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Kink Culture: What Professional Counselors Need to Know

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INTRODUCTION

BDSM is an overlapping acronym that includes bondage and discipline (BD), dominance and submission (DS), and sadism and masochism (SM). Over the past few years, kink culture and BDSM practices have become more prevalent in the mainstream culture. Kink is an umbrella term used to describe BDSM practices and paraphilias (Popp & Kaldera, 2014), kinky sex, role play, sex games, fantasies, fetishes, and other erotic expressions (Taormino, 2012). Although kink and BDSM represent exclusive terms, many individuals use them interchangeably (Taormino, 2012). The authors of this practice brief use the term kink culture to refer to the community as a whole while specifying when topics are specific to individuals who practice BDSM.

Because kink culture is rarely included in counselor education programs, many professional counselors have inadequate or inaccurate information about the kink community and BDSM practices, are uncomfortable working with kink and BDSM clients, or use harmful practices that pathologize kink and BDSM practice (Ford & Hendrick, 2003; Lawrence & Love-Crowell, 2008). Experiences of countertransference that may arise in non-kink aware professional counselors include feelings of shock, fear, disgust, anxiety, or revulsion (Nichols, 2006). In one study, although 76% of mental health professionals reported treating at least one client within the kink community, only 48% felt they were competent in this area (Kelsey, Stiles, Spiller, & Diekhoff, 2013). Given that 10% of adults in the general population have engaged in some form of kink or BDSM activity (Moser & Kleinplatz, 2006), it is of paramount importance for professional counselors to become kink aware in order to provide efficacious counseling services. This practice brief was developed to support professional counselors to obtain a deeper understanding of kink culture and BDSM practices, learn about the role of consent within BDSM practices, deconstruct stigma related to kink culture and BDSM practices, obtain counseling strategies for working with clients from the kink culture, and learn how to distinguish violence from BDSM practices.

UNDERSTANDING KINK CULTURE

Professional counselors must understand that the kink community represents a distinct culture. According to Sue and Sue (2016), culture refers to the shared beliefs and values that influence customs, norms, practices, and social situations. The kink community enjoys its own set of rituals and hierarchies (Jozifkova, 2013), belief systems, values, social norms, practices, ceremonies, organizations, customs, and ways of understanding (Moore et al., 2018) based on acceptance, communication, trust, empowerment, and fulfillment (Yates & Neuer-Colburn, 2019). Radical honesty, open communication, expressed and enthusiastic consent, safety, trust, and full knowledge and disclosure of physical and psychological risks are among the most important shared values held by the kink community and individuals who engage in BDSM (Moore et al., 2018; Pitagora, 2013; Taormino, 2012; Tripodi, 2017).

Clients who practice BDSM may use unique language and terminology that may not be well understood by individuals outside of the community (Moore et al., 2018). Although a full, detailed description of BDSM terminology is outside the scope of this practice brief, the authors provide the following brief explanation. Whereas bondage and discipline entails the use of physical or psychological restraints, dominance and submission incorporates the consensual and negotiated exchange of power or authority. This exchange of power requires willful and enthusiastic consent and is negotiated and agreed upon by all parties involved (Moore, Pincus, & Rodemaker, 2018). Sadism and masochism refer to activities that involve strong sensations or stimuli. Fetishism, or a strong interest in or preference for certain activities, tools, fabrics, or clothing, is also part of the BDSM and kink community (Nichols, 2006).

Although “scenes” refer to formal sessions in which two or more individuals engage in planned physical, emotional, psychological, or spiritual interactions (Taormino, 2012; Wiseman, 1996), the actual practice and use of skills within a scene is called “play” (Popp & Kaldera, 2014). Individuals within a scene may have an identified “dom/me” or “sub.” A dom/me has accepted power and control over a sub and may direct them to complete tasks, engage in behaviors, or submit to sadomasochism (Yates & Neuer-Colburn, 2019). A sub has voluntarily, and with explicit enthusiastic consent, surrendered power and control to the dom/me and experiences a sense of fulfillment in pleasing, caring, and serving the dom/me. Dom/me and sub dynamics may be limited to the negotiated scene or may extend into other aspects of their relationships. An important part of dom/me and sub relationships is aftercare. Aftercare is the process that occurs after scenes through which subs receive physical, emotional and psychological care and engage in open and honest communication with their dom/me about their experiences and reactions (Sagarin, Cutler, Cutler, Lawlwer-Sagain, & Matuszewich, 2008). Although individuals may engage in BDSM behaviors in various ways, professional counselors must recognize that the role of consent within the kink community is clear.

