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Consensual Sadomasochism

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### Abstract

Sadism, the desire to inflict pain, and masochism, the craving for pain, can be categorized as formal mental disorders, as per the DSMIV-TR, but only to the extent to which normal functioning is impaired by the acts and fantasies associated with them. Sadomasochism spans across nearly all demographics and time periods, having its origin around the emergence of philosophy, economics, and politics. Consensual sadomasochism carries with it a particular consideration as both participants desire to become the other's erotic fantasy and indeed enjoy being in that role. Sadomasochism has been continuously looked down upon by society due to misunderstandings about its physiological and psychological aspects. Sadomasochism can involve other behaviors and relationships that are considered inappropriate, such as homosexuality. Today's mainstream culture, in the various media, reflect some sadomasochistic qualities, however, this sexual deviation is still viewed as just that, a deviation and has been deemed inappropriate. This paper will review the current literature on consensual sadomasochism and determine which out of three levels of inappropriate relationships sadomasochism constitutes.

## Consensual Sadomasochism

The term sadomasochism, commonly referred to as S&M, often conjures up images of strange apparatuses, clothing, and novelty items, piercings, whips, and someone being 'very bad', but consensual sadomasochism is not limited to this stereotype. Some aspects may seem a bit more bizarre and others even reasonable. Both physical pain and psychological humiliation are encompassed in sadomasochism, with a wide variety of methods, some safer than others, to achieve both. Sadism and masochism are not limited to the boundaries of the bedroom either, as it is typical in society for there to be submissive and dominant personalities. S&M is an equal opportunity deviation, apparent in all sexual orientations, across cultures, religions, and socioeconomic classes. Sadomasochism is also a fairly popular sexual oddity with millions of ready and willing participants worldwide (Cooper, 2002). Everything from the occasional, casual introduction of S&M characteristics for the sake of sexual exploration, to the extreme, lifelong practicing sadists and masochist pairs deserves discussion to see where society draws the line between acceptable behavior and an inappropriate relationship.

### *History*

Sadomasochism is by no means a new phenomenon. As far back as there was punishment there were individuals who found dealing and receiving corporal punishment exciting and erotic (Cooper, 2002; Gross, 2006). Corporal, or body, punishment meant to inflict pain but not physical injury (i.e. being spanked or whipped but not breaking a bone) has been utilized by social institutions to instill fear, conformity, and obedience and to enact religious penance. It is ironic, but oddly appropriate, that the rods, whips, and torture devices of yesteryear, used to keep individuals in line, have now become the very accessories chosen by the nonconformist sadomasochists (Cooper, 2002). Many sadomasochists use the same historical contexts and

scenarios, such as a school teacher punishing her pupil or a guard forcing an inmate to perform sex acts, in their erotic play (Gross, 2006).

According to Cooper (2002), Sadomasochism has its earliest appearances in ancient Egypt, India and the Oriental and Arab cultures. Evidence including art and texts from cultures as well revered and complex as the ancient Greeks and Romans suggests that physical pain was used in a sexual context. Flagellation was used for a wide spectrum of purposes including punishment, public humiliation, and even as medical treatment. Fifteenth century European literature documents sadomasochistic sexual fantasies and behaviors among many everyday citizens (Cooper, 2002). Although sadomasochism has had a rich history in cultures that have been extensively studied and respected, contemporary sadomasochists are still being looked upon as significantly deviating from sexual norms.

### *Definition*

Sadomasochism is the practice of inflicting and/or receiving pain as an erotic stimulus (Stroller, 1991). The sadist is the partner which gains sexual gratification by causing suffering, either physical, emotional, or both to another living thing. Sadists are also given loving terminology including the top, dominant, master (or mistress), among others. Masochists are indeed the perfect mate for sadists and vice versa; they enjoy receiving physical pain as well as verbal humiliation and being forced to do sexual and nonsexual acts. Not only are the acts themselves sexually stimulating, but also the after effects of visible bruising, bite marks, and even blood can be erotic in nature to both partners (Stroller, 1991). It is important not to give in to misconceptions and to respect that consensual sadomasochism is not partner abuse and that the couple participating in these acts can love and care for each other deeply, although their behavior is atypical. Most sadomasochistic couples express that they have a deeper connection after they

begin to share these experiences (Weinberg, 1995). Sadists and masochists are usually not permanently dedicated to a particular role and may enjoy switching sides with their partner to gain a higher level of intimacy and understanding of their mate. Ninety-five percent of S&M couples say that their deviant play is far more satisfying than typical heterosexual sex (Weinberg, 1995).

