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Alienation through Social Construction: A Call for the Re-humanization of Sexuality

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Social Construction of Sexuality

Sexuality is a topic that comes with a great deal of controversy. The debate over whether sexuality is ascribed or achieved is an old and a loaded one. Often the same people (newscasters, elected officials, religious leaders, etc.) generating discussion on the topic misuse the proper terminology surrounding the subject, resulting in misleading and fallacious constructs being deployed and socially reinforced. While sexual orientation is ascribed (American Psychological Association, 2011), sexuality is a social representation of sexual orientation. So to argue whether one is born "gay" or "straight" is a loaded debate without the possibility of a solution because: *People* cannot be "gay" or "straight"; rather, only *behaviors* can be categorized in these binary constructs. However, sexual behaviors, social definitions, and interpretations of "gay" and "straight" as descriptors of human sexuality are constantly evolving. Thus, "gay" or "straight" can only be applied as descriptors to individual sexual actions rather than to people as a categorical approach to identity.

The American Sociological Association (ASA), American Medical Association (AMA), American Psychological Association, and American Pediatric Association all recognize sexuality as being experienced by the actor on a continuum and based on a personal sense of identity reflective of sexual attractions. The ASA, AMA, and American Psychological Association recognize that while there is no absolute consensus as to what determines one's sexual orientation, most people experience little or no sense of choice pertaining to their orientations, leading researchers to conclude, historically, that sexual orientation is biologically determined. "Although we can choose whether to act on our feelings, psychologists do not consider sexual orientation to be a conscious choice that can be voluntarily changed," (American Psychological Association, 2011). In addition, actors often portray sexual orientation through behaviors socially interpreted as indicative of that predetermined characteristic; however, sexual behavior may or may not reflect sexual orientation. In other words, the social actor has a choice whether to exercise behaviors indicative of current social definition of heterosexuality, homosexuality, bisexuality, or asexuality. The sexual behavior in which an individual engages does not necessarily reflect sexual orientation or desire; rather, sexual behavior is often indicative of the social construction of reality possessed by the social actor and of the motivations for specific sexual activity (Katz, 2007).

Despite behaviors exercised by the social actor, sexual orientation remains the same. So, while a social actor might have strong sexual urges for someone of the same sex category, they may never act on it. Conversely, someone having sexual attraction for others of the different sex may exercise behaviors indicative of current cultural definitions descriptive of homosexuality. Thus, behaviors often (mistakenly) become the catalyst for identifying others' sexual orientation.

In addition, social actors' sexual behaviors are a product of socialization, not biology.

For example, we learn (explicitly from parents, teachers, politicians, religious leaders, and other significant figures in our lives, or implicitly from images, themes, or messages in popular culture) how to have sex, with whom to have sex, with what motivations to have sex. We learn there are certain rules, social regulations, and even legislation controlling our interpretations of valuing our own and others' sexual behaviors. Sexual behaviors—focusing only on behaviors that are products of consensus from both (or all) parties—are behaviors (like all others) that are learned through socialization. They develop and progress as we develop and progress. Consequently, sexual behaviors are not always in response to sexual desire because of two central explanations: (1) Motivations for sexual behavior vary; and (2) The current social construction of normative sexual behavior is reflective of ultra-conservative (prudish) ideals and saturated with religious underpinnings—or at least the most current culturally valued behaviors are. Nevertheless sexual orientation remains inherent in individuals and, thus, unchanging.

Common terms pertaining to sexuality (sexual orientation, desire, and behavior) are constantly presented in the media as being interchangeable. However, they are not. Subsequently, much of the population is left uneducated (or inaccurately educated) due mainly to this misrepresentation in popular culture and media and to the lack of passable education in the public school system on this topic. Currently, there is no curriculum mandate for teaching human sexuality (vastly different from "sex ed"). This is in combination with the content of sex education most often resulting in the over-emphasis given to abstinence-only education (Landry, Darroch, Singh, Higgens, & Donovan, 2003). Such restriction on students' access to fair and adequate education on human sexuality only adds to the distortion of sexuality commonly presented as "normative" in popular culture.

