

# KINK-AFFIRMING THERAPEUTIC PRACTICE

## **The Ethics and Efficacy of Kink-Affirming Therapeutic Practice**

By

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### **Abstract**

BDSM, encompassing bondage, discipline, dominance, submission, and sadism/masochism, represents a multifaceted subculture often misunderstood and stigmatized in society despite its increasing visibility in mainstream media (Wuyts, 2022). Historically confined to underground communities, BDSM includes diverse practices and identities involving psychological, physical, and emotional play (Easton & Hardy, 2009). While media portrayals have raised public awareness, they frequently perpetuate harmful stereotypes, necessitating a more nuanced understanding of BDSM (Hillier, 2018). Academic research has begun to explore BDSM's complexities, recognizing its diverse membership across sexual orientations, gender identities, and cultural backgrounds (Moon, 2012; Hillier, 2018). Despite growing awareness, BDSM practitioners face stigma, particularly in healthcare and mental health settings, where biased or inadequate care can have significant negative impacts on well-being (Kolmes et al., 2006; Kaplan, 1980). This paper aims to destigmatize BDSM practices, highlight the risks of uninformed counselor biases, and explore the therapeutic potential within kink practices. It underscores the importance of kink-affirming care to prevent client shame and support self-actualization. By examining existing literature on kink-affirming care and its implications for ethical and effective counseling, this study seeks to advocate for greater cultural competence among mental health professionals to enhance client support and therapeutic outcomes.

*Keywords: BDSM, counsellor bias, kink-affirming care, sexuality-focused counselling*

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## Chapter 1: Introduction

### Topic Overview

Bondage and discipline, dominance and submission, and sadism and masochism, encompassed by the acronym BDSM, represents a dynamic and multifaceted subculture in our society (Wuyts, 2022). Despite its rising representation in popular media, BDSM remains a subject associated with deviance which continues to lead to misconceptions and stigma regarding the members of this group. Historically relegated to underground communities, BDSM comprises a spectrum of practices and identities that encompass psychological, physical, and emotional interpersonal play that can include themes of dominance, sensation exploration, pain, and boundary development (Easton & Hardy, 2009).

The mainstream media's portrayal of BDSM has played a significant role in societal understanding of kink. Depictions in film, television shows, and literature have contributed to greater public awareness and curiosity about BDSM practices. While this growing representation and attention on the subject has provided opportunities for dialogue and exploration, it has also highlighted the need for a more nuanced understanding of BDSM culture and its diverse subcultures. Moreover, the media's sensationalized portrayals have often perpetuated misconceptions and harmful stereotypes, further complicating public perceptions of BDSM (Hillier, 2018).

BDSM practice is far more prevalent than many might assume. There are inconsistent statistics on what percentage of the population participates in kink but there are reports as high as 46% of people engage in some form of BDSM (Wuyts, 2022). The lack of consistency could be due to what questions researchers are asking or people not realizing that practices they partake in

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fall under the umbrella of BDSM. This underscores the critical need for mental health professionals to receive thorough training in BDSM practices and their psychological impacts. Such training would enable therapists to approach clients with an informed, nonjudgmental perspective, ensuring that they can provide appropriate support without perpetuating harmful stereotypes. By fostering a deeper understanding of BDSM, mental health professionals can better address the unique emotional and relational dynamics involved, ultimately enhancing the quality of care and support for individuals who engage in these practices.

Within academic discourse, researchers have begun to explore the complexities of BDSM culture, shedding light on its diverse practices, identities, and communities. Scholars such as Moon (2012) have emphasized the importance of recognizing the varied membership and practices within BDSM, which span across sexual orientations, gender identities, and relationship dynamics. Academic literature has highlighted the diversity of the BDSM community, acknowledging the unique experiences of individuals from different cultural, racial, and socio-economic backgrounds (Hillier, 2018).

Despite growing awareness and acceptance, individuals within the BDSM community continue to face stigma and discrimination, particularly in healthcare and mental health settings. For example, research by Kolmes et al. (2006) documented instances of biased or inadequate care from mental health professionals, highlighting the need for greater cultural competence and sensitivity in counselling practices. The stigmatization of BDSM has been linked to profound implications for individuals' mental health and well-being, contributing to feelings of shame, isolation, and internalized stigma (Kaplan, 1980). If clients experience real or perceived judgment from their counsellors this could have major consequences on the therapeutic relationship as well as the client's ability to heal within the counselling space (Hillier, 2018;

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Kaplan, 1980). There are also many opportunities for healing within kink practices that could be incredibly beneficial to a client's growth and quality of life. It would serve counsellors and the field of mental health to be informed of what kink-affirming care can look like, both to prevent client shame, as well as to support client self-actualization.

The aim of this capstone is to destigmatize kink practices and communities, illustrate the risks of ill-informed or harmful counsellor opinions/bias, and explore the unique opportunities for client healing through the lens of BDSM. In this chapter I will give background context on the topic and describe the significance and value of the research. I will outline key terms on the subject and state my personal relationship to the research. Chapter two will then explore in depth my theoretical framework as well as chosen interventions. In chapter three I will discuss the first two chapters, give my recommendations based on the research, share the limitations of the study, and conclude my final thoughts on the subject.

### **Purpose Statements**

The purpose of this paper is to examine the existing literature on kink-affirming care within counselling spaces. Within this is the intention to understand the risk to clients that a lack of counsellor understanding of fringe sexual topics could result in, and to explore the possibilities for further healing through unconventional relationships and sexual practices that could support clients in their therapeutic journey. In addition, this paper also looks to shed light onto how therapist comprehension of this topic can support overall practice, both in regards to ethics and efficacy.

### **Research Question**

A lack of informed understanding of BDSM in counsellors can contribute to client shame, lack of safety, and inhibit opportunities for healing (Thomas, 2019). BDSM is the

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shorthand acronym that stands for Bondage, Dominance/Discipline, Submission/Sadomasochism, and Masochism (Ling et al., 2022). Is therapist competency in BDSM necessary for ethical sexuality-focused counselling?

### **Theoretical Framework**

The key concepts used to explore my research topic are attachment theory, social constructivist theory, as well as feminist and queer theory. Attachment theory is a psychological framework that describes the dynamics of long-term relationships between humans, particularly focusing on the bonds formed between infants and their primary caregivers (Ainsworth & Bowlby, 1991). It was developed by John Bowlby, a British psychologist, in the mid-20th century (Ainsworth & Bowlby, 1991).

Social constructivist theory is a perspective within sociology and other social sciences that emphasizes the role of social processes, cultural norms, and collective meanings in shaping human behavior, identities, and institutions (Berger, 1966). This theory believes that reality is not inherent or objective but rather constructed through social interactions and shared understandings within a given society or culture (Berger, 1966).

Feminist theory is a multidisciplinary approach that seeks to understand and address the social, political, economic, and cultural inequalities experienced by women and other marginalized groups based on gender (Davis, 2008). It emerged as a response to the historical and ongoing discrimination, oppression, and marginalization faced by women in various societies around the world (Davis, 2008).

Queer theory is a field of critical theory that emerged in the late 20th century, primarily within the academic disciplines of gender studies, cultural studies, and literary studies (Butler, 2006). It aims to challenge and deconstruct normative understandings of gender, sexuality, and



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identity, as well as the binary categories and power structures that underpin them (Foucault, 2020; Butler, 2006). Queer theory is deeply influenced by post-structuralist and postmodernist thought, particularly the work of Michel Foucault and Judith Butler.

