

## LEOP-What is SM?

Susan Wright and Dr Charles Moser

In the last decade, SM awareness has exploded into popular culture. SM is commonly depicted in advertising, books, movies, music, and is becoming commonplace on television. SM has been positively covered by Newsweek, Time, Ms. Magazine, the New York Times and many other national publications. SM fashion accessories have become commonplace, as have jokes about SM play. Yet separating the truth about SM from the stereotypes can be difficult.

The present booklet is an attempt to educate the public about sadomasochism (SM). The following are some answers about consensual SM that are supported by scientific research.

1. SM is a Sexual Orientation or Behavior \*
2. SM is Safe, Sane and Consensual \*
3. SM is not Domestic Violence \*
4. The Psychiatric Opinion about SM \*
5. Should I be Afraid of People Who Enjoy SM? \*
6. How Many People Engage in SM Activities? \*
7. More Information About SM \*

## APPENDIX A \*

Excerpt from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. \*

1. SM is a Sexual Orientation or Behavior

SM is a sexual orientation or behavior among two or more adult partners. The behavior may include, but is not limited to, the use of physical and/or psychological stimulation to produce sexual arousal and satisfaction. Usually one partner will take an active role (top or dominant) and the other will take a passive role (bottom or submissive). SM practitioners can be heterosexual, bisexual, homosexual, transgendered or intersex individuals.

SM is not easily defined; the range of behaviors are quite broad and most participants do not enjoy all of the activities or roles. The problems with the definition are discussed at length in an article by Weinberg, Williams and Moser. They found five features present in most SM interactions they studied:

1. Dominance and submission - the appearance of rule and obedience of one partner over the other;
2. Consensuality - a voluntary agreement to enter into SM "play" (interaction) and to honor certain "limits" (ground rules of how involved and in which direction the play can proceed);

3. **Sexual content** - the presumption that the activities have a sexual or erotic meaning;
4. **Mutual definition** - the assumption of a shared understanding by the participants that their activities are SM or a similar concept.
5. **Role playing** - the participants assume roles either for the interaction or for the relationship that they recognize are not reality.

Weinberg, M.S., Williams, C.J., & Moser, C.A. (1984). "The social constituents of sadomasochism." *Social Problems*, 31, pg. 379-389.

## 2. SM is Safe, Sane and Consensual

SM-Leather-Fetish educational and social organizations consider the cornerstone of SM activity to be the guidelines: "safe, sane, and consensual." While it is possible to do any activity in a reckless and dangerous manner, SM is no more dangerous than skiing or other thrilling activities.

### **\*Safe\***

Safe is being knowledgeable about the techniques and safety concerns involved in what you are doing, and acting in accordance with that knowledge. Safety includes the responsibility of protecting yourself and your partner from STD (sexually transmitted disease) infection including the HIV virus.

While the media often portrays the more extreme SM behaviors, the reality is that a lot of SM play never goes beyond a playful spanking. Just as there are ways to reduce the risk in activities such as scuba diving or driving a car, there are ways to reduce the risk and engage in SM behavior safely.

The organized SM community is active in promoting safety seminars and teaching the practitioners how to engage in these behaviors safely. The fact that SM practitioners are not clogging the emergency rooms every weekend, is an indication that these programs are working. If SM injuries were occurring, it seems obvious that the press would be highlighting this for the entertainment of its readers/viewers.

### **\*Sane\***

Sane is knowing the difference between fantasy and reality. Fictional accounts of SM are often distorted for fantasy sake, and are not representative of real situations and relationships.

Sane also distinguishes between mental illness and health. A real distinction between mental illness and health is when a behavior pattern causes problems in a person's life. Washing your hands until the skin is peeling off, or so frequently that you can not otherwise function is a sign mental illness. SM, like any other behavior, can be a sign of psychiatric problems. However the vast majority of its practitioners find

that SM enriches and promotes functionality in the other areas of their life.

**\*Consensual \***

Consensual is respecting the limits imposed by each participant at all times.

Consent is the prime ingredient of SM. One difference between rape and heterosexual intercourse is consent. One difference between violence and SM is consent. The same behaviors that might be crimes without consent are life-enhancing with consent.

