

## **Social Work Practice with Clients that Enjoy Participation in Consensual BDSM: Identifying and Applying Strengths**

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### **Introduction**

Recently, scholars have discussed the need for helping professionals to become more educated about, and sensitive toward, people with a variety of alternative sexual identities and relationship styles (i.e., Brandon, 2011; Graham, 2014; Kleinplatz & Moser, 2004; Kolmes & Witherspoon, 2012; Scherrer, 2013). The need in social work, specifically, for awareness and research-informed training about BDSM and alternative relationship styles has also been reported (Williams & Prior, 2015a). Although many social work academic journals currently are not willing to publishing scholarly papers on BDSM (Williams, 2015), it has been estimated that 10 percent of the population engages in BDSM activities (Kleinplatz & Moser, 2006). Thus, it is highly likely that social workers, as well as other helping professionals, unknowingly encounter clients who participate, at least occasionally, in BDSM activities. However, recent research suggests that the field of social work lacks adequate training and clinical competence regarding positive sexuality and a broad range of acceptable sexual diversity (Prior, Williams, Zavala, & Milford, 2016; Williams, 2016).

Of course, people who engage in BDSM practices from time to time or even those who prefer structured BDSM relationships, wherein BDSM identities and relationship dynamics are salient within the relationship for extended periods of time, may seek professional help for a range of possible issues common to human experience. These issues often may be completely unrelated to BDSM, such as experiencing high stress, common grief or loss, various life transitions, or navigating other specific mental health issues. Social workers should not assume

that the presenting problem is caused by, or even necessarily related to, BDSM (Kleinplatz & Moser, 2004).

In this paper, we briefly summarize the scholarly literature on the mental health of BDSM practitioners, along with citing studies on issues that clients in BDSM relationships often face within clinical contexts. We then draw from both recent scholarship and our combined decades of experience working with BDSM practitioners and communities to propose that there are several valuable strengths that clients in BDSM relationships possess. These strengths can be recognized by insightful social workers to help clients in BDSM relationships, who may be seeking therapy for any number of reasons, to apply such strengths in other contexts to then resolve problems that precipitate therapy. Unfortunately, social workers who are uninformed about BDSM may unknowingly direct microaggressions to BDSM practitioners, and/or workers may inappropriately target BDSM practices or relationships as the cause of problems that led to BDSM-identified clients seeking treatment in the first place (Kleinplatz & Moser, 2004; Kolmes & Witherspoon, 2012).

### **Research on BDSM and Psychological Health**

Several reviews of existing research consistently show that BDSM is not associated with psychopathology, including theories that prior childhood sexual abuse accounts for adult BDSM participation (i.e., Baumeister, 1991; Kleinplatz & Moser, 2006; Langdridge & Barker, 2007; Pows & Davies, 2012; Sandnabba, Santilla, Alison, & Nordling, 2002; Weinberg, 2006; Williams, 2006, 2013). Such research signals a strong need for a shift in how BDSM is conceptualized among professionals and lay people.

A national study in Australia ( $N = 19,307$ ) found that BDSM participation was not associated with sexual difficulties, anxiety, or unhappiness (Richters, de Visser, Rissel, Grulich, & Smith, 2008). Curiously, Richters and colleagues found that BDSM participation among men was statistically associated with lower psychological distress.

Canadian researchers Cross and Matheson (2006) discussed how perspectives of BDSM are often rooted in: (a) a medical/psychoanalytic model, which flows from longstanding assumptions mentioned earlier; or (b) explanations that frame BDSM motivation according to either radical feminism or a need to escape the burden of the everyday self. Cross and Matheson found nothing to support perspectives that BDSM fit a medical/psychoanalytic model, a need to escape temporarily from the self, or a radical feminist perspective. Cross and Matheson did find that individuals who practice BDSM often vary in their preferred practices and behaviors.

More recently in the Netherlands, Wismeijer and van Assen (2013) compared the mental health of BDSM practitioners ( $n=902$ ) to a matched control group ( $n=434$ ). They found that, overall, people who practiced BDSM were psychologically healthier than those who did not. They commented that BDSM should be understood in terms of recreational leisure rather than psychopathology.

