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BDSM – Bondage and Discipline; Dominance and Submission; Sadism and Masochism

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Introduction

BDSM is the umbrella term used to describe a set of consensual sexual practices that usually involve an eroticised exchange of power and the application or receipt of painful and/or intense sensations (Barker et al., 2007). The range of BDSM-related activities is wide and complex. 'BDSM' denotes the assorted consensual activities involved in the experience of participating in BDSM; bondage and discipline (B&D), dominance and submission (D/s), and sadism and masochism (SM). Practitioners and authors also often use the abbreviations S/M, EPE (erotic power exchange), or WIITWD (what it is that we do) to describe and discuss the same range of sexual practices and activities, as well as 'top' and 'bottom' and/or 'dominant', 'submissive', and 'switch' to signify the adopted sexual role. Common examples of BDSM include, but are not limited to, spanking, being restrained or tied up, and verbal humiliation. The term BDSM is commonly used and accepted among practitioners, and is the term that will be used throughout this chapter. Regardless of definition, BDSM-related practices are highly individual and subjective, and it should not be assumed that 'one size fits all', as inclinations vary from person to person (Barker et al., 2007). BDSM is practised by a range of individuals from across the sexual spectrum, including homosexual, bisexual, and heterosexual people, as well as transgender and cisgender individuals (Clarke et al., 2010).

Research investigating the prevalence of individuals with BDSM-related interests is limited. However, the few studies that have evaluated frequency report that a sexual interest in BDSM is not particularly rare. Estimations vary between 22% of men and 12% of women (Kinsey et al., 1953) and 10% of the population (Moser & Kleinplatz, 2006). The accepted view within the BDSM community is that it is a meaningful lifestyle choice rather than a series of sexual encounters, and whatever form the BDSM takes depends totally upon the fantasies and boundaries of those participating. The BDSM community places a very strong emphasis on safety and consent during all aspects of the practice. A common misunderstanding is that, because of the nature of the sexual practices, many of the activities are forced upon individuals against their will. This is not the case. The BDSM community places safety and consent as central to enjoyment, and the slogans 'safe, sane and consensual' (SSC) and 'risk aware consensual kink' (RACK) express this clearly. There can be instances, as with any sexual community, where problematic issues arise, and, for BDSM, non-consent is frequently positioned as the norm by the lay media. This is often evident in film and television, particularly crime dramas that draw upon malevolent stereotypes of BDSM enthusiasts as rapists and murderers.

While the news media might see sexualised BDSM as perverted, Anglo-American culture has presented spanking and caning as punishment in a comic form (Butt & Hearn, 1998). In the 1950s and early 1960s, comics, TV series and sitcoms frequently represented bottom-smacking as lots of fun. Gay (1993) shows how the depiction of cruelty as comic goes back at least as far as the nineteenth century. But a clear sexual meaning has only emerged in the popular media very recently. *Secretary* (2002) broke new ground by depicting BDSM as a salvation for a troubled woman. And the great success of *Fifty shades of grey* in popular fiction testifies to the strong curiosity and attraction of BDSM to the general public.

This chapter will outline the history of the psychological and psychiatric focus on BDSM, emphasising the psychopathological framework within which it has been cast. Mainstream psycho-medical theoretical perspectives will be contrasted with current, non-pathologising research, leading to an examination of the current debates around BDSM. This will include a discussion of the debate between the different conceptualisations of BDSM, and the implications for practitioners of consensual BDSM in terms of discrimination, legal status, and self-concept. Finally, the chapter will consider future directions for BDSM, with particular reference to claims for sexual citizenship and the fate of different 'sexual stories' in the light of the nature of taboo.

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History

This section will examine the history of the psychological and psychiatric focus on BDSM. It will begin by outlining the work of Krafft-Ebing and the construction of the concepts 'sadism' and 'masochism', then briefly mention Freud's speculations about developmental influences and his concept of the infant as polymorphous pervers. Finally, the work of psychoanalyst Robert Stoller and his notion of the ubiquity of perversion will be discussed.

