"Human Sexuality and Mental Health Recovery: The Final Taboo"

Presentation for the Alternatives 2001 Conference

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Introduction: The public mental health realm recognizes the importance of treating the various aspects of the person. They address the physical, emotional, mental, social and only recently, the spiritual aspects of the person. However, the public mental health system is still reluctant to address the sexual aspects of the person and how those aspects have either harmed or helped people in their recovery from psychiatric distresses.

Human Sexuality and Mental Health Recovery: The Final Taboo

Objective: This workshop will offer people the opportunity to begin discussions on the topic of human sexuality and recovery in the mental health realm.

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Goal: to raise consciousness of the subject so that people can begin thinking about the issues, how they relate to human rights and how to proceed in implementing changes to include sexuality as one aspect of the person in promoting growth and recovery.

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Presentation Outline: The presenter will first discuss the taboo of touching. Many mental patients have experienced the negative side of touch. They have felt hurtful and harmful touch as they've been secluded, restrained and forcibly medicated. They have survived rape, incest, battering and other abuse as children. This workshop will provide an opportunity for people to discuss the harmful touch they have received. I will then guide the discussion toward healing aspects of touch. Touch such as hugs and a gentle hand on the shoulder can be soothing, healing and non-threatening.

Presenter will discuss the positive potential for healing found in the broader area of human sexuality. Discussion will explore the breadth and varieties of human sexuality and suggest possibilities which are not harmful and which allow people ways they can pursue relationships that do not perpetuate previous dysfunctional or harmful relationships. The workshop will discuss some of the many ways that human sexuality can be expressed via safe, sane and consentual means that can be liberating, fun and playful.

This workshop will explore and discuss issues such as sex and sexual touch between consenting adults in institutional settings such as hospitals, nursing homes, group homes and day treatment. The focus will be on the safe, sane and consentual activities of adults and their right to freedom of sexual expression.

Touch can range from the harmful to the healing; from the gentle to BDSM

BDSM = Bondage
Discipline
Dominant
Submissive
Sado-
Masochism

Harmful Touch

- Child Abuse
- Rape
- Incest
- Psychiatric “take-down”
- Forcibly administered psychiatric drugs
- Psychiatric Restraints
- Forced intimacy or affection
- Corporal punishment
- Physical abuse
- Torture in the name of love

Helpful, Healthful or Healing Touch

- A gentle hand on a shoulder
- Holding a hand
- Hugs
- A pat on the back
- A gentle caress
- Loving physical intimacy
- Massage
- Dancing
- Pets
- Material (Fabrics, fur, feathers, etc.)
- Nursing a baby
- Holding and rocking
- Stroking
- Grooming
- Hot bath

The medical profession in general recognizes the healing power of touch. Nurses often provide touch, even in the form of back rubs and massage. Doctors are aware of the emotional damage that can occur to a person who is sensory deprived and those deprived of human physical contact.

Mental health practitioners often consider helpful touch taboo rather than therapeutic. This is often due to mentalism (sanism) or countertransference issues rather than any real concern for the welfare of the patient.

Mentalism is a term coined by author and activist Judi Chamberlain to describe discrimination against people who have received psychiatric treatment. Like other "isms," such as racism and sexism, mentalism is characterized by complex social inequities of power that result in the pervasive mistreatment of people who have been labeled "mentally ill."

Transference: In psychoanalysis, the process by which emotions and desires originally associated with one person, such as a parent or sibling, are unconsciously shifted to another person, especially to the analyst.

Countertransference: The tainting of the therapeutic alliance by the therapist associating their own emotions back upon the client.

The feelings of the therapist about mental patients and about their own sexuality taint the way they view touch and the sexuality of their patients.

The mental health realm is reluctant to accept that issues like “Competency”, “Capacity”, and “Consent” are LEGAL issues to be decided by judicial processes and not issues to be defined by mental health practitioners.

CAPACITY:

Legal qualification (i.e. legal age), competency, power or fitness. Ability to understand the nature and effects of one's acts.

