Sadomasochistic sex is arguably one of the least understood and most demonised forms of consensual sexuality. How able are we to offer ethical therapy to kinky clients when there is so little awareness of the kink experience?

A kink in the process

by Su Connan

There are a lot of kinky people out there. An American study reported '14 per cent of men and 11 per cent of women have had… personal experience with sadomasochism',[1] and further studies reveal a much higher incidence of BDSM (bondage and discipline, dominance and submission, sadism and masochism) fantasy. Many of us are confident in our kinky sexuality and celebrate our exciting sex lives, but some of us feel shame, guilt or confusion around our desires. Yet we struggle to find a counsellor or therapist with whom we can feel confident and comfortable. As kink-identified therapists are rare, what we need is someone who will not judge us or be 'freaked out' if we disclose our kinky identities or practices.

Sexual sadism and masochism have been conceptualised as deviant, labelled as pathological and are currently listed in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) and ICD-10 (International Statistical Classification of Diseases) as paraphilias. 'Like homosexuality some 20 years ago, sadomasochistic sex is considered alongside rape and child sexual abuse as individual sexual pathology in need of explanation, treatment and cure.'[2] Yet, encouragingly, recent research has turned to the BDSM community in an attempt to understand the meanings it holds for those who incorporate BDSM practices into their sex lives or experience BDSM as integral to their sexuality.

As counsellors and therapists we need to be reflective of our own personal values and beliefs around sexuality and how they are informed by our cultural, political or religious heritage. We need to be aware of how our therapeutic models approach the issue of sexuality and be prepared to question those who pathologise BDSM sexual expression. The key to working ethically with this diverse community is through understanding the world of kink and the meanings held by BDSM practitioners.

Increasing BDSM awareness

BDSM is a term which covers a wide range of behaviours, generally involving the use and exchange of power in an eroticised relationship. Informed Consent (www.informedconsent.co.uk), the leading website about BDSM in the UK, defines BDSM as 'a catch-all phrase'. I use 'BDSM participant' or 'SMer' to describe those who identify with BDSM as a lifestyle or as an activity, and 'kink' and 'kinky' to describe both BDSM practices and practitioners.

Many of the words used to describe kinky activity refer to its often highly theatrical nature: it may take place as part of a 'scene' or in a dungeon; participants or players who identify as dominant are referred to as 'dom/me', 'master/mistress' or 'top'; submissive players use 'sub', 'bottom' or 'slave'. Those who enjoy both roles use the term 'switch'. The use of a safe word ensures the physical and emotional safety of both sub and dom/me. Kink practitioners often refer to non-kinky sex as 'vanilla'.

This article is an extract of a paper I wrote for my Pink Therapy Certificate in Sexual Minority Training and following my own experience of diversity awareness during my counsellor training. In response to my peer group's lack of knowledge of sexual diversity, and the homogenous, heterosexual nature of the group, I disclosed my kink identity. I wondered how these counsellors in training would respond to me, should I (or someone like me) walk into their consulting room in years to come. Happily my disclosure was not met with overt expressions of hostility or rejection. The prevailing response from those prepared to engage with this new challenge was a good-natured attitude of curiosity, though I felt my peers perceived my sexuality as exotic. The experience left me wondering how able we are to offer ethical therapy to sexual minority groups when training is delivered from such a heteronormative approach and there is so little awareness of the kink experience in particular.

Finding a kink-aware counsellor requires dedication. Knowledge of the gay or kink scene is helpful. For an individual who may be conflicted and anxious about their sexual desires or practice, looking for a counsellor who will be knowledgeable and non-judgmental is no mean feat. Clients unable to identify a suitable kink-friendly therapist may feel a need to 'test out' their counsellor in an attempt to assess their

attitudes towards BDSM practices. This can be a risky and expensive business, especially for an individual experiencing conflict around their sexual desires or practice, and may lead to the prospective client covertly or (perhaps less likely) overtly interviewing the therapist.

My own experience bears this out. In an attempt to reduce my costs in emotional expenditure, time, and money, I drew up a set of what were effectively interview questions which I posed when approaching each potential therapist over the telephone. This resulted in some rather disconcerted counsellors who, to their credit, handled the experience with generally unflappable good humour.

