

## THE SOCIAL CONSTITUENTS OF SADOMASOCHISM\*

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Traditional conceptions of sadomasochism are misleading. This is because they are not based on close examination of what the majority of SM participants actually do and how they interpret their own behaviors. Over a period of eight years, we interviewed a variety of SM participants and observed their behavior in many different settings. We found that sadomasochism was constituted by five social features: dominance and submission, role playing, consensuality, a sexual context, and mutual definition. These features formed the basis for the interpretation of behaviors and experiences as SM by participants. This focus permits a sociological model of the phenomena which avoids the limitations of more traditional conceptions.

Sadomasochism (SM), the deliberate use of physical and/or psychological "pain" to produce sexual arousal, puzzles the public and professionals alike. Most people relate sex to feelings of love, tenderness, and affection, not the hate and callousness that SM implies. SM's emphasis on pain and humiliation leads many people to regard SM participants as "perverted" and "sick." The public's conception of SM is exemplified in an article in *Time* (1981:74) which concluded, "While that kind of behavior [cruelty involved with sex] may be rare, it is a sobering reminder that SM is no sport, but a driven activity fueled by rage."

Sexual stimulation through the use of physical or mental pain has not always been so negatively perceived. Such behavior is seen throughout history, dating back at least to ancient Egypt (Bloch, 1935; Ellis, 1936). Generally, it has been viewed positively. In early writings, painful stimuli were seen as acceptable additions to a person's sexual repertoire (*The Koka Shastra*, Kikkoka, 1965:128-132, 145-148; *The Perfumed Garden*, Nefzawi, 1964:127; and *The Kama Sutra*, Vatsyayana, 1962:48-52). Ford and Beach (1951) also showed the acceptance of these techniques in many preliterate societies.

In Western societies, the use of pain for sexual arousal was not given special attention until the nineteenth century when such practices were named and classified by the German physician Richard von Krafft-Ebing. Krafft-Ebing coined the terms "sadism" and "masochism" in his *Psychopathia Sexualis* (1886). The word "sadism" was derived from the work of the French writer Marquis de Sade (1740-1814) and "masochism" from the Austrian novelist Leopold von Sacher-Masoch (1836-1895), both of whom wrote about the role of pain in their own sexual practices and fantasies.

Prior to Krafft-Ebing, sadomasochistic activity was seen as a medical curiosity by physicians, but one which did not require their attention. As a result of Krafft-Ebing's influence, the categories "sadism" and "masochism" became available as diagnoses of sexual pathology. Other nineteenth-century sexologists also contributed to the development of this new classification.

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Sadism and masochism were first linked in 1895 by von Schrenk-Notzing (1956) in the term "algolagnia," which refers to the connection between sexual excitement and pain. This term was also preferred by Havelock Ellis (1942), who saw sadism and masochism as two complementary emotional states. Freud (1938) also recognized this and noted further that such states were often found in the same person. He also introduced the single term *sadomasochism* itself, and most subsequent work on the phenomenon has been done by psychoanalysts or those influenced by Freud (Levitt, 1971). This term (and its noun form "the sadomasochist") has been the one most widely used. In medicine, the pathological connotations are still evident, as both "sadism" and "masochism" are defined as paraphilias and listed as diagnostic labels in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (1980).

In their review of sexual attitudes throughout history, Bullough and Bullough (1977:210) conclude, "Sadomasochism is a good example of the way a pathological condition is established by the medical community, for until it became a diagnosis it received little attention and was not even classified as a sin." Moreover, the "sadomasochist" was only one of a number of sexual categories that were invented beginning in the nineteenth century (others were "paedophile," "transsexual," "fetishist," and "homosexual"; cf. Plummer, 1981). To recognize the historical roots of this classification is to understand that the "sadomasochist" is a socially constructed category.

Such categories perform certain functions. To the public it "makes sense" of what appears to be bizarre behavior. Indeed, the term is extensively used (especially by the media) to refer to a variety of behaviors that involve sex and violence, e.g., lust murders, rape, and spouse abuse. It is also employed in cases where sex is not involved at all, e.g., referring to a strict drill instructor as a sadist or the wife who stays with an alcoholic husband as a masochist. For professionals, the term reflects the increasing "medicalization of deviance" (Conrad, 1975)—that is, defining the behavior as a medical problem or illness.