The inconsistency surrounding the use of the mentioned terminology (sexual orientation, sexual desire, and sexual behavior), the lack of education in our public schools, and limited interpretations of sexuality presented in the media have contributed to a poorly informed public. The incapacity to recognize the differences between these terms outside of the individual only enhances the risk of not being able to identify them correctly within the individual's experiences and the inability for one to fully understand their own complex sexuality. At risk is our ability to understand sexuality as one part of the human experience, instead of focusing on categories created in an attempt to indicate one's full social identity. The ability to separately define behaviors from orientation will allow actors to recognize sexuality as a continuum within the human experience with room for biological variation. After all, biology loves variation; it is we humans who tend to struggle with it.

Capitalism, Inequality, and Sexuality

Marx (1867/1965) predicted the expansion of "monopoly capitalism," wherein the ideas of capitalism would expand into a worldwide network of class conflict and exploitation (Marx, 1867/1965). Marx's view of society is, of course, valuable when exploring inequality, class, and social stratification within societies, yet also remains important when critically exploring the construction of sexuality in contemporary America, which will be addressed shortly.

Marx argued that the exploitation of the proletariat was disguised by a facade of

legitimacy. This facade is an explanation that members in the dominant groups give to justify their actions. These explanations are commonly based on "misleading arguments, incomplete analyses, unsupported assertions, and implausible premises" that ultimately support the dominant group (Carver, 1987, pp. 89-90). The most common facades of legitimacy include: (1) blaming victims by claiming character flaws that impede chances for success, and (2) claiming that the less successful benefit from the system established by the powerful. We should keep these facades in mind as we explore alienation and dehumanization within the current social construction of sexuality.

Capitalist Alienation and Sexuality in Contemporary America

Marx (1844/1978) was greatly concerned with the idea of people being alienated through capitalism. While Marx originally was writing to explain the effects on human potential in Western Europe's capitalist economies in the eighteenth and nineteenth centuries, his ideas of alienation are also applicable to the current construction of sexuality in modern society.

Marx (1844/1978) asserted that not only do workers (the proletariat) sell their labor power, but also their human capabilities. They have no power over the product that they are producing while their work is ultimately devoid of any redeeming human potentials (Marx, 1844/1978). Like the proletariat in Marx's writings, today's social actors no longer have control over the product of the social construction of sexuality. Social actors are producing the construction of sexuality without any real control over the product.

Current trends dictate specific sexual behaviors and social standards that individuals must obey in order to avoid social sanctions. There is a current social trend in which heterosexual behaviors (and identity) are culturally valued more than homosexual behaviors. This trend of devaluing homosexuality and behaviors often (mis)attributed with that category is observable in restrictive legislation (i.e., same-sex marriage rights; (Lewin, 2003), hate crimes perpetrated against the LGBTQ community (Bell & Perry, 2015), the lack of representation of homosexuality in popular culture (Walters, 1998), the absence of education on homosexuality (and sexuality, in general) in public schools (Lindley & Reininger, 2001), and high trends of occupational discrimination perpetrated against people identifying as, or believed to be, homosexual (Soucek, 2014). Here, we see examples of the first façade of legitimacy wherein those targeted are claimed to have character flaws that impede their chances of success while ultimately supporting the dominant group.

The loss of control over sexuality is blatantly apparent in the emphasis on the categorical constructs to which individuals must adequately ascribe. Further, these binary constructs are commonly presented as being finite and indissoluble. This leads to not only the doffing of human potential within the sexual sphere, but also provides a distraction from viewing sexuality as on a continuum. In addition, this trend reinforces the idea that people can be identified as an oversimplified social construction (gay or straight) rather than recognizing that sexual behavior is one aspect, though indeed complicated, of the human experience.

Dehumanization and Sexuality in Contemporary America

Marx (1844/1978) also maintained that when human behaviors are repetitive and

mimic those of a machine in a factory, the individual becomes dehumanized. The production process controls the worker because the wage earner has little or no control over the manufacturing of the goods. Further, the worker becomes alienated in the role of being a producer and from the product itself, because the owner of the factory determines the methods by which goods are produced. This also leads to the worker being alienated from herself since she is not exercising any real creativity or humanness; rather, she is mimicking the actions of a machine in a factory. She has become the machine.

