

**Pleasure, Pain, and Power: Exploration and Education to Foster a
BDSM and Kink-Affirming Counselling Practice**

by

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Abstract

The purpose of this capstone project was to explore what mental health professionals need to know to support clients that fantasize, practice, and identify with BDSM (Bondage; Discipline; Dominance and Submission; Sadism and Masochism) and kink. This paper adds to the recent increase in research interest fuelled by popular media and growing broader cultural awareness of the diversity of sexuality. After reviewing the relevant cultural, intersectional, and historical factors impacting BDSM clients, this project summarizes this information into a quick-access guide for therapists in their journey whether that is starting from a place of judgement and unfamiliarity or from considering themselves kink-friendly. This project challenges existing assumptions about BDSM and kink and encourages therapists to pursue a kink-affirming clinical practice.

Keywords: BDSM, kink, sex therapy, power dynamics, alternative sexuality, paraphilia

Acknowledgement

This capstone project would like to acknowledge to the reader that it was written and influenced by the author being raised on stolen, unceded traditional and ancestral territories belonging to the Musqueam, Squamish, and Tsleil-Waututh nations. It is a privilege that they have not displaced me from their land, as is their right to do so. Acknowledging the sovereignty of Indigenous nations whose land I am on is the bare minimum of my academic scholarship.

Dedication

To my family, both chosen and birth, my therapist, and my partner, who have held me and pushed me through this work. Thank you to my parents for raising and encouraging me to be bold, brave, and resolute and critical of dominant discourse about gender and sexuality. I get to be my full and authentic self in this world, and that's because of the people who surround me. I am in gratitude to the people around me to remind me of my worth, my capability, and tell me when I need to take my foot off the gas.

This project is particularly dedicated to my dad, who passed away while I was writing this project. He was a lifelong learner, an educator and faculty at Simon Fraser University, an advocate, and my best friend. I can hear him saying "and that's the truth, Ruth!" à la Samuel L. Jackson in *Do The Right Thing*, as a response to this work (Lee, 1989).

Thank you to Dr. Alicia Spidel, faculty advisor and Dr. Bruce Hardy, faculty reader.

“Our sexual preferences are often a coded language for our deepest emotional needs.”

Esther Perel (2024). *Where Should We Begin? with Esther Perel podcast. Episode: Tell Me I'm Not Alone.*

You do not have to be good.

You do not have to walk on your knees

for a hundred miles through the desert repenting.

You only have to let the soft animal of your body

love what it loves. ...

Wild Geese by Mary Oliver (2004).

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Chapter One

Purpose Statement

When it comes to BDSM and kinky clients, what do mental health professionals need to know to avoid “yucking someone’s yum?” The purpose of this project is to explore the experiences of those who practice BDSM (Bondage; Discipline; Dominance and Submission; Sadism and Masochism) and kink to educate mental health professionals in fostering a kink-affirming approach. This project will emphasize practical guidelines for counsellors as well as ethical and safety considerations without pathologizing BDSM. Following a literature review of the topic with a focus of how it relates to the field of psychotherapy, this project will present best practices for kink-affirming counselling and specific ways to challenge and educate ourselves to confront internal biases towards alternative sexualities. This project encourages counsellors to expand their knowledge of not only BDSM but also how pleasure, power, and even pain can all interact within the expansive kaleidoscope of sexuality. In addition to being a part of sexuality, BDSM can also be considered a culture and an identity, and this project sheds light onto this. Reducing BDSM to only a sexual practice would be a disservice to the possible experiences of emotional, sensory, and somatic depth, spiritual and personal growth, and healing experiences. Through BDSM and kink, we can deviate from the normative ways of looking at sexuality and thus begin dismantling the narratives about sexuality and eroticism perpetuated by structural systems of power.

Research Question: Significance and Context

There has been a surge in research interest starting in the late 1990s to early 2000s as well as growing representation in popular media of BDSM and kink (Ling et al., 2022; Simula, 2019). The most recent phenomenon of this was following the cultural impact of *Fifty Shades of Grey*, a trilogy of romance novels and films depicting a BDSM relationship dynamic (Ling et al., 2022). The exploration of this field has shifted from research asking questions about the

morality and pathology of BDSM to exploring understanding the meaning that it has for BDSM practitioners (Simula, 2019). BDSM is relevant to all people as sexuality is a part of human life, but this research topic is especially poignant to those who are engaging in therapy and whether their therapist has cultural competence to provide kink-affirming services.

There may be an assumption that those who are interested, practicing, or identifying with BDSM and Kink sexuality represents a small percentage of the general population. This assumption reflects the implicit shame and secrecy of BDSM. However, the research shows that fantasies of BDSM and kink are very common: Approximately 45-70% of the general population reports fantasies of dominance and submission, 30% for spanking or whipping, and at least once in their life people have fantasized about bondage (79%), discipline (57%), pain (73%), and forced sex (61%) (Brown et al., 2020; Critelli & Bivona, 2008 as cited in Dahan, 2019; Lehmilller, 2018; Tatum & Niedmeyer, 2021; Jozifkova, 2018). In a US survey study of 4,175 people's sexual desires, Lehmilller (2018) found that, "power, control, and rough sex" are the second most common sexual fantasies. The third most common is novel experiences, which can also include BDSM. Approximately 10-20% of the general population reports practicing BDSM at least once (Brown et al., 2020; Holvoet et al., 2017, Janus & Janus, 1993; Masters et al., 1995 as cited in Sprott et al., 2023; Moser & Kleinplatz, 2006; Turley et al., 2018). Approximately 1-2% of the general population includes kink as part of their identity and is involved in BDSM as a subculture (Holvoet et al., 2017; Sprott & Berkey, 2015). Interest and practice in BDSM are neither rare nor deviant in the dynamic and fluid context of human sexuality, and it is experienced across genders, socioeconomic classes, races, ethnicities, and abilities (Moser & Kleinplatz, 2006; Turley et al., 2018; Willig, 2008). These findings raise questions of why there is such a large discrepancy between BDSM as a fantasy, a practice, and an identity. In this project, a review of the literature on BDSM especially as it relates to counselling will reveal some of the contextual factors explaining this discrepancy.

In a clinical context, there are more clients presenting this topic to discuss in therapy and more mainstream exploration than ever around alternative sexuality practices and identities (Sprott & Berkey, 2015). While Western society is becoming more sex-positive, a dominant cultural discourse still exists and is widespread including amongst mental health professionals which is uninformed, biased, and avoidant about BDSM (Vencill & Pantalone, 2021). Approximately one in ten BDSM clients reported experiences of discrimination from mental health providers (Wright, 2008). This discrimination came in the form of pathologizing kink, attempts to treat BDSM interests as something to be eradicated, withholding therapy unless clients discontinued engaging in kink, and clients being in the position of educating their therapist about BDSM (Kolmes et al., 2006; Wright, 2008).

From the therapist perspective, 48% of practitioners report not having competence or information to work with kinky clients (Kelsey et al., 2012; Cascalheira et al., 2021; Stiles & Clark, 2011). Therapists have an ethical professional responsibility to hold cultural competence specifically with regards to diversity of identities such as sexuality (APA, 2013; BCACC, 2023; CCPA, 2020). The American Psychological Association (APA) has just recently added sexual health to their Guidelines for Psychological Practice with Sexual Minority Persons which further shows that this is a relevant and emerging area of interest (APA, 2021). Therapists deserve to be given the knowledge to have cultural competency working with BDSM clients and this is further highlighted by the high prevalence of those who either fantasized or engaged in BDSM. Kinky clients may have their sexual interests pathologized and come to therapy feeling broken and ashamed. Without nuanced understanding, counsellors may perpetuate harm and miss out on the opportunity to fully explore their clients' unique sexuality and how it relates to their identity. This paper challenges therapists to go beyond being kink-friendly; we owe it to our clients to be kink-affirming and to be self-reflexive in our work with clients. This is especially true when it concerns the deeply personal, tender subject of sexuality. The goal of this project is that counsellors are able to better understand BDSM and kink beyond merely a sexual behaviour,

but also as an overlapping matrix of shame, power, healing, repression, pleasure, and sexuality all co-existing. It is very likely that therapists will encounter a kinky client in their practice (Kelsey et al., 2012) and as such, this paper will outline how they can be prepared to provide the best practices to support these clients.

Positionality Statement

This capstone project is linked to my own intersectional identity, thus influencing this work in significant and personal ways. I hold privilege as a White, European-descended Settler living in so-called Vancouver, Canada on stolen, unceded, ancestral Indigenous lands. My Masters-level education, lower-middle-class upbringing, speaking English, and my nationality are all contributing factors that have made pursuing a graduate program more accessible to me. I have experienced my own personal journey exploring fluidity of my sexuality and gender, and it is a privilege to have the freedom and rights to have done so. I have experiences of surviving sexualized violence and therefore trauma, and I am naming this because these topics and how they appear in the research regarding BDSM as well as mental health professionals' assumptions about kink are relevant.

In my personal and professional life, I view it as my ethical responsibility to uphold values of being sex-positive, anti-oppressive, and trauma-informed. Throughout this project, I was conscious to hold this lens in every aspect of discussing this topic and population. As a relational field and topic, I invite readers to correct me if I have misrepresented the BDSM and kink community or if there are identifiable ways that I may learn to do better by this topic. I am in awe of the longstanding resistance from BDSM and kink-identified people and how a culture of consent, negotiation, and safety practices emerged from community, grassroots-level sources. As a population that has existed in the shadows of society since documented history, the academic community is just now showing interest in this topic in a way that is not assuming pathology, and there is a long way to go.

I am in gratitude to the faculty and students at City University who have challenged me to self-reflect and recognize the impact of my intersectional identities and lived experiences. I reject the idea that true compartmentalization is necessary or even possible when working with clients, because this is relational work, and it is a gift to be impacted by people's stories and how it brings up my own experiences even though I choose not to self-disclose to clients.

I am driven by asking questions about sexuality, what it means to a person, how their intersectionality informs it, and what are the dominant cultural discourses that have been internalized? The following capstone project asks challenging questions and calls in (not out!) our profession and how it has contributed to oppression. The subject matter may bring up a lot of feelings, including disgust, fear, or a visceral sensory reaction in some readers. As such, I ask that the reader prioritize caring for themselves while also keeping an open heart and mind. In the end, it is a discussion of what makes humans unique, what makes us the same, and how do we make meaning out of this life through the expression of sexuality? These big questions present themselves through BDSM. While they are not included in this project, it has been fascinating and beautiful to read the many anecdotal accounts collected directly from studies with BDSM practitioners in the last several decades about what it means to them.

Research Variables

Most of the terms used in this paper lack a shared operational definition, thus posing a challenge to reviewing the relevant literature. Many adjacent variables exist for discussing BDSM and kink in research, and this includes terms that are no longer used in general nomenclature because they are outdated or derogatory. For example, the term Sadomasochism (SM) was used broadly to define BDSM and kink until recent decades. Other variables have roots in medical terminology, for example, Sadism has a long history of being considered to be linked to criminal or pathological behaviours from the position that Sadism could not be a consensual act. Completing this project included paying attention to how these variables are used in the context of their research question, their breadth and depth which could vastly vary

between studies. Some variables are defined later in this chapter within the context of how they are used in this capstone project, but they are by no means fixed definitions. This is due to the evolving, dynamic, relational, and at times subversive nature of BDSM and kink and how closely it is tied to current cultural understanding of these terms. Each BDSM dynamic will uniquely define and apply these terms even within their broader definitions.

Capstone Methodology

The research methodology of this capstone included a research literature review and a creation of a quick-access guide summarizing the research that was adapted from existing best practice guidelines to be specifically for counsellors in British Columbia. The literature review includes research spanning back as far as the 1960's and as recent as 2024 to find seminal articles as well as lesser-known but emerging research in the topic. Then, this capstone was intended to use this literature review to formulate practical applications for therapists. The research was as exhaustive as I could include within the scope of my research topic. However, it is a growing and vast field related to other topics that are far broader than possible to cover in this project. The scope of the literature review was to narrow down into how BDSM and kink are related to psychotherapy and to focus on the various clinical considerations with this population. I would invite readers to get in contact with me directly to correct any misinformation or omission of critical information that affects the representation of BDSM and kink communities and the practical applications for therapists. It is an emerging topic in the research literature, but a long-existing community with their own culture of terms and practices, so I would like to centre the BDSM community in the discussion of this topic.

Data Collection Procedure

Data for the research literature review was collected using multiple online search databases through The City University Online Library, The Simon Fraser University Library Databases, and Google Scholar. Sub searches within these databases included PsycINFO and

PsycARTICLES, Sage Journals, DSM Library, and Taylor & Francis Online. Non-academic searches were also made through Google, Reddit, and interacting directly with the kink community to find community-based resources. Search terms included: BDSM, Kink, Sadomasochism, Sex, Sex Therapy, Sexuality, Case Conceptualization, Subspace, Power Exchange, Fifty Shades of Grey, Aftercare, Trauma. A Zine was purchased called *Kink and Trauma: BDSM as Self Care for Survivors* by a Vancouver and Halifax-based BDSM practitioner and educators Artie Mehta and Chanelle Gallant. The book *Kink-Affirming Practice: Culturally Competent Therapy from the Leather Chair* by Stephanie Goerlich was found online and purchased. The most abundant literature available on this topic was negotiating whether BDSM and kink was a pathology. I excluded studies that were not in English, and I did not search for experiences of specific genders, sexual orientations, religions, classes, races and ethnicities. I did not include the many articles that defined BDSM, particularly sadism, as a pathology unless that was the specific topic area I was reviewing in this project.

Method of Analysis

The research was critically analyzed through an intersectional feminist and anti-oppressive lens by the author. The research topics are analyzed by considering the broader cultural impacts and context. There are many gaps in the research literature and in the scope of my review, particularly relating to diversity in populations included in research. The vast majority of research was on Western, middle-class, Caucasian, cisgender men and women. More critical analysis about these limitations is considered later in this paper. The discussion of findings from this literature review are intended to challenge therapists' commonly held beliefs and assumptions about BDSM and kink and to fact-check with empirical research. The analysis was heavily influenced by my own opinion that counsellors should provide a sex-positive, non-judgemental and informed space for clients instead of replicating systems of structural power and oppression.

