

KINKING THE DRAMATHERAPEUTIC CORE PROCESSES:  
A DRAMA THERAPY PERSPECTIVE ON THE POSITIVE FUNCTIONS OF BDSM PLAY

SJ VRIEND

A Research Paper  
in  
The Department  
of  
Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements  
For the Degree of Master of Arts  
Concordia University  
Montréal, Quebec, Canada

August 29, 2020

© SJ VRIEND 2020

CONCORDIA UNIVERSITY

This research paper prepared

By: SJ Vriend

Entitled: Kinking the dramatherapeutic core processes: A drama therapy perspective on the positive functions of BDSM play

and submitted in partial fulfillment of the requirements for the degree of

**Master of Arts (Creative Arts Therapies; Drama Therapy Option)**

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

Research Advisor:

*Simon Driver, MA, RDT*

Department Chair:

*Guylaine Vaillancourt, PhD, MTA*

*August 29, 2020*

## **ABSTRACT**

### **Kinking the Dramatherapeutic Core Processes: A Drama Therapy Perspective on the Positive Functions of BDSM play**

**SJ VRIEND**

BDSM (an acronym for bondage & discipline, dominance & submission, and sadism & masochism), also known as kink, is a term used to describe a controversial domain of human sexual expression. BDSM desires have historically been pathologized by mental health professionals and seen as indicative of mental illness, with stigmatizing and discriminatory consequences for BDSM practitioners. However, more recent research has suggested that BDSM practitioners are no more likely to be mentally ill than the general population and a number of studies have begun to note positive, even therapeutic, functions of BDSM that have been identified by its practitioners. This said, kink is still a generally under-studied topic and, while studies have described and offered some explanations for the positive functions of BDSM, kink has only very minimally been explored from a drama therapy perspective. The field of drama therapy may provide novel ways of considering the positive functions of kink, given kink's dramatic qualities. In the field of drama therapy, core therapeutic processes of drama have been identified in order to broadly describe and explain the positive or therapeutic functions of drama therapy activities. In this paper, I explore how these therapeutic factors might operate as a lens for understanding BDSM. Thus, the central aim of the research is to illustrate and explore the fit and applicability of the dramatherapeutic core processes, originally intended to explain the positive functions of drama therapy activities, with the positive functions of BDSM. This drama therapy perspective may contribute to greater understanding of kink practices and practitioners, which could potentially support increased acceptance and understanding of this stigmatized minority.

## ACKNOWLEDGEMENTS

First and foremost, I want to thank my mother, Jennifer, for all of her love, encouragement, and support. You're the best.

I am deeply grateful to the professors of Concordia's drama therapy department. Thank you for sharing your knowledge and wisdom with me, and helping me along on my path to become a therapist and researcher. A special thanks to my supervisor, Simon Driver, for all of your writing support and enthusiasm for my ideas. Also, much gratitude goes to my cohort – I am thankful for all of the laughs, tears, moments of frustration, and warm encouragement we shared.

To my beloved Carlile - I hereby grant you, from the University of SJ, an Honorary Degree in Patience. You've earned it. Thank you for sticking with me through stressful writing sessions, moments of frustration and uncertainty, as well as magical moments of success and growth. You've been with me every step of this program, from finding out I got into it to this moment now, handing in the final work. I am so grateful to have had you by my side through this time. Cheers, darling.

Finally, I express my gratitude to the queers and leather folk in my own life, and the broader community and lineage of leather. You infuse my world with meaning and magic. This paper would not have been possible without the pioneers who came before me, pushing for a world in which sexual and gender diversity could more readily flourish. I offer this paper humbly, in honour of you.

## Table of Contents

<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>1</b>
Definitions: .....	2
<b>CHAPTER TWO: METHODOLOGY.....</b>	<b>3</b>
Data collection & analysis:.....	3
Ethical considerations, assumptions, and biases: .....	5
Reliability and validity: .....	7
<b>CHAPTER THREE: LITERATURE REVIEW.....</b>	<b>7</b>
Defining BDSM/Kink: .....	7
The people who play: .....	9
The medicalization of kink and its consequences: .....	12
Literature indicating positive functions of BDSM.....	15
Defining drama therapy: .....	16
Jones' core dramatherapeutic factors:.....	17
<b>CHAPTER FOUR: FINDINGS.....</b>	<b>23</b>
Playing: .....	24
Role playing and personification: .....	25
Dramatic projection: .....	27
Dramatherapeutic empathy and distancing: .....	27
Embodiment: Dramatizing the body.....	29
Active witnessing: .....	33
Life-drama connection.....	35
Transformation .....	38
<b>CHAPTER 5: DISCUSSION.....</b>	<b>39</b>
A dramatherapeutic view of kink.....	39
Rethinking kink.....	40
Moving forward: Considerations for Drama Therapists.....	41
<b>CHAPTER SIX: CONCLUSION.....</b>	<b>42</b>
References .....	44



## **CHAPTER ONE: INTRODUCTION**

When I first considered applying to Concordia's creative arts therapies department in 2016, I was primarily interested in visual art therapy. I'd completed a painting and drawing degree prior to the psychology degree I was working on at the time, and art therapy seemed like it would be the most natural fit going forward. However, when I saw the department was offering an information session about drama therapy, my curiosity was piqued – I had never heard of drama therapy before. I wondered, what could this be about? I saw no harm in checking it out, just for fun. A few weeks later, I found myself sitting in on the information session and by the end of it I knew I had found the right program for me. As I later conveyed in a letter accompanying my application to the graduate program, drama therapy's emphasis on the immediate embodied experience, exploration of roles, playfulness, and creativity, and how these could be used as part of a healing process, stood out to me – and they did so because of my experiences as a BDSM practitioner. At this point, I had been involved in kink activities and communities for several years and, following that single information session, I could see instant parallels between BDSM play and drama therapy practice. Given that my experiences with BDSM had generally been so positive and transformative for my life and with these intriguing parallels in mind, I felt that drama therapy must have potential to be an effective and engaging treatment approach for people. I knew that I wanted to become a part of the field.

Several years later and now coming toward the end of my studies in drama therapy, I have learned so much more about what drama therapy can look like, how it can be effective, and the language drama therapists have developed in order to describe their work. Throughout my studies, I have continually found it interesting to consider how theories or practices of drama therapists relate to those of BDSM communities and what these two groups might be able to offer one another. In particular, drama therapy has a rich set of concepts for explaining how dramatic activities can be therapeutic and/or support personal growth or change. Meanwhile, although it's historically been cast as sick, criminal, and unnatural, there's been an increase in research supporting that people who practice BDSM are generally well-functioning members of society and that BDSM play can have positive, even therapeutic, functions. While some of these positive functions have been described and discussed through various perspectives in academic scholarship, BDSM has only very minimally been considered from a drama therapy perspective - a single thesis project by Laura Potel from 2018. Potel's research project examined how drama

therapists conceptualize wellness within drama therapy practice and how these indicators of wellness can be observed in kink, contradicting the depiction of BDSM practitioners as mentally ill or unstable. Along the way, Potel suggests that drama therapy may be especially well suited to offer a language to describe the therapeutic and wellness potentials of BDSM (2018). Given the field of drama therapy's focus on encouraging healing and personal growth through dramatic and action-based processes, I also believe it is in an excellent position to explore and offer perspective on the positive functions and therapeutic potentials of BDSM. This is important, as deepening understanding of BDSM play and contributing to the body of research that de-pathologizes it may ultimately support reduced stigmatization of these practices.

Among the concepts used by drama therapists to describe how dramatherapy can effect change, encourage personal growth, or support healing, eight dramatherapeutic core processes were developed by British drama therapist Phil Jones (2007). These dramatherapeutic core processes serve as theory, aiming to broadly explain the therapeutic elements of drama and theatre-based activities. In this paper I aim to explore how these dramatherapeutic core processes might also serve our understanding of how BDSM practices can similarly fuel change, stimulate personal growth, or encourage healing.

### **Definitions:**

In the interest of avoiding confusion, I will clarify a few terms before proceeding. These are terms that I will use somewhat interchangeably over the course of this paper, although there are some different connotations to them.

**BDSM Practitioner/Kinkster/Sadomasochist/Leatherperson:** these terms are all used to indicate someone who participates in kinky activities, but there are nuances and varying origins. *Sadomasochism*, along with the term *S&M* (Sadism & Masochism, also just called *SM* or *S/M*), are labels that originated in the field of psychiatry and initially were associated with psychopathology (more on this later); however, these terms were embraced and popularized by kinksters in the 1970s (Taormino, 2012b). Sadomasochism was the most popular label for kinky activities until the rise of the term *BDSM*. *BDSM* (an acronym for Bondage/Discipline, Dominance/Submission, and Sadism/Masochism) serves as a broader umbrella term for kinky activities than S&M. *BDSM* was first used within internet news groups and chat rooms in the late 80s and became the term of choice for many by the 2000s (Taormino, 2012b). According to the Oxford English Dictionary, the term *kinky* (in reference to unconventional sexual behaviors



or sexually provocative objects – i.e. ‘those leather boots are so kinky’) gained traction starting in the 1960s (n.d.). For some people ‘kink’ is an even more expansive term than the acronym of BDSM and has a more informal feel to it, with the result that some individuals might be more comfortable describing what they do as ‘kink’ and themselves as kinky or kinksters, rather than BDSM practitioners (Sheppard, 2020). Finally, the term *Leather* originated within gay male motorcycle clubs and bars following World War II and it has continued in use through the leather bar and sex club cultures that developed from these original sites. This term is still used today but most often among LGBTQ folks with kinky interests or identities, who may identify themselves as being part of the *Leather Community* (Taormino, 2012b).

On a side note, the word ‘pervert’ (shortened, ‘perv’) can also denote someone who enjoys BDSM and it is sometimes playfully or affectionately used between BDSM practitioners (Wiseman, 1998); however, this word is also commonly used as a pejorative in mainstream society. While some people have begun to embrace ‘pervert’ as a celebrated identity, similarly to how words like *queer* or *slut* have been transformed from hurtful labels into titles of pride by members of sexual minorities and subcultures, this term remains “not as far into its own rehabilitation” (Sheff & Hammers, 2011, p.199). As such, I will not be using this label to describe people who partake in kinky activities, even though I do think it warrants mention.

## **CHAPTER TWO: METHODOLOGY**

This research inquiry intends to respond to the primary question: ‘What can each of Jones’ (2007) eight core dramatherapeutic processes offer us in terms of explaining the positive functions of BDSM play?’, with the subsidiary question of ‘how might we see each of Jones’ (2007) eight core dramatherapeutic processes occurring within the context of BDSM play?’. In order to respond to these questions, a qualitative and theoretical approach was decided as being most suitable.

### **Data collection & analysis:**

My research process began with searching databases for the most relevant and current scholarly literature, collecting it and organizing it, and then describing and discussing the findings. Given BDSM is an under-studied topic, it also included searching for grey literature (such as dissertations) and content produced by BDSM practitioners, with the intent to glimpse at what may be beyond current scholarly literature in terms of responding to these questions (and

which might also indicate future areas of research). Thus, the overall data included scholarly articles and books, which were found and amassed using Concordia University's library engine (CLUES Library Catalogue), Google Scholar, and ProQuest. From these articles, reference lists were perused and used as resources for more literature. Grey literature was collected using ProQuest Dissertations and Theses (PQDT) Global. Content produced by BDSM practitioners, including blogs, books, and podcasts, were found via google or were resources that had already been collected by myself over time (given my own background as a BDSM practitioner). Preference was given to literature from the 1970s to present, as research has suggested that sociological research studying sadism and masochism outside of clinical or forensic contexts began sometime around the late 1970s to early 1990s (Lin, 2017; Weinberg, 2006). Lin says these studies by social scientists are more likely to be interested in "the practice of "safe, sane, and consensual" BDSM" and people who feel positively about their kinky desires, as opposed to studies of sadomasochism by psychiatrists and psychologists that tend to draw upon records of those who have sought psychiatric intervention or forensic populations who have committed sexual offenses (2017, p.303). Given that my research focuses on the positive functions of BDSM identified by its practitioners, these kinds of sociological studies were considered particularly important and relevant.

Keywords that guided my search included combinations of the following: "BDSM", "Drama Therapy", "Drama", "Performance", "Healing", "Therapy", "Therapeutic", "Embodiment", "Play", "Role play", "Roles", "Benefits", "Positive functions". I also switched the keyword "BDSM" with other words that can denote the same thing or certain activities under its umbrella, such as "Kink", "Sadomasochism", "Dominance and Submission", and "Leather community".