Safe, sane and consensual

Moser and Kleinplatz[3] offer a warning to those attempting to understand the motivations of BDSMers: the individual meanings, hopes and desires of each participant will be unique, and apparently similar behaviours may have entirely different meanings as each player seeks diverse experiences. I would add that even the same individual in similar scenes may, at different times, desire and achieve a varied range of emotions and sensations.

People often get caught up on the issue of pain and may not understand the full meaning of consent. Consent is fundamental to SM – without consent, it is abuse. A complex scene is often preceded by a period of discussion and negotiation, including what is off limits – what is a turn-on for one person will be a total turn-off for another. The kink slogan 'safe, sane and consensual' counters assumptions that kink is dangerous and crazy. It emphasises that even when 'playing hard' there is a commitment to avoiding actual harm, and that individuals do not play when angry or otherwise unable to maintain boundaries or assess risk. There is an ongoing debate within the BDSM community regarding the issue of risk, with some arguing for 'risk aware consensual kink' in response to 'safe, sane and consensual' in recognition of the risks inherent in any activity, and as a rejection of what can be constructed as an ongoing need to 'prove' one's sanity.[4]

Power and transcendence, bondage and humiliation

By adopting dominant and submissive roles, a deliberate and temporary ritual exchange and play with 'power' is enacted. Easton describes this as providing a safe context for the giving and receiving of intense physical and emotional experiences – the opportunity to play out the rebellious child, experience a range of emotions or release from daily responsibilities.[5] A number of researchers have identified a state of 'transcendence' achieved through the practice of BDSM.[6] Bridoux quotes from an SMer describing their SM sexual encounter as an 'openness, which is often the key to a truly profound and personal psycho-sado-sex experience, opens the psyche in ways it is not "normal" to operate in'.[7]

The act of binding and being bound is a major theme within BDSM and carries with it many and complex meanings. It may involve an act as delicately restricting as binding another's thumbs, to using rope to 'hog tie' and even suspend one's partner. Simply commanding another not to move can have a powerful effect, relying as it does on the willingness of the 'sub' to obey, the consequences of disobedience and opportunities for the thrill of 'punishment'.

'What is devastatingly humiliating to one person is not humiliating at all to the next,'[3] which leads Moser and Kleinplatz to conclude that this is one of the most difficult aspects of kink play to describe. Being referred to as 'slave'; being 'forced' to wear certain items of clothing; or being utilised as a footstool in a play club may all provide the cues and scenarios in which satisfying humiliation can be experienced by the 'sub', yet offer few explanations as to why an individual would find satisfaction in such experiences. However, Moser and Kleinplatz note that as certain activities lose their culturally proscribed status (eg fellatio and cunnilingus), so they lose their power to 'confer a particular feeling state',[3]which may provide some clues to understanding this aspect of BDSM.

Pain, joy, humour and creativity

It may seem difficult to understand and find empathy for individuals engaged in the giving and receiving of pain, yet risk and pain are culturally sanctioned within the world of sport and in the pursuit of beauty. The pain experienced during SM scenes is context specific; an SMer is unlikely to welcome painful experiences outside a BDSM scene. Studies have shown that the body releases endorphins in response to pain which produce a 'natural high' and increase tolerance for pain. This 'rush' may be helpful in accounting for why some SM practices are tolerable. Yet SMers' accounts do not always fit this picture,[8] nor does it fully answer the questions a therapist may have when working with clients. Neither does this theory help in understanding

the meaning of pain for the individual.[9] A research respondent said, 'It's like people think that because I'm a masochist I must enjoy going to the dentist... bizarre.'[10]

While it is apparent to academic researchers that BDSM offers participants an intense experience, what is often missed in their analysis is an appreciation of the delight in the sheer creativity involved in role play and scenes. Coupled with this is the inventiveness borne of intimate knowledge of one's play partner(s) and what produces the desired feelings and experiences. There can be a ready acknowledgment of the absurd and at times a scene may need to be 'paused' while clothing and dignity are readjusted or giggles brought under control.