Because "sadomasochism" is a socially constructed category, it is possible to consider alternative definitions in order to further examine the phenomenon. While we would not deny that the traditional medical model accurately represents some people, we argue that such a viewpoint does not do justice to the majority of persons and phenomena to which the label "sadomasochism" is applied. In this paper, we present a sociological model that takes this majority into account and which closely adheres to the categorizations they make.

Our research is based on extensive fieldwork in both the heterosexual and homosexual SM communities in San Francisco and New York from 1976 to 1983. This included observations in SM clubs, bars, bathhouses, organizations, and parties, and personal interviews with several hundred participants held both privately and in the field. Our subjects represented what we believe are the most common participants in SM behaviors—those who read SM books and magazines, join and attend SM organizations, buy SM paraphernalia, and frequent SM institutions. We refer to these persons simply as "participants." We did not attempt to impose some prior conceptual scheme on what we observed; rather, we tried to examine how participants used the term *sadomasochism* to organize and make sense of their own sexual lives.

We found that SM was constituted by a set of five social features which sustained a particular class of fantasies with erotic meanings: dominance and submission, role playing, consensuality, a sexual context, and mutual definition. In this paper, we define the features and then show how each helps to sustain an interpretation of SM. Then we contrast the traditional perspective with our more sociological one.

#### DEFINITIONS

Five features were involved in participants' use of the category sadomasochism:

- 1) *Dominance and submission*—Dominance is an appearance of rule over one partner by

another. The dominant partner is variously called sadist, dominant, dominator, dominatrix, top, master, mistress, or just "S." The counterpart to dominance is *submission*—an appearance of obedience to a partner. The submissive partner is variously called masochist, submissive, bottom, slave, or just "M."

2) *Role playing*—an exaggeration of those sets of expectations that surround the particular dominant and submissive roles chosen, for example, master and slave.

3) *Consensuality*—a voluntary agreement to enter into dominant/submissive "play" and to honor certain "limits."

4) *A sexual context*—the presumption that the activities have a sexual meaning.

5) *Mutual definition*—an assumption of a shared understanding by the participants that their activities are SM.

The SM activities that incorporated these features and which we observed were quite varied. They involved: a range of physical pain produced by spanking, whipping, and branding; bondage (total or partial restraint of one partner); verbal "humiliation" and other forms of apparent psychological pain; the use of feces, urine, and enemas; fisting (inserting the fist into the anus or vagina); the use of specialized paraphernalia such as slings (suspension devices for fisting), shackles, clamps, and handcuffs; the use of fetish objects such as leather clothing; and acting out stories and fantasies. However, these activities in themselves did not constitute sadomasochism. Usually all five of the features defined above had to be present in order for the participants to categorize the activities as sadomasochism. This was the case for both heterosexual and homosexual SM and for women as well as men.<sup>1</sup>

#### DOMINANCE AND SUBMISSION

An appearance of dominance and submission was present in all the SM activities we observed. While almost all sexual activities can be viewed in these terms, SM participants were extraordinarily clear about the part they played in SM. Young (1979:20) illustrates their appeal even to people who are not SM participants:

Most of us have at some time wanted to "submit" to . . . a striking or beautiful person. On the other hand, we've all wanted to simply "have our way" with someone, to do with her or him what we wish, the other person enjoying it, but seeming to resist.

The central fact about SM is that it highlights dominance and submission through the medium of fantasy and role playing (Lee, 1979:97). This is expressed through activities which cause actual, or apparent, physical and/or psychological pain.

#### *Physical Stimulation*

Pain can act as a sexual stimulus. Kinsey *et al.* (1953) noted that scratching and biting are often ingredients of precoital play in conventional sex, and that the physiological response to pain is similar to that of orgasm. Ellis (1936) noted that pain and sexual excitement often occur in animal courtship. Indeed, some animals (such as minks, ferrets, sables, and skunks) need to engage in combat in order to perform coitus (Ford and Beach, 1951; Kinsey *et al.*, 1953). Thus, a phylogenetic basis for these activities among humans has been hypothesized (Gebhard, 1969:77). Pain also provides a general psycho-physiological arousal—anticipation, expectancy, excitement (Levitt, 1971)—which can amplify sexual feelings (Tomkins, 1962) or be labeled as sexual by those experiencing the pain (Schachter, 1964; Walster and Walster, 1978).

