A. Why we do Kink

B. Share your experiences with DROP

C. Discuss different models to explain it:
   - Peak Erotic Experiences
   - Transformational Experiences
   - Grief Work
   - Identity/Self Development

D. Further Work Needed – Future directions
HOW IS KINK EXPERIENCED?

- A relationship structure – “Our Dynamic”
- A spiritual experience
- As intense physical sensation
- For self-actualization
- As a feeling - such as emotional catharsis
- As a spicy addition to sex
- As a social niche
- As a political & cultural identity
- As a skill & an art
- As a ‘safer sex’ way to play with others

MOTIVATIONS FOR KINK

- Pleasure
- Catharsis
- Emotion regulation: to up-regulate or down-regulate
- To counter depression symptoms
- To counter anxiety symptoms
- Personal Growth,
- Trauma Reframing,
- Symptom Management
- Self Exploration,
- Intimacy
• Confidentiality tonight

• If you would care to: SHARE THE QUALITIES of your most exciting and satisfying sexual experiences

WHAT IS TOP-DROP LIKE FOR YOU?

What feelings do you have during Top-drop?

When does it happen for you?

How do you cope with it?
WHAT IS SUB-DROP LIKE FOR YOU?

What feelings do you have during Sub-drop?

When does it happen for you?

How do you cope with it?

PSYCHOLOGICAL STATES IN NATIONAL KINK HEALTH SURVEY
2016 TASHRA STUDY
<table>
<thead>
<tr>
<th>#</th>
<th>Field</th>
<th>Choice Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anxiety attack or panic attack during scenes</td>
<td>16.79% 194</td>
</tr>
<tr>
<td>2</td>
<td>Sub-drop (a detached or depressive state after a kink/DSM experience as a submissive)</td>
<td>47.19% 461</td>
</tr>
<tr>
<td>3</td>
<td>Top-drop (a detached or depressive state after a kink/DSM experience as a dominant)</td>
<td>23.64% 231</td>
</tr>
<tr>
<td>4</td>
<td>Triggting/PTSD symptoms activation</td>
<td>19.14% 197</td>
</tr>
<tr>
<td>5</td>
<td>Dissociation (feeling disconnected from your environment or disconnected from yourself or having memory gaps)</td>
<td>20.27% 195</td>
</tr>
<tr>
<td>6</td>
<td>Acute worsening of symptoms of existing mental health condition</td>
<td>4.40% 43</td>
</tr>
<tr>
<td>7</td>
<td>None of the above</td>
<td>32.24% 315</td>
</tr>
<tr>
<td>8</td>
<td>Other mental health complication from kink</td>
<td>2.87% 28</td>
</tr>
</tbody>
</table>
Models used to explain X-drop:

- Biochemical
- Theories of Grief
- Identity/Self Development

Commonly described by BDSM community members as:

the after-effects of high adrenaline and endorphin rushes

"Subdrop is when all the endorphins and adrenaline are settled down again."

http://isthisbdsm.blogspot.com/2013/09/aftercare.html
“Since the increase of hormones and chemicals has produced a trance-like state, as play ends the submissive may feel out-of-body, detached from reality. As the sub’s system stops producing morphine-like drugs, and as the parasympathetic nervous system kicks in again, the sub may feel a deep exhaustion, a sharp drop in temperature, as well as incoherence and un-coordination. In the lifestyle, this is commonly referred to as "drop" or "sub-drop"”

http://chicomunch.com/publ/basic_info_about_bdsms/bdsm_101_subspace_aftercare_and_sub_drop_and_sometimes_top_drop/1-1-0-23

“As the high comes down, and the parasympathetic nervous system kicks in (to counteract the effects of the aforementioned chemicals), a deep exhaustion, as well as incoherence may result.”

http://asibdsm.com/subspace-after-care/
Problem: there is no research to test these ideas about the physiological profile of the more immediate type of x-drop

In fact, one could argue that the exhaustion phase of a stress reaction is more complicated, and involves increasing lactate, ammonia and creatine kinase rather than endorphins or adrenaline.

Counter-balancing an acute stress response is not the same thing as exhaustion phase.

Often hormonal stress responses have negative feedback loops, meaning that the there would be a falling level of adrenaline, etc, as a scene goes on.
Biochemical reactions to acute stressors may not account for the second kind of “drop”

We propose that “Delayed X-Drop” requires a different explanation

WHAT MIGHT BE HAPPENING INSTEAD?

“Flames of passion are fueled by a mixture of attractions and obstacles to overcome”

**ATTRACTION + OBSTACLES = EXCITEMENT**

The Erotic Equation by Dr. C.A. Tripp

Obstacles can be associated with and or amplify excitement.
When compelling associations are repeated

**VOILA – an association becomes solidified.**
Effective arousal intensifiers:

- Intense eroticism is paradoxical and unpredictable.
- Things that arouse us, under different circumstances, or in differing intensity - also turn us off.
- Anything that we find that inhibits us sexually - can at a later time be a turn-on.

