

Sadomasochism essay



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Paraphilia's are conditions in which sexual arousal occurs in response to stimuli that are not associated with normal sexual behavior patterns. Sadism and Masochism (Sadomasochism), which are mental disorders, are a type of paraphilia. Sadism is a condition in which sexual pleasure or gratification occurs on infliction of pain or suffering upon another person. In Masochism, sexual pleasure is obtained by pain or suffering inflicted upon oneself. The pain or suffering may or may not be related to a sexual act.

A person who has sexual Sadism is called a sadist and sexual Masochism a masochist. Both Sadism and Masochism (Sadomasochism) may be present in the same person at different times. A Form of Deviance, Sadomasochism, is a sexually deviant behavior that is practiced by many people within today's society. It is the combination of two paraphilia's, sadism and masochism, which are usually always linked together. An occasional mild or light form of sadomasochism (or S&M for short), is considerably common among the general population.

Many people often enjoy being mildly dominant or submissive during intercourse. They believe that it makes the experience more enjoyable. However, sadomasochism becomes the dominating feature of a person's sexuality when he or she is considered deviant. Unlike other paraphilia's, sadomasochism includes a large population of women as well as men. They are nearly equally balanced in number. A paraphilia known as masochism is characterized by the desire or need to inflict pain and or humiliation, so that sexual arousal and fulfillment may be achieved.

The term “ masochism”; refers to an Austrian historian and author, Leopold von Sacher-Masoch (1836-1895), who wrote various stories of male submissiveness. These stories consisted of men who received sexual pleasure by having their female partners inflict pain upon them (Fahmy, 2003). A masochist may receive sexual gratification from several different types of pain and or humiliation. Some of these types may include being spanked, being whipped, being made to perform humiliating acts, being rudely insulted, being blindfolded, being disciplined, and being restrained (Berger, 2005).

Being physically bound or restrained is most commonly called sexual bondage and it is a part of bondage and discipline, “ where discipline refers to psychological restraining, such as control, training, and nonphysical punishment” (Berger, 2005). Some forms of masochism can also be lethal, such as hypoxiphilia. Hypoxiphilia is a fairly common practice where a person chooses to enhance their sexual arousal by voluntarily depriving himself or herself of oxygen. In order to become deprived of oxygen, people usually use plastic bags, rope, or their partner’s hands to choke their partner once consent is given.

This practice is dangerous and can possibly even result in a tragic death (Berger, 2005). Masochism’s counterpart, sadism, is the complete opposite for many reasons. Sadism is a paraphilia, which is characterized by the association of sexual satisfaction with the infliction of pain or humiliation onto others. The term sadism refers to a French author and philosopher, Marquis de Sade (1740–1814). Marquis de Sade wrote stories of people who became sexually aroused by inflicting pain or humiliation on others. Some of

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his best known works are *Justine* (published in 1791) and *Juliette* (published in 1797).

A sadist receives sexual gratification by role-playing. They usually play the authority figure that inflicts pain, humiliates, disciplines, and plays master to another person (Fahmy, 2003). Most sadists hurt and humiliate willing partners who are usually masochists. A small minority of sadists may even attempt to stalk and attack their unwilling victims. This is a very dangerous and harmful to its participants. In fact, Sigmund Freud wrote extensively on sadism. In his research, he recognized its existence in the individual and tried to explain it and understand it further.

The sexuality of most men shows an admixture of aggression, of a desire to subdue, the biological significance of which lies in the necessity for overcoming the resistance of the sexual object by actions other than mere courting. Sadism would correspond to an aggressive component of the sexual instinct, which has become independent and exaggerated and has been brought to the foreground by displacement (Grossman, 1991). Through his works, it is shown that the average person may have sadist tendencies in him, but more often than not it is not a dominating aspect of his personality.

When we combine sadism and masochism together, we arrive with the term sadomasochism (more commonly called S&M). Sadomasochism is a mutually gratifying sexual interaction between consenting sex partners, in which sexual arousal is associated with the inflicting and receiving of pain or humiliation (Grossman, 1991). Most participants in sadomasochism usually participate on both sides of the spectrum. They often switch roles at different

times during certain rituals. Usually, the person who is in a submissive role will play in that role for the remainder of the ritual.

Then for the next ritual, he or she might play the dominant role (Moser, n. d.). Within the sadomasochism community, the terms “ slave”; and “ mistress/master”; are used to refer to the participants on both sides of the act. The term “ slave”; most commonly refers to the submissive or sadist role. The term “ mistress” or “ master”; is used to refer to the dominant or masochist role. The words “ play” and “ scene”; are also used in the context of the sadomasochism community. “ Play”; refers to any sort of erotic exchanges that both partners have agreed to engage in prior to the sadomasochistic practices. Scene”; refers to a single episode of the play in which these practices take place (Moser, n. d.). There are a number of reasons commonly given for why a sadist or masochist finds the practice of sadomasochism enjoyable, and the answer is largely dependent on the individual. For some, taking on a role of compliance or helplessness offers a form of therapeutic escape; from the stresses of life, from responsibility, or from guilt. For others, being under the power of a strong, controlling presence may evoke the feelings of safety and protection associated with childhood.