There is a wide range of behaviors, in varying intensity, and several separate subcultures within the sadomasochism community. Some sadomasochists focus on sensory overload while others prefer sensory deprivation (Stroller, 1991). The 'traditional' sadomasochistic behaviors include most of the stereotyped rituals commonly seen in various media. These would include bondage, flogging, burning, clamping, pinching, hair-pulling, slapping, and verbal humiliation. The pain and subsequent damage inflicted can be anywhere from a momentary sting to wounds that leave welts or intentionally break the skin (Stroller, 1991). However sadomasochism is not limited to these activities; to the contrary, it is a limitless deviation only bound by human ingenuity. Urination onto the masochist by the dominant is given the endearing terms of "golden showers" and "water sports"; defecation is not uncommon either. Blindfolds are commonly used for sensory deprivation purposes and so that the masochist will not be expecting what new pain he/she might be receiving next. Along the same lines as sensory deprivation, the masochist is generally deprived from other desires and bodily functions that he/she wishes to fulfill. This can include masturbation, urination or even oxygenation (Hart, 1998). Asphyxiation is frequently used to heighten sexual arousal. Nooses, chains, plastic bags, gags, pillows, and gases can all be used to achieve the right amount of oxygen deprivation; however this practice is fairly dangerous with one or two per hundred thousand dying of erotic asphyxiation each year (Hart, 1998). Scarification is sometimes a part of S&M play in which the masochist partner may be

branded by their master. It is curious to note that there is not a single behavior that all sadomasochists equally enjoy (Weinberg, 1995). Although bondage and flagellation are the most frequently stereotyped S&M rituals not all sadists and masochists agree on a single, definitive behavior which is present in all play.

Sadomasochism occasionally incorporates other sexual deviations that are observed as unconventional or inappropriate such as fetishism, swinging, homosexuality, and transvestitism (Hart, 1998). Fetishism, finding sexual pleasure in inanimate typically non-sexual objects, may or may not be present in sadomasochistic play. Fetishism includes sexual play with such items as shoes, food, or other seemingly neutral objects such as electric toothbrushes. Some S&M couples may swing with others who share their interest in order to expand the range of experiences and learn new behaviors. Bondage bars and clubs offer a variety of visual stimulation as well as more in depth services for singles and couples alike. Although most sadomasochists operate in a heterosexual relationship, homosexual partners are not rare, and often those of primarily heterosexual orientation will engage in homosexual activities for the sake of erotic curiosity and fantasy (Hart, 1998). Sadomasochistic males have a tendency toward transvestitism while being in the submissive position. They feel as though being ‘forced’ into wearing women’s clothing gives another dimension to feeling humiliated and guilty. Conversely, women who are sadists or professional dominatrixes, prefer clothing that is empowering to the female, such as leather corsets and spiked high-heeled boots (Weinberg, 1995).

An example of one of the sadomasochistic subcultures is infantism. Infantism involves an elaborate set up in which the masochist dresses and behaves like an infant (Hanly, 1995). Infantism behaviors may include defecating in one’s pants, being confined in a large-scale playpen, being breast fed, burped, and changed. These larger than typical infants generally

receive sexual gratification through this experience. The sensation of inferiority experienced by participants of infantism with the pleasure of being taken care of as an infant, makes it a very specific subset of masochists (Hanly, 1995).

The more extreme subcultures and acts of sadomasochism are given increasingly high levels of inappropriateness. The example of infantism is often regarded by both traditional society and within the sadomasochism community as one of the most inappropriate subcultures of S&M because of the issues of consent in the role of the caregiver, conditions which can be unsanitary, and the general non-palatable nature of having a grown person dress and act as an infant. Other instances of sadomasochism which are more unconventional is distasteful for society include play that involves blood letting, breaking of the skin, branding and other scarification, and any other behavior that involves serious injury.

