

Using BDSM to Manage Endometriosis Pain: A Clinical Case Report

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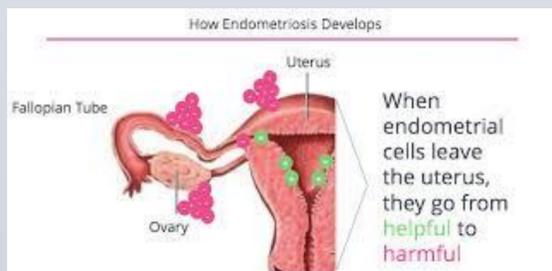
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What is Endometriosis?

- ✓ Endometriosis is a chronic gynecological condition that indiscriminately affects 176 million women across the world.
- ✓ Typically painful disorder in which tissue lining the inside of the uterus - *endometrium* - grows outside the uterus, creating endometrial implants.
- ✓ Women can experience pain for many years before being diagnosed – they are more commonly referred to mental health professionals
- ✓ Most commonly affects the ovaries, bowel, or the tissue lining the pelvis that rarely spreads outside the pelvic region.
- ✓ Displaced endometrial tissue behaves as if still in the uterus: thickens, breaks down, & bleeds with each menstrual cycle with no way to exit:
 - Tissues affected can become irritated, eventually developing scar tissue & adhesions (abnormal tissue binding organs together)
 - Fertility problems may develop
 - Women can experience dysmenorrhea or pain with menses
 - And/or dyspareunia which is pain with intercourse



Traditional and Alternative Methods of Pain Management

- Endometriosis requires visual confirmation through laparoscopy for diagnosis.
- Severity is rated across four stages with stage four presenting as the most severe

Traditional Methods of Pain Management (examples)

- Hormonal therapies
- Pelvic floor therapy
- Mindfulness
- Yoga
- Acupuncture
- Prescription/over-the-counter pain medication

Alternative Methods of Pain Management (examples)

- Spinal cord stimulation
- Ayurvedic treatment
- Thermal biofeedback

Examples of Risks

- Reduced quality of life and relationships
- Addiction



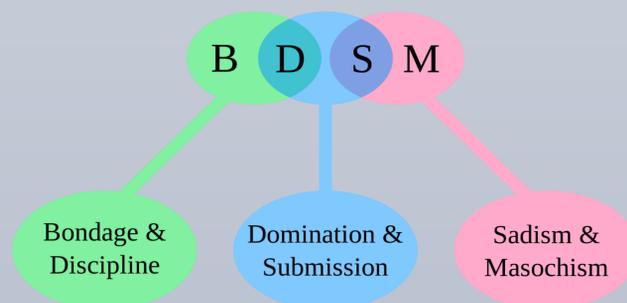
Meet Cari

- ✓ 45-year-old cisgender married female
- ✓ Strength & Conditioning Coach
- ✓ Began menstruating at 11 years old
- ✓ Diagnosed with Endometriosis in 1996 at age 22
- ✓ Current diagnosis: Stage 4 Endometriosis

Surgical History	
YEAR	SURGERY DESCRIPTION
1996	Laparoscopy & hysterectomy with appendectomy
1997	Laparoscopy & hysterectomy
1999	Laparoscopy & hysterectomy
2002	Laparoscopy & hysterectomy
2004	Laparoscopy, hysterectomy & presacral neurectomy
2010	Laparoscopy & hysterectomy
2014	Laparoscopy & cystoscopy
2018	Laparoscopy with da Vinci Surgical System

Interventions & Treatments	
TRADITIONAL	COMPLEMENTARY & ALTERNATIVE MEDICINE (CAM)
Birth Control Pills, cyclical & continuous, multiple types (26 yrs.)	Nutrition management
NSAIDs [OTC & prescription]	Weight management
Lupron Depot injections, 6-month courses (3)	Supplements: Vit B100 complex • Ca+ Probiotics • Fiber
Cauda equina steroid injections (3)	Acupuncture, Massage, Meditation
Opioids, Antidepressants	Psychotherapy
Colonoscopy – multiple	Sleep Hygiene
Pain Management Treatment – opioids + antidepressants + psychotherapy	Exercise: Strength & Cardiovascular Training Interval training • Kickboxing Distance Event Training Pilates (Mat, Reformer)
Pelvic Floor Dysfunction Physical Therapy, 2000 & 2020	Insanity Workout (Beachbody Program)
IUD [1 st in 2011, 2 nd in 2016]	Swimming • Pool Running Fitness Walking • Hiking
Heat & Ice Therapy	

What is ...?

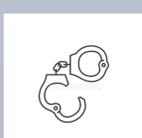


BDSM was formerly classified as a method of self-harm, but the DSM-5 has de-pathologized it with consenting adults. Even with this shift, persons engaged in BDSM “have long been seen by medicine, the law, and caring professions as at best damaged (in need of therapy) and at worst (in need of legal or social regulation)” (Richters et al., 2008, p. 1660).

Managing Endo Pain with BDSM

In Cari’s own words, she describes how she met her husband seven years ago and her “*life changed for the better forever ... he became my Dominant and I became His submissive. ... Our marriage was as much an affirmation of marriage vows as our relationship as Dominant and submissive. A curious thing happened during and after scenes. For the first time in my life, I was truly endometriosis pain-free for hours or days, depending on the intensity of the scene. The sex was amazing but more than the sex it was the overwhelming stimulation and endorphin rush I experienced from the intense sensory overload provided by the ever-changing scenes involving different variations of spanking, flogging, paddling, breath play, blindfold usage, and other sensory deprivations or enhancements. It took me a while to recognize what was happening but once I did, I began to crave our scenes for the calm and stillness I felt in my body following play.*”

Cari describes an overall improvement of quality of life as her experiences of endometriosis pain decreased with BDSM. A common myth about BDSM is that it is about the desire to experience or inflict pain. In this case, it is the actual control and power over the pain as well as the displacement of pain that mitigates the experience of endo pain for this patient. Considered an “invisible illness,” many women with endometriosis express their feelings of loss in their quality of life across multiple facets as well as being betrayed by their own bodies. By expanding a clinician’s repertoire with additional methods of pain management for women with endometriosis and other pelvic pain experiences broadens the opportunity for improved quality of life for the woman and the couple.



References available by request