### **Significance and Contribution to the Field**

Sex and sexuality are a meaningful part of many peoples lives, and there are many ways to have healthy, joyful, connective, and transformative sexual experiences. However, Western culture carries an abundance of sexual shame, and counsellors are not exempt from possible bias regarding client interest in different types of sexual experiences (Wuyts, 2022). If counsellors do not have an informed understanding of BDSM and other related fringe sexual practices and identities, they can cause harm to their clients through inciting or increasing feelings of shame that the client may hold. There are also critical risks to people who belong to the kink community, are polyamorous, or who are trans or queer, including losing custody of children when case notes are made available during divorces. People's lives can be impacted in perilous ways because of the shame and discrimination that can come with belonging to fringe communities related to sexuality and gender (Thomas, 2019).

Safety practices are another central tenant in BDSM that may be impacted by counsellor knowledge, or lack thereof. If a counsellor is open to BDSM as a practice but is not adequately informed, they could miss cues that their client is in an abusive dynamic that may be masquerading as a type of power and dominance play within BDSM. Like many groups, there are members within the kink community that do not practice safely. While consent is a major tenant of kink play, there are countless examples of people perverting this and taking advantage of the trust that is given during power exchange-based relationships (Dunkley & Brotto, 2019). Impact play is the consensual act of striking a partner to cause some kind of impact. This most

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commonly takes the form of spanking and could involve the use of hands, paddles, floggers, riding crops, or any other implement that the parties involved choose (Easton & Hardy, 2009). A counsellor being educated on how to recognize the difference between bruising that was likely consensually received during impact play, as opposed to defensive wounds that may show up in a nonconsensual sexual encounter, impacts ethics and safety (Moser & Kleinplatz, 2006). Thus, counsellor competency in kink practices can help to interrupt potential abusive dynamics as well as support clients in self-actualization, pleasure, and joy.

### **Definition of Terms**

***Attachment Theory:*** coined by John Bowlby, attachment theory describes how humans experience connection with one another and whether that connection is secure or insecure. Bowlby believes that how we attach to people as adults is greatly informed by our earliest experiences with our caregivers and whether they readily and consistently met our needs (Robledo et al., 2022).

***BDSM:*** bondage, discipline (or domination), sadism, and masochism are a set of practices that are often, but not always, sexual in nature that relate to the enjoyment of physical control, psychological control, and/or intense sensations that may include pain. Kink is a shorthand, umbrella category that is used interchangeably with BDSM (Wuyts, 2022).

***Consent:*** an agreement to engage in an activity; it occurs when you ask, or give, permission to do something. People use consent in their daily life, including giving and asking for consent for food or drink, physical touch, to take a picture, or to participate in an activity. In the context of sexual activities, consent refers to giving voluntary permission to engage in a sexual activity. Consent is a freely given enthusiastic yes, ongoing, continuously discussed, and can be taken away at any time (Ministry of Advanced Education and Skills Training, 2023).

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**Embodiment:** the sense of connection and being within one's own body. "Every aspect of human experience maintains some link with the sense of the *lived body*" (Darnell, 2021).

**Kinksters:** a term used within BDSM/Kink spaces for the people who participate in the community.

**Narrative Therapy:** a therapeutic theory that focuses on client's telling the stories of their experiences. It centers on the client's experience as being their subjective truth and works to separate the client from their problem (Bayes, 2023).

**Paraphilia:** frequent, intense, sexually arousing fantasies of behaviours that involve inanimate objects, children or nonconsenting adults, and/or suffering or humiliation of the person or a partner (American Psychiatric Association, 2013).

**Paraphilic Disorders:** paraphilias that cause distress or cause problems functioning in the person with the paraphilia, or that harm or may harm another person (American Psychiatric Association, 2013).

**Somatic:** "any therapeutic modality where the pathway to healing draws on body-based intelligence (in contrast with cognitive/emotional)" (Darnell, 2021, p . 385).

**Trauma:** the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships (CAMH, 2013).

### **Positionality Statement and Orientation to the Research**

I am a white settler living and working on traditional, ancestral, and unceded territories of the *sk̓w̓x̓wú7mesh* (Squamish), *x̓w̓məθk̓w̓əy̓əm* (Musqueam), and *səlilil̓w̓ətaʔl̓* (Tsleil-Waututh) nations that is queer, nonbinary, and polyamorous. These identities situate me within communities related to fringe sexuality and relationship practices that overlap with a number of

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the considerations that are related to the BDSM and Kink community. My lived-experience of being queer and participating in alternative relationship structures poses social risks that overlap with those of many kinksters.

I have also worked for many years with survivors of sexual violence, while being a survivor myself. During this work I witnessed the pervasive ideas of shame that many survivors hold, as well as the endless possibilities for resistance and healing. While working with that particular community I witnessed a limitation of understanding within the counselling team that I worked alongside. There were copious misconceptions regarding topics that a survivor may be interested in exploring. I also felt that there was a prominence of reductive thinking—that anything even remotely resembling power, control, or aggression must be considered violence and harmful for the survivor. These types of discourses left me frustrated as well as curious about the additional harm and shame that well-meaning support workers could be causing survivors to feel.

I also had the privilege of belonging to community spaces and learning from peers about kink and the role it has played in their lives. People shared stories with me of discovery desires, improving communication skills, and having a better understanding of their needs within interpersonal dynamics through their exploration in kink. I noted how BDSM practices seemed to be adding value and skills to the lives of those participating, many of whom were survivors of sexual violence or belonged to a socially minoritized group. It led me to question what mental health providers could gain from learning and listening to the members of these communities, and to push back against the social stigma widely placed on those who participate in kink.

### **Capstone Outline**

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In this paper I aim to explore the importance of kink-affirming care and how counsellors can work towards a better set of best practices in this area of work with their clients. Counsellors being better equipped to have conversations with their client's that are inclusive of their involvement in, or curiosity about, BDSM means that they are more likely to not create shame for clients based on bias or judgment (Hillier, 2018). Counsellor openness to exploring client's interest in kink can also support more creative and curious approaches to aiding their healing journey.

Through the lens of attachment theory, feminist and queer theory, and social constructivist theory I will explore possible client interventions that may overlap with what research supports to be kink-affirming care. These interventions are emotion focused therapy (EFT), narrative therapy, and somatic therapies. Each of these interventions will be expanded on in chapter two.

Based on the research, I will then make recommendations on how counsellors can best support their clients through the framework of kink-affirming care. I will propose a workshop that counsellors can attend in order to confront bias and unlearn the misconceptions regarding BDSM. This will also include the space for counsellors to explore their own relationship to embodiment and pleasure. Next will be a discussion on how this may show up in the work of counsellors and how therapeutic tools can align with clients' participation in BDSM spaces/relationships. A counselling session is meant to be a safe-enough space—a sanctuary of acceptance and understanding—where clients are free to explore the depths of their identities without fear of judgment or shame. This paper aims to support mental health professionals to remove possible shame from sessions and destigmatize this marginalized community.