The ability of a particular individual or entity to use, or to be brought into, the courts of a forum. Johnson v. Helicopter & Airplane Services Corp., D.C.Md., 404 F.Supp. 726, 729

COMPETENCY:

In the law of evidence, the presence of those characteristics, or the absence of those disabilities, which render a witness legally fit and qualified to give testimony in a court of justice; applied, in the same sense to documents or other written evidence. Evidence which is admissible as being able to assist the trier of fact (i.e. jury) in determining questions of fact, though it may not be believed. Competency differs from credibility. The former is a question which arises before considering the evidence given by the witness; the latter concerns the degree of credit to be given to his testimony. The former denotes the personal qualification of the witness; the latter his veracity. A witness may be competent, and yet give incredible testimony; he may be incompetent, and yet his evidence, if received, be perfectly credible. Competency is for the court; credibility for the jury. Yet in some cases the term "credible: is used as an equivalent for "competent." In law of contracts, of legal age without mental disability or incapacity.

COMPETENT:

Duly qualified; answering all requirements; having sufficient ability or authority; possessing the requisite natural or legal qualifications; able; adequate; suitable; sufficient; capable; legally fit.

CONSENT:

A concurrence of wills. Voluntarily yielding the will to the proposition of another; acquiescence or compliance therewith. Agreement; the act or result of coming into harmony or accord. Consent is an act of reason, accompanied with deliberation, the mind weighing as in a balance the good or evil on each side. It means voluntary agreement by a person in the possession and exercise of sufficient mental capacity to make an intelligent choice to do something proposed by another. It supposes a physical power to act, a moral power of acting, and a serious, determined, and free use of these powers. Consent is implied in every agreement. It is an act unclouded by fraud, duress, or sometimes even mistake.

Willingness in fact that an act or an invasion of an interest shall take
place. Restatement, Second, Torts, § 10A.

As used in the law of rape "consent" means consent of the will, and submission under the influence of fear or terror cannot amount to real consent. There must be an exercise of intelligence based on knowledge of its significance and moral quality and there must be a choice between resistance and assent. And if woman resists to the point where further resistance would be useless or until her resistance is overcome by force or violence, submission thereafter is not "consent."

Consent: Compliance with or in approval of what is done or proposed by another.

INCAPACITY:

Want of capacity; want of power or ability to take or dispose; want of legal ability to act. Inefficiency; incompetency; lack of adequate power. The quality or state of being incapable, want of capacity, lack of physical or intellectual power, or of natural or legal qualification; inability, incapability, disability, incompetence. Bole v. Civil City of Ligonier, 130 Ind.App. 362, 161 N.E.2d 189, 194.

Legal incapacity. This expression implies that the person in view has the right vested in him, but is prevented by some impediment from exercising it; as in the case of minors, committed persons, prisoners, etc.

For more on the legal perspective on the right of institutionalized people with mental disabilities to voluntary sexual interaction:

Professor Michael L. Perlin
New York Law School
57 Worth St.
New York, NY 10013

Michael L. Perlin, Hospitalized Patients and the Right to Sexual Interaction: Beyond the Last Frontier? 20 NYU Rev. L.&Soc'l Change 302 (1993-94)

Michael L. Perlin, "Make Promises by the Hour": Sex, Drugs, the ADA, and Psychiatric Hospitalization, 46 DePaul L. Rev. 947 (1997)

Douglas Mossman, Michael Perlin & Deborah Dorfman, Sex on the Wards: Conundra for Clinicians, 25 J. Am. Acad. Psychiatry & L. 441 (1997)

There is no doubt that we are physical, social, mental, emotional, spiritual and sexual beings. Mental health recognizes the need to treat the whole being but sexuality remains the final taboo.

To discuss sexuality, we must first consider what we mean by "sex." Must we consider each possible permutation of sexual behavior? Does it make a difference if we are discussing monogamous heterosexual sex, polygamous heterosexual sex, monogamous homosexual sex, polygamous homosexual sex, or bisexual sex? Does "sex" mean intercourse? What about oral sex? Anal sex? Masturbation? Voyeurism? Exhibitionism? Other?

Institutionalized people do not lose their sexuality or their sexual desires when they lose their liberty.

Litigation over the right to refuse antipsychotic medication often centers on drug side-effects and the loss of sexual desire is one of those primary side-effects. It is acknowledged that sexual desire is a sufficiently important personal trait that its diminuation is a factor that must be weighed into the formulation of an antipsychotic drug refusal policy and yet we deny the power and importance of sexual desire on hospital ward life.

Society has repudiated the proposition that mental patients will necessarily beget unhealthy, inferior or otherwise undesirable children if permitted to reproduce.

