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“Unorthodox Rules”: The Instructive Potential of BDSM Consent for Law

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Introduction

In the case of Doe v George Mason University (2016) a Virginia District Court recently held that BDSM activities were not protected by the right to sexual liberty provided by the Constitution’s due process clause. This was because BDSM activities were said to involve “inherent risks to personal safety not present in more traditional types of sexual activity”, and therefore states can restrict such activities because they have an “interest in the protection of vulnerable persons” (Doe v George Mason University, 2016, p. 45). This case’s emphasis on the potential “dangerousness” of BDSM embodies sex-negative reasoning in that it frames BDSM “sexuality and sexual practices primarily as risky” and “difficult to manage” (Williams et al, 2015, p. 6). This type of reasoning is not unique to this case but instead reflects the sex-negativity of the broader legal approach to BDSM (Kaplan, 2014). Law has historically treated BDSM as a type of dangerous “violence” rather than sex (Hanna, 2000-2001) and has criminalized injurious BDSM activities despite the consent of participants (Ridinger, 2006; Kaplan, 2014; Haley, 2015). That consent typically makes other “violent” injurious activities lawful, such as body modification and contact sports (Weinberg, 2016), reveals that BDSM is nevertheless treated differently due to a negative evaluation of its perceived sexual “immorality” (Egan, 2007) and “deviance” (Kaplan, 2014, pp. 137-138).

This paper seeks to break with the current legal approach and follows Kaplan’s (2014) lead by instead adopting a sex-positive legal approach to BDSM. One aspect of a sex-positive approach to BDSM is the recognition of the “unique benefits” (Kaplan, 2014, p. 23) and “inherent strengths” of BDSM as a type of sexuality (Williams et al, 2015, p. 7). In particular, this paper identifies that a key strength of the BDSM sexual culture is the nuanced manner in which it deals with consent, and this paper proposes that legal thinking around sexual consent can learn much from the mechanisms of BDSM consent. The notion that discussions of BDSM consent have “value … beyond BDSM communities” (Barker, 2013, p. 901) echoes through the remarks of a number of commentators. Academics have suggested that “BDSM-type consent guidelines could be useful in vanilla relationships” (Beres & MacDonald, 2015, p. 428), that they make consent “much clearer than in the normative world” (Haviv, 2016, p. 285), and that they promote more open communication between partners (Egan, 2007, p. 1618). Even Hanna, in the midst of her protracted defense of the current strict legal prohibitions on BDSM activities, admits that “[t]hose who engage in safe and consensual S/M have much to teach the rest of us about what consent really means” (Hanna, 2000-2001, p. 247). This paper extends this line of thought by charting the conceptual links between legal models of sexual consent and the specific mechanisms of BDSM consent.
Criminal Law and Consent

To consent to a proposed course of activities is generally understood as being to agree, or acquiesce, to them (Weinberg, 2016, p. 7). Consent is important to many different criminal offences, for example the presence/absence of consent “marks the difference between borrowing and stealing” and “between rape and a welcomed sexual encounter” (Weinberg, 2016, p. 7). Because BDSM has been understood by the law to involve violence, consent to BDSM activities has historically been engaged with by courts and legal commentators in the context of “violent consent” (Hanna, 2000-2001, p. 240). Legal discussions of BDSM consent have thus typically revolved around consent in the context of violent offences involving assault, battery and physical injury. However, this paper’s turn towards a sex-positive approach that values BDSM as a type of sexuality enables broader discussion around BDSM consent in the context of “sexual consent” as well (Hanna, 2000-2001, p. 240).

Consent is fundamentally important to the way that law regulates sexual activities. The absence of consent is a key element of many sex offences, including sexual assault and rape (Decker & Baroni, 2012). What exactly is required for legally-recognized “consent” to sex has been the subject of much contestation and renegotiation within legal thinking. The law historically has been dominated by a “‘No’ Model” of sexual consent under which sexual activity is taken to be consensual as long as it is not the result of force, and there is no verbal indication of non-consent nor any physical resistance (Anderson, 2005, p. 1409). However, the role of consent within laws around sexual offending has ‘evolved’ over time (Yung, 2015-2016, p. 5), and in recent decades a variety of alternative models of sexual consent have been suggested by commentators and adopted piecemeal into various laws and policies across America (see Decker & Baroni, 2012; Gersen & Suk 2017). This paper will chart the links between BDSM consent and these different models of sexual consent, and will demonstrate the particular strength and sophistication of the BDSM model.