Most lay and professional discussions of sadomasochism emphasize the physical pain

1. Contrary to popular belief, many women involved in SM are not professional dominatrices. In San Francisco, one lesbian SM club had over 200 members in 1982 (see Califia, 1979, on lesbian SM).

involved. Physical pain is often involved in sadomasochistic activities, but it is neither a necessary nor a sufficient condition for SM: bondage and humiliation, two common SM activities, may not involve any physical pain. Even when it does occur, the physical pain is not always experienced as erotic. Some SM participants reported a physical "rush," stinging sensation, or "body high" that in itself was physically stimulating without being erotic. This is akin to the transformation of pain into pleasure sometimes reported by weightlifters, runners, and dancers. In SM, it is the *appearance* of pain which is often most important; the *sensation* of pain may merely lend credence to a fantasy (Reik, 1941). Most participants we spoke to said they liked a "medium" degree of pain and did not want to go beyond this level. For example, a common response to our query about the degree of physical pain involved was, "It doesn't hurt that much."

This is not to say that SM pain does not hurt, or that there are not degrees and types of pain that are desired by different participants. For example, some individuals were only interested in fairly painless spankings.<sup>2</sup> Others preferred spankings in which pain was felt, the buttocks were reddened, and sitting was uncomfortable for hours or even days. Still other participants desired more intense pain.<sup>3</sup> One professional dominatrix described an example of "heavy SM":

Some guys want needles through the skin of their cocks and balls. Some like to see their own blood. One guy likes to be blindfolded; I put 20 needles in him and make him remember their position. If he forgets, I call him a "useless pig."

Whether pain is real or apparent, light or heavy, can obscure the essential point: SM participants used pain to express dominance and submission. It was this interpretive framework which allowed participants to talk of "good pain," "a delicious mixture of pain and pleasure," or a "tidy pain," and to seek pain only within the rules and roles of the SM session. Thus, one female submissive who liked to handle as much pain as was possible for her in SM sessions was nonetheless afraid of going to the dentist. Her boyfriend tried to help her by suggesting that she think of dental pain as an erotic experience. Though she tried, it did not work and she remained afraid of dentists.

### *Psychological Stimulation*

It is possible to have a sadomasochistic experience in which physical pain is completely absent, in which dominance and submission are achieved in other ways, especially through the evocation of actual or apparent psychological pain. Feelings such as uncertainty, apprehension, embarrassment, powerlessness, anxiety, and fear can be produced through activities which place one person in a position of "power" over another. The most common psychological state emphasized in the SM sessions we observed was "humiliation."

"Humiliation" was most often expressed in a master-slave fantasy. For example, submissives were humiliated by being made to lick their dominants' boots or kiss their dominants' buttocks. Female dominants "demeaned" their male partners by forcing them to wear female clothing (a prevalent theme in SM fantasies and literature), or by giving them tasks (e.g., as a "maid") which raised the possibility of "misbehavior" and "punishment."

Urinating on a submissive, and giving a submissive an enema and forcing him or her to retain it, were also used to express humiliation. Giving up control over bladder and bowel functions was also a way of demonstrating one's dominance or submission (e.g., the submissive had to beg for toilet privileges). To be defecated on or to lose bowel control reinforced feelings of humiliation and created an experience of "delicious shame" (Green and Green, 1973:195).

2. The degree of pain desired can affect the paraphernalia used. For participants with low thresholds of pain, there are certain paddles and whips which produce more noise than pain.

3. The dominant's skill in inflicting pain is obviously important. Even mildly dangerous activities, when conducted inexpertly, can produce considerable injury.

In describing these practices, one bisexual male said:

They gave me a coffee enema. This makes you shit like mad. I was scared I wasn't going to make it to the bathroom in time—and shit in front of everyone.

Psychological stimulation can also be produced through other uses of feces. For example, dominants humiliated submissives by smearing their faces with excrement. A professional female dominant said:

Sucking my dirty panties is humiliating. Yesterday, a client asked me to smear shit in my panties and make him lick it, and I did.