There exists a primal myth that mentally ill individuals are "different," and perhaps, less than human. They are erratic, deviant, morally weak, sexually uncontrollable, emotionally unstable, lazy, superstitious, ignorant, and demonstrate a primitive morality. They lack the capacity to show love or affection. They smell different from "normal" individuals, and are somehow worth less. A broken love affair will risk scarring the more fragile psyches of institutionalized patients. Or…is this simply reconstituted paternalism, infantilization or mentalism?

Issues to consider:

- **AIDS**
- **birth control**
- **sex education**
- **right to privacy**
- **gender and gender differences**
- **abortion rights**
- **drugs and pregnancy**

Is competency regarding sexual matters related to other competency issues such as the right to refuse medication or voluntary admission?

Kinkiness and Madness

What do folks think of when they think of "kinky?" Do you think of ominous figures in black leather? Do you think of guys with swishy wrists? Do you envision "Animal House" (an old movie with John Belushi) and scenes in togas or imaginings with animals? Do you think of ropes and chains and whips and high heels and fur?

Do thoughts of boys in dresses or adults in diapers make you squirm with discomfort or give you a delightful internal shiver? What about enemas, women kissing women, pictures of lingerie, short flared skirts on a windy day, being tied and tickled, etc.

While most folks have their private "kinks" not many reveal them.

S & M

Sue and Sally meet at their 30th class reunion, and they haven't seen each other since graduation. They begin to talk and bring each other up to date.

The conversation covers their husbands, their children, homes, etc and finally gets around to their sex lives.

Sue says "It's OK. We get it on every week or so but it's no big adventure, how's yours?"

Sally replies "It's just great, ever since we got into S&M."

Sue is aghast. "Really Sally, I never would have guessed that you would go for that."

"Oh, sure," says Sally, "He snores while I masturbate."

German psychiatrist Richard von Krafft-Ebing, in his influential 1886 tome, *Psychopathia Sexualis*, branded the infliction of pain "sadism", akin to the criminal activities of Marquis de Sade, and labelled the "supersensuality" explored in the works of Austrian novelist Leopold von Sacher-Masoch (*Venus in Furs*) as perverted "masochism".

Krafft-Ebing and other psychiatrists subsequently spelled out what they considered to be normal, healthy sexuality--and correspondingly postulated that BDSM practitioners were abnormal sociopaths, victims of childhood abuse and/or sexual deviants. Despite the lack of any real scientific evidence to support them, those theories became part of popular Western culture.

The *Diagnostic and Statistical Manual of Mental Disorders*, states that BDSM proclivities only indicate mental illness if "the fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning."

Psychiatry barely acknowledges them by placing them in their own section of the DSM and then they are claimed as a disorder only if they are sexual in nature and cause the person considerable distress. Even the most conservative church-going folks practice "kinks" but, they tend to only do so whilst the curtains are tightly closed.

Fetishes are not always sexual although they can be sexual. The most sensitive sex organ is our brain (which isn't always sexual although that aspect is always present, it's not always active). Fetishes are usually described as "kinky" and indeed that may be accurate although, I contend that there is more than that to fetishes and kinks.

There is potential for BDSM practices to become emotionally or physically destructive, particularly if they involve inexperienced or troubled people, or problematic relationships.

While there are many who view the BDSM culture as strictly kinky, those who are more familiar with the lifestyle know it to have tremendous healing potential.

While there may be some unethical "kink" professionals, most are honest folks who play by a code of conduct which demands that all “kinky play” be safe, sane and consentual and that "safe" words are used which allow role-play, fantasies, bondage or whatever to cease.

PRINCIPLES

The SM-Leather-Fetish communities recognize the phrase "Safe, Sane, Consensual" as the best brief summary of principles guiding SM practices:

1. Safe is being knowledgeable about the techniques and safety concerns involved in what you aredoing.

2. Sane is knowing the difference between fantasy and reality.

3. Consensual is respecting the limits imposed by each participant. One of the recognized ways to maintain limits is through a "safeword" which ensures the bottom/submissive can end the activity with a word or gesture.

Many people believe that 'consent' is a license. That it gives them a blanket permission to 'DO' what they want to do. This is simply not true. Consent at the beginning of a relationship is more the 'option' to explore further.

But how can consenting to pain be safe, or sane? Those in the lifestyle suggest that it's like running a marathon or climbing a mountain: there's a higher goal (sometimes the endorphin “high” that is produced is described as similar to the way a runner gets a “rush” when they “hit the wall.”)