## Chapter 2: Literature Review

### Chapter Summary

In chapter one I introduced the problem of there being a lack of kink-affirming care in mental health services. The chapter outlined the purpose of the paper: to destigmatize kink practices, explore the risks of uninformed counselling, and highlight opportunities for healing within BDSM. The research question focused on the necessity of therapist competency in BDSM for ethical sexuality-focused counselling. The theoretical frameworks were stated, including attachment theory, social constructivist theory, and feminist and queer theory. This capstone's significance lies in addressing sexual shame, discrimination, and potential harm in counselling, as well as recognizing the risks and benefits of BDSM practices for clients' well-being and self-actualization.

In chapter two, I will do an in-depth exploration of the aforementioned theoretical frameworks. I will also be looking at possible relevant interventions for clients that relate to the topic. Specifically, this chapter will examine emotion-focused therapy, narrative therapy, and somatic-based therapeutic approaches.

### Theoretical Framework

#### *Attachment Theory*

Attachment theory is a crucial concept in psychology that focuses on the relationships and bonds that infants form with their caregivers. It suggests that these early interactions are not just important for immediate comfort and survival, but also play a pivotal role in shaping a person's emotions and relationships later in life (Bowlby, 1969). The theory promotes an understanding of why and how individuals behave in their close relationships as adults, directly linking those behaviors back to their experiences as children. Whether a person becomes secure

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and confident in their relationships, or anxious and fearful, can often be traced back to their early attachment experiences (Ainsworth & Bowlby, 1991). This understanding has profound implications, influencing everything from parenting styles to adult relationship counseling. Attachment theory was originated by British psychologist John Bowlby in the mid-20th century (Ainsworth & Bowlby, 1991). Attachment theory has evolved into one of the most influential theories of psychological comprehension, with far-reaching effects on various fields, including developmental psychology, psychotherapy, and family dynamics (Finkel & Simpson, 2015). Although Bowlby's original research focused on the relationship between infant and caregiver, there is evidence that similar attachment-based organization structures can be present in adult relationships (Hazan & Shaver, 1990). Recent research points to the myriad of ways early relational structures can inform and influence how adults experience trust, intimacy, and emotional support throughout their lives (Yip et al., 2017).

Attachment theory serves as a guiding framework for understanding the profound relationship between early experiences, interpersonal connections, and psychological well-being. This makes it a relevant theory for understanding how clients' attachment style(s) and patterns could be activated in both a therapeutic and in a kink setting. An important consideration when looking at attachment theory is that no particular style of attachment is inherently “bad”, it is just a theoretical tool to support people in understanding how they work to meet their needs within relationships (Fern, 2023).

**Attachment Styles.** The four different attachment styles are anxious (sometimes referred to as ambivalent), avoidant, disorganized, and secure (Metzger, 2022). Anxious attachment in childhood occurs when a child fears separation from their caregiver. As an adult, this may look like someone who remains fearful of separation and needs constant reassurance from their

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partner(s) in an effort to seek stability (Fern, 2023). Someone with an anxious attachment style is generally seeking connection.

Avoidant attachment is when the child does not outwardly express their needs to the caregiver, likely due to their caregiver not being reliable in meeting the child's needs. This may look like avoiding closeness and having a lower tolerance for intimacy (Fern, 2023). In adulthood someone approaching relationships from an avoidant attachment style may be hyper-independent and struggle to rely on their partner(s), friends, and family. This person likely values their autonomy and is fearful of relying on other people (Fern, 2023).

A child with a disorganized attachment style oscillates between seeking connection and seeking independence. This may arise because the caregiver has been inconsistent with their attention and the child has learned to use multiple approaches to try and get their needs met (Metzger, 2022). As an adult, someone operating from a disorganized attachment style will also be inconsistent with how they seek security from their partner and will exhibit both anxious and avoidant strategies (Fern, 2023).

Finally, a child with secure attachment is able to experience safety in exploring both connection with, and autonomy from, their caregiver. This can occur through parents providing their children with consistent and responsive caregiving, predictable environments, physical affection, quality time, and what is referred to as a *secure base* to explore their independence (Metzger, 2022). As an adult, this person is able to rely on their partner(s) for support without experiencing time apart as distressing or using it as an escape (Fern, 2023).

**Attachment and Kink.** Attachment theory is a useful framework in looking at relational intimacy and sexuality. Sexual communication plays a crucial role in forming and sustaining healthy sexual relationships. As MacNeil and Byers (2009) found, sexual communication is a



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key indicator of satisfaction both sexually and relationally. When partners feel safe enough to openly share their sexual preferences, it not only helps in creating a mutually satisfying sexual relationship, it also deepens their social bonds (Simon & Gagnon, 1986). This openness enhances relationship quality by promoting a sense of closeness, intimacy, acceptance, and security.

Sexual behaviors, preferences, and motives often address both attachment and sexual needs within a relationship. These needs are interlinked through the sexual experience which fosters bonding and intimacy (Schachner & Shaver, 2004). The nature of sexual communication, involving vulnerable and highly personal disclosures, can be significantly influenced by attachment styles. Partners may avoid sexual discussions more than other topics, perceiving them as riskier (Anderson et al., 2011).

Attachment theory suggests that nurturing, responsive caregiving leads individuals to see their needs as legitimate and to trust in others' support. As well, neglectful or inconsistently responsive caregivers can foster insecure attachment styles (Bowlby, 1969), which are often linked to less overall sexual satisfaction in relationships (McNeil et al., 2017). For instance, individuals with anxious attachment might find sexual intimacy validating yet anxiety-inducing, whereas those with avoidant attachment may experience discomfort and detachment (Collins & Feeney, 2000).

Each style of attachment not only impacts individual behaviors but also affects how partners support each other and manage conflict (Simpson et al., 1996). Studies have shown that anxious attachment correlates with heightened stress and less constructive communication during conflicts, while avoidant attachment tends to reduce positive interactions, warmth, and support (McNeil et al., 2017). Understanding these dynamics can enhance one's approach to promoting healthier, more communicative relationships. "Sexual and relationship well-being are strongly

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intertwined. It is thus crucial to consider how sexual and relational factors interact to foster positive sexual experiences. Attachment insecurity is one such relational factor that is associated with lower sexual well-being” (Beaulieu, 2022, pg . 3536). People want to feel connected to their partner(s) and kink can be an incredibly effective tool in supporting secure attachment. For instance, there is a high amount of trust required when people practice BDSM. The act of restraining someone, inflicting pain, and even sometimes controlling a person's access to air are all high risk activities. The ability to trust a partner with these activities, or to be trusted to do these activities to them, can form a positive bond between the individuals that supports their connection and attachment to one another. “In adulthood, attachment insecurity is conceptualized through two dimensions: attachment anxiety and avoidance of intimacy” (Péloquin, 2022, p . 805). BDSM can work to support those with attachment anxiety by providing trust, security, and safety to one another. Avoidance of intimacy, with full consent of participants, can be addressed through putting an avoidant partner in a perceived situation of helplessness. This can support and encourage the person to be reliant on their partner for support.

Previous research highlights that effective communication is vital for a positive BDSM relationship. In this context, communication is both a personal duty and a protective tool that helps to ensure the safety and enjoyment of all participants (Cutler et al., 2020). There is also research that suggests that people who practice kink may have more skills with communication, expressing their needs, and managing conflict (Dunkley & Brotto, 2019). As communication styles are so closely linked to attachment there is the possibility that involvement in BDSM may correlate with more examples of secure attachment, though further research would be needed to study what the relationship between kink and attachment style may be.

