

BDSM and Anxiety:

BDSM Is Not a Disorder Until Social Pressures Cause One

Andrew Robertson

PSY450 – Diversity and Cultural Factors in Psychology

University of Phoenix

WH08BSP08

Melissa Gondek, PhD

June 7, 2010

**Abstract**

Although it is illegal in the United States, BDSM participants are often discriminated against in employment. However, the social stigma of BDSM does not stop there, but rather sublimates to family estrangement, social stigmatization, and even legal issues regarding child custody. Such social pressure can cause an individual with a concealable stigma, like BDSM involvement, to develop heightened, even clinical levels, of anxiety.

### BDSM and Anxiety: BDSM Is Not a Disorder Until Social Pressures Cause One

Bondage, discipline, dominance, submission, sadism and masochism, collectively termed BDSM, is an alternative sexually oriented practice wherein one's sexual stimulation or gratification is enhanced or facilitated through the giving or receiving of pain, or through the acts of dominance or submission. The term BDSM can be used either as a set of activities, a sexual orientation, a lifestyle, or even a spiritual path. Sadism and masochism are currently listed in the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) as paraphelias, although the definitions and diagnosis are under refinement review in the upcoming fifth edition and are expected to de-pathologize BDSM.

However, BDSM remains a social stigma; although it is illegal to do so, this stigma is one for which individuals can lose their employment and the custody of their children (Pachankis, 2007). Fighting such occurrences is expensive and can take a long time in court. Even outside of such situations, BDSM Practicioners can become estranged from their families or be ridiculed by coworkers. This classifies BDSM as a concealable stigma, one that can cause the individual much anxiety because of social pressure.

The purpose of this paper is to discuss the relation of concealing the stigma of BDSM proclivity, and the resulting anxiety that can ensue. To this end, a brief description of anxiety is given. Additionally, biology and environment are examined along with cultural socialization regarding the development of BDSM inclinations and anxiety. Finally, the relationship between culture and pathology is discussed and how this affects erroneous diagnosis of BDSM as a pathology and the barricade this presents to BDSM practitioners for seeking therapy for anxiety and other disorders.

Anxiety has many definitions; the following, however, is of particular interest in defining

anxiety for the purposes of this discussion. According to Chaplin (1985, p. 31), anxiety is a mild or overwhelming chronic fear, with or without specific cause. According to the American Psychiatric Association (2000, pp. 472-476; p. 484) Generalized Anxiety Disorder consists of “excessive anxiety and worry” although self-evaluation of excessiveness may not be present. However, distress due to worry and rumination is reported with a noted difficulty in the ability to calm oneself. Anxiety Disorder Not Otherwise Specified is a special category for prominent anxiety that does not fit well into any of the disorders in the Anxiety Disorder section.

Whether a proclivity for BDSM is genetically or environmentally influenced is not currently known. Although there appears to be some genetic evidence or heritability to an inclination for attraction to BDSM, there is much evidence to suggest that environment, upbringing, and education all factor in to development of a BDSM proclivity (Meijer, 2007). A predisposition for anxiety, however, has been found to run in families, suggesting possible genetic influence with twin studies supporting this evidence (Anthony & Stein, 2009). Even so, development of anxiety has a major environmental influence (Anthony & Stein, 2009) wherein cultural socialization can influence the development of anxiety to problematic, even pathological levels.

BDSM is a highly stigmatized sexuality; although internalized stigmatization is low, most cultures and societies tend to stigmatize the concept of BDSM (Hoff & Sprott, 2009). Unlike some stigmas, such as race and gender, BDSM is a concealable stigma, much like homosexuality is, although it should be noted that for some it is impossible to conceal their homosexuality. Individuals with concealable stigmas can hide their nature from others around them and have to remain constantly vigilant to maintain their secret (Pachankis, 2007). Like homosexuality,

BDSM practitioners whom maintain their sexual orientation as a secret must carefully weigh who they share their orientation with and who may know of or may not know of their concealed stigma within mixed company. Due to so-called moral contracts that some companies have and potential loss of child custody, many individuals are afraid to risk public awareness of his or her involvement in BDSM (Pachankis, 2007).

According to Pachankis (2007), the stressors of concealing a stigma can have severe negative consequences on an individual, including a sense of isolation, detachment from one's true self, self-loathing, and heightened situational anxiety. Shame plays a large part in the development of anxiety, as individuals tend to judge themselves based on the perceived and real perceptions of others. For some individuals, the concepts of BDSM are so ingrained into their psyche that they may fear accidental disclosure due to body language or slips of information. This could lead to questions that may reveal the individual's concealed stigmas, and can be a great source of social anxiety.