Definition of Terms

As BDSM is a relational practice, each person and relationship will define and co-define terms together, which poses a challenge for a finalized academic definition. Furthermore, because of the history of interaction with the medical model and legal system, some BDSM definitions have been updated from their previously pathologized definitions. On the other hand, the BDSM community as a subculture has cultivated not only definitions and terms, but also relational practices, and rituals that centre consent, safety, and play. Many definitions are predetermined by handbooks and protocols published by and for the community. As such, the recent research interest in this area is catching up to the definitions already shared within the community. For the purposes of this paper, I will use terms used by the literature and the community so as to not perpetuate judgemental, moralizing, pathologizing, or medicalized language. I will also not attribute etymological or community origins of the terms as this is outside the scope of this paper. In each definition, this paper acknowledges that usage of each of these relational terms is dynamic and unique to each person.

Aftercare: A broad term for how oneself and a partner support each other and check-in after an erotic, sexual, or kinky interaction (Fuentes, 2019; Goerlich, 2022). Particularly in BDSM interactions, there may be a flooding and subsequent drop of hormones and emotions, feelings of being exposed, vulnerable, or ashamed (Ambler et al., 2017; Fuentes, 2019). Aftercare is an essential practice of BDSM communication between partners and is usually predetermined before the scene (Fuentes, 2019). Aftercare commences after the interaction which can be triggered during a scene if a partner says their “safe word,” a mutually agreed codeword for stopping if usual words like “no” or “stop” are not the agreed words for stopping (Samois, 1979 as cited in Oxford English Dictionary, n.d.). Examples of aftercare include physical affection (cuddling), verbal affirmation, and acts of service (Fuentes, 2019).

BDSM & Kink: Umbrella terms for behaviours, practices, and identities that include sex and/or sexualities that are alternative; can include consensual power exchange, desires, fantasies, role

play, sensations, alternative stimuli (fetish), and altered state of consciousness (Kink Guidelines, 2019). These terms are person specific, but broad definitions will be provided. B.D.S.M. is a multi-functional acronym referring to Bondage, Discipline and/or Dominance, Sadism and/or Submission, Masochism (Goerlich, 2022; Ortmann & Sprott, 2015). Many BDSM practitioners overlap elements of BDSM, but generally the terms can be grouped as the following: Bondage and Discipline refer to practices that include an exchange of control; Dominance and Submission refer to practices that involve an exchange of authority; and Sadism and Masochism refer to practices that involve an exchange of sensation (Dahan, 2019; Denney, 2017; Goerlich, 2020). BDSM and kink is not only an act that people can do as part of their sexual practices, but also a community of like-minded people that organize, form groups, provide education, and socialize in non-erotic settings (Newmahr, 2010). Applied within a relational context, two or more people engaging in these practices together is referred to as a “BDSM dynamic.”

Bondage & Discipline: Bondage is a practice involving tools to restrain or restrict movement of a partner or self (Goerlich, 2022). Discipline is a form of restriction similar to bondage but is more mental than physically restraining, for example a Disciplinarian may give verbal orders to sit in a corner facing a wall, or impose rules and restrictions controlling what their partner says or eats (Goerlich, 2022). Discipline is commonly synonymous with “impact play” activities such as spanking (Denney, 2017). As mentioned, bondage and discipline both involve a level of ceding control as there is a giving (top) and a receiving (bottom) role of the act.

Dominance & Submission (D/s): D/s is a power exchange dynamic expressed through a “role” called a Dominant and a Submissive partner(s). Dominance is showing authority over a partner, while submission is obedience to the dominant partner's actions and wishes. D/s can occur during sexual contact or outside of the bedroom; the spectrum of dynamics ranges from Total Power Exchange (TPE) in which they are in roles are 24/7, while some choose to only engage

in D/s during sex (Goerlich, 2022). Individuals may also identify as a switch by desiring to alternate being in the dominant or submissive role.

Fetish: A sensual experience and desire towards an arousing target or stimulus (Spratt & Hadcock, 2018). Specific examples of fetishes include materials (leather, latex), parts of the body (feet), and voyeurism (watching others) (Masterclass, 2023; Ortmann & Spratt, 2015). A commonly sourced distinction between a fetish and a kink is that a fetish is typically a fixation and required stimulus to achieve arousal or gratification, whereas a kink is experiencing arousal from a non-traditional source, but pleasure is not contingent upon its presence (Masterclass, 2023; Ortmann & Spratt, 2015). Simply put, not all kinks are fetishes, but all fetishes are kinks (Borresen, 2021).

Headspace / Subspace / Domspace: Subspace and Domspace are synonymous terms describing an altered state of consciousness, or, headspace, experienced through an erotic or sexual interaction. Psychologically, this is commonly experienced as a flow state or trance-like state including a sense of concentration, creative, altered sense of time, and disappearance of the world outside the interaction. (Jackson et al, 2010 as cited in Ambler et al., 2017). The distinction between domspace and subspace is such that domspace is experienced more as mental focus and clarity and flow, whereas subspace is experienced as euphoric sensations of weightlessness, paused cognitive processes (Ambler et al., 2017; Csikszentmihalyi, 1991; Newmahr, 2010).

Play / Scene: A play or a scene is any BDSM / kink interaction, which may occur in a public or private setting (Newmahr, 2010). Play is used as a noun and a verb and refers to the actions being done in an interaction, while a scene refers to the entire instance of play that occurs (Newmahr, 2010). Play and scenes are usually pre-negotiated, consented, and planned. Practices and rules at private events called “play parties” are dictated by the host such as required sexually transmitted infection (STI) testing, with or without sexual intercourse allowed, and implements available (Newmahr, 2010). As BDSM episodes are referred to as play,

researchers categorize BDSM as leisure and similar to a hobby in the setting, time, organization, special interests, and motivation to engage with it (Williams, 2006; Mannell & Kleiber, 1997 as cited in Williams, 2006).

Sadism & Masochism, or Sadomasochism (S&M): Sadism is taking erotic pleasure in inflicting intense physical and/or emotional sensations on others, while masochism is pleasure in receiving it. BDSM communities have reclaimed sadomasochism from the medicalized terminology used to pathologize their sexual interests (Newmahr, 2010). A common form of intense sensation exchanged in sadomasochism is pain, which is a subjective sensation in itself and can be experienced as a pleasurable stimulus (APA, 2013; Goerlich, 2022).

When a specific type of play is referred to, it is referred to for example as such: impact play refers to a scene where one partner is being struck/hit with an implement such as with a hand (spanking) or a paddle; breath play refers to a scene where one partner's respiratory system is being restricted, such as strangulation which many mistakenly refer to as choking; religious play refers to a role play scene involving simulation of religious imagery, for example a Catholic confessional with a priest, and can mix in different practices of BDSM (Goerlich, 2022).

Vanilla: The term "vanilla" as in "vanilla sex" means any sex that is conventional and does not involve kink or BDSM (Williams, 2006). The term is pejorative, referring to vanilla as a flavour in that it is basic but not particularly special (Faccio et al., 2020). Vanilla sex, or what is commonly just referred to as "sex" usually an overlap of sexual interaction such as intercourse or genital touching, pleasure, and eroticism (Faccio et al., 2020). There may be a tendency to refer to non-BDSM sex as normal or regular sex, which implies that BDSM as an alternative sexuality is abnormal (Ling et al., 2022). In the context of this paper, the term vanilla is used to refer to non-BDSM sex and is not intentionally used derogatorily.

Outline for the Remainder of the Paper

The remainder of this paper includes two chapters; chapter two is a literature review and focuses on seven themes. The literature review is intended to focus on understanding BDSM as

a population and as clients and branching out to extend the discussion and include non-sexual aspects of BDSM. Exploration into culture, identity and relationality are centred in this chapter. Chapter two themes include (1) History of kink, including culture, community, and clinical practice, (2) BDSM and Kink as a practice, including understanding identity, personal origin, and meanings, (3) The plurality of outcomes, focussing first on the common erotic experiences of BDSM. This is explored in sub-themes of eroticization of power, intense sensation, and altered consciousness. Then, (4) Non-erotic outcomes with sub-themes of social, physiological, and personal development, (5) Frameworks for cultivating safety, including practices of consent, negotiation, ritual, and boundaries, (6) Institutional bias and exploring how stigma is present in mental health professionals, (7) Trauma, including discussion of prevalence rates for survivors of trauma engaging in BDSM and the topic of trauma re-enactment.

In chapter three, this project will first discuss the reviewed literature and focus on identified gaps in the literature. The main gap being a stark lack of diversity in sample populations, which highlights curiosities about how many conclusions we can draw from research into BDSM if there is a lack of diversity and intersectionality. Then, chapter three will turn focus to applications of the research to cultivate a kink-affirming practice for counsellors in British Columbia. A user-friendly and accessible best practice guide, found in Appendix A, is provided for counsellors. The structure of the guide is naming an assumption about BDSM and then challenging that assumption using information from the research and community-based sources. The aim of this project was to synthesize research into a practical application and the guide in Appendix A is the culmination of this. Finally, this project makes proposals for further applications through a professional development workshop training.

Chapter Two: Literature Review

History of BDSM and Kink

Origins

The practice of BDSM has been recorded throughout history as far back as 490 BCE usually of initiation rituals that included domination, punishments, pain combined with ecstasy, and sexuality all combined (Goerlich, 2022; Nomis, 2013). There is historical evidence of BDSM practices; the Indian Kama Sutra text describing four different types of hitting during sex; a consensual whipping scene on a mural found in Pompeii; 11th-13th century medieval Courtly Love characterized by submissive devotion; the 16th century invention of the printing press resulting in mass media production of kink such as chambermaids and stableboys spanking their masters; the late 1800's writings of the Marquis de Sade (sadism) and Leopold von Sacher-Masoch (masochism) (Goerlich, 2022). During Germany's Weimar Republic from 1919 to 1933 before its contents were publicly burned by the Nazi Party, the Jewish sexologist Magnus Hirschfeld operated the Institute for Sexual Research in Berlin which included an education museum with information on sexuality including fetishes, sadism, and masochism (Beachy, 2015; Goerlich, 2022; History of Sexuality Project, n.d.).

There are two key players that forever changed societal perception of BDSM: Richard von Krafft-Ebing and Sigmund Freud (Goerlich, 2022). In 1890, German psychiatrist Richard von Krafft-Ebing published *Psychopathia Sexualis* which argued that BDSM interests are a result of a degenerate brain deviating from normal sexual functioning (Goerlich, 2022). Krafft-Ebing's work also brought the terms sadism and masochism into medical terminology to describe specific sexual interests of giving or receiving pain. The terms sadism and masochism are derived from the content of fictional written works by the Marquis de Sade and Leopold von Sacher-Masoch (Goerlich, 2022). As Krafft-Ebing argued that sexual differences stem from a problem in the brain, Sigmund Freud argued that all behaviour including sexuality is related to one's psychosexual

development of early childhood. In 1905, Freud published the *Drei Abhandlungen zur Sexualtheorie* (“three papers on sexual theory) stating that BDSM interests are caused by a malformed ego and introduced the portmanteau of sadomasochism (Goerlich, 2022). Both Krafft-Ebing and Freud’s work assumed that BDSM denotes psychopathology and a brokenness of one’s sexuality (Goerlich, 2022). While these two introduced the terms into medical terminology and laid the foundation for pathology, the practices of BDSM appear to be present throughout recorded history.

In 1948 and 1950, Alfred Kinsey published the *Kinsey Reports*, two books about human sexual behaviour based on research in which he challenged the pathologizing of BDSM carried forth by psychiatry and the general public following Krafft-Ebing and Freud’s works (Goerlich, 2022). Kinsey cited the high prevalence of BDSM interests and practices, between 12-22%, within the United States of America’s (USA) population as a contrasting argument that these behaviours are deviant and abnormal (Goerlich, 2022). During the same era as the *Kinsey Reports*, the post-World War II USA gay military veterans created leather fetish culture called the Old Guard and were responsible for formalizing the term S/M to mean Sadism and Masochism (Andrews, 2018; Goerlich, 2022).

In the 20th century, various pieces of media became seminal works in the formation of BDSM as a community, including: 1940s-50s kink photography of Bettie Page; the *Tom of Finland* artwork showing muscular gay men in leather; *The Story of O*, a book published in 1954 of a lesbian relationship between a dominant and a submissive; *The Leatherman’s Handbook* published in 1972 describing the Old Guard’s kink protocols; and Robert Mapplethorpe’s 1980s photographs of kink subculture which were praised in *Vogue* magazine (Andrews, 2018; Goerlich, 2022). As an unrepresented subculture, BDSM practitioners found each other through the fringes of society with art, literature, and in queer spaces. As the BDSM community was forming as a culture, it began to be represented in mainstream media through film and music in the mid-1980s and has steadily increased over time (Falk & Weinberg, 1983; Goerlich, 2022).

During the 21st century, BDSM and kink began to trickle more into mainstream media. The 2002 film *Secretary* showed a consensual dominant and submissive relationship with sadomasochism, while in music Lady Gaga was performing dressed in fetishwear and Rihanna had a song named “S&M” about sadomasochism (Goerlich, 2022). Despite BDSM imagery entering mainstream discourse and being commercialized under capitalism, BDSM remained as an othered binary sexual identity, where people were generally either vanilla or kinky in their sexual interests (Goerlich, 2022).

From 2011-2018, a catalyst to the cultural phenomenon of BDSM in popular culture came in the form of *Fifty Shades of Grey*, a trilogy of romance novels and films depicting a BDSM relationship (Sprott & Berkey, 2015; Taylor-Johnson, 2015). There are two key outcomes highlighting the historical significance of the *Fifty Shades of Grey* franchise: first, it brought more mainstream attention than ever to alternative sexuality practices and identities, and second, this has meant that more people began presenting this topic to discuss in therapy (Sprott & Berkey, 2015). This trilogy is an excellent example of how one can decipher between what is abuse and what is fully informed, consensual kink. With the case of *Fifty Shades of Grey*, this is an example of abuse and how to not model kink because it lacks the key cornerstones of a healthy kinky relationship dynamic (Goerlich, 2022). This paper will later outline the safety and consent practices that are crucial to practicing BDSM. When reviewing that section, readers may identify, if they are aware of *Fifty Shades of Grey*, that the relationship depicted does not include any of the safety and consent practices described. Nonetheless, these books and films are undoubtedly how many people are introduced to BDSM and thus potential further exploration of sexual interests such as bondage, power exchange, and impact play (Sprott & Berkey, 2015). Exploration into this in whatever capacity can be encouraged and explored by a kink-affirming counsellor while modeling safer BDSM practices and relationships. Since *Fifty Shades of Grey*, the increased representation of BDSM dynamics in film has continued, with recent films such as *Saltburn*

(Fennell, 2023) and *Babygirl* (Reijn, 2024) released which displaying power exchange dynamics and other aspects of kink.

