

## Consent vs. Coercion: BDSM Interactions Highlight a Fine but Immutable Line

Dulcinea Pitagora

The New School for Social Research

In the majority of literature related to Bondage and Domination/Dominance and Submission/Sadism and Masochism (or Sadomasochism) (BDSM; Connolly, 2006), there exists a focus on the pathologization of such interactions, and little attention is given to a non-clinical BDSM-oriented population. What research there is analyzing non-clinical expressions of BDSM suggests that consensual BDSM interactions can positively influence individuals in various ways, such as through heightened meaning-making and self-awareness and intensified interpersonal connection through a deliberate exchange of power. A closer look at the extant literature discussing nonpathological expressions of BDSM reveals that the explicit communication of consent is paramount. Nonpathological mainstream sexual interaction is based on the construct of consent as well, though consent is often assumed rather than asserted. While the realm of BDSM encompasses a vast range of potential activities, explicit consent is the single universal characteristic in BDSM sexual interactions and is considered a fundamental tenet in the BDSM community. This article presents a review of the literature on BDSM interactions with three goals in mind: 1) to investigate the historical pathologization of BDSM; 2) to compare similarities between BDSM and mainstream sexualities; and 3) to highlight the importance of explicit rather than tacit agreements of consent in every type of sexual interaction.

*Keywords:* BDSM, sadomasochism, consent, coercion, sexual minorities

The construct of sexual consent is perhaps most readily associated with situations in which it is conspicuously lacking, such as in cases of sexual assault (Beres, 2007). Non-pathological sexual interaction is by definition consensual, though consent is often assumed or implied rather than overtly asserted, an issue further confounded by the lack of a clear definition in much of the literature regarding what constitutes consent (Beres, 2007). While consent is considered a necessary element in any sexual interaction, it is often not discussed at length between partners. Where consent is concerned, the default is often a reliance on assumptions activated by social norms, especially those related to sexuality and gender roles (Weait, 2007; Yost, 2007).

Consent is a primary focus in what is often considered one of the most controversial realms of human sexual expression: Bondage and Domination/Dominance and Submission/Sadism and Masochism (or Sadomasochism) (BDSM; Connolly, 2006). The acronym has evolved from what was referred

to in the past as SM, S/M, or S&M. The D, S, and M overlap to facilitate an abbreviation of the most commonly referred to BDSM practices: Bondage & Domination (B&D), Dominance/submission (D/s), Sadomasochism, and/or Master/slave (SM)<sup>1</sup> (Moser & Kleinplatz, 2007). BDSM interactions take place in what participants often call a “scene,” a bounded period of time contextualizing any variety of specifically agreed upon activities, such as the administration of pain and/or psychological power play (Sagarin, Cutler, Cutler, Lawler-Sagarin, & Matuszewich, 2009). While penetrative sex acts can be incorporated into any phase of a BDSM scene, sexual intercourse does not necessarily occur. While the realm of BDSM encompasses a vast range of potential activities, explicit consent

---

<sup>1</sup> Words like “submission” and “slave” are often intentionally not capitalized by members of the BDSM community in order to emphasize their diminutive role within a given power dynamic (Moser & Kleinplatz, 2007).

is the single most common characteristic in BDSM sexual interactions and is considered a fundamental tenet among those who practice BDSM (Connolly, 2006; Taylor & Ussher, 2001; Yost, 2010). In the same way that consent acts as a line of demarcation between consensual sex and rape, it is also the factor that distinguishes non-pathological BDSM sexual interaction from pathological acts of violence (Moser & Kleinplatz, 2007).

While the more physically aggressive BDSM interactions can incorporate activities that appear identical to sexual assault (e.g., punching or choking), they can be experienced as pleasurable (by both parties), or inappropriately violent (by the aggressor) and traumatic (from the perspective of the aggressee) (Beres, 2007). The same interaction could be characterized as an unwanted assault or a welcome physical exchange, depending on whether there exists a mutually understood psychological mindset, namely whether consent was obtained prior to the interaction (Langdridge, 2007; Yost, 2010). This makes the domain of BDSM ecologically ideal for an investigation of the subtleties of sexual consent and coercion.

This article offers a review of the extant literature on BDSM interactions with three goals in mind: 1) to investigate the historical pathologization of BDSM; 2) to compare similarities between BDSM and mainstream sexualities; and 3) to highlight the importance of explicit rather than tacit agreements of consent in every type of sexual interaction. Until recent years, there has been a lack of research analyzing non-clinical and non-pathological variations of BDSM sexual expression (Cross & Matheson, 2006; Reiersøl & Skeid, 2006). Therefore, an overview of the demographic characteristics, principal tenets, and common activities of BDSM practitioners will be presented in order to better understand the ways in which consent is negotiated, established, and upheld. A discussion will follow on the meaning that manifests during the process of sexual consent, and how it functions in separating non-pathological (i.e., consensual) from pathological (i.e., coercive) sexual behavior (Moser & Kleinplatz, 2007). Such an examination highlights the importance of explicit rather than tacit agreements of consent in every type of healthy sexual interaction, including, but not limited to, the realm of BDSM interactions.

### **BDSM Participants and Interactions**

Perhaps the most significant reason for the difficulty in identifying a non-clinical BDSM population is that individuals who engage in BDSM activities defy characterization. Though the literature is sparse, there are studies that have emphasized the wide range of demographics represented by BDSM practitioners, including various age groups, ethnicities, occupations, genders, and sexual identities (Weinberg, Williams, & Moser, 1984; Connolly, 2006). Not only do BDSM practitioners represent a cross-section of society in these ways, but those who incorporate BDSM into their sexual interactions do so in vastly varying manners and intensities, and self-identify using a variety of terms. For the sake of efficiency in this review, persons who regularly and requisitely incorporate BDSM into their sexual interactions will be referred to as BDSM-oriented individuals. Just as these individuals represent a diverse array in terms of demographic characteristics, their identifications in terms of power dynamics extend well beyond the dominant and submissive binary (Connolly, 2006).

BDSM-oriented individuals often self-identify in terms of their role in the power dynamic of a given relationship, which may be fluid or fixed, temporary or long-term, as found in a discourse analysis on BDSM behavior (Taylor & Ussher, 2001). The terms they use to describe themselves usually refer to their preferred role in a BDSM scene. For example, the individual who prefers to present the appearance of wielding ultimate control or to administer physical sensation might identify as a sadist, dominant, top, or master/mistress. The individual who prefers to play the subjugated role might identify as a masochist, submissive, bottom, or slave. The individual who is generally more fluid in power role preference might identify as versatile or a switch (Moser & Kleinplatz, 2007). There are differing means of expressing or identifying with power roles among BDSM practitioners. Some define their BDSM power orientation (i.e., dominant or submissive) as fixed (Taylor & Ussher, 2001), while others feel that their power role identifications fluctuate to accommodate context. For example, they may be influenced by the power role of their play partner(s) or BDSM activities agreed upon in a given scene (Langdridge, 2006; Yost, 2010).

It is important to note that there is a vast multitude of activities that fall under the umbrella of BDSM interactions, including, but not limited to, the administration and receiving of pain, physical restriction, and psychological humiliation (Alison, Santtila, Sandnabba, & Nordling, 2001). Commonalities in BDSM interactions have been identified in five interrelated social features: dominance and submission, roleplaying, sexual context, consensuality (the agreement to engage in a BDSM interaction and to honor the participants' respective limits in said interaction), and mutual definition (an understanding among participants that their interaction is specifically BDSM-oriented in nature) (Weinberg et al., 1984). Sexual scripts that relate to specific BDSM activities have also been identified as including: hypermasculinity, which includes activities involving a phallus or male genitals and variations of sodomy; administration of pain (i.e., corporal punishment) and humiliation, which can manifest in many different ways both physically and verbally. As such, BDSM activities can be regarded as interrelated behaviors that are emphasized or downplayed according to different contexts, rather than a focus on discrete acts (Alison et al., 2001; Santtila, Sandnabba, Alison, & Nordling, 2002).

Because there is such a variety of activities that can be incorporated into a BDSM scene, it is important to note that although specific activities might be preferred by certain participants, the focus is often less on the physical enactment of a scene than it is on the power exchange. Taylor and Ussher (2001) identified four common elements of a BDSM scene (corroborating four out of five of the social features mentioned above): consensuality, an inequity of power, sexual arousal, and compatibility of definition (i.e., an agreed upon interpretation of a given activity). Some individuals referenced the use of a safeword<sup>2</sup> as evidence that the submissive was ultimately always in control of the scene, in that they could end it at will (Connolly, 2006; Taylor & Ussher, 2001). Also incorporated in this reciprocal process of retaining and releasing control were feelings of helplessness and dependency (in the case of the submissive) or power (in the case of the dominant) as primary to the success of the scene (Taylor & Ussher, 2001). Therein lies the meaning of power

exchange. The control does not necessarily lie totally in the hands of a particular participant by virtue of their role. A mutual, bidirectional exchange of power takes place, and though certain roles appear to hold a position of greater power, which could also be seen as having greater control, that is not necessarily the case (Moser & Kleinplatz, 2007).

With so many potential variations within a given scene, an agreed upon definition of both context (e.g., where, when, and with whom a scene would take place, and whether the scene would contain role play parameters) and procedure (e.g., what implements would be used in what manner and on what parts of the body) is paramount in every BDSM interaction (Cross & Matheson, 2006; Taylor & Ussher, 2001). Regardless of how rigorous the process, each individual enters into scene negotiation with a particular definition or goal for the scene, and individuals reinterpret their definitions based on mutual agreement and identification among participants (Weinberg et al., 1984).

One activity that occurs regularly in BDSM scenes, though in varying intensities and manifestations, is aftercare. This is the process of care and attention paid to the more emotionally and physically spent participant after the scene concludes, and often includes comforting physical contact or verbal processing of the scene (Sagarin et al., 2009). The concept of aftercare might be seen as integrated within the overarching theme of consent, which includes negotiation, the designation of a safeword, and a collaborative return to a baseline cognitive and emotional state. It emphasizes the existence of a highly scripted and closely attended to cognitive arc in most BDSM interactions.

Communication of consent precedes all BDSM interaction, and advance negotiation of each act within each interaction is also incorporated (Langdridge, 2007). The means by which individuals communicate and come to agreements are as varied as the individuals involved and can fluctuate depending on context and other influences such as mood and temperament.

---

<sup>2</sup> A "safeword" is an agreed upon word, phrase, or signal that immediately overrides the power dynamic in play and indicates the desire to stop the BDSM act or interaction in progress (Sagarin et al., 2009).

Furthermore, unlike in most conventional sexual interactions, there exists a mechanism in place that signifies the end of consent: the safeword. This mechanism refers to an overarching principle often referred to by BDSM practitioners as Safe, Sane, and Consensual (SSC); however, the term Risk Aware Consensual Kink (RACK) is used by some who feel the use of the word “sane” propagates negative stereotypes and the tendency to pathologize BDSM (Langdrige, 2006).

The struggle among BDSM practitioners for specific, yet inclusive, language to describe BDSM practices may be a reaction to a societal tendency to stigmatize sexual subcultures. Sexual minority communities have long been vilified by the general public due to stereotypes reinforced by negative media exposure and inadequate education, as well as historical pathologization from the medical and psychiatric professions (Langdrige, 2006). For example, in most iterations of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*; (American Psychiatric Association), those engaging in BDSM activities, such as sexual sadism or masochism, are assumed to be pathological, just as homosexuality and gender identity disorder have been in past iterations of the *DSM* (Drescher, 2010). The criteria for these disorders were based predominantly on research biased toward pathologization using clinical samples, without differentiation between consensual and nonconsensual acts (Langdrige, 2006). Similarly, the media’s focus on stereotypical inaccuracies and criminal acts engenders a consistent and false association between those who engage in consensual BDSM scenes, and sex offenders who perpetrate coercive acts of sexual violence against their target victims (Yost, 2010). For example, this commonly occurs when television crime shows portray BDSM participants as suspects of violent crime; conversely, violent criminals are often shown to use a pretense of BDSM as a subterfuge for nonconsensual acts of violence (Yost, 2010).

### **The Tendency to Pathologize BDSM**

As mentioned above, there are relatively few research studies in the literature that deal with non-clinical expressions of BDSM (Cross & Matheson, 2006; Reiersøl & Skeid, 2006). Instead, the literature

has pathologized sexual sadism and masochism (American Psychiatric Association, 2000), with research focusing on clinical samples of mentally ill patients or convicted criminals instead of non-clinical samples that more accurately reflect the BDSM community (Sandnabba, Santtila, Alison, & Nordling, 2002). As mentioned above, the *DSM* historically pathologized those engaging in BDSM activities in a way that is analogous to its past pathologization of homosexual individuals, and its persistent pathologization of gender-nonconforming individuals (Drescher, 2010). Homosexuality is now acknowledged to be non-pathological, and was ultimately removed from the *DSM*; gender identity disorder has been following a similar trajectory (Drescher, 2010). BDSM activities fit a similar profile, with behaviors that are deviant from social norms, but not necessarily characterized by dysfunction and distress. The *DSM-IV-TR* (American Psychiatric Association, 2000) counsels against such biases in stating that “a clinician who is unfamiliar with the nuances of an individual’s cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are particular to the individual’s culture” (p. xxxiv). However, the *DSM* is not immune from having done so itself.

In the *DSM-IV-TR* (American Psychiatric Association, 2000), a contingency for behaviors that caused “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (p. 573) was added to the criteria for a psychosexual disorder diagnosis (Sagarin et al., 2009). This indicates progress toward acknowledging that not all such behaviors are pathological, though in practice it is largely a vague and semantically driven criterion. While there may be a tacit understanding among clinicians that BDSM activities are not necessarily clinically significant, the *DSM* continues to describe those who engage in BDSM practices as fundamentally pathological. Such references perpetuate the conflation of BDSM interactions with such criminal offenses as child sexual abuse and rape (Taylor & Ussher, 2001). The mental health community often does not recognize that typical BDSM practices are characterized by explicit consent and thus distinct from coercive sexual acts. For

example, as noted above, the majority of academic research analyzing BDSM practices uses clinical or criminal samples without incorporating a control group or replicating research using non-clinical groups (Langdridge, 2006). These types of omissions confound the distinction between consent and coercion (Connolly, 2006; Taylor & Ussher, 2001; Yost, 2010).

Forces of socialization, media representation, and clinical and educational inertia have contributed to a recursive loop of stigmatization. As suggested in Lilienfeld, Wood, and Garb's (2006) paper discussing the persistence of bias among clinicians and researchers, the problem is likely rooted in the *ad populum* fallacy (i.e., a belief that is widely held must be true, despite a lack of empirical evidence to support it). As a result, non-clinical members of the BDSM community tend to be excluded from (or themselves purposely avoid) involvement in psychological research, rendering them invisible; research findings instead are based almost exclusively on small, clinical samples of functionally impaired individuals (Connolly, 2006; Taylor & Ussher, 2001). It follows that the most commonly used psychometric tests have been designed with items and scales that do not reflect the attitudes or practices of the majority of individuals who participate in BDSM activities. For example, an item in a scale might indicate that an affective state like nervousness is a negative quality; however, this state might be desirable and sought after within the context of a consensual BDSM interaction (Connolly, 2006). The use of any scale that is not generalizable to a particular population promotes pathologization.

Another area severely lacking in the literature relates to the common assumption that BDSM orientation is associated with pathology or cognitive deficit. The vast majority of research on BDSM behavior has focused on clinical samples comprised of individuals seeking therapy for difficulties in functioning or incarcerated individuals (e.g., Connolly, 2006; Cross & Matheson, 2006; Sandnabba et al., 2002; Taylor & Ussher, 2001). One of the few extant studies investigating a non-clinical population (Connolly, 2006) specifically addressed the widely held belief that BDSM orientation is more highly associated with disorders like depression, anxiety, obsessive-compulsion, PTSD, dissociation, sexual

sadism, sexual masochism, narcissism, borderline pathology, and paranoia. The sample in this study was comprised of 132 non-clinical, self-identified BDSM practitioners, who were administered a battery of self-report mental health measures. While there was no control group, norms from the measures were used to compare results, which suggested that these disorders were not any more associated with BDSM-oriented individuals than non-clinical, non-criminal populations. While there were higher than average levels of nonspecific dissociative symptoms and narcissism, these levels did not approach clinical significance, suggesting psychopathology is not associated with BDSM orientation any more than it is with the general population (Connolly, 2006).

The participants in another study by Cross and Matheson (2006) were comprised of 93 sadomasochists and 61 non-sadomasochists, who were administered a packet of questionnaires measuring mental illness, personality, and sexual behavior. The results did not differentiate sadomasochists from non-sadomasochists, and therefore did not support the commonly held view that sadomasochism is pathological. Cross and Matheson (2006) also examined two subgroups within the sadomasochist group in order to measure sexual guilt in masochists and "id-driven" (i.e., "thrill-seeking" and "impulsive;" p. 135) personality in sadists. Again, results did not differentiate sadists or masochists from non-sadomasochists. If it can be assumed that an id-driven personality is associated with narcissism, the results of this study would counter Connolly's (2006) study showing somewhat higher levels of narcissism in BDSM-oriented individuals.

### **The Intersection of BDSM and Mainstream Sexuality**

A difficulty in conceiving of BDSM activities as non-pathological, or even mainstream, is that it is impossible to define what is sexually normal, as the norm is a comparison to the statistical majority and not necessarily related to pathology (Kleinplatz & Moser, 2007). There are overlaps between what are considered mainstream or conventional sex acts and BDSM interactions both in terms of power dynamic and physical expression. For example, in many sexual interactions, oftentimes one partner

assumes a more assertive role. Another example would be in the case of mainstream “rough” sex. Partners might engage in activities such as biting and wrestling without considering these acts to be BDSM-oriented, nor would such acts necessarily be considered pathological, assuming they are consensual. Conversely, any sexual activity (BDSM-related or otherwise) that is nonconsensual (i.e., coercive) should be considered pathological (Moser & Kleinplatz, 2007).

As intimated above, the subject of BDSM power orientation is complicated, and could be perceived as counterintuitive to those outside of the BDSM community. For example, it might not be intuitive that when dominants fantasize, they often focus on their partner’s sexual pleasure, yet when submissives fantasize about a BDSM scene, they are often focusing on their own sexual pleasure (Yost, 2007). It might also be counterintuitive to those unfamiliar with BDSM practices that in scenes containing an aspect of corporal punishment (i.e., physical discipline, or the administration of pain), the primary focus is often on ritual and role play symbolic of power or powerlessness, rather than physiological sensation (Cross & Matheson, 2006). It is also important to note that the same act(s) of sexual violence that can cause psychological trauma when experienced in a coercive context can be psychologically rewarding in a consensual context for the BDSM-oriented individual. As in every phenomenon associated with human behavior, BDSM-oriented behavior exists on a continuum affected by self-identification and means of self-expression, both of which have a tendency to fluctuate (Beckman, 2001). The line of demarcation between consent and coercion, however, remains immutable.

An explicit distinction exists between BDSM interactions, in which participants interact voluntarily and with an awareness of what is going to take place, and non-consensual violence, in which the victim suffers injury, usually without any degree of control or knowledge of what might happen to her or him (Langdrige, 2006, 2007). However, as can happen during any type of communication between individuals, agreed upon meaning between BDSM participants can be tenuous despite the presumption of a common understanding. It is generally understood among BDSM practitioners that a successful scene

will include the testing of limits (i.e., the intentional pressing of agreed upon parameters), which approaches boundaries but stops short of trespassing them (Taylor & Ussher, 2001).

A safeword can indicate the recognition of crossed boundaries, but can also indicate a desire to stop a scene for any number of other reasons, including a simple lack of desire to proceed (Taylor & Ussher, 2001). Consent exists on a continuum, is fluid, and may be rescinded at any time, regardless of the physical and emotional intensity of a scene (Beres, 2007; Connolly, 2006). If a BDSM scene continues after a safeword has been used, or after withdrawal of consent has been communicated in any other way, it becomes a non-consensual act of violence (Taylor & Ussher, 2001).

This potential for shift in consent represents a gray area that exists between consent and coercion in both BDSM and more mainstream sexual cultures. That is to say, in all types of sexual interaction exists the potential for a misunderstanding of or disregard for consent, which, from the perspective of the individual who is being victimized, might equate to forced consent or coercion (Beres, 2007). Examples of such interactions (which could take place between mainstream individuals as well as BDSM practitioners) might range anywhere from acquiescence to sex with a monogamous partner out of a sense of obligation, to a situation equivalent to date rape.

To further highlight the complex nature of consent, it is useful to examine rape play, one of the less prevalent but more intense of BDSM scenes (Sandnabba, Santtila, Alison, Nordling, 2002). Rape play could be seen as one of the more counterintuitive types of scenes in terms of consent, as its basis is the role play of non-consensual sex, set within an invisible scaffolding of consent (Critelli & Bivona, 2008). It stands to reason that the extreme nature of such a scene requires the utmost level of trust and mutual understanding between partners, in order to create as clear an atmosphere of consent as possible. That said, this level of trust and mutual understanding should be paramount in any type of sexual interaction (Beres, 2007). Therefore, what may be the primary focus of a rape play scene—or any other type of role play that involves the participants playing a role that would be reprehensible in a non-consensual

environment—would be an individual’s ability to hold a non-consensual fantasy in mind concurrently with a physical (and consensual) expression of the fantasy in real time. In rape play, the individual retains control of the act as well as its meaning (Hawley & Hensley, 2009).

It is important to highlight a common misconception regarding BDSM interactions, in particular rape play. In the same way that BDSM-oriented individuals would not want to engage in any BDSM activity without having given consent, those who enjoy engaging in rape play would not actually want to be raped (in the case of the bottom) or to rape someone (in the case of the top). A rape play scene incorporating the physical manifestation of forced sex can be sexually satisfying for participants, whereas an actual instance of rape would be highly disturbing (Critelli & Bivona, 2008). This distinction is highlighted in the tendency for dominants to focus on the pleasure of their partner, and submissives to focus on their own pleasure. This is in stark contrast to actual rape, in that the perpetrator does not have the victim’s pleasure in mind (Yost, 2007). It might seem counterintuitive to those who are not aware that BDSM is by definition consensual (Moser & Kleinplatz, 2007) that a BDSM-oriented individual is no more or less likely than a non-BDSM-oriented individual to experience the adverse effects of actual rape, such as disgust and fear (Hawley & Hensley, 2009), depression and PTSD (Resick, 1993; Zurbriggen, 2000), and suicidal ideation (Zurbriggen, 2000). Non-consensual sexual assault (ranging from subtly inappropriate physical or verbal interactions to overt instances of rape) is damaging and disturbing to all individuals, within and without the BDSM community. The function of consent is highlighted in more extreme BDSM scenes such as these, and fostering such a discussion might help individuals of every sexual orientation to better understand the complex yet essential concept of consent.

### **The Benefits of Explicitly Communicated Sexual Consent**

As discussed above, the extant literature has suggested that: 1) consent plays an integral and defining role in BDSM interactions (Langdrige, 2007; Sagarin et al., 2009; Yost, 2010); 2) consent

is a factor that differentiates mutually enjoyed expressions of sexuality from coercive sexual assault (Connolly, 2006; Taylor & Ussher, 2001; Yost, 2010); and 3) the ability and desire to engage in a consensual, rather than a coercive, sexual interaction is a factor that differentiates mainstream from pathological populations, respectively (Langdrige, 2006; Sagarin et al., 2009; Sandnabba et al., 2002; Yost, 2010). The literature has also suggested that the act of giving consent within the confines of a BDSM interaction requires explicit communication and a mutual understanding of the context and activities involved in the scene (Taylor & Ussher, 2001; Weinberg et al., 1984). Because there are so many variables at play during a BDSM scene, the ways in which consent is given exist on a wide continuum (Taylor & Ussher, 2001), just as within all other sexual interactions (Beres, 2007).

On the surface, a BDSM interaction might appear to be a display of verbal and/or physical abuse (Beres, 2007) or an enactment of exaggerated roles (Sandnabba et al., 2002). Without an understanding of how participants are motivated or what they are trying to accomplish in such scenes, these types of interactions might seem deviant from an outsider’s perspective. Understanding the context of BDSM interactions is crucial if one is to find meaning in them. What makes a scene consensually meaningful, thereby setting it apart from coercive violence or abuse, is that individuals collectively choose to participate in agreed upon activities, and have a mutual understanding of the specific meanings of these activities (Langdrige, 2007; Yost, 2010). The literature reveals a number of salient themes regarding the ways in which individuals might choose to instill meaning to their interactions, including: 1) an effort toward furthering self-awareness via the formation and enactment of sexual scripts (Alison et al., 2001; Sandnabba et al., 2002); 2) the emphasis of power dynamic over gender and sexual orientation (Bauer, 2007); and 3) the effort to bond and connect with another individual through an exchange of power (Langdrige, 2007; Weait, 2007).

An important way in which BDSM-oriented individuals find meaning in their sexual interactions is via the enactment of sexual scripts (i.e., sexual interactions in which individuals conform to specific

acts that are performed in a particular sequence) (Sandnabba et al., 2002). Sexual scripts can also be a means to organize and find meaning in sexual interactions (Alison et al., 2001; Sandnabba et al., 2002). The context in which an individual's psychological characteristics are expressed has an impact on the evolution of that individual's identity (Santtila et al., 2002; Taylor & Ussher, 2001). The way people perceive others' expectations of them influences the way they tend to express their sexuality, which in turn influences their own understanding of their sexuality (Sandnabba et al., 2002). Furthermore, the ritualistic behavior and clearly designated roles often involved in BDSM interactions tend to encourage such self-reflection. Benefits in the negotiation of consent that occurs within BDSM interactions include the heightened sense of self-awareness and introspection participants can gain from discussing the scene and clearly stating their expectations and boundaries (Barker, 2007). The act of explicitly communicating and agreeing upon mutually understood parameters clarifies those parameters in a way that implied understanding cannot.

In an early study conducted by Weinberg et al. (1984) examining the way that BDSM-oriented individuals interact, several hundred participants from BDSM communities in San Francisco and New York were interviewed. Their findings suggested five integral components to BDSM interactions: 1) establishing power roles (e.g., dominant, submissive); 2) the explicit construction of role play, or fantasies, to be enacted; 3) the essential nature of negotiation and consent in these roles and role play; 4) the effort participants reported making to place themselves in a specific sexual context related to the meaning collectively assigned to these roles and role play; and 5) that the participants' collective definitions of the activities they performed were interpreted differently according to the specific individuals and the contexts they created (Weinberg et al., 1984). In other words, participants used the interplay of collaboration and context to determine the meaning of individual sexual acts.

In order to empirically investigate relationships among preferred BDSM activities, researchers administered a semi-structured questionnaire to 184 BDSM participants regarding their sexual

behaviors (Alison et al., 2001). Four qualitatively distinct sexual scripts emerged: hypermasculinity, administration and reception of pain, physical restriction, and psychological humiliation. Their finding that BDSM activities are often scripted, and therefore collaborative, suggests that individual sexual repertoires are socially constructed within a specific sexual context (Alison et al., 2001; Weinberg et al., 1984). Alison et al. followed their 2001 study with a review of the literature on BDSM-oriented behaviors (Sandnabba et al., 2002), which emphasized the ritualistic nature of BDSM scenes, noting that the assumption of roles and enacting of specific behaviors within those roles indicate sexual scripting. However, they found that no previous study related BDSM activities to sexual scripting, which may have been a result of the extant studies' lack of non-clinical samples and systematic empirical support.

Sandnabba et al. (2002) found a similarity between BDSM and more mainstream sexual scripts in their tendency to incorporate an individual's developmental history, psychological makeup, and cultural context. The process of sexual scripting is often more apparent in BDSM interactions, due to their ritualistic nature, but the argument may be made that scripting is an essential element of all human sexual expression (Alison et al., 2001; Sandnabba et al., 2002). As consent is the cornerstone of BDSM practices, it stands to reason that a ritualistically articulated sexual script would entail overt communication of consent. Reciprocally, a focus on consent among individuals engaged in mainstream sexual practices could encourage a more deliberate development of sexual scripts, in turn heightening sexual self-awareness through the process of consciously making a vocal effort to clarify personal boundaries and limits (Alison et al., 2001; Sandnabba et al., 2002).

### **Conclusion**

While to the naïve observer BDSM interactions would seem to exemplify coercive sexual practices, the BDSM context in fact offers an opportunity to analyze the ways in which consent functions in all sexual interactions. BDSM practices highlight the clear contrast between consent and coercion; consent is integral in non-pathological BDSM interactions, while coercion is a pervasive element in pathological



acts of sexual assault. The negotiation and renegotiation of a wide range of potential activities, agreements regarding redistributions of power, and the mutual definition given to those activities and power roles offer evidence that BDSM interactions can influence individuals in various ways, including the reflective and reconciling effects of sexual scripts, and catharsis and connection through an emphasis on and exchange of power roles.

The definition of sexual consent remains a contentious and controversial topic. Some accept a broad definition of consent that allows for nonverbal, or implied, agreement, while others insist that sexual consent should always be explicitly stated. In the process of furthering research in the realm of BDSM, a clearer understanding of the non-pathological BDSM population will likely emerge, which, due to the similarities mentioned above between BDSM and mainstream sexualities, could in turn help clarify the definition of consent in all sexual cultures.

**References**

Alison, L., Santtila, P., Sandnabba, K. N., & Nordling, N. (2001). Sadomasochistically oriented behavior: Diversity in practice and meaning. *Archives of Sexual Behavior, 30*(1), 1–12. doi: 10.1023/A:1026438422383

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

Barker, M. (2007). The power of play: Healing narratives. In D. Langdridge & M. Barker (Eds.), *Safe, sane, and consensual: Contemporary perspectives on sadomasochism* (pp. 197–216). Buffalo, NY: Prometheus Books.

Bauer, R. (2007). Playgrounds and new territories: The potential of BDSM practices to queer genders. In D. Langdridge & M. Barker (Eds.), *Safe, sane, and consensual: Contemporary perspectives on sadomasochism* (pp. 177–194). Buffalo, NY: Prometheus Books.

Beckman, A. (2001). Deconstructing myths: The social construction of “sadomasochism” versus “subjugated knowledges” of practitioners of consensual “SM.” *Journal of Criminal Justice and Popular Culture, 8*(2), 66–95. Retrieved

from <http://www.albany.edu/scj/jejpc/vol8is2/beckmann.html>

Beres, M. A. (2007). ‘Spontaneous’ sexual consent: An analysis of sexual consent literature. *Feminism & Psychology, 17*(1), 93–108. doi: 10.1177/0959353507072914

Connolly, P. H. (2006). Psychological functioning of bondage/domination/sadomasochism (BDSM) practitioners. *Journal of Psychology & Human Sexuality, 18*(1), 79–120. doi: 10.1300/J056v18n01\_05

Critelli, J. W. & Bivona, J. M. (2008). Women’s erotic rape fantasies: An evaluation of theory and research. *The Journal of Sex Research, 45*(1), 57–70. doi: 10.1080/00224490701808191

Cross, P. A. & Matheson, K. (2006). Understanding sadomasochism: An empirical examination of four perspectives. *Journal of Homosexuality, 50*(2/3), 133–166. doi: 10.1300/J082v50n02\_07

Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior, 39*(2), 427–460. doi: 10.1007/s10508-009-9531-5

Hawley, P. H. & Hensley, W. A. (2009). Social dominance and forceful submission fantasies: Feminine pathology or power? *The Journal of Sex Research, 46*(6), 568–585. doi: 10.1080/00224490902878985

Kleinplatz, P. J. & Moser, C. (2007). Speaking the unspeakable: S/M and the eroticization of pain. In D. Langdridge & M. Barker (Eds.), *Safe, sane, and consensual: Contemporary perspectives on sadomasochism* (pp. 85–97). Buffalo, NY: Prometheus Books.

Langdridge, D. (2006). Voices from the margins: Sadomasochism and sexual citizenship. *Citizenship Studies, 10*(4), 373–389. doi: 10.1080/13621020600857940

Langdridge, D. (2007). Speaking the unspeakable: S/M and the eroticization of pain. In D. Langdridge & M. Barker (Eds.), *Safe, sane, and consensual: Contemporary perspectives on sadomasochism* (pp. 85–97). Buffalo, NY: Prometheus Books.

Lilienfeld, S. O., Wood, J. M., & Garb, H. N. (2006). Why questionable psychological tests remain

- popular. *The Scientific Review of Alternative Medicine*, 10(2), 6–15.
- Moser, C. & Kleinplatz, P. J. (2007). Themes of SM expression. In D. Langdridge & M. Barker (Eds.), *Safe, sane, and consensual: Contemporary perspectives on sadomasochism* (pp. 35–54). Buffalo, NY: Prometheus Books.
- Resick, P. A. (1993). The psychological impact of rape. *Journal of Interpersonal Violence*, 8(2), 223–255. doi: 10.1177/088626093008002005
- Reiersøl, O. & Skeid, S. (2006). The ICD diagnosis of fetishism and sadomasochism. *Journal of Homosexuality*, 50(2–3), 243–262. doi:10.1300/J082v50n02\_12
- Sagarin, B. J., Cutler, B., Cutler, N., Lawler-Sagarin, K. A., & Matuszewich, L. (2009). Hormonal changes and couple bonding in consensual sadomasochistic activity. *Archives of Sexual Behavior*, 38, 186–200. doi: 10.1007/s10508-008-9374-5
- Sandnabba, K. N., Santtila, P., Alison, L., & Nordling, N. (2002). Demographics, sexual behavior, family background and abuse experiences of practitioners of sadomasochistic sex: A review of recent research. *Sexual and Relationship Therapy*, 17(1), 39–55.
- Santtila, P., Sandnabba, K. N., Alison, L., & Nordling, N. (2002). Investigating the underlying structure in sadomasochistically oriented behavior. *Archives of Sexual Behavior*, 31(2), 185–196.
- Scarry, E. (1985). *The body in pain: The making and unmaking of the world*. New York, NY: Oxford University Press.
- Taylor, G. W. & Ussher, J. M. (2001). Making sense of S&M: A discourse analytic account. *Sexualities*, 4(3), 293–314. doi: 10.1177/136346001004003002
- Weinberg, M., Williams, C., & Moser, C. (1984). The social constituents of sadomasochism. *Social Problems*, 31, 379–389. Retrieved from <http://www.jstor.org/stable/800385>
- Weait, M. (2007). Sadomasochism and the law. In D. Langdridge & M. Barker (Eds.), *Safe, sane, and consensual: Contemporary perspectives on sadomasochism* (pp. 63–82). Buffalo, NY: Prometheus Books.
- Yost, M. R. (2007). Sexual fantasies of SM practitioners. In D. Langdridge & M. Barker (Eds.), *Safe, sane, and consensual: Contemporary perspectives on sadomasochism* (pp. 135–154). Buffalo, NY: Prometheus Books.
- Yost, M. R. (2010). Development and validation of the attitudes about sadomasochism scale. *Journal of Sex Research*, 47(1), 79–91.
- Zurbriggen, E. L. (2000). Social motives and cognitive power–sex associations: Predictors of aggressive sexual behavior. *Journal of Personality and Social Psychology*, 78(3), 559–581. doi: 10.1037/0022-3514.78.3.559
- Zurbriggen, E. L. & Yost, M. R. (2004). Power, desire, and pleasure in sexual fantasies. *Journal of Sex Research*, 41, 288–300. doi: 10.1080/00224490409552236