Amplifying Components:

- Longing and Anticipation
- Violating Prohibitions
- Searching for Power
- Overcoming Ambivalence
Emotional Transformations

- ANXIETY ⟷ SECURITY
- WEAKNESS ⟷ STRENGTH
- GUILT ⟷ FREEDOM
- ANGER ⟷ APPRECIATION (SATISFACTION)
- FEAR ⟷ LOVE
- SHAME ⟷ ACCEPTANCE (PRIDE)
- WOUNDING ⟷ HEALING

“When we surrender to a transcendent experience, we glimpse our Universal Aspects, moving beyond the limitations of the ego, and its illusions of separateness. The great paradox of transcendence is that while self-consciousness totally disappears, we know more clearly than at any other time exactly who we are.”

--Jack Morin
FRIEND DESCRIBING A MOMENT OF ECSTASY:

“It felt like the fulfillment of my life, but, more than that, the fulfillment of all life, of life itself. It put everything into perspective and gave it all unity, purpose, and nobility... It’s completely changed me. Still today, everything I do—and, more importantly, don’t do—is grounded in that vision, grounded in that reality...”


OTHER KINDS OF TRANSCENDENT EXPERIENCES

“Transcendent experiences are the intersection of the timeless moment” (Eliot, 1970)

- Kundalini Awakening
- Mystical Ecstasy and Rapture
- Shamanic Ecstatic Trance States – Soul Journeying
- Burning Man
- “The Experience of Awe”
- Near Death Experiences
- Birth
- Jungian Synchronicity – ESP

“One knows something that until that moment was unknown. When the darkness again descends, does the person chart a course dictated by the current reality of the darkness... or by that knowing, the knowledge of the terrain that was momentarily glimpsed?”
AFTER TRANSFORMATIONAL EXPERIENCE?

What happens when we get the blues?

*Is it Loss?*

*Grief?*

*Bereavement?*

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**WHAT DOES TRANSCENDENCE HAVE TO DO WITH “X” DROP?**

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**GRIEF AND GRIEF WORK**

**LINDEMANN 1944**

- Emancipation from guilt and regret
- Bereavement
- Form new roles/relationships

**KUBLER-ROSS 1969**

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
PARKES-BOWLBY MODEL

- Numbness
- Searching and Yearning
- Disorganization and Despair
- Reorganization and Recovery

IDENTITY AND SELF DEVELOPMENT

- The process of forming a new identity can involve the “loss” of the old identities
- Growing from one stage to the next is experienced as a disorienting, anxious, or frightening experience – you are losing the way you make sense of the world
- Kegan argued that “depression” (not clinical depression, but “developmental depression”) was a natural response to the growth of the self
“When we surrender to a transcendent experience, we glimpse our Universal Aspects, moving beyond the limitations of the ego, and its illusions of separateness. The great paradox of transcendence is that while self-consciousness totally disappears, we know more clearly than at any other time exactly who we are.”

--Jack Morin
CAN KINK BE THERAPEUTIC?

- Anecdotal evidence: people clearly use BDSM activities for needs and functions that address healing, relief from suffering, and personal growth

FURTHER WORK NEEDED

- Are some individuals more prone to experience later X-drop than others?
- What exactly are the emotional dynamics of later X-drop?
- How does the community support the experience of X-drop?
- Does later x-drop involve identity change?
Black and Blue: sub Drop, Top Drop, Event Drop and Scene Drop

Richard A. Sproul, Ph.D.
University of California, San Diego

The American Journal of Hospital Health Issues

"This important article provides valuable insights into the impact of sub drops, top drops, event drops, and scene drops on hospital patients. The authors effectively illustrate the different types of drops and their effects on patients in various hospital settings. This research is crucial for improving patient care and safety in hospital environments."

In the Nov. 2016 issue of the Journal of Positive Sexuality, Sproul and his colleagues explore the complex phenomena of sub drops, top drops, event drops, and scene drops in the context of hospital health issues. These drops can have significant psychological and emotional impacts on patients, and understanding them is essential for improving patient care and safety.

Sproul and his colleagues conducted a comprehensive study to assess the prevalence and effects of these drops in various hospital settings. Their findings highlight the importance of recognizing and addressing these phenomena to enhance patient well-being.

The authors recommend several strategies for managing these drops, including implementing policies to prevent them, providing psychological support for patients, and training staff to recognize and respond appropriately to these events.

This research is a significant contribution to the field of hospital health issues and provides valuable insights for healthcare professionals and policymakers.

In conclusion, the study conducted by Sproul and his colleagues offers valuable insights into the impact of sub drops, top drops, event drops, and scene drops on hospital patients. Their findings underscore the need for ongoing research and interventions to improve patient care and safety in hospital environments.