental health services to aid in the resolution of issues related to coming out. In general, individuals who have embraced the culture of BDSM seldom feel the need for help and usually do not voluntarily seek treatment unless/until their behavior results in conflict with a partner, an arrest, or conviction for sexual assault (APA, 2000; Weinberg, 1995). Even those with diagnosed sexual sadism or sexual masochism seldom perceive themselves as having a sex-related problem needing professional intervention. In the event of involuntary treatment, several options exist, including pharmacology (medications that decrease circulating levels of testosterone), surgery (stereotactic neurosurgery and castration), and psychotherapy (aversive conditioning and traditional psychotherapy).

Cyber-Sadism
The BDSM clubs that emerged in the 1980s were a tremendous advance for BDSM, providing a safe social environ-
ment where those with shared interests could meet more easily. Yet, that was nothing compared to the opportunity for worldwide connections provided by the advent of the Internet in the 1990s. Internet newsgroups allowed for open education and discussion regarding issues related to BDSM, while chat-rooms and email lists dramatically increased the ability of those interested in BDSM to find one another and to experience a broad sense of social inclusion. The Internet is a unique venue for interpersonal interactions due to its accessibility and immediacy; anonymity and disinhibition; prematurity of intimacy; potential blurring of male/female identities; the assumption of new, false, or fantasy-based personas; and the fine line between what’s real and what’s virtual. These very characteristics are also descriptive of BDSM, making for a perfect match.

With the move into the Internet those interested in BDSM gained easy connection but at the same time lost the safety and protection afforded by real-world close-knit communities. Verbal and visual cues to behavior, which are key indicators of potential threat, are absent in cyberspace, heightening both the thrill and the risk when picking a BDSM partner online. Perhaps the greatest risk is for those women who are nurturing by nature, feel lonely and disconnected, believe they can find fulfillment of their intimacy needs online, and express a curiosity or interest in BDSM. These women are tremendously vulnerable to victimization, as exemplified by every one of cyber-serial killer John Edward Robinson’s victims (Gross, 2005).

**Safety Net**

Just as there is an absence of research on BDSM in general, there is an absolute void of research on the more extreme forms of BDSM such as mutilation and lust-murder. A very superficial online search resulted in a surprising number of sites dedicated to the more bizarre and seemingly violent BDSM behaviors, which at least suggests a greater interest (if not practice) than one might expect. (A Google search for the keywords “BDSM bulletin boards” returned over 89,500 sites, while a search for “BDSM chat-rooms” returned just under four million sites.) While serious injury is rare in sexual sadomasochism, it is certainly a reasonable fear, especially for those new to the practice. Researchers and those who practice BDSM uniformly agree that once a participant’s “comfort-line” has been crossed and consent withdrawn, any continuation or escalation of behavior by the other partner is a criminal action (as is so with any other sex act).

Within the BDSM subculture, there exists a division in thought (and in practice) related to safety measures (Masters et al., 1995). On one side are those who believe BDSM requires heightened risk to achieve heightened pleasure. The requisite imbalance of power becomes illusory when the interaction is negotiated and scripted, drawing emphasis to the difference in authenticity between playing a sexual sadist/masochist and being one. On the other side of the ongoing controversy are those who are adamant that the transfer or surrender of power and control should always be negotiated in advance. Within themselves, each party should be clear about their psychological and physical limits, as well as in what activities they are willing to engage. That self-knowledge should be fully shared with and understood by the other party before starting a scene.

The social and legal expectation for all sexual encounters is that each party has given informed consent and that each will respect and behaviorally conform to the other’s “no.” Without both elements a sexual act becomes a punishable crime. Unfortunately, many men and some women often have difficulty hearing or properly interpreting the “no,” especially when the verbal and nonverbal messages are inconsistent or conflict. Compared to more traditional or vanilla sex, the potential for missing or misreading a partner’s “no” is far greater in BDSM, given that the identifying power imbalance is manifested in signs of servitude, acts of blind obedience, desperate begging, vigorous resistance, and complaints of pain.

Those who advocate safe, sane, consensual (SSC) BDSM—also known as risk-aware-consensual-kink (RACK)—recommend establishing safe-words (other than “no” or “stop”) that once spoken by either party will immediately stop the scene. If gagging is part of the sexual experience, a safe-sign should be created as well. Safe calls should be pre-arranged whenever meeting with an unknown partner. The overriding goal is to find and maintain a balance between risk and safety.

**Bending and Beating the Law**

Ideally, those persons who participate in BDSM do so in the context of mutual trust, open communication, and informed consent. Yet BDSM involves a range of acts that include varying degrees of expressed intent, physical contact, and potential for bodily harm. Having gray areas can easily lead to the possibility of civil and/or criminal action being taken against either or both parties.