Following an extensive search with these selective criteria and once collection was completed, I pursued a data evaluation as proposed by Randolph (2009). In accordance with this approach, literature, grey literature, and community products were initially evaluated for their fit with inclusion criteria. Following this process, I created a system of categories in harmony with my research questions, in which information could be sorted and then later analyzed for themes, links, or gaps (Randolph, 2009). The process was then further reflected upon in the discussion section.

### **Ethical considerations, assumptions, and biases:**

Maxwell (2013) notes that traditionally (especially in quantitative research), what researchers bring into the research process from their own background and identity is understood to be *bias*. Efforts are often made to reduce or remove a researcher's background influence so that there's less likelihood of it impacting the research, with the aim of producing valid, reliable, and generalizable results (Maxwell, 2013). These efforts to remove a researcher's background can persist in qualitative research, too, even though it's long been understood within qualitative approaches that "the researcher is the instrument of the research" (Maxwell, 2013, p.45). Maxwell states that a researcher's experiential knowledge can be a valuable component of the research process because of how it serves as a source for generating hypotheses, validity checking, and insight (2013). This way of considering things is echoed by Alan Peshkin, who states: "Seen as virtuous, subjectivity is something to capitalize on rather than exorcise" (Glesne & Peshkin, 1992, p.104). However, Maxwell adds that valuing experiential knowledge isn't to suggest researchers should let their assumptions and values run unchecked – instead, they should be critical, conscious, and explicit about how their identity or background is used in the inquiry process (2013).

With these recommendations in mind, it is important that I acknowledge and make explicit some of the assumptions I bring into this project and how I see my own background informing the research process. First and foremost, as has already been stated, I come to this project with the assumption that BDSM practice can have numerous positive, even therapeutic, outcomes for people – a belief that is informed by my direct experiences with BDSM, the stories others have shared with me about their own practices and play, and the content created by kinksters that I have accessed. This is not to say that I believe BDSM is therapy. From my perspective, while there are interesting features that overlap between drama therapy and kink, the professional practice of drama therapy also has numerous elements that distinguish it greatly from kink. Furthermore, while I believe engaging in BDSM play can be therapeutic, this is not to suggest that it is intrinsically beneficial to mental health or that people do not experience problems or harm while engaging in it, too. BDSM communities espouse values of informed consent and often make a distinction between desirable violence and undesirable harm, aspiring for the former and avoiding the latter. However, harmful acts can and do occur within BDSM contexts. Within these communities and groups, like so many others, mistakes and

misunderstandings can lead to physical or emotional harm, systemic issues of privilege and oppression are endemic and can perpetuate suffering of marginalized members, and, in some cases, real assault and abuse can be enacted beneath a pretence of holding BDSM values. With all of this stated, I still come back to the assumption that BDSM can be beneficial for many. Rather than choosing to debate whether or not this assumption is correct, I am choosing to roll directly into exploring how drama therapy might be a valuable lens for exploring and understanding how BDSM can fuel change, stimulate personal growth, or encourage healing. I acknowledge there is a risk of bias in my paper, as it explores literature primarily about the therapeutic and positive functions of kink and spends significantly less time focusing on difficulties or negative experiences that can occur in it. This is not to say these things don't exist - this paper is just not about them.

Alongside openly exploring my assumptions and biases, there are ethical issues to consider regarding my topic. Barker and Langdridge (2009) point out that there are risks to undertaking academic projects that focus on BDSM practitioners and attempt to make their activities less secret and more knowable. They note that BDSM communities remain highly stigmatized and associations with criminality or psychopathology linger in spite of progressive cultural shifts around sexuality. While kinky images and stories have proliferated in popular culture over the past few decades, Barker and Langdridge say that the vast majority of people struggle to fully comprehend BDSM (2009). In discussion with Barker, Langdridge expresses concern that coaxing out and presenting certain stories by and about BDSM practitioners might exacerbate their marginalization rather than reduce it, as researchers ultimately have limited control of how their writings are interpreted by wider audiences and there can be a risk of reinforcing for some that BDSM is “mad or bad” (Barker & Langdridge, 2009, p.6). He argues this is especially the case when focusing on stories of BDSM as therapeutic, as doing so might inadvertently reinforce the idea that BDSM desires are rooted in trauma or mental illness (Barker & Langdridge, 2009). As Hammers puts it, these stories can infer that “only those needing healing engage in sadomasochism” (as opposed to people engaging in it for the joys of playing with pain, power, transgression, or for other purposes) (Hammers, 2014, p.74). Reflecting on this, while my research endeavors at times to explore and discuss therapeutic aspects of BDSM play and I think these experiences are important to acknowledge, I must also acknowledge the risk that others could consume and discuss my paper in ways that contribute towards oppressive

views of kink communities. Barker suggests that one way to mitigate the risk of BDSM being construed into the narrative that kinksters are mentally ill and using BDSM to try and cure themselves is to emphasize that there are many stories kinksters have about what draws them to various forms of BDSM play, and healing is just one of them (Barker & Langdridge, 2009). In my paper I hope to do this suggestion some justice by giving attention to a number of positive functions kink can serve for players through the lens of the dramatherapeutic core processes, not just those experiences that have been described as healing or therapeutic. I believe this should be possible, given that drama therapy can support a wide spectrum of client goals that may or may not centre around the notion of healing, as well.

### **Reliability and validity:**

As this research project has a theoretical approach, any conclusions made will only be at the level of hypothesis. While the findings may be interesting and meaningful, they are not empirical. One way to support increased validity of this research project was to be critical when selecting sources for inclusion and to prioritize scholarly literature coming from peer-reviewed journals or publishers.

## **CHAPTER THREE: LITERATURE REVIEW**

In order to contextualize and explore the findings of my research, it is important to have an understanding of BDSM, as well as drama therapy and the dramatherapeutic core processes. With these broader goals in mind, in this literature review I will begin by defining BDSM, exploring what is known about those who play, and how they describe their practices. I will also briefly describe the socio-historical construction of kink as pathological and deviant, followed by how it seems to be understood in current society (within a Western/European context). After this, I will focus on defining drama therapy and each of the dramatherapeutic core processes.

### **Defining BDSM/Kink:**

BDSM eludes a fast and simple definition. As the acronym of Bondage/Discipline, Dominance/Submission, and Sadism/Masochism already implies, BDSM contains a multitude of diverse activities (some of which may not even be apparent in the acronym, such as fetishism) (Nichols, 2006). Perhaps most often kink is described as a domain of human sexual expression in which adults consensually participate in interactions featuring the infliction of physical pain or humiliation, with the aim of achieving mutually defined goals or experiences (such as “to

experience erotic arousal and/or personal growth”) (Pitagora, 2013; Weinberg, Williams, & Moser, 1984; Wiseman, 1996, p.10). Some studies suggest that ‘power-exchange’ (participants taking on roles of dominance or submission) is a much more core element of BDSM play than a focus on inflicting or receiving pain (Ortmann & Sprott, 2013). That said, other research indicates that sometimes BDSM play is specifically about exploring sensation (such as pain), or that people may use BDSM as a way to achieve spiritual transcendence or altered states, and that these practices have little or nothing to do with power-exchange (Fennel, 2018). Also, although kink is often associated with sexual activity and/or pain, sometimes kink is noted as involving no sexual contact or sadomasochistic behaviors whatsoever (Weinberg, Williams, & Moser, 1984). Clearly defining BDSM can be a challenge, given the enormous variety of activities possible under its umbrella (for a study that investigates this huge range, see Alison, Santtila, Sandnabba, & Nordling, 2001). These activities can also represent significantly different things to various participants and motivations to do them can be very different, adding to the complexity. With all of this said, though, Margaret Nichols (2006) offers a useful list that captures much of what BDSM might involve for people, suggesting that kink activities generally include “one or more of the following characteristics” (p.282):

- A hierarchical power structure, i.e., one person dominates and the other obeys/submits
- Intense stimulation usually associated with physical or emotional pain, e.g., hitting, humiliation
- Forms of sexual stimulation involving sensory deprivation, sensory confusion, or restraint, e.g., bondage, use of blindfolds
- Role-playing of fantasy sexual scenarios, e.g., doctor-patient roles, abduction fantasies
- Use of certain preferred objects and materials as sexual enhancers, e.g., leather, latex, stiletto heels
- Other unusual or sexual objects or practices often classified as a fetish or partialism, e.g. fixation with feet, sexual play with urine.

While defining kink in terms of activities and what they mean to people has its challenges, one key feature of BDSM noted across studies is that it involves the establishment of consent. BDSM activities can appear violent at times and a critical tenet of BDSM is to establish informed

consent from all participants prior to engaging in activities, as without consent these acts would shift from being welcome interactions to unwanted acts of violence and assault (Moser & Kleinplatz, 2007). The importance of consent within BDSM is captured in one player's statement from Bauer's (2014) study on the queer/leatherdyke BDSM community in Berlin:

"I feel consent is the base of BDSM, and if there's no consent then it can't happen. [...] I don't see how it can exist without it. Then it's not BDSM, but it's abuse, if you don't give your consent and someone's beating you. So anyway, for me, it's the framework in which BDSM occurs, it's the roots, the base." (p.76-77).

In order to obtain consent, typically BDSM practitioners will negotiate before engaging in play to ensure participants know what activities are (or are not) desired and to mutually define the meaning or purpose of the play (Pitagora, 2013). Negotiation processes can look very formal, such as writing up a detailed contract, or more informal, taking place in conversations or flirty exchanges (Bauer, 2014). The explicitness of consent can also vary and be established verbally or non-verbally (Bauer, 2014). Bauer notes that negotiating generally doesn't have the aim of creating a rigid script for how play will proceed; instead, it is about creating "flexible boundaries around a theme" within which players can improvise (2014, p.81). Rather than seeing negotiating as a hindrance or removing spontaneity from play, BDSM practitioners have described it as liberating, expressing that the process makes possibilities and options for play more available. By knowing what's on the table, they describe being able to act more flexibly and with greater confidence during play (Bauer, 2014).

### **The people who play:**

Defining BDSM can be tricky due to the breadth of activities and meanings it contains and, for similar reasons, it can also be challenging to figure out how many people actually participate in kink. Sprott and Hadcock (2017) note, for example, that in studies seeking to do so, "the exact proportion of the population depends on the specific kind of kink/BDSM behavior included in the measures" (p.2). Some kinky behaviors may be far more common or uncommon than others. With this stated, it's still interesting to consider some of the data available. It seems that rates of fantasizing about BDSM can vary widely, As Sprott and Hadcock point out that studies suggest anywhere from 25%-60% of Canadians and Americans have sexual fantasies involving BDSM elements (2017). In terms of how many people actually act out on their fantasies, Janus and Janus reported in their 1993 American national survey that 11% of women

and 14% of men had engaged in some form of BDSM sexual behavior at some point. Meanwhile, in a national survey of Australia, a total of 1.8% of all sexually active people (2.2% of men and 1.3% of women) reported participating in BDSM in the previous 12 months (Richters, De Visser, Grulich & Smith, 2008). In this last study, the researchers suggest that their own numbers are likely conservative, given that they only considered people who were sexually active in the past year.

Kink participants may be more or less interested in certain activities, such as being drawn to express and explore dominance but not sadism (Hébert & Weaver, 2014). Players also might have wide-ranging and flexible desires or be drawn to a narrower range of activities (Richters, et al., 2008). Different practitioners may see BDSM as an occasional sexual activity, a sexual orientation, or a chosen lifestyle (Kolmes, Stock, & Moser, 2006). In terms of how interests in BDSM develop, one study of 272 research participants indicated that 43.4% described kink as an intrinsic part of their sexuality that had always been there, while 35.3% said their desires were shaped later in life through attending events or meeting kinky people (often friends or romantic partners) (Yost & Hunter, 2012). Sprott and Hadcock (2017) note that there has not yet been a population study focused on measuring the proportion of people whose sexual identities are built around their kinky behaviors. This said, Sprott and Berkey (2015) propose that perhaps 1-2% of the population may have sexual identities based on kink.