According to Marx (1844/1978), capitalism provides profit for the owners of the means of production, but for those who have only their labor power to sell, they are subsequently restricted from seeing their human potential fulfilled. Within the domain of sexuality, there is also a ruling class benefitting from the current construction of sexuality. This ruling class is, of course, the people identified as being part of the heterosexual population through perception of behaviors. While not all people engaging in heterosexual behaviors belittle the idea that sexuality is not only a continuum and that the current sexuality hierarchy is not justifiable, this class is still the beneficiary of existing sexual inequalities because they are part of a class that is not regularly targeted for bigotry, prejudice, or discrimination based on sexual behaviors. Just as not all white people are bigoted in contemporary America, they are still the beneficiaries of white privilege that has been institutionalized within contemporary society.

Just as workers continued to work to make others more profit and were distracted from their need to engage in creative activities, most actors today are distracted from changing the current social construction of sexuality and continue to produce what has been constructed as a social ideal: Heterosexuality is more valuable within our current cultural narrative; thus the majority of social actors are more willing to publicly reproduce shared illustrations of the highly-valued heterosexuality. Due to the social reinforcement of heterosexual activity, many are afraid to either express behavior contradictory to current definitions of heterosexuality or to speak up and fight for social equality for those expressing behaviors indicative of homosexuality. This process reinforces the collective's dehumanized approach to sexuality.

The current trend of assigning people to sexual categories based on sexual behaviors and then dispensing values to those categories incites people to mimic actions in favor of the category that receives the most amount of social reinforcement. However, as noted earlier, *people* cannot be assigned as heterosexual or homosexual, rather only *behaviors* can be appropriately categorized as such. To reiterate, sexual orientation is ascribed, but cultural definitions of homosexual, heterosexual, and bisexual are continually changing. With the evolution of the definitions of each category, it is impossible to argue that anything more than behaviors can be placed into such categories.

Re-humanizing Ourselves: A Call for the Social *De*-construction and *Re*-construction of Sexuality

Marx (1844/1978) sought to create class consciousness—an awareness of the masses. He sought to facilitate class consciousness to begin the struggle for social change, ending the exploitation and alienation caused by the capitalist system and propagated by the ruling class. Somewhere along the way,

including after the sexual revolution, the individual's control over the social construction of sexuality has been lost, while simultaneously producing sexuality as a binary social fact, perpetuating the falsity surrounding the topic and the dehumanization within it.

Much like the majority of socially normative behaviors, our sexual behaviors are constantly under scrutiny. As social actors, we are subject to a range of potential sanctions, both positive and negative, in response to our sexual behaviors. These sanctions, or the fear of such sanctions, are what stand in the way of real social change. Our social construction of sexuality and the inequalities bred from such construction, will not change without some serious social education and confrontation of current ignorant ideas surrounding sexual creed.

Therefore, in a spirit of positive sexuality this paper calls for a social *de*-construction and subsequent *re*-humanization of sexuality. This deconstruction should include: (1) a thorough understanding of the distinctions between the terms sexual orientation, sexual desires, and sexual behaviors; (2) a dismantling of the current agenda for sex education in our public schools that is fashioned through and confronted with political and religious opposition; and (3) social value being placed on diverse human experiences and potentials rather than the human ability to mimic constructed sexual ideals.

Perhaps the most effective approach to begin to reach these goals should target our educational institutions in an attempt to change sexually exclusive culture narratives. Allowing *in*clusive sex education in public schools (including curriculum focusing on the difference between sexual drive, desire, behaviors, and including positive role models for diversity in sexuality) will help "normalize" currently stigmatized sexual behaviors and people practicing those behaviors. Thorough sex education should thoroughly include physical, psychological, and social aspects of sexuality, not simply focusing on disease and pregnancy prevention.

While some people might argue that we may never be able to agree on values or morés pertaining to sexual behavior, we as a culture do share values and aspirations that are not difficult to uncover (Etzioni, quoted in Berreth & Scherer, 1993). By implementing improved sex education in our schools, we will likely discover that the social and personal benefits of acceptable sex education outweigh the costs of lack of education. In American culture, we also generally agree that stigmatization and inflicting harm to others is unacceptable. A serious lack of formal sex education only allows these problems to flourish in our culture narrative.

Sex education does not necessarily require teaching certain values relating to particular sexual behaviors or current constructions of them. However, sex education should move beyond teaching anatomy, reproduction, and disease or pregnancy prevention (Haffner, 1992), and also include discussions pertaining to gender role socialization, interpersonal behavior, stigmatization, and acceptance.