Pathology in the DSM

Parallel to the cultural history of BDSM is the history of its relationship to mental health in the Diagnostic and Statistical Manual of Mental Disorders (DSM). In the first DSM from 1952, BDSM and kink is described as a sexual deviation and is grouped together with pathology of pedophilia, homosexuality, and transvestism (American Psychiatric Association, 1952; Shorter, 2014). In 1968, the DSM-2 uses terms such as bizarre and distasteful to describe kink as well as further describing sexual deviations by adding exhibitionism and voyeurism (American Psychiatric Association, 1968; Shorter, 2014). In 1980, the DSM-III changed BDSM and kink from described as a sexual deviation to include the term paraphilias and defining all paraphilias as a disorder, a decision that was politically motivated and subjected individuals to widespread discrimination (American Psychiatric Association, 1980; National Coalition for Sexual Freedom (NCSF), 2024; Shorter, 2014). When the DSM-IV was published in 1994, a new specification stated that the individual's sexual fantasies or behaviours need to significantly impair or distress their life functioning (American Psychiatric Association, 1994; NCSF, 2024). In 2013, the DSM-5 separated paraphilias from being a diagnosed disorder and explicitly states that most of those practicing BDSM and kink do not experience distress or impairments in their life due to their sexual interests (American Psychiatric Association, 2013; NCSF, 2024).

Throughout the changes to the DSM, the National Coalition for Sexual Freedom (NCSF) has been heavily involved in advocating for the kink community through launching DSM Revision Project in the 1980s, conferences, and conducting research (Gerson, 2015; NCSF, 2024). As a result of the decades-long resistance against pathologizing BDSM and kink, it is no longer considered a mental disorder and the implications of this are far reaching and will be expanded on further in this paper. The DSM and psychiatry as a profession has shown to be the moral judge of people's sexuality, perpetuating otherness and hierarchy of whose sexual practices are outside

the circle and thus “bad” as per Rubin’s (1984) Charmed Circle of Sexual Relationships (NCFS, 2024; Shorter, 2014). While there is progress for DSM-5 to be less pathologizing, some remaining details show the bias towards kinky sexual impulses. If a person engages in kinky behaviour with someone that is not consenting, this is considered a disorder, whereas if a vanilla person engages in non-consensual behaviour such as sexual assault, this is not a disorder (Hughes & Hammack, 2019). This is because sexual assault is treated as a crime, not a disorder (Frances, 2020). This brings into considering another complication for counsellors who for risk assessment as some aspects of BDSM practice cannot legally be consented. This topic will be explored further in this paper when discussing risk assessment.

There are real-world and counselling implication of the DSM’s pathologizing of BDSM at various levels. For example, after the DSM-5 changes, there was a significant decline in child custody removal cases with parents that practice BDSM (Wright, 2018; Wright, 2014). Furthermore, clients may have less fear that they will be diagnosed or pathologized because of their interest in BDSM. In the powerful eyes of psychiatry as a structural power, being kinky is now seen as a healthy form of sexual expression, but if there is a movement to erase this progress then kinky people are vulnerable and powerless over this institution (NSCF, 2024). Despite individual’s or professional’s biases, research consistently shows that BDSM and kinky practitioners are not connected to a higher rate of mental health issues, psychopathology, or relationship issues (Brown et al., 2020; Williams & Sprott, 2022).

BDSM Practice

Understanding BDSM Identity

The pursuit to understand BDSM and kinky has generally been approached through an othering lens of asking why these people are different, what may have caused them to have these sexual interests, and what risk they pose to other people? As a sexuality that has been forced to exist outside of societal sexual norms, the inquiry into “why” people are this way

implies that they are broken and different (Goerlich, 2022). This othering is harmful and creates a sense of shame about a kinky person's sexuality. Instead of focussing on asking "why?", the following section will instead focus on how people relate to their kinkiness. This will include consideration of various common origin stories but more importantly it will consider the meaning that BDSM provides in their life. The following research considers kink interests and relationship dynamics as unique to the individual. Therefore, from a counselling perspective it is essential, first and foremost, to gain a nuanced understanding of your client as an individual while being informed of common origin stories as per the research literature.

Personal Origin Stories: Essentialist vs Constructivist vs Dynamical

Consideration of the origins for BDSM practitioners is comparable to discussions of the LGBTQIA+ community in which there are perspectives of BDSM that are essentialist vs. constructivist, or nature vs. nurture respectively. Essentialism and the idea that people are "born" queer has been the dominant narrative serving to legitimize queerness as "real" in society which had challenged the previously held belief that it is a choice (Ortiz, 1993). There is also research that links biological origins to sexual attraction through genetics and hormones to support essentialism (Yost & Hunter, 2012). As such, while this may be helpful for garnering wider support for BDSM, it is worth considering if an essentialist perspective is enough to describe the origin story of all BDSM practitioners. There are two key studies for understanding how BDSM practitioners relate to the concept of an origin story. It is important to note that in these studies, the researchers (Hughes & Hamack, 2020; Yost & Hunter, 2012) are attempting to gain better understanding of BDSM directly from the people who have lived experience which humanizes their stories and seeks to understand rather than judge.

In Yost and Hunter's (2012) research, 272 self-identified BDSM practicing participants completed an online survey which asked the open-ended question of what first attracted them to BDSM as a sexual practice or orientation and why. The majority of responses, 43%, were categorized as essentialist: that their identity was core to their self, inexplicable or doesn't

require an explanation. 35% of respondents were categorized as constructivist: that their identity was discovered through external forces, such as a romantic partner, erotica, or a traumatic childhood experience. The remaining 22% were categorized as not fitting into either category neatly or “socialized essentialists,” for example being initially introduced by partner but feeling they had finally discovered their true identity.

Research by Hughes and Hammack (2020) surveyed 260 self-identified BDSM practicing participants to answer an online survey of open-ended questions to provide narratives of the origin of their BDSM desires. Responses were categorized into 5 categories: 1. Identity (72%) 2. Nature (22%) 3. Nurture (38%) 4. Negation (24%) 5. Unsure (10%). The nature and identity categories relate to an essentialist view and were described as personality traits, biology and genetics. The nurture category relates to constructivism and was described as both traumatic (19%) and non-traumatic life experiences (79%). The negation and unsure categories weren't able to fit into constructivist or essentialist lens, with descriptions that reject the study's questions entirely by either not knowing and/or seeing the origin of their desires as unknowable.

From a counselling perspective, Yost and Hunter (2012) and Hughes and Hammock (2020)'s research is crucial to grasp the different ways that clients may relate to their BDSM desires. Clients may view the origin of their identity as innate, as introduced externally, as a combination of the two, or negate the idea that the origin must be known at all. This research provides further support for not assuming the client's relationship to their kinky desires and to reject an outdated quest to know “why” they are this way. Most importantly, a kink-affirming therapist's role is to hold space for the client to construct or convey their kinky origin story however that looks.

Meaning

Research shows that many who practice BDSM consider the play itself to be the desired interaction, rather than seeing BDSM as a precursor to a sexual interaction such as intercourse (Dancer et al., 2006; Weiss, 2006 as cited in Newmahr, 2010). However, with the increased

popularity of BDSM, it would be an interesting area of research to know whether there is an increase in those who have included BDSM as a novel part of their otherwise vanilla sexual interactions. This is an identified gap in the research literature. It is important to understand the meaning that BDSM has in someone's life, regardless whether they consider it to be a fantasy, a sexual practice, or an identity.

To understand what it personally means to be kinky, a seminal study by Taylor and Ussher (2001) that examined 24 self-identified sadomasochists was pivotal for changing how researchers' study BDSM. This research was a turning point in research about BDSM practitioners because it shifted the narrative away from pathologizing kink, which had mainly been discussed in relation to criminal behaviours such as child sexual abuse and rape (Taylor & Ussher, 2001). Research into the meanings of pain and S&M (Newmahr, 2020), power exchange (Moser & Kleinplatz, 2007) and parallels drawn between BDSM and spiritual transformation (Beckman, 2007) were research that was directly influenced by Taylor and Ussher's (2001) seminal study.

From survey responses, Taylor and Ussher (2001) identified eight ways which BDSM held personal meaning. The most common meanings of the eight were dissidence, pleasure, and escapism (Taylor & Ussher, 2001). Dissidence was described as being the subversive to dominant societal expectations of patriarchy, heterosexuality, and sexual hegemony; pleasure was described as sexual gratification but also included play and fun; escapism was described as the act of breaking from the routine of life and its responsibilities (Taylor & Ussher, 2001). Similar to previously reviewed research, Taylor and Ussher (2001) also noted that some participants reported having an innate, fixed kinky identity, while others view that their identity as learned through external forces. The research in this area validates that a continuum exists of kinky people between those who feel their identity is a core part of who they are and people who were introduced externally. As such, as counsellors it is more productive and client-centered to

approach a client's kink identity through the lens that is helpful for them whether that be essentialist, constructivist, a combination, or neither.

“Becoming” Kinky

As many individuals appear to resonate with the idea of identity as a fluid concept, the following section focusses on what it means to develop or become kinky. Yost and Hunter (2012) described the concept of identity as a “dynamical system,” a concept introduced by Diamond (2007) as a tool to understand that a person often has taken many paths leading to development of their sexual identity, with some parts of the system being fixed while others are fluid. For example, this can include dynamic and changing attractions to people and sexual practices, potential for new attractions, and reorganizing of identity, all of which are based on one's social context (Diamond, 2007 as cited in Yost & Hunter, 2012). Many BDSM practitioners resonate with a dynamical system of identity as described by a combination of constructivist, essentialist, or even rejecting these concepts altogether (Diamond, 2007; Yost & Hunter, 2012; Taylor & Ushher, 2001; Hughes & Hammack, 2020).

As therapists, it may be difficult to navigate the fine line between pathologizing through asking “why” or being reductionist through asking “how” a person practices BDSM (Goerlich, 2022). As such, Carlstrom (2019) suggests the framework of “becoming” introduced by philosophers Deleuze and Guattari (1987). The concept of *becoming* asserts first of all that life itself is a process of becoming and secondly, that the process of becoming serves as the source of creative energy resulting in change and empowerment (Carlstrom, 2019). As applied to navigating discussion of a client's journey with BDSM, instead of a singular origin story, there may be moments that are the first of many that sparked the ongoing process of becoming kinky (Carlstrom, 2019; Goerlich, 2022).

Mixed Emotions

As a highly stigmatized sexuality and identity, there is an important place for knowing how BDSM and kinky people feel about their sexuality. A study by Hughes and Hammack (2019) surveys 265 self-identified BDSM practicing participants to answer an online survey of open-ended questions but focused their study on one question about their if they feel negative, positive, or mixed about their kink identity and why. The researchers were interested to understand the individual's relationship to the meaning of kink in their life, including attitudes, feelings, and thoughts and the influence of stigma (Hughes & Hammack, 2019). The researchers reported common experiences of isolation, pathologizing oneself, secrecy, and stigma. This is critical information for counsellors to be aware of when working with kinky clients who are bringing these stories in to the room with them.

In the experiences from Hughes and Hammack's (2019) study, it is notable how avoidable these negative feelings would be if our society was more sex-positive, accepting, and non-judgemental. While counsellors cannot control the outside world, they can create a culture of acceptance and sex-positivity in the room so that clients can process these emotions and potential trauma from being so stigmatized. As a final note, it is worth mentioning that participants identified overcoming these negative feelings was improved by being involved in a kink community, finding resiliency to stigma through social connection, and reframing their kinkiness into a story of growth and exploration (Hughes & Hammack, 2019). This study is important for providing insight into the impact of shame from social stigma. More information about the experience of shame and how that comes up in the therapy space will be explored later.

Plurality of Outcomes

Erotic Outcomes in BDSM

Three Central Components: Power, Sensation, and Altered Consciousness.

Building on understanding from the research of what personal meaning BDSM holds for people, we can then explore the core elements that present in a BDSM relational dynamic. In a very simplistic explanation, Hébert and Weaver (2014) divided BDSM practitioners into 2 groups; those that want to be in control and those that want to give up control. This broadly relates to varying practices under the BDSM umbrella, however, to further this I will discuss more specific ways to describe the variation of practices. There are three central components leading to erotic outcomes present in most dynamics: (1) eroticization of power and authority (2) giving or receiving intense sensation (3) altered state of consciousness (Dahan, 2019). The three components discussed in this section often overlap but do not all need to be present in one dynamic. While BDSM is often discussed as a sexual practice, it can be non-sexual; for example, pleasurable and erotic experiences are not always explicitly sexual or involving genital touching (Dahan, 2019). Following an exploration of these three erotic outcomes, I will then explore various non-sexual outcomes identified in the research literature. By exploring the many outcomes of a BDSM dynamic, both erotic and non-erotic, we see a more nuanced picture that while kink as a practice is not always sexual, it is always relational (Goerlich, 2022).

Eroticization of Power.

Erotic power exchange is a fundamental tenet of BDSM and kink which serves to locate each partner within a scene including the role they will take on and how the play will be implemented (Turley et al., 2018). Power exchange is usually described in terms like dominance and submission, but the role of power in sexuality and eroticism is a larger conversation. Power itself is intrinsic to all sexuality whether that is in a BDSM or vanilla context. As a relational practice, sex always contains an inherent power dynamic and hierarchy, however it is usually

implied and unintentionally eroticized. One's social location and cultural context dictates the sexual script that many individuals are influenced by aspects such as gender, religion, or age. Despite this, it is considered transgressive to be transparent about desires for dominance and submission, and it rebels against purity culture informed by patriarchal, heteronormative ideals about eroticism (Faccio et al., 2020; Pitagora, 2014).