Within BDSM, the activities or practices of kink are called *play*, and when two or more people come together to do a session of BDSM play, it is often called a *scene* (Taormino, 2012b). Nonmonogamy and kink writer and researcher Pepper Mint (2007) notes that scenes “may be spiritual, healing, exploratory, transcendent, cathartic, or many other things” and that, while the activities within scenes are called play, the play can sometimes be quite serious in its quality. Scenes might last anywhere from a few minutes to a number of days, depending on who you are talking to and what kind of play is occurring, although perhaps most commonly a scene is a few hours long. In BDSM, individuals may adopt all manner of specific roles (such as Sir, Little, Mommy, Pup, Handler, etc.); however, specifics aside, practitioners will largely frame themselves and the ways they prefer to play within a few larger categories, which are: tops/bottoms/switches, dominants/submissives, and sadists/masochists (Simula, 2019; Taormino, 2012b). People who describe themselves as tops want to ‘do’ things to others, bottoms want things ‘done’ to them, and switches enjoy playing as both tops and bottoms (sometimes



switching roles within the same scene or adopting specific roles for different scenes) (Taormino, 2012b). To illustrate some of these ideas, I offer an example: during a flogging scene, the person wielding the flogger would be called the top and the person receiving the flogging would be called the bottom. Moving along, dominants enjoy directing submissive partners to behave certain ways, complete tasks, or follow certain rules, while submissives enjoy surrendering control, obeying orders, and/or pleasing dominant partners (Taormino, 2012b). To continue with my example, the person receiving the flogging (the bottom) directs the top on how to flog her body to her precise tastes and when to change implements or strike harder so as to maximize her sensation experience, and the top proceeds in accordance with her commands, hoping to provide her with a high-quality beat-down – in this scene, the top is submitting to and serving the dominant partner. Finally, a sadist finds pleasure in administering pain, intense sensations, and discomfort (which can be psychological or physical) and a masochist finds pleasure in experiencing pain, being (consensually) made to do things they don't like, or being made uncomfortable (Taormino, 2012b). Given the knee-jerk reaction most people have to think of pain as an unpleasant and unwanted sensation, it's worth noting that the experience of pain can be perceived very differently to individuals in different contexts. As Tristin Taormino (2012b) puts it:

“When we see a person slap someone's face, we think, That Hurt, that was unpleasant. But, in the context of a sexually charged scene, some people, when they are aroused (and their pain tolerance is much higher), process a face slap in a different way: it feels *good*. They like how their flesh responds and their pulse quickens. It may feel shocking, intimate, stinging; add the taboo of dominance, punishment, humiliation – whatever that slap signifies for the two people – and you've got a recipe for an intense experience. In certain contexts, one person's pain can be another person's pleasure.” (p.11).

The time frame within which BDSM practices unfold can vary. As Mint (2007) writes: “Many people integrate [dominance and submission] practice into their daily lives, and their kink is less about playtime and more about restructuring their relationships or lives”. That is, some people draw satisfaction from co-creating consensual power dynamics that are an ongoing part of their relationship, where individuals continually hold their roles as dominant or submissive with one another. Hardy and Easton (2003) note that, in more non-monogamous relationship configurations, these might even form into kinky families (such as a dominant and her

submissive partner also having an ongoing dynamic with another person, who holds a role as their puppy). With all this said, Mint adds that many people also prefer to limit their kink practices to only take place within the temporary frame of scenes (2007). I would suggest that these preferences are not mutually exclusive categories, as some people may very well find satisfaction from cultivating dominant/submissive (D/s) relationships and also negotiating specific scenes.

### **The medicalization of kink and its consequences:**

BDSM activities and desires have historically been constructed as criminal and/or pathological, with significant consequences. Richters, et al. (2008) note that people interested in or practicing BDSM “have long been seen by medicine, the law, and the caring professions as at best damaged (in need of therapy) and at worst dangerous (in need of legal or social regulation)” (p.1660). With regards to my paper, a brief description of kink’s construction as deviant, criminal, and unhealthy is important for contextualizing current needs for greater understanding of and continued de-stigmatization of these practices.

De Block & Adriaens (2013) note that, prior to the rise of the field of psychiatric medicine and its perspectives in the mid-to-late 19<sup>th</sup> century, ideas of sexual deviance were based mainly on theological, moral, and legal considerations. This said, the precedent for medically pathologizing sexuality was already well underway in the 18<sup>th</sup> century, as exemplified by physicians’ writings that non-reproductive activities, like masturbation, were grievously harmful to mental and physical health. As the field of psychiatry was given greater authority and grew in popularity through political shifts in the 19<sup>th</sup> to 20<sup>th</sup> centuries, psychiatrists were granted “license to study and treat all sorts of problems, including sexual deviance.” (De Block & Adriaens, 2013, p.278). During this time, the field of psychiatry broadened its conceptualization of insanity, which previously had been construed as an illness of intellect, to include “diseases of the will and emotions” (p.278). This created novel openings for the medicalization of sexuality and desires – a process that was deeply influenced by the theological ideologies still embedded in the culture. De Block and Adriaens note that, in the middle ages and renaissance, Christian philosophers and theologians distinguished between natural and unnatural expressions of sexuality, labelling acts that could not lead to conception (thereby violating divine laws of God) as sinful and, more specifically, as *perversions* (2013, p. 278). Numerous early psychiatrists

continued to use the term ‘perversion’ and its notions when distinguishing which forms of sexuality or desire would indicate health or pathology (De Block & Adriaens, 2013).

Within this context, deviant sexual instincts began to be medicalized and seen as indicative of diseased sexualities that could (and should) be treated and cured, as opposed to acts against nature that should be punished (as was commonly the case before) (De Block & Adriaens, 2013; Lin, 2017). In order to select the most appropriate treatment for deviance, psychiatrists determined that the causes or origins of a person’s perversion must be thoroughly accounted for and diagnosed. With specific regard to labelling perversions of the sexual instinct, Austrian psychiatrist and university lecturer Krafft-Ebing coined the terms *sadism* and *masochism* in his influential 1886 book, *Psychopathia Sexualis*. These terms were inspired by the authors Marquis de Sade and Leopold von Sacher-Masoch, whose literary works featured elements of dominance and submission and inflicting or receiving pain for pleasure (Krafft-Ebing, 1965 [1886]). Krafft-Ebing’s book marks the point at which these specific behaviors begin to be categorised into and formally conceptualized within a mental health context (Lin, 2017). In later editions, he developed terms for other perversions, such as fetishism, pedophilia, necrophilia, and coprophilia, among others (De Blocks & Adriaens, 2013; Lin, 2017). Beneath the umbrella of perversion, Krafft-Ebing and other psychiatrists of the time lumped consensual and non-consensual case studies together with little distinction drawn between the two, and this conflation of consensual and negotiated behaviors with genuine violence and harm would persist in the perception of BDSM later (Lin, 2017).

While Krafft-Ebing considered behaviors like masturbation, fetishism, sadism, and masochism to be indicators of underlying mental illness or inherited degeneration, he did not see them as mental problems in themselves (Lin, 2017). This way of seeing perverse behaviors was paralleled in the American Psychiatric Association’s first Diagnostic and Statistical Manual (DSM-I), in 1952, wherein sexual sadism was mentioned only once as a potential indicator for Sociopathic Personality Disturbance (Lin, 2017). However, in the 1968 DSM-II, ‘sexual deviation’ became a diagnostic category in its own right and perverse sexual desires began to be understood as illnesses in themselves, not just indicators for other illnesses (Lin, 2017). By 1987, in the DSM-III-R, the category was renamed to ‘paraphilias’ and this is the label that continued to be used in later issues of the DSM (including the most recent edition published in 2013, the DSM-5) (Lin, 2017). Kolmes, Stock and Moser (2006) note that, within the DSMs, behaviors

such as consensual sadism or masochism were often assumed to be pathological, even though there was no data to support these suppositions. While these diagnostic categories have lacked real evidence, they have had real consequences - especially when brought into the court of law. For example, Klein & Moser (2006) describe a custody case in which a mother's right to access her child was severely curtailed, specifically due to pathologization of her BDSM relationship. In another example, known as the Spanner Case, sixteen gay men were charged for their consensual activities - the tops with assault causing bodily harm and the bottoms with aiding and abetting in their own assaults (by virtue of consenting to the activities) (White, 2006).

Unlike previous editions of the DSM, the current DSM-5 distinguishes between having a paraphilia (an unusual but not pathological desire) and a paraphilic disorder (where the desire causes significant distress or impairment to the person experiencing it or its satisfaction involves non-consenting individuals and/or those who can't give legal consent) (Lin, 2017). This change in the DSM has the effect of technically de-pathologizing BDSM activities, as it draws a clear line between consensual desires and activities and non-consensual, pathological ones. In many ways, this shift in the DSM is reflective of progressive shifts in medicine around sexuality, such as the abandonment of heterosexual sex as the standard of sexual health and the legitimizing of non-procreative and pleasure-based sexual activities (Giami, 2015). It is also reflective of shifts in social norms brought about by the sexual revolution, research and activist efforts to depathologize BDSM, increased representations of BDSM, and easier access to sex education through the internet, all of which have contributed to the increased mainstreaming of kink (Khan, 2014; Lin, 2017; Weinberg, 2006; Weiss, 2006). With this said, Khan (2014) notes that, in spite of changes to the DSM, expert witnesses trained in psychological sciences still frequently fail to inform judges of the key differences between a paraphilia and a paraphilic disorder. In this way, the notion of BDSM as pathological continues to be perpetuated in legal settings. Furthermore, even with certain progressive shifts in how BDSM is viewed, BDSM is still often misunderstood and practitioners can experience stigmatization and discrimination (Wright, 2006). Within medical contexts, for example, BDSM practitioners have reported receiving inappropriate, inadequate, or biased care from mental health professionals (Kolmes, et al., 2006). In Kolmes, Stock, and Moser's study on bias in psychotherapy featuring 175 BDSM-identified participants who had previously sought or were current therapy consumers, 118 incidents of bias were reported (2006). Major themes of these instances included: professionals describing BDSM as

unhealthy, conflating BDSM with abuse, assuming kinky interests are related to past family or spousal abuse, requiring clients to stop BDSM activities in order to continue receiving treatment, professionals describing themselves as kink-positive without actually having knowledge or expertise of kink practices, and clients having to educate their therapists (Kolmes, et al., 2006). Harmful stereotypes and misconceptions also exist regarding the kinds of roles people take on in their kinky relationships or play and what these may indicate about them more generally. For instance, individuals who enjoy masochism have been stereotyped as being naïve victims or pathologically self-harming and sadism has been conflated with criminality, lack of empathy, and holding patriarchy values (Khan, 2014; Shahbaz & Chirinos, 2017). Meanwhile, those who enjoy submissive roles (especially those who choose to create ongoing relationships based in power-exchange) have been characterized as being passive “doormats”, and dominants have been stereotyped as being unethical, power-hungry, and arrogant people (Shahbaz & Chirinos, 2017, p.10). These misconceptions are perpetuated through media representations that continue to portray BDSM inaccurately, which results in the vast majority of people having a poor comprehension of kink (Khan, 2014; Barker & Langdridge, 2009).

### **Literature indicating positive functions of BDSM**

While BDSM practitioners can genuinely suffer from discrimination and stigma, research suggests that BDSM play itself, even if it may have the appearance of violence and suffering, actually has a number of positive functions. Firstly, with regard to sadomasochistic (S&M) activities, BDSM practitioners have described these as a way of attaining a natural adrenaline or endorphin- based high or pleasant altered state of consciousness (Nichols, 2006). A recent preliminary study with BDSM practitioners offers tentative support for this, with findings suggesting that partners administering sensation (tops) and partners receiving sensation (bottoms) may each experience a different type of satisfying altered state during SM play (Amber, et al., 2017). Looking beyond the effects of S&M activities, practicing BDSM is noted as indicating a certain amount of sexual adventurousness which can encourage opportunities to be creative, have fun, and experience pleasure (Hébert & Weaver, 2015; Moser, 2002). Turley (2016) suggests that “BDSM practitioners can be conceptualised as explorers, adventurers travelling to an uncharted territory of embodied exploration. [...] participating in BDSM enables participants to learn things about themselves, their bodies and sexuality that otherwise would remain undiscovered,” (p.160). This reflects certain benefits identified by BDSM

practitioners, who have stated that practicing BDSM enriches their lives, supports them in becoming better people, and becoming more self-aware (Hébert & Weaver, 2015). Kinksters have also reported that BDSM play supported greater closeness in their romantic relationships, both because it requires open communication and trust and also because it gave participants “new tools to resolve conflicts” (Hébert & Weaver, 2015, p.56). Practitioners also noted experiencing a sense of freedom from their everyday roles during BDSM play (Hébert & Weaver, 2015). Meanwhile, Kuzmanovic (2018) noted that BDSM practices that focus on playing with dynamics bound up in issues of privilege and discrimination, such as racism, can be a powerful way to explore these systemic traumas and repair from them. The potential of BDSM play to mitigate the trauma of sexual assault is also explored in-depth by Hammers (2014). In this paper, I will take a closer look at some of these positive functions that have been attributed to BDSM and how concepts from drama therapy, specifically the dramatherapeutic core processes, might support our understanding of them.