Society is often curious as to how sexual deviations are developed. Sadomasochistic tendencies often arise in adolescence, at a similar time as gender identity and sexual orientation develop (Weinberg, 1995). Most sadists and masochists become aware of these tendencies between ages fourteen and sixteen. Seven percent had their first fantasy under age ten. (Weinberg, 1995). Masochists often report having fantasies involving social humiliation and being beaten up around the time of middle school years (Weinberg, 1995). However, most people “come out” as sadomasochists in the mid to late twenties. A masochistic individual named Daniel recollects the beginning of his desire to be humiliated and made to suffer:

I used to fantasize things like getting cornered by a bunch of girls on the playground and getting peed on just for fun. Sometimes I would think about getting tied up by them first. I was about twelve or fourteen then...Oh yes, I

would get erections with those thoughts, but I can't say how the thoughts started with me (Weinberg, 1995, pg 73).

Similarly, sadists will usually have fantasies about or engage in the actual behavior of hurting animals, bullying other peers, or showing destructive tendencies toward toys and other objects. These feelings, if not grandly suppressed, start out as a minimal part of the individual's sexual experience: the occasional pinch, bite, or spanking. From there the behaviors usually become more severe. This progression occurs with both top and bottom participants (Weinberg, 1995). There is no consensus on how masochistic or sadist tendencies originate but theories abound. Some suggest that S&M tendencies are biologically driven, a product of social conditioning, or a result of a dysfunctional early childhood.

#### *Diagnostic Criterion*

The practice of sadomasochism can be classified as a formal mental disorder by the DSM-IV TR (2000), but only under certain criteria that all sadomasochists might not necessarily express. Part of the reason why sadomasochism is viewed as an inappropriate relationship may be due to the fact that it can constitute a mental disorder and thereby all the negative components associated by having a mental disorder by society come with the territory. A lack of knowledge and understanding of the correct diagnostic criterion of sadism and masochism as mental disorders perhaps has tainted society's view of sadomasochism as a whole. It is poignant to mention that homosexuality was once considered by the DSM to be a mental disorder, but now it has been removed and society is gradually accepting homosexual relationships as appropriate.

The diagnostic requirements for sexual sadism and masochism are separate but their criteria are similar in structure (APA, 2000). Both include two primary aspects: that the person for a time period over six months, has had intense, recurring sexually stimulating fantasies,

urges, and/or engaged in behaviors which involve their respective characteristic desires (for masochists, being bound, beaten, humiliated or otherwise made to suffer; for sadists, making a victim physically and/or psychologically suffer) and that the person has acted on these urges with a non-consenting person (for sadists) or that their fantasies and behaviors have caused trouble in the workplace, “marked distress, or interpersonal difficulty” (DVS-IV TR, 2000). Conversely, sadomasochism between consenting adults which does not cause any personal, professional, or interpersonal distress is not a formal diagnoses for a mental disorder.

### *Demographics*

Sadomasochism appears to have a universal nature as humans throughout history and across cultures have presented with S&M behaviors and characteristics (Weinberg, 1995). However, S&M can be an expensive deviation in respect to money, time, and energy. Although any birch branch can serve as an erotic plaything, sadomasochists generally invest in a slew of apparatuses, professional equipment, and toys to fill their playroom, not to mention the need for good health insurance. Many S&M sessions are lengthy, lasting for several hours, an entire day or more. For both the sadist and masochist these sessions are physically and emotionally exhausting (Hart, 1998). Therefore, S&M play requires a good amount of leisure time, finances, and tenacity, which can make this deviation somewhat exclusive.

The sadomasochistic population in the U.S. is over representative of the Caucasian population, ninety-five percent of S&M individuals being white. The majority of sadomasochists had attained a higher than average level of education and held steady jobs which paid more than the average American. Most are regarded as being respectable, upstanding, tax-paying citizens that are no more likely to be involved in criminal activity or substance abuse (Hart, 1998). Most sadomasochists indicated no religious preference, but those who did were largely of a Christian

denomination. Ten percent of sadomasochists attend a religious service weekly (Weinberg, 1995). Men and women appear to have similar involvement in the sadomasochistic community; however, most women reported only becoming a sadist or masochist after their male partner expressed interest in the subculture. For these women, S&M 'grew' on them, and they find that they now very much enjoy their new sexual roles, or confess that they did have curiosity or fantasies about S&M prior to their partner revealing his desire (Hart, 1998). Lesbians often claim that S&M is a strictly a male perversion; however, a survey of the recipients of a sadomasochism periodical *S&M Express* show that lesbians represent their fair share, nearly equal to the amount of male homosexual subscribers (Weinberg, 1995).