The type and parameters of control are agreed upon by the people involved, and the ongoing consent of all participants is required. Some practitioners use a safeword, which is a designated word that signals the scene must slow down or stop. Rick Houlberg writes in "The Magazine of a Sadoomasochism Club: The Tie That Binds":

"The only "cardinal" rules which the Club's membership insists each member must uphold are that all SM activities must be consensual, nonexploitative, and safe. As children are not considered to be able to consent, all activities must be between adults. The consensual and safety rules of the Club are constantly being reinforced. Safety and etiquette issues, including restrictions on overt and heavy drug use, are strongly stressed at new-member orientations and in all written materials produced by the Club."

Rick Houlberg (1993). "The Magazine of a Sadoomasochism Club: The Tie That Binds." *Journal of Homosexuality* 21 (1/2), Haworth Press: pg. 167-83.

### 3. SM is not Domestic Violence

Domestic violence is a pattern of intentional intimidation of one partner to coerce or isolate the other partner without consent. Abuse tends to be cyclical in nature, escalates over time, and characterized by apologies between the episodes that it will never happen again.

SM is not abuse or domestic violence because:

1. **SM is voluntary.** The partners agree to erotic power exchange of their own free will and choice. Either partner is free to leave at any time. The fact that SM relationships do split (amiably or not) without retaliation or violence supports the importance of this distinction.
2. **SM is consensual.** All partners involved agree to what is going to happen. Discussion of limits is usual and customary. Violation of those limits is a serious offense within the SM community.
3. **SM partners are informed.** Participants involved in erotic power exchange have an understanding

of the possible consequences.

4. SM partners ask for and enjoy the behavior; they are often disappointed if the behavior does not happen. There is no apology for the behavior after it is over, rather both partners are happy and satisfied that it occurred.
  
5. SM partners take great care to make sure that their activities are as safe as possible. To truly damage their partner would deny themselves of being able to participate in the behavior. Individuals that violate their partners limits soon find that they are lacking partners in which to engage in the behavior. To emphasize the point, SM groups frequent hold educational meetings on how to safely engage in the behavior.

Nonetheless, as with any group of people, you will find cases of domestic violence among SM practitioners. The organized SM-Leather-Fetish community does not condone domestic violence and actively encourages victims and abusers to seek help.

Sociologist Thomas S. Weinberg is the author of numerous professional articles on human sexuality in various scholarly journals. In *Studies in Dominance & Submission*, Dr. Weinberg says:

"While the individuals we have discussed are different in many ways there are, nevertheless, some common themes running through them. These similarities are all related to S&M as a form of social interaction. For example, the importance of learning both attitudes and techniques through a socialization process is evident in all of these ... In order for an S&M scene to be successful, from the viewpoint of both partners, it must be collaboratively worked out. Unless there is satisfaction on the part of both master (or mistress) and slave, the relationship will terminate. Thus, there must be agreement on the scene and consent given by both parties. Adjustments must be made by participants so that they are both stimulated."

Thomas S. Weinberg (1995). *Studies in Dominance & Submission*, Prometheus Books: pg. 89.

#### [4. The Psychiatric Opinion about SM](#)

In recent years as more research has been published, the mental health and medical communities have begun to accept that SM is a safe, legitimate pursuit.

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) which defines currently recognized mental disorders, SM per se is NOT a mental disorder. In their diagnostic criteria for both sexual masochism and sexual sadism, the DSM-IV states that SM only becomes a diagnosable dysfunction when:

"the fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational or other important areas of functioning."

In addition, the DSM-IV clearly allows for non-pathological sexual behavior:

"a paraphilia must be distinguished from the non-pathological use of sexual fantasies, behavior or objects as a stimulus for sexual excitement."

*[The entire diagnostic criteria for sexual masochism and sexual sadism are reproduced Appendix A.]*

### 5. Should I be Afraid of People Who Enjoy SM?

You do not have to be afraid of people who engage in SM. SM players are doctors, lawyers, teachers, construction workers, fire fighters, secretaries and everything else you can imagine.