### *Social Constructivist Theory*

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Social constructivist theory in counselling is a theoretical framework that emphasizes the role of social interactions and cultural contexts in shaping an individual's perceptions, understandings, and behaviors (Gergen, 1985). This approach is rooted in the broader constructivist notion that knowledge is not simply discovered, but rather constructed through interactions with the environment and other people (Cottone, 2017). Thus, according to social constructivism, reality is not a fixed entity, but is continually constructed and reconstructed through social interactions and experiences. This perspective influences how counsellors understand clients' problems as well as their general approaches to therapy (Gergen, 1985). Clients are seen as active participants who construct their own reality, rather than passive recipients of external conditions (Cottone, 2017).

Social constructivist theory places a high importance on language. Language is considered a crucial tool in constructing reality. Through dialogue, individuals express their thoughts and feelings and negotiate meanings (Richardson, 2011). Therefore, in counselling the way clients describe and discuss their issues can provide deep insights into how they perceive and construct their world and themselves (Cottone, 2017).

Social constructivism emphasizes the significance of cultural and contextual factors in shaping an individual's experiences and behaviours. This leads to counselling practices that are culturally sensitive and consider the socio-cultural backgrounds of clients, including their values, beliefs, and norms (Cottone, 2017). Social constructivism also views therapy as a collaborative effort between the counsellor and the client. The counsellor is not an expert who imposes understanding on the client, but a facilitator who helps the client explore and construct their own understanding of their experiences (Gergen, 1985). This collaboration is central to finding solutions that are congruent with the client's constructed reality. This is often achieved in counselling by focusing on the stories that people tell about their lives. These narratives are seen

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as a key to understanding clients' constructed realities. Counsellors help clients explore these narratives, identify and challenge potentially problematic constructions, and aim to reconstruct them in more adaptive ways (Freedman & Combs, 1996).

In practical terms, counsellors who adopt a social constructivist approach typically employ techniques that emphasize dialogue, reflection, and exploration. Techniques may include narrative therapy where clients are encouraged to tell and retell their stories, revealing and revising the meanings they make (Gergen, 1985). Reflective practices where clients reflect on their thoughts, interactions, and experiences to gain deeper insights into how they construct their reality. And finally, dialogical methods such as open conversations that help uncover how different voices or perspectives shape the client's self-perception and interactions with the world (Richardson, 2011). Overall, social constructivist theory in counselling focuses on understanding and altering the social and narrative constructions that individuals use to define their reality, aiming to facilitate change through collaborative and culturally sensitive methods (Cottone, 2017).

This approach can be particularly empowering for clients, as it values their input and respects their subjective experience. It can be highly adaptable to different cultural contexts, promoting a more inclusive therapeutic process (Cottone, 2017). Some challenges with the theory is that the efficacy of social constructivist therapy can depend heavily on the client's engagement and readiness to explore and possibly change their narratives (Richardson, 2011). Additionally, measuring outcomes can be challenging since success is not defined by objective criteria but through changes in personal perceptions and narratives.

**Social Constructivism and the DSM.** One of the clearest examples of socially

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constructing understandings of mental illness and determining who is ‘well’ and ‘unwell’ is through the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM, published by the American Psychiatric Association (APA), is a handbook used by healthcare professionals in North America and much of the world as the authoritative guide to the diagnosis of mental disorders (APA, 2013). Since its first publication in 1952, the DSM has undergone several revisions, with each edition reflecting changes in the field of psychiatry and the current prevailing views of mental health. However, each version, and particularly the more recent editions such as the DSM-IV and DSM-5, have been subjects of controversy and criticism for various reasons (Hectors, 2023).

A central point of criticism is that the DSM is culturally biased. Many have argued that the DSM reflects a Western perspective on mental health that may not be applicable or appropriate across different cultures (Dunkley & Brotto, 2019; Hectors, 2023; Wuyts, 2022). This bias could potentially lead to misdiagnosis or inappropriate treatment for people from diverse backgrounds (Hectors, 2023). As Cottone (2017) stated, “People cannot socially construct reality, but they can construct understanding of what they experience and define together” (p . 465).

**Social Constructivism and Kink.** The DSM-5 introduced the term "paraphilic disorder" for instances where a paraphilia causes clinically significant distress or impairment (APA, 2013). The categories of Sexual Sadism and Sexual Masochism were revised to Sexual Sadism Disorder and Sexual Masochism Disorder, respectively, to underscore this new approach (APA, 2013). According to this revision, a paraphilia represents a "non-normative sexual preference" but is not inherently a mental disorder (Dunkley & Brotto, 2019). A diagnosis of a paraphilic disorder is warranted if the individual's sadistic or masochistic behaviors either involve non-consenting

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parties or lead to clinically significant distress or impairment in social, occupational, or other important areas of functioning (APA, 2013). The important distinction between BDSM and abuse is that there is a high importance of consent within BDSM (Dunkley and Brotto, 2019). Any possible pain or experience of distress is something that people have consented and opted into. There is often a harm reduction model in place, people are choosing to do higher risk activities and behaviours but be as safe as possible while doing them (Stewart and Baeten, 2020). This can look like getting tested for sexually transmitted infections, using safer sex supplies, having conversations ahead of time and contingency plans in case a scene goes wrong or a participant's feelings about the scene change (Easton & Hardy, 2003).

The inaccurate cultural understanding that participation in BDSM is pathological leads to ongoing discrimination of participants. Several biological processes linked to BDSM interactions support the view of BDSM as a healthy form of intimacy (Wuyts, 2022). This perspective helps differentiate BDSM from paraphilias as defined in the DSM classifications, reinforcing the idea that BDSM should not be pathologized (Wuyts, 2022). The lens of social constructivism can support the dissection of what is considered normal and atypical behaviour, which will lead to the continued destigmatization of kink practices.

### *Feminist and Queer Theory*

Feminist counselling theory is a framework for therapeutic practice that incorporates feminist values and principals. This framework emerged as a response to the historic precedent of counselling psychology being created by primarily white, heterosexual, cis men (Davis, 2008). This has led to traditional counselling theories having a variety of limitations due to the bias of those creating them (Wrisley, 2021). Feminist counselling theory aims to center the experiences of women and other marginalized communities in its framework.

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Queer counselling theory, similarly, looks to challenge the status quo of traditional counselling theories. Queer theory prioritizes the affirmation, liberation, and empowerment of queer individuals. By challenging heteronormativity, embracing diversity, and advocating for social justice, this framework offers a transformative vision for the field of mental health (Rowland & Cornell, 2021).

**Feminist Counselling Theory.** Some of the major tenets of feminist theory are intersectionality, social context, and critique of traditional theories. Intersectionality is a term coined by Kimberlé Crenshaw in 1989 (Collins et al., 2021). Crenshaw is a Black woman and lawyer who noticed the specific type of discrimination facing Black women, as they were not being included in justice conversations and policies that supported white women or Black men. This gap highlighted the ways that multiple intersections of identity can make an individual's understanding of power and social location much more complicated (Crenshaw, 1989). The contemporary usage of intersectionality indicates the various ways power and privilege can be present for different people, and asks the crucial question: How does an individual's gender, race, sexuality, disability, immigration status, or access to financial security inform what barriers or supports may be available to them in their life (Davis, 2008)?