THE ROLE OF CONSENT

The kink community emphasizes the role of consent prior to any psychological or physical encounters. Wiseman (1996, p. 8) describes enthusiastic consent as “an active collaboration for the benefit, well-being, and pleasure of all persons concerned.” Free, chosen, and active consent involves affirmative assent that is voluntary and free of coercion and distress. This consent is obtained before and throughout each play encounter, or scene, and is subject to revocation or amendment at any time (Fanghanel, 2019). The two most commonly referenced frameworks of consent originating within the BDSM community are “Safe, Sane, and Consensual” (SSC) and “Risk Aware Consensual Kink” (RACK) (Williams, Thomas, & Prior, 2014). Both SSC and RACK focus on consent and safety/risk awareness, although many individuals have discontinued the SSC terminology with concerns that the term “sane” pathologizes those individuals who practice BDSM who currently face or have a history of mental illness. As the complexities and nuances of consent have been explored, a third framework has emerged, “Caring, Communication, Consent, and Caution” (4Cs), which has been cited as a more comprehensive approach to the consent process through its focus on open communication and emotional wellbeing.

There are three distinct levels of consent: surface, scene, and deep consent (Williams et al., 2014). Surface level consent is illustrated by the initial “yes, I’m interested” or “no, I’m not” when a scene is first propositioned and occurs before the specific details of the scene are negotiated. Scene consent involves active discussion and negotiation of what will happen before, during, and after the scene, including a plan of action for withdrawing or amending consent throughout the encounter (i.e., a safeword) and plans for aftercare after the scene has concluded. Deep consent is a more ambiguous process, which is related to each person’s capacity to articulate distress and withdraw consent during the scene. The complexity of deep consent is illustrated in the following example: A domme and a submissive negotiate a scene

where in which the submissive will be flogged to the point of extreme physical distress and will conclude when the domme has deemed that the submissive has “had enough.” The implicit assumptions of this negotiation are: 1) that the submissive will be capable of using a safeword in the event of “too extreme” distress, acknowledging that the ability to use a safeword may be impaired by the severity of distress, and 2) that the domme will be able to determine (using verbal and nonverbal exchanges with the submissive) if the submissive is experiencing a level of distress that may be impairing the ability to withdraw consent.

Multiple factors contribute to deep consent, including a practitioner’s level of BDSM experience, the level of trust/safety established among partners, and the level of specificity achieved during the scene consent process. Individuals who are new to BDSM practice who have not yet developed strong communication skills, boundary-setting behaviors, and an awareness of personal preferences and motivations may be at increased risk of deep consent violations (Beres & MacDonald, 2015). Additionally, play partners who have not developed adequate trust and safety may be at an increased risk of miscommunication and consent violations. Therefore, it is imperative that more extreme forms of BDSM are enacted after in-depth rapport building and communication to protect against accidental consent violations.

Navigating consent in the BDSM community requires special attention to the immediate context in which the scene is being enacted, including the power differentials between partners, the intended roles of each partner (e.g., giver/receiver of sensation, top/bottom), the environment in which the scene is taking place (e.g., in private or public space, with or without observers), and the qualities of the individuals themselves (e.g., age, gender, sexual orientation, race/ethnicity, social class). Each of these factors may impact the ability for each level of consent to be obtained. While much of this knowledge may be learned by a person’s involvement in the BDSM community, a kink-aware counselor can help clients practicing BDSM further explore individual desires, motivations, boundaries, and emotional responses that lead to more informed consent decisions (Dunkley & Brotto, 2018).

There are multiple protective factors involved in safeguarding against consent violations during BDSM play. Communication has been cited as the foremost important aspect of a positive BDSM experience (Cutler, 2003; Williams, 2012), which involves a clear and direct discussion of personal preferences and limits and is cultivated in tandem with emotional safety and risk awareness. Williams and colleagues (2014, p. 5) described the importance of establishing an “ethic of care” throughout negotiation and play, citing that “when we are intent on exploring, engaging, or understanding sexuality, [we create] safety, trust, and respect for our partners.” An ethic of care requires the development of mutual empathy, responsiveness to boundaries, and dedication to open and clear dialogue about the physical and emotional risks involved in BDSM practice. Kink aware professional counselors may help BDSM clients develop effective communication skills, practice setting personal boundaries, and use strategies to strengthen emotional safety.

