

The persistent pathologization of BDSM: An interview with Charles Moser

Sexualities

2021, Vol. 24(5-6) 839–844

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DOI: 10.1177/1363460720961296

journals.sagepub.com/home/sex**Rachel Jobson** 

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In this conversation between Rachel Jobson and Charles Moser that took place in July of 2020, he reflects on more than 30 years of research and advocacy. Charles Moser, PhD, MD, is a sex educator, sex researcher, clinical sexologist, and sexual medicine physician who practices in San Francisco. In a career spanning over 40 years, he has authored or co-authored over 80 scientific papers and books and has been a pioneer in the creation and implementation of the new medical specialty of Sexual Medicine (the medical aspects of sexual concerns and sexual aspects of medical concerns). Currently, his medical practice focuses on Sexual Medicine and Internal Medicine. He is President of the Diverse Sexualities Research and Education Institute (<https://dsrei.org>), a nonprofit 501(c)(3) organization. While the scope of his research over the course of his career has been extensive, his work challenging the pathologization of BDSM was the focus of the discussion for this special issue.

The following conversation between Rachel Jobson (RJ) and Charles Moser (CM) took place via videoconference in July of 2020. This transcript has been lightly edited for clarity and brevity.

RJ: How did you get interested in BDSM and kink as a field of study?

CM: To be honest, the BDSM literature that existed at the time was so scant, it was easy to review. I just did not want to do a huge literature review. Another reason, which was just as important, was in BDSM, unlike other sexual interests, you can often observe the behavior. People often demonstrate their skills at parties and educational events, and the ability to observe rather than just interview people

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or hand out questionnaires was intriguing to me. In addition, I was working with couples at the time and I thought: here is a group of people where “no” does not necessarily mean “no,” but somehow it is clearly communicated. I thought it would be an especially useful skill for non-BDSM couples to learn. Of course, BDSM participants have the same problems communicating as everybody else, and that quickly fell away as a primary focus, but by then I was fascinated with the topic.

RJ: Were there any specific moments in your career that really reaffirmed the importance of this work for you?

CM: When I first started doing this, I had a really naïve belief that somehow science and truth were going to win out, especially with other scientists. So, I was rather shocked when I was not changing people’s minds. Nobody was refuting what I was saying or criticizing my argument or results, but I was not changing minds. I find that to be just fascinating. BDSM was not attracting other sex researchers either. So I recognized that if I did not study this, no one would.

Remember, I graduated high school in 1970, Stonewall was ‘69, the contemporary gay movement was in the early 70s, and quickly it went from gay liberation to lesbian and gay liberation; then lesbian, gay and bisexual liberation; then lesbian, gay, bi, transgender; and then we have this whole alphabet soup of different groups that are recognized now, but BDSM was never included. I asked numerous activists in gay and bi liberation movements about the reasoning for that. Many of them were involved in BDSM themselves, but they thought that it was just a non sequitur to think that BDSM could be somehow on par with these other orientations. This was true even though many of these activists experienced much more discrimination related to their BDSM interests than their other orientations.

RJ: What have been the most significant shifts or changes in the field since you started doing academic work in this area in the 1980s?

CM: When I first started publishing my research, it was apparent that I authored more academic articles on BDSM than anyone else. Remember the literature was scant so that was not difficult. I doubt I still hold that distinction. It has been very gratifying to see the level of sophistication of the research increase, and more general surveys of sexual behavior are beginning to include BDSM items. Even today, however, there are few studies that include ongoing interest as a category, rather than simply asking participants if they have ever tried it (without asking if they enjoyed the behavior and wanted it to be part of their sexual pattern). There is an underlying assumption that most people tried BDSM for its novelty and then abandoned it. That BDSM is rarely an enduring part of someone’s sexual pattern.

RJ: A lot of your work has focused on addressing issues within the field of psychiatry and psychology around pathologizing BDSM and other non-normative sexual practices. What barriers still exist to ensuring professionals in the field

are kink-aware? There are more resources available, but attitudes don't seem to be shifting as fast as we would like.

CM: In the contemporary context of psychiatry, people often still ask why people get involved in BDSM, but no one is asking why someone is heterosexual or homosexual anymore. No one suggests that childhood trauma causes someone to be gay. It is considered unethical to do reparative therapy focused on changing someone's sexual orientation or gender identity, but there are still professionals who believe that resolving some earlier trauma will change one's BDSM interests. I was naïve to think that you just lay out the science and things will change. I expected clinicians would either create a study to refute my findings or accept that maybe I was right. They just ignored the data. Nevertheless, over the decades they tried to create a definition of BDSM as a mental disorder, but kept failing.

In the DSM-5, they finally removed the consensual paraphilias as diagnoses, but then made an exception for consensual sexual sadism. If you actually act on your sexual sadistic interests with a consenting partner you can still be diagnosed. These things are hard to change. The diagnoses were changed and abandoned a lot quicker around transgender patients, but not around BDSM. I'm not sure I know why that is.

RJ: It's interesting, I'm not in psychology, so I don't use the DSM-5 a lot in my work, but I did reference it a little bit in my work on chronic pain and BDSM, and looked at the way the idea of "phenotypically normal bodies" gets used to define non-paraphilic sex, drawing on Tellier's work. It's interesting to read about the ways pathologization of not only non-normative sex but also non-normative bodies is built right into the definitions of a lot of sexual "disorders."