Through intentionally eroticizing power, BDSM acknowledges, elevates, and exchanges power between partners. The eroticism of power exchange is so central to BDSM that many practitioners feel that this component alone is essential preceding any sexual acts to set an erotic tone of a scene (Turley et al., 2018). In our society, the paradox is that the process of acknowledging, asking for, and willingly ceding control and power through submission is a subversive cultural taboo despite hierarchical power dynamics being present in everyday life (Faccio et al., 2020).

The impact of French 20th century philosopher Michel Foucault cannot be overstated in discussing the role of power in BDSM and sexuality. Foucault published formative work in the field of studying sexuality in the 1960s-80s by analyzing sexuality and its' intrinsic connection to power (Halperin, 1995). As background context to Foucault's work, a major influence on Foucault's ideology was his experiences of being in a homosexual "somasochistic" relationship (Halperin, 1995). As Halperin (1995) states, through a Foucauldian analysis, it doesn't matter whether one's sexuality, including homosexuality or kink, is essentialist or constructivist. Instead, sexuality is not a biological or psychological product, but rather, sexuality is a product of based on the systems of structural power existing in a given settings (Halperin, 1995). Similarly, Judith Butler's feminist concept of the performative theory asserts that we adopt aspects of our identity through the performance of behaviours we internalized through society (Butler, 1990). As such, we perform roles like gender or sexuality according to the rules of systems of structural power and as a performance this is done relationally (Butler, 1990). Recalling Taylor and Ussher's (2001) research, many BDSM practitioners cited kink's as holding

meaning for them through its' dissidence to sexual hegemony and patriarchal norms for performing sex. Within the safety of a BDSM dynamic, partners can play on the erotic charge that power holds, and which surrounds daily life, or step into a role that they would otherwise not like to play in everyday life. In a scene, there is trust that power is being borrowed, or willingly ceded, rather than being forcibly taken. By intentionally and consensually exchanging power between partners, there is freedom to explore deeper questions about identity especially with regards to gender. For example, a desire for a woman to be submissive in a BDSM scene but not in everyday life.

Prevalence of Erotic Power Exchange.

Some research suggests that consensual power exchange is somewhat ubiquitously practiced during sex in general; for example, holding a partner's wrists down, intercourse that is harder and forceful, role playing common tropes such as a schoolgirl or a doctor (Barker et al., 2007). Research literature as far back as 1948 to as recent as 2008 has revealed that fantasies of BDSM power exchange are prevalent across genders (69%), with more women reporting desires for submission; 30-60% of women report fantasies specifically about power exchange through receiving pain, bondage, and sex forced against their will (Critelli & Bivona, 2008; Holvoet et al., 2017; Kinsey et al., 1948 as cited in Dahan, 2019; Knafo & Jaffe, 1984; Zurbriggen & Yost, 2004). Aside from fantasy, a study of the US national population showed that many engage in intentional power exchange activities such as bondage (21%), role playing (24%), or impact play (32%) (Herbenick et al., 2017; Tatum & Niedermeyer, 2021).

In their study purposively sampling BDSM practitioners, Simula and Sumerau (2017) interviewed 1600 participants regarding gender and power in their BDSM play. 69% of participants reported that power was more important than the gender of who they played with and did not feel strongly attached to a particular gender being dominant or submissive (Simula & Sumerau, 2017). Nonetheless, BDSM does not exist in a utopian vacuum free from societal influence. For many, a large part of the erotic charge of power lies in intentional divergence from

or leaning into hegemonic views about gender and sexuality (Barker et al., 2007; Simula & Sumerau, 2017).

Types of Power Exchange Dynamics.

The varying degree to which one desires erotic power exchange exists on a spectrum such as with the Kinsey scale, or anything else pertaining to sexuality (Faccio et al., 2020). On one end of the extreme, a power exchange dynamic can be 24/7, whereas others may seek power exchange in the “bedroom-only” or during sex, or only in fantasy (DiavalDiablo, 2024a; Faccio et al., 2020). Types of power exchange include total power exchange (TPE) which is 24/7, age play such as a daddy dominant or caregiver/little girl (DD or CG/lg), Master and slave (M/s), consensual non-consent (CNC) or rape play, D/s, and S&M (DiavalDiablo, 2024a; Goerlich, 2022; Simula & Sumerau, 2017). Examples of roles where a partner is in power could use terms such as a dominant, top, master, or sadist, while the partner ceding power could use terms such as a submissive, bottom, slave, or masochist (DiavalDiablo, 2024a; Simula & Sumerau, 2017). These terms do not have fixed definitions and are negotiated and consented to in each unique dynamic (DiavalDiablo, 2024a).

A central principle of power exchange in BDSM is assurance that all partners are equals outside of play and there is complete trust that power borrowed from the submissive will be returned (DiavalDiablo, 2024a). Some argue that the submissive partner is the one actually in “control” in the broader picture of a dynamic because they are giving permission within their boundaries of a scene for a dominant partner to borrow control (DiavalDiablo, 2024a). Without proper practices of safety and consent, exchanging power can be an abusive act. These are important distinctions to make for counsellors with kinky clients and knowing how to make this discernment will be explored later. Erotic power exchange is complex and requires skills and knowledge around safety, self-awareness, and boundaries to co-create fantasy and play together (Turley et al., 2018).

The ability to be transparent about desire to cede or borrow control through dominance and submission is highly valued in a healthy BDSM dynamic (Kleinplatz, 2006, pp. 341 as cited in Faccio et al., 2020). When partners are negotiating a BDSM dynamic, Goerlich (2022) emphasizes that this process of intentionally eroticizing power exchange highlights the personal empowerment of stating what is a “yes” but also the sacredness of what is a “no.” BDSM is a unique avenue where being so open about desires and limits is possible, even if it is seemingly paradoxical to one’s values in life outside of sexuality.

Intense Sensation.

The giving or receiving of intense sensation is another fundamental aspect of BDSM that serves to elevate the erotic experience (Sprott & Hadcock, 2018). The most well-known and researched of this is through pain and with sadomasochism (Dunkley et al., 2019; Sprott & Hadcock, 2018; Turley et al., 2018). However, other intense sensations, such as pleasure or fear have been identified (Weinberg et al., 1984 as cited in Brown et al., 2019; Williams, 2006). Moreover, as a subjective and misunderstood sensation in relation to sexuality, pain can be experienced as pleasurable for some, or experienced as painful but a desired part of the experience for example through service and submission (Turley et al., 2018).

The context of pain when occurring in an erotic setting is the key factor for the physiological and psychological mechanisms to occur that transform pain into pleasure (Dunkley et al., 2019). The psychological context preceding a physiological response includes emotional and relational safety, associated memories, and perception of control (Dunkley et al., 2019). Then, through anticipating pain as a positive experience, a hormonal release of dopamine and oxytocin, followed by elevated endogenous opioids, cortisol, and dopamine, which together create an analgesic effect (Dunkley et al., 2019; Lakhsassi et al., 2022). Once context and anticipation of pain in an erotic setting is present, then there are physiological changes to hormone levels that further the analgesic effect and the psychological response to sensations of

pain (Dunkley et al., 2019) The next section will further the topic of altered state of consciousness that is a part of this process.

There are multiple reasons that the partner bottoming, or, receiving sensation may want to experience pain and as mentioned in the discussion of power exchange, it is essential that the scene is co-created and consented to. Turley et al. (2018) highlights that it is through this co-creation of the fantasy or scene collaboratively that serves to ignite sexual pleasure from the experience. As such, when an act that would otherwise be categorized as assault or abuse such as inflicting pain is co-constructed between the top and the bottom, herein lies the transformation into this act becoming pleasurable (Turley et al., 2018). A sense of control from the bottom combined with trust of the top is what sets the tone for a pleasurable experience (Dunkley et al., 2019). Many submissive partners experience feeling conflicting emotions during a scene, which elevates their erotic experience (Turley et al., 2018). For example, feeling degraded and shame whilst also experiencing an erotic charge from intentionally eliciting these emotions that results in a higher intensity of emotional and physical sensations of pleasure (Turley et al., 2018). Despite being the most well-known aspect of BDSM, sadism and masochism are very misunderstood, so is important as therapists to gain a better understanding of what meaning this may hold for clients whilst not being the arbiter of what is a destructive or unhealthy behaviour for clients to engage in (Williams, 2006). Engaging in kink may still be a self-destructive or self-harming behaviour for some, however it is not necessarily the role of the counsellor to express judgement over clients' behaviours especially if the therapist is uninformed about kink in general. Approaching with curiosity and learning whether the client identifies if something is an unhealthy way of coping is a more client-centred approach.

Types of Intense Sensations during Play.

Intense sensations during BDSM play resulting in erotic outcomes may present in a variety of ways. Implements used can include temperature such as hot wax, fire, electricity, or ice; impact play tools such as paddles, canes, crops, whips or hands; materials that may usually

have a restrictive feature such as latex, leather, rope, and handcuffs; bodily fluids such as urine, saliva, blood, or semen; or pleasure such as multiple orgasms which are sometimes “forced”; breath play through restricting air or blood flow through strangulation, hoods, gags, or asphyxiation (Williams, 2006; Weinberg et al. as cited in Brown et al., 2020). There is a wide variety in the type of play that can result in intense sensations. Defining pain in the context of BDSM poses a challenge, therefore the focus for this paper is more interested in the relational practice between partners of negotiation exact details and desires of play so as to cultivate a space to collaboratively explore these intense sensations.

Altered State of Consciousness.

The exchange of power and intense sensation are aspects of BDSM are perhaps the erotic components more familiar to the general public on some level. The last component to be explored further is the experience of an altered state of consciousness as a result of erotic play. First, I will consider how this is experienced psychologically and somatically for BDSM practitioners. Then, I will explore the physiological explanation for whilst in this state. The BDSM community has termed this experienced as *domspace* or *subspace* to account for the different altered consciousness for the partner in the dominant or topping role versus the submissive or bottoming role (Newmahr, 2010; Ambler et al., 2017).

Psychological Experience.

As the lesser-known erotic outcome of BDSM, many discover this altered state through experience and are unaware prior to engaging in play (Dahan, 2019). For those who practice BDSM, research shows that reaching the state of subspace is very highly sought after amongst those who practice BDSM (Dahan, 2019; Pitagora, 2017). Furthermore, this state can be reached through any practices under the BDSM and kink umbrella through stimuli such as restraints, pain, power exchange, or a fetish (Pitagora, 2017). As such, psychological context is essential prior to the space to explore and achieve an altered consciousness. Domspace is not

as well-researched as subspace, however it is described to be experienced as a flow state with increased mental clarity, focus, concentration, and creativity as a result of being in the position of power and control (Csikszentmihalyi, 1991; Jackson et al., 2010 as cited in Ambler et al., 2017). Conversely, subspace is experienced as a trance-like state with sensations of euphoria, weightlessness, and paused cognitive processes (Newmahr, 2010; Ambler et al., 2017). While subspace and domspace are antithetical in experiences, both feature deep relaxation, release of self, altered sense of time, single-mindedness on the task at hand, and disappearance of the outside world (Jackson et al, 2010 as cited in Ambler et al., 2017; Newmahr, 2008; Pitagora, 2017). This enigmatic state of mind through the relational experience of BDSM leads to partners feeling intimate, connected, and transcendence (Pitagora, 2017).

Physiological Experience.

In addition to the psychological features of an altered state of consciousness, the physiological experience is best explained through the sympathetic nervous system's fight-or-flight response. Through various hormonal and neural pathways, sensations of pain are temporarily lessened, there is a burst of energy from increased blood flow to the brain and vital organs, and senses become heightened (LeWine, 2024). Decreased stress, negative affect, and lowered cortisol levels have been noted in research focussing the bottoming partner experiencing subspace in BDSM (Ambler et al., 2017; Sagarin et al., 2015 as cited in Pitagora, 2017). Addressing specifically the response to pain, researchers using evolutionary theory state that pain is a warning system protecting our body's survival but within the correct context, pain can be experienced positively (Dunkley et al., 2019; Williams, 2006; LeWine, 2024). As the body experiences elevated dopamine and cortisol and release of endogenous opioids, the psychological result is altered consciousness, mindfulness, and even pain as a pleasurable experience (Dunkley et al., 2019; Williams, 2006).

An article by Dahan (2019) drew parallels between subspace and the altered state of consciousness taking place during childbirth and suggests an evolutionary link between these

physiological experiences. Dahan (2019) connects that the biological ability to overcome flight-or-flight nervous system response in a particular context, for example during erotic play or during childbirth in order to assure survival. There is limited research support for this hypothesis, however it is an interesting area for further research into the physiological explanations and evolutionary basis for an altered state of consciousness in response to intense sensation (Dahan, 2019; Newmahr, 2008; Rinella, 2013 as cited in Pitagora, 2017; Williams, 2006).

Non-erotic Outcomes

A plurality of outcomes from practicing BDSM and kink exist and in addition to the erotic domain to include various non-sexual outcomes (Faccio, 2020). Research literature has tended to focus on the sexual and erotic outcomes, however more recent studies have begun to explore the non-sexual realm because of the complex and holistic nature of BDSM practices (Turley, 2022). Considering the non-sexual outcomes of BDSM is important for therapists to gain a more complete understanding of BDSM and how it is practiced (Turley, 2022). Through this holistic and relational framing, therapists may be better able to provide affirming support to clients to see BDSM as more than a sexual act or preference (Taylor & Ussher, 2001; Turley, 2022). Three main categories of outcomes have emerged from the research literature and will be explored: personal development, social, and physiological (Graham et al. 2016; Goerlich, 2022; Mundy & Cioe, 2019; Ambler et al., 2017; Baumeister, 1988).

Personal Development.