DECONSTRUCTING STIGMA RELATED TO BDSM

Early versions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) classified individuals who practiced kink as deviant or as having a paraphilic disorder (Bezreh, Weinberg, & Edgar, 2012). Currently, the DSM-5 only classifies voyeuristic, exhibitionistic, fetishistic, sexual sadism, and sexual masochism as disorders if clients report distress, anxiety, guilt, shame, and/or obsessions surrounding the symptoms. The behaviors may additionally be categorized as a disorder if they interfere with important areas of functioning. Sexual sadism, voyeuristic, and exhibitionistic categories must also occur against another individual without their consent to be classified as a disorder. Although the American Psychiatric Association (2013) de-pathologized aspects of BDSM as mental disorders, many professional counselors are uninformed that non-distressing sexual sadism

and sexual masochism are no longer classified as mental disorders (Williams, Prior, Alvarado, Thomas, & Christensen, 2016).

Despite the de-pathologization of BDSM practices within the DSM-5, stigma and misconceptions attached to BDSM, kink, and individuals within the community are widespread and common (Newmahr, 2011). These stigmatizing beliefs lead to unethical and even harmful practices by helping professionals, including professional counselors (Bezreh et al., 2012; Connolly, 2006; Gemberling, Cramer, Wright, & Nobels, 2015; Waldura, Arora, Randall, Farala, & Sprott, 2016; Wismeijer & van Assen, 2013). According to one study conducted by the National Coalition for Sexual Freedom (2008) that sampled 3,058 members of the kink culture, 49% of participants reported discrimination from a medical professional and 39% reported discrimination from a mental health professional. Stigmatizing beliefs toward individuals who engage in BDSM and kink include myths that BDSM and kink oriented individuals are deviant or mentally ill, tend to be violent or emotionally unstable, perpetuate the subjugation of women, lack stable and healthy relationships, or are uneducated (Bezreh, et al., 2012; Gemberling et al., 2015; Lin, 2016; Wright, 2006). Professional counselors must examine whether they hold pre-existing bias or prejudice within themselves or others to promote ethical practice (American Counseling Association, 2014).

BECOMING A KINK AWARE COUNSELOR

Although BDSM and kink behaviors are not inherently pathological, navigating aspects of power, consent, and stigma may represent unique challenges that bring clients to counseling. Other kink-specific issues may include the coming out process, communicating about BDSM with non-kinky partners, negotiating emotional and sexual boundaries, developing relationship agreements, facilitating discussions about inclusion of additional sexual partners, and addressing issues related to feelings of shame and stigma (Hunter, 2015; Kolmes & Weitzman, 2010; Wismeijer & van Assen, 2013). Professional counselors who provide services to clients who practice BDSM and kink must obtain a deep understanding of how the culture may or may not influence clients' presenting concerns to avoid stigmatizing, shaming, or harming clients.

Kink aware professional counselors conceptualize BDSM behaviors and practices as falling on the normal spectrum of sexual expression, can distinguish BDSM from nonconsensual abuse and violence, and can identify unsafe BDSM practices (Kolmes & Weitzman, 2010). Furthermore, kink aware professional counselors have sought training to understand the intricacies of BDSM and kink culture and are aware of kink-specific issues that may present within the therapeutic setting such as the role of consent and ways to differentiate BDSM from abuse and violence.

INTERVENTION STRATEGIES

Because the practice of kink/BDSM is not inherently pathological or clinical in nature, specific intervention strategies used with this population will be directed by the specific presenting issues of each individual client (Dunkley & Brotto, 2018). Professional counselors working with individuals who practice BDSM may pursue counseling for a variety of reasons that may not be directly related to BDSM relationships and thus, no single treatment approach may be prescribed. However, scholars have advised that professional counselors working with this population use a culturally-responsive, strengths-based, and sex-positive framework to inform the counseling process (Dunkley & Brotto, 2018; Freeburg & McNaughton, 2017; Yates & Neuer-Colburn, 2019).

Strengthening Self-Awareness

While BDSM has recently entered mainstream dialogue through the success of contemporary films, books, and websites, there is still considerable stigma and misinformation surrounding the practice of BDSM. Many in the counseling profession have not received specific training in sexuality or BDSM (Miller & Byers, 2010; Russell, 2012), and it is common for professional counselors to possess internal values,

biases, and discomfort about BDSM practices. Therefore, the foremost important strategy in working with this population is the counselor's ability to critically self-examine personal beliefs about BDSM and consider the ways in which these beliefs may impact the therapeutic relationship. Professional counselors may gain self-awareness in this area by specifically seeking out information on BDSM practice from empirical and community sources, forming relationships with members of the BDSM community, and by seeking consultation and supervision regarding work with BDSM clients (Yates & Neuer-Colburn, 2019).