### *Bondage*

Bondage is the restraint of one partner by another through the use of such paraphernalia as chains, ropes, gags, wet suits, and suspensions. Sometimes bondage and discipline—referred to as B&D—is distinguished from SM or is considered a milder form of SM (Lee, 1979). This is because “pain” and/or the exaggeration of dominant and submissive roles need not be the major element of bondage. Comfort (1974) noted that struggling and being tied up can be physically arousing regardless of any symbolic meaning. The constricting feeling of tight clothing such as rubber pants and/or leather restraints can be physically stimulating in themselves.

Bondage can fit well into the framework of dominance and submission. It can provide a sense of being physically and sexually at the mercy of another, and thus produce psychological stimulation. “Helpless” submissives were “humiliated” and “debased” by being made to defecate in their clothing, or by being treated as an impersonal object deprived of human attributes; hoods and masks, common in SM, sustained this feeling. Certain types of confinement, such as mummification (e.g., being wrapped in Saran Wrap), were used to produce feelings of terror. Submissives were made to feel panic by being gagged and thereby prevented from communicating with the dominant, or by having smoke introduced into a hood, thus interfering with their breathing. In general, submissives experienced vulnerability by “totally” submitting to dominants through bondage. An example of this was provided by a homosexual man who described feelings of utter helplessness after being tied up by a dominant and left in an isolated cabin for five hours.

Most of the participants we interviewed had tried and enjoyed bondage, which ranked with spanking and whipping as the most frequent and favored SM activities. Chains, ropes, leather restraints, handcuffs, hoods, gags, and blindfolds were the most common restraining devices used. Practices involving excrement and extreme forms of bondage were much less common than were other activities.

### ROLE PLAYING

Sadomasochism, then, is an activity in which participants place themselves in dominant or submissive roles. To some degree, the participants we observed were acting out sexual fantasies, which left room for a great deal of elaboration in these basic roles. Participants called role playing a “scene,” and their participation in it “play.”

#### *Establishing a Role*

Most participants described themselves as having tried, or being interested in trying, both dominant and submissive roles. This would seem to undermine an assumption common among commentators, that SM participants are *either* dominant *or* submissive (Masters *et al.*, 1982:349).<sup>4</sup>

4. Many participants found it difficult to switch back and forth between roles because they became identified with a role. It may be difficult to accept a submissive as your dominant if you have just observed him or her groveling for another submissive.

This is not to say that participants did not have definite preferences. (Some did not: persons who continued to take on both roles were called "duals," "switchables," or "middles.") And there were a variety of ways to carry out these roles which, to some degree, reflected participants' beliefs about the merger of role and self. For example, participants spoke of "strong dominants" versus "weak dominants," and "strong submissives" versus "weak submissives." (A "weak submissive" says, "Please don't make me do it"; a "strong submissive," on the other hand, challenges the dominant to make him or her submit. One inexperienced woman was considered a weak dominant by her male submissive because she kept asking him if the restraints were too tight. He said, "She was too nice to me.") Also, it must be noted that what one person regards as dominance and submission might be differently regarded by another. Thus, the feelings and emotions expressed in SM sometimes reflected a label more than an experience.

More commonly, roles and experiences merged. Participants reported that during an SM session they were sometimes overwhelmed by their feelings; at other times, though, during the same session, their feelings were a charade. For example, at one commercial establishment, a scene put on for a male audience involved one dominant woman playing the role of interrogator and two submissives the role of captured spies. To obtain their "secrets" the dominant tied the two submissives to a post and threatened punishment. The scene collapsed, however, as the two submissives had a fit of giggling and continued laughing no matter what script the dominant tried.

In any case, it was not uncommon for SM participants to switch roles in response to a variety of circumstances. One woman said she played submissive roles with women and dominant roles with men, and saw this as a feminist issue. Some preferences were partner-related. One homosexual man said, "I play bottom with Bill and top with Dave." Roles were also switched in order to obtain a particular partner. One man, who usually played the submissive, agreed to play the dominant with a woman he was sexually attracted to but who herself wanted to play the submissive. In contrast, some couples continued the same roles into their everyday lives. Such role extensions were not as intense, however, and usually were not directly related to sexual meanings. One heterosexual woman said:

I wear my dog collar all the time, except to sleep. I always call Michael "Sir" at home and "Master" when we go out, even when we go to the supermarket.