Such a positive shift in American culture would help socialize our youngest social actors toward a better understanding between sexual drive, desire, and behaviors, thus allowing for more thorough understanding and tolerance for their own sexual behaviors as well as sexual preferences of others. By not creating such a shift, we risk the permission to accept and

value ourselves, as a collective people, for our diverse human experiences in contrast to an ability to mimic antiquated methods of discrimination through heteronormativity that are creating a dehumanization effect inherent to current sexual scripts. So, let's start the deconstruction process and begin reconstructing our sexual cultural narrative. Through education, acceptance, and an empathetic scope, we should see a re-humanization of ourselves.

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Working with Survivors of Sexual Violence from a Sex-Positive Perspective

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Sexual violence is a widespread social problem with a destructive range of sexual behaviors that are committed without consent and results in physical, psychological, and social consequences (Jewkes et al., 2002). The Center for Disease Control found that approximately 20% of women in the U.S. will be sexually assaulted or experience an attempted assault in their lifetime and more than one in 10 men are victims of sexual violence (Black et al., 2011).

Survivors of sexual violence are at risk for a complex array of health problems. Two review articles (Van Berlo & Eisnik, 2000; Weaver, 2009) summarized the impact on survivors' sexual health specifically. Van Berlo and Eisnik (2000) concluded that less sexual contact, diminished sexual pleasure, and fear of sex are prevalent among survivors. Specific to women, Weaver (2009) found that the research supported three primary areas of impact: (a) genital injury and sexually transmitted infections, (b) reproductive and sexual functioning, such as painful menstruation and sexual intercourse, and (c) sexual behaviors, including high-risk behaviors. The sexual health of sexual assault survivors who are men, queer, or transgender is understudied (Black et al., 2011; Rothman et al., 2011; Stotzer, 2009).

All facets of health are connected (Dahlberg & Krug, 2002). Social aspects of the sexual trauma contribute to negative psychological outcomes. Specifically, the relationship between the offender and the survivor is related to the survivor feeling damaged, guilt, and shame (Van Berlo & Eisnik, 2000). Intimate relationships between offender and survivor are shown to correlate with more severe psychological injuries, including dissociation and symptoms consistent with Borderline Personality Disorder (Freyd & Birrell, 2013). Psychological injuries of sexual violence can include self-blame, generalized anxiety, posttraumatic stress disorder, depression, and attempted or completed suicide (Basile & Smith, 2011; Chen et al., 2010; Tomasula et al. 2012; Weaver, 2009). Given these risks, we consider the role of sex-positivity to advance the health of sexual trauma survivors.

Sex-Positive Approach

Sex-positivity is defined as an open, accepting stance toward sexuality; this involves perceiving each person's sexuality as a unique, multifaceted set of values, experiences, and preferences (Williams et al., 2015). Sex-positivity also involves developing self-awareness about sexual values and assumptions one may have about sexual minorities or alternative sexual practices (Williams, 2012). Sex-positivity requires culturally relevant knowledge about sexual health and the development of skills in alignment with that knowledge (Robinson et al., 2002; Williams et al., 2015).

Sex-positivity intersects with sexual trauma treatment scholarship. Similar to a sex-positive approach, working with sexual trauma requires the practitioner to address each person's trauma as a distinctive, complex experience and develop culturally specific knowledge to treat sexual trauma (Brown, 2011a; McCarthy & Breetz, 2010). From our investigation of sexual trauma and

sex-positivity scholarship, three overlapping foci emerged (Brown, 2011a, 2011b; McCarthy & Breetz, 2010; Robinson et al., 2002; Williams et al., 2015). We highlight three facets of a sex-positive approach: a) cultural competence, b) engaging in self-reflection, and c) obtaining education about sexual health and sexual diversity. These three foci will help practitioners develop a sex-positive approach in their work.

