When Power and Pain Are Eroticized: Working with BDSM Sexuality

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There is a troubled history in the mental health profession of misunderstanding alternative sexual practices, which has had the unfortunate effect of marginalizing those who engage in consensual BDSM erotic play. For all of us, sexuality is a profoundly vulnerable part of our identities. For those who engage in non-mainstream sexual practices, the risks involved in revealing their sexual proclivities are much greater given the tendency in our field, and in society, to link "kinky" sex with perversion, abuse, and sociopathy.

My passion for this subject stems from my extensive clinical work with people who identify as "kinky." My desire is to help clinicians thoughtfully consider the idiosyncratic nature of sexuality and to recognize the unexamined biases that may interfere with our ability to think clearly about a client's affinity for unconventional sexual practices. In order for clients to bring all aspects of themselves to therapy, it is imperative that we strive to understand their unique experience of eroticization of power and pain.

In my opinion, clinicians need not be experts to work with BDSM but do need to consider how their reactions to their clients' disclosure of non-mainstream sexuality impact the treatment. A recent study (Kolmes, Stock, & Moser, 2006) which investigated therapist bias in working with a BDSM-identified population found that, among clients who perceived their care to be "inadequate" or "inappropriate," the most commonly cited complaints were having to educate their therapist, being told that their sexual practices were unhealthy, having the therapist confuse BDSM sex with abuse, and/or requiring them to stop the behavior as a condition of treatment. Such professional biases have the unfortunate effect of increasing the likelihood of clients concealing aspects of their sexuality and/or avoiding therapy altogether.

What Is BDSM?

BDSM is the polymorphic acronym encompassing variations on bondage, discipline, dominance, submission, sadism, and masochism. In BDSM erotic play, it is through fantasy and symbolism that communication and negotiation produce collaboration, the illusion of control, and a careful focus on erotic actions and responses by each participant. For the purposes of this article, BDSM is defined as the consensual, thoughtful, controlled, ritualized expression of adult sexuality where there is a power exchange dynamic encompassing the use of restraint, role play, and/or the infliction of pain or intense sensation in erotic play.

In an erotic power exchange dynamic, there is consensual playing with the roles of "top" and "bottom," where fantasy is enacted through assuming and yielding control respectively. The dominant participant demonstrates through the power of authority and control the value and desirability of the one who submits, and the submissive demonstrates desirability through surrender to the power and control of the dominant. Power and authority are often more important than pain in establishing and maintaining the power differential.

In bondage and discipline, constraint and/or restraint are used to enhance erotic experience. With bondage, the constraint is physical and power is used to restrict the other's movements or functions. With discipline, the constraint may be physical or psychological; power and control may be used to inflict pain or restrict movement. For example, physical discipline could involve the use of hands or rope, whereas psychological discipline could involve the denial of privileges and humiliation. In humiliation, the goal is a desired exposure of one's vulnerability and helplessness that is strictly situational so does not diminish self-esteem. In sadism and masochism, there is a consensual giving and receiving of pain. Those who engage in BDSM may be involved in one or several aspects; therefore, not all dominants are sadists and not all submissives are masochists, and there can be bondage without discipline or pain.

While there is relatively little research on the prevalence of BDSM, there are enough people

who identify as having experienced it, or having had fantasies about it, that clinicians are likely to encounter it in their work at some point. Janus and Janus (1993) found that 14% of men and 11% of women have had some experience with SM, and an Australian population prevalence study found that 1.8% had engaged in BDSM activity in previous 12 months (Richters, de Visser, Rissel, Grulich, & Smith, 2008). The Kinsey Institute New Report on Sex (Reinisch & Beasley, 1990) indicates that researchers estimate that from 5% to 10% of the US population occasionally engages in SM, and an older study by Kinsey, Martin, and Gebhard (1953) found that 12% of women and 22% of men reported an erotic response to an SM story.

Why BDSM?

In healthy BDSM, mutuality is the focus, where being attuned to the other enhances intimacy and encourages flexibility and responsiveness. Erotic engagement in BDSM is often called "play" because of the explicit communication and negotiation that are involved in setting up the experience of scripted "scenes" that are imagined and then enacted.

It is difficult to generalize about the motivations for BDSM practice because of its idiosyncratic nature. Just as with any information gleaned from our clinical work, the focus should be on the individual meaning of the behavior and the purposes it serves. Generally speaking, power and pain are contextualized as emotionally liberating experiences of seeing and being seen, of giving to oneself and another in intimate ways, where trust lies in understanding and being understood through consensual access to each other's minds and bodies. Simultaneously, there is the opportunity to learn about one's limits and boundaries which expands the shared sense of interconnectedness and mutuality. Submitting to another allows one to temporarily give up control and serve, while dominating another allows for feelings of competence and generosity. Both positions promote feelings of efficacy, devotion to the other, and strength in their roles of caring for and being taken care of. Erotic experience can be intensified by pain, so much so that the perception of pain is altered by sexual arousal. The meaning of pain and suffering in BDSM is symbolic of power and surrender, so that they are recast into what is pleasurable and determined by the individual's conceptualization as not hurtful.

The intensity of emotions in any sexual play is often a profound experience, and in those practicing healthy BDSM, these experiences are taken quite seriously. There is a reverence given to recognizing and taking care of the other in this context. In these ways, playing with power and pain can be a deeply transcendent experience for participants such that serving and being served, asserting and ceding control, performed within negotiated parameters, allows for an experience of mutual discovery.