Most participants, however, did not make SM roles a large part of their lives. They engaged in and enjoyed a variety of non-SM sexual activities, and reported more non-SM sex than SM sex. Moreover, few said they "needed" SM practices for a satisfactory sexual experience; most did not find SM sex any more satisfying than non-SM sex. In the words of one heterosexual woman:

I like doing SM sex once in a while, but I wouldn't want a steady diet of it. I like "vanilla" [conventional] sex better.

### *Establishing a Scene*

It was easier to sustain dominance and submission by using a role-set that incorporated this dimension. The favorite role-set was "master and slave." Other popular role-sets were "teacher and student," "master or mistress and servant," "guardian and child," and "kidnapper and victim." One bisexual woman said:

We make believe that I'm coming home late from school and my guardian says she's going to punish me. She says, "If you don't let me spank you, you can't go to the prom. And after I spank you, you're going to have to lick me there" [points to her vagina]. Later she masturbates me.

Not all scenes were as complex or creative: one couple simply arranged for verbal humiliation to occur at a party. On the other hand, some scenes made use of fully-equipped dungeons and torture chambers at clubs or in a participant's home or apartment. Some scenes were quite

specific and even included a script or a set intonation or voice that had been agreed upon beforehand. One husband, for example, was upset because his wife used the wrong inflection in the elaborate script he had devised for them. In contrast, other scenes relied on ad-libbing and began with only a basic idea. A lesbian described one scene she used: "I will be someone who has just kidnapped my partner and we'll go from there." Some partners found it difficult to come up with new variations in different sessions; at the same time, this unpredictability sometimes added further excitement to the interaction.

Variety can be enhanced by the extensive paraphernalia associated with SM scenes including hoods, corsets, chains, paddles, enema equipment, adult diapers, rubber panties, gas masks, scuba gear, and restraints. Some dominants were very ingenious in what they used as "toys." One woman carried a guitar case containing such objects as alligator clips, clothespins, egg toppers, dog brushes, and snake bite suction cups, all of which she used for SM practices. Objects may be equally functional but have different fantasy value. For example, rope was generally preferred to cord, not because it is stronger but because it was more consistent with the tenor of the scene. This use of props and "toys" emphasizes that SM is "play," and that SM scenes are a particular type of sexual adventure.

### CONSENT

Another assumption about SM is that it is done against a person's will. This is not the case. Indeed, participants clearly differentiated themselves from persons who violated the limits (especially of physical pain) established prior to SM sessions. Thus, SM was a consensual activity among participants we observed, who commented that a person who was not consenting would be considered neither "into SM" nor sexually desirable.

The matter of consent in SM is complex. We observed a bilateral and continuous process of consent, in which both partners exercised decisions within the session. Beforehand, the submissive agreed to enter the relationship and to follow the instructions of the dominant, or eventually to submit to the dominant's will; but at the same time established the scene's limits. The dominant, on the other hand, agreed to enter the relationship and to direct the scene within the agreed-upon boundaries (Patrias, 1978). The dominant's role was not solely to satisfy the submissive, as Gebhard (1969) and others have claimed. Dominants often suggested the theme of the scene themselves, or collaborated with their submissives in creating a theme, and then introduced or adapted the submissives' fantasies to facilitate their own sexual desires. Thus, the action in SM centered around the social fiction that one partner was really submissive and the other was really dominant (Patrias, 1978).

Even though limits were consensually established, participants sometimes found them difficult to define. Scenes could be disrupted if limits were violated, intentionally or unintentionally. Whereas this uncertainty could produce excitement, it sometimes called consent into question and damaged the trust necessary for mutual interaction to proceed. Participants knew this and protected consensus from collapsing by various methods. For example, some submissives signaled "enough" by falling limp in the restraints or drawing a pattern with the foot (Townsend, 1972). "Safe-words" or "key-words," such as "pickle," designated that the limits had been reached. One organization of dominant men and submissive women included in their bylaws universal safe-words—"red" meaning stop immediately and "yellow" meaning slow down or break. This set up a shared communication system, so newcomers did not have to be briefed and veterans could not claim to have forgotten an individual's safe-word. Many participants said that such signals were unnecessary in a "good" SM scene, as experienced dominants knew when limits were being approached. The use of safe-words, while distracting, was acceptable. Once the session began, however, "discussion" was not acceptable, because it disrupted the scene.

