
ORIGINAL RESEARCH—PARAPHILIAS

Sexual Satisfaction and Distress in Sexual Functioning in a Sample of the BDSM Community: A Comparison Study Between BDSM and Non-BDSM Contexts

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ABSTRACT

Introduction. Little attention has been paid to distress in sexual functioning or the sexual satisfaction of people who practice BDSM (Bondage and Discipline, Domination and Submission, Sadism and Masochism).

Aim. The purpose of this study was to describe sociodemographic characteristics and BDSM practices and compare BDSM practitioners' sexual outcomes (in BDSM and non-BDSM contexts).

Methods. A convenience sample of 68 respondents completed an online survey that used a participatory research framework. Cronbach's alpha and average inter-item correlations assessed scale reliability, and the Wilcoxon paired samples test compared the total scores between BDSM and non-BDSM contexts separately for men and women. Open-ended questions about BDSM sexual practices were coded using a preexisting thematic tree.

Main Outcome Measures. We used self-reported demographic factors, including age at the onset of BDSM interest, age at first BDSM experience, and favorite and most frequent BDSM practices. The Global Measure of Sexual Satisfaction measured the amount of sexual distress, including low desire, arousal, maintaining arousal, premature orgasm, and anorgasmia.

Results. The participants had an average age of 33.15 years old and were highly educated and waited 6 years after becoming interested in BDSM to act on their interests. The practices in which the participants most frequently engaged did not coincide with the practices in which they were most interested and were overwhelmingly conducted at home. Comparisons between genders in terms of distress in sexual functioning in BDSM and non-BDSM contexts demonstrate that, with the exception of maintaining arousal, we found distress in sexual functioning to be statistically the same in BDSM and non-BDSM contexts for women. For men, we found that distress in sexual functioning, with the exception of premature orgasm and anorgasmia, was statistically significantly lower in the BDSM context. There were no differences in sexual satisfaction between BDSM and non-BDSM contexts for men or women.

Conclusion. Our findings suggest that BDSM sexual activity should be addressed in clinical settings that account for BDSM identities, practices, relationships, preferences, sexual satisfaction, and distress in sexual function for men and women. Additional research needs are identified, such as the need to define distressful sexual functioning experiences and expand our understanding of the development of BDSM sexual identities. **Pascoal PM, Cardoso D, and Henriques R. Sexual satisfaction and distress in sexual functioning in a sample of the BDSM community: A comparison study between BDSM and non-BDSM contexts. J Sex Med 2015;12:1052–1061.**

Key Words. BDSM; Sexual Distress; Sexual Satisfaction; Gender Comparison; Sexual Function

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Introduction

BDSM (Bondage and Discipline, Dominance and Submission, Sadism and Masochism) is a recently coined acronym that evolved from the terms SM, S/M, or S&M (Sadism and Masochism). BDSM practitioners (“kinksters”) share an interest in and/or are sexually aroused by these practices (also known as “kinky sex”). For several decades, research has focused on SM as a pathological subculture indicator [1]. Research has conflated sexual arousal in the context of consensual domination interactions with arousal during nonconsensual sex acts [2]. This confusion originates from old models of sexual behavior that continue to contribute to the stigmatization of and prejudice against BDSM practitioners [3].

Researchers’ interest in sexual minorities and subcultures has moved away from a criminal/psychopathological perspective [4–6] that pathologizes nonconforming, nonheterosexual, non-monogamous, and non-genital modes of sexual expression [7] toward de-pathologizing nonnormative sexual practices [8]. This shift increases kinksters’ visibility and awareness about their characteristics and specificities [9] and broadens clinical and research knowledge about BDSM practitioners.

Recent empirical research indicates that BDSM practitioners become aware of their interests as early as age 15 and that they have negative experiences related to their disclosure of BDSM practices [10]. Research has shown that BDSM practitioners are less neurotic, more extraverted, more open to new experiences, more conscientious, less sensitive to rejection, and have higher subjective well-being compared with non-BDSM controls [11]. BDSM practitioners have normative scores on standardized clinical psychopathology and severe personality pathology measures [12] but have higher-than-average levels of narcissism and nonspecific dissociative symptoms.

A great diversity of sexual practices and behaviors can be labeled as BDSM. Although BDSM sexual behaviors are interrelated, they can be grouped into four distinct BDSM themes, which have been described by Alison et al. [13]: the administration and receipt of pain (e.g., skin branding, wax play, caning, and spanking); physical restriction (e.g., with handcuffs, straitjackets, or chains); humiliation (e.g., using spitting, submission, or gags); and hypermasculinity, which refers to “. . . behaviours that include enemas, catheters, anal fisting, and scatological practices and are

sometimes described by respondents as displays of ‘masculinity and toughness’ ” (p. 2) [13]. These categories are theoretically meaningful combinations related to patterns of BDSM behaviors that are “similar to the existence of partially cumulative structures that can be likened to sexual scripts for ordinary heterosexual sexual behaviour” (p. 193) [14] and allow researchers to categorize behavior and conduct analyses and comparisons among categories.

Regarding gender specificity, research by Richters et al. and Santtila et al. [9,14] has consistently demonstrated that men are more likely than women to respond erotically to BDSM themes [15] and become involved in BDSM practices. This finding may indicate a gender imbalance, with more men than women becoming interested in BDSM. In terms of sexual orientation, research also indicates that gay, lesbian, and bisexual people are more frequently involved in BDSM [16] than heterosexuals are and that approximately one-third of lesbian and bisexual people have engaged in BDSM activities [17]. Furthermore, gay men more frequently engage in BDSM behaviors than heterosexual men do [18]. One study used Alison et al.’s four categorizations of BDSM behaviors and demonstrated an interaction between gender and sexual orientation in preferred BDSM practices: Women and straight men preferred humiliation and gay men preferred hypermasculine practices [18]. This finding indicates that the interaction between gender and sexual orientation may be an important moderator in BDSM.

Although BDSM is visible in both mainstream culture (e.g., the book *Fifty Shades of Grey*) and high culture (e.g., the film *Nymphomaniac* and Marquis de Sade’s literary work), previous research has demonstrated that SM practitioners encounter prejudice from lay people [10] and health professionals because of their sexual preferences [9,19,20].

One result of prejudice is the lack of research focused on sexual functioning and the associated sexual distress among BDSM practitioners. Richters et al. [9] reported that kinky sex was associated with sexual difficulties; however, the amount of distress was not assessed, nor was it compared with the distress experienced during non-BDSM sexual activity. In other words, sexual distress was not compared with the sexual problems and distress experienced by BDSM practitioners when involved in sexual activity that is not considered BDSM by them (non-BDSM context). Given the power of the psychological sciences [21] in determining acceptable behavior, research that adopts a

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