SM and the law

While it is not illegal to be an SMer, there are activities which may put the BDSM practitioner in conflict with the law. It is interesting to note that following the infamous Spanner case (R v Brown), in which a group of gay men were jailed for engaging in consensual SM practices, there was a review of a previous case, R v Wilson. This case involved the branding of a woman (at her request) by her husband. Bridoux reports the House of Lords judged them 'not guilty and declared it a strictly private matter: consensual activity between husband and wife, in the privacy of the matrimonial home, is not, in our judgment, a proper matter for criminal investigation, let alone criminal prosecution'.[7]

This apparently contradictory ruling illustrates the different positions accorded to different groups, the confirmation of heterosexual privilege, and the difficulties society experiences when pain and injury are associated with sexual pleasure. Sissons notes that such cases have 'raised two intertwined issues: whether consensual S/M interactions constitute assault, and whether an individual can legally consent to assault'.[11]

The academic perspective

BDSM is arguably one of the least understood and most demonised forms of consensual sexuality – and these beliefs carry over into the therapeutic community.[12] One of the difficulties in challenging the psychoanalytic theory that BDSM is linked to psychopathology lies in the data, as it is sexual offenders who have been most commonly studied. In a damning assessment of the English analytic perspective, Denman states: 'The tone of discussion by the analysts is so relentlessly hostile, contemptuous and denigratory that all of the patient's sexual and other life is at once pre-judged as hopelessly pathological and contaminated.'[8]

An alternative approach to considering SM is offered by Denman through her construction of 'transgressive' sex (that which attracts social disapproval or legal sanction) and 'coercive' sex (that to which one party has not consented). Denman states: 'Linking perversions with other psychiatric disorders is important to psychoanalytic theorists because it helps to establish that transgressive sex is pathological.'[8] Much attention is paid to the causes of an interest in BDSM. Theories include Money's vandalised 'paraphillic love map' through which he proposes a segregation of affectionate love and erotic lust,8 and a history of childhood abuse, though these are not borne out by research. Barker, Iantaffi and Gupta challenge the myth of childhood abuse as a possible cause of interest in BDSM and the perpetuation of these myths within the therapeutic community.[12]

Indicating an integrated experience of what Money describes as 'affectionate love and erotic lust', and thus countering his position, Denman writes, 'Thompson (1994)[13] reports that the participants have straight sex far more often than they have SM sex and that they mix these two forms of sexual expression freely.'[14]

Clinical issues and implications for training and practice

We frequently encounter attitudes and behaviours in our clients that challenge us as individuals and therapists, and managing our own responses and working with these challenges are part and parcel of the work. Exploring where our experience of our own sexuality intersects with BDSM takes that commitment to the next step.

In adopting a non-pathologising approach, it is important to remain alert to possibilities of abuse. Kolmes, Stock and Moser's research identified that 'therapists also acknowledged the dangers of assuming that all BDSM clients are healthy, emphasising the need for therapists who can recognise the complexity and presence of both abuse and BDSM in some BDSM relationships.'[15] Useful questions for the therapist to hold in mind are:

- How aware is the client of their own boundaries, limits and needs?
- Is any of the behaviour experienced as self-destructive?
- What do you know of what the client is doing to make sure their BDSM practice is safe?
- Is the behaviour nourishing or experienced as diminishing?
- What does the behaviour 'do' for the client?
- What might it release the client from?
- Is client discomfort limited to or associated with specific practices, scenes or words?
- What does the client enjoy or value within their kinky relationship?
- When thinking about voicing concerns, consider which part of the practice is the bit that does not feel 'OK'.[16]

When working with issues of BDSM practice, whether the therapist is a kink practitioner or not, it is likely there will be elements of the client's behaviour or favoured activities that may provoke a strong response in the therapist. Nichols refers to the term 'squicked' as used within the BDSM community to describe a 'strong negative emotional reaction to an activity while knowing that you do not actually "judge" the activity as "wrong" or "bad".'[17]

Nichols suggests that these feelings may provide useful information for the counsellor around aspects of their own sexuality which may be 'repressed or disowned', and offers a model for processing such feelings.