### **Defining drama therapy:**

Drama therapists hold the perspective that dramatic and theatrical activities possess great potential for promoting personal growth and healing of individuals, and that drama therapy is built upon the therapeutic properties naturally present within acting, playing, and creativity (Jones, 2007). Phil Jones explains that drama therapy “uses the potential of drama to reflect and transform life experiences to enable clients to work through problems [...] or to maintain a client’s well-being and health” (2007, p.8). Meanwhile, the North American Drama Therapy Association (NADTA) describes drama therapy as “an embodied practice that is active and experiential [...] which [...] can provide the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis” (n.d.). However, Renée Emunah (1994) perhaps offers the simplest definition of drama therapy, stating it as the “the intentional and systemic use of drama/theatre processes to achieve psychological growth and change” (p.3).

Drama therapy can be used with individuals and groups, children and adults, and drama therapists can work across diverse care settings, such as hospitals, mental health clinics, schools, correctional facilities, community centres, nursing homes, substance abuse programs, corporations, theatres, private practice settings, and more (Jones, 2007; NADTA, n.d.). What a drama therapy session looks like may vary depending upon the particular method being used by a given therapist, as there are a range of methods within the field (such as Jacob Levy Moreno’s

Psychodrama, Robert Landy's Role Method, David Read Johnson's Developmental Transformations (DvT), or Renée Emunah's Integrative 5-phase Model). Drama therapists might choose to adopt a specific approach or use techniques from several. While approaches have their differences, dramatic activities that might commonly be observed within drama therapy sessions include role play, improvisation, metaphor, storytelling, puppets, performance, or the creation of small worlds with objects. Drama therapy sessions also commonly begin with some form of warm up that leads into a more active exploration phase, which is then followed with activities intended to support closure of the session (Jones, 2007).

### **Jones' core dramatherapeutic factors:**

The NADTA describes drama therapy as having a broad theoretical foundation that “lies in drama, theatre, psychology, psychotherapy, anthropology, play, and interactive and creative processes” (n.d.). Drama therapy is also a field of diverse therapeutic models, primarily as a result of developing in a pluralistic fashion rather than from a singular founding figure. Given its diversity, much writing on drama therapy over time has defined it in accordance with particular approaches (Jones, 2007). However, drama therapist Phil Jones noticed that an increasing number of drama therapists sought theory that could conceptualize the therapeutic efficacy of drama therapy and how it encourages growth or change, regardless of approach (2007). He developed the core processes of drama therapy in an attempt to meet this need for a theory that could describe “the ways in which drama and theatre forms and processes can be therapeutic” (2007, p.81) and published them in the first edition of his book, *Drama as Therapy*, in 1996. Eight dramatherapeutic core processes were developed:

- **Dramatic Projection**
- **Playing**
- **Role play and personification**
- **Dramatherapeutic empathy and distancing**
- **Interactive audience and witnessing**
- **Embodiment: dramatizing the body**
- **Life-drama connection**
- **Transformation**

Jones states that the core therapeutic processes operate as a “language to try to describe aspects of a whole” and one would find a variety of the processes naturally interconnection when

observing a drama therapy session (2007, p.83). In the following section, I will present how Jones defines each factor. Following this, I will present my findings, in which I will explore what academic literature and products of BDSM practitioners offer in terms of observing these factors within BDSM play, and what their presence might tell us about how BDSM can support growth, healing, or change.

**Dramatic projection:** Jones describes dramatic projection as “the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalize inner conflicts” (2007, p.84). In this way, a crucial connection between a client’s inner experience and an external material or enactment is established and, through action and exploration, it can be developed (Jones, 2007). Externalizing personal material through dramatic projection can be helpful because it gives clients the ability to realize and dialogue with a representation or extension of their inner experience, which can support new perspectives or insights (Jones, 2007). In the process, the client’s relationship with their personal material can potentially be shifted and then reintegrated, ultimately enabling change, such as the development of an improved relationship with self or others (Jones, 2007).

**Playing:** Within the practice of drama therapy, the idea of going into and out of a ‘play space’, is central (Jones, 2007). While this term sounds like it means a physical location (like a room), play space actually refers more to the experience of creating and entering a realm of imagination, in which make-believe can take place. The notion of a play space is also referred to as *dramatic reality* by drama therapy educator Susannah Pendzik (2006). According to Jones, a play space “[...] involves the creation of an area set apart from, but connected to, the everyday world and which has specific rules and ways of being.” (2007, p.93). Playfulness refers to a client (adult or child) entering into a *playing state*, in which a more creative and flexible attitude is adopted towards held ideas, events, time, space, and everyday rules or boundaries. A playing state can be useful and therapeutic because it enables clients to be less rigid and more experimental in their outlook toward life experiences and/or themselves. Within the container of the play space and a playful state, clients can try out and rehearse different ways of being, which can provide insights and opportunities for change (Jones, 2007). Playfulness can sometimes entail playing out themes, issues, situations, or events that a client is trying to master or come to terms with and, within play, objects and toys can take on symbolic and expressive qualities (Jones, 2007). Jones also notes that play can be understood as being on a “developmental



continuum”, which is linked to stages of emotional, cognitive, and interpersonal development (ex: sensorimotor play develops toward symbolic play) (2007, p.89). At times, drama therapy may focus on supporting a client to shift from one of these developmental stages towards another through playing (2007).

**Role playing and personification:** Role playing and personification are two expressive forms that are common in drama therapy practice, as one might expect. Role playing (also known as role taking) refers to “processes such as someone playing themselves, or an imaginary character or a person taken from life experience within a role play or improvisation” (Jones, 2007, p.94). Clients may adjust their tone and movements or use masks, props, makeup, or costumes as part of this process (or not). Personification refers to the process of endowing objects with human attributes and using them dramatically – that is, treating an inanimate object as if it were living and/or had human feelings or qualities (Jones, 2007). Role playing and personification can be therapeutic and promote change because these processes permit clients to experience what it’s like to be someone else or play themselves within a dramatized scenario of their own lives (Jones, 2007). This can enable deeper empathy and new ways to think about or relate to a situation, one’s self, or others. The fictional realm of the role or personification play can also give clients permission to explore and express things the client might censor or deny in their everyday life (Jones, 2007).

**Dramatherapeutic empathy and Distancing:** Dramatherapeutic empathy and distancing refer to two different ways people may respond to roles, objects, or other dramatic materials or activities (Jones, 2007). Empathy refers to feelings of identification, higher emotional involvement, and emotional resonance. Meanwhile, distancing refers to responses that are based more in reflecting, thinking, and perspective-taking (though not disengagement) (Jones, 2007). Both active participants and witnessing members can respond in these ways to dramatic enactments.

Drama therapists may use techniques that encourage greater empathy or distancing with clients during sessions, and the exploration of these two ways of responding can be useful for clients. Clients who tend to respond to others with a lack of empathy or understanding (with consequences for themselves and their interpersonal relationships) may benefit from opportunities to experience and develop empathic responses in drama therapy. There’s the potential for the development of empathy during drama therapy to encourage more empathy

outside of sessions. Meanwhile, clients who tend to become easily emotionally overwhelmed may benefit from encouragement to develop more distanced ways of attending to their feelings or others (Jones, 2007). Through exploring and experiencing empathy and distancing approaches, clients can develop their capacity to balance their responses to events and relationships (Jones, 2007).

With regard to the flow of a drama therapy session, Jones notes that stimulating empathy is a key element of “warming up clients to engage with the material to be worked with” (p.95).

**Active Witnessing:** Active witnessing refers to acting as an audience, or witness, to other group members or to one’s own self within a drama therapy context (Jones, 2007). In drama therapy, the phenomenon of being an audience or witness can occur along a variety of interactions: between group members, group and facilitator, client and facilitator, or a client with themselves (sometimes through specific techniques, such as role-reversal, doubling, or projection work with objects). Being witnessed by others can be experienced as supportive, and one can learn and grow from observing others, too (Jones, 2007).

Regarding the phenomenon of clients actively witnessing themselves, Jones (2007) points out two spectating states that can be activated in drama therapy, which are explored in-depth by Heymann-Krengel (2006). The first, the ‘retroactive spectator’, functions after a client has moved out of the dramatic play space or enactment and refers to how the client may share and discuss self-observations, and process the experience outside of the enactment. Meanwhile, the ‘present inner spectator’ refers to self-observation that takes place within dramatic enactment, while a client is simultaneously actively participating. According to Heymann-Krengel’s research with drama therapy participants, activation of retroactive spectatorship is important for individuals to process and establish cognitive understanding of their dramatic experiences; however, the arousal of an ‘engendered’ form of present inner spectatorship is what really drives transformation and change (2006). Participants from his study describe that the experience of being involved, feeling engaged through the body, strongly identifying with the dramatic material, and also being present to observe themselves while participating generated within them a profoundly awake state of being, characterized by feelings of strength, self-attunement, courage to act, power to make choices, and power to create. This experience of engendered, present inner spectatorship, in conjunction with the processes of retroactive spectatorship, can be

useful as it can shift perceptions of self, other, and/or world and encourage integration of new perspectives or ways of being (Heymann-Krenge, 2006).

**Embodiment: Dramatizing the Body:** Bodies are expressive, communicating through movement, face, hands, voice, and so on. The notion of embodiment involves the way a person's self or identity is "realised by and through the body" (Jones, 2007, p.113). Within drama therapy, embodiment concerns how clients relate to their bodies and come to recognize physical potentials through dramatic activities (Jones, 2016). Drama therapists recognize that unique knowledge is acquired through activities that engage both mind and body in a process of creative discovery (Jones, 2007). Jones encapsulates this notion, stating: "Embodiment in dramatherapy is the client's physical encountering of material through enactment, and combines the knowledge to be gained through sensory and emotional feeling with the knowledge to be taken from more abstract reflection". (2007, p.114). The bodily participation of clients in drama often generates a deeper and more intense encounter with their personal material, according to Jones, and it can be a crucial element in supporting change (2007).

Jones suggests embodiment relates to change in drama therapy across three major areas (2007). The first involves clients developing the skill and potential of their bodies, as dramatic activities can support clients to inhabit and use their bodies more effectively (such as for communicating more efficiently with others). The second way focuses on the benefits clients can experience by taking on different identities or roles within drama, including their bodily expressions. Through this embodied transformation and exploration, clients can achieve insights, experience a sense of release, and discover new perspectives, all of which can encourage change in life outside of the identity that was explored. Finally, the third area involves "the personal, social and political forces and influences which affect the body", and refers to how dramatizing the body offers opportunities to work with emotional traumas related to the body or body image.

**Life-drama Connection:** In drama therapy, there is an intimate and intentional connection established between what occurs within the play space and real life. This life-drama connection is essential to the process of change (Jones, 2007). If this connection were not encouraged, clients could very well create a dramatherapy play space that is isolated from their real lives, where life experiences don't enter into it and experiences within it are not able to be taken into life outside the session. As Jones point out, this could be counter-therapeutic, as any

insights, knowledge, or new ways of being could remain stuck in the play space if a connection is not made with life beyond it (2007).

Life-drama connection acknowledges the “therapeutic potentials of bringing life into contact with drama within a framework of intentional personal change.” (Jones, 2007, p.118). This said, dramatic activity doesn’t have to be a direct representation of life in order to be effective or promote a connection. While dramatherapy sometimes involves a close representation of reality (such as by accurately acting out a life event through role play), other times the relationship between life and drama may be more indirect (such as exploring a personal connection to a character in a fairy tale, or even to abstract gestures and sounds) (Jones, 2007). If clients already have awareness of what they wish to explore or resolve from their lives when entering into dramatic expression, a life-drama connection may be established from the start between them and the dramatic material. Other clients may be less sure, though, and develop a life-drama connection later after proceeding into dramatic play and spontaneously figuring out what meaning or contact it has with them or their lives (Jones, 2007).

As a final note on drama-life connection, Jones adds that “the fact that the dramatherapy space is connected to, but not part of, every day is important to some clients” (2007, p.119). This is because clients sometimes need a space within which they can express their feelings and act with the security of knowing that there are no real-world consequences (2007). Jones references Solomon (1950) on this matter, who suggests that dramatherapy spaces must feel “sufficiently removed from reality so that unconscious motivations can find gratification without the anxiety and hazard attendant upon actual gratification” (p.267).

**Transformation:** Transformation refers to the therapeutic potentials of clients experiencing transformation or changes to themselves or their personal material through drama. It also refers to the benefits of developing their ability to take ownership of their life experiences and transform them through their own creative processes. Jones (2007, p.120) notes that transformation can be observed in many dramatic processes, including:

- Life events are transformed into enacted representations of those events.
- People encountered in everyday life are transformed into roles or characters.
- Objects are transformed into representations of something, or are transformed by being given significances which are additional to their concrete properties.