Mechanisms of BDSM Consent

Consent lies at the “heart” of BDSM activities (Williams et al, 2014). While there “are a variety of S&M worlds”, and “tremendous diversity among groups as well as individuals in terms of their preferences and tastes”, there are also clear “commonalities” (Weinberg, 1995, p. 290). Sisson (2007) identifies a “sexual culture” as having emerged from the various BDSM communities and organizations within North America. The conception of a “sexual culture” reflects the points of connection across the BDSM subcultures around issues such as “establish[ed] codes of behaviour’ and ‘system[s] of shared meanings” (Sisson, 2007, p. 25). Consent is a central connecting concept with the BDSM sexual culture and is reflected in the various community mantras that guide BDSM activities such as SSC (Safe, Sane and Consensual), RACK (Risk Aware Consensual Kink), and the newly-proposed 4Cs (Caring, Communication, Consent and Caution) (Williams et al, 2014). The BDSM sexual culture has also developed practical mechanisms around consent that are “de rigueur” for BDSM participants to utilize, and these include negotiations, safewords and aftercare (Sisson, 2007, p. 26).
**Negotiations**

BDSM participants will typically communicate about consent prior to engaging in BDSM activities. Such negotiations can take the form of a singular exchange lasting a “few minutes” or can comprise multiple exchanges over “days or weeks” (Weinberg, 2016, pp. 54-56), and can take place by way of free-flowing conversations through to the more formalized checklists (Holt, 2016, p. 924). Negotiations will typically cover issues such as a general outline of the activities to be engaged in, each participants’ “limits” (what they are unwilling to engage in), the kinds of activities they enjoy, any relevant health issues that may impact on the activities, and the setting of a safeword (Beres & MacDonald, 2015; Haviv, 2016; Holt; 2016; Kaak, 2016). Negotiations are considered “an important part of establishing a relationship” between BDSM participants (Moser & Kleinplatz, 2007, p. 38) and are a predicate of what the BDSM sexual culture considers “[a]cceptable BDSM” (Williams et al, 2014). Negotiations will generally be more in-depth and prolonged where participants have not played with each other before and may be less formal or truncated where participants have a shared history of negotiated play, for example when the participants are in an ongoing relationship (Newmahr, 2011, p. 75).

The BDSM sexual culture’s practice of negotiations stands in stark contrast to broader society where consent to sexual activities is “often not discussed at length between partners” (Pitagora, 2013, p. 27). BDSM sexual culture’s direct engagement with consent during negotiations can help defuse the potential for miscommunication and exploitation. Whereas some sexual communication may rely on body language and non-verbal cues, gendered behavioral expectations and other ambiguous/subtle social indicators to communicate sexual interest, negotiations involve explicit communication about proposed activities and thus may minimize the risk of one participant misinterpreting the other’s consent. This is because “[t]he act of explicitly communicating and agreeing upon mutually understood parameters clarifies those parameters in a way that implied understanding cannot” (Pitagora, 2013, p. 34). The direct nature of negotiations accords with “affirmative” models of sexual consent that have been championed by some legal commentators (Klement et al, 2017, pp. 130-131). Breaking with the historical “‘No’ Model” of consent, under affirmative models of consent (see e.g., Remick, 1993; Anderson, 2005) it is not enough for a person to claim that their partner was consenting, or that they thought their partner was consenting, because of an “absence of resistance or refusal” by their partner (Beres & MacDonald, 2015, p. 419). Instead, consent to sex under an affirmative model of consent can only be established through “a positive indication that both people want to engage in sex” (Beres & MacDonald, 2015, p. 419) such as verbal agreement (Remick, 1993). Negotiations reflect this affirmative model by requiring positive pre-indication of consent and correlativelly embedding the notion that a lack of communication about non-consent is not tantamount to consent.