Victorian sexologists, such as Ulrichs and Krafft-Ebing, examined 'sexual diseases' and developed a classification system for a range of 'sexual types' which are still used: homosexual, bisexual, and heterosexual. Heterosexual intercourse was seen as natural, and all other sexual expressions a perversion from this norm. Sexologists thus categorised forms of sexual desire, including 'sodomasochist' and 'fetishist', and situated these as perversions in need of treatment and cure. They proposed that a sexual perversion was an illness over which the individual had little control, and thinly disguised moralism behind a veil of science (Krafft-Ebing, for example, labelled homosexuals as 'abnormal degenerates'). Various sexual taxonomies were produced by sexologists, each explaining in detail the definitions of sexual perversions and pathologies, the most well-known of which is Krafft-Ebing's *Psychopathia Sexualis* (1886). The origins of contemporary psycho-medical perspectives towards BDSM remain situated in Victorian sexology. The very notion that certain sexual behaviours and activities are 'abnormal' and 'pathological' originated with early sexology and these notions still exist within many areas of academia and medicine, as do the detailed classification systems in the form of the Diagnostic and statistical manual of the American Psychiatric Association (DSM) and International classification of diseases (ICD). As a result of these perpetuated psycho-medical perspectives, lay opinion tends to concur with the 'experts', often resulting in a negatively biased public recognition of 'perverted' sexual practices such as BDSM. There is no doubt that early sexology was pioneering, and was highly influential in enabling a more open discussion and debate around sex. Some sexologists, such as Ellis and Hirschfeld, were far more understanding and sympathetic towards non-heteronormative sexualities (1896, 1913). However, the main legacy left by these early sexologists is the idea of the sexual perversions and intolerance towards them.

Psychoanalysis and Freud

Psychoanalysis was the first theoretical perspective to offer an account of the reasons why sexuality should be understood separately from reproduction. As a result of this separation, psychoanalysts proposed now well-known developmental models tracing erotic pleasure to infancy. Freud (1920/1953) argued that the conventional opinion which states that the desire for opposite-sex relationships emerges at puberty and leads to reproduction was too narrow to account for human sexuality. He concluded that sexual life begins in infancy, that 'genital' and 'sexual' have different meanings, and, finally, that sexual pleasure involves the development of erogenous zones that may or may not lead to reproduction. Freud's thinking was particularly innovative, as he widened the notions of what could be considered sexual. In his essays on sexuality (1905), Freud argues that the object of the sexual drive is 'soldered' onto it. This observation is important in that it questions what is natural; it is not so surprising that sexuality takes so many directions. Indeed, he characterised the infant as a 'polymorphous pervert' (Freud, 1905/1977).

Stoller and the ubiquity of perversion

Robert Stoller's (1975) work examining BDSM-related fantasy and the erotic imagination provided a rich and empathic account aimed at understanding those who participate, even recognising the concept of 'consensual' BDSM (Stoller, 1991). Despite drawing on the vocabulary of psychoanalysis, frequently referring to 'perversion', Stoller (1975) did not consider perversion in terms of a description of behaviour. Rather, it is to be seen in the intention of the individual. Normative sexuality can thus be perverted when it embodies an attempt to overcome, conquer, or otherwise harm the object. Butt (2005) re-examined Stoller's research, and contends that it attempts to make sense of the erotic imagination in a way that does not pathologise BDSM. Stoller argued that perversion is ubiquitous: that more or less every person and every erotic act can be described as 'perverse'. Butt (2005) draws on the work of Merleau-Ponty to understand this point, and argues that the ambiguity of the lived world enables individuals to experience a host of opposing emotions together, as is often experienced during BDSM: for example, feelings of humiliation and embarrassment coupled with sexual excitement and anticipation.