First, cultural competence was defined as an ability to be sensitive to the identities, values, and cultural norms that shape the way we see the world. Further, cultural competence is the ability to respect individual differences and develop creative responses that account for the strengths and needs of clients (Brown, 2011b; Robinson et al., 2002; Williams et al., 2015).
Second, the researchers described self-reflection as the process of exploring one's values and biases about a given topic (Brown, 2011b; McCarthy & Breetz, 2010). This process allows practitioners to determine how their values and assumptions shape the way they work with people.
Finally, the literature stressed obtaining knowledge and skills that are culturally relevant and specifically address sexual health, sexual diversity, and sexual trauma (McCarthy & Breetz, 2010; Robinson et al., 2002; Williams et al., 2015). Training on these topics is not common in many helping professions, which means practitioners need to actively seek this type of education (Martin et al., 2007; McCarthy & Breetz, 2010; Robinson et al., 2002).

Sex-Positive Practice with Sexual Trauma Survivors

We propose that practitioners address sexual trauma by using the sex-positive approach conceptualized above. Practitioners' development in culturally competent practice, self-reflection, and training specific to sexual health, sexual violence, and sex-positivity will enable them to provide appropriate sex-positive services to sexual assault survivors.

Cultural competence requires the practitioner to understand the context in which a traumatic event occurred and how the survivor views the event (Briere & Scott, 2014; Brown, 2011b; McCarthy & Breetz, 2010). For example, a person that negotiates with their partner to act out a rape fantasy, most likely, will leave that experience without psychological scarring. But, a person that is forced to have sex with their partner may consider that a traumatic event. What is the difference? In the first scenario, both parties negotiated and agreed upon the experience, and in the second scenario, there was no negotiation and the partner did not freely consent. Specific to sex-positivity, practitioners need to consider the context of clients' sexual values, sexual histories, and sexual interests (McCarthy & Breetz, 2010; Robinson et al., 2002).

Engaging in self-reflection prompts the practitioner to assess biases they may have about their clients (Brown, 2011b). Practitioners need to reflect on their willingness to engage a sex-positive approach in treating survivors of sexual trauma (McCarthy & Breetz, 2010; Robinson et al., 2002; Williams et al., 2015). For example, a practitioner working with African American women that have experienced sexual trauma should consider any biases they may have about African American women tied to sexuality. Research demonstrates that historical images of Black women as hypersexual (e.g., the Jezebel stereotype)is linked to victim-blaming that targets Black women (West, 1995).

Practitioners need to seek information relevant to addressing sexual trauma with target populations (Brown, 2011a, 2011b; McCarthy & Breeze, 2010). Treatment approaches to sexual trauma vary by populations. Practitioners must assess how race, class, gender, sexual orientation, ability, and religion, to name a few identities, impact a survivor's experience of the trauma (Brown, 2011b; Robinson et al., 2002). Using the previous example, evidence suggests that African American women that have survived sexual trauma use social support and religious coping to ameliorate the trauma (Bryant-Davis et al., 2011). However, research has also found a correlation between religious coping and higher levels of trauma symptoms (Harris et al., 2008). From a sex-positive perspective, it may be that the client has internalized sex-negative attitudes, which can be prevalent in many religions (Rubin, 1984). Internalized sex-negative attitudes may contribute to self-blame. For example, a survivor may view the trauma as punishment or ordained by God.

Practitioners also need to understand the importance of language and word choice in processing the trauma (Briere & Scott, 2014; Brown, 2011b). A sexual assault survivor whose first sexual experience was the assault may define virginity as a first experience with penile-vaginal intercourse, the cultural label. The survivor may choose to reject that cultural definition as it applies to their assault, identify as a virgin, or reject the notion of virginity entirely. When survivors claim their own understanding of sex and sexuality, survivors are able to reshape their understanding of the assault. Further, this practice can ameliorate the self-blame that is common for many survivors. By reducing self-blame, clients can begin to see that a culture of sexual violence is to blame for the trauma (Brown, 1994, 2011b). Clients may benefit from increased consciousness about how social constructs of sexuality have made sexual violence acceptable (Brown, 2011b; Rubin, 1984).

Specific to sex-positive training, practitioners can access resources to bolster their knowledge of sexual health and sexual diversity. One resource is the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) Sexual Attitude Reassessment Training (SAR; AASECT, 2015). This training includes comprehensive sexual education, which includes information about sexual minority communities (LGBTQ), bondage-domination-sadism-masochism (BDSM), fetish, and kink. Further, several organizations exist that provide education about sexuality from a sex-positive perspective: (a) Center for Positive Sexuality in Los Angeles, (b) Center for Sex Positive Culture in Seattle, (c) Community-Academic Consortium for Research on Alternative Sexualities (CARAS), and (d) The Kinsey Institute.