Consent and negotiation are crucial to delineate erotic play from abuse in the practice of healthy BDSM. In the BDSM community, there is a fundamental ethical standard called Safe, Sane, and Consensual (SSC). The community code of SSC ensures physical and psychological safety through the communication and negotiation of limits, where empathy and respect are paramount. Though BDSM and violence share a transgression of boundaries, the literal and symbolic use of force in BDSM is at the core consensual and therefore not truly coercive or antagonistic.

BDSM erotic play may seem to be about destruction, aggression, and omnipotent control, but if we consider what could be generative about this, it is that the other needs to survive for mutual recognition to occur, in that "the other receives and recognizes the subject's acts including his acts of destruction" and survives (Benjamin, 1988, p. 73). With the tenets of consent and negotiation as central factors in healthy BDSM play, the experience of symbolically destroying the other in fantasy enactment and having him or her survive to recognize us is key. Benjamin also speaks of the differentiation of self and other as important so that there is a balance between recognition of the other and an assertion of the self, where each has agency while impacting the other.

In all sexual encounters, there is both initiating and receiving, which in essence is what a dominant (or "top") and submissive (or "bottom") are doing when in role. In BDSM erotic play, this is more formalized and scripted, and the couple may prefer either private scenarios or more public performances or some combination of the two.

Consider the private play of a couple who decides to experiment with BDSM, where the one who is typically in the more passive, receptive role realizes a desire to play a more dominant role in their sexual play. Once this fantasy has been communicated, the couple would negotiate and agree on various aspects of how to enact this encounter. For the partner taking on the dominant role, this may include dressing up in clothing that signifies fierceness and the use of bondage to restrain the partner's body while using various accoutrements to apply intense sensation in the service of eroticism and pleasure. During such an encounter, each partner would carefully attend to the other's responses. The intention is to have an erotically charged, pleasurable experience where both partners experience their power and their vulnerability and feel taken care of and seen by the other.

Contrast this with the public play of a couple where one person wishes to be flogged or whipped in front of an audience. Beforehand, they would discuss the fantasy and agree on the limits. The bottom in this scenario gets an erotic charge from being at the mercy of the top and from being seen by others as able to withstand the intense sensation. Meanwhile, the top derives pleasure from being in control while caring for the bottom's well-being and pleasure. The taboo of making something that is usually private a public spectacle further enhances their pleasure.

Is BDSM Pathological?

Historically, psychiatric theory has pathologized aspects of sexual sadomasochism in a cultural context where anything but procreative sex was deemed deviant (Krafft-Ebbing, 1886). Contemporary definitions in the DSM (American Psychiatric Association, 2013) categorize the paraphilias of Sexual Masochism and Sexual Sadism as "fantasies, sexual urges or behaviors that involve pain and suffering," where one is either "undergoing or inflicting humiliation, bondage, or suffering" *without consent*. Those who meet these criteria are typically the outliers of the population due to a clinical focus on criminal behavior. Given that we are focused on therapy with clients who engage in consensual BDSM practices, we need not concern ourselves with such extreme theories of pathology. We should instead be focused on what is generative and creative in their sexuality while paying attention to the ways that their fears of being judged or pathologized may inhibit them.

The construct of "perversion," defined as "sexual behavior or desire that is considered abnormal or unacceptable" (Oxford Dictionary Online, 2014), is often used to describe problematic intrapsychic and interpersonal dynamics that get attributed to sexual sadomasochism, leaving us to believe that it must be pathological. Many psychological theories apply the dynamics of perversion to rigidly contextualize BDSM as misogynistic, as used to combat powerlessness and helplessness, or as misplaced guilt and shame. They also claim that it is self-destructive, rooted in childhood humiliation, an adaptation to a disturbed early environment, a defense against aggression, or an avoidance of intimacy (Bach, 1991; Novick & Novick, 1996; Stoller, 1985).

In contrast, more nuanced views of perversion claim that all of "human sexuality is inherently traumatic" (McDougall, 1995, p. ix) and that the perverse roots of sexuality are determined by sociological, familial, and intrapsychic experiences (Kaplan, 1991). All psychological theory argues that the origin of sexual desire and behavior is shaped by childhood's inevitable "traumas," but the distinction of what is "perverse" resides in the context of society's values and conventions regarding what is normal or acceptable sexual behavior. Therefore, a more effective approach to working with BDSM sexuality would include the thoughtful investigation of a client's unformulated experience to promote insight into the fundamental truths of infantile wishes and destructive impulses inherent in all sexuality.

Working with BDSM Sexuality

Whether or not a client is presenting with issues around their sexuality is important in determining the focus of treatment. There may be unconscious motivations for the dynamics of erotic play with hierarchies, exploitation, and dominance and submission, which are specific to each person. In my practice, I am interested in how flexible and generative my client's sexual expression is, and whether there is rigidity that may foreclose mutuality and limit sexual intimacy. I have also found it useful to consider how a client's

experience of childhood abuse may inform his or her adult sexuality. Any exploration of these intrapsychic and interpersonal dynamics must be approached with sensitivity to the stigma and shame associated with BDSM and the client's expectation of a clinical bias against such practices.

In my clinical experience, those who engage in BDSM sexuality strive to be thoughtful about their sexual play, often going to great lengths to negotiate the terms of their engagement, which promotes honesty, transparency, and vulnerability. This thoughtful attention to communication enhances intimacy, while also alleviating routine and monotony in longer term relationships, and it provides a creative way to channel sexual aggression.

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