Five areas exist in which culture affects psychological disorders, including culture-based subjective experience, culture-based idioms of distress, culture-based diagnosis, culture-based treatment, and culture-based outcome (Shirayev & Levy, 2010). As such, culture determines what is pathological and how pathology is diagnosed. Additionally, culture helps to define treatment potential for pathology and what acceptable outcomes are. Unfortunately, however, prevalence statistics across cultures are difficult to accurately determine as most BDSM subcultures are largely hidden in traditional cultures.

Unfortunately, much of the current stigmatization of BDSM is based on the outdated writings of R. von Kraft-Ebing in his book *Psychopathia Sexualis* and the writings of Sigmund Freud (Meijer, 2007). This prejudice against individuals with a BDSM orientation is also seen in

the medical and psychiatric professions in which many professionals still label any BDSM involvement as pathological (Hoff & Sprott, 2009). According to the APA (2000, p. 568), however, even the current definition of paraphelias in the DSM-IV-TR states that

A Paraphilia must be distinguished from the nonpathological use of sexual fantasies, behaviors, or objects as a stimulus for sexual excitement in individuals without a Paraphilia. Fantasies, behaviors, or objects are paraphilic only when they lead to a clinically significant distress or impairment.

Hoff and Sprott (2009, para. 7) state that only 16.1% of 255 self-identified BDSM practitioners in a 1995 Moser and Levitt study had ever sought psychiatric help for their BDSM tendencies. Thus, the majority of psychiatric help sought by BDSM practitioners is for other concerns, such as depression, anxiety and other life concerns. Unfortunately, the fear of their concealed stigma being discovered by a therapist and labeled as mentally ill often prevents many BDSM practitioners from ever seeking psychiatric help. Thus, modern culture's stigma against BDSM is affecting therapist bias, and in turn, affecting the likelihood of treatment for any psychological issues a BDSM practitioner may need assistance with (Hoff & Sprott, 2009). Unfortunately, this can increase the already heightened level of potential social anxiety that many BDSM practitioners may feel. For those with a predisposition for anxiety, this continued social stigmatization and the need to conceal one's inner nature may develop pathological symptoms, including anxiety. This could then, in turn, heighten into Social Anxiety disorder or Generalized Anxiety Disorder. Equally unfortunate, some of these individuals may not seek therapeutic intervention due to perceived stigmatization in the therapeutic community.

In conclusion, anxiety is a mild or overwhelming chronic fear, and BDSM practitioners can have a heightened anxiety level do to concealing their social stigma; BDSM is a stigmatized

sexual orientation and the concealing of this stigma can cause daily stress and anxiety for some individuals. Both genetic and environmental factors play roles in the development of both BDSM interest and anxiety, and the stressors of concealing their stigma can cause BDSM practitioners prone to anxiety even greater distress, possibly to the point of developing Social Anxiety Disorder or Generalized Anxiety disorder. Finally, culture determines what is pathological, and how pathology is diagnosed and treated; unfortunately, the current, although diminishing mindset that BDSM is a pathology is based on outdated concepts, and this stigmatization may prevent individuals from seeking treatment for problems in their lives.

## References

- Anthony, M. M., & Stein, M. B. (2009). *Oxford handbook of anxiety and related disorders*. New York, NY: Oxford University Press, Inc.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Rev.). Washington, DC: Author.
- Chaplin, J. P. (1985). *Dictionary of psychology* (2nd ed., Rev.). New York, NY: Bantam Dell.
- Hoff, G., & Sprott, R. A. (2009). Therapy experiences of clients with BDSM sexualities: Listening to a stigmatized sexuality. *Electronic Journal of Human Sexuality, 12*, . Retrieved June 1, 2010, from <http://www.ejhs.org/Volume12/bdsm.htm>
- Meijer, H. (2007). *Ten questions and answers about BDSM*. Retrieved June 1, 2010, from <http://ezinearticles.com/?Ten-Questions-and-Answers-About-BDSM&id=508973>
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*(2), 328-345. doi:10.1037/0033-2909.133.2.328
- Shirayev, E. B., & Levy, D. A. (2010). *Cross-cultural psychology: Critical thinking and contemporary applications* (4th ed.). Boston, MA: Allyn & Bacon.