Through intersectionality, feminist theory looks at social context. This theory views individual experiences within the broader social, cultural, and political context. It considers how societal norms, expectations, and systemic inequalities impact an individual's mental health and well-being (Brown, 2016). Feminist counselling theory validates and values diverse experiences, perspectives, and emotions, particularly those that have been historically marginalized or dismissed. It recognizes the importance of giving voice to individuals' lived experiences and encourages a non-pathologizing approach to understanding distress. A central goal of feminist

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counselling is to empower clients to recognize and challenge oppressive structures in their lives (Davis, 2008). Using feminist theory, counsellors may support clients in developing coping strategies, assertiveness skills, and advocacy efforts to address systemic injustices.

Feminist counselling theory critiques traditional counselling approaches for their reliance on gender-stereotyped roles, pathologization of women's experiences, and perpetuation of power imbalances (Butler, 2006). Further, the theory advocates for more inclusive and socially just therapeutic practices (Brown, 2016). Counsellors practicing from a feminist perspective engage in ongoing self-reflection and examination of their own biases, privileges, and assumptions. This includes striving to maintain awareness of how their own identities and experiences may influence the therapeutic relationship and process (Szymanski, 2005). Overall, feminist counselling theory emphasizes empowerment, social justice, and inclusivity, with the aim of creating therapeutic spaces that honor the complexities of individuals' lives and promote healing and growth within a broader context of social change (Porter & Vasquez, 1997).

**Queer Counselling Theory.** Queer counselling theory is rooted in a socio-cultural perspective that acknowledges the influence of social structures, norms, and power dynamics on individuals' experiences of gender and sexuality (Butler, 2006). Drawing upon feminist and queer theory, this framework rejects the binary notions of gender and the heteronormative assumptions that underpin many traditional therapeutic approaches. Instead, it embraces the fluidity and complexity of gender and sexual identities, recognizing that individuals may experience their identities in diverse and non-conforming ways (Butler, 2006).

Key principles of queer counselling theory are the affirmation of diverse identities, critique of hetero, cis, mono normativity, as well as empowerment and advocacy (Rowland & Cornell, 2021). Queer counselling theory affirms the diverse spectrum of gender and sexual



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identities, rejecting the notion of a fixed or normative standard (Wolters, 2013). It validates individuals' experiences and fosters a sense of belonging and acceptance within the therapeutic space. This includes not making assumptions of people's gender identity, sexuality and desire, or the assumption of monogamy in their sexual or relational practices.

Central to queer counselling theory is a critique of heteronormativity, the societal assumption that heterosexuality is the norm and other sexual orientations are deviant or abnormal (Moon, 2012). By challenging these normative assumptions, counsellors aim to create a more inclusive and affirming environment for LGBTQ+ clients. Queer counselling theory rejects the pathologization of LGBTQ+ identities and experiences, reframing mental health concerns within the context of social oppression and minority stress (Moon, 2012). This approach aims to empower clients and reduce the stigma associated with non-heteronormative identities.

Queer counselling theory emphasizes empowerment and resilience-building strategies to help LGBTQ+ clients navigate challenges and develop coping skills in the face of discrimination or oppression (Rowland & Cornell, 2021). By fostering a sense of agency and self-efficacy, counsellors aim to support clients in achieving greater well-being. Recognizing the intersectionality of identities, queer counselling theory advocates for social justice and equality for all marginalized groups (Wolters, 2013). Counsellors may collaborate with clients to advocate for policy changes, promote LGBTQ+ visibility, and support social movements for liberation and justice.

In practice, queer counselling theory informs a range of therapeutic interventions and techniques aimed at creating affirming and inclusive spaces for LGBTQ+ clients. These may include validating and normalizing experiences, exploring identity development, challenging internalized stigma, building support networks, and advocating for systemic change (Moon,

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2012). By integrating these principles into their work, counsellors can effectively support LGBTQ+ clients in their journey towards self-acceptance, resilience, and empowerment (Rowland & Cornell, 2021).

**Feminist and Queer Theory and Kink.** In understanding counsellor bias towards those who practice kink, it is imperative to look again at the DSM, this time through a feminist and queer theory lens. Since its inception, the DSM has made many gender and sexuality categories synonymous with mental illness (Hectors, 2023). The way sexuality and gender are portrayed in the DSM reflects the pervasive heteronormative bias in psychiatry. A deeper analysis of diagnoses related to homosexuality, after its removal in 1973, shows that homosexuality has not been fully depathologized, rather that it has been repackaged into other diagnoses, such as gender identity disorder of childhood and transvestic disorder (Hectors, 2023). The BDSM community has long been a space where members are able to explore and play with gender in new ways, embodying masculine and feminine roles, and exploring queer connections (Easton & Hardy, 2003). The DSM is colloquially known as the bible of psychology, and if the counselling bible is filled with bias and prejudice towards marginalized communities then it would be probable that many practitioners bring that bias into their work with clients, whether consciously or unconsciously.

### **Interventions**

#### ***Emotion-Focused Therapy***

Emotion-focused therapy (EFT) is a therapeutic approach that focuses on understanding and regulating emotions to promote psychological healing and growth. Developed primarily by Dr. Leslie Greenberg and Dr. Robert Elliott, EFT is grounded in humanistic and experiential principles and draws from theories of emotion, attachment, and cognitive-behavioral therapy

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(Qiu et al., 2020). In EFT, the therapist and client work collaboratively to explore and understand the client's emotions, their underlying causes, and how they manifest in the client's thoughts, behaviors, and relationships. The therapy process focuses on emotional awareness, regulation, and processing with the goal of transforming psychological pain (Timulak et al., 2019).

EFT is used to treat a wide range of psychological issues, including depression, anxiety, trauma, relationship difficulties, and personality disorders. It is particularly effective for individuals who struggle with emotional regulation, have difficulty expressing their feelings, or have experienced past trauma or attachment wounds (Elliott & Macdonald, 2020). EFT can be delivered in individual therapy, couples therapy, or group settings, and it is often integrated with other therapeutic approaches for comprehensive treatment (Qiu et al., 2020).

**EFT and Kink.** Working with clients through an EFT lens to support them with their emotional regulation and expression could be very beneficial. EFT is a powerful tool for sex and sexuality counselling because it focuses on the emotional and relational dynamics that underpin sexual issues (Metzl, 2020). By improving emotional connection, communication, and resilience, EFT can support couples in achieving a more satisfying and fulfilling sexual relationship (Metzl, 2020). Emotional awareness in BDSM is essential for communication, safety, trust, processing intense experiences, building intimacy, facilitating healing, and managing aftercare. It ensures that BDSM activities are conducted in a way that is respectful, consensual, and supportive of all participants' well-being (Hillier, 2018).

### *Narrative Therapy*

Narrative therapy is a form of psychotherapy that views individuals as the experts of their own lives and emphasizes the importance of the stories individuals tell about themselves and their experiences (Combs & Freedman, 2012). Developed by Michael White and David Epston in the

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1980s, narrative therapy is grounded in social constructionist and postmodern theories, challenging the notion of a single, objective truth and instead recognizing the multiplicity of personal narratives and perspectives (Foucault, 1988; White, 1997). In narrative therapy, the therapist collaborates with the client to explore the stories they have constructed about their lives, relationships, and problems. The therapist helps the client externalize their issues by separating the person from the problem, allowing them to see their challenges as separate entities that can be addressed and modified (White, 1997).