Negotiations also “unbundle” consent (Gersen & Suk, 2017, p. 150), that is they specify the particular activities that BDSM participants are consenting to when they give their consent. Even where a person gives their consent to sexual activity with a clear nod or a “Yes” it can be difficult to determine the “scope” of their consent (Gersen & Suk, 2017, p. 15). Does their consent cover heavy petting? Oral, vaginal or anal sex? Being tied up and
spanked? Some combination of the preceding options? Consent to sexual activity of some kind is not consent to sexual activity of every conceivable kind. To operate on the basis of the “exclusionary principle … that as long as neither participant withdraws their consent, all actions can be assumed to be consensual” is neither a safe nor a respectful way to manage a sexual encounter (Tsaros, 2013, p. 865). Negotiations bypass this potential issue as BDSM participants explicitly ‘unbundle’ their consent by specifying both what they are consenting to as well as the limits of their consent.

Safewords

During negotiations BDSM participants typically set a “safeword”. Participants may generate their own idiosyncratic safeword, adopt “ubiquitous or accepted” community safewords, or be required to use a “house safeword” at a particular club or party (Newmahr, 2011, pp. 75-86). A safeword can be a literal word (such as “red”) or participants may alternatively agree upon a non-word verbal noise (such as repeated “uh-uh”) or a non-verbal signal (such as dropping a clutched object) if their proposed BDSM activities involve head/mouth restraints. Where a participant uses a safeword they are communicating that they want the current BDSM activities to end immediately.

Safewords are another powerful mechanism for ensuring consent. Safewords reflect a conceptual model of consent that does not treat consent-giving as a singular event— a one-off “Yes”/“No” — but rather as an ongoing process where consent can be “rescinded at any time” (Pitagora, 2013, p. 32). Like negotiations, safewords can short-circuit potential issues with sexual miscommunications around consent by providing a pre-agreed and unequivocal method for communicating the withdrawal of consent. American laws around sexual consent have struggled with the issue of withdrawing consent. The phenomenon termed “post-penetration rape”, that is where penetrative sex begins with consent but then continues despite one party no longer consenting, does not necessarily constitute the legal offense of rape (McLellan, 1990-1991). Criminal laws, unlike BDSM models of consent, have historically held that once consent to sex is given and penetration occurs such consent effectively cannot be withdrawn until the point at which penetration ends (McLellan, 1990-1991). Despite the fact that some states have now moved to cover post-penetration with their rape law provisions (Parker, 2012, pp. 1073-1081), legal problems remain with determining where and when consent has been successfully withdrawn during sex (Fradella & Brown, 2005, pp. 15-17; Parker, 2012). Legal commentators have recognized that mistakes, even “reasonable mistakes”, about sexual communication are, unfortunately, “entirely commonplace” (Schulhofer, 1998, p. 65). When communications about consent take place in the middle of sexual activities the risk of miscommunication may be heightened. By providing participants with “a language, a common understanding, a convention jointly created in advance” (Soble, 2008, p. 466), safewords generate clarity and unambiguity around consent for the entire duration of BDSM activities.

Aftercare

Aftercare is something that “occurs regularly” as part of BDSM practice (Pitagora, 2013, p. 29). Aftercare is a specially managed “process of ‘coming down’” (Beckmann,
from the emotional and physical experience of BDSM activities and is typically (though not necessarily exclusively) focused on participants who take on a bottom/submissive/masochistic role within the activities (Newmahr, 2011, p. 76). Aftercare can incorporate elements of both physical and emotional support, and can include the provision of hydration/food, reassuring contact such as “caressing, stroking, cuddling” (Newmahr, 2011, p. 76), and communication (Sagarin, 2009, p. 190). Aftercare processes come in “varying intensities and manifestations” (Pitagora, 2013, p. 29), and the “desire for aftercare differs by person as well as by scene” (Newmahr, 2011, p. 76).

Legal models of consent to sex typically place no importance on the time period after the sexual activities in question, and retrospective grants or withdrawals of consent to sex ordinarily have no legal effect (Gersen & Suk, 2017, pp. 159-161). However, aftercare is an extension of the “cognitive arc” of a participant’s consent to BDSM activities (Pitagora, 2013, p. 29). Even though BDSM activities may have ceased, their after-effects can linger for some time as participants process the “physiological stress” (Sagarin et al, 2009) and “altered states of consciousness” that can occur during BDSM activities (Ambler et al, 2017). Aftercare recognizes these after-effects and reflects the fact that when BDSM participants consent they agree to take on a certain amount of “responsibility for the welfare” of each other (Newmahr, 2011, p. 76). As Beckmann (2004, p. 198) identifies, such responsibility embeds a broader ethics of care within BDSM activities which, in turn, reflects a model of consent based on “communicative sexuality.” Communicative sexuality proposes that sexual interactions be seen more like conversations than contracts, with our understandings of consent adjusted accordingly (Pineau, 1989, p. 233). If we assume that within sexual interactions, like conversations, “each person enters the encounter in order to seek … satisfaction’ then ‘each person engaging in the encounter has an obligation to help the other[s] seek [their] ends” (Pineau, 1989, p. 234). Rather than understanding consent to sex as a deal that can be agreed/refused by a simple “Yes”/“No” communication, communicative sexuality understands consent to sex as something that emerges from the mutuality of a sexual encounter. Negotiations are the initial means by which BDSM participants engage in mutuality through the sharing of what they dis/like, the use of safewords reflects mutuality through ongoing communication (Pineau, 1989, p. 242), and aftercare demonstrates the follow-through of mutuality as participants continue to manage each other’s satisfaction even after BDSM activities have ceased.