The personal development may be the most salient non-sexual outcome for therapists to recognize because this is an aspect closely tied to one's identity. There are various studies which repeatedly indicate that BDSM serves as an outlet from everyday life stressors, an explanation that substantiates Baumeister's (1988) escape from self theory (Ambler et al., 2017; Dahan, 2019; Hébert & Weather, 2014; Sagarin et al., 2015; Turley, 2022). Baumeister's (1988) work has been foundational for research into BDSM as it was first to recognize and seek

answers about the benefits of BDSM play as opposed to focusing on pathology. The escape from self theory asserts that the pressures from the “burden of selfhood” such as daily decision making, stress, and identity is relieved through BDSM (Baumeister, 1988; Goerlich, 2022).

In a phenomenological study by Turley (2022), 11 participants were interviewed between 2-4 hours regarding the non-sexual outcomes of BDSM. Through engaging in BDSM, participants report personal development through self-exploration and discovery, improved relationships, and a new experience of connecting with their bodies (Turley, 2022). Additionally, more intrapsychic experiences were reported such as catharsis and transformation. The findings from this study speak to the powerful inner work and experience that comes from practicing BDSM. Engaging in BDSM can also result in a transformational inner change that comes through facing gender and sexual norms that oppress using structural power and overcoming them with negotiation of consensually eroticizing power (Pitagora, 2014). Moreover, there is much more exploration within the research world of the role of sexuality in eliciting personal growth and development. Recalling Deleuze and Guattari’s (1987) framework of “becoming,” the relationship between personal development and BDSM may be that they are intrinsically linked as an ongoing process embracing change (Carlstrom, 2019).

BDSM as Facilitator for Healing.

The concept of BDSM as a vehicle for personal development prompts questions about its value as a tool for growth and healing. This is important to consider specifically with survivors of trauma. Cascalheira et al. (2021) researched the therapeutic effect of BDSM for survivors of early childhood abuse in a study interviewing 20 adult participants. The researchers identified six themes wherein participants reported experiencing BDSM as healing, summarized further as reframing their traumatic experiences, internalized beliefs and self-concept, and relationships with others, as well as reclaiming their power through boundaries, feeling valued, and dictating the terms of their experience including when pain or exposure to stimuli similar to their trauma (Cascalheira et al., 2021). Cascalheira et al. (2021) state that there are no studies that have

examined the use of kink in terms of recovering from trauma. The purpose of this study was not to explore kink as a form of therapy, but rather to explore how survivors of childhood abuse report using BDSM as a tool for coping, healing, and processing their trauma.

In this paper I would like to be clear that kink is not a form of therapy nor is it a replacement for therapy. However, despite the etiological history linking BDSM to abuse, it is an important note that the research consistently shows that it is not linked to experiences of abuse and trauma including in childhood (Braun & Clarke as cited in Cascalheira et al., 2021; Goerlich, 2022). As such, whilst an individual's BDSM and kink desires are not likely to be causally linked to experiences of abuse, many do practice BDSM and find therapeutic benefit from it (Cascalheira et al., 2021).

The topic of trauma, abuse, and BDSM will be explored in more depth in a later section. However, as connected to BDSM as a way to experience healing, an important note identified by Cascalheira et al. (2021) was in regard to re-traumatization; participants that reported experiences of BDSM being re-traumatizing stated that this was only the case before they became aware of proper safety and consent practices for BDSM. While this study is limited by its' participant size, this finding is important to highlight how crucial education surrounding frameworks for safety are in BDSM practice. As such, therapists need to be more aware of ways in which survivors of trauma are interacting with BDSM desires and practices.

A parallel has been drawn between the notion of "self-care" or "self-help" which has taken shape over recent years to encompass many different practices for wellness. Sadomasochism has been described across multiple studies as a form of self-help, with many practitioners feeling that has potential for transformation and healing through a more "authentic" relationship to self and others; religious or magical experiences; expanding self-awareness (Barker et al., 2007; Beckmann, 2001; Lindemann, 2011). Given the right conditions, for example in which BDSM play feels relationally and emotionally safe and consented to, it can have the outcome of personal growth (Weille, 2002 as cited in Lindemann, 2011).

To further the consideration of BDSM as a healing experience, Lindemann (2011) found through conducting interviews with 66 female professional dominants (Pro-Domme) that they often described themselves as therapists. Unpacking the parallels between healing BDSM experiences and healing sex work, and when those two are overlapping, is outside the scope of this project, but it is worth noting as an interesting matrix of where sexuality, repression, shame, and healing can all meet. Pro-Domme's responses indicate four ways that there is therapeutic value in their work; (1) through a safe outlet of expressing repressed sexual interests, (2) as atonement rituals – for things the client has done, *eg. Cheating*, or things that they have had done to them and internalized, *eg. Abandonment*, (3) through a way to gain control over past trauma, (4) and psychological relief from working through shame (Lindemann, 2011).

Social.

As a relational practice, BDSM is experienced socially and can manifest as vastly different for each individual, with outcomes such as a sense of community, friendships, help with advice and acceptance, and a sense of belonging (Goerlich, 2022). A study by Spratt and Williams's (2019) explored the idea that some BDSM practitioners describe it as a leisure activity to highlight the social, fun community potential of kink. One social aspect deserving of more attention is the important concept of play and having fun. In adult relationships, having an outlet for play may be something that is otherwise lacking in everyday life. This supports Baumeister's (1988) escape from self theory as an outlet to empower BDSM practitioners to explore other parts of themselves. Because BDSM is a departure from normative scripts of sexuality, there is an opportunity as an outlet for expressing inner desires and fantasy in collaboration with others. There is also more freedom to decide the structure and dynamic of a relationship (Ling et al., 2022). The existence of subculture and communities centred around BDSM especially since the 20th century have been a way for people to bond, affirm, and protect one another (Spratt & Williams, 2019). Some researchers have even noted how difficult it can be to conduct

research with BDSM practitioners because of how protective and hesitant they are to researchers' intentions and biases (Clarke et al., 2010 as cited in Turley, 2022).

Physiological.

Sagarin et al. (2009) researched the physiological and psychological outcomes by collecting saliva samples and surveys from 58 participants before and after practicing BDSM. The researchers found that cortisol levels were elevated after a BDSM scene in tandem with decreased psychological stress and increased feelings of relationship closeness (Sagarin et al., 2009). Based on Sagarin et al.'s (2009) study, Ambler et al. (2017) examined cortisol, testosterone, and psychological experiences with 14 participants. In this study, the researchers also found that cortisol was elevated, psychological stress was decreased, and there were increased feelings of connection between partners. Ambler et al. (2017) report that these findings are generally consistent regardless of role as a top/Dominant or bottom/Submissive partner. The participants reported increased positive affect was elevated immediately after BDSM play which and this was significantly higher for the top partner. Finally, an important finding from Ambler et al.'s (2017) study was decreased executive functioning through loss of self-consciousness and entering flow state during BDSM play. This is in addition to a study by Hébert & Weaver (2015) that reports psychological release as a non-sexual outcome of BDSM which is outlined in the escape from self-theory, providing more support for this theory (Baumeister, 1988). There is limited research into physiological outcomes; aside from the studies by Ambler et al. (2017) and Sagarin et al. (2009), researchers must infer information about changes to cortisol, testosterone, and psychological stress from studies not specifically about BDSM, for example studies about pain, childbirth or about piercing rituals (Klement et al., 2015 as cited in Ambler et al., 2017; Lakhsassi et al., 2022; Pitagora, 2017; Sagarin et al., 2009). Despite the lack of research, the non-sexual physiological outcomes of BDSM may be a significant part of the clients' experience and as such, a worthy area for therapists to explore with their clients.

Frameworks for Cultivating Safety

Consent

Consent is a requirement for any erotic activity, however in a healthy BDSM there is a larger emphasis on consent especially given the potential engagement of higher risk activities. Since the #MeToo and Time's Up movements, there has been a wider adoption of consent as an ongoing process involving negotiation and enthusiasm instead of a binary yes or no (Strengers et al., 2021). This has resulted in newer consent frameworks such as FRIES which was developed by Planned Parenthood. The FRIES model describes the requirement for consent to be freely given (F), reversible (R), informed (I), enthusiastic (E), and specific (S) (Planned Parenthood, n.d.; Strengers et al., 2021). The BDSM community has had longstanding consent frameworks predating the new era of public discourse surrounding affirmative consent (Klement et al., 2017). A study by Klement et al. (2017) reported that as BDSM is built on a culture of consent, those that practice held less victim-blaming and rape culture beliefs as compared with the general population. In addition to frameworks of consent, the following section will also discuss concepts of aftercare, ritual, and boundaries developed from the BDSM community.

The most widely used framework for consent with practicing BDSM is the Risk Aware Consensual Kink (RACK) model which was first proposed in an online forum in 1999 by Gary Switch (Switch, 2001). RACK replaced the older Safe, Sane, Consensual (SSC) model based on the rationale that it is unreasonable to expect no risk when engaging in BDSM play (Demasque Magazine, 2018; DiavalDiablo, 2024b; Medlin, 2001; Switch, 2001). Switch (2001) compared BDSM to mountain climbing in that those who engage with it know that there is a certain amount of risk to accept and that it cannot be completely safe activity, which also can contribute to how exciting it is. As such, BDSM practitioners are responsible for minimizing harm wherever possible and to be aware of possible risks (Switch, 2001). Research literature has described RACK as a harm-reduction strategy that acknowledges the realistic potential for

harm, which helps de-pathologize BDSM as it is practiced by consenting and aware adults (Barker et al., 2007; Medlin, 2001).

Negotiation & Boundaries

Negotiating what occurs before and after a scene is an important cornerstone of cultivating safety in BDSM. Many BDSM practitioners go through a process of learning how to play, which includes soft skills such as communication and negotiation, and hard skills such as proper techniques and etiquette (Newmahr, 2010). Education about safe BDSM practices is often spread within the subculture through peers either in-person or online as this information is not widely known. In representations of BDSM through popular culture, for example in films like *Fifty Shades of Grey* or *Secretary*, negotiations of consent and safety are noticeably absent (Shainberg, 2002; Taylor-Johnson, 2015).

In addition to verbal communication, there are various worksheets and tools for facilitating negotiation developed by the BDSM community. For example, MasterMarc's (2016) "Tonight, I want...!" one-page checklist, Tornus' (n.d.) "Not a Checklist" negotiation Sheet, the BDSM checklist of curiosity and exploration (n.d.). All of these resources provide a list of activities and the terms of how they will be carried out, as well as accessing the feelings they may want to elicit, such as feeling powerful, exposed, desired, afraid. In addition to discussing what a person does want out of BDSM play, it is essential to identify what they do not want. These restrictions are the responsibility of each individual to set, and thereafter it is a relational agreement to respect those boundaries (Goerlich, 2022). Whether a limit is hard or soft, for example "ask me first," setting and enforcing boundaries is an essential piece of play (MasterMarc, 2016). Even if a boundary or limit not identified beforehand, BDSM safety dictates that it is always safer to draw a boundary or take away a desired activity during play than it is to add in that wasn't previously agreed (MasterMarc, 2016; BDSM checklist, n.d.). With the RACK model of consent, frameworks for communicating boundaries are important especially when, not if, harm occurs, and repair needs to be made. A healthy BDSM dynamic will have the emotional

safety to discuss and repair when a boundary has been unintentionally, or harm has occurred. All involved partners' boundaries are important can have the capacity to be violated, not just the bottoming/submissive partner.

The co-creation of ritual and routine within the relationship dynamic is another aspect and is seen across relationships whether kinky or not (Goerlich, 2022). The Gottman Method of couples therapy refer to this as developing Rituals of Connection in developing their Sound Relationship House (Gottman & Gottman, 2017). Rituals within a BDSM relationship could vary widely, from "high protocol" 24/7 dynamics in sexual and non-sexual contexts to a submissive requiring permission to have an orgasm during sex. Ritual can be an important part in creating the safe container where power is exchanged (Fulmen, 2016 as cited in Goerlich, 2022). In some kink communities, for example leather fetishes, there are written handbooks and specific protocols for initiation ritual and practicing within this community (Andrews, 2018).

Aftercare

Among the practices for cultivating safety created by BDSM subculture is the concept of aftercare, which is when you debrief following a scene with previously agreed to acts of care (Shahbaz & Chirinos, 2017 as cited in Fuentes, 2019). Examples of aftercare include cuddling, hugging, verbal affirmation, acts of service, sharing a meal together, and talking about the scene (Fuentes, 2019). Despite being widely practiced within the BDSM community, there is very little research about aftercare (Fuentes, 2019). There is only one study (Ambler et al., 2017) in which aftercare was specifically included in their observations of participants' BDSM scenes, however no studies other than a thesis by Fuentes' (2019) was specifically interested in the topic of aftercare. The research by Ambler et al. (2017) also included pre-scene negotiations and consent and established preferred aftercare. As a practice, aftercare shows the respect and care that partners have for each other after co-experiencing a scene which may have involved power exchange, intense sensation, and altered state of consciousness. Despite being an

under-researched topic, aftercare is a compelling practice which can have applications in vanilla relationships as well to process, co-regulate, and connect with one another after sex.

The physiological rationale for practicing aftercare is because of the elevated cortisol levels and flooding of hormones that occurs during a scene (Ambler et al., 2017; Brame, 2023; Dahan, 2019; Dunkley et al., 2019; Fuentes, 2019; Newmahr, 2010; Pitagora, 2017). BDSM and kink subculture refers to this as “drop,” usually with the prefix of “sub” or “dom” (Brame, 2023). While not specifically using the term sub-drop, a study by Barker et al. (2007) described the phenomenon of feeling shame, disgust, self-loathing, or remorse after a scene. Therapists without knowledge of sub-drop may react with fear that the client does not actually want to engage in their BDSM desires or that the behaviours are problematic. These may be true, but it is worth keeping in mind that it is considered normal and not necessarily problematic to have this emotional experience after a scene. Instead, this may be a pathway to supporting clients in processing their emotional experience, their connection to sexuality, and the meaning that they make from it. Barker et al. (2007) point out that this experience is particularly common among those new to BDSM who are also processing a departure from dominant cultural norms that uphold heteronormative, patriarchal ideals about sexuality.

