

## Psychological Characteristics of Sexual Preference after Incest

Bondage-discipline, dominance-submission, sadism-masochism (BDSM) [1] is in some form associated with psychopathology [2]. In the article “Psychological Characteristics of BDSM Practitioners,” Wismeijer and van Assen [2] reported that the participants are less neurotic, more extraverted, and more open to new experiences and that BDSM is considered a recreational activity rather than a pathological process. We would like to share a case of our patient with opposite experiences.

### Case Report

This is a 16-year-old female patient who came to our youth-friendly clinic with social workers and presented with anxiety, depression, and insomnia. Her parents were divorced when she was in primary school owing to the suspicion of her father’s extramarital love affairs and financial pressure.

The patient’s father had several girlfriends. Some of them had verbally and physically assaulted her, and her father had also been sexually molesting her. She expressed that she wished to be sexually assaulted to experience the feeling of being sexually abused. She described the experience as a complex and contradictory emotion, and that it was strange for her to feel loved. When she was in 10th grade, she joined a BDSM group.

The patient had recorded a video of performing oral sexual activities using an object, but she felt disgusted and began to think of herself as pansexual or having an asexual identity [3]. She visited the school counselor and disclosed that she actively touched her father’s genitals with her hands. She felt that her father was tired, and hoped to make him happy and relaxed. Her father submitted and responded to his daughter’s actions. They had sex, but he just accepted only her sexual offer without further advancing her sexually. She reported that the feeling of sexuality with her father was sick and nauseated. She was concerned about the legalities of her actions, but her father did not care.

### Comment

The patient experienced unfair sexual treatment in the early stages of her life when emotional and psychological traumas (including loss and distortion of attachment relation), have been neglected [3]. Results of a psychological assessment, using the Child Behavior Checklist Youth Self Report YSR/11-18 and the Beck Youth Inventory of Social and Emotional Impairment/BYI-II, also suggested that she has experienced self-denial in her family for a prolonged time. She had serious contradictions and conflicts about her self-image and fear of not meeting the expectations of others. Her self-deprecation and low self-esteem have possibly subconsciously led her to internalize and identify with the abuser, who humiliated, beaten, bounded, dropped hot oil,

and even inscribed on her body (sadism), thus leading to indiscriminately absorbing the external, inappropriate adaptive experience into her personality. The introjections of the psychological defense mechanism transformed the love and hatred she had toward the abuser into a part of the self. On the one hand, she mistakenly believed the abuser’s misconduct against her as a sign of love, and people’s inappropriate sexual response to the interaction as a sign of love or friendship, while ignoring her inner discomfort. On the other hand, she thought that those actions needed to be “learned” and was willing to be abused (masochism), and thus, she wished she could enjoy it; that is, BDSM or surrendering (submission). The motivation to surrender may have been to obtain psychological relief or relief from responsibilities, i.e., meeting the needs of the other persons and providing satisfaction. Those activities are done with consent.

The patient experienced a parentification state, because of the emotional needs of her father and the absence of her mother. This highlights how a daughter must meet the needs of her family, especially the needs of her father. Such inappropriate family relationships, fathers’ poor judgment, and lack of restraint and control increase the fathers’ entitlement, resulting in a high risk of incestuous abuse [3, 4]. The outcomes of such unequal relationships are somewhat similar to that of Stockholm syndrome [5], when the victims identify the offenders. Although she was not confined or isolated from the outside world, her history of inappropriate treatment became part of her life experience. Her identification with those incidents, while simultaneously denying her own experiences, may have led her down the path of self-destruction. However, she still desires to survive. Possibly, this is her misinterpreting and thus practicing her thoughts on sex and love in a distorted way. “If I didn’t meet the expectations of others, I would not be loved by others.”

In the *Diagnostic and Statistical Manual of Mental Disorders-5* has revised its definition of sadism/masochism as a pathological condition. American Association of Psychiatry states that sexual arousal, impulses, or fantasies, urges, or acts of the perpetrator without the consent of the other party may lead to obvious mental distress or clinically impairment in social, occupational, or interpersonal function at least 6 months are diagnosed with sexual masochism/sadism disorder. As a result, voluntary sadism/masochism which does not cause apparent mental distress or interpersonal disorders is no longer considered a mental illness [6]. However, insufficient knowledge of sexual attitudes and lack of understanding exist around consent to attempt them, which have become complex owing to simplification and overuse, have resulted in painful and unpleasant feelings. Our patient considered herself a BDSM practitioner – the overall psychological

dynamics process of which is described above, specifically, the experience of sexual activities in ways that she does not actually enjoy. Besides, according to a review of the literature, incest of the victim does not affect future sexual orientation and preference [7].

Contrary to the previous report that less “neurotic” BDSM practitioners consider their pursuits as recreational activities instead of pathological conditions [2]. In the research, participants are adults who continue to invest mostly experience pleasure in the imagination and performance of power exchange and simulate performances, so they agree and have a consensus. Under such activities, the purpose is to make each other enjoyable. We agree their characteristics are extroverted and open to new experience, with higher subjective well-being. Although our patient had joined the BDSM club or engaged in nonmainstream cultural behaviors, she is not enjoyed and disgusted actually. It is essentially different from other BDSM participants, not feeling pleasure from it, but more often the process is pretending to be enjoyment, not dare to express inner true feelings. The main difference is actually the psychological process of satisfying others by degrading oneself, swinging between self-identification and dis-identification. This difference is the characteristic and reaction of a typical self-image contradictor. Our patient in this case report presented herself with anxiety, depression, and insomnia as chief complaints when she started to seek psychiatric care. Those unique findings are different.

Although this case report is limited to being only a single case report without any supporting cases in the published literature, we would like to suggest that clinicians need to be aware of the possible sexual assault in this subculture, specifically, in teenagers who carry a higher risk than adults. We further suggest that more research on this topic are needed in this topic to help patients with a history of incest, and to correct their deviated behaviors [8]. (The institutional review board of Kai-Syuan Psychiatric Hospital approved this paper for publication [protocol case number = KSPH-N-202101 and date of approval = April 1, 2021] without the stipulation of obtaining any informed consent from the patient.)

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## Conflicts of Interest

The authors declare no conflicts of interest.

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Hsing-Jung Li, M.D.<sup>1\*</sup>, Yi-Fan Lin, M.S.<sup>2</sup>

<sup>1</sup>Departments of Child and Adolescent Psychiatry, Kai-Syuan Psychiatric Hospital, <sup>2</sup>Departments of Clinical Psychologist, Kai-Syuan Psychiatric Hospital, Kaohsiung City, Taiwan

\*Corresponding author. No. 130, Kai-Syuan Second Road, Kaohsiung City 802, Taiwan.

E-mail: Hsing-Jung Li <alicialu047@yahoo.com.tw>

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