Findings from other studies (Richters, et al., 2008; Taylor & Ussher, 2001) also point to the possibility that BDSM may be legitimate leisure experience for those who participate. Taylor

and Ussher (2001) conducted a qualitative study in which they asked participants to describe and define their experiences of BDSM. Participants in the study described BDSM experiences in a variety of ways, including transcendence, escapism from the ordinariness of life, pleasure, playful and fun, and as having a spiritual quality. These characteristics are consistent with legitimate leisure experience.

### **BDSM as Leisure: An Emerging Perspective**

Recently, scholars have begun to explore how BDSM may fit a leisure framework (Newmahr, 2010; Prior & Williams, 2015; Williams & Prior, 2015b; Williams, Prior, Alvarado, Thomas, & Christensen, 2016). Although a precise definition of leisure remains elusive, scholars agree that leisure experience may be understood as activity, time, or setting; it is freely chosen and intrinsically motivated; and it is associated with physical and psychological benefits (Kleiber, Walker, & Mannell, 2011). Potential leisure activities are diverse but enjoyable for those who choose to participate. Because BDSM seems to be freely chosen, intrinsically motivated, and produces benefits and positive emotions for those who regularly participate, it seems to qualify as legitimate leisure experience. Although BDSM is often understood as an alternative sexual identity, a leisure framework includes sexually-motivated behavior but also accounts for BDSM experiences that are not particularly motivated by sexuality. In other words, it accounts for a broader range of potential BDSM practices and motivations than interpretations from sexuality discourses (Newmahr, 2010; Williams et al., 2016). Interestingly, BDSM participation is commonly called “play,” and play, generally, is a common form of leisure. Williams and colleagues (2016), as an exploratory follow-up investigation to the study by van Assen and Wismiejer (2013), found that BDSM experiences reflect multiple dimensions of leisure experience among very high percentages of BDSM participants (N=935).

### **Working with BDSM-Identified Clients: Applying a Strengths Perspective**

The strengths perspective has been popular in social work for over two decades, and it can be applied at all levels of social work practice (Saleebey, 1996; 2009) as well as other therapeutic settings. This perspective may also be capable of helping disadvantaged people in navigating issues of structural power that promote injustice (Guo & Tsui, 2010). Thus, an advantage of a strengths perspective is its flexibility in complementing multiple epistemological and methodological approaches.

This perspective operates from the assumption that individuals already have the assets and skills needed to grow and change. Strengths perspective operates under the basic assumptions that all individuals have the capacity for resilience; they also have knowledge of their situations and contexts; and they have inherent capacity for growth and change (Rangan Aarit, 2006).

Shifting from a problem based to a strengths perspective has several advantages for both individuals and clinicians, especially when working with clients who practice BDSM. First, the mental health field historically has been built on the medical model. The medical model encourages both the clinician and the individual to label a problem, seek an “expert”, and identify a prescription to resolve the problem. Second, clients may have more success when they

are highly empowered in the therapeutic process; and third, clients may enjoy sustained change from the ability to customize interventions for clients based on their unique combinations of strengths (Hammond, 2010).

### **Significant Strengths Frequently Associated with BDSM**

To date, there has been very little scholarly attention given to potential strengths associated with BDSM participation. We draw from two recent papers, along with our combined several decades of academic and professional experience with BDSM, to identify and summarize several key strengths associated with these practices.

A recent study by Moebus (2013) uncovered the following strengths associated with one local BDSM community: (a) the diversity of volunteers and participants; (b) the variety of knowledge bases within the community; (c) the approachability of the community; (d) dedication of the community to events and goals; and (e) acceptance, inclusion and support of community members.

At the mezzo level, Kleinplatz (2006) suggested several “lessons” that can be learned from happy, fulfilled BDSM couples who regularly “play on the edge.” By exploring the practices of these couples, it appears that a number of strengths may be derived, including an ability to plan and focus on details; patience and the ability to delay gratification; communication, negotiation and an ability to trust; an ability to seek adventure and “aliveness”; an ability to strive to reach one’s potential; and an ability to take risks.

In the remainder of this paper, we further discuss several key strengths that may be useful for social workers that are working with clients who practice BDSM in their intimate relationships.