### *Safety Issues*

One of the primary concerns surrounding sadomasochism is safety (Jacques, 1993). This is not so much a societal constraint but a practical concern for those who participate in S&M play. Of the many dangers, sadomasochists, in order to achieve the same amount of pleasure, have to systematically increase the magnitude of physical and psychological pain being given and received. Many safety concerns must be addressed prior to beginning play. Within this sexual subculture there are scripts, rules, and safeguards set in place to protect the participants and ensure a 'good time' for everyone involved (Jacques, 1993). First aid kits must be well-stocked and easily accessible, all suspension equipment must be properly installed, objects to be inserted must be clean and sterile, and all electrical play must remain below the waist. Safe words, which are cues that would normally not be uttered during a session (for instance 'penguin' or 'mango' would not be terms frequently used), are assigned at the beginning of a session and if either member feels as though the play is too much, they can safely back out of the situation by saying the safe word (Jacques, 1993). S&M manuals and magazines provide detailed

safety information on the wide variety of sadomasochistic preferences so that accidents and damage are minimized and so that this sexual subgroup is equipped with the necessary tools and regulations to operate safely and successfully. This organization of regulations may assist in the perception of this deviation as more appropriate.

### Classification

According to Duck and Vanervoort (2002), there are three separate classifications for inappropriate relationships in degrees of severity. The least controversial group of socially deemed inappropriate relationships is the unconventional classification. Unconventional relationships are non-normative but there is no rule written by humans or omnipresent being that condemns outright the existence of the ideas or the behaviors associated with these relationships. Examples of unconventional relationships include cross-gender friendships, cross-cultural romantic partners, or internet-initiated relationships (Duck & Vandervoort, 2002). While these unconventional couplings may be the topic of neighborhood gossip or the occasional stare, they would typically not lead to any criminal charge or ostracism.

The second degree of inappropriate relationships is the disapproved which has two sub classifications: “notable but not necessarily deleterious to social reputation” and “scandalous and damaging to social reputation because of violation of prescribed roles” (Duck & Vandervoort, 2002). The first subsection includes relationships in which the behaviors within the relationship, but not the relationship itself, are inappropriate. For example a marriage for the purpose of attaining a green card would fall into this category because the relationship, a heterosexual monogamous marriage, is socially sanctioned but the purpose of the relationship, to gain citizenship, goes against society’s expectations that the couple is getting married because they’re in love. The “scandalous and damaging” disapproved relationships put individuals in these

relationships under intense scrutiny which can lead to losing a partner, a position at work, respect, and being disowned by one's family (Duck & Vandervoort, 2002). Examples of relationships include extra-marital affairs and doctor-patient relationships.

The third category of inappropriate relationships is given the terminology 'forbidden' because these relationships are the most intolerable and have the most severe consequences. These relationships are absolutely off-limits and are completely, undeniably inappropriate by society's standards. Forbidden relationships are almost always illegal and can lead to substantial formal punishment. Also, those participating in these relationships regularly are marked for life as social deviants. These relationships often include a partner who either has not consented to the relationship (stalking, rape) or is unable to consent (pedophilia, necrophilia) (Duck & Vandervoort, 2002). However, some forbidden relationships vary from culture to culture. Although necrophilia is universally taboo, ritualized sex acts between an adult man and a boy are socially acceptable in some cultures. Still in other cultures and to some individuals homosexual relationships, for example, are forbidden, punishable by death.

Sadomasochism is not as unconventional as it may seem. Attributes of sexual sadism and masochism can be found frequently in everyday life within media, casual conversation, and even fashion. Part of the reason sadomasochism is looked down upon is because of several common misunderstandings about the practice. From the physical to the psychological, it is hard for people to understand this deviation, and this difficulty leads individuals and society into stereotyping and even condemning S&M practices.

Perhaps one of the reasons that sadomasochism is judged as an inappropriate deviation is that it invokes fear, particularly from the perspective of the masochist (Phillips, 1998). Although there is a biological background supporting masochism, it is hard for the layperson to

comprehend the pleasure in taking physical and psychological torture. From a physical standpoint, masochists enjoy the relief and rush of endorphins after a beating, thus attaining a natural and sexually satisfying high. . It is not easy for the average Joe to comprehend that the masochist desires a beating, wants to be verbally assaulted, and indeed attains orgasm through this behavior. Sadism is a little more understood, as people can see the enjoyment of venting their anger. No doubt the vast majority of people have at some point fantasized about trying up their boss and humiliating him or her. Sadism is sometimes confused as a form of partner abuse, as the outsider cannot imagine a person wanting to receive such punishment. However, despite these misunderstandings, consensual sadomasochism is not abuse; it is an act of love, trust, and even respect (Phillips, 1998).