Through dramatic participation and exploration, clients can “satisfy their desire to create, rearrange their thoughts, values and emotions, and finally respond to themselves and the world” (Jones, 2016, p.79). Jones notes that on the flip-side of growth is destruction, and transformation entails not just new developments but also the disintegration of previous ways of reasoning, being, or perceiving (2007). In this way, clients can experience transformation as the dismantling of old restraints and the ability to re-integrate these things into novel constructions (Jones, 2007).

## **CHAPTER FOUR: FINDINGS**

As mentioned previously, numerous dramatherapeutic core processes can be observed operating within a given drama therapy session and this is also the case when exploring BDSM scenes. For the sake of clarity, though, it can be useful to tease apart and examine individual core processes before observing how they operate as a whole within kinky play. With this in mind, this section will primarily involve exploring the eight dramatherapeutic core processes separately. I will investigate how each core process might be observed within BDSM practice, thereby responding to my subsidiary question: “How might we see \_\_\_\_\_ (dramatic projection, playing, etc.) occurring within the context of BDSM Play?”. In order to do this, I will place a focus on being descriptive and try to offer examples that can illustrate how I see a given core process occurring within kink. I will select and present examples from both academic scholarship and content (books/podcasts) created by BDSM practitioners. I’ve decided to opt for content from both of these avenues for a few reasons. Firstly, it may not be possible to present rich examples from scholarship alone, given that BDSM remains fairly understudied and not all studies about it present concrete examples of play or full commentary about play from kinksters. Furthermore, certain BDSM practices don’t appear to have any academic literature about them at all, indicating certain knowledge gaps (for example, I was unable to find any scholarship or theses on the BDSM practice of bootblacking, described later). As noted by Langridge, it is important to present multiple stories about BDSM that can capture the heterogeneity of these practices, so as not to reinforce a single, dominant narrative about what BDSM looks like or what people seek from it (Barker & Langridge, 2009). With this in mind, I plan to highlight some of kink’s diversity by presenting a variety of scenarios and, given research gaps, this effort is likely better supported by extending my search beyond academic scholarship. In connection with examples, I will dig into my primary question, exploring what each of Jones’ dramatherapeutic core processes might offer us in terms of understanding the positive functions of BDSM play. Of

note, while core processes will be highlighted individually, I will also add brief observations about how other core processes might be noticed operating within a given example, with the intent of supporting the reader in understanding the wholistic operation of these processes in contextualizing the positive or therapeutic functions of dramatic enactments in BDSM.

### **Playing:**

Playing is perhaps the most apt dramatherapeutic core process to start an exploration of BDSM with, as the notion of play is already so alive and pervasive within the language of kink. As has been mentioned, BDSM practitioners refer to their activities as play; however, the term ‘play’ extends into other BDSM vocabulary, as well. For instance, spaces set up for kinky activities are often called ‘play rooms’, people who play together regularly might call themselves ‘play-partners’, and events for socializing and engaging in play are often called ‘play parties’ (Easton & Hardy, 2003). Thus, the notion of play is already abundantly present within kink culture before even beginning to explore how the dramatherapeutic core process of playing might be observed within BDSM activities themselves.

With consideration to the core process of playing, one of the first overlaps that can be observed between drama therapy and BDSM is the practice of creating, entering, and exiting from an imaginary, dramatic realm. In the field of drama therapy, this realm is referred to as the ‘play space’, or dramatic reality (Jones, 2007). Within BDSM, it’s called the ‘scene’, or simply ‘the BDSM play’. To restate Jones, a drama therapy play space “involves the creation of an area set apart from, but connected to, the everyday world and which has specific rules and ways of being.” (2007, p.93). This is an imaginary realm, where make-believe can take place and clients are invited to adopt a ‘playing state’, in which a more creative and flexible attitude can be held towards ideas, events, time, space, and everyday rules or boundaries (Jones, 2007). This notion of a play space and playing state is echoed among BDSM participants interviewed by Bauer (2014), who described BDSM play as involving “a structured space with defined boundaries, a secure setting, a game with a specific set of rules [...] and usually a ritualized beginning and ending [...]” (p.61). Others explained BDSM as being a kind of altered reality (Bauer, 2014). One participant, Emma, labelled BDSM play as *intimate theatre* – a term that draws an interesting parallel to acting and theatre. Bauer (2014) goes on to elaborate more about what Emma meant by this idea, stating:

As in theatre, there are various levels of reality in a BDSM session. As Emma pointed out, players suspend their disbelief. BDSM performances are simultaneously real and not real as embodied enactments of fantasies. Bottoms are aware that they are not really being damaged, they are not powerless, yet everyone goes through genuine emotions and – as opposed to theater – the physical effects are genuine as well; sensation play really affects the body. (p.63).

The potency of experiencing genuine, real feelings while within the imaginary realm of a scene is noted by kink educators Janet Hardy and Dossie Easton, who say that: “As in all forms of BDSM, when you believe enough in the game you are playing, it becomes true. This is the power of manifesting.” (2001, p.162). According to them, this potency of scene space can be oriented towards certain purposes within kink, such as transformative rituals, accessing transcendental states, or when seeking healing, which can be powerfully cathartic and beneficial to individuals (Easton & Hardy, 2001).

### **Role playing and personification:**

In drama therapy, role play refers to individuals playing as themselves, imaginary characters, or other people from their life experience within a role-playing scenario or improvisation (Jones, 2007). Role play or role taking is mentioned in most definitions of BDSM, given that it's such a frequent element found in kink. As is likely apparent from previous descriptions of topping/bottoming/switching, dominance/submission, and sadism/masochism, BDSM practitioners can take on a variety of roles within their play. During kinky play, participants may take on more dominant or submissive expressions of themselves, or may create or take on fictitious characters with certain qualities that are desirable to play out. As part of role play processes, both people in drama therapy and BDSM might be seen adjusting their use of tone and movement and potentially making use of masks, props, makeup, and costumes (Jones, 2007). In drama therapy, adopting these items or behaviors can encourage the core process of empathy, referring to stronger emotional involvement or resonance with dramatic material (which will be discussed in the next section of this paper) (Jones, 2007). Within BDSM, researchers have noted that clothing, props, and adopting certain behaviors can also be a key element in creating and maintaining the believability of a scene, as well as the erotic charge this believability can provide (Turley, 2018).

Drama therapists describe role play as being able to promote client change because it can permit clients to experience what it's like to be someone else or to be themselves within certain scenarios. According to Jones, this can encourage deeper empathy in relation to life situations, relationships, and self, and help clients see challenges from a different point of view (Jones, 2007). He further adds that the imaginary realm of role play can give people permission to express and explore things they might otherwise censor or deny in daily life (Jones, 2007).

It seems like BDSM practitioners are well aware of the kinds of benefits that role play can offer to players. For instance, in their research on dominant and submissive roles, Hébert and Weaver (2015) note that “perhaps BDSM allows people to explore different dimensions of themselves and, in doing so, enact more complex and authentic selves” (p. 61). Bauer (2014) adds to this, saying “role play may function as a liberation from everyday subjectivity through entering a different role or expressing a part of the self that has no space in ordinary life, such as an inner child or the slut within” (p.63). With the exception of the word ‘slut’, and replacement of the word ‘BDSM’ with ‘role play’, these sentences would easily be at home within an article about drama therapy.

Turley (2018) notes that the creation of a separation between real life and fantasy can enable kinksters to eroticize scenarios that would not be seen as erotic in real life, and play with them. Role play is one method that can support this separation, enabling people to stop censoring or denying themselves and instead move into exploration and expression (echoing this benefit of role play noted by Jones, 2007). Kink educator, actress, and storyteller Mollena Williams captures this when responding to the question “what does characters, roles, scenarios do for people [in kink]?” (Horn, 2014). In her answer, Williams suggests that people engage in role play primarily to relieve themselves of responsibility for the acts they are committing, emphasizing her point with an example (and a wicked laugh): “It’s not *me* smearing chicken grease all over you – It’s *Bongo the Evil Clown*, so it’s *cool*” (i.e. it’s fine for the character being embodied, even if the person taking on the character might normally struggle to accept their desire to play this way). Williams elaborates on this idea, stating that metaphorically or literally wearing masks gives individuals permission to do things or want things they’ve been told they’re not supposed to want (at least, not without self-judgement and shame) (Horn, 2014). They can simply say to themselves that it’s the *character they were playing who wanted those things or did them* (Horn, 2014). Through the role, Williams says people might give themselves the go-



ahead to be creative and bring their fantasies into reality - which may be so harmless but also so transgressive, pushing up against social taboos (2014). For example, she notes “adults aren’t supposed to behave like children, pretending to be ponies, trotting around home and eating carrots”, and yet, some adult people deeply desire to enact pony play. For some, Williams states, the transgressive aspect of role play – the visceral charge of pushing up against social taboos, such as in this example – are part of the draw to do the role play, as well (2014).

### **Dramatic projection:**

How might we see individuals in BDSM externalizing inner conflicts or experiences into the dramatic material of their kinky play? After all, this is essentially what dramatic projection is – an expression of inner material into an outer form or representation (Jones, 2007). It seems, really, that there are tons of potential moments in which projection might occur within kink. As has already been discussed in role-play, for example, individuals may project some aspect of themselves into a character or role. Easton and Hardy (2003) note that players may find particular roles intriguing to them over time and eventually establish a personal link to certain archetypes. The benefit of dramatic projection in a drama therapy context is that it enables clients to dialogue with their inner material in an externalized form, which can generate new insights or perspectives to be reintegrated later. Within BDSM, too, it seems likely that projection might enable a similar sort of dialogue, which can be reintegrated later. Easton and Hardy (2003) seem to indicate this, at least, suggesting that “playing [archetypal] roles out can be the way in which we clarify our vision, and developing an S/M persona can become the process by which we learn more about who we are” (p.15). Dramatic projection will be touched on in an upcoming example (Hammers 2014 study) under the core process of ‘Embodiment: Dramatizing the Body’.

### **Dramatherapeutic empathy and distancing:**

In BDSM, finding a balance between responses of greater empathy or distancing can be noted, as well as players doing things to support either response in certain circumstances, with the aim of achieving goals such as deepening or easing out of a scene. To recap, Dramatherapeutic empathy and distancing refer to different ways of responding to dramatic activities, roles, or objects. (Jones, 2007). Empathy refers to increased identification, higher emotional involvement, and emotional resonance; meanwhile, distancing refers to responses that are based more in reflecting, thinking, and perspective-taking (though not disengagement).

Jones (2007) notes that introducing dramatic material to stimulate empathy is often used at the start of drama therapy sessions, as this supports clients in getting warmed up for dramatic enactment and encountering their personal material. In BDSM play, there are also often ways to warm up into a scene, which might be described as inducing empathy. For example, adorning the body with a costume can support transitioning into a particular role, or individuals might do another activity that helps them get into the right kind of headspace (Williams, 2012). Bauer (2014) also notes that individuals may begin dominance/submission play through the dominant partner putting on or taking off a submissive's collar, which can be a ritualized indication of the beginning and ending of play (Bauer, 2014). This has the added benefit of being the initial moment of scene contact, the first moment of submission and dominance, which can set the tone for the scene and deepen the dive towards a rich dramatic reality. The implication here is that through deepening empathy, players are increasingly able to suspend their disbelief and participate more fully within the realm of the BDSM fantasy.

Distancing in BDSM might be observed in a couple of different ways. Firstly, more distancing processes might occur at the end of a scene, during the phase known as after-care. After-care takes place immediately following play and is usually an opportunity for participants to reconnect outside of the roles or power dynamics adopted during play, to share thoughts and feelings about the play, settle emotions stimulated in play, and take care of each other (Easton & Hardy, 2003). One might draw a link between the practice of after-care to Jones' core process of active listening – specifically the 'retroactive spectator' (Jones, 2007). The retroactive spectator involves the process of self-observing and sharing reflections after leaving dramatic activities is noted by Jones as enabling more cognitive and abstract modes of thinking. These are also traits associated with the response of distancing (Jones, 2007).

While using methods to encourage responses of empathy and distancing appear to be useful for warming up into play and exiting it, in BDSM there is also a need for participants to balance these two responses during play, lest it slide into disengagement or overwhelm. For example, Janet (Easton & Hardy, 2003) describes a torture scene she was topping with a regular but somewhat new play partner, in which the partner became deeply under-distanced with the scenario. She describes it as follows:

Things were going along fine for an hour or so. I noticed at one point, though, that he had turned his head so that we were no longer making eye contact, and he didn't seem to be

talking much. I asked, “are you still with me?” and he responded in sort of an odd voice “I’m not sure...” so I got him out of the bondage fast. Later, he explained that the fantasy had started to seem real to him – he was really beginning to believe that he was going to be tortured slowly to death – and that any safewords or similar communication would have been perceived by his “torturer” as a sign of weakness, so all he dared to do was turn his head and hope that if it really was still me, I’d notice. (p.113).