In terms of skills, practitioners need to assess potential interventions from a sex-positive perspective. Three questions to determine if a treatment approach is sex-positive are: (a) Does the approach encourage the client to explore their sexual values and understanding of healthy sexuality? (b) Does the approach encourage a holistic exploration of sexuality from culturally relevant and strengths-based perspective? (c) Is the approach flexible and client-centered such that it allows for the client's ongoing processing of the trauma? Possible approaches to sex-positive therapy include intersystem (Weeks, 1994, 2005), feminist (Brown, 1994), sexual health model (Robinson et al., 2002), and narrative therapy (White & Epston, 1990). First, the intersystem approach highlights the

interaction of biological, mental health, social relationships, family of origin, and sociocultural factors. Intersystem therapy tends to utilize family and couple formats; this approach may be culturally relevant for clients who have a relational focus with their sexuality. Second, feminist therapy is consistent with sex-positivity's focus on the social construction of sexuality. In particular, feminist consciousness-raising groups (Marecek & Hare-Musten, 1991) could help survivors with multiple oppressed identities understand the sociocultural context that perpetuates their experiences of oppression. Third, the sexual health model emphasizes comprehensive and culturally relevant sexuality education, a holistic approach to sexuality, and communication about sex (Robinson et al., 2002).

The last approach, narrative therapy, is described in further detail because it is not often associated with sex-positivity and sexual trauma. Narrative therapy assumes that individuals have the capacity to overcome life challenges by rewriting negative scripts into positive, solution-oriented scripts (White & Epston, 1990). Returning to the earlier example, a religious, African American woman that has experienced sexual trauma may have internalized negative scripts about her sexuality and the sexual violence, which are based upon the Jezebel stereotype and religious attitudes about sex (Bryant-Davis et al., 2011; West, 1995). Narrative therapy will help this survivor rewrite those scripts to embody sex-positivity. The first step is to work with the client to name the problem in a way that exists outside of the individual, for example, "judgments about sex" or "the anti-pleasure monster." Invite the client to use all the senses to describe the problem. For example, the anti-pleasure monster might hide in one's pocket and smell like perfume. Ask the client to focus on how the problem is causing disruption and negative consequences. Perhaps the anti-pleasure monster shows up in the shower or when wanting to masturbate. Next, encourage the client to remember and discuss moments when the client was able to overcome the problem; i.e., how has the client transformed other monsters? Invite the client to gather an inventory of times when the client overcame other problems, conveyed competence, and enjoyed successes. With this historical evidence, the client recreates the problem narrative into a positive, solution-oriented view of success. The new narrative may involve the client doing something to the monster and creating a new image of her sexuality.

Conclusion

Sexual violence is a pervasive social problem that impacts everyone, regardless of race, class, or gender (García-Moreno et al., 2002). Sexual violence may have a significant impact on the physical, psychological, and social health of survivors, which all shape the sexual well-being of survivors. A sex-positive framework could help survivors address the trauma and increase their consciousness of how social constructs of sexuality have made sexual violence acceptable. To become a sex-positive practitioner, professionals need to understand cultural competence, engage in self-reflection and sex education, as well as provide sex-positive interventions.

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Does Social Work Need a Good Spanking?
The Refusal to Embrace BDSM Scholarship and Implications for Sexually Diverse Clients

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Introduction

One of my favorite things about the field of social work has been its strong interconnections with other fields of study, including a full range of social and behavioral sciences. Social work formally utilizes a generalist approach, thus workers are trained to be able to respond effectively to a variety of client needs and potential problems. In doing so, ethical practice is emphasized, and social workers are admonished to challenge injustice, promote client self-determination, embrace human diversity, and practice with cultural competence (National Association of Social Workers, 2008). Since 2008, the Council on Social Work Education (CSWE), which accredits all social work education programs in the United States, has required that social work students demonstrate mastery of specific competencies, referred to as Educational Policy and Accreditation Standards (EPAS). These competencies include a focus on ethical behavior (competency 1), embracing diversity and difference (competency 2), social injustice and human rights (competency 3), and the interconnectedness of research and practice (competency 4) (CSWE, 2015). EPAS competencies are designed to apply across social work education and practice.