Consent was not entirely fixed by prior agreements. As sexual excitement increased, earlier

understandings sometimes became irrelevant, as the dominant escalated the limits to match the increasing intensity of the submissive's sexual response. Known as "pushing the limits," this was an acceptable violation of the original consent. The use of this method showed that boundaries of consent often shift during a session.

For example, one female submissive said, "Don't slap me in the face." But during the scene the male dominant did slap her lightly on the face. When her reaction appeared positive, he "pushed the limits" and slapped harder until she reacted negatively. After the session, she remarked, "I never thought I'd like it at all."

In most cases, consent was recognized, sustained, and controlled by the above processes. Participants avoided persons who did not abide by these rules. One homosexual man said, "Once in a while there is a top who really wants to hurt someone. Word gets around and no one goes near him."

Because SM participants were often known to each other, they excluded violators, who had difficulty obtaining SM partners afterwards. There were inner and outer circles in the SM groups. The inner circle were individuals actively involved with each other in sociosexual activities. People were relegated to the outer circle for a variety of reasons, including repeated violations of established limits. Some people were eventually re-accepted by the inner circle on the assumption that such violations had ceased.

#### SEXUAL CONTEXT

Another feature of SM was that the activities were placed in a sexual context. Some people engaged in SM-type activities but did not give them sexual meaning and thus were not considered to be "into SM." For example, some bondage devotees claimed that the sensory deprivation created by hoods, earplugs, and restraining devices such as strait-jackets produced an altered state of consciousness (Fritscher, 1978). Others claimed that pain offered an opportunity to explore such feelings as anger or power (Orlando, 1983). Most SM participants we observed, however, defined what they did as sexual in some way and did it in a setting that sustained such meanings. Thus, in one professional heterosexual "House of Pain," the dominatrixes said that their male clients usually masturbated near the end of the session. (Masturbation was the only activity not covered by state prostitution statutes.) The dominatrixes assumed that clients who did not masturbate would engage in some sort of sexual activity after leaving the premises.

At "bisexual night" at one SM club, we observed little overt sexual arousal or activity during the whippings and spankings. But the men later engaged in fellatio and mutual masturbation with one another. During the same evening, one woman led a man around by a dog leash and whipped another man with a riding crop; she reported that she would have intercourse only with her lover (who was also there) later at home.

Sometimes genital sex seemed perfunctory. Some whippings were punctuated with a brief embrace and genital fondling of the submissive by the dominant. Other times, genital sex only occurred at the end of a session. Despite this, participants said that what they were doing had a sexual meaning, and the aura of the sessions clearly reflected eroticism. For example, female dominants wore sexually-enhancing clothes such as Merry Widow corsets, sheer black hose, and very high heels, and made blatantly sexual remarks ("You'd really like to fuck me, wouldn't you?"). Submissives were usually nude; female submissives sometimes displayed rings through their nipples or labia, and homosexual men, jock straps or rings through or around their penises.

#### MUTUAL DEFINITION

Initially, our approach to sadomasochism was hampered by the traditional notion that certain phenomena are "really" sadomasochistic while others are not. As our fieldwork continued, this

perspective proved misleading. It became clear that the way participants themselves labeled events as somasochistic was necessary for us to make sense of what was going on.

We found that the four features discussed above underlie this categorization. Yet, even when all of these features were present, it still did not follow that what was going on would be considered SM. These were necessary conditions for such a definition, but were not sufficient conditions for most participants. For this, a fifth feature had to be present—a mutual definition among partners that what occurred was SM.

The male homosexual “leather” scene, with its accoutrements of black leather jackets, boots, and chains, appears to be “somasochistic” to outsiders. Yet very few in the leather scene described their activities as SM, even when the four prior features were present.

For example, at a private male homosexual sex club, one man was anally fisting another man, who lay on his back. A third man, completely dressed in black leather, joined in and started to rhythmically strike the recipient on the chest with a set of chains. Other men gathered around, many of them fondling their genitals while they watched. There was the appearance of dominance and submission, elaborate role playing, consent, and a sexual context. Nonetheless, the original participants did not define the activity as SM. Neither did the spectators. This was because the interloper joined in so late that they assumed no change in the participants’ original definition, which they believed was not SM.