Stoller's (1975) work is certainly ambiguous; his persistence in the use of psychoanalytic discourse and the language of pathology appears contradictory to his sympathetic portrayal of BDSM enthusiasts. However, this early research is useful in that it highlighted the workings of the erotic imagination, illustrating the ubiquitous nature of what Stoller referred to as 'perversion' (Butt, 2005). Stoller (1975) is also interesting in that he addresses the issue of sexual thrill. Thrill occurs on finding an excitement in danger: perhaps on fairground rides or visiting a chamber of horrors. He argues that a danger is made safe by reframing it in an exciting way. Sexual thrill is no different. A danger to an individual's sexuality or gender development is transformed into an exciting fantasy. This interesting thesis might still be seen, however, as pathologising the 'pervert', albeit in a way that is not condemnatory.

Key theory and research

Psycho-medical perspective

Many of the practices associated with BDSM are still classified as 'paraphilic disorders', a set of psychiatric disorders within DSM-5 and ICD-10, the diagnostic criteria of the World Health Organization. The previous edition of the DSM (DSM-IV TR) classified as 'paraphilias' some

unconventional sexual interests, which included a range of non-normative sexual behaviours and practices: sexual sadism, sexual masochism, exhibitionism, and fetishism, among others.

The most recent edition, the DSM-5, published in 2013, offered some revisions of the 'paraphilia' classification. The first of these was a removal of the diagnostic category of 'paraphilias' from within the Sexual and Gender Identity Disorders category into its own separate chapter, Paraphilic Disorders. Another noticeable alteration is the change in diagnostic name from 'paraphilia' to 'paraphilic disorder'. The purpose of this change is to recognise the distinction between a non-normative sexual interest and a disordered sexual interest (www.dsm-5.org). The differentiation between the two is dependent upon the presence of 'clinically significant distress or impairment', which would qualify an individual for a diagnosis of paraphilic disorder. The diagnostic criteria for the 'paraphilias' was conceptualised for the DSM-III-R in 1987, and these remain unchanged in the most recent edition. Criterion A in the manual defines non-normative or atypical sexual interests; however, to receive a diagnosis of paraphilic disorder an individual must also meet criterion B, which specifies clinically significant distress or impairment, and the involvement of a victim in the case of certain paraphilias. Criterion A specifies the qualitative nature of the paraphilia, while criterion B details the negative consequences of the paraphilia. The DSM notes that many individuals with non-normative sexual interests do not have a mental disorder, and this renaming of the diagnostic category acknowledges that it is possible for individuals to participate in consensual non-normative sexual behaviours and practices without being diagnosed with a psychiatric disorder (www.dsm-5.org). The specific disorders within this category have also been renamed in an attempt to define the difference between a non-normative sexual interest and a paraphilic disorder. The former 'sexual sadism' and 'sexual masochism' diagnoses have become sexual sadism disorder and sexual masochism disorder. Other changes incorporate the inclusion of a specific victim number for the disorders that included non-consenting individuals, such as sexual sadism, along with severity ratings from 1–4, indicating mild to very severe sexual urges to engage in the paraphilic behaviours.

While some view these revisions as a positive step forward towards depathologising non-normative sexual interests (Krueger & Kaplan, 2012), others argue for a complete removal of the non-criminal paraphilias from the DSM. The British Psychological Society (BPS) issued a statement detailing concerns that the changes to diagnostic labelling might lead to the application of stigmatising labels to normal experiences (2011). Other arguments question the lack of evidence base for the categories, citing that the issues experienced by individuals with a paraphilia are often applicable to those without a diagnosed paraphilia (Shindel & Moser, 2011). The omission of a definition of severe distress, along with a lack of empirical data linking higher than usual rates of distress or increased risk of harm with BDSM participation, is also highlighted as problematic, since the DSM claims the new diagnostic classification is based on the latest scientific knowledge and clinical expertise (Shindel & Moser, 2011). Critics of the DSM claim that the inclusion of these categories leads to pathologisation and stigmatisation of and discrimination against practitioners of BDSM, which can have serious implications for individuals.