In this paper, I will summarize scholarship on consensual bondage and discipline – dominance and submission – sadomasochism (BDSM) and briefly explain why this topic is relevant to social work practice. I will then discuss my frustrations in attempting to publish work on this topic within the field of social work. Apart from a notable exception in the journal *Canadian Social Work* (Williams, 2013), the topic of BDSM is absent from the social work literature. However, what is particularly surprising and disturbing to me, based on personal experience, has been the refusal of journal editors and reviewers to accept an accumulating empirical research literature on BDSM, which then results in manuscript rejection. I will discuss my experiences of manuscript rejection and editor/reviewer biases concerning BDSM shortly. Contemporary social work, after all, is predicated on EPAS core competencies, including those mentioned above, and also emphasizes *evidence-based practice* (CSWE, 2008, 2015; Rubin & Babbie, 2014). While I have occasionally encountered difficulty in getting specific manuscripts published, including on the topic of BDSM, it is only in the field of social work that I have faced consistent rejection.

BDSM Research and its Importance to Social Work

There is a long history in psychiatry of pathologizing BDSM and alternative sexual interests and practices, which can be traced to Richard von Krafft-Ebing and further reified by Freud (see Williams, 2013). However, numerous studies over the past few decades have shown that BDSM cannot be explained by psychopathology (for reviews, see Kleinplatz & Moser, 2007; Powls & Davies, 2012; Weinberg, 2006; Williams, 2006). Not only have empirical

studies demonstrated that BDSM is not associated with psychopathology (i.e., Connolly, 2006; Cross & Matheson, 2006; Richters, et al., 2008) or prior childhood abuse (Sandnabba et al., 2002), there is some evidence that BDSM may promote psychological benefits as a form of healthy leisure (Newmahr, 2010a, 2011; Prior & Williams, 2015; Taylor & Ussher, 2001; Wismeijer & van Assen, 2013).

Despite considerable research over the past two decades showing that BDSM participation is not associated with psychopathology, many helping professionals continue to marginalize and discriminate against clients who practice BDSM (Hoff & Sprott, 2009; Kolmes, Stock, & Moser, 2006; Wright, 2009). In the *Survey of Violence and Discrimination of Sexual Minorities* sponsored by the National Coalition for Sexual Freedom, Wright (2009) found that in a large sample of participants (N = 3,058) with alternative sexual identities (including BDSM and fetish enthusiasts), about 40% reported facing discrimination from a mental health professional and 50% experienced discrimination from a medical doctor. These findings illustrate the glaring need for sexual diversity training among helping professionals.

Clearly, there is much current interest in BDSM, thus social workers and helping professionals need to be informed. Nearly a decade ago, Kleinplatz and Moser (2006) estimated that up to 10 percent of the general population participate in some form of BDSM. Social workers, whether they recognize it or not, are highly likely to encounter numerous clients who participate in BDSM but who may seek professional help to address any of a range of diverse personal issues. People who enjoy BDSM, like anyone else, sometimes face typical issues, such as relationship difficulties, job / career decisions, loss and grief, and significant life transitions. However, such clients also could potentially seek help for BDSM-specific issues, including how to navigate alternative relationships or how to deal with stigma that many BDSM participants face. Informed social work professionals could be extremely valuable in helping these clients, including empowering, supporting and advocating for this population as needed.

Social Work Gatekeeping and Dismissal of BDSM Research

Considering where I am in my career (assistant professor currently applying for promotion and tenure), I have a fairly strong publication record with over 50 peer-reviewed articles and book chapters, including numerous papers on sexual diversity. Although the topic of BDSM is relevant to the field of social work, my experience has been that several editors and reviewers for social work academic journals are not open to this topic. One editor responded to a recent manuscript submission on the importance of social workers becoming informed about BDSM by simply writing, "This manuscript is not of interest to us at this time." Similarly, another journal editor also rejected the manuscript "for lack of interest."