Key principles and techniques of narrative therapy include externalization, where clients are encouraged to externalize their problems, viewing them as separate from themselves. This helps clients distance themselves from their issues and reduces feelings of shame or self-blame (Combs & Freedman, 2012). The individual isn't the issue; the issue lies in the problem itself (White, 1987).. Instead of viewing the issue as a personal flaw or intrinsic part of themselves, externalizing allows clients to see the problem as something separate from their identity. This process helps clients gain a sense of agency and control over the issue, enabling them to address it more effectively (Combs & Freedman, 2012). The next principle is deconstruction of dominant narratives. A dominant narrative is a widely accepted and perpetuated story or explanation within a culture or society that shapes people's understanding of events, behaviors, and beliefs. These narratives often reflect the perspectives and interests of the dominant social group, reinforcing existing power structures and norms (Davis, 2008). Narrative therapy challenges dominant narratives that may contribute to feelings of powerlessness or limitation. Clients are encouraged to question and reframe these narratives, creating space for alternative, more empowering stories to emerge (Bayes, 2023).

Narrative therapy also uses the following methods and skills reauthoring or re-storying,

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external witnessing, and re-membering practices. Reauthoring/re-storying invites clients to explore and rewrite their personal narratives, emphasizing their strengths, values, and preferred ways of being (White, 1987). Through this process, clients can reclaim agency and construct new, more positive identities and futures (White, 1987). During external witnessing the therapist serves as an outside witness to the client's story, providing empathy, validation, and support. This witnessing process helps clients feel heard and understood, fostering a sense of connection and validation (White, 1987). Finally, narrative therapy may involve re-membering practices, where clients reconnect with forgotten or marginalized aspects of their identity and history (Combs & Freedman, 2012). Combs and Freedman (2012) found that re-membering can help clients develop a more cohesive and integrated sense of self.

Narrative therapy can be used to address a wide range of mental health concerns, including depression, anxiety, trauma, addiction, and relationship issues. It is particularly effective for individuals who are seeking to understand and change the stories that shape their lives and relationships (Bayes, 2023). Overall, narrative therapy offers a collaborative and empowering approach to healing, emphasizing the agency and resilience of individuals in shaping their own lives (Combs & Freedman, 2012).

**Narrative Therapy and Kink.** There are a number of studies on BDSM and kink that look at the potential for personal healing within this type of sexual practice. There are many positive outcomes associated with BDSM participation. This includes skills related to communication and trust, negotiating boundaries and limits, risk calculation, self care, and resiliency (Easton et al., 2003). There is also a lot of space to explore and process trauma within a kink scene that can support healing.

Storytelling is our way of comprehending our existence. However, trauma can

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significantly alter and diminish our understanding of our narratives. Rebuilding a narrative where the individual is active, authentic, and capable becomes essential (Bayes, 2023). Many taboo subjects can form the basis of or be involved in someone's trauma play scene (Thomas, 2019). These can be ideas, events, or experiences related to oppression, humiliation, racial stereotypes, and incest to name a few examples (Thomas, 2019). An important distinction is that it can only be considered trauma play if it is explicitly related to one or more of the participants' lived experience(s). If someone who is not a survivor of incest were to include that as a component in their scene, it would not be considered trauma play (Groes-Green, 2012). It can be quite common for survivors of sexual violence to engage in types of scenes that work with the fantasy of sexual assault. This can be considered a type of rescripting or reauthoring of the trauma (Thomas, 2019). In a therapeutic context this can be seen as a survivor of trauma gaining control over a past experience. Thus, this can be the source of healing, self actualization, and transformation.

### *Somatic Therapies*

Somatic therapy is a form of psychotherapy that emphasizes the connections between the mind and body in healing. This intervention operates on the principle that the mind, body, emotions, and spirit are interconnected and that disturbances in one area can affect all other areas (Maté, 2019). This approach integrates physical therapies with psychotherapy to improve mental health and well-being (Davies, 2022).

One of the key principles of somatic approaches to therapy is the idea of embodiment. This refers to the awareness and sensation of the physical body and its connection to emotions and psychological states. Somatic therapy encourages individuals to become more attuned to their bodily sensations as a way to access and process emotions (Mcbride, 2021). Somatic therapies also focus on the idea of mind-body connection. Somatic therapists believe that the body holds

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onto past traumas and stress in the form of muscle tension and other physical symptoms (Fisher, 2019). Therapy aims to release this tension and alleviate associated mental and emotional symptoms. Rather than focusing solely on thoughts or emotions, somatic therapy involves the whole body in the healing process. It views physical interventions as essential in addressing psychological issues (Davies, 2022).

Somatic therapies use a number of techniques to support client embodiment. Body awareness exercises help clients become more aware of their bodily sensations and the ways in which their emotions affect their body. Techniques might include mindfulness meditation focused on bodily sensations or gentle movement exercises (Masero, 2017). Breathing techniques can support clients to manage arousal and anxiety and to help them regulate their emotional states (McBride, 2022). Methods such as dance, yoga, or other forms of structured movement can help individuals reconnect with their bodies and release tension or trauma held in the body (McBride, 2022). In some forms of somatic therapy, therapeutic touch may be used to help heal trauma. This should be done with explicit consent and in a professional and boundary-respecting manner (Fisher, 2019).

Somatic approaches can be particularly effective for treating trauma, including post-traumatic stress disorder (PTSD) (Mcbride, 2022). These approaches help individuals reconnect with their bodies and learn to regulate their nervous systems, which can be dysregulated after traumatic experiences. It is also applied in the treatment of anxiety, depression, stress-related disorders, and issues related to bodily pain and chronic health conditions (Mcbride, 2022).

A session might begin with talking, much like in traditional psychotherapy, but the therapist may also introduce exercises that focus on bodily sensations, movement, or specific physical activities. The therapist and client work together to identify areas of physical tension or

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discomfort and explore their emotional correlates (Fisher, 2019). Clients are also taught how to maintain awareness of their bodily sensations and feelings outside of therapy sessions, integrating these techniques into their daily lives to better manage their symptoms and improve overall well-being (Davies, 2022).

Somatic therapy offers a unique perspective on mental health by bridging the gap between the body and the mind. It acknowledges the profound impact that physical states can have on mental health and vice versa. As with all therapies, the effectiveness of somatic approaches can vary from person to person, and it's essential for individuals to work with trained professionals who can safely guide them through the process (Masero, 2017).

**Somatic Therapies and Kink.** Somatic interventions are an important framework for understanding how practicing kink can be beneficial to clients. Krahe and their associates (2016) studied how brains respond to stimuli in regards to touch. Affective touch and pain experienced on skin represent two distinct types of interoception, each with unique emotional tones (ranging from pleasant to unpleasant) and differing social connotations (associated with care or harm) (Krahe et al., 2016). These sensory modalities are key to maintaining physiological balance, indicating whether the body is secure or facing danger. They are processed through neurophysiological pathways different from those used for non-emotional tactile sensations (Krahe et al., 2016). Krahe et al. noted that "In primates, pro-social, tactile stimulation, mostly licking and grooming behaviours by conspecifics, attenuates neuroendocrine and behavioural responses to stress, with beneficial long-term effects" (p . 16). This study showed how affective touch between people can release oxytocin, which helps to enhance social bonds and also support pain relief. This can explain why people participating in BDSM and exploring sensations that are understood to be painful may experience less pain overall. Within *impact play*



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for example, the receiver of the sensation can be experiencing less pain, and due to the caring context of the stimulation, they are also able to experience emotional safety which can lead to a euphoric feeling in their bodies (Krahé et al., 2016).