Additionally, the terminology of 'sadomasochism' and 'sadist' contains a religious and emotional connotation (Phillips, 1998). The term 'sadist' conjures up thoughts of witches and devil-worshipers, which are already marginalized groups. Although sadomasochists generally report either no religious affiliation or are even regular patrons of a Christian church or Jewish temple (Weinberg, 1995), the very term 'sadomasochism' brands them as stereotypical immoral Satanists. The confusion in the very language of the relationship creates misunderstanding and animosity towards sadists and masochists. Sexual sadism and masochism are language choices often used to describe the psychopathology in serial killers and rapists. While these extreme examples of sadomasochism are not the norm and do not apply to consensual sadomasochism, they invoke fear, anger, and destructive stereotypes for the entire S&M subculture

Gender roles, either drastically confirmed or reversed, in heterosexual sadomasochistic play also pose an issue for many society members (Phillips, 1998). In the case of the man being the top to the woman, society looks down on the man as if he is mercilessly beating his wife,

making her his sex slave, and objectifying her. Society only sees the man treating his lover with cruelty and is thus disgusted by this display of an abusive attitude. Many feminists deplore the practice and see it as a step in the opposite direction, giving absolute power to the man and his sexual desires. On the other hand, when the female is the dominant player, society is confused by this complete role reversal. Female dominance over the submissive male is slightly more palatable than the opposite, but it still appears deviant and bizarre to most of society. On the contrary, the majority of sadomasochistic couples switch roles in order to even out the power distribution, have a variety of sexual experiences, and increase intimacy and trust. Outside of the bedroom, S&M couples typically share equal responsibilities, control, and power, and leave the whipping and name-calling solely for erotic purposes (Chancer, 1992).

Another reason that sadomasochism and other sexual deviations are deemed inappropriate is because they treat sex as a more recreational sport than for strictly procreative purposes (Apter & Pietz, 1993). Since sadomasochism is a form of recreational sex, wherein the primary goal is not to conceive a child but to derive pleasure and orgasm, many individuals, particularly those with a strong religious conviction find sadomasochism immoral. The argument is that the only reason to have sex, by nature's or God's design, is to conceive children, and any violation of that path is unnatural and sinful. On the same token, society perceives these deviations as having detrimental effects on the family structure and negative influence on children in particular. Furthermore, society has reservations about the parental fitness of individuals who participate in S&M. Some worry that the couple's sexual preference will affect the development of the child by corrupting the child's perception of gender roles, appropriate behavior, and sexuality. Another concern many have is that sadomasochistic parents might be more likely to abuse their children, either physically, sexually, or emotionally. If nothing more,

society worries that children will become confused about themselves and will face the ridicule of classmates. However, these concerns are not an issue in the functionality of a family whose parents have S&M tendencies (Chancer, 1992). The sadomasochistic play remains in the bedroom and the parents are no more likely to abuse their children than parents who do not participate in S&M. In fact, on the contrary, couples who are open to S&M play and are able to satisfy their fantasies in a controlled and safe manner often have stronger and more trusting relationships which can help the family dynamic. Parents usually keep their sexual preference a secret from their children, only opening the dungeon when they can do so safely. Additionally, parents who participate in sadomasochism are often more open to their child if s/he is different, and frequently celebrate individual accomplishments and creativity (Chancer, 1992).