Institutional Bias

Now that the general understanding of BDSM as a practice, an identity, and frameworks for relational dynamics have been explored, the following section focusses on how stigma towards BDSM is present in mental health professionals. There are three main factors that lead to mental health professionals falling short in providing a kink-affirming experience for clients. First, Western society is generally disapproving of BDSM and kink as alternative sexual identity. This is informed by a history of pathologizing BDSM from the medical field as explored in an earlier section. Second, very few graduate training programs provide education about working with kinky clients (Casalheira et al., 2021; Kelsey et al., 2012). Third, therapists are not aware of

resources for best practices in working with kinky clients. It is important to note that there have been cultural shifts towards more acceptance and awareness of diverse sexualities, most notably through media representing BDSM, and there are resources in graduate programs and outside for professional development in learning about this population. For example, The Kink Clinical Practice Guidelines Project (Sprott et al., 2023) released a guide for mental health professionals working with kinky clients, however these resources are not widely known and used amongst therapists (Ling et al., 2022). As such, many therapists are likely both uninformed and being influenced by their own opinions and assumptions about BDSM (Pitagora, 2017). Their biases can remain unchecked by research-backed information and working through their beliefs held about BDSM. The result of which is that a therapist does not have the competency to work with kinky clients, thus impacting clients.

Two areas where stigma most impacts clients are in mental health and court settings (Ling et al., 2022). In court settings, the greatest impact is with child custody, for example the National Coalition for Sexual Freedom (NCSF) gathered 808 reports from 2005 to 2017 from parents whose kinks had been brought into child custody litigation as issues (Wright, 2018). Following the removal of pathology for BDSM from the DSM-5 in 2013, there was a massive decrease in child custody removals (Wright, 2018). While there is a decrease in custody removals using kink sexuality as a reason, this is still an important consideration for counsellors and how their kinky client's lives are impacted by stigma. For example, counsellors may be mindful of how notetaking if client records are subpoenaed for child custody litigation, or if there is anything unclear about partners engaging in kink consensually.

In the mental health field, ethical guidelines for professionals have been updated to include the treatment of diverse gender and sexual identities for example in the American Psychology Association (APA) and the British Columbia Association of Clinical Counsellors (BCACC) (APA, 2021; BCACC, 2023; Bettinger, 2022 as cited in Ling et al., 2022). The

changes to APA were in large part due to the NCSF's involvement in advocating for the kink community such as petitions signed by thousands of people and advocacy by mental health professionals urging for change (NCSF, 2024). Furthermore, they reflect that it is an ethical of providing a form of culturally sensitive counselling for people with diverse sexualities.

Despite the shift towards inclusive ethical guidelines and attitudes in mental health, 48% of therapists report lacking competence in working with kinky clients and major reason is due to ignorance about kink identity and sexuality (Kelsey et al., 2012; Cascalheira et al., 2021; Stiles & Clark, 2011). This is concerning given that the prevalence of people who engage with or have BDSM interests is high enough that therapists will interact with them at some point, whether they know it or not (Kelsey et al., 2012; Stiles & Clark, 2011). The ignorance from mental health providers results in clients reporting two common negative experiences: 1. therapists' difficulty to decipher kink practices from deleterious self-harming or abusive behaviours, (Shabaz & Chirinos, 2016 as cited in Cascalheira et al., 2021) and 2. clients spending time educating therapists about BDSM and kink sexuality (Lawrence & Love-Crowell, 2008 as cited in Cascalheira et al., 2021; Kolmes et al., 2008). As mentioned previously, BDSM practices are not trauma re-enactments despite this being a common concern in the research literature and amongst therapists (Kelsey et al., 2012; Kolmes et al., 2006).

In 2008, the NCSF's (2008) Violence and Discrimination Survey reported that 37% of 3,000 BDSM practicing respondents had experienced discrimination by a mental health professional. In their research surveying 175 BDSM practitioners, there was an equal number of negative experiences with therapists as there were positive experiences. Negative experiences could include therapists saying that BDSM was unhealthy, requiring clients to renounce practicing BDSM to continue with treatment, and having their BDSM interests conflated with abuse and trauma re-enactment (Kolmes et al., 2006).

Because of their concern about receiving biased and discriminatory care, between 25% to 40% of kinky clients will never come out to a therapist (Kolmes et al., 2006; Sprott & Berkey,

2015; Sprott & Randall, 2017). Those who do come out do it because they want to explore why they are kinky; to be validated of their sexuality; concern about their kink interests; and because they are experiencing social stigma (Sprott & Berkey, 2015; Sprott & Randall, 2017). People will often keep their BDSM identity a secret because of the fear of discrimination by disclosing to friends, family, work, and their therapist (Kelsey et al., 2012). As a secret subculture, protective measures were created in BDSM for safety and support of one another as well as finding each other even in the era before the internet. For counsellors, this context of secrecy is important because it can help the therapist to empathize with why a person may be closeted about their BDSM identity. For example, if working with couples, there may be a desire discrepancy as one partner may have secret BDSM interests or been engaging in it through infidelity. To draw comparison to the queer community, it is also important that counsellors acknowledge that it is not always safe to be publicly out about their identity. The fear about discrimination is valid and the lived experienced of many kinky clients.

There are mental health professionals that challenge the institutional bias towards kinky people. As mentioned, regulating bodies such as APA (2023) and BCACC (2024) now include language around cultural competency and training needed with people of diverse identities in their code of ethics. Therapists that have extensive experience with BDSM clients suggest that it is a matter of cultural competency and it is important to seek adequate training and knowledge of BDSM in addition to maintaining a non-judgemental, trauma-informed lens that does not pathologize BDSM (Lawrence & Love-Crowell, 2008 as cited in Kelsey et al., 2012). 70% of therapist state that they would not seek to reduce clients practicing BDSM if that was not a client's treatment goal (Casalheira et al., 2021). In Kelsey et al.'s (2012) study of therapists' attitudes towards BDSM, approximately half of therapists considered themselves competent to see BDSM clients. The therapists that felt more competent held more positive, non-pathologizing attitudes about BDSM. 67% of participants agreed with the survey question "BDSM can be a part of a healthy, long-term relationship." (Kelsey et al., 2012). Lastly, Kelsey

et al. (2012) report that age is a factor as younger therapist participants held more positive attitudes about BDSM. This research highlights the importance of being educated about BDSM to have adequate competency for avoiding discriminating about BDSM clients.

Trauma

Prevalence

There is a common misconception about the BDSM community that it is filled with traumatized and dangerous people, or as the main character in *Fifty Shades of Grey* says, “I’m fifty shades of fucked up” (Goerlich, 2022). This belief is held in society and by mental health professionals (Cascalheira et al., 2021; Hughes & Hammack, 2019; Kolmes et al., 2006; Ling et al., 2022). This is likely explained by the result of systemic pathologizing of kink from the medical field started by Krafft-Ebbing and Freud (Goerlich, 2022) which has permeated through society associating kink with disorder and criminality. One of these such theories, similar to the thought that sexual predators were once victims themselves, is that kink interests is caused by surviving child sexual abuse (Goerlich, 2022). However, there is no evidence from the research supporting this view; no studies have found any association between higher prevalence of child sexual abuse (CSA) for kinky people, the prevalence is the same as the general population (Hughes & Hammack, 2020; Hillier, 2019; Goerlich, 2022; Richters et al., 2008; Finland et al., 2000 as cited in Sprott et al., 2023). There is conflicting information in recent studies: Ten Brink et al. (2020) found no correlation between BDSM interest and childhood abuse, whereas Abrams et al. (2022) found associations between childhood abuse and “sadomasochistic tendencies” which was particularly strong with CSA. That study did report higher levels of physical abuse in adulthood, which is of interest for therapists to consider in a trauma-informed approach. The Alternative Sexual Health Alliance’s (TASHRA) National Kink Health Survey of 980 kink-identified participants found that 9.6% had high Adverse Childhood Experience (ACE) scores. The US national prevalence for high ACE scores is reportedly 16%, so there does not

appear to be a strong link between ACEs and BDSM interest (Centers for Disease Control and Prevention, 2019 as cited in Sprott et al., 2023).

The research consistently indicates that BDSM or kink interests have little or no causal relationship to trauma, abuse, family dysfunction, or adverse life experiences (Ansara, 2019; Blizzard, 2001; Brown et al., 2020; Copper et al., 2019; Richters et al., 2008; Yost & Hunter, 2012). A USA national survey stated that BDSM cannot be described as a result of sexual abuse or pathology (Richters et al., 2008). On the contrary, a study of 902 BDSM and kink practitioners found that they scored better than 434 control participants in measures of psychological functioning; for example, more open to new experiences, conscientious, and higher scores of wellbeing (Ansara, 2019; Wismeijer & van Assen, 2013). Further, research conducted over the last 30 years has consistently found that BDSM and kink practitioners are no different from the general population in terms of attachment styles, mental health symptoms such as anxiety and depression, and sexual satisfaction (Sprott & Randall, 2017).

Despite not having higher prevalence of adverse life experiences and not being causally linked to childhood trauma, The TASHRA's National Kink Health Survey compared BDSM and kinky participants' with the US National prevalence across various health conditions and found higher prevalence of PTSD (17.98% vs. 6.8% in general population), attempted suicide (24.70% vs. 4.6% in general population), non-suicidal self-injury (17.84% vs. 5.9% in general population), and eating disorders (14.62% vs. 1.21% in general population) (Sprott & Randall, 2016).

Trauma Re-enactment

As the exposure rates appear to be the same with general population, the higher prevalence of PTSD with BDSM and kinksters is an interesting finding and sparks curiosity as to how we can explain it. There is not a clear answer to this in the current research literature.

Some sources speculate about the possibility that some people turn to BDSM to engage in trauma re-enactment (Sanok, 2023). Trauma re-enactment is when a trauma survivor either intentionally or unintentionally repeats behaviours or relationships similar to their trauma history (van der Kolk 1989; Complex Trauma, n.d.). Levy (1998) suggested that some re-enactments can be an adaptive, deliberate attempt to gain mastery over past trauma, while others are a maladaptive, unintentional pattern of behaviour as a coping strategy. The latter is a higher risk of retraumatizing and causing further distress.

From a clinical perspective, there can be concern that BDSM is retraumatizing for survivors. This is particularly a risk for victims of child sexual abuse who engage in repetition of trauma experiences. With recent research about how trauma is stored within the body, some trauma survivors may find it difficult to differentiate between consensual play and harm (Gewirtz-Meydan et al., 2024; van der Kolk, 2014). Unhealthy re-enactment of trauma in BDSM can include dissociation, flashbacks, lack of communication about desires, boundaries, and limits, lack of power and choice, and risking psychological or physical injury because of unawareness of limits (Sanok, 2023). These risks can be addressed with safety frameworks in BDSM including communicating boundaries and limits, respecting those boundaries, safe words and aftercare, and ongoing consent (Sanok, 2023).

The concern of re-enactments dates back to Freud's concept of repetition compulsion which he described for "sexual masochists" as an attempt to regain control over what happened to them (Freud, 1920 as cited in Gewirtz-Meydan et al., 2024). Recalling to the exploration of an individual's personal origin story and meaning of BDSM interest, the assumption that BDSM is a trauma re-enactment idea may be unhelpful for the vast majority of survivors. Approximately one third of respondents named a constructivist origin of kink through external forces such as trauma (Hughes & Hammack, 2020; Yost & Hunter, 2012). Remaining curious not just for "why" someone is engaging in BDSM but also "how" and the meaning that it holds can be much more

productive. Furthermore, this emphasizes a greater need for therapists to be aware of safety and consent frameworks in BDSM to support clients that have survived trauma and are engaging in BDSM. This can support clients to not engage in unhealthy BDSM dynamics, notice abusive patterns of behaviour and consent violations, and to advocate for themselves (Cascalheira et al., 2021).

Re-scripting, not Re-enactment: Posttraumatic Growth

Some survivors intentionally engage in “trauma play,” which is BDSM play with variables similar to their own past trauma (Thomas, 2020; Sunassee, 2024). The repeated use of trauma play is described as a process of transforming trauma known as post-traumatic growth, through gaining mastery over it and revisiting the trauma to gain control, agency, and resiliency (Cascalheira et al., 2021; Gewirtz-Meydan et al., 2024; Sunassee, 2024). Posttraumatic growth through re-enactments are often characterized by seeking intensity and power dynamics, which are key elements of BDSM (Wismeijer et al. 2013; Sprott & Hadcock, 2018; Sunassee, 2024).

For some, this intentional process creates opportunity to re-script within the structure and safety of consensual BDSM play (Gewirtz-Meydan et al., 2024; Sunassee, 2024; Thomas, 2020). This subversive act of revisiting their experiences to reclaim power and process their trauma somatically, emotionally, and relationally with a play partner (Cascalheira et al., 2021; Lindemann, 2011; Simula, 2019; Sunassee, 2024; van der Kolk, 2014). Whether BDSM is retraumatizing or healing depends on many contexts and variables, individual clients and their experiences. A final consideration to further the question of rescripting versus re-enactment is Sunassee’s (2024) study into whether arousal states, in particular pleasure, influences the healing effects of trauma play. The study was based on Michell et al.’s (1985) research that mice’s state of arousal greatly influenced their reactions: higher arousal meant avoidance and fear of new stimuli, whereas lower arousal meant novelty seeking and curiosity of new stimuli.

Context such as safety cues in an erotic setting is crucial for predicting whether the psychological response is pleasurable even if the stimuli involve pain (Dunkley et al., 2019; Lakhsassi et al., 2022). There was a significance found between pleasure during trauma play and posttraumatic growth, suggesting that the setting of a BDSM scene which feels safe to experience pleasure could provide opportunity for healing rather than retraumatization (Sunassee, 2024).

BDSM as Empathic Witness

Goerlich (2022) offers the explanation that perhaps BDSM play acts as a resiliency factor for trauma survivors; it serves as a way for survivors to find community and comfort. Regardless if a therapist condones BDSM or not, survivors do engage in BDSM and are known to this on their own as a therapeutic experience (Gewirtz-Meydan et al., 2024). For example, a survivor of sexual trauma may feel empowered in the submissive role by the practice of negotiating the terms over which they temporarily cede control to another person. As Hammers (2014) describes:

BDSM encounters are the “fusion of bodily horizons” where another’s pain is recognized and affirmed. In this moment of recognition, shame, that overriding affect, is contested and transfigured into bodily affirmation thus triggering somatic (re)connection... wherein consensual pain/violation re-works the “bad pain” (from sexual trauma) into pleasurable sensation.