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Non-pathologising perspectives

Alternative perspectives to the mainstream psycho-medical approach now exist, and there is a growing body of research aiming to challenge the connections between BDSM and pathology, and to explore BDSM practices and communities from a non-pathologising perspective. This section will detail some of these alternative approaches before introducing the work of key researchers who operate within the approaches that take a non-pathologising stance to BDSM research.

Queer theory, a critical theory influenced by the work of Foucault and developed by Butler and Halpern among others, emerged in the 1990s as a reaction to mainstream academic studies that positioned heterosexuality as the norm. By exploring categories of gender and sexuality, queer theory aims to challenge this commonplace heteronormativity, which is considered as restrictive and damaging. Foucault (1978) argued that perverse forms of sexuality are the product of the exercise of power by the ruling classes for the purpose of self-affirmation and control. Knowledge about sex by more powerful members of society contributed to the development of a normalisation of human sexuality and therefore determined what was 'normal' and what was considered 'pathological'. Queer theory argues that BDSM is able to challenge and resist mainstream sexual norms through various means, including enabling participants to play with concepts of power and gender and directing the sexual away from heteronormative, <xen>1</xen> genitally focused sexuality (Bauer, 2007).

Critical psychological perspectives, such as social constructionism, critique and challenge mainstream psychological approaches and theories. Ideas central to mainstream psychology are rejected and criticised for failing to acknowledge the inherent power imbalances that exist between societal groups. Social constructionism argues that language does not simply reflect reality: language constructs reality and has a performative function in constructing social worlds. One such construct is the notion of essentialism. Essentialist theories position sexuality as an internal state or 'essence', the most common being sexual orientation, which are governed by biological and/or psychological structures that are responsible for sexual feelings and sexual behaviours (Clarke et al., 2010). Rather than viewing an interest in BDSM as some biologically or psychologically determined state, social constructionism, instead, is interested in the ways BDSM practitioners construct their sexual identities and interactions.

Phenomenological psychology is particularly concerned with the diversity and variety of human experience, and the manners in which individuals impose meanings on their worlds (Spinelli, 2006). Phenomenological psychology encompasses a family of methodological traditions, each with its own philosophical position. These tend to be divided into the transcendental (or descriptive) and hermeneutic (or interpretive) approaches. Phenomenological psychology, along with phenomenology more broadly, rejects empirical, positivist perspectives that subscribe to Cartesian dualism and argues that traditional psychology had become preoccupied with achieving a natural science status, focusing on objective, quantitative inquiry while ignoring the role of meaning-making in human life (Giorgi, 2006). Phenomenological psychology is interested in understanding the lived experience of a particular phenomenon, while at the same time recognising one's own preconceptions about that phenomenon. Rather than relying on psycho-medical discourses around BDSM, phenomenological psychology would question "What is it like to take part in BDSM?" in order to understand the lived experience of that participation.

Stemming from activist work (see Easton, 2007; Easton & Hardy, 2004 ; Easton & Liszt, 1997), a growing body of non-pathologising researchers have adopted alternative approaches to study a range of issues within BDSM. Moser and Kleinplatz (2005 , 2006) have written extensively on BDSM, with much of this work focused on its removal from the DSM. Barker and Langdridge edited the first collection of cross-discipline perspectives exploring BDSM from a non-pathological perspective (2007). Researchers such as Turley (2012) and Chaline (2008) have recently completed doctoral theses studying various aspects of BDSM, along with the publication of a number of monographs by researchers examining specific BDSM communities (see Beckmann, 2009; Newmahr, 2010; Weiss, 2012). There are many academic and activist researchers taking a non-pathological stance on BDSM studies , too many to include here, though it is important to recognise that the psycho-medical perspective on BDSM remains the dominant and accepted approach within psychology and the wider world.

Current debates

There has always been a duality surrounding sexuality: the aspect of sex for procreation and the aspect of sex for pleasure. It is argued that there has always been tension between the procreative and pleasurable aspects of sex, and the failure to resolve this conflict resulted in pathologising certain types of non-reproductive sexual enjoyment, as we have already noted.