Additionally, a client's participation in trauma play as a form of reauthoring can also have a somatic benefit. Research by Thomas (2019) showed that there can be a somatic reclamation people may experience during trauma play. This is incredibly important considering that trauma can often cause disassociation and disembodiment. Many people who practice BDSM will use this type of trauma play as a way to repeat and reintegrate the experience into the present and bring the survivor back into their body in an intentional and conscious way (Thomas, 2019).

Cyndi Darnell (2021), a clinical sexologist and narrative therapist from Australia, expressed concern that somatic therapeutic practices, while body-focused, often neglect the exploration of the erotic. Her paper argued that integrating somatics with sex therapy could enhance both client healing and pleasure. This is a compelling and complex topic, posing significant challenges for effective and ethical research.

### **Summary and Synthesis**

This chapter explores the intertwined themes of mental health and BDSM. Theoretical frameworks, including attachment theory, social constructivist theory, and feminist and queer theory, are presented. The interventions that are applied are emotion focused therapy, narrative therapy, and somatic-based therapies. In summary, this chapter discusses the intricate relationship between mental health, attachment theory, and BDSM, highlighting the potential for BDSM to foster secure attachment, enhance communication, support trauma processing, and challenge cultural biases in mental health diagnostics.

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### **Chapter 3: Heading**

#### **Discussion**

Bondage and discipline, dominance and submission, and sadism and masochism—collectively known as BDSM—represent a dynamic and multifaceted subculture within our society (Wuyts, 2022). In academic discourse, researchers have started to dive into the complexities of BDSM culture, illuminating its varied practices, identities, and communities. Scholars like Moon (2012) have highlighted the diversity within BDSM, which spans sexual orientations, gender identities, and relationship dynamics. Academic literature underscores the unique experiences of individuals from different cultural, racial, and socio-economic backgrounds (Hillier, 2018).

This capstone aims to destigmatize kink practices and communities, highlight the risks of uninformed or biased counselling, and explore the unique opportunities for client healing through the lens of BDSM. The significance of this work lies in addressing sexual shame, discrimination, and potential harm in counselling, as well as recognizing the risks and benefits of BDSM practices for clients' well-being and self-actualization.

Chapter one focused on why BDSM is an important topic to be researching within mental health practices. Chapter two discussed the intertwined themes of mental health and BDSM. Theoretical frameworks, including attachment theory, social constructivist theory, and feminist and queer theory, were presented. The applied interventions were emotion-focused therapy, narrative therapy, and somatic-based therapies. This third chapter will include my recommendations, limitations on the research, and sample workshop curriculum.

#### **Recommendations**

##### ***Further Research***

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This capstone highlights the necessity for extensive research into kink-affirming care within therapeutic settings. While there is some existing research pointing to the positive impact of kink-affirming approaches on client well-being, there remains several critical areas that require further investigation. This gap in the literature may be due to societal stigma and a lack of awareness or understanding of kink among mental health professionals, leading to limited academic focus on the subject. As well, much of current research approaches the subject from a place of presumed pathology so it is important that this bias is confronted in future studies (Thomas, 2019).

Future research should focus on longitudinal studies to examine the long-term effects of kink-affirming therapy on clients' mental health and relational satisfaction. This will provide a deeper understanding of how kink-affirming practices influence therapeutic outcomes over extended periods. There is a need to explore kink-affirming care across diverse populations, including different and expansive gender identities, sexual orientations, disabilities, and cultural backgrounds. Investigating these intersections will help to create more inclusive and effective therapeutic frameworks. Such tools would enable more rigorous and in-depth evaluation and comparison of therapeutic outcomes.

Research focusing on therapists' experiences and attitudes towards kink-affirming care can provide insights into the barriers and facilitators in implementing such practices. Understanding therapists' perspectives will inform the development of supportive policies and training programs. Investigating how kink-affirming care affects the therapeutic alliance between clients and therapists is crucial. Strong therapeutic alliances are foundational to successful therapy (Kolmes et al., 2006), and understanding this dynamic within the context of kink can enhance therapeutic practices.

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### *Training and Education*

To bridge the gap in kink-affirming care, there is a pressing need for comprehensive training and education programs for counsellors and therapists. The following recommendations aim to enhance the competency of mental health professionals in providing kink-affirming care. These include graduate/postgraduate programs, continuing education opportunities, supervision/mentorship, comprehensive resources, and standards of practice.

Graduate and postgraduate counselling and psychology programs should incorporate kink-affirming care into their curricula on human sexuality. This will ensure that emerging professionals are equipped with the knowledge and skills necessary to address the needs of clients engaged in kink practices.

Existing practitioners should have access to continuing education opportunities focused on kink-affirming care. Workshops, seminars, and online courses can provide current professionals with updated information and practical strategies. Establishing supervision and mentorship programs that focus on kink-affirming care can offer therapists ongoing support and guidance. This can help practitioners navigate complex cases and enhance their confidence in delivering BDSM-affirming services.

Creating comprehensive resources, such as manuals, guidelines, and best practice documents, will support therapists in implementing kink-affirming care. These resources should be readily accessible and regularly updated to reflect emerging research and clinical practices. Mental health professional organizations should develop and endorse standards of practice for kink-affirming care. Such endorsements will help to promote the normalization and acceptance of kink-affirming practices within the therapeutic community.

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By addressing these research and training needs, the field of mental health can move towards more inclusive and effective therapeutic practices that recognize and affirm the diverse expressions of human sexuality. This advancement will not only improve client outcomes but also contribute to the overall well-being of individuals engaged in kink practices.

### **Limitations**

The lack of research on BDSM and mental health presents several revealing and critical issues, affecting both the BDSM community and mental health professionals, as well as contributing to the main limitation of this capstone. These issues include perpetuation of stigma, inadequate mental health care, misinformed public perceptions, and missed opportunities for understanding the therapeutic potential of BDSM practices. Without adequate research, BDSM practices remain misunderstood and stigmatized. The absence of empirical studies allows misconceptions and stereotypes to persist, painting BDSM as inherently pathological or deviant (Hillier, 2018). This stigma not only affects public perception, but also contributes to the internalized shame and isolation experienced by individuals who engage in BDSM activities (Kaplan, 1980).

Mental health professionals often lack the necessary knowledge and cultural competence to effectively support clients involved in BDSM (Kolmes et al., 2006). The scarcity of research means that there is little evidence-based guidance for therapists on how to approach BDSM-related topics in a non-judgmental, safe enough, and supportive manner. As a result, clients may receive biased or inappropriate care, leading to a negative impact on their mental health and well-being. Studies like those by Kolmes et al. (2006) have documented instances where mental health professionals exhibited biases or provided inadequate care due to a lack of understanding of BDSM. Ethical standards for counselors, such as the principle of "do no harm," (BCACC,

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2008) require therapists to avoid causing physical or psychological harm to clients. However, without sufficient knowledge and cultural competence regarding BDSM, therapists may unintentionally harm clients through misunderstanding, judgmental attitudes, or inappropriate interventions. This highlights the urgent need for comprehensive research and training in kink-affirming care to ensure ethical and effective therapeutic practices.