**Conclusion**

Although this article focuses on the strengths of the BDSM model of consent it must also be acknowledged that the BDSM sexual culture is not a “perfect world” (Beckmann, 2004, p. 202). Consent is still a “messy business” even for BDSM practitioners (Williams et al, 2014). As with vanilla sexual activities, consent violations (both accidental and intentional) can and do occur in BDSM activities (Wright, Stambaugh & Cox, 2015). The BDSM model of consent also has room for development. For example, by focusing on managing consent at the level of individual interactions it arguably overlooks the contextual factors that go into shaping consent at a broader social level (Barker, 2013; Beres & MacDonald, 2015). Yet these criticisms connect back to another key aspect of consent within the BDSM sexual culture: the difficulties involved in managing consent are a point of
reflexive, ongoing community conversation (Barker, 2013). And, even if nothing else, the BDSM sexual culture’s consent mechanisms provide participants with heightened “self-awareness” about consent (Pitagora, 2013, p. 34).

Where the Court in Doe v George Mason University (2016) briefly touched on the issue of consent it observed that “unorthodox rules” governed the “BDSM relationship” between the parties (p. 25), including the use of a safeword (p. 5). The mechanisms by which the BDSM sexual culture manages consent—such as negotiations, safewords and aftercare—may prima facie seem “unorthodox” from the sex-negative legal perspective that has historically condemned BDSM activities as a type of violence. However, this article has argued that, on consideration of BDSM activities as a type of sex, these mechanisms are revealed as reflecting familiar and sophisticated models of legal thinking around sexual consent, including affirmative consent, the unbundling of consent, consent as an ongoing process and communicative sexuality. Legal thinking around sexual consent has much to gain from the links with BDSM consent that this article has begun the process of charting. For example, commentators have struggled with assessing the feasibility of legal models that require explicit discussion of sexual consent prior to any sexual activities; there are concerns about whether this would “ruin the moment” (Remick, 1993, p. 1148) and be impractically unsexy (Anderson, 2005, pp. 1436-1437; Weinberg, 2016, p. 101). However, acknowledgement of the role of negotiations within BDSM clearly demonstrates that pre-discussions about consent can be a practicable community norm. Law then has much to gain by adopting a sex-positive approach that recognizes consent as a key strength of BDSM sexuality and that accordingly allows its instructive potential to be unlocked.

References


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Introduction

In recent years, a handful of researchers have turned their attention to understanding the practices and interpretations of people who secretly identify as “real vampires” (i.e., Benecke & Fischer, 2015; Browning, 2014, 2015c; Carré et al., 2016; Laycock, 2009a, 2009b, 2010; Williams, 2008, 2009, 2013). According to research, real vampires are rather ordinary people (Browning, 2015a, 2015b) who claim to require extra human energy in order to sustain their physical, psychological, and spiritual health (Laycock, 2009a, 2010). For such individuals, the term “vampire” refers to the process of taking energy (called “feeding”), which may occur through various means including ingesting small amounts of human or animal blood. Real vampires, in contrast to lifestyle vampires (Aaron, 2017), then, may or may not be interested in vampire myths or pop culture narratives (Browning, 2015a, 2015b).