Thus, anal fisting, popular in the male leather scene, appeared to be an SM activity, yet its definition was moot. Many of these men did not define it as such, preferring a mutual definition of masculinity and toughness. After observing one nineteen-year-old’s first fisting session which involved a great deal of pain, we asked the recipient why he had not stopped the activity. He replied, “Everyone else can take it,” and his friend added, “It’s peer pressure.” It was not considered SM by anyone present. Some SM participants were equally unwilling to give in to pain, but they were more likely to describe their submission as “a gift to the master” or an “extreme proof of love,” not as proof of toughness.<sup>5</sup>

The theme of masculinity was institutionalized in fisting, piss, and “scat” (feces) clubs. At one piss club, a man clad in full leather regalia stood in front of a kneeling man who was dressed only in a jock strap and urinated in his mouth. When asked if they considered their activity to be SM, they said no. At a homosexual scat club, one man placed his face under an open seat and was defecated on. He, too, did not consider this activity to be SM. In his words, “It’s avant-garde, man. Other guys don’t have the guts to do it. They just talk about it. I’m proud that I can do it and the other guys can’t.”<sup>6</sup>

Given that SM-type practices were not always assembled into a mutual definition of SM, we do not mean to imply that such definitions were capricious. How two similarly behaving persons defined their behaviors depended ultimately upon the group with which they identified. Thus, the choice of whether to define an activity as SM was affected by a variety of factors, including who one’s friends were, what bar or club one liked, the ideology of the group, and so on.

Among heterosexuals, the problem of mutual definition sometimes took a different form. Because there were fewer heterosexual groups that organized unconventional sex, the problem often was not which group to identify with, but rather finding any group at all which validated their unconventional sexual practices.

## CONCLUSION

We began this paper by describing how somasochism has traditionally been conceptualized.

5. Thus, welts and bruises were sometimes used as signs of love and/or surrender.

6. Some individuals who engage in urine and feces play are not interested in SM or proving masculinity. Professionals label persons with such sexual interests as “urophiliacs” and “coprophiles,” respectively.

After our fieldwork, however, it was apparent that the traditional model was misleading. Basically, it is overgeneralized, essentialistic, and atomistic.

*Overgeneralization:* The traditional model generalizes to the whole of sadomasochism the activities and experiences of those persons most likely to come to the attention of clinicians.

For example, there are persons who engage in non-consensual sexual violence such as rape or lust murders. They are, however, a small and unrepresentative group among those to whom the label "sadomasochism" is applied. Moreover, it is unlikely that they would apply this label to their own activities. This is supplied by professionals and the public in an effort to make sense of problematic behavior. The SM participants we observed, who also are similarly labelled, were quite different, and, unlike the above persons, they categorized their own sexual interests as "sadomasochistic." There were also some participants engaging in "heavy SM" who might fit the traditional conceptions. But for most participants, SM was simply a form of sexual enhancement which they voluntarily and mutually chose to explore.

*Essentialism:* This feature of the traditional model posits the existence of a kind of person known as the sadomasochist; thus, "doing" is transformed into "being" (Plummer, 1981). We argue that this belief—again reflecting a label imposed on the setting of SM from the outside—is inaccurate, because no such personality type has been found. We believe it is more accurate to use the term *sadomasochism* to describe an activity, and thus focus more on roles than on persons. In addition, by isolating and defining the social features that determine how persons come to interpret their own behavior as SM, we have eliminated the essentialist question of whether people or behaviors are, in and of themselves, "really" sadomasochistic.

*Atomism:* The traditional model ignores the SM subculture. This subculture provides a pre-existing set of meanings which persons can draw upon to define and elaborate their sexual activities. The traditional model emphasizes individual motives, thereby ignoring these shared attributes.

We have considered these shared attributes by establishing the features that underlie the participants' own application of the label *sadomasochism*. First, we noted the importance of establishing the appearance of dominance and submission; second, how role playing demonstrates rationally constructed (rather than irrationally imposed) fantasies, which can be "played at" as well as felt; third, how the subtle and often complex negotiations that control the extremities of dominance and submission maintain consent; fourth, how the efforts of participants to place their activities within a sexual context give their activities an erotic meaning; and finally, how mutual definitions produce different interpretations of the same activities through the process of group identification.