In this scenario, Janet’s play partner describes feeling deeply emotionally involved in the scene, to the point that he starts to believe it is real – he loses sight of its nature as fantasy, which is the necessary bit of distance needed to participate in it safely. After all, recalling the situation is consensual fantasy is needed in order for him to recall he can end the play at any time. In this case, he describes beginning to feel a genuine powerlessness and helplessness and a real feeling that he is going to die – the play has stopped being a representation of torture and becomes genuine torture. What might be learned from this scene regarding empathy and distancing is that, for kinksters as well as everyone else, there is benefit to exploring responses of empathy and distancing. For, as Jones suggests, through experiencing and understanding these responses, individuals may get to know better how to balance these responses in their lives (including during their play times) (2007).

### **Embodiment: Dramatizing the body**

As a dramatherapeutic core process, embodiment refers to the therapeutic potentials or benefits of engaging the body in dramatic activities (Jones, 2007). Part of drama therapy’s power lies in the opportunities it creates for individuals to encounter and explore material in an immediate, embodied way during therapy, where the knowledge produced from the encounter is somatic and affective, not just cognitive (Jones, 2007). In dramatizing the body, there is powerful potential to generate new pathways of relating to one’s body and one’s identity, for “the self is realized by and through the body” (Jones, 2007, p.113). In turn, this can support new ways of being in relationship with others, as the body is “the primary means by which communication occurs between self and other” (Jones, 2007, p.113).

Within BDSM culture, the body holds a central focus. There are numerous kink how-to books, for example, that describe all manner of ways one might pleasure, torment, or restrain a body or suggest how to explore and deepen one’s feelings of dominance or submission through voice, movement, and dress. In her research on how BDSM practices can be regarded as

embodied exploration, Turley (2016) interviewed nine BDSM practitioners, who described kink as offering unique opportunities to explore corporeal experience, increase bodily awareness, and promote feelings of “embodied liberation” (p.155). Practitioners defined this idea of embodied liberation as involving deeply visceral feelings of openness and possibility in the context of BDSM play, which offered a sense of freedom from everyday roles and power to create and try new roles or ways of being (Turley, 2016). Turley’s findings touch on some of the ways Jones suggests dramatic embodiment relates to change, such as how it can encourage the development of greater physical skill or ability to inhabit one’s body (2007). According to Jones (2007), Individuals can also experience benefits from embodying different identities and roles, as this can support new insights and feelings of release, and Turley’s participants seem to express elements of these benefits in the notion of embodied liberation (2016).

With this said, Jones notes a third area that relates to change through embodiment, which can also be observed within BDSM. This area involves “the personal, social and political forces and influences which affect the body” (p.113). Jones suggests that dramatizing the body offers opportunities to work with emotional traumas related to the body or body image. Research suggests that dramatizing the body within BDSM can also create these opportunities. There are a few academic scholars who have focused on how individuals use BDSM practices to address specific traumatic instances or more ongoing, cultural traumas. For example, Hammers’ (2014) study explores how queer women who are survivors of sexual violence use BDSM to work through trauma and find healing. Meanwhile, Sheppard (2020) describes how individuals with chronic pain conditions use BDSM to shift meaning around pain and body image, and Kuzmanovic (2018) explores how gay men may use ‘race play’ (play where racist acts and fantasies are played out in BDSM) as a way to work through the cultural trauma of racism. All of these articles reference the importance of engaging the body in order to transform elements of trauma and mitigate its impacts. I will explore one of these studies, Hammers (2014), more closely.

In Hammers’ study, she describes how participants use ‘rape play’ as a way to transform the residual embodied impacts of sexual assault (2014). Rape play, also known as ‘consensual non-consent’ (CNC), is BDSM play that features the illusion or representation of non-consensual sexual activities (Hammers, 2014). While acknowledging that the play of participants could appear quite idiosyncratic, Hammers noted major common themes in the narratives of these

queer women. For instance, many described feeling numb or unresponsive to touch on certain areas of their bodies, feeling emotionally “paralyzed”, and deeply disconnected from their bodies following their rapes (2014, p.80). Several described attending intensive therapy for years and being able to talk about their experience, but that this talking and sharing with others was not effective at restoring a sense of wholeness between body and mind. It was choosing to participate in BDSM play, and rape play specifically, that was described by the women as mending the tear between the two, enabling renewed vitality and shifting their perception of their own power.

One participant, Natalie (age 52), describes how this type of BDSM play enabled her to transform her self-perception of being powerless and her disconnection with her body after being raped at age 14 (Hammers, 2014):

Imitating my rape situation enabled me to take back what I lost. I have re-enacted the rape so many times to change it up, to make it mine. I have set up the rape situations to give my body back to me. I enjoy sex now because I enjoy my body. I have taken back my power, which I learned to do through kink. Through kink you explore your own power. Kink shows you that you *do* have power in the world. I have a level of confidence now that I’ve never had. I tell men exactly what I want. But it is more than that. I tell people what I want. I’m no longer a pushover (p.81).

Another participant, Sheila (age 41), was asked to describe how rape play enabled a reconnection to her body, to which she said:

In re-enacting my rape I’m doing it on my own terms. Trying to explain what it does... is very difficult. I own my power, my body with SM in my rape play. With kink the pain is no longer there. The pain I felt physically is more or less gone. I am loose, present, *in* my body... I lost this with the rape. I have reclaimed myself. (p.79).

Marlie (age 37) describes the shift rape play enabled for her, from somatic numbness to feeling:

There is a clear difference between how I was pre-kink and now when it comes to how I feel in my body. It is no longer foreign. The numbness, I wouldn’t say it has completely disappeared but there is feeling again. Sexually I’m awake to my desires. I embodied the rape with SM. In doing so I took back my power, my body. Although I can’t really explain it, this reclaiming has enabled me to feel that the world is what I want to make it. (p.78).

By actively and bodily re-writing the narrative of their rapes in the action of BDSM, Hammers found that participants often reported not only reconnecting with their bodies, but also embracing a new sense of power and agency in their relationship to the world and others, which is captured in the statements above (2014). For many of the participants, Hammers says, “BDSM was the necessary somatic intervention that was not possible within the talking therapies, engendering as it did the somatic refusal to ever be silenced again.” (Hammer, p.82). The core process of embodiment appears to be very alive within these scenarios, in that they empowered participants to deepen their inhabitation of their bodies, work with emotional traumas related to the body, experience a sense of bodily release, and find new ways of being through enactment.

This example illustrates just one of the ways identity and self can be realized or transformed through embodied enactments in BDSM. While this section focuses on embodiment, there are of course other core processes that may be noted in the play described by Hammers. As with many of the other examples featured in this paper, the creation of a play space within which imaginative exploration can occur indicates the presence of the core process of ‘playing’ (even if that play may appear serious or difficult in nature). In these cases, the clients describe externalizing a life experience into a representational enactment, suggesting the process of ‘dramatic projection’, and playing as themselves within this re-enactment, which is an element of ‘role playing’. The link established between the explorations within the play and the real life of the participants indicates the presence of ‘life-drama connection’, which is to be discussed later in this paper. Participants also describe taking ownership of a life experience and harnessing their own ability to rescript it, which reflects the dramatherapeutic core process of ‘transformation’, also to be discussed later. In my next section on ‘active witnessing’, I will note how this core process, too, was also observed within the play described by Hammers’ (2014) research participants.

Before moving on to this next core process, though, I will note a few factors to hold in mind when considering BDSM activities such as rape play or playing with trauma. First, Thomas (2019) importantly cautions us to hold in mind that individuals pursue rape/CNC play (and other kinds of play that might seem obviously related to trauma) for many reasons, including simply finding it hot, exciting, or novel. He notes that only in certain instances would rape play fall under the larger umbrella of ‘trauma play’, which he defines as “BDSM activities that adults consensually engage in that are related to past trauma or abuse and for which the individual is

actively aware of this connection” (p.3). Hammers’ study focuses on individuals who meet this latter description of doing trauma play, thus excluding those who do rape play for other reasons. What trauma play looks like for people can vary widely – for example, a spanking scene could easily be a nice warm-up for one person and trauma play for someone else (Thomas, 2019). One can only really know what play or a scene means to people by asking them. Furthermore, while people may pursue BDSM practices for healing purposes, such as mitigating the impact of trauma, it should be noted that this doesn’t mean that all kinksters are traumatized or that all kinksters who have experienced trauma seek its healing through BDSM. Hammers notes that her 2014 study on rape play featured a specific sub-set of participants from a larger study she was working on, and that many players who had experienced sexual traumas from that larger group did not choose to do rape/CNC play (2014). Hammers’ participants also described enjoying other kinds of BDSM play – while rape play was significant for them, it wasn’t the only thing that interested them (2014).

### **Active witnessing:**

Active witnessing in the context of drama therapy refers to the phenomenon of being an audience. Being witnessed by others can be experienced as supportive (Jones, 2007). Serving as an audience to others can have therapeutic potentials, too, as one can learn and grow through observing. Active witnessing can also refer to two self-observing states – one that can be activated during dramatic enactments (the engendered ‘present inner spectator’) and the other that can be activated after leaving an enactment (the ‘retroactive spectator’) (Jones, 2007). Each of these has distinct benefits, with the retroactive spectator promoting more cognitive processing of dramatic enactments and the present inner spectator driving transformation during them.

With consideration to BDSM practice, the positive functions of active witnessing have been noted. Drawing upon Hammers’ (2014) study again, for example, she describes how rape play is framed by her participants as a co-production, and that one of the most vital elements for transformation of their trauma was the sharing of its unbearable-ness and its witnessing (in both verbal and non-verbal ways). For example, the participant Sheila stated:

In re-enacting my rape experience... I am giving someone permission to do these things to me. Although I am controlling the scene, I have to have an amazing amount of trust to let someone do this. I mean they are seeing me at the depths of despair and my body is there for them to take. My ability to trust has been restored. But the larger of this, at least

for me, is the public part. I am doing this in front of people and they are witnessing my pain, my past trauma... this, along with the aftercare, is maybe the most important part of the healing process for me.” (p.80).

Sheila further describes how the witnessing and connections that emerge through the play, both with her trusted play partner and (in her case) public witnesses, are deeply validating – there is an opportunity for the horror of her experience to be recognized and affirmed. This is especially vital given that survivors of rape so often find their experiences trivialized or they are seen as suspect and blamed for being raped (Hammers, 2014). Through recognition in being witnessed, Hammers articulates, “shame, that overriding negative affect, is contested and transfigured into bodily affirmation thus triggering somatic (re)connection. Rape play interrupts the doubt and disabling that had held the body hostage.” (p.73).

Sheppard (2020), whose study focuses on how individuals with chronic pain use BDSM to transform pain and body image, also describes the power of witnessing for her research participants. The participants in her study described experiencing a constant pressure to express pain appropriately and “manage their responses to pain in order to negotiate interactions with others” (p.12). As a consequence of their pain being both chronic and invisible, participants in her study describe being disbelieved both when expressing distress about the extent of their pain (“they must be exaggerating”) and when not being seen as distressed enough (“they could not possibly be in that much pain without being extremely distressed”) (Sheppard, p.12). This places individuals in a constant bind – if they don’t express their pain enough, they may not receive adequate treatment from others, but if they express it too much, others may stigmatize them or see their pain as suspect (Sheppard, 2020). For these individuals, kink was a valuable space “to scream and cry” and experience emotions, without practical consequences and free from the pressure to manage their responses to pain (Sheppard, 2020). For those who played publicly, it was also a valuable space for their emotions and suffering to be validated, and seen (Sheppard, 2020). Aside from being witnessed, kink also provided these participants with valuable opportunities to have a sense of agency and control of pain – a stark contrast to the uncontrollability of the chronic pain in most of their everyday lives. Within BDSM, participants could negotiate activities and types of pain to receive, and stop the play whenever they desired or needed to (Sheppard, 2020). Some participants also suggested that kink was a valuable way for them to engage positively with their bodies, as kink spaces enabled them to explore what



activities work with their abilities and limitations, and to also build greater knowledge of their embodied responses (Sheppard, 2020).

Sheppard and Hammers' studies both demonstrate some of the therapeutic potentials of being witnessed that have been touched on by Jones. They especially point out the value of being 'seen' for individuals who have experienced their suffering being disbelieved or unrecognized in everyday life.

### **Life-drama connection**

Much like people can form a relationship between their lives and what occurs within the play space in drama therapy, BDSM practice, too, can involve the establishment of an intimate connection between real life circumstances or experiences and the material unfolding in a kink scene.