Some real vampires report feeding on energy via sexual behavior. Sexual vampires, sometimes called Eros or tantric vampires, may include any vampire who “actively requires some sort of sexual stimuli, either produced or evoked, in order to make the act of feeding of value” (Carré et al., 2016, p. 37). In a narrative study, Williams (2015) described an intense feeding session of a vampire who apparently enjoyed taking energy through sex and blood. Using survey and interview data, Carré and colleagues (2016) found that most sexual vampires in their sample were in committed relationships; practiced diverse forms of feeding methods; and were likely to engage in bondage and discipline, dominance and submission, and sadomasochistic (BDSM) practices. Surprisingly, the majority of vampires in the Carré et al. (2016) study who practiced BDSM identified as switches, rather than dominants. All participants in the study who practiced BDSM reported feeding during BDSM scenes.

Although the authors of the present study have extensive experience in the vampire community, very little is known about sexual vampires, generally, and the specific purpose(s) of BDSM for sexual vampires, specifically. Therefore, this exploratory study investigates the BDSM activities and functions of sexual vampires who engage in such practices.
Methods

Participants were recruited via online sites (with permission from administrators) frequented by real vampires. Fourteen sexual vampires, all from the USA, who also practice BDSM agreed to participate and completed an open-ended survey that inquired about their BDSM activities and purposes. Participants ranged in age from 21 to 47 years, identified as vampires for several years (most from 15+ years), and they also had practiced BDSM for a similar length of time. In this study, a wide range of genders were reported, with seven females, three males, one genderfluid, one non-binary, one transgender, and one transmasculine genderqueer. Sexual orientations of participants included six pansexual/omnisexual, five bisexual/bicurious, and three heterosexual. Most participants had obtained higher education and had been awarded undergraduate degrees. The survey included 12 questions focused on why vampires engage in BDSM; what activities are preferred and why; how feeding through BDSM begins; impact of sensation on feeding; and feelings and effects associated with BDSM feeding. Data analysis was conducted by applying line-by-line open coding to text, and codes were then organized to determine broad emergent themes (Charmaz, 2000).

Results

Power and Energy, Openness, Complementary Identities

Sexual vampires reported being attracted to BDSM play primarily due to power exchange and natural energy, and openness and willingness of BDSM practitioners to explore alternative activities. As one participant explained,

I feed in various ways, but sexual energy has been one of my means. I found by accident the energy exchange that can happen during ‘play’ and have used it as a means since….People can be more open-minded and willing to share their energy. I can directly affect and interact with the energy thus molding it to what I need at the time…

Sexual vampires generally seem to understand their BDSM and vampire identities as being separate, yet often complementary, to each other. In all but one case, individuals self-identified as vampires for the same number or more years as they practiced BDSM, thus implying that they likely discovered kink because of their feeding needs. According to one vampire, “I had come out to myself both as a vampire and as kink at about the same time: linking the two seemed both reasonable and natural.”

Some participants said the BDSM activities are not necessarily different (for purposes of feeding or otherwise), but the purpose is. For example, one participant stated, “The BDSM techniques remain the same for me. The intent, however, is different…” Another reported, “I engage in many aspects of BDSM, not all directly to do with feeding, although I think BDSM inherently lends itself to the ‘dance of energy’ between partners…as far as conscious, vampiric feeding, I don’t always incorporate it into play.” However, a few vampires noted that for them, some specific BDSM activities were preferred for pleasure but not feeding.
Communication and Negotiation

Most participants explicitly mentioned the importance of communication and negotiation when engaging in BDSM activities with a partner, including when the purpose of BDSM activities is to feed. One vampire explained:

That comes in very early in discussion of interests and ‘play’. I always like to make sure I have a good idea of what a play partner is looking for, wanting to get out of play, their limits and interests. That often is clearly discussed even before the subject of feeding is. Once I know their info and they know mine, we can proceed with discussion of energetic feeding…

Some participants emphasized the importance of mutual activity interest and satisfaction, reflecting care toward their donors. One stated, “[BDSM play] is based on which activities we mutually enjoy.” Another vampire reported, “I am very careful to keep everything safe and sanitary, and to make sure my donor is comfortable…”

The theme of consent and negotiation was salient when discussing beginning a feeding session. One participant noted, “I first make sure that the exchange is allowed and agreed upon.” Other vampires described beginning feeding as simply normal or natural. One explained, “My body knows what to do and does it.” For a few, affection and erotic arousal in the interaction were important to begin feeding.