### **Communication, Negotiation, and Development of Trust**

Communication and negotiation, which then promote trust, are cornerstones of BDSM interactions (Ortmann & Sprott, 2013). Clear, explicit communication about needs, wants, limits, and safe-words is essential for enjoyable and successful BDSM experiences and relationships. BDSM communities frequently remind participants of the need to discuss thoroughly “safe, sane, and consensual” (SSC) activities prior to engaging in BDSM experiences. Sometimes, the phrase “risk aware consensual kink” (RACK) is used in place of SSC to guide communication and negotiation of potential BDSM activities. More recently, scholars have discussed the advantages of a framework focusing on “communication, consent, caring, and caution” (4Cs) to structure communication and negotiation among BDSM participants (Williams, Thomas, Prior, & Christensen, 2014).

BDSM participation requires excellent communication and negotiation pertaining to potential activities, respecting personal limits of what may occur, keeping participants physically and psychologically safe, and promoting an enjoyable, fulfilling experience for all participants. BDSM participants often have excellent skills in communicating their needs, preferences, possibilities and boundaries with respect to participation in desired BDSM activities.

Clinicians working with clients who practice BDSM should be aware that these clients likely have effective communication and negotiation skills in BDSM contexts. Indeed, social workers commonly recognize that effective communication and negotiation skills, especially pertaining to needs and setting boundaries, are excellent strengths that can be utilized across a wide range of contexts to help resolve various issues. These strengths may be applied to help resolve various forms of interpersonal conflict, including relationship difficulties and disputes with coworkers, friends, or family members.

### **Ability to Take Calculated Risks**

In addition to strengths related to communication and negotiation, BDSM clients are also likely to have extensive familiarity with taking calculated risks. In particular, many BDSM clients will have experience with assessing the various goals and objectives that they bring to their BDSM participation and with reflecting on how these goals and objectives are related to (and often a direct function of) the inherent risks that are a part of many BDSM activities and relationships (Newmahr 2011a, 2011b). These risks include not only physical risks, but also emotional, psychological, and relational risks.

Drawing then on this kind of familiarity with taking calculated risks, social workers may find it helpful to encourage their BDSM clients to rely on such familiarity when dealing with various life problems and the potential risks and benefits that clients might experience as they attempt to develop strategies for engaging and overcoming problems that precipitated therapeutic intervention. Furthermore, social workers should also recognize that many BDSM clients will not only have familiarity with taking calculated risks but also with taking an incremental approach to slowly and carefully increasing these risks. Accordingly, BDSM clients might be encouraged to think about a stepwise approach of increasing risk and ongoing reassessment as they strategize to deal with potential problems and issues.

### **Awareness of Embodiment and Physicality**

One of the ways through which this kind of reassessment can take place is through encouraging BDSM clients to draw on their awareness of embodiment and physicality as they listen to the feedback that their bodies are providing them as they engage and respond to various problems and issues. Along these lines, social workers should understand that BDSM clients are not only likely to have substantial experience with distinguishing between different kinds of physical sensations (such as different types of pain and pleasure), but BDSM clients are also likely to have experience with recognizing that these physical sensations can often act as precursors to subsequent thoughts and feelings. For example, physical indicators such as muscle tension, perspiration, and breathing patterns can all reveal important information to a BDSM practitioner about how he or she may soon feel.

Social workers can then utilize this experience of their BDSM clients to encourage these clients to recognize similar physical sensations throughout a range of life applications. For instance, whether a client is dealing with some kind of interpersonal conflict or perhaps feelings of depression or anxiety or even problematic anger—in all of these situations, social workers can encourage their clients to listen to their bodies and to develop strategies that allow them to respond to these conflicts or feelings in helpful and productive ways.

## **Coping and Self-Care**

Stress is associated with predictable physiological responses, thus an acute awareness of physiological changes is useful in becoming quickly aware of the need for coping and self-care. BDSM seems to function as legitimate leisure experience (Newmahr, 2010; Williams & Prior, 2015b; Williams et al., 2016), and accumulating research suggests that leisure experiences reduce stress and help people cope with difficult life events (Bailey & Fernando, 2012; Iwasaki & Schneider, 2003; Kleiber, Hutchinson, & Williams, 2002; Magnuson & Barnett, 2013; Mannell, 2007). Thus, social workers should recognize that BDSM is likely an important form of regular leisure, and thus a strong source of coping, identity-expression and self-care, for clients who frequently participate in BDSM activities. Participating regularly in some form of leisure is a significant strength due to the ability of leisure to provide a wide range of potential benefits, including developing social support and a stronger connection with others (for shared leisure experiences), providing personal enjoyment and other positive emotions, self-expression, and opportunities for transforming self and relationships.

