SEXUAL MASOCHISM DISORDER

INTRODUCTION:

The DSM-5 explains that sexual masochism disorder is diagnosed in individuals who experience sexual arousal in response to extreme pain, humiliation, bondage, or torture. The masochist will have unrelenting fantasies with urges to be beaten, bound or humiliated during sex (American Psychiatric Association, 2013). Although behaviors associated with sexual masochism disorder are very prevalent, diagnostic criteria requires that the patient experience distress, such as shame, guilt or anxiety related to sexual fantasy, urges or sexual experiences. Milder forms of masochism between consenting adults, sometimes also referred to as "BDSM" or dominant and submissive, are not classified as disorders by the DSM-5. Diagnosis occurs when certain criteria are met.

Always consult a mental health or medical professional regarding any questions you may have about a mental health diagnosis and treatment options.

SYMPTOMS:

Sexual Masochism Disorder is characterized by a pattern of sexual arousal for being made to suffer through physical violence or humiliation. According to changes in the DSM-5, common manifestations include being beaten, bound, or verbally abused. In some cases, asphyxiation is used to achieve sexual desire and patients often enjoy pornography or erotic literature involving masochism. To be diagnosed, the symptoms must cause impairment or distress. If the patient is not experiencing anxiety, guilt, shame or other negative feelings related to masochistic sexual desires, it I considered a sexual interest, not a disorder. In all diagnosed cases, the patient must admit to having these fantasies and urges (American Psychiatric Association, 2013).

Always consult a mental health or medical professional regarding any questions you may have about a mental health diagnosis and treatment options.

TREATMENT:

Because not all sexually masochistic behaviors are of clinical significance, treatment is reserved for patients who complain of distress related to their sexual behavior. Patients whose sexual desires put them in danger are also recommended for treatment. For example, if a man sustains burns or other injuries, he could severe more serious injuries or death without changes to his sexual behavior. Due to the complicated nature and inherent danger of sexual masochism disorder, an integrative approach to treatment is usually recommended. Although medication alone cannot resolve sexual masochism disorder, it can reduce some symptoms, such as hypersexual desires and anxiety that may impede treatment. Depot antiandrogen injections, for example reduce libido, thereby reducing masturbation, erections and sexual fantasies. This is not a long-term solution but works particularly well in inpatient situations. Medication should top at the patient's request, when out-of-control sexual masochism has been resolved (Shiwach and Prosser, 2008).

The next course of treatment is for the patient to keep a diary of sexual fantasy, arousal and masturbation. The patient can discuss the contents of his journal with his therapist during frequent visits. The focus of therapy is to enhance sexual education and social skills. Insight-focused therapy can also help the patient examine his own needs within and outside his sexuality. Behavioral therapy is also helpful for the patient to develop new ways of behavior (Shiwach and Prosser, 2008)