BDSM Intensity and Edgeplay

Participants mentioned a wide variety of preferred BDSM activities regarding generating high levels of sexual energy for feeding, including spanking, flogging, electrical play, bondage, breath play, chakra play, orgasm denial, strap-on play, vibrators, sensory deprivation, and (not surprisingly) play that involves drawing blood. For the most part, activities reported for the purpose of generating energy might be considered to be moderate to intense, though the specific activities themselves varied considerably. But there are risks when feeding on energy generated by intense play. As one vampire explained, “I am seldom comfortable with the level that intense play puts a person into as a safe space to pull energy from. I personally feel for me, subspace can be a dangerous energetic level to be at, and tampering too heavily with a person’s energy could be dangerous to the sub.”

A few respondents mentioned qualitative factors, some of which varied significantly, such as ensuring the donor is relaxed, increasing donor nervousness, or increasing donor erotic arousal. Vampires varied in their responses regarding how sensations experienced in BDSM play affect feeding on sexual energy. Some reported sensation amplifies energy, for others there may be no significant impact, and a few thought that intense sensation inhibited energy.
Physical, Psychological, and Spiritual Benefits

Findings suggest that feeding via BDSM practices is subjectively associated with various physical, psychological, and spiritual benefits. Nearly all participants reported they are very satisfied with the sexual energy obtained through feeding during BDSM play. Vampires described feeling “full,” “happy,” “content,” “energized,” “pleasantly sated,” “almost inebriated,” “relaxed,” “euphoric and alive,” “more focused,” “aware,” and “balanced.”

One participant reported that feeding on sexual energy during BDSM provided many benefits: “I find I can breathe better…am in a better mood, am less anxious, and stress levels are lower,” also noting that “my hormonal cycle goes more smoothly.” Similarly, another participant stated that sexual feeding during BDSM practices often prevents her from experiencing multiple physical and psychological symptoms, specifically mentioning migraine headaches and depression. One vampire observed, “It’s a very efficient form of feeding, and it makes deep feeding easier because there’s so much emotional and spiritual intimacy.” Still another noted, “[feeding] in the context of BDSM lends itself to a more sexually charged, intimate connection.”

Conclusion

Despite scholarly reports suggesting that real vampirism should be understood as an alternative identity (Laycock, 2010; Williams, 2013), many clinical professionals seem to assume, incorrectly, that vampirism must reflect some sort of underlying psychopathology (see Laycock, 2009a, 2010, 2016; Williams, 2017; Williams & Browning, 2016; Williams & Prior, 2015). Laycock (2016) observed that such assumptions are due to taking a person’s ontological status for granted, rather than recognizing that such status is socially constructed. Indeed, there remains a strong need to recognize and set aside assumptions, in an attempt to try to understand people with unique identities, including those associated with vampirism. Indeed, the purpose of this study was to better understand BDSM practices of people who identify as sexual vampires.

Real vampires claim to need extra energy (usually human), and they report feeding on energy through various ways. Some, such as those in the present study, report feeding on sexual or erotic energy, including through participation in BDSM activity. Findings here suggest that many sexual vampires participate in BDSM for both feeding and nonfeeding (including basic pleasure) purposes, and that BDSM and vampire identities are distinct, yet complementary. Consent and communication are emphasized in BDSM play for both feeding and nonfeeding purposes, and sexual vampires have individual preferences in feeding and nonfeeding BDSM play. Finally, vampires report diverse benefits that come from sexual feeding during BDSM.

Social science research on the subjectivity of vampire self-identity is, of course, challenging. Findings from this small, self-selected sample are not generalizable. However, while much more research is warranted, this study is a useful beginning in trying to
understand potential meanings, motivations, and practices associated with people who adopt a highly stigmatized alternative identity, particularly in a sex-negative society.

References


Can I Trust My Physician?  
A Case Report of Positive Disclosure from a  
Patient with a Self-Selected Vampire Identity  

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Introduction: A Hidden World of Diverse Contemporary Vampires  

Human beings seemingly have always been curious about death and its somewhat  
mysterious nature. The popular fascination with vampires remains associated, in part, with  
widespread prescientific death rites wherein dead bodies were believed to be vulnerable,  
most often for three days, to evil spirits entering them and thus creating a vampire (Sugg,  
2011). Indeed, vampire myths are ubiquitous and extend across historical time periods and  
cultures. Today, vampire stories continue to proliferate through popular culture, and these  
certainly impact common perceptions and interpretations of what it means for a person to  
self-identify as a human vampire.  