The limited research on BDSM and mental health also contributes to a broader societal misunderstanding of BDSM. Media portrayals often sensationalize or misrepresent BDSM practices (Hillier, 2018), and without research to counter these narratives, the public is left with a skewed view. This misrepresentation can lead to discrimination and social ostracism for those who participate in BDSM.

BDSM practices encompass a wide range of psychological, physical, and emotional dynamics that can have therapeutic benefits. Further research could uncover ways in which BDSM can foster secure attachment, enhance communication, support trauma processing, and promote self-actualization. The lack of scientific studies means that these potential benefits remain underexplored and underutilized in therapeutic settings.

A lack of research also means that educational curricula for mental health professionals do not adequately cover BDSM, leaving new therapists unprepared to address these issues. This is of deep importance in connection to our ethical tenet of competent care (BCACC, 2008). Additionally, without a solid research base, it is difficult to advocate for policies that protect and support individuals in the BDSM community, whether in healthcare, legal contexts, or broader social settings (Thomas, 2019).

Addressing the lack of research on BDSM and mental health is crucial for destigmatizing BDSM, improving mental health care, and enhancing our understanding of the complex

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dynamics involved in BDSM practices. Increasing research efforts in this area can lead to better-informed therapists, more supportive therapeutic environments, and a broader societal acceptance of BDSM as a legitimate and healthy expression of human sexuality.

### **Conclusion**

It is imperative for mental health practitioners to embrace kink-affirming therapy practices. Recognizing and respecting the diverse expressions of sexuality, including BDSM and kink, is essential for providing inclusive and effective mental health care. Stigma and discrimination against individuals who engage in kink can lead to significant mental health challenges, including feelings of shame, isolation, and internalized stigma.

Kink-affirming therapy acknowledges the legitimacy and normalcy of consensual kink practices, promoting a therapeutic environment where clients feel understood and validated. This approach not only enhances the therapeutic alliance but also facilitates a more accurate understanding of clients' experiences and needs. By integrating kink-affirming practices, therapists can better support clients in exploring their identities, improving their mental health, and achieving self-actualization.

The benefits of kink-affirming therapy extend beyond individual client outcomes. It fosters a broader cultural competence within the mental health profession, challenging pervasive misconceptions and biases. This shift is crucial for the development of more inclusive and equitable mental health services.

As the field of mental health continues to evolve, it is essential for practitioners to stay informed about diverse sexual practices and to approach them with openness and respect. Kink-affirming therapy is not merely an optional specialization but a necessary component of competent and compassionate care. As such, I have created a sample workshop curriculum (see

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Appendix) for mental health practitioners. The curriculum is based on the research, exploration, and analysis throughout this capstone. By adopting these practices, mental health professionals can significantly contribute to the well-being and empowerment of clients who engage in kink, ensuring that their therapeutic needs are met with understanding and sensitivity, and shift the broader cultural discourse towards inclusion and expansion.



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## **Appendix**

### **Sample Workshop Curriculum**

#### **Workshop Title: Kink-Affirming Care in Therapeutic Practice**

##### **Workshop Description**

In a society where sexual diversity is progressively acknowledged and celebrated, therapists must be equipped to provide kink-affirming care to clients who engage in consensual kink practices. This one-day workshop is designed to enhance the competency of mental health professionals in understanding and integrating kink-affirming care into their therapeutic practice. Participants will explore the principles of kink-affirming care, gain insights into the unique needs of clients engaged in kink, and develop practical skills to create a supportive and non-judgmental therapeutic environment.

##### **Target Audience**

This workshop is designed for mental health professionals, including counsellors, psychologists, social workers, and therapists, to enhance their skills in providing kink-affirming care. Both experienced practitioners and those new to this area of practice are welcome.

##### **Workshop Agenda**

Introduction and Welcome (30 minutes)

- Land acknowledgement
- Setting group container, ethics, expectations
- Overview of the workshop objectives and agenda
- Group check-in and icebreaker

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### Kink 101 (1.5 hours)

- Discussion on kink, BDSM, and related practices
- Overview of language and definitions specific to BDSM
- Discussion on the history of the DSM and its impacts on client care in a kink-affirming context

### Challenging Misconceptions and Biases (1 hour)

- Interactive session on identifying and addressing biases
- Solo journaling and options to share with another participant on people's own relationship to desire, power, intimacy
- Group activities and case studies

### Lunch Break (1 hour)

### Principles of Kink-Affirming Care (1 hour)

- Presentation on the principles and importance of kink-affirming care
- Q&A session

### Ethical Considerations (1 hour)

- Discussion on ethical issues in kink-affirming therapy
- How-to: ethical charting for clients who participate in fringe sexuality practices
- Case study analysis

### Creating a Kink-Affirming Therapeutic Space (1 hour)

- Strategies for developing a supportive therapeutic environment
- Practical tips and resources

### Closing and Evaluation (30 minutes)

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- Recap of key learnings
- Participant feedback and workshop evaluation

### **Workshop Goals and Objectives**

#### Understand Kink and its Context:

- Gain a comprehensive understanding of kink, BDSM, and related practices
- Explore the sociocultural and psychological contexts of kink

#### Identify Common Misconceptions and Biases:

- Recognize and address common misconceptions and biases about kink
- Recognize and address inherent biases imbedded in how psychotherapy is generally taught
- Develop strategies to manage personal biases and ensure a non-judgmental therapeutic stance

#### Principles of Kink-Affirming Care:

- Learn the foundational principles of kink-affirming care
- Understand the importance of consent, negotiation, and communication within kink practices

#### Assessment and Intervention Techniques:

- Develop skills to assess clients' needs and experiences related to kink
- Explore therapeutic interventions that support clients' kink identities and practices

#### Ethical Considerations:

- Discuss ethical issues and dilemmas that may arise in kink-affirming therapy
- Learn to navigate confidentiality, boundaries, and professional responsibilities

#### Creating a Kink-Affirming Therapeutic Space:

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- Discover practical ways to create a safe and affirming space for kink-identified clients
- Learn to incorporate kink-affirming language and practices into therapy sessions

### Materials and Resources

- Handouts with definitions, resources, and reading lists
- Sample intake forms and questionnaires
- Case study examples
- Access to online resources and professional organizations

### Suggested Readings and Further Resources

#### Books:

- "The Ethical Slut" by Dossie Easton and Janet Hardy
- "Playing Well with Others" by Lee Harrington and Mollena Williams
- "Kink-Affirming Practice" by Dr. Meg-John Barker and Dr. Christina Richards

#### Organizations:

- National Coalition for Sexual Freedom (NCSF)
- The Kink Aware Professionals Directory
- The American Association of Sexuality Educators, Counsellors, and Therapists (AASECT)

#### Online Resources:

- Kink Knowledgeable ([www.kinkknowledgeable.com](http://www.kinkknowledgeable.com))
- Kink Aware Professionals (<https://www.kaprofessionals.org/>)

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