As mentioned earlier, sometimes clients arrive into a drama therapy session already holding awareness of something from their real lives that they want to express, explore, or try to resolve within enactment and play, and the life-drama connection is present from the start. The following example of kink echoes this clarity of purpose and awareness, in which a life-drama connection is established at the outset. It comes from Dossie Easton and Janet Hardy's (2001) *The New Bottoming Book*, in a section on using BDSM for 'Communion, Transcendence, and Transformation' purposes, where goals of the BDSM play or ritual may include "to celebrate a transition, to give thanks, to look for healing, to connect with gods, ancestors or spirit guides, or to seek a vision" (p.161). In it, Easton (Easton & Hardy, 2001) describes approaching a friend to create a scene where there is an explicit life-drama connection articulated from the start:

A while ago I was having a lot of difficulty with some painful losses in my life, and had gotten stuck blaming myself for my losses, and blaming myself for feeling bad when I was terribly sad and angry – I was in a sorry shape. I contacted a friend of mine, another heavy bottom, and asked if she would be willing to channel some of my disturbed energy in the form of a caning that I would perform on her. I promised to own my energy, and take it back when we were through, not to just dump it on her and leave her with it. She agreed. I began caning her, and after a warmup time the energy, and the caning, became really intense, and I definitely had the feeling that I was throwing out a lot of my rage and grief along with the cane, and that she was taking it in and riding it with great pleasure. I was using my rage as the scary part of the rollercoaster. Periodically, as we went along,

and as the play became harder and faster, I would move up to her head and hold her while I checked in to make sure she was all right. After a particularly violent attack from me, when I checked in, she turned to me with a beatific smile and said, “I love your energy. I love your shadow.” This was a revelation to me – that she could find a way to love what I most hated about myself – what a lesson. This bottom transformed her top. (pp.161-162). Hardy describes Easton’s experience here as illustrating the “dark energy of S/M spirituality” (p.162). It illustrates life-drama connection, as well, as Easton intentionally brings difficult material from her real-life (feelings of self-blame, rage, sadness, loss, and grief) which she has felt ‘stuck’ with into the play of a caning scene. In doing so, an opportunity is created to dialogue with her personal material within the BDSM play and change something about it or find insight.

While life-drama connection is highlighted here, there are of course other core processes to be found in Easton’s story, too. During the scene, for instance, she projects her ‘disturbed feelings’ into the action of caning, externalizing them into the play (dramatic projection, playing). As the play develops, Easton describes the intense experience of increasingly ‘throwing out’ these difficult feelings with the cane. Meanwhile, the friend, who has agreed to receive the caning and serve as a ‘willing channel’ for Easton, takes in the caning not only with ‘great pleasure’, but eventually she expresses love for Easton’s ‘shadow’. Easton describes experiencing this statement of love for the parts of herself that she has hated as a ‘revelation’ that provides ‘a lesson’ to her, which she describes as transformative (transformation, active witnessing).

Easton’s example demonstrates a life-drama connection created early and intentionally, but what about BDSM play in which there is no life-drama connection articulated at the outset? As noted earlier, life-drama connection can also develop spontaneously through the process of enactment and play, as individuals figure out what meaning it has for them, and this, too, can be observed in certain examples of BDSM. For instance, Mollena Williams (2012) describes how playing with submissive roles within BDSM play enabled her to eventually understand the extent of submission as a part of her identity:

As someone who identifies as profoundly kinky, I can say that role playing is one of the things that brought me to a more comfortable place about my own twisted sexuality. Though I felt deeply conflicted about being submissive, and it did not sit well with my fiercely feminist heart, I could *pretend* to be submissive – you know, for science. These

games allowed me to playfully investigate a newly unearthed part of my psyche and to become more comfortable with it. It felt safer for me to make-believe my way into a new realm. I gradually understood that this was a big part of who I am, and expressing it freely was precisely what feminism was all about. Nowadays, I do not have to pretend. I can just be me. (p.184)

Here, Williams describes initially feeling deeply uncomfortable and conflicted about the idea of being submissive, and unsure about how to reconcile submission with her feminist values.

However, using role play within BDSM, she has the opportunity to temporarily try on submissive roles and explore what being submissive may actually mean for her in her life.

Eventually, through the ‘make believe’ and ‘games’, Williams develops greater comfort with submission, finds a way to understand it within her feminist values, and comes to realize it is a significant part of who she is. In this case, a life-drama connection is established and developed over time, and the experiences that take place within the BDSM play and self-knowledge generated there are eventually integrated into life outside of it.

Although life-drama connection can be observed occurring within kinky practice at times and some of the positive functions this may entail are noted above, literature also indicates that BDSM sometimes involves a significant separation between real life and play, with the aim of achieving other kinds of benefits. One excellent example of this is ‘animal play’, which is a type of role play in which adult humans take on characteristics of animals. Wignall and McCormack (2017) note in their explorations of pup play (where individuals adopt canine behaviors and often wear collars and gear to cultivate a dog-like appearance) that this type of play is often associated with creating a temporary “new world” in which the emphasis is on fun, socializing, and experiencing a “simple, carefree existence” (p.801). Bauer (2014) describes the appeal of activities like pup play as being tied to this alternative state of mind, in which participants “leave behind rationality and intellect, signified through verbal language and social etiquette, and enter a state of complete abandonment.” (p.67). By adopting animal roles, individuals give themselves the opportunity to embody modes of being, becoming, and perception that are more instinctual, less cognitive, and outside of the everyday experience of being human (Bauer, 2014). Individuals who do pup play call this experience ‘pup headspace’, and describe it as a deeply relaxing and absorbing altered state of consciousness that offers a form of temporary escape from everyday life, enabling daily stresses and challenges to melt into the background and become less

significant (Wignall & McCormack, 2017). Given that pup play is often described as an escape from real life, perhaps life-drama connection and the benefits associated with establishing it may be seen less commonly within this form of BDSM. That said, other core processes appear to be present in pup play (such as playing and embodiment).

### **Transformation**

As mentioned earlier in this paper, the core process of transformation refers to the therapeutic potentials or benefits of experiencing transformations of the self or personal material within dramatic explorations (Jones, 2007). It also refers to the positive functions of taking ownership of life experiences and exploring and developing one's own ability to transform them (Jones, 2007). In dramatic processes, life events can be transformed into representations of life, people from life can be transformed into characters or roles, and objects can be transformed by endowing them with significance beyond their physical properties or transforming them into representations of something (Jones, 2007). Therapeutic transformation can be observed in satisfying moments of creation or rearranging of emotions, thoughts, or values.

In BDSM, transformation can be observed in numerous moments, such as through transforming traumatic or discriminatory events into representations that can be dialogued with through play (Hammers, 2014; Williams, 2012), or transforming one's appearance in order to facilitate a more powerful role play exploration (Williams, 2012). Many of the BDSM scenes I have mentioned in this paper feature beneficial transformations, such as when Williams experiences transformation of her identity and values through submissive role play (2012), or when Easton describes a feeling of learning and being transformed by her play partner's expression of love for her shadow/energy (2001). In the final example I will explore in this paper, I will look at an example of how objects can be transformed within BDSM play and linked to positive functions for those involved.

In an episode of kink exploration podcast, *Why Are People Into That?!*, host Tina Horn and guest KD Diamond focus their conversation on a BDSM activity known as bootblacking, which is the practice of servicing another person's leather items (such as by polishing boots, conditioning leather jackets, or so on) (Horn, 2014b). As Diamond and Horn discuss, people are drawn to do bootblacking for a multitude of reasons and this type of play can take on many forms and meanings for individuals, such as worship, service, or simply as part of a hot, sexy scene (2014). Some individuals may describe themselves as being 'a bootblack' and see

bootblacking as part of their identity or as a role taken on within kink community. People are also drawn to receive bootblacking for a variety of reasons. These can include needing help restoring one's leather gear, wanting an opportunity to relax and observe a play party from a bootblacking chair, wanting bootblacking as part of sensual or sexual play, seeking an opportunity to connect with someone at an event, or so on (Harrington, 2015).

In a conversation between *Passion and Soul Podcast* host Lee Harrington and a bootblack named Ruin, Harrington reads out a line of a poem he wrote ("Polish me to a High Shine, my love"), which he explains as capturing something about how profound receiving bootblacking can be, as it is not just the leather boots that are attended to and transformed through the act of bootblacking, but the person wearing them. Harrington elaborates that, for many people who identify as being part of the leather community, putting on their leather gear can be metaphorically akin to putting on "armour" or a "second skin", and allowing someone to care for, touch, or penetrate this can be deeply intimate. He states, "Some people, they... they, lift us up by getting rid of all that debris and bringing out the beauty underneath [...] Bootblacks have the capacity to have us take that dusty armour that we are wearing all the time and lift us back up to the high shine and remind us that we can look in our toe and see our reflection and be that excellent person they see us to be".

In this example, there are a couple of noteworthy transformations that may be observed. First, Harrington notes that leather items can be transformed and given symbolic significance beyond their concrete properties by individuals in leather community. By virtue of being transformed into significant objects, the condition of these objects and the way others interact with them can take on new kinds of meaning. In this case, Harrington describes how the experience of being attended to by a bootblack, who transforms the leather from dusty and worn to a renewed shining appearance, can enable a transformation in perspective for the person receiving the bootblacking – a sense of personal renewal.

## **CHAPTER 5: DISCUSSION**

### **A dramatherapeutic view of kink**

While research has noted positive and healing functions of BDSM practices, these have only minimally been examined from a drama therapy perspective prior to this paper. Considering the findings of this research, though, it seems apparent that the field of drama therapy might be

especially well positioned to explore and offer perspective on BDSM's positive functions, given that BDSM has so many dramatic characteristics to it.

Throughout the course of this research, I was readily able to find vignettes or commentary by BDSM players about their scenes in which the presence and mechanisms of dramatherapeutic core processes could be observed. It was sometimes apparent that behaviors related to a particular core process might be avoided during a certain scene; however, this was usually to focus on benefits associated with another type of core process. An example I gave of this was in my discussion on pup play. In the literature I reviewed (Wignall & McCormack, 2017) descriptions of this type of play seemed to indicate participants might be less interested in exploring 'life-drama connection' because the purpose of the play was to temporarily escape from real life. This said, pup play described a deeper involvement in exploring benefits that can come from 'playing', such as the creation of a profoundly relaxing and simple kind of dramatic reality.

Given that dramatherapeutic core processes could be observed so readily and frequently in kink literature and vignettes, this suggests to me that activities within drama therapy and BDSM contexts share certain common elements that can support well-being, change, and healing. My primary research question involved exploring individual dramatherapeutic core process within kink literature, with the intent to investigate what each one might indicate about the potential for BDSM to contribute to healing, personal growth, or other positive functions. Certain core processes were strongly present already within the language of BDSM, such as playing and role play, and participants and kink researchers often described the benefits of these activities in ways that are very similar to how Jones defines them for drama therapy activities (2007). With this said, other core processes, such as empathy and distancing, could be observed in kink but did not fit quite as tidily together with language used by these communities. Nonetheless, while the fit wasn't always a perfect one, all core processes did appear to be able to explain certain benefits of kinky play.

### **Rethinking kink**

This research, in which the presence of core therapeutic processes within kink is noticed and explored, presents an opportunity to rethink kink.

As noted in the literature review, BDSM has historically been construed as pathological, criminal and unnatural, even though research over time has indicated that there is little or no data

to support that consensual kink is unhealthy. While there is more kinky content available to people now than perhaps ever before and the DSM-5 has adjusted its paraphilias section to recognize consensual kink as not being an issue, stigma towards BDSM practitioners continues to linger and impact the well-being of those who play. Stereotypes and misconceptions continue to exist, often perpetuated by inaccurate media representations, such as portraying people with kinky interests as criminal, pathetic or silly, or by indicating that kink activities are only acceptable up to a certain point, after which they've gone 'too far' (Barker & Langdridge, 2009).

Meanwhile, the findings of this research project contribute to another way of considering kinky practices and people into them, which is to see them perhaps more like Turley (2016), who has suggested that: "BDSM practitioners can be conceptualised as explorers, adventurers travelling to an uncharted territory of embodied exploration. [...] participating in BDSM enables participants to learn things about themselves, their bodies and sexuality that otherwise would remain undiscovered," (p.160). The current research presents a vision of how BDSM play can be seen as a realm for creativity, exploration, learning, fun, pleasure, catharsis, and even healing – all positive functions that have been described by those who participate in it.