In more mainstream society, S&M clubs and bondage bars are becoming increasingly popular for both veteran sadomasochists and the erotically curious (Apter & Pietz, 1993). These clubs operate under the same regulations as regular strip clubs. These clubs do not directly service their customers due to enormous amounts of red tape regarding consent, health care, and liability issues, rather these clubs put on fetish shows like a cabaret where professional masters, mistresses, and slaves put on exhibitions of various S&M behaviors (Gross, 2006). These acts are limited by law and cannot include any hazardous material including blood, urine, or feces. Also, these clubs cannot portray some of the more adventurous sadomasochistic acts such as asphyxiation or electrocution in order to avoid encouraging the layperson to begin these practices without any instruction on safety. The common phrase 'don't try this at home' necessarily applies. The local Health Department governs over these clubs and ensures that the events are safe for both the performers and the audience. These clubs also have a strict 'no touching' policy, similar to that of strip clubs. However, patrons of the club may choose to participate in

consensual S&M behaviors amongst each other. Some clubs provide small stages equipped with restraints for their patrons to partake of. Liquor licenses and age restrictions also apply to these establishments. Bondage bars and S&M clubs also offer a variety of music commonly associated with this group, such as industrial rock. These clubs provide a safe atmosphere for the casual voyeur to enjoy the show and serve as a meeting place for people of this subculture (Apter & Pietz, 1993).

Another reason why consensual sadomasochism has received a bad reputation is because of its perceptual kinship to sex work and serial killers (Gross, 2006). Although rare, serial killers are highly publicized and in the cases where sexual sadism or masochism are involved, they invite interest into a bizarre world. Society then associates all sadomasochism with this type of behavior, stereotyping all sadomasochists as immoral people with a propensity to murder. Along the same lines, society frequently associates S&M practitioners with prostitutes and other illegal sex-industry workers (Gross, 2006). Society operates under the impression that because sadomasochists participate in an alternative form of sexual expression that they are necessarily engaging in illegal and inappropriate erotic behavior. This would be the same as stating that all couples who use the Karma Sutra, an alternative collection of sexual experiences in existence for thousands of years, have a propensity to be prostitutes (Apter & Pietz, 1993). Neither of the above stereotypes fits the typical sexual sadist or masochists. While serial murderers and prostitutes within the S&M community are rare, these few infamous members taint society's view of the entire S&M subculture.

Sadomasochism continues to emerge in the private and public lives of people who by no means would consider themselves sadomasochistic (Apter & Pietz, 1993; Gross, 2006). A fair amount of broadcast television shows, such as *CSI: Crime Scene Investigation*, mainstream

movies, and music lyrics depict sadomasochism as an acceptable sexual novelty. Popular clothing and accessories reflect sadomasochism by using decorative chains, patent leather, buckles, metal studs and fasteners; many people who do not necessarily participate in the S&M scene wear over-sized dog collars as well as wrist and ankle restraints as a statement. Non-normative body art including piercings and tattoos have nearly become ordinary, although they were once reserved for sadomasochism and other deviant lifestyles. The human sexual experience has even embraced some sadomasochistic tendencies, such as handcuffs, blindfolds, and gently whipping, as normal 'kinks' that lay individuals can try to add some spice to their relationships (Gross, 2006).

Due to the wide variety of consensual sadomasochistic relationships it is important to single out the S&M behavior from other confounding areas of these relationships. In the classification of sadomasochism it is important to ignore all other relational characteristics that can accompany sadomasochism such as homosexuality and swinging, which carry their own "inappropriate" baggage. Concentrating only on consensual sadomasochism between committed, heterosexual romantic partners, it is evident that this relationship falls under the category of the disapproved which are noteworthy but do not negatively impact social reputation (Duck & Vandervoort, 2002). This is due to the fact these S&M behaviors operate under an approximately normal appropriate relationship; the behaviors themselves are considered inappropriate to society as they can mirror partner abuse. The roles in the relationship, outside the bedroom, are distributed without any violation of societal norms; the only aspect being deemed inappropriate or deviant is the couples' sexual preference. As long as the sexual behaviors of the couple remain in the bedroom and their interpersonal and professional lives are undisturbed, a consensual sadomasochistic relationship only invokes mild disapproval.

### Conclusion

Consensual sadomasochism may be different, and therefore frightening, but an understanding of the key elements of trust, intimacy, safety, control, power, and affection allow a person to see S&M not as a deviation but as the symbiotic relationship between sadist and masochist. Although the behaviors within the relationship can be alien to society, the relationship itself is founded the same as the various forms of socially acceptable relationships.

Sadomasochism is a practice that has a rich history and which continues to emerge as part of everyday culture. Although disapproved, sadomasochists are generally high-functioning, contributing members of society who keep their sexuality within the confines of their home and their relationship. Therefore, S&M, while it can be perplexing, is no grounds for discrimination or prosecution.

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