A separate full-length manuscript on how social workers can help BDSM-identified clients has been flat-out rejected several times now and to date remains unpublished. Besides myself, this manuscript involves coauthors, and one in particular has enjoyed considerable publication success. Nevertheless, one editor declined to send the paper for review, stating that the paper "is not appropriate for this journal," even though the aim and scope of the particular

journal welcomes various types of articles on a diverse array of social work practice topics. More frequently, however, this particular manuscript has been sent for review, and reviewers have disagreed substantially on their evaluations and recommendations. For example, a few reviewers have been extremely positive. One reviewer strongly recommended publication, and stated that the paper is "well done" and "will definitely be a welcome addition to the literature." This reviewer noted that the paper "gives a wonderful way to explore clinician biases and think about ways to expand our thinking and practice." The reviewer added that, "clinicians certainly need to be mindful about not pathologizing anyone's erotic themes, sexual orientation, or sexual identity." Another reviewer, upon submission to a different social work journal, also strongly recommended publication. This reviewer wrote that the manuscript "fills a huge gap in the sexual diversity social work literature, an important contribution to social work knowledge development." The reviewer commented that "there are many frontline practitioners still using the outdated (pathological) perspective to work with these service users, with possibilities of inducing stigma and shame."

However, in contrast to the few positive reviews, the majority of reviewers and editors have been negative and seemed to be either ignorant of research on BDSM or unwilling to accept it. One reviewer wrote that although he or she is "very open-minded" concerning sexual diversity, he or she is "skeptical about findings of no specific or unusual degree of psychopathology in a population of individuals who engage in BDSM behaviors." It appears, then, that this reviewer is unwilling to accept research evidence, much of which was cited in the introduction of that manuscript, on BDSM. Similarly, another reviewer questioned "whether (BDSM) is freely chosen rather than determined by childhood power experiences involving pain and fear." This reviewer further noted that in his or her clinical experience, "pain was an important condition for achieving erotic satisfaction." This response is problematic given the reviewer's apparent assumptions that (a) BDSM seems to be primarily motivated by childhood trauma, which is contrary to existing research (Sandnabba, et al., 2002); and (b) that pain seems to be the focus of BDSM experience, which is not true for many, if not most (Langdridge, 2007). It is also noteworthy that behavioral scientists realize that pain is highly complex, and even within BDSM situations pain often seems to be experienced and interpreted quite differently by those who enjoy it (Bain & Brady, 2014; Langdridge, 2007; Leknes & Bastian, 2014; Newmahr, 2010b). Before concluding, I should point out that all reviewers, despite their very different evaluations, offered some helpful suggestions for improving the manuscript. Nevertheless, this manuscript has been repeatedly rejected by several social work journals with no opportunity to make revisions.

Conclusion

My experience has been that key social work gatekeepers currently do not seem to be open to considering the topic of BDSM, and some are blatantly unwilling to accept the accumulating research about it. If this is the case, it perhaps reflects a failure by these editors and reviewers to adhere to social work's own professional ethics and EPAS core competencies, which is highly unethical and professionally unacceptable. Indeed, a qualitative study of psychotherapists who regularly work with BDSM clients reported

that openness, cultural competence, knowledge about BDSM, refusal to pathologize BDSM, and recognition of client strengths are important features in working effectively with this population (Lawrence & Love-Crowell, 2008). Practicing social workers who are uninformed about the vast range of sexual and relationship diversity and unaware of their own socio-sexual biases can, unknowingly, cause serious psychological harm to clients. Unfortunately, this does happen. Furthermore, incidents of client harm will continue to occur until more social work gatekeepers become sufficiently open to recent sexual diversity scholarship.

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Submission Guidelines

We invite original submissions from diverse epistemological and methodological approaches on any topic that explicitly pertains to positive sexuality. A full range of qualitative and quantitative methods are acceptable. We also encourage nonacademic professionals and graduate students to submit original work. Please follow these guidelines as you prepare your work for submission:

- All manuscripts should be written in American Psychological Association (APA) 6th edition format and should be up to eight double-spaced pages, including references.
- Given the diverse readership of the journal, authors should try to avoid using highly technical jargon whenever possible. As best as possible, strive for a manuscript that can easily be understood by scholars and professionals outside of your field.
- For traditional research manuscripts, authors should provide a short summary of the current literature, briefly explain the methods used, and clearly report findings and implications.
- Theoretical, conceptual, and creative analytic (narrative, poetic representation, etc.) submissions also should reflect appropriate scholarly criteria and aesthetic presentation. Case reports and creative essays may also be submitted for review.
- Manuscripts should be submitted as an email attachment (Microsoft Word) to the co-editors at **submissions@journalofpositivesexuality.org**.

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