

## AN ANONYMOUS SURVEY OF SELF-IDENTIFIED BDSM PRACTITIONERS USING THE GHQ

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**Introduction:** Sexual sadism and sexual masochism are both defined in the DSM-IV as psychiatric disorders in which the associated fantasies, sexual urges, or behaviors cause clinically significant distress or interpersonal difficulties (APA, pp. 573-574). However, the majority of what is known about sexual sadism and masochism is derived from examination of men and women who have been arrested or who have sought psychiatric or psychological care. The DSM-IV explicitly directs that the diagnosis not be made if the sexual acts, urges or behaviors are “simulated” and presumably if they do not cause distress or interpersonal difficulties. The purpose of this study was to examine the degree of psychological and interpersonal distress in a sample of men and women who self identified as participating in relationships that involve sexual sadism and sexual masochism, who were not pre-selected from a population of individuals before the courts or seeking mental health care

**Method:** Data from a previously collected survey of men and women who self-identified as having current or prior relationships that featured dominance, submission, and service (DSS) as major components were analyzed. The survey was independently conceived and conducted by one of the co-authors of this study (G.M.), and had a primary goal of assessing attributes that contribute to successful DSS relationships. The study sample consisted of 1,320 people (448 men and 872 women) all of whom were recruited through their affiliations with SM social organizations from 2000-2001, and who consented to complete an anonymous, web-based survey. Included in the survey was the General Health Questionnaire (GHQ-12) (Goldberg, 1972). The GHQ-12 is a well standardized and valid screening instrument for measuring non-psychotic psychological distress that has been used in clinical and research contexts in a wide variety of populations since the early 1970’s.

**Results:** Women were more likely than men to report being “always or usually submissive” (78.6% vs. 35.0% respectively,  $\chi^2(1, n=1,267) = 234.5, p=.000$ ). Women were also more likely than men to report bisexual orientation (51.9% vs. 20.6% respectively,  $\chi^2(2, n=1,319) = 141, p=.000$ ). While sexual practice of exclusively homosexual, bisexual, and exclusively heterosexual was not associated with GHQ outcome ( $\chi^2(24, n=1,313) = 17.120, p=.843$ ), being female ( $\chi^2(12, n=1,314) = 28.832, p=.004$ ) and being sexually submissive ( $\chi^2(12, n=1,287) = 35.489, p=0.000$ ) were factors associated with higher GHQ scores. Compared to average GHQ scores from other epidemiologic studies, the sample in this study had a lower (better) percentage of “caseness” scored than most. Using scoring criteria recommended by Goldberg et al (1997), this sample of SM practitioners had an overall caseness of 21.3%. Contrasting studies using the same measures and scoring criteria include unemployed primary care patients in Australia, with 50.9% caseness; general practice attenders in France, 46.9% caseness; general practice patients in London, 36% caseness (Cormino et al 2000; van Os et al 1999; Plummer 2000).

**Conclusions:** Female gender and submissive BDSM role orientation are associated with higher scores on the GHQ-12, suggesting higher levels of psychological distress for these sub-

groups. Sexual practice (homosexual, bisexual, heterosexual) is not associated with differences in GHQ-12 outcome. When compared to other GHQ-12 studies in the literature, SM practitioners in this sample report generally lower levels of psychological distress. Data in this survey suggest that SM practitioners, as a group, do not have a higher incidence of psychological difficulties than other populations. These findings suggest that participation in sexual relationships that involve dominance and submission, conventionally referred to as sadomasochistic (SM) relationships, does not necessarily indicate a higher likelihood of psychological or interpersonal distress in samples recruited outside of criminal or mental health care settings.

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