Many trauma survivors find BDSM to be affirming, healing, and experience catharsis and support through relationality. While BDSM and kink itself is not a method of therapy, it can still have these healing effects by reclaiming control over their body and power over a previous experience of trauma. For example, even if BDSM play is eliciting pain, that pain has been

negotiated, consented to, and the recipient dictates the terms of that pain rather than being powerless in the experience. Considering trauma therapist Peter Levine's quote that "trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness," we may reflect on BDSM's capacity to play this role (Levine, 1997). For trauma survivors, BDSM may give space to fully experience their grief, pain, fear, and complexity of emotions held in the body and be seen, for example by a partner or a public dungeon audience as empathetic witness.

From the trauma-informed lens of embodiment, trauma processing includes rebuilding the connection between the survivor as a person and their body through somatically relieving suppressed emotions (Gewirtz-Meydan et al., 2024; van der Kolk, 2014). The intense sensory experiences and altered consciousness of BDSM play have been suggested (Gewirtz-Meydan et al., 2024) as a way for survivors to rebuild this connection in their internal self (Brown et al., 2020; Cascalheira et al., 2021; Labrecque et al., 2021). Baumeister's (1988) Escape from Self theory that we seek BDSM as a means to relieve the "burden of selfhood" is a relevant explanation for trauma survivors engaging in kink. Survivors may find a self-body connection again by being in present moment with focus on sensations and having relief from burdens of self and everyday life (Baumeister, 1988; Gewirtz-Meydan et al., 2024).

BDSM play may act as a resiliency factor for trauma survivors, meeting the adaptive psychosocial resiliency skills to cope with and recover from surviving trauma, preventing development of post trauma symptoms proposed by Iacoviello and Charney (2014) (Goerlich, 2022). The six psychosocial factors associated with resilience include (1) optimism, (2) cognitive flexibility, (3) active coping skills, (4) supportive social network, (5) attending to one's physical well-being, and (6) embracing a personal moral compass (Goerlich, 2022). In each of these factors, there are ways that BDSM could play a supporting role in fostering these skills. For example, practicing cognitive flexibility through engaging in play involving negotiating and

planning a scene, ritual and rules in power exchange, and challenging working memory and executive functioning through navigating intense sensation and altered states of consciousness such as subspace or flow state.

The supportive social network can be practiced using BDSM as empathetic witness and a community of likeminded people who encourage sharing their desires and experiences instead of silencing their erotic interests. The skill of attending to physical well-being is met through the practice of aftercare. Through assurance that there is respect, care, comfort, or whatever else is needed after a scene, trauma survivors can practice prioritizing their needs and build trust in their worth as a person, even if their interests include something such as enduring being degraded or physical pain. As a final example, the skill of a personal moral compass can be practiced through figuring out what their boundaries and interests are. As Goerlich (2022) describes, BDSM can be like a sandbox for survivors to explore and define what the limits of their desires and kinky interests are and how to negotiate that. One person's desires may lead them to engage in a Master-Slave power exchange dynamic, while another's may mean engaging in bondage in a public rope studio.

Chapter Three: Discussion and Application

Discussion

This chapter's focus is on distilling the reviewed research literature into practical applications for counsellors seeing BDSM and kink-identified or interested clients. Before practical applications, this chapter will first discuss the reviewed research literature on BDSM and kink as a whole through a sex-positive, anti-oppressive and trauma-informed lens. Then, the reviewed literature will be synthesized with currently existing best practice recommendations into a summary guide (Appendix A). This brief guide will provide counsellors with materials for navigating this topic in their practice and support for confronting societal assumptions about BDSM that they may also hold. This chapter is organized into two sections designed to be a linear pathway for counsellors, from being kink-knowledgeable to being kink-affirming (Goerlich, 2022; Kink Aware Professionals, n.d.).

Being kink-knowledgeable vs kink-affirming

The first step to being a kink-affirming therapist begins with approaching BDSM and kink with curiosity, openness, and being non-pathologizing (Goerlich, 2022; Kink Aware Professionals, n.d.). Using Blooms Taxonomy (1956) as a guide, therapists will go through the following process towards gaining and then integrating knowledge into practical application. First, a curious counsellor will acquire basic terminology and understand specific BDSM practices and concepts (Goerlich, 2022; Kink Aware Professionals, n.d.). At this stage, a therapist could be considered kink-aware or friendly, but lacks the ability to analyze, evaluate, and synthesize this knowledge into supporting kinky clients. The majority of the research literature reviewed would be categorized as supporting a kink-informed approach because it is concerned with basic understandings of BDSM. This research topic is evolving to include more nuanced conversation about BDSM dynamics and the specifics of how these relationships work.

However, there is a long way to go for understanding more about the experience of BDSM to build on the existing body of research focussing on what it is.

To be kink-affirming rather than just kink-informed, the therapist will seek professional trainings, have nuanced knowledge of BDSM and kink, experience working with kinky clients, and consider clients' intersectional identities. This includes the process of confronting their internal biases towards BDSM. This would include a working knowledge of how their clients engage in BDSM and hold the ability to integrate kink identity into treatment interventions (Goerlich, 2022). Furthermore, a kink-affirming therapist goes beyond having cultural competency and makes a personal commitment to anti-oppressive advocacy against the systems of structural power that created and uphold discrimination.

For some therapists, the concept of confronting personal biases and dedicate effort to public-facing advocacy work may be a difficult concept to grasp. This task requires accountability and humility. It's possible that many institutions do not value training graduate students to think in this broader systems way and are intentionally or unintentionally upholding medical and academic models which are rooted in patriarchal, colonialist systems. However, kink-affirming therapy practice cannot fully integrate knowledge of BDSM without also publicly breaking away from the systems that continue to sow seeds of shame, discrimination, and feeling broken for many identities but kinky clients in particular. As is the case with all discussion of sexuality, BDSM and kink does not exist in a vacuum outside of societal narratives.

Challenges

The collective body of research regarding BDSM and kink is challenging as so much of its focus is debating focusses on pathology. Notwithstanding, there is newer research that focusses on the impact, meaningfulness, and even benefits of BDSM. The changing focus of this research topic mirrors the larger societal process of showing away from the stigmatization of BDSM. In addition to this history of pathology, themes which emerged from the research explored in Chapter Two include erotic and non-erotic outcomes, frameworks to model safety

and consent, and the high prevalence of trauma among BDSM and kink practitioners.

Throughout the research literature was reference to the ways in which grassroots community-based practices have been formed. This community has been functioning for a very long time, and academia is just now catching up. Even still, academia seems to still be focussed on the origin, the “why” and is just now getting to the “how.” The practices of communicating and negotiating consent, desires, boundaries, and needs were created within the community can be applied outside of kink to all relational structures. For instance, the concept of aftercare brings intentionality to the act of care following an erotic interaction. As such, aftercare enhances the relationality and connectedness by creating ritual to this shared erotic experience together. Luckily for counsellors, despite the lack of practical knowledge of BDSM in research, there are a lot of existing resources from within the community and advocacy groups that can help to understand and support clients.

Diversity Issues

The biggest limitation to the research a lack of diversity, making it difficult to draw any conclusions from the literature that is a full picture of BDSM and kink as a sexuality. As BDSM was considered a pathology in recent history, the research reflects the foundation of a Western Eurocentric medical model lens which psychotherapy has been built on. Tatum and Niedermeyer (2021) highlight that much of research on this topic has studied predominantly white populations; thus, through an intersectional lens we can infer the compounding effect of oppression and stigma on Black, Indigenous, and People of Colour (BIPOC) individuals that practice BDSM and kink. Not only does this limit the conclusions we can come to regarding even the most affirming and non-judgemental research into BDSM, but it also highlights a need for more research regarding controversial more subjects within BDSM, such as race or age play.

In Lindemann's (2011) study interviewing Pro-Dommes, respondents stated that their typical client is a middle aged, high-income, White, man, but they have also seen male clients

that are racially and religiously diverse, for example, Hasidic Jewish or Black men, and who typically request play that enacts ethnic stereotypes and epithets. This enactment of what Foucault referred to as “transgressive pleasure” (Pawlette, 2024) and is a fascinating exploration into the way in which sexuality defies, or perhaps responds to, the modern anti-oppressive social climate. Further research in this area could also consider the nuances of how intersectionality affects BDSM interest. For example, given the historical imagery of brutality against Black people, such as lynching, how might a Black individual feel towards to bondage? Would the same research findings about reclaiming control and eroticizing power be substantiated? As power always has the potential to be eroticized, and some might argue that power is inherently erotic, this is one of many avenues to that argument would be helpful to explore through research.

In the absence of research that is inclusive of various identities, it is a reminder from a counselling practice perspective that the therapeutic space can strive to cultivate a container of safety from bias and shame. It is the ethical responsibility of counsellors to have cultural competence in working with diversity across sexuality, gender, identity, race, and ethnicity (BCACC, 2023). There is certainly a growing body of research now beginning to consider intersectionality and the many ways in which privilege and identity intersect with BDSM practice (Simula, 2019). Notwithstanding, there is much room for a deeper examination of these intersections, and especially with those who consider BDSM as part of their identity versus those who consider it a behaviour as part of their sex life (Simula, 2019).

Application:

Existing Practice Guides

For mental health professionals to be kink-knowledgeable, a combination of community-based advocacy and the recent surge of research information about BDSM is a helpful place to start. Beyond the basic definitions of BDSM and kink easily accessible online, it is important that

material exists that specifically supports therapists in the more nuanced clinical aspects of working with kinky clients. Being kink-informed will mitigate kinky clients from discrimination many face in the form of their sexuality being seen as a trauma re-enactment, abusive, or having to educate their therapist (Barker et al., 2007). With adequate knowledge, therapists can provide culturally competence services to kinky clients and understand the RACK model of consent (DiavalDiablo, 2024b; Switch, 2001). As such, this section will describe a summary table, seen in Appendix A of this paper, that synthesizes the information from community and academic sources to assist therapists.

The resource table in Appendix A is a brief summary of all the research reviewed earlier and heavily draws from two currently existing summaries in the research literature. Firstly, the table summary of major assumptions and challenges faced by BDSM clients by Kolmes et al. (2006) as cited in Barker et al. (2007). In Kolmes et al.'s (2006) research, seventeen mental health providers and 175 BDSM clients were surveyed, and the researchers identified the dominant discourses about BDSM that negatively impact therapy experiences. Secondly, the Clinical Guidelines for Working with Clients Involved in Kink (Spratt et al., 2023). These guidelines were developed from the Kink Clinical Practice Guidelines project involving twenty clinicians and researchers collaborated to create their best practice guidelines from a combination of extensive literature review and personal clinical experience. In addition to clinicians and researchers, the project also involved BDSM community-based stakeholders, such as educators and BDSM advocacy groups. It was based on a past attempt by the American Association of Sexuality Educators, Counselors and Therapists (AASECT) to develop best practice guidelines for BDSM clients as well as other APA guides for working with specific populations, such as transgender and non-confirming people or older adults (Kleinplatz & Moser, 2004; APA, 2014; APA, 2015 as cited in Spratt et al., 2023). Spratt et al.'s (2023) Clinical Guidelines are groups into four areas: (1) Foundational Knowledge, Skills, and

Attitudes; (2) Life-Span Developmental Issues; (3) Assessment and Intervention; (4) Professional Education, Training, and Community Care.

New Practice Guide to Foster Kink-Affirming Practice

The Appendix A summary table is aimed to assist therapists in British Columbia in working toward becoming kink-affirming and presents the research information as assumptions about BDSM vs. challenges to these based on research, existing guidelines, and community knowledge. This information is conveyed in a few important ways. Firstly, this table challenges widely held assumptions and beliefs about kink, for example that it is a trauma-enactment, pathology, or abusive. Secondly, the table describes foundational knowledge about kink identities and sexuality across the lifespan using an intersectional feminist and anti-oppressive lens. Finally, the table provides direction for resources for therapists to acquire culturally competent training in BDSM and kink for themselves and how to refer out to specialists if needed. It includes British Columbia-based education and service providers. This resource is intended to assist therapists in a practical way using broadly empathetic, non-judgemental, sex-positive principles for supporting a client in their unique sexuality.

The table in Appendix A includes twelve points for therapists to consider about BDSM and kink as a culture, and identity, and as a practice. As the reader moves further down the summary table, the points transition from being kink-friendly, with more general information about BDSM identity, to kink-affirming with more specific information about supporting BDSM clients. The twelve assumptions in Appendix A are: (1) BDSM is always about sex / is a sexual activity, (2) BDSM is a mask for, or a precursor to, abusive behaviour, (3) BDSM is a pathology and an indicator of psychopathy or violent non-consensual sadism, (4) BDSM is “abnormal” to human sexuality, (5) The origin of one’s BDSM interests are biological and innate, (6) A person knows they have BDSM interests early in life, (7) BDSM relationships are abusive, (8) Therapists don’t need to bring up BDSM in sessions, (9) BDSM is the reason for a person’s concerns in therapy, (10) BDSM is a trauma re-enactment, (11) There is not enough accessible

information for therapists to become informed, educated, and involved in community care for BDSM, (12) Being open to working with kinky clients means a therapist is kink-affirming. These twelve assumptions encapsulate the topics brought forward from the reviewed research literature. Furthermore, the table provide a clear response to each point with information found in academic and community-based resources.

Ethics

There is a gap in the research literature connecting work between therapists and BDSM clients for kink-informed ethical considerations and risk assessment. As therapists, safety is an ethical consideration with all clients and especially with regards to sexuality and relationality where history or risk of sexualized violence and abuse are important to assess for. Counsellors must follow ethical principles of cultural competency as per the BCACC (2023) and as such need to be informed about various sexualities including BDSM and kink to avoid further harm done than what is possibly already experienced through judgement of dominant cultural discourse. Furthermore, a trauma-informed approach is necessary especially with sexualized violence and counsellors should assess for risk throughout working with clients whilst still being sex-positive and non-judgemental. This can include individual sessions if working with couples' clients and having discussion about sexual or trauma history with clients. Once therapists are equipped with better knowledge about kink, they can assess a clients' level of risk based in the individual details of a client's case instead of through their internalized beliefs about kink.