Scientific studies over the last several decades have shown how intense, painful exercise can release endorphins, the euphoria-inducing opiates that are naturally produced by our bodies and bind to opiate receptors in our brains.

One theory of the healing potential of “kinks” and “fetishes” is that those with lots of pressure who must exhibit great control need a release where they can feel like they don't have to be in control. Another theory examines the high number of abuse victims who comprise the clientele of professionals in the "kink" field. This theory claims that while suffering the original abuse, one over riding theme was powerlessness. The healing which exists in being bound and dominated as an adult is that it returns the lost power. This allows the one who is submissive in the role-play to actually have the power and to be encouraged to exercise that power.

Just as mental patients suffer the stigma of generally only being viewed in the extremes, those in the BDSM community also tend to only be viewed in the extremes by those from outside of that community. The reality is that the community is extraordinarily loving and caring and very aware of the great healing power contained within the community.

Spiritual and erotic uses of consensual pain and bondage have a long history.

Vision quests practiced by aboriginal peoples worldwide are rife with rituals of pain, and many ancient mystical fraternities, along with the Christian and Islamic religions, used voluntary flagellation for "purification" and inducing holy rapture.

India's millennia-old lovemaking guide, the *Kama Sutra*, describes sensual biting, scratching and spanking techniques.

Erotic play can be a safe and simple forum for experiencing intense feelings.

SM	ABUSE
An SM scene is a controlled situation.	Abuse is an out-of-control situation
Negotiation occurs before an SM scene to determine what will and will not happen in that scene.	One person determines what will happen.
Knowledgeable consent is given to the scene by all parties.	No consent is asked for or given.
The "bottom" has a safeword that allows them to stop the scene at any time they need to for physical or emotional reasons.	The person being abused cannot stop what is happening.
Everyone involved in the SM scene is concerned about needs, desires, and limits of others.	No concern is given to the needs, desires, and limits of the abused person.
The people in the SM scene are careful to be sure that they are not impaired by alcohol or drug use during the scene.	Alcohol or drugs are often used before an episode of abuse.
After an SM scene, the people involved feel good.	After an episode of abuse, the people involved feel bad.

D/s or Abuse?

D/s is about the building of a trusting relationship between two consenting adult partners.	Abuse is about the breach of trust between an authority figure and the person in their care.
D/s is about the mutual respect demonstrated between two enlightened people.	Abuse is about the lack of respect th one person demonstrates to another person.
D/s is about the shared enjoyment of controlled erotic pain and punishment and/or humiliation for mutual pleasure.	Abuse is about a form of out-of-control physical violence and/or personal or emotional degredation c the submissive.
D/s is about loving each other completely and without reservation in an alternate way.	Abuse is hurtful. It is also very damaging emotionally and spirituall to the submissive.
D/s frees a submissive from the restraints of years of vanilla conditioning to explore a buried part of herself.	Abuse binds a submissive to a lonely and solitary life of shame, fear and secrecy... imprisoning her very soul.
D/s builds self-esteem as a person discovers and embraces their long hidden sexuality.	Abuse shatters and destroys a person's self-esteem and leaves self-hatred in it's place.

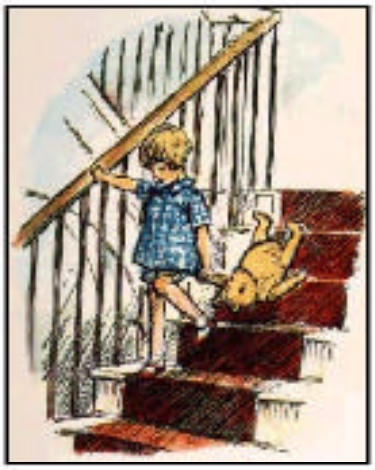
There is a saying:

The more you are restrained, the more you will find freedom…if it's voluntary and consentual.

To many, the world of the erotic and sensual is **a form of safe sex.**

Healing of any sort is a good thing! There are as many forms of healing as there are individuals. We are limited only by our own creativity.

Sexuality is a final taboo in the mental health realm and failure to address or even acknowledge people's sexuality denies their reality and denies the reality of the world around them.



"Here's Edward Bear coming down stairs now, thump, thump, thump, on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming down stairs but, sometimes he feels that there really is another way; if only he could stop thumping for a moment and think of it."

From "Winnie the Pooh" by A. A. Milne