Spinelli (2006) argues that Western views regarding 'normal' and 'perverted' sexual relationships and activities continue to be informed by Victorian assumptions about sex. Spinelli (2006) also notes that, unless the purpose of sex is viewed as simply a means to conceive children, which is rarely the case in modern Western society, biology and naturalness cannot be cited as a guide to what is 'normal' and 'abnormal' sexual behaviour. Certain sexual activities that were once considered to be 'abnormal' or 'perverse' are now perfectly acceptable. For example, in certain states in the United States, oral sex between consenting adults was a criminal offence 30 years ago; however, in Western societies this is considered acceptable sexual practice and has become normative. Spinelli (2006) adds that these opinions were formed on the basis of dubious biological theories, and therefore the tradition of categorising other forms of sexual expression as 'perverse' should be challenged. Giddens (1992) supports this view of evolving attitudes by highlighting the increasing individualisation of society, along with a widening sphere of social acceptability, rather than something that is predetermined by biology, psychology, or religion. Kleinplatz and Moser (2005) make a similar point, arguing that Western clinicians consider normative sexuality as monogamous, procreation-oriented, young, and able-bodied. In addition, Willig (2008) argues that many psychologists perceive 'risky' sexual practices, such as BDSM, to be manifestations of pathologies within the individual because 'normal' individuals would not behave in a manner that risked their health. Behavioural choices that challenge health models lead to a conceptualisation of these 'risky' behaviours as a product of psychopathology. Willig (2008) points out, however, that there exist various and diverse rationalities behind engaging in the behaviours. For example, some submissive participants in Turley's (2012) research experienced a sense of eroticism that was derived from the range of conflicting and contrary emotions experienced when submitting during BDSM. Emotions that are conventionally considered incompatible and that are not usually experienced together can become synthesised during BDSM and are converted into something erotic for the participants. Others reported that the lack of autonomy and responsibility achieved during submission was a sexual highlight for them.

Research examining criminal sexual behaviour, such as rape and sexually oriented murder, contribute to the notion that consensual BDSM is pathological, as frequently the theorists do not make clear distinctions between consensual sexual SM and offenders who engage in non-consensual sexual sadism. Despite dominant psycho-medical discourses situating BDSM firmly within the realm of pathology, various research studies have concluded that BDSM practitioners are no more dangerous than those who do not participate in BDSM. Dietz (1990) distinguishes criminal sadists from BDSM practitioners by a number of criteria. Criminal sexual sadists secure unwilling, non-consenting participants, force sexual acts on their victims, and remain emotionally detached throughout. Dietz argues that BDSM practitioners display none of these criteria, and are not psychologically abnormal: a claim supported by findings from a range of studies, such as Connolly (2006), Yost (2009), and Stockwell et al. (2010). Cross and Matheson (2006) argue that, in the main, current academic understandings of BDSM position it as pathological and/or misogynistic. They highlight the consensus between medical and Freudian viewpoints, which treat BDSM as a symptom of mental illness or maladjustment. For Freud (1920/1953), enjoyment of sadism resulted from a weak super-ego, enabling the id to be expressed via sexual violence, while masochists suffered from a modification of the inherent death instinct.

The psycho-medical model also perceives sexual interest in BDSM as a problem to be solved (Willig, 2008). Cross and Matheson (2006) argue that some radical feminists regard BDSM as being essentially misogynistic, positioning all BDSM in terms of repetition of a heterosexual patriarchy. To assess these views of BDSM, they administered a questionnaire containing elements of the Sexual Guilt scale, the Sexual Behaviours Inventory (SBI), the Eysenck Personality Inventory (EPI), the Feminist Attitudes Scale, and the Locus of Control Scale (LOC) to 93 self-identified BDSM enthusiasts. The results indicated that none of the academic perspectives of pathology or misogyny were supported by the data. Similarly, Connolly (2006) tested 32 self-identified practitioners of BDSM for types of psychopathology, including personality disorders, obsessive-compulsion, psychological sadism and masochism, and post-traumatic stress disorder, by administering a questionnaire and psychometric tests. Connolly concluded that, on measures of clinical psychopathology and severe personality pathology, the sample was comparable to published test norms and to DSM-IV estimates for the general population. Despite contrary research findings such as those outlined, the dominant clinical position continues to situate BDSM practitioners as pathological and in need of treatment.