In considering the need for counsellors to deal with their own responses to BDSM, Barker et al invite therapists to engage with the 'broader concept' of 'reflexivity': 'Curiosity turned inwards, towards our own beliefs, stories, feelings and thoughts…' So the therapist may avoid becoming fixed on 'one particular story or interpretation of meaning'.[12] In this way, we do not need to be comfortable with every kink practice but will be working in awareness of our levels of comfort and discomfort.

Kolmes et al carried out research into BDSM clients' experience of therapy. Drawing on this information, they made suggestions for creating a set of guidelines for working with this client group. Some of the themes which emerged, including practices reported by the (few) therapists who responded, were:[15]

Beneficial

- The therapist being open to reading/learning about BDSM
- Showing comfort in talking about BDSM
- Being able to ask questions about BDSM
- Helping the client to overcome associated shame and stigma
- Open-mindedness and acceptance
- Not expecting the client to provide all the education for the therapist
- Understanding and promotion of 'safe, sane and consensual' BDSM
- Being able to understand the distinction between abuse and BDSM
- The counsellor who practises and identifies with the BDSM lifestyle
- An ability to appreciate the complexity of BDSM play
- Understanding that some clients may need help to explore and establish if they are using BDSM in a positive way.

Harmful

- The counsellor not understanding that BDSM involves consent
- 'Kink aware' therapists who lack appropriate boundaries
- Therapist assumptions that 'bottoms' are self-destructive and acting from a history of abuse
- Therapists who abandon clients who engage in BDSM
- Counsellors who try to 'fix' the client on the sole basis of their interest in BDSM
- Breaking confidentiality because the therapist assumes others are at risk from the BDSM activities
- Assuming past abuse has 'caused' the interest in BDSM
- Expecting the client to teach the counsellor
- Having a prurient interest in the client's BDSM lifestyle
- Therapists who shame or judge their clients
- Therapists who adhere to theoretical approaches that offer pathological explanations for an interest in BDSM.

The argument for sexuality training

The research by Kolmes et al revealed that simply being willing to work with, or practising and identifying with, the kink community is not sufficient to ensure that therapists working with kinky clients can do so safely and ethically. It was concerning to note
that one research respondent described her experience of working with a kink-identified therapist as one in which the therapist 'seemed more interested in sharing stories about fun S/M stuff we'd both done than in acting as my therapist'.[15]

Davies makes a case for addressing sexuality issues in counsellor training in his article for*Therapy Today*, 'Not in front of the students'. As he asserts, 'The attitude of, "I've got a friend who's gay", is not actually a good enough prerequisite to ensure one is going to be able to offer competent therapy to sexual minority clients. Neither, as it happens, is being a member of a sexual minority.'[18]

A powerful tool in working with student assumptions around BDSM has been developed by Barker, in which group participants are offered a series of 'scenes' and invited to consider what, if any, concerns they may have. The majority of scenes are taken from culturally accepted activities (the stag night, pubic waxing, a trip to the cinema), while a small number are real SM scenes drawn from her research. Barker notes, 'But these are almost never the ones that are picked out as problematic.' This approach encourages 'students and trainees to reflect critically on their existing constructs before making other alternatives available to them'.[19]

In conclusion

It is encouraging to find academics and researchers increasingly turning their attention away from pathologising and towards BDSM communities. This offers a fresh approach to exploring the experiences and meanings of BDSM practitioners which can inform therapeutic work in the consulting room. Supported by knowledge, with a willingness to examine and reflect upon one's own values and therapeutic models, and holding an openness and receptiveness to the experiences and meanings of the other, more therapists may find they are able to offer non-pathologising and ethical therapy to members of the kink community. As a client said to me recently, 'It's great, I can bring all of me here.'

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Author

Su Connan is a person-centred counsellor with a part-time private practice in South East London and works for a learning disabilities charity in North London. She is a graduate of the Pink Therapy specialist training in Gender and Sexual Diversity Therapy and a course tutor on the Certificate in Alternative Sexualities where she teaches an introductory module on Understanding BDSM/Kink
Email: su@suconnancounselling.co.uk

This paper originally appeared in Therapy Today Vol 21 (6) July 2010 and can be found online: http://www.therapytoday.net/article/show/1984/