Risk Assessment

As many BDSM clients face stigma and internalized shame, there is a higher risk of suicidality that counsellors can be aware of working with this population (Cramer et al., 2017; Roush et al., 2017). Having experiences of discrimination from a therapist is the opposite experience that these clients need and deserve as such an othered and stigmatized group. Additionally, it is possible that multiple truths can exist for a client in that BDSM is a part of their

sexuality that they enjoy, and it can be a source of self-harm for some. Therapists can be aware that guilt, shame, and suicidality may be present alongside BDSM clients and creating a sex-positive, non-judgemental space could be an affirming, healing experience.

A kink-affirming therapist will know that while BDSM is not inherently abusive, intimate partner and gender-based violence can occur in any relationship, including co-occurring in BDSM relationships. Many BDSM clients are fearful that their counsellor will break confidentiality because and report them because they assume it is abusive, therefore it is imperative that therapists have the skills to differentiate consensual BDSM from abuse (Moser, 2006 as cited in Barker et al., 2007; Sprott et al., 2023). Therapists will need to approach risk assessment through a kink-informed lens and to understand whether consent is present in the client engaging in BDSM. An in-depth analysis of abuse in relationships is outside the scope of this paper, however, it is important to note specific behaviours that would indicate to a therapist that the BDSM dynamic may at the very least unhealthy, but also show signs of abuse. As provided by Goerlich (2022, p. 210) and the National Domestic Abuse Hotline (n.d.), these behaviours can include:

- “Listens in on phone calls/screening texts
- Threatens suicide if the relationship changes or ends
- Threatens to harm children or pets
- Punishment or scene play when the Top is angry
- Using [erotic] power exchange to address non-kink related issues
- A dynamic that feels it is moving too quickly and pressured into things a partner is unsure of
- Failure to stop a scene when asked
- Failure to seek medical care when needed
- Threatens to “out” partner if they don’t obey or comply

- Pushiness and coerciveness; lack of respect for boundaries; rejection of feedback and debriefing; refusal to engage in negotiation of the dynamic; learned helplessness, codependency, and weaponized incompetence”

Simply put, consensual BDSM is always consensual, done with respect for boundaries, rules and limits, used for mutual pleasure and connection, uses safe words or traffic light system for stopping play, and never done to intentionally harm one’s partner (National Domestic Violence Hotline, n.d.; the Network/La Red, n.d.). On the hand, abuse is not consensual, does not have or respect boundaries, rules and limits, is used to control, punish or frighten, victims are unable to stop the scene / abuse, and is about intentionally controlling and having power over someone (National Domestic Violence Hotline, n.d.; the Network/La Red, n.d.; Goerlich, 2022; Holt, 2016). In a survey of 5,667 BDSM participants, 30% had a previously negotiated limit ignored or violated, and 14.9% had their safe word or signal ignored (Wright et al., 2022). Wright et al. (2022) reported that one third of these incidences were an accident and miscommunication, but two thirds were intentional and named as abusive behaviour. As incidences like these are somewhat common, therapists should feel prepared to ask more questions to distinguish risky accidents that needed emotional repair from intentional, abusive behaviours. Furthermore, therapists can create space for client’s complex and sometimes conflicting emotions about their BDSM experiences and dynamics. For example, holding space for a client having initially enjoyed and consented to a scene, and having their limits violated without consideration for their pleasure or consent (Pitagora, 2016).

A final note about best practices and safety for kink-affirming therapists is avoid any “prescribing” of kink to clients because of the risks associated with many BDSM practices. For example, encouraging a client to try spanking, or impact play, could result in a blood clot, or tying a partner’s hands can result in loss of blood circulation and nerve damage. As such, therapists can instead share resources to clients about general BDSM exploration or safety practices. Examples of this include the BDSM Test (2014) website at www.bdsmtest.org, BDSM

Checklist (n.d.), or using search terms for a specific aspect of BDSM safety considerations.

Local Adult Stores may have seminars such as ones provided by Vancouver's Art of Loving at www.artofloving.ca. If BDSM has organically been presented into the counselling space either overtly or subtly, then kink-affirming therapists are prepared to navigate that conversation with openness, sex-positivity, and cultural competence. However, if a therapist is suggesting kink as a treatment intervention, then this is no longer a client-centred and client-led space to explore sexuality and relationships.

Case Conceptualization: The PLISSIT Model

This section focusses on practical application in case conceptualization for being a kink-affirming therapist once they are kink-knowledgeable. It is important that the community-based practices that have been around long before newer interest in BDSM and kink are not lost. Without these practices, BDSM and kink can be a psychologically and physically harmful or even abusive practice. This is because principles of BDSM and kink require frameworks of consent and safety through technical as well as communication skills. As counsellors, formulating case conceptualization and navigating what a healthy BDSM practice is can be simplified using the PLISSIT model, the most established model used in sex therapy for intervention of sexual topics (Annon, 1976). The PLISSIT model stands for four steps: (1) Permission, (2) Limited Information, (3) Specific Suggestions, and (4) Intensive Therapy and is used as a framework for introducing discussion of sex into conversation by narrowing down from a client's broad concerns into specific and effective therapy based on the client's unique situation, identities, and goals (Palmisano, 2017; Krug, 2023).

Specialized knowledge becomes more important as a smaller number of clients will require steps three and four than in steps one and two. The PLISSIT model provides therapists with a structured, client-centred framework for providing clients with competent and compassionate care. Furthermore, the PLISSIT model is used to collaborate on a unique assessment and plan for clients, meaning that it can be helpful for therapists even if they do not

possess comprehensive expert knowledge of BDSM and kink. Each therapists' theoretical orientation will be present throughout this process.

Applied in a BDSM context, the PLISSIT model could be applied as follows: (1) therapists would first give permission to clients to openly discuss BDSM interests, fantasies, or practices. Therapists can assess for clients' risk and knowledge of BDSM, and if shame or discrimination are present in the client's story. (2) Then, therapists can discuss and share general information about BDSM, empowering them with knowledge and allowing the client to teach the therapist about their unique origin story or the 'how.' An example of sharing resources can be about safer BDSM relationship dynamics, including concepts such as negotiation, boundaries, consent, and aftercare. There should be room for the client to explore the impact and meaningfulness of BDSM in their life, and how it can present differently, for example as a practice accompanying sex or as central to their identity. (3) Third, therapists can offer specific tailored suggestions and interventions to support their client. This could include psychoeducation and tools regarding sexual and erotic concerns, intimacy enhancing skills, ongoing negotiation about desires and fantasies. This is the step where therapists would require competency in understanding the nuances of kink and BDSM, and the suggestions should be both intersectional and trauma informed. For example, if a client has interest in masochism and specifically with impact play (eg. spanking), a therapist can walk them through risk mitigation such as safer areas on the body (eg. buttocks, thighs) versus dangerous areas (eg. lower back/kidneys, knees) (Altlife.Community, n.d.). They can discuss the client's ability to communicate negotiating what they want to happen in the scene and use the stoplight method for expressing their limits in the scene (red means stop; yellow means ease up; green means go). They might also explore how masochism makes the client feel and what need it fulfills. (4) Lastly, if BDSM and kink is a source of distress for clients or required expert knowledge, then therapists should have the ability to refer out to specialists in these areas. If the therapist is trained in trauma, sex therapy, and BDSM then this is the stage where clients can receive

specialized support for issues that are related to kink or can refer out. For example, if a client is in a relationship where there is a desire discrepancy between a kinky and non-kinky partner and are considering shifting to a non-monogamous relationship structure, then therapists can refer an individual client to see a kink and non-monogamy-affirming couple's therapist.

Conclusion and Future Recommendations

The goal for counsellors to become more widely kink-informed and affirming is a considerable task that will take time, patience, and tenderness. BDSM and kink identified people deserve to have a space where they can show up with all parts of themselves and not battle against their counsellor's biases about sexuality. This work is relevant given the current social movement towards being more accepting of alternative sexualities and identities, and the prevalence of BDSM fantasies and practices is significant. Systems of structural power permeate and infiltrate all aspects of life, and kinky people have a long history of being disenfranchised and discriminated against. Sexuality is an intrinsic part of human and social identity that is linked to a person's liberty and rights (Weeks, 1998). As such, it is also a way that structural power in society seeks to subjugate and control people by dictating what is a "normal" and "good" sexuality to have and express. With the incredible advancements in clinical guidelines and cultural awareness of kink, it is important that we do not lose knowledge of the community based BDSM resources that were born out of a need to keep their subculture a safe and functional practice. Additionally, social advancements and acceptance of BDSM is culturally linked and therefore vulnerable to being oppressed when there is a shift in political and cultural zeitgeist.

When considering future work to expand on this project, the development of a workshop using a combination of academic and community-based knowledge is a natural step forward. Furthermore, there is a need in the research literature and in considering work with clients for more representation of diverse identities such as race, ethnicity, class, bodies and ability. This would be a priority in pursuing further research or discussion of this topic. In future

developments of this project, there could be specific interventions suggested in work with BDSM clients. The practical applications in this project were intentionally open to make space for the reader's own theoretical modalities for their clinical practice. Integrating other, non-BDSM sexuality research, such as responsive desire (Nagoski, 2015), or having more information about concepts such as the role of flow state (Csikszentmihalyi, 1991) in sex, could be helpful suggestions for counsellors working with kinky clients.

The frameworks for communication, negotiation, consent, and safety developed from the BDSM community are valuable resources for all erotic relationship dynamics. Therefore, I would have interest to adapt these frameworks for vanilla relationships, but I feel strongly that this would need to be done in collaboration with BDSM community members and educators. The intention of this would be to mitigate the risk of appropriating frameworks made specifically for BDSM dynamics and losing the subversive, revolutionary roots of these practices that needed to be developed outside of normative sexual scripts.

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Appendix A

Summary Table of Best Practice Guidelines for Kink-Affirming Practice

Assumption about BDSM & Kink	Challenges to Assumptions Based on Research & Community Knowledge
BDSM is always about sex / is a sexual activity	BDSM is a dynamic, multifaceted umbrella term for a number of erotic behaviours, interests, and relationships. Unique to each individual person, it can be just fantasy, “bedroom only” behaviours, an identity, a community, and a combination of all. There are many erotic and non-erotic outcomes and reasons for engaging in BDSM. A kink-affirming therapist will understand that BDSM experiences can be transformational, healing, and empowering.
BDSM is a mask for, or a precursor to, abusive behaviour	BDSM is not inherently abusive, but individuals can engage in abusive behaviour when engaging in kinky relationships. Individuals that have genuine interest in hurting other people are abusive, not kinky, as there should always be safety frameworks and an understanding that it is play between consenting partners. BDSM does not have a clear link to any pathology.
BDSM is a pathology and an indicator of psychopathy or violent non-consensual sadism	BDSM fantasies or behaviours are not indicative of psychopathy or any other disorder. There is a longstanding history of BDSM being pathologized within the mental health field and the current DSM-IV recognizes that it is not harmful if consent is present.

BDSM is “abnormal” to human sexuality	Approximately 45-70% of the general population fantasizes about BDSM, and 10-20% report practicing BDSM at least once. 1-2% consider BDSM as part of their identity. Interest and practice in BDSM are neither rare nor deviant in the dynamic and fluid context of human sexuality. There is historical evidence of BDSM throughout recorded history.
The origin of one’s BDSM interests are biological and innate	Similar to the LGBTQIA+ community, nature vs. nurture is ongoing and unknown. Some kinksters identify with an essentialist narrative, others with a constructivist narrative, and some are a combination. A kink-affirming therapist is to hold space for clients to convey their origin story however that looks.
A person knows they have BDSM interests early in life	BDSM interests may be identified at any age across the lifespan. Additionally, sexuality is fluid and a person’s kink interests may change or not be present over time.
BDSM relationships are abusive	Intimate partner and gender-based violence can occur in any relationship, including co-existing in BDSM dynamics. However, kink-affirming therapists understand the centrality of consent in BDSM interactions and power-exchange relationships. Risk assessment measures should be kink-informed and not presume that BDSM is abuse. These are good resources for identifying abuse in BDSM relationships: <ol style="list-style-type: none"> 1. Identifying Abuse 2. Abuse in Kink Communities

Therapists don't need to bring up BDSM in sessions	Therapists should create space for sex-positive discussions of sexuality, and not assume that BDSM and kink are exempt from this conversation.
BDSM is the reason for a person's concerns in therapy	Therapists cannot assume that BDSM is why a person is seeking therapy. If it is causing them concern or distress, conversion therapy is neither ethical nor effective. Internalized shame, oppression, and negative beliefs about BDSM can be explored. Information about healthy BDSM dynamics, negotiating boundaries, and consent may be helpful. A therapists' theoretical approach will guide specific intervention for case conceptualization. The PLISSIT Model is suggested for case conceptualization of BDSM-related concerns
BDSM is a trauma re-enactment or is a result of surviving trauma	There is the same prevalence of trauma between BDSM and the general population. However, many kinky people are survivors of trauma. BDSM is not a replacement for therapy or a treatment intervention, but many survivors have found it to be healing, for example reclaiming control or re-writing the script. Counsellors can be aware of the risk for clients to be retraumatized through BDSM
There is not enough accessible information for therapists to become informed, educated, and involved in community care for BDSM	<ol style="list-style-type: none"> 1. Regularly read scientific literature about BDSM and kink 2. Attend professional development training on kink-related topics (see: Affirmative Couch, Allura Sex Therapy) 3. Refer out to Kink Aware Professional Therapist Directories – Vancouver local, international

<p>Being open to working with kinky clients means a therapist is kink-affirming</p>	<p>Openness without pathologizing BDSM is the bare minimum for being kink-friendly. To be considered kink-affirming, therapists will have (1) specific knowledge of BDSM practices and concepts, (2) experience working with kink-identified clients, and (3) professional training and knowledge of BDSM and kink and various factors relevant to this subculture.</p> <p>For a comprehensive guide to working with Kink Clients created in collaboration with clinicians, researchers, and community stakeholders, read the guidelines by Sprott et al. (2023).</p>
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