CM: With no scientific justification, but they say the DSM is based on science.

RJ: Would you say that medicine and psychiatry are the largest players in the continued pathologization of BDSM, or do you think there's other sociocultural factors like the media that are feeding into it as well?

CM: The media is slowly changing. It was not too long ago that the only depiction of a BDSM participant on TV was as a mass murderer, or they were corrupt in some way. There were very few cases where an individual was involved in BDSM and it was just an incidental aspect of the character, not a plot twist. I don't know if you watch *Billions*, but there is a middle-aged white man who is the Attorney General of New York State and also a sexual masochist. The viewers knew he was a masochist from previous episodes, but it came out publicly during his election race. He admits to his interest and still wins the election. Later in the show, he is giving a lecture to a sexuality seminar, part of which concerns his sexual masochism. A gender nonconforming student in the audience says something to the effect of "it was not brave, you can admit to it, because of your white privilege." I found that scene hopeful that the media is slowly coming around to more nuanced

portrayals and conversations about diverse sexual interests. I wonder what the student would have said if the Attorney General was Black.

The mental health professionals still seem to just have a hard time with BDSM, and many in the organized religious community are still also having a hard time. What I am most gratified about is that students read my papers and start arguing with their professors.

RJ: The religion piece is interesting, because I'm in Canada and I was actually just reading Bielski's work on how a lot of sex research funding ends up diverted into Canada because there's still this strong religious influence in a lot of universities in the US, which can make it harder to do this kind of work. With that in mind, are there any significant gaps that you've identified in the current academic literature on BDSM and kink?

CM: I can make an argument that endorphins may be the reason some BDSM participants may enjoy intense stimulation (like physical pain). Whether that is true or not I don't know, but you can understand it from that perspective. But I do not have a clear understanding of how degradation and humiliation are associated with sexual arousal. I have been interested in studying cuckolds and their relationships, this is the only sexual interest that I know of with three separate and distinct roles for the interaction (the cuck, the bull, and cuckoldress). I am also interested in looking at what I will call some of the distinctions between types of stimulation. Some people love stingy sensations but hate thuddy, or like thuddy but hate stingy. I am curious about how that came about, how much did they explore other types of intense sensations, if it changes over time?

One of the things that happened is I got waylaid into the paraphilia argument, which was not bad, but it got me away from the descriptive, ethnographic research I had been doing. I want to describe: what is sexual orientation, what is a mental disorder, and why is BDSM considered a mental disorder? Why do sex crimes suggest a mental disorder and nonsexual crimes do not?

RJ: It was interesting when I was doing my research, some people I spoke to did talk about the different sensations of pain, so people with chronic pain who deal with a lot of aching pain might be into stinging pain in BDSM, or vice versa, if they had nerve pain that was burning, they might like thuddy pain to distract from that, so it was interesting that that did come up quite a lot in people's own narratives.

CM: Some individuals report that you can decrease your thuddy pain by adding stinging pain, and vice versa. Some individuals with chronic pain seem to find some relief with imposing sexual "pain." These are interesting questions that I want to keep exploring.

I do have to say I hope I do not have to continue fighting the DSM much longer, I hope that someone else will take it up. I remember many years ago talking about how the DSM pathologizes BDSM with an SM activist, and I said, “there must be data about that,” and he said “no, there’s none.” And I was like, “damn, now I’ve got to go do that.”

RJ: And now 20 years later, you’re still doing it.

CM: Yes, I think it has been more like 30 years now.

RJ: What advice do you have for graduate students and junior scholars in the field?

CM: Number one, do not specialize in BDSM exclusively. If you want to stay in academia, make sure you have more mainstream interests. Do not let yourself be pigeonholed as a kink researcher. Establishing yourself in a less controversial area will give you credibility to study BDSM. It is also useful to have another source of income, the politics are too polarized to count on funding when the anti-BDSM folks are controlling the purse strings. I have bankrolled my own research and that has given me freedom and the ability to push at some of the boundaries. I warn students that studying BDSM exclusively could tank your academic career.

There’s also a number of people who started out as promising young BDSM researchers, very good, very bright, and their institutions managed to distract them, so they gave up the BDSM.

It’s interesting that I’m at a point in my career that I can have reflections. I am not sorry that I have done all the things I’ve done, but I realized there’s a price to pay for being on the edge of this kind of research. Sometimes that’s fun, but young researchers should recognize that there’s a price there. I remember a guy I knew in grad school who decided he was going to study heterosexuality, because “if I ever decide to run for office, it won’t get in my way.”

RJ: That’s wise.

CM: It is wise. Unfortunately, he did not publish very much and never ran for office. Even though he was a bright guy and did some good work, he wound up not doing sex research at all after a while. Right now, there’s questions of who is going to really lead this field in the future. I unfortunately think it is going to move into a much more conservative era. The political correctness and conservatism in the field is stifling research, I believe. I do not think I can fight that very effectively.

We are beginning to start training professionals about how to provide culturally competent care to the kink community. That is very exciting.

Declaration of conflicting interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

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Rachel Jobson is a PhD student in Sociology at Carleton University. Her recently completed MA thesis looked at the ways some people with chronic pain use BDSM to reclaim pain and control over their bodies and used crip theory to challenge the idea that lives lived in pain are less worth living. She is currently working on crip/queer responses to the entrenchment of the nuclear family in Canadian law.