They likewise may derive satisfaction from earning the approval of that figure. A sadist, on the other hand, may enjoy the feeling of power and authority that comes from playing the dominant role, or receive pleasure vicariously through the suffering of the masochist. It is poorly understood, though, what ultimately connects these emotional experiences to sexual gratification, or how that connection initially forms. Experiences during early

sexual development can have a profound effect on the character of sexuality later in life.

However, sadomasochistic desires seem to form at a variety of ages. Some individuals do not discover them until adulthood while some have them before puberty. " According to one study, the majority of male sadomasochists (53%) developed their interest before the age of 15, while the majority of females (78%) developed their interest afterwards" (Berger, 2005). Like sexual fetishes, sadomasochism can be learned through the repeated association of sexual pleasure with an object or stimulus. There is no universally accepted cause or theory explaining the origin of sadomasochism.

Some researchers attempt to explain the presence of sexual paraphilia's generally as the result of biological factors. Some researchers believe that paraphilia's are related to such other problems as brain injury, schizophrenia, or another mental disorder (Fahmy, 2003). Often, people with sexual disorders or symptoms of paraphilia are diagnosed with other mental disorders. Another theory about paraphilia's is derived from the learning theory. It suggests that paraphilia's develop because the person is required to suppress inappropriate sexual fantasies.

Because the fantasies are not acted out initially, the urge to carry them out increases. When the person finally acts upon the fantasies, they are in a state of considerable distress and/or arousal (Fahmy, 2003). Another theory suggests that people seek out sadomasochistic behavior as a means of escape. They get to act out fantasies and become new and different people

(“ Sexual Masochism”, 2012). The severity of the sadomasochistic acts may increase with passing years (Berger, 2005). Severe injuries and even death of the person or the partner may occur during fulfillment of sadistic or masochistic acts.

In most cases, people with Sadomasochism do not seek treatment till someone gets injured or till the partner becomes unwilling (Berger, 2005). Non-consensual sadomasochistic behavior may result in problems related to law and crime. The outlook for improvement varies depending on the depth of the underlying dynamics and the motivation of the patient (Berger, 2005). As with other types of problems, improvement is largely dependent on the person’s desire for, and willingness to, change. Several different types of therapy have been found helpful in treating sadomasochism including psychotherapy, cognitive behavioral therapy, aversion and positive behavioral therapy approaches, reality therapy, medications, hormonal treatment, reconditioning and restructuring techniques” (Berger, 2005). Behavior therapy is often used to treat paraphilia’s (Fahmy, 2003). This approach to treatment may include the management and conditioning of arousal patterns and masturbation. Medication may be used to reduce fantasies and behavior relating to paraphilia’s.

This form of treatment is especially recommended for people who exhibit sadistic behaviors that are dangerous to others. The medications that may be used include, “ female hormones (most commonly medroxyprogesterone acetate, or MPA), which speed up the clearance of testosterone from the bloodstream; anti-androgen medications, which block the body’s uptake of testosterone; and the selective serotonin reuptake inhibitors, or SSRIs”

(Fahmy, 2003). Another treatment method that is often offered is social skills training.

It is thought that some people develop sadistic and masochistic behavior may do so because they do not know how to form healthy relationships, whether sexual or nonsexual, with other people (Berger, 2005). Although social skills training is not considered a substitute for medications or psychotherapy, it appears to be a useful treatment. To add to that, twelve-step programs for sexual addicts have shown to be very helpful in many cases. Couples therapy or family therapy is particularly helpful for patients who are married and whose marriages and family ties have been strained by their disorder (Berger, 2005).

Treatment of sexual sadism may also be complicated by health problems related to sexual behavior. Sexually transmitted diseases and other medical problems may be present, especially when the sadistic behavior involves the release of blood or other body fluids (Fahmy, 2003). Also, people participating in hypoxophilia and other dangerous behaviors can suffer extreme pain and even death. In conclusion, Sadism is a condition in which sexual pleasure or gratification occurs on infliction of pain or suffering upon another person.

In Masochism, sexual pleasure is obtained by pain or suffering inflicted upon oneself. The pain or suffering may or may not be related to a sexual act. A person who has sexual Sadism is called a sadist and sexual Masochism a masochist. Both Sadism and Masochism, Sadomasochism, may be present in the same person at different times. There are a number of reasons

commonly given for why a sadist or masochist finds the practice of sadomasochism enjoyable, and the answer is largely dependent on the individual. Overall, there is no universally accepted cause or theory explaining the origin of sadomasochism.

The severity of the sadomasochistic acts may increase with passing years. Severe injuries and even death of the person or the partner may occur during fulfillment of sadistic or masochistic acts. In most cases, people with Sadomasochism do not seek treatment till someone gets injured or till the partner becomes unwilling. However, there are several different types of therapy that have been found helpful in treating sadomasochism including cognitive behavioral therapy, medications, hormonal treatment, reconditioning and restructuring techniques.