Those persons who assume the dominant or top role in a BDSM encounter may fear being charged with assault and/or battery. While the exact definition of these crimes may vary by jurisdiction, a brief assault is the crime of threatening or battery refers to the crime of intentionally or recklessly causing physical contact that is offensive or harmful and to which the victim did not consent.

Depending on the specifics of the act and its context, charges of assault can be filed in civil and/or criminal court; as a tort, misdemeanor, or felony; and as simple assault, assault with intent (to commit another crime), or aggravated assault (which includes the intent to cause serious bodily injury and the use of a dangerous weapon, or an assault occurring in association with another felony charge). Perhaps of greatest concern is the possibility of being charged with indecent assault and sexual assault. Indecent assault has been generally defined as “intentional offensive sexual contact that does not amount to sexual intercourse or involve penetration and that is committed without the consent of the victim and without the intent to commit rape” (Garner, 2004;
Merriam-Webster, 1996). Sexual assault is generally defined as “sexual contact that is forced upon a person without consent or inflicted upon a person who is incapable of giving consent or who places the assailant in a position of trust.”

As with assault, battery charges can range from simple, which is generally a misdemeanor and does not include the use of a weapon or other factors in aggravation, to aggravated battery (which is generally filed as a felony offense). An increasing number of states are enacting mandatory arrest laws in situations of domestic violence that could potentially result in the arrest of one party (most likely the top) if for any reason the police are called to the location of the BDSM scene.

Most of the possible charges of assault and battery include the element of the lack of or inability to consent on the part of the victim. While most BDSM encounters include implied or expressed consent by both parties, if charged with BDSM-related assault and/or battery the defendant may be prohibited from using consent as an affirmative defense. Jurisdictional restrictions aside and despite appearances, consent may not have been freely or fully given. This can occur if the person consenting lacks the capacity to do so (independent of the person’s belief regarding his or her own ability), if his or her ability to consent was impaired at the time, or if consent was obtained through fraud. The misrepresentation of one’s experience with specific acts or ability to use specific BDSM tools or toys may invalidate the consent given by the other, as would engaging in any behaviors that exceed the scope of the given consent.

Other charges that might arise in the context of BDSM and that are typically filed against the dominant party include sodomy, kidnapping, or unlawful imprisonment (especially when using bondage). Wearing costumes is a component of fulfilling and sexually satisfying BDSM for some practitioners. Typically this only presents a problem when the publicly worn costume is so revealing it meets the standard of indecent exposure or too closely resembles that worn by law enforcement officers, potentially resulting in charges of impersonating an officer.

Some BDSM clubs employ women who provide domination services to interested clients. If the pro dom’s behavior includes sexual contact or the direct acceptance of a fee, the club owner can be charged with pimping or pandering and the dominatrix with prostitution. These same charges can be filed against individuals who host BDSM parties in their homes if there is sex activity at the party and guests are required to pay an entrance fee. In all states but Nevada prostitution is illegal, with most states limiting the definition to the exchange of sex for a fee. In some states (like Arizona), laws related to prostitution include sadomasochistic acts and in others (like California) sexual contact must be made to be charged. Under California’s law, paid BDSM that includes only humiliation, physical punishment, and/or violent acts would not constitute prostitution even though those acts are for the purpose of sexual gratification.

Club owners who offer bondage and torture equipment for use by patrons can be sued for negligence in the event the equipment fails and causes someone physical or psychological injury. The same is true for private owners of such equipment. It should be noted that liability insurance (or even a liability waiver) might not offer protection (or an affirmative defense) if a suit is filed.

**When Love Hurts**

Regardless of the degree of involvement, people who engage in BDSM are vulnerable to attack on many fronts. In addition to potential civil suits and criminal charges, BDSM practitioners might find their sexual preferences being used against them in the context of disputed child custody, or as a means of blackmail in general. Aside from the range of obvious physical injuries that might result from BDSM rituals, practitioners are at increased risk of contracting those diseases that are transmitted by blood, especially if proper health precautions are not taken. While BDSM is considered normal (with the exception of extreme manifestations), it seems patently abnormal for a person to willingly consent to assault. All healthy relationships are characterized by mutual trust and respect and include the negotiation of roles and boundaries. Yet for those drawn to BDSM, these interpersonal values are literally of potentially life-threatening importance.

**References**


**About the Author**

Bruce Gross, PhD, JD, MBA, is a fellow of the American College of Forensic Examiners Institute (ACFEI) and is an executive advisory board member of the American Board of Forensic Examiners. Dr. Gross is also a Diplomate of the American Board of Forensic Medicine, the American Board of Psychological Specialties. He has been an ACFEI member since 1996 and is also a Diplomate of the American Psychotherapy Association.