In the event of serious values conflicts with BDSM clients, the counselor should develop and implement a strategy to bracket personal beliefs from clients and should seek ongoing supervision in the management of the values conflict (Kocet & Herlihy, 2014). Referral to a kink-aware counselor may be necessary in cases of extreme values conflicts. The National Coalition for Sexual Freedom has generated a kink-aware professionals directory, available at: <https://ncsfreedom.org/key-programs/kink-aware-professionals-59776>.

Inviting BDSM Disclosure

Many clients feel hesitant to disclose their BDSM practices to professional counselors and other healthcare professionals fearing judgment, discomfort, confusion, and disgust from clinicians (Dunkley & Brotto, 2018). As BDSM behaviors may have significant impacts on clients' mental, emotional, and relational wellbeing, disclosure of such behaviors may provide useful opportunities to better understand their strengths and coping skills, strengthen therapeutic rapport, and assess for signs of unsafe practice or abuse.

Inviting disclosure of BDSM practices hinges upon the professional counselors' ability to demonstrate to clients that they can engage in open, comfortable, and affirming sexual discussion (Barker, Iantaffi, & Gupta, 2007). Professional counselors can set the stage for open sexual discussion early in the relationship by explaining that sexuality is a natural and healthy part of all people's lives and that the counseling office is a safe place to discuss sexual topics as they pertain to the client. During intake sessions, professional counselors can invite clients to share general information about their sexual health and wellness, including the use of safer sex practices, current level of sexual and intimacy satisfaction, and any changes they wish to see in their sex lives. It is anticipated that as professional counselors normalize and affirm sexual topics, clients are more willing to disclose their BDSM relationships and/or identities in counseling. See Barker et al. (2007) for a more in-depth discussion of invitational techniques.

De-Pathologizing BDSM

Because of the stigma and shame around alternative sexual behaviors, many clients who practice BDSM may experience negative emotions regarding their sexual desires and behaviors. Professional counselors may employ several strategies to help clients heal from internalized shame, including: 1) exploring the sociocultural messaging around sex and BDSM, 2) exploring clients' own personal values about sex and how they may differ from societal views, 3) normalizing the practice of BDSM as a healthy sexual behavior that may bring many sexual and emotional benefits within consensual, communicative, and caring relationships, and 4) connecting clients with resources geared toward psychoeducation and community-building with the BDSM community (Barker et al., 2007; Dunkley & Brotto, 2018; Yates & Neuer-Colburn, 2019). Professional counselors can share helpful websites, books, and films on BDSM and provide information on community events such as munches, or informal public meetings geared toward connecting individuals who practice BDSM to help increase awareness and visibility of the BDSM community.

DISTINGUISHING BDSM FROM VIOLENCE AND ABUSE

Professional counselors who are unaware of the differences between healthy BDSM and violence and abuse or who hold stigmatizing beliefs about BDSM are at risk of harming clients (Waldura et al., 2016). Nonconsensual abuse can occur within BDSM relationships and professional counselors must be able to differentiate between healthy BDSM practices and violence. If a client expresses feelings of sexual excitement from thoughts of physically hurting or humiliating nonconsenting people, professional counselors must consider the presence of psychopathology and abuse (Dunkley & Brotto, 2018). Professional counselors can distinguish healthy, consensual BDSM behaviors from abuse by assessing several important markers: 1) the presence of fear with respect to BDSM involvement, boundary-setting, and/or consent negotiation; 2) the absence of negotiated safety guidelines during BDSM interactions, such as safewords and consent revocation procedures; 3) lack of differentiation between BDSM practice and everyday life; 4) social isolation; 5) emotional volatility that corresponds with relationship violence and reconciliation; 6) clear power imbalances between partners that persist in everyday life; and 7) the absence of clear negotiation and communication between partners. The National Center for Sexual Freedom (2008) developed a list of questions to assist clinicians in abuse assessment, which include:

1. Are your needs and limits respected?
2. Is your relationship built on honesty, trust, and respect?
3. Are you able to express feelings of guilt or jealousy or unhappiness?
4. Can you function in everyday life?
5. Can you refuse to do illegal activities?
6. Can you insist on safe sex practices?
7. Can you choose to interact freely with others outside of your relationship?
8. Can you leave the situation without fearing that you will be harmed, or fearing the other participant(s) will harm themselves?
9. Can you choose to exercise self-determination with money, employment, and life decisions?
10. Do you feel free to discuss your practices and feelings with anyone you choose?