Within psychiatry itself, there appears to be a wind of change blowing. Denman (2004) offers a constructive suggestion on the definition of perversion. She condemns the pathologising of BDSM and distinguishes between transgressive and coercive sex. Transgressive sex is sexual behaviour that merely transgresses prevailing social norms, whereas coercive sex involves activities in which one party has not consented. Denman concludes there is no evidence to support a connection between transgressive sex and pathology. It is coercive sex that we should think of as perverted, not transgressive sex. This view is reflected elsewhere in psychology and psychiatry, with psychologists such as Richards and Barker (2013) advocating BDSM-positive clinical work.

BDSM and feminism

Broadly speaking, there are two feminist camps; the pro-sex and anti-SM positions. The pro-sex camp argues that BDSM is an example of healthy sexual agency, while the anti-SM position contends

that any and all instances of BDSM perpetuate the power differences and inequalities between men and women (Deckha, 2011).

The main points of the anti-SM feminist argument claim that all forms of BDSM are incompatible with feminism because BDSM represents repetition of violent heteropatriarchal relationships. The mutual exclusivity of the two was central to the feminist sex wars, and still remains valid to anti-SM feminists and academics (Ritchie & Barker, 2005). Califia (2000) contends that BDSM is perceived to be the essence of misogyny, sexism, and violence by anti-SM feminists, such as Dworkin and Griffin, who argue that lesbian BDSM is symptomatic of self-hatred and internalised homophobia (Ritchie & Barker, 2005). The arguments cited by pro-sex feminists using consent as a defence against these claims are dismissed by anti-SM feminists, who contend that the issue of consent simply permits the physical acting out of the internalised hatred (Deckha, 2011). Anti-SM feminists also claim that apparent consent is utilised for the purpose of concealing the operation of sexual power, and argue that consensual contracts between men and women can never be equitable (Califia, 2000). By engaging in BDSM these inequalities are internalised and replicated, thus reinforcing heteropatriarchy. Research conducted with members of the BDSM community refutes this claim; Taylor and Ussher's (2001) findings highlighted the ability of BDSM to ridicule, undermine and destroy patriarchal power, while Ritchie and Barker (2005) report that engaging in BDSM can make explicit concealed gender dynamics. The pro-sex feminists argue that female practitioners of BDSM have something that oppressed women do not: choice. This is what separates women's consensual BDSM from subjugated experiences. Barker and Gill (2012) note that a new way of thinking about BDSM is emerging among some feminist academics and BDSM activists which adopts a both/and instead of the traditional either/or position. The debate here is far from resolved, however, and is likely to continue for the foreseeable future.

Implications for applied psychology and the wider world

BDSM as adult recreation

An alternative reconceptualisation of BDSM is the view that it is a form of adult recreation. There are calls for a shift in the way that BDSM is understood: towards viewing it as recreation rather than pathological perversion. Williams (2009) argues against the construction of BDSM as a form of 'deviance'. The concept of 'serious leisure' was proposed by Stebbins (2007) and framed as commitment to the pursuit of an activity that requires special skill and resources and provides particular benefits. Consistent effort is required, which involves gaining knowledge, learning techniques, and developing specific skill sets to engage safely in BDSM, along with the effort invested in planning, shopping for equipment, constructing toys and equipment, and creating costumes, along with practitioners' descriptions of BDSM as fun, games, and play.