There are likely thousands of people across Europe, North and South America,  
Australia, New Zealand and other parts of the world who secretly identify as vampire, and a  
growing number of scholars are beginning to recognize the importance of understanding this  
self-identity. However, there is tremendous variation in interpretations of self-identification,  
and thus human vampirism cannot be understood through generalization (Browning, 2015;  
Laycock, 2009, 2010, Williams & Browning, 2016). Despite this variation, self-identified  
vampirism can be roughly divided into lifestyle or “real vampires.” Lifestyle forms include  
those who identify in some way with a persona of the vampire. They may acknowledge  
“darker” sides of themselves, dress in specific clothing styles, and perhaps sport fangs. Some  
who enjoy a vampire lifestyle participate in live action role-playing games (LARPing) that  
involve adopting a vampire character. Other lifestyle forms include specific belief systems  
that are created around vampire imagery and interpretation. A narrative collective-  
assimilation hypothesis, wherein people experience a narrative before psychologically  
becoming a part of the collective within it (Gabriel & Young, 2011), may explain the popular  
adoption of a vampire identity among some people. However, this hypothesis does not  
account for the tremendous diversity of self-identified vampire presentations or the  
demographic diversity of such vampirism.  

In contrast to lifestyle vampires, real vampires are people who claim to have a  
chronic deficit in processing what they refer to as “subtle energy” (Laycock, 2009, 2010).  
Real vampires report “feeding” consensually with “donors” for the purpose of taking such  
energy in order to maintain physical, psychological, and spiritual health, and it is this need  
for energy that is the defining feature of their vampirism (Laycock, 2010). Some real  
vampires, called “sanguinarians,” seem to prefer taking energy by regularly ingesting tiny  

amounts of blood from their donors, while others claim to take energy psychically or through sexual behavior. “Hybrids” are vampires who report taking energy through multiple forms. The real vampire community generally promotes consensual and safe feeding practices, particularly among sanguinarians and their donors (i.e., use of sterile bloodletting instruments and prior testing for pathogens). In contrast to lifestylers, real vampires believe they do not choose their vampiric condition, and some report wishing that they were not vampires (Laycock, 2010). While various forms of lifestyle vampirism are more or less connected to broader cultural narratives of vampires, real vampirism is not dependent on the same narrative connections.

Apart from their unusual self-identities, real vampires seem to be rather ordinary, asymptomatic human beings and represent a variety of ages, education levels, occupations, religious affiliations, gender and sexual identities, and cultural and ethnic backgrounds (Laycock, 2009, 2010, Williams, 2008). Although vampirism has been applied to describe specific features of schizophrenia (Kayton, 1972) and violence (Hemphill & Zabow, 1983, Jaffe & DiCataldo, 1994; Williams & Browning, 2016), it is clear that such cases are not relevant to the vast majority of people who secretly or openly identify as real vampires (Williams, 2017; Williams & Browning, 2016). However, many real vampires remain hesitant in disclosing their alternative identities for fear of being misinterpreted as being delusional or psychopathological in some way or potentially dangerous (Williams & Prior, 2015). In light of recent research, simple assumptions by clinicians that self-identified vampires are necessarily psychologically unhealthy and/or dangerous are not valid and may result in significant injustice, including in actual forensic investigations (Williams, 2017; Williams & Prior, 2015). Unfortunately, the legitimate fear of patient disclosure of self-selected vampirism to physicians also extends to other clinical settings (i.e., counseling, psychology, social work), despite that helping professionals are admonished to be culturally competent, embrace human diversity, and empower patients (Williams & Prior, 2015). Of course, helping professionals should assess all clients and level of risk carefully and as accurately as possible.

Issues of self-identified vampirism surrounding disclosure to physicians and other clinicians are very similar to, and may overlap with, issues faced by those with marginalized sexual identities. Research has shown that people with alternative sexual identities, such as nonmonogamy, fetishes, and bondage/discipline, dominance/submission, and sadomasochism (BDSM), have been (likely unintentionally) misunderstood, unfairly judged, and discriminated against by clinicians (i.e., Hoff & Sprott, 2009; Kolmes et al., 2006; Waldura, et al., 2016; Wright, 2009). For vampires, such issues may be compounded due to complex relationships between particular individuals’ sexual identities and their vampirism (intersectionality). While particular interest in vampirism and/or blood simply may be erotic for some (i.e., nonvampire blood fetishists), thus perhaps being an aspect of sexual identity, for real vampires these identities appear to be quite distinct, albeit complementary (Carré et al., 2016, 2018; Williams, 2015). While more research on the relation of vampirism and sexuality is warranted, it remains clear that clinicians need to be far more open, accepting, and nonjudgmental toward those with alternative identities.
What follows is just such an example of how clinicians who are open to new ideas that may be beneficial to their patients might find some positive health results. This is also an example of positive disclosure experience between a patient and their clinician. Although the authors agree that this type of experience is likely rare at this time, clinicians who are willing to meet their patients where they are may find themselves doing more good than harm.