Professional counselors must note that the determination of abuse involves collaborative discussion with the client, as indication of one or more of the above factors does not conclusively determine nonconsensual violence. For some kinky clients (particularly, but not exclusively those new to BDSM practice), these factors may be present because they are unfamiliar with and/or unskilled at communicating about personal sexual boundaries and desires and will benefit from continued psychoeducation and opportunities to practice these skills within the counseling relationship.

RESOURCES TO LEARN MORE ABOUT BDSM

This section includes a list of resources for professional counselors who are interested in learning more about BDSM and BDSM culture. The Society for the Advancement of Psychotherapy features an introduction to BDSM for psychotherapists on their webpage. The page includes helpful definitions and links about negotiating boundaries, provides prevalence rates of individuals who practice BDSM, reviews impact play safe zones, and indicates how to locate kink aware professionals.

Resources:

Impact Play Safezones: <https://bdsminthemind.boydenon.com/2014/12/bdsm-impact-play-safe-zones/>

Introduction to BDSM for psychotherapists: <https://societyforpsychotherapy.org/an-introduction-to-bdsm-for-psychotherapists/>

Kink aware professionals directory: <https://ncsfreedom.org/resources/kink-aware-professionals-directory/kap-directory-homepage>

Kink Resource Library: <https://ncsfreedom.org/resources/resource-library>

When Someone You Love Is Kinky Book: <https://kitten-play.com/wp-content/uploads/2018/08/When-Someone-You-Love-Is-Kinky-Dossie-Easton.pdf>

The New Bottoming Book: <https://anarchistbooks.files.wordpress.com/2016/01/dossie-easton-and-janet-w-hardy-e28093-the-new-bottoming-book.pdf>

The New Topping Book: <https://anarchistbooks.files.wordpress.com/2016/01/dossie-easton-and-janet-w-hardy-e28093-the-new-topping-book.pdf>

Scarleteen

Scarleteen is a website that provides comprehensive, inclusive, and supportive information about sex and relationships to teenagers and emerging adults. This resource is helpful for professional counselors who are working with adolescents, teenagers, and young adults who have questions about their sex and sexuality. Scarleteen can also be helpful for professional counselors who would like to provide resources to parents about how to address topics of sex and sexuality with their children.

Resources:

Basic kinktionary: https://www.scarleteen.com/article/sexual_identity/working_the_kinks_out

How to tell the difference between kink and abuse: https://www.scarleteen.com/blog/joey/2013/09/02/50_shades_of_bs_how_to_tell_the_difference_between_kink_and_abuse

The National Coalition for Sexual Freedom

The National Coalition for Sexual Freedom was developed to advance the rights of, and advocate for consenting adults who practice BDSM, polyamory, and other forms of alternative sexual and relationship expressions. The website includes a wide variety of resources that may be beneficial for professional counselors who are working with BDSM clients.

Resources:

Sample consent policy: <https://www.ncsfreedom.org/component/k2/item/787-sample-consent-policy>

Power exchange statement: <https://www.ncsfreedom.org/component/k2/item/785-power-exchange-statement>

Consent statement summary: <https://www.ncsfreedom.org/component/k2/item/784-consent-statement-summary>

Understanding rights and options when consent is violated:
<https://www.ncsfreedom.org/component/k2/item/792-dealing-with-assault>

Guide for determining whether consent violation is legal assault:
<https://www.ncsfreedom.org/component/k2/item/791-is-this-assault>

BDSM vs. abuse: <https://www.ncsfreedom.org/component/k2/item/435>

Glossary of BDSM terms: <https://www.ncsfreedom.org/component/k2/item/717>

What professionals need to know about BDSM: <https://www.ncsfreedom.org/component/k2/item/718>

Kink is okay pamphlet: <https://www.ncsfreedom.org/component/k2/item/716>

Kinky is not a diagnosis:

<https://www.ncsfreedom.org/images/stories/pdfs/DSM/Kinky%20is%20NOT%20a%20Diagnosis.pdf>

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