BDSM should be viewed as carefully planned serious leisure for the purpose of exploring psychological and bodily sensations. Rather than conceptualising BDSM as immoral and dangerous, it should be perceived as unconventional and unusual (Williams, 2009). A comparison of BDSM with extreme sports is pertinent here; indeed, leisure in the form of contact sports such as rugby and boxing is not considered deviant, nor is it pathologised. It is the inherently erotic and adult nature of BDSM that causes such unfounded reactions, and, if BDSM was reconceptualised as serious leisure, it would lend support to the argument against pathologisation (Turley, 2012). Parallels do appear to exist between BDSM and extreme sports. The seeking of thrill and sensation by extreme sports

enthusiasts described by Zuckerman (1994) could also be applied to practitioners of BDSM. Sensation seeking is characterised by the desire to experience novel, varied, and intense sensations coupled with a willingness to take physical, social, legal, and financial risks to engage in such experiences. There are also commonalities between the two activities in terms of suffering and endurance (Zuckerman, 1994). Le Breton (2000) noted that the more intense the suffering experienced by extreme athletes, the higher the sense of achievement, and therefore a higher sense of satisfaction was experienced.

Implications for counselling and therapy

Several 'kink-friendly' counselling and psychotherapy services have emerged in contrast to the general misconceptions around BDSM espoused in the counselling and therapeutic literature. Barker et al. (2007) reported that, in the main, BDSM was largely ignored in texts written for counsellors and psychotherapists. When it was included, however, the dominant psycho-medical discourses were reproduced, assuming that an interest or participation in BDSM was unhealthy, a result of childhood or family trauma or abuse, or assuming BDSM was abuse. Other research details that therapists had asked clients to refrain from participating in any BDSM-related behaviour (Kolmes et al., 2006). Confusion regarding BDSM abounds in many therapeutic settings, as therapists and counsellors rely on reproduced dominant discourses from their training, or general misinformation in the lay media. Therapists often presume that the central focus of BDSM is always pain and always about sex, and it was also presumed that the adopted sexual roles are always static and fixed, rather than fluid, as is often the case in BDSM (Barker et al. 2007; Diamond, 2009). Kolmes et al. (2006) did encounter a number of more positive examples of good practice during their study of BDSM clients engaging with therapy. They reported that some therapists were open to and prepared to learn about BDSM, and were comfortable with discussing BDSM and related activities along with promoting safe BDSM for all involved.

Kolmes et al. (2006) highlight that, until BDSM is routinely taught as an acceptable form of sexual expression during training, the relationship between client, BDSM, and therapist may remain challenging. Along with enhanced training, enabling therapists to recognise and understand their own beliefs and judgements relating to BDSM is an important step towards acceptance and comprehension of clients' interests. It is also worth noting that some therapeutic models and approaches are more suited to working with clients with an interest in BDSM due to their inherent underpinnings. Such approaches to therapy would be less pathologising and more accepting of BDSM from the outset of therapy (Barker et al., 2007).

Implications for discrimination

Given that psycho-medical discourse regarding BDSM informs public and lay opinion, it is unsurprising that the general perception of BDSM is far from favourable. Consolidating this view is the unclear position of BDSM and the law. Wait (2007) notes that in the United Kingdom BDSM is not a crime; there is no law against being a sadomasochist; however, certain aspects of BDSM may incite a criminal law response. Indeed, the 'Spanner' trial culminated in the imprisonment of a number of men who were engaging in consensual BDSM (see www.spannertrust.org for more information). In the United States the legal status of BDSM is also ambiguous and state dependent. There is no federal law that includes consensual BDSM practices; however, it can be considered a crime in certain states, and prosecuted under laws pertaining to sexual abuse or assault

(www.ncsfreedom.org). It is not difficult to understand how individuals who engage in BDSM can become victims of discrimination, as Wright (2006) reported that BDSM-identified individuals had suffered violence and/or harassment as well as job discrimination. Wright (2010) illustrated discrimination against practitioners of BDSM by highlighting a child custody case where strict visitation rights were imposed on a mother involved in a BDSM relationship with her partner. The mother's sexual relationship was the focus of the hearing, despite the children being unaware of their mother's sex life. This case indicates how the court system can be biased against 'out' BDSM-identified individuals.