In her 1983 book *Erotic Power*, sociologist Gini Scott examined the dynamics of the heterosexual SM subculture. She stated:

"Unlike the psychiatrists and psychologists who deal primarily with psychologically troubled individuals who are also interested in D&S [Dominance and Submission], I did not find them to be psychologically troubled or socially inept; rather, a spirit of good humor and fun prevailed, and the participants appeared to be mostly attractive, quite ordinary-looking people who had ordinary relationships outside the D&S scene... A vast variety of people with a diverse range of erotic interests participate in sadomasochism. Their backgrounds, activities and attitudes are quite unlike the social stereotype that depicts sadomasochism as a form of violence, mischief, or mayhem perpetrated by the psychologically unstable who seek to hurt others or to be hurt themselves... At the core of the community are mostly sensible, rational respectable, otherwise quite ordinary people. Thus, quite unlike its public image, the community is a warm, close and supportive one."

Gini Scott (1983). *Erotic Power*, Citadel Press: pg. x.

### 6. How Many People Engage in SM Activities?

A handful of significant sociological studies have been done to determine percentage of the population engages in SM activities:

The 1990 *Kinsey Institute New Report on Sex* reports:

"Researchers estimate that 5-10 percent of the U.S. population engages in sadomasochism for sexual pleasure on at least an occasional basis, with most incidents being either mild or stage activities involving no real pain or violence. Most often it is the receiver (the masochist), not the giver (the sadist), who sets and controls the exact type and extent of the couple's activities. It might also interest you to know that in many such heterosexual relationships, the so-called traditional sex roles are reversed -- with men playing the submissive or masochistic role. Sadomasochistic activities can also occur between homosexual couples."

June M. Reinisch, Ph.D. with Ruth Beasley, M.L.S (1990). *Kinsey Institute New Report on Sex*, St. Martin's Press: pg. 162-163.

A new Playboy poll by Dr. Marty Klein appeared in November, 1998, p. 81:

18% of the men and 20% of the women have used a blindfold during sex.

30% of the men and 32% of the women have tied someone up or have been tied up during sex.

49% of the men and 38% of the women have spanked or have been spanked as part of sex.

A survey by Hunt (1974) of 2,026 respondents found that 4.8% of men and 2.1% percent of women had obtained sexual pleasure from inflicting pain and 2.5% of the men and 4.6% of the women obtained sexual pleasure from receiving pain. These numbers are probably underestimates, because the erotic response to "pain" is only one aspect of SM. (M. Hunt, *Sexual Behavior in the 1970s*, Chicago: Playboy Press.)

A mid-1970s independent research organization poll funded by Playboy surveyed 3,700 randomly selected students from 20 colleges found that 12% women and 18% of the men had indicated a willingness to try bondage or master-slave role-playing. (Playboy, "What's Really Happening on Campus", October 1976.)

A survey by E. Hariton (1972) found that up to 49% of women fantasize about submissive scenarios during sexual intercourse with 14% doing so frequently. (E. Hariton, "Women's Fantasies During Sexual Intercourse with their Husbands: A Normative Study with Tests of Personality and Theoretical Models" unpublished doctoral dissertation, City University of New York.)

Paul H. Gebhard, is an anthropologist and was the executive director of the Institute for Sex Research at Indiana University from 1956 to 1983. Gebhard noted in *Fetishism and Sadoomasochism (Dynamics of Deviant Sexuality*, 1969, pg. 79.) that "consciously recognized sexual arousal from sadoomasochistic stimuli are not rare." The Institute for Sex Research found that one in eight females and one in five males were aroused by sadoomasochistic stories.

In 1929, Hamilton's marriage habits survey reported that 28% of men and 29% of women admitted they derived "pleasant thrills" from having some form of "pain" inflicted in them. (G.V. Hamilton, *A Research in Marriage*, Boni, New York.)

## [7. More Information About SM](#)

**\*Why do you call it SM instead of S&M?\***

The term "S&M" stands for Sadism and Masochism, and the historical definitions and depictions of S&M are often stereotyped and nonconsensual. The term "SM" stands for sadoomasochism, which is a type of sexual orientation or behavior. Many people call it SM to emphasize the need for consent since both behaviors are united in a single word. SM is also sometimes referred as "leather," "Dominance & Submission," "D&S" and "BDSM".