### **Moving forward: Considerations for drama therapists**

While BDSM is still seen as taboo and can be stigmatized, it's interesting to note that BDSM materials are generally available in most adult stores, BDSM organisations exist throughout many western countries, and there are millions upon millions of web pages dedicated to the subject (Kleinplatz & Moser, 2006). Also, interest in BDSM appears to be increasing, as indicated by ever increasing media representation and the dramatic surge of users from one million to over seven and a half million on Fetlife (a popular fetish and BDSM social networking site) within a few years of the release of the popular book, *Fifty Shades of Grey* (Hillier, 2018; James, 2011; Simula, 2019).

While interest in BDSM appears to be steadily growing, most therapist training programs, even when focusing on topics of sexuality, neglect to include BDSM as part of the training or curriculum (Barker, Iantaffi, & Gupta, 2007). With this in mind, it's fair to assume most drama therapy programs similarly do not spend much time on kink, if at all (it certainly wasn't ever brought up during my time at Concordia). Following this research project, though, it is interesting to consider whether or not drama therapists may be in a particularly excellent position to learn about and understand kink. Given that kink appears to share certain characteristics with

drama therapy in aspects of its activities and how they function, one might wonder if drama therapists would have an easier time understanding the multifaceted attractions, objectives, and benefits of kink. Drama therapist may be better equipped to conduct therapy with kinky clients as a consequence. Potel (2018) contemplates this notion as well in her own thesis on drama therapy and kink, noting: “Drama therapists have the language to discuss the complexity of dramatic reality, embodiment, role, restraint from harm, and playing with power. Using this toolkit to work with BDSM practitioners could provide the BDSM community with effective treatment in line with their own kinky practice.” (p.51).

While it’s uncertain whether drama therapists would actually provide more effective treatment to kinky clients, it is becoming more likely that drama therapists will encounter them as time goes on, as more people continue to explore kinky activities. It’s also clear from research that many kinky clients are in need of competent and understanding therapists, as they are at a high likelihood of receiving biased or discriminatory care from mental health professionals (Kolmes, et al., 2006). It may be fruitful for future studies to explore drama therapy interventions geared toward the specific needs of kinky clients.

### **Limitations:**

As mentioned in my methodology section, this research is theoretical and conclusions remain in the realm of hypothesis. While the findings here may be interesting and meaningful, they are not empirical.

## **CHAPTER SIX: CONCLUSION**

Drama therapy is a field with rich concepts and theories that are used to understand how dramatic activities can be therapeutic and/or support personal growth or change. Given the dramatic qualities of kinky activities, it was a natural fit to place these two realms together and see how drama therapy might support our understanding of BDSM’s positive functions.

Perhaps the most significant take-away of this paper is that BDSM can be a powerful and positive element of people’s lives, operating as a realm for creativity, exploration, learning, fun, pleasure, catharsis, and healing. Nonetheless, BDSM practices, interests and identities remain stigmatized and misunderstood, which has real consequences for people. The effort to support understanding of these practices here and those who partake in them is part of an endeavour to reduce this stigma.



Engaging in this research has been meaningful, as it has given me the opportunity to dig deeper into thinking about the intriguing connections between BDSM and drama therapy, which I noted over the course of my studies. Observing these connections in a workshop years ago was what brought me to the field of drama therapy in the first place and it seems only fitting that my time with Concordia should end on this topic.

## References

- Alison, L., Santtila, P., Sandnabba, K. N., & Nordling, N. (2001). Sadomasochistically oriented behavior: Diversity in practice and meaning. *Archives of Sexual Behavior*, 30(1), 1-12. doi:10.1023/A:1026438422383
- Ambler, J.K., Lee, E.M, Klement, K.R., Loewald, T., Comber, E.M., Hanson, S.A., & Sagarin B.J. (2017). Consensual BDSM facilitates role-specific altered states of consciousness: a preliminary study. *Psychology of Consciousness: Theory, Research, and Practice*, 4(1), 75-91. doi:10.1037/cns0000097
- Barker, M., Iantaffi, A., & Gupta, C. (2007). Kinky clients, kinky counselling? The challenges and potentials of BDSM. In L. Moon (Ed.), *Feeling queer or queer feelings: Radical approaches to counselling sex, sexualities and genders* (pp. 106–124). London, UK: Routledge.
- Barker, M. and Langdridge, D. (2009). Silencing accounts of silenced sexualities. In: R. Ryan-Flood and R. Gill (eds.) *Secrecy and Silence in the Research Process: Feminist Reflections. Transformations*. Abingdon, UK: Routledge.
- Bauer, R. (2014). *Queer BDSM intimacies: Critical consent and pushing boundaries*. UK: Palgrave Macmillan.
- Connolly, P. H. (2006). Psychological functioning of bondage/domination/sado-masochism (BDSM) practitioners. *Journal of Psychology & Human Sexuality*, 18(1), 79-120. doi:10.1300/j056v18n01\_05
- De Block, A. & Adriaens, P. R. (2013). Pathologizing sexual deviance: A history. *Journal of Sex Research*, 50(3-4), 276-298. doi:10.1080/00224499.2012.738259
- Easton, D. & Hardy, J. (2001). *The new bottoming book*. Gardena, CA: Greenery Press.
- Easton, D. & Hardy, J. (2003). *The new topping book*. Gardena, CA: Greenery Press.
- Emunah, R. (1994). *Acting for real: Drama therapy process, technique, and performance*. New York, NY: Routledge.
- Fennel, J. (2018). “It’s all about the journey”: Skepticism and spirituality in the BDSM subculture. *Sociological Forum*, 33(4), 1045–1067. <https://doi.org/10.1111/socf.12460>
- Giami, A. (2015). Between DSM and ICD: Paraphilias and the transformation of sexual norms. *Archives of Sexual Behavior*, 44, 1127-1138. doi:10.1007/s10508-015-0549-6

- Hammers, C. (2014). Corporeality, sadomasochism and sexual trauma. *Body & Society*, 20(2), 68-90. DOI: 10.1177/1357034X13477159
- Harrington, L. (2015). Bootblacking and leather spirit with Ruin [Audio podcast episode]. In *PassionAndSoul*. Passion and Soul Podcast. <http://passionandsoul.com/?s=ruin>
- Hébert, A., & Weaver, A. (2014). An examination of personality characteristics associated with BDSM. *The Canadian Journal of Human Sexuality*, 23(2), 106-112. doi:10.3138/cjhs.2467
- Hébert, A., & Weaver, A. (2015). Perks, problems, and people who play: A qualitative exploration of dominant and submissive BDSM roles. *The Canadian Journal of Human Sexuality*, 24(1), 49-62. doi:10.3138/cjhs.2467
- Heymann-Krengel, R. (2006). The engendered spectator—a spectator-oriented process in dramatherapy to reveal the inner spectator of the client. *Dramatherapy*, 28(2), 15–23. <https://doi.org/10.1080/02630672.2006.9689692>
- Hillier, K. M. (2018). Counselling diverse groups: Addressing counsellor bias toward the BDSM and D/S subculture. *Canadian Journal of Counselling and Psychotherapy*, 52(1), 65-77.
- Horn, T. (2014a). 2A & 2B Mollena Williams: Role Play [Audio podcast episode]. In *iHeartRADIO*. Whyarepeopleintothat. <https://www.iheart.com/podcast/256-why-are-people-into-that-30962039/episode/2a-mollena-williams-role-play-40081431/>
- Horn, T. (2014b). KD Diamond: Bootblacking [Audio podcast episode]. In *iHeartRADIO*. Whyarepeopleintothat. <https://www.iheart.com/podcast/256-why-are-people-into-that-30962039/episode/15-kd-diamond-bootblacking-40081418/>
- Kolmes, K., Stock, W. & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality*, 50(2-3), 301-324. [https://doi.org/10.1300/J082v50n02\\_15](https://doi.org/10.1300/J082v50n02_15)
- Krafft-Ebing, R. (1965 [1886]). *Psychopathia Sexualis*. Canada: G. P. Putnam's Sons.
- Kuzmanovic, D. (2018). Queer race play: Kinky sex and the trauma of racism. In K. Wright (Ed.), *Disgust and Desire: The Paradox of the Monster* (pp. 71-88). Leiden, Netherlands: Brill.
- James, E. L. (2011). *50 Shades of grey*. Vintage Books.
- Janus, S. S. & Janus, C. L. (1993). Janus report on sexual behavior. John Wiley & Sons Ltd.

- Jones, P. (2007) *Drama as therapy volume one: Theory, practice, and research* (2nd Ed.). New York, NY: Routledge.
- Jones, P. (2016). How do dramatherapists understand client change? In S. Jennings & C. Holmwood (Eds.), *Routledge international handbook of dramatherapy* (pp.77-91). Routledge, Taylor & Francis Group.
- Khan, U. (2014). *Vicarious kinks: S/M in the socio-legal imaginary*. Toronto, Canada: University of Toronto Press.
- Klein, M. & Moser, C. (2006). SM (somasochistic) interests as an issue in a child custody proceeding. *Journal of Homosexuality*, 50(2-3), 233–242.  
[https://doi.org/10.1300/J082v50n02\\_11](https://doi.org/10.1300/J082v50n02_11)
- Kleinplatz, P. & Moser, C. (2006). *Somasochism: Powerful Pleasures*. Binghamton, NY: Harrington Park Press.
- Krafft-Ebing, R. (1965). *Psychopathia Sexualis: A medico-forensic study*. Canada: G. P. Putnam's Sons. (Original work published 1886)
- Lin, K. (2017). The medicalization and demedicalization of kink: Shifting contexts of sexual politics. *Sexualities*, 20(3), 302-323. doi:10.1177/1363460716651420
- Mint, P. (2007). *Towards a general theory of BDSM and power*. Freaksexual.com. <https://freaksexual.com/2007/06/11/towards-a-general-theory-of-bdsm-and-power/>
- Nichols, M. (2006). Psychotherapeutic issues with 'kinky' clients: Clinical problems, yours and theirs. *Journal of Homosexuality*, 50, 281-300.
- North American Drama Therapy Association (NADTA) (n.d.). *What is drama therapy*. NADTA.org. <https://www.nadta.org/what-is-drama-therapy.html>
- Oxford English Dictionary. (n.d.). Kinky. In *OED Online*. Retrieved August 15, 2020, from <https://www-oed-com.lib-ezproxy.concordia.ca/view/Entry/103575?redirectedFrom=kinky>
- Pendzik, S. (2006). On dramatic reality and its therapeutic function in drama therapy. *The Arts in Psychotherapy*, 33, 271-280. doi:10.1016/j.aip.2006.03.001
- Pitagora, D. (2013). Consent vs. coercion: BDSM interactions highlight a fine but immutable line. *The New School Psychology Bulletin*, 10(1), 27-36.
- Potel, L. (2018). *Dramatic reality gets kinky: Applying drama therapy theory to BDSM*. [Unpublished master's thesis]. New York University, New York, NY.

- Powls, J. & Davies, J. (2012) A descriptive review of research relating to sadomasochism: considerations for clinical practice. *Deviant Behavior*, 3(33), 223-234.  
doi:10.1080/01639625.2011.573391
- Randolph, J. J. (2009). A guide to writing the dissertation literature review. *Practical Assessment, Research and Evaluation*, 14(13), 1-13.  
<https://doi.org/10.7275/b0az-8t74>
- Richters, J., De Visser, R. O., Rissel, C. E., Grulich, A. E., & Smith, A. M. A. (2008), Demographic and Psychosocial Features of Participants in Bondage and Discipline, “Sadomasochism” or Dominance and Submission (BDSM): Data from a National Survey. *The Journal of Sexual Medicine*, (5), 1660–1668. doi:10.1111/j.1743-6109.2008.00795.x
- Shahbaz, C., & Chirinos, P. (2016). *Becoming a kink aware therapist*. Routledge.
- Sheff, E., & Hammers, C. (2011). The privilege of perversities: race, class and education among polyamorists and kinksters. *Psychology & Sexuality*, 2(3), 198–223.  
<https://doi.org/10.1080/19419899.2010.537674>
- Sheppard, E. (2020). Chronic pain as emotion. *Journal of Literary & Cultural Disability Studies*, 14(1), 5–20. <https://doi.org/10.3828/jlcds.2019.17>
- Simula, B. L. (2019). Pleasure, power, and pain: a review of the literature on the experiences of bdsm participants. *Sociology Compass*, 13(3). <https://doi.org/10.1111/soc4.12668>
- Solomon, A. P. (1950). Drama Therapy. In W. R. Dunton (Ed.), *Occupational Therapy: Principles and Practice*. Springfield, IL: Charles C. Thomas
- Sprott, R. A. & Hadock, B. B. (2017). Bisexuality, pansexuality, queer identity, and kink identity. *Sexual and Relationship Therapy*, (1-19).
- Sprott, R. A., & Berkey, B. (2015). At the intersection of sexual orientation and alternative sexualