Michael Aaron, Ph.D. Standard Deviations

BDSM as Harm Reduction

Research indicates that BDSM behavior can have positive mental health benefits. **Posted Oct 13, 2016**

As I've written about numerous times, I am a strong believer that when it comes to sexuality, the field of psychotherapy is moving away from a more authoritarian top-down lens (and I would consider sex addiction to fall into this category) to a more humanistic, harm reduction approach. To further along this body of work, I, along with colleagues Dulcinea Pitagoraand Markie Twist, have initiated research to better understand the motivations and subjective experiences of individuals that engage in sexual behaviors that have historically been marginalized and pathologized.

More specifically, we are on the verge of completing a studyon the differences between those who engage in high impact play as part of a BDSM scene and those who engage in non-suicidal self-injuring (NSSI) behaviors, and we are currently crunching the numbers. Our rationale for this study is that for many clinicians in the mental health field, those who engage in intense sensation play of BDSM (bondage and discipline, dominance and submission, sadism and masochism) are often co-mingled and conflated with behaviors of those who engage in self-harming behavior. As a result, individuals who belong to the BDSM subculture are often pathologized and misunderstood in clinical settings, and so may find themselves without adequate psychological care.

Here is a brief overview of our methodology. We recruited subjects via online networks and professional listservs. Information was obtained from respondents via an online survey, consisting of roughly 12 qualitative questions about the individual's motivation and experiences engaging in either BDSM or NSSI (or both), as well as three psychological instruments, the Experiences in Close Relationships Scale- Short Form (ECR-S), which measures attachment style: Adverse Childhood Experiences Scale (ACE), which measures level of childhood trauma; and The Big Five Inventory (BFI), which measures personality traits. The qualitative section asked about the individual's motivation as well as subjective experiences before, during, and after engaging in self-injury, BDSM sensation play, or both.

Sample questions included (in the case of BDSM, but with different terminology for NSSI):

- "What are your expectations or motivations for engaging in intense sensation play?"
- "What kinds of thoughts and feelings do you typically experience prior to intense sensation play?"
- "What kinds of thoughts and feelings do you typically experience during intense sensation play?"
- "What kinds of thoughts and feelings do you typically experience after intense sensation play?"
- "How does intense sensation play affect how you feel in relation to others?"
- "How does intense sensation play affect how you feel about yourself?"

As we have begun to crunch our numbers, a variety of fascinating trends have emerged. First, the individuals that struggled with NSSI experienced overwhelming negative feeling states prior to self-injury, then felt a wave of relief and distraction, followed by deep regret and shame afterwards. The BDSM group however stated that they felt excitement and anticipation ahead of time, a sense of excitement and pleasure during the encounter, and a wave of deep connection to their partner afterward, as well as a stronger sense of self-empowerment and authenticity.

Most importantly, the cohort that experienced NSSI and BDSM reported the same experiences. They had started NSSI at an early age (typically adolescence) and then had stopped, but then continued on with BDSM sensation play as adults, enjoying all of the same benefits as the BDSM only group. So this leads to an important question. For the group that experienced both NSSI and BDSM, does BDSM offer a better, healthier alternative than self-injury? If this is the case, then BDSM would serve as a healthy and healing harm reduction alternative to self-injuring behavior. (Note: As of a few months ago our number of respondents for each cohort was BDSM only- 172, NSSI only- 34, and both BDSM and NSSI- 129. I will continue to update this as we add to our data.)

Before jumping to conclusions, let's take a look at other possible scenarios and explanations. It's quite possible that for the NSSI and BDSM cohort, they independently stopped engaging in NSSI once they resolved some underlying emotional issues and then at a later point in time discovered that they enjoyed BDSM, and these two activities stand alone and have absolutely no connection to each other. I would not be surprised if this was the case for a majority of respondents. Indeed, a number of them had mentioned they had stopped NSSI due to age

(growing out of it) or having resolved their emotional issues in other ways, such as removing themselves from a bad living situation or working through the difficulties in therapy.

However, some did indicate that BDSM served as a transition to more evolved coping methods. In this case, BDSM would both be therapeutic (helping to deal with, manage or overcome deeper emotional disturbances), as well as serve in a harm reduction capacity by providing safer and more connective ways of dealing with those same difficulties. I want to be cautious here of not overstating this conclusion. As I've indicated in a number of other articles, recent robust research has found no correlation between BDSM and pathology, and indeed the research that attempted to connect BDSM to trauma often had underlying deeply flawed and biased methodologies, such as cherry picking respondents and only using a small number of subjects (one study only had three).

For a distinct population however, BDSM may serve as both a healing and harm reduction approach to trauma and emotional pain. I have presented before, for example, in a lecture entitled 'The Healing Potential of Psychological Edge Play'at the 1st Annual AltSex NYC Conference, a case study in which one of my clients used BDSM edge play to re-enact a rape experience, and in this way resolved her sexual anxieties in the process.

Let's finally move beyond outdated and arbitrarily socially constructed views of how people should behave, especially with their sexuality. Research shows that not only is BDSM not pathological, but it can also be used in a therapeutic sense, both in trauma healing and for some, as a harm reduction approach.