

Response to Dr. Richard Krueger – Sadism and Masochism
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In "The DSM Diagnostic Criteria for Sexual Sadism" in *Archive of Sexual Behavior* (December 8, 2009) Richard B. Krueger performs a thorough literature review on the paraphilias, assessing the "reliability, validity, and discriminant validity" of the criteria, including those that describe the discrimination that occurs when an individual is diagnosed as a "Sexual Sadist" or "Sexual Masochist".

According to Krueger's citation of survey information from the U.S. National Ambulatory Medical Care, out of over 446 million visits to therapists and doctors, not a single person was diagnosed as a Sexual Sadist or Sexual Masochist. As Krueger states, "virtually all of the published papers using DSM criteria for Sexual Sadism have been done on studies of forensic populations" - ie. those who have been arrested or incarcerated for sexual crimes.

Therefore, instead of being used as a treatment tool, an individual is only diagnosed with "Sexual Sadism" in criminal or civil proceedings as an indicator that they cannot control their behavior. As an unfortunate corollary of being directly linked with criminal populations, these diagnoses are also cited in order to bolster the social stigma against those who are sadomasochists.

Krueger agrees in his Recommendations when he states about the current DSM: "In some places in the narrative section, there are descriptions of sadistic behavior or other assertions without the caution that much of the information is derived from forensic populations and may not apply to community populations. The narrative section of the DSM should be rewritten to reflect this. Additionally, caveats circumscribing the application of the DSM in forensic matters, particularly as regards Sexual Sadism and Sexual Masochism, should be reviewed and strengthened."

Millions of BDSM practitioners will be affected by the "structured diagnostic instruments" that Krueger proposes to develop to determine clinically significant distress or impairment. If a dimensional approach to assessment is created, it must clearly differentiate between forensic populations and BDSM practitioners.

NCSF often consults with individuals who suffer distress and impairment in their social and occupational lives (ie. interpersonal difficulties) because their desires conflict with current societal standards. These standards stem in a large part from the DSM itself: pathologizing unusual sexual interests has led to more discrimination and discouraged individuals from seeking treatment for physical and mental health problems.

Therefore the current list by which distress and impairment are diagnosed must be rejected so that societal standards cannot be confused with the basis by which a mental disorder is determined.

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