Evidence illustrates that less knowledge of BDSM is related to more negative attitudes and misunderstandings. Currently, BDSM-identified individuals are at risk of victimisation and discrimination as a result of these prevalent negative perceptions. Stiles and Clark (2011) investigated the difficulties that arise from being a member of a stigmatised subculture, and reported that a major issue was the need to maintain a level of secrecy regarding their BDSM interests. The findings of the study revealed that fear of negative consequences was the main reason behind concealing BDSM-related interests, and various methods of stigma management were employed to do this. Five levels of concealment ranging from 'absolute concealment' to 'fractional concealment', with each level revealing more information to others regarding participants' interest in BDSM, were outlined. The final, sixth level was 'open', indicating no concealment. The primary reason for the concealment was identified as self-protection: participants were concerned about stigmatisation, resulting in threats to family life, friendships, and job security. As a result of the stigma and stereotyping attached to BDSM, and proliferated by most psycho-medical literature, individuals with an interest in BDSM must employ complex stigma and impression management strategies in order to protect themselves against discrimination and victimisation, or face serious consequences.

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Future directions

Gayle Rubin (1984) proposed a distinction between what constituted acceptable and unacceptable sex. Along with promiscuity, homosexuality, and cross-generational sex, SM was clearly in the second category. It is clear that some things have changed in the intervening 30 years. So, provided gay people live in couples, preferably in civil partnerships, they have moved into the favoured category.

Plummer (1995) suggested how 'sexual stories' proliferate and become accepted. This process requires interviewers or counsellors who help people to tell their stories, media in which the stories can flourish, and a receptive audience who can reframe their own experience in these terms. Some stories clearly 'have their time' and take off when those in the receptive audience reproduce their own accounts. Plummer notes that, at the end of the twentieth century, there appeared to be a proliferation of BDSM stories.

Nearly a decade later, Langdridge and Butt (2004) found little evidence of a take-off velocity of such a sexual story. Following Weeks (1998), they note the importance of a transgressive moment in the achievement of sexual citizenship. They point out that the problem with BDSM is that it makes sexual violence centre stage. Nothing is more taboo, and it is indeed a transgressive moment. We have emphasised here that this is why the BDSM community makes consensuality such a priority. The explicit nature of consent arguably makes coercion less likely than in vanilla sex.

However, BDSM awareness serves to underline the possibility of sexual excitement in power and control, albeit in fantasy (Turley, 2012). As Langdridge and Butt (2004) observe, this leaves society in the uncomfortable position of questioning the motivations of those in positions of power. We begin to wonder whether, for example, the beating teacher might get some secret or unconscious delight out of exercising punishment. So, how can we confidently cede authority to anyone if this is the case? How can we ever be sure their motives are 'clean'? Of course, the knowledge that people enjoy cruelty is not new (see Gay, 2003 for a review), but people prefer to turn a blind eye to this, particularly in an authoritarian culture. The high profile of BDSM highlights this in a way that cannot be ignored. It is not surprising, perhaps, that the sexual meaning of corporal punishment is acknowledged now in a way that was quite impossible when its use was widespread in schools. Indeed, the sexual discourse served to undermine its judicial use in an emphatic way (Butt & Hearn, 1998). One of the authors (TWB) remembers a tabloid newspaper article 30 years ago that reported the outrage of a punishment cane manufacturer when he discovered that his products were being sold in Soho sex shops. A visitor from Mars, or even Scandinavia at the time, might have wondered why beating children was OK, but consensual sex was not. Langdridge and Butt (2004) conclude, then, that, paradoxically, BDSM can only be accepted as a legitimate expression of sexuality in a highly civilised society. Ten years on from when they were writing, this is still the case. The adoption of a more kink-friendly attitude to BDSM, and its acceptance as a form of sexual citizenship, probably depends on the proliferation of social liberalism in society generally.

Notes

1. The reinforcement of beliefs about heterosexual sex and sexuality that are perpetuated in society via social institutions, policies, and procedures, leading to the view that heterosexuality is the normal and natural expression of sexuality.
2. The implicit and explicit dominance of heterosexual men within a culture and/or society.

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