#### REFERENCES

- Block, Iwan  
1935 *Strangest Sex Acts*. Volume 1. New York: Falstaff Press, Inc.
- Bullough, Vern, and Bonnie Bullough  
1977 *Sin, Sickness and Sanity: A History of Sexual Attitudes*. New York: New American Library.
- Calafia, Pat  
1979 "A secret side of lesbian sexuality." *The Advocate* 238 (December 27):19-23.
- Comfort, Alex  
1974 "Pain/pleasure." *Forum* 3(8):46-49.
- Conrad, Peter  
1975 "The discovery of hyperkinesis: Notes on the medicalization of deviant behavior." *Social Problems* 23(1):12-21.
- Ellis, Havelock  
1936 *Studies in Psychology of Sex*. Volume 1. New York: Random House.  
[1903]
- Ford, Clellan S., and Frank A. Beach  
1951 *Patterns of Sexual Behavior*. Scranton, PA: Harper and Brothers.

- Freud, Sigmund  
1938 The Basic Writings of Sigmund Freud (A. A. Brill, trans. and ed.). New York: Modern Library.
- Fritscher, Jack  
1978 "An ultimate reality." *Drummer* 3(24):17-24.
- Gebhard, Paul H.  
1969 "Fetishism and sadomasochism." *Science and Psychoanalysis* 15:71-88.
- Green, Gerald, and Caroline Green  
1973 *S-M: The Last Taboo*. New York: Grove Press.
- Kinsey, Alfred C., Wardell B. Pomeroy, Clyde E. Martin, and Paul H. Gebhard  
1953 *Sexual Behavior in the Human Female*. Philadelphia: W. B. Saunders Co.
- Kokkoka  
1965 *The Koka Shastra* (Alex Comfort, trans.) New York: Stein and Day.  
[1150]
- Krafft-Ebing, Richard von  
1965 *Psychopathia Sexualis*. New York: Bell Publishing Company.  
[1886]
- Lee, John Alan  
1979 "The social organization of sexual risk." *Alternative Lifestyles* 2(1):69-100.
- Levitt, Eugene E.  
1971 "Sadomasochism." *Sexual Behavior* 1(6):69-80.
- Masters, William H., Virginia E. Johnson, and Robert C. Kolodny  
1982 *Human Sexuality*. Boston: Little, Brown and Company.
- Nefzawi, S.  
1963 *The Perfumed Garden* (Richard Burton, trans.; A. H. Walton, ed.). New York: G. P. Putnam's  
[1400] Sons.
- Orlando, Lisa  
1983 "Coming to terms with lesbian SM." *Village Voice*, July 26:39-41.
- Patrias, Dale  
1978 *The Sociology of Secret Deviance: The Case of Sexual Sado-Masochism*. Unpublished Ph.D. dissertation, New York University, New York.
- Plummer, Kenneth (ed.).  
1981 *The Making of the Modern Homosexual*. Totowa, NJ: Barnes and Noble.
- Reik, Theodor  
1976 *Masochism in Sex and Society*. New York: Pyramid Books. Originally published as: *Masochism*  
[1941] in *Modern Man*.
- Schachter, Stanley  
1964 "The interaction of cognitive and physiological determinants of emotional state." Pp. 49-80 in Leonard Berkowitz (ed.), *Advances in Experimental Social Psychology*. Volume 1. New York: Academic Press.
- Time*  
1981 "Stomping and whomping galore." *Time*, May 4:73-74.
- Tomkins, Sylvan S.  
1962 *Affect, Imagery, Consciousness*. New York: Springer.
- Townsend, Larry  
1972 *The Leatherman's Handbook*. San Francisco: Le Salon.
- Vatsyayana  
1962 *Kama Sutra* (Richard Burton, trans.). New York: E. P. Dutton.  
[450]
- Schrenck-Notzing, Albert von  
1956 *The Use of Hypnosis in Psychopathia Sexualis*. New York: The Julian Press, Inc.  
[1895]
- Walster, Elaine, and G. William Walster  
1978 *A New Look at Love*. Reading, MA: Addison-Wesley.
- Young, Ian  
1979 "What is this thing called S & M?" *Blueboy*, October: 22-28.