Clinical Report: A Positive Disclosure Experience and Empathic Physician Response

The authors of this brief case report have worked for several years with the vampire community, and have thus gained considerable trust with many of its members. The present case is unusual in that a patient apparently disclosed his vampire identity to a physician while hospitalized with an undisclosed severe injury, and the physician’s positive and compassionate response reflected a prioritization of the physician-patient relationship. As noted earlier herein, research shows there is a critical need for many physicians to be more open and nonjudgmental toward patients with nontraditional identities (Wright, 2009).

The patient was a 41 year-old male who had self-identified as a real vampire for his entire adult life. His reported spiritual identification was Wicca, he lived in a rural area, and he did not belong to any specific vampire groups (i.e., vampire houses or orders). His current relationship status was single, and his reported sexual orientation was pansexual/homosexual. Given his minority status on multiple demographic items, his initial fear of disclosure of his vampiric identity to the physician was substantial. The patient reported a previous medical history of migraine headaches and tachycardia.

The patient reported that he was hospitalized for approximately three weeks, and initially only family members were allowed visitation. This restriction apparently prevented the vampire-patient from feeding from his donor, and eventually the physician and medical staff inquired of the patient why he consistently remained moody, irritable, and slow to heal. Reluctantly, the patient disclosed his alternative self-identity. The patient reported that the physician listened carefully and nonjudgmentally while demonstrating genuine curiosity about this identity. The physician was not alarmed and even asked several thoughtful questions. Subsequently, the vampire’s donor was allowed visitation privileges, and the physician supported an opportunity for a feeding to occur in the hospital room, including asking the vampire if he may observe this feeding. For many vampires, a feeding is a very private and intimate experience with the donor, yet both the patient and donor greatly appreciated the physician’s acceptance and curiosity. Thus, the physician was granted permission from both patient and visitor to observe their intimate vampiric transaction. This case demonstrates physician openness and respect for the patient and an appropriate communication response when encountering a patient with an unusual alternative identity.

Discussion and Conclusion

While it is possible that the patient simply experienced a placebo effect from his feeding, what is most important here is the level of acceptance, curiosity, and support by the physician. Patients’ subjective realities vary tremendously, yet their beliefs and practices are personally meaningful and important. Although it may be tempting for some clinicians to
dismiss or downplay such alternative beliefs of patients, especially regarding the unconventionality of vampire self-identity, such a response is insensitive and unethical (Williams & Prior, 2015). Acceptance of patients’ alternative identities allows clinicians to understand better various health and medical issues in much more meaningful contexts, which then helps in providing effective treatment (Waldura et al., 2016). Physicians and helping professionals should approach self-identified vampirism from a critical, multidisciplinary perspective; recognize that patients may borrow terms and descriptions (language) from broader cultural narratives for their own purposes; and ask many questions regarding patient unique self-identification (Williams, 2017; Williams & Browning, 2016; Williams & Prior, 2015). Patients’ vampire identities may be more or less connected with their unique sexualities, yet the vampire identity appears to be somewhat distinct (Carré et al., 2018). Thus, physicians should not make generalizations, but rather focus on the subjectivity of each patient. Indeed, while some vampires may engage in, or show risk for, problematic behavior, many others do not. When encountering patients with alternative identities, clinicians should remember to practice from a stance of openness, curiosity, and thoughtfulness, thus maintaining integrity in relationships with all people they serve.

References


Williams, D J (2017). Self-identified vampirism and risk for false positives: A case


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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 is acceptable. We also encourage nonacademic professionals and graduate students to submit original work. Please follow these guidelines as you prepare your work for submission:

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- Manuscripts should be written in American Psychological Association (APA) 6th edition format, with the following exceptions:
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