## **Resiliency**

Kirst-Ashman (2013) noted that resiliency—the ability to recover successfully from adversity—is an important part of the strengths perspective and empowerment. Many people who regularly participate in BDSM have faced adversity in various forms. We previously discussed that people who practice BDSM frequently are marginalized, and unfortunately, have sometimes faced serious discrimination. In response to these cases, there have been times when individuals and groups have collaborated to support each other and take action to protect the rights of BDSM practitioners. The National Coalition for Sexual Freedom (NCSF) and other organizations have worked hard to try to reduce social injustice toward BDSM participants and sexual minorities.

There may be times when it may be helpful for social workers to inquire about times when their clients have potentially faced adversity within a BDSM context, and how such adversity was overcome. For some, drawing on social support, helping to educate outsiders, and engaging in activism are ways that facilitate resiliency.

## **Embracing Diversity and Giving / Receiving Support**

Because of the long history of marginalization and discrimination that many BDSM practitioners have endured, they are well aware of the devaluing of people who are considered different or not normal. Many people who identify with BDSM seem to do so in full knowledge of not following societal norms, and some even revel in such resistance. People within the BDSM community sometimes jokingly refer to themselves as “the island of misfit toys,” referring to their lack of full citizenship within mainstream society (see Langdridge, 2006). Due to the “outsider” nature of many BDSM communities and the people who gravitate to them, some people who do not seem to fit within mainstream society also tend to be welcomed into BDSM spaces. BDSM communities that we are familiar with seem to welcome people from a

range of diverse cultures and ethnicities, gender identities, religious and spiritual beliefs, political ideologies, and sexual orientations and identities.

The support for human diversity in BDSM communities is a salient strength that may be helpful for many BDSM-identified people. Social workers can help BDSM-identified individuals in recognizing and utilizing this strength in specific contexts and situations to resolve problems. In some instances, clients may be reminded that they have an existing ability to educate and facilitate an understanding of diversity that can help resolve an issue that is the target of intervention. Other situations may call for reaching out for specific support to help deal with the issue, and many BDSM clients do this within a BDSM social context.

## Conclusion

Despite the fact that there are many people who regularly enjoy BDSM practices and relationships, the topic of BDSM remains to be addressed within the social work profession. Without being sufficiently informed, clinicians can unknowingly inflict further harm upon clients (see Graham, 2014; Kolmes & Witherspoon, 2012; Williams, 2015). Although we have focused on positive aspects of BDSM, like other erotic practices, not all such encounters are necessarily healthy. Healthy experiences are dependent on sufficient personal awareness and careful negotiation among participants. Thus, when social workers encounter problematic BDSM encounters reported by clients, they should explore how the experience was structured based on a negotiation framework such as the 4Cs (Williams et al., 2014) mentioned earlier.

When working with BDSM-identified clients, Kleinplatz and Moser (2004) recommend that social workers and helping professionals should:

- (a) not assume that the presenting problem is related to or caused by BDSM; (b) do not make assumptions about clients goals; (c) realize that client distress over BDSM interests may signify normal internalized BDSM negativity, and thus stigma; (d) be attuned to how BDSM curiosities or interests may affect family, social, and work relationships; (e) realize that most people who practice BDSM still also enjoy conventional “vanilla” sex; (f) be aware of personal and cultural biases (and countertransference) and how these may affect BDSM-identified clients; and (g) become more knowledgeable about BDSM.

We fully agree with the recommendations above by Kleinplatz and Moser (2004). Moreover, herein we have identified several valuable strengths that are commonly associated with BDSM participation, including communication, negotiation, and development of trust; an ability to take calculated risks; an awareness of one’s embodiment and physicality; coping and self-care; resiliency; and embracing diversity along with an ability to give and receive social support. These salient BDSM strengths are valuable tools that BDSM-identified clients can apply in other life areas to resolve problems. Because social workers frequently utilize a strengths perspective, they are in a position to apply clinical skills that are grounded in a common professional model to empower BDSM-identified clients. By utilizing a strengths perspective with BDSM-identified clients, social workers and other helping professionals can become more effective in providing services to people in a community that, understandably, often fear seeking professional help.

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