**\*Where did the terms Sadism and Masochism come from?\***

As the language has evolved, the contemporary definitions of sadism and masochism are changing. Sadism no longer implies non-consensuality, nor does it imply violence. It simply means that someone receives erotic gratification from the infliction of psychological or physical stimulation on a consenting partner. Conversely, a masochist is someone who enjoys receiving that psychological or physical stimulation.

The term 'sadism' was popularized by psychiatrist Richard von Krafft-Ebing in 1886 and stems from the writings of the Marquis de Sade (de Sade's writing style had been referred to as "le sadisme" for years, Krafft-Ebing was the first to use the term in a clinical manner). The case histories he reported primarily concerned nonconsensual sexual violence and were not about what we now call SM.

Krafft-Ebing also coined the term 'masochism' to describe the enjoyment of sexual servitude. He took the term from the writings of Leopold von Sacher-Masoch, a prominent Austrian novelist, who wrote about his own masochistic desires in novel form. Sacher-Masoch was alive at the time and not very happy about having a perversion named after him, as it defamed his grandfather. Sacher-Masoch was given his hyphenated name as an honor to his maternal grandfather; his mother was the only daughter of an esteemed public health physician. Dr. Masoch convinced the Austrian government to install the sewer system of Vienna, thereby preventing uncounted epidemics. It is ironic that this public health physician is remembered for a sexual diagnosis rather than for the good he actually accomplished.

**\*Why do people do SM?\***

We do not know why some people are heterosexual and others are homosexual. We do not know why some people eroticize breasts and others legs. We do not understand how people develop any particular eroticism. We do know that no one has found any characteristic in childhood history, birth order, etc., that is more common among SM practitioners than the general public. Specifically, there is no indication that SM practitioners are more or less likely to have been spanked as children, or to have been the victim of sexual or other abuse as children.

Andreas Spengler did the first major study of those who identified as SM practitioners (1977). The only thing these devotees had in common was their high standard of living, social status, and education. 90% were perfectly happy with their sexual preferences, with their biggest burden being the social stigma attached to these acts. (A. Spengler, "Manifest Sadomasochism of Males: Results of an Empirical Study," Archives of Sexual Behavior, vol. 6, pp. 441-56.)

**\*SM is about love and pleasure\***

SM is about sensation and stimulation, exchanging power, trusting one's partner, and sharing love and pleasure. Some SM practitioners seek "pain" but they want the sensation administered in a way that is ultimately pleasurable to them.

Sociologists Weinberg and Kamel wrote in 1995:

"Much S&M involves very little pain. Rather, many sadomasochists prefer acts such as verbal humiliation or abuse, cross-dressing, being tied up (bondage), mild spankings where no severe discomfort is involved, and the like. Often, it is the notion of being helpless and subject to the will of another that is sexually titillating... At the very core of sadomasochism is not pain but the idea of control--dominance and submission.

Thomas S. Weinberg and G.W. Kamel (1995). "S&M: An Introduction to the Study of Sadomasochism," *S&M: Studies in Dominance and Submission*, Prometheus Books, pg. 19.

Havelock Ellis, M.D., produced a groundbreaking study of sexuality: *Studies of the Psychology of Sex*, in which he wrote that the concept of pain is much misunderstood:

"The essence of sadomasochism is not so much "pain" as the overwhelming of one's senses - emotionally more than physically. Active sexual masochism has little to do with pain and everything to do with the search for emotional pleasure. When we understand that it is pain only, and not cruelty, that is the essential in this group of manifestations, we begin to come nearer to their explanation. The masochist desires to experience pain, but he generally desires that it should be inflicted in love; the sadist desires to inflict pain, but he desires that it should be felt as love...."

Havelock Ellis, M.D. (1926). *Studies of the Psychology of Sex*, F.A. Davis Company, pg. 160.

## APPENDIX A

*Excerpt from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th Edition.*

These criteria are listed in the Paraphilia section, pg. 525.

### Diagnostic criteria for 302.83 Sexual Masochism

1. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound or otherwise made to suffer.
2. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

### Diagnostic criteria for 302.84 Sexual Sadism

1. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person.
2. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in

**social, occupational, or other important areas of functioning.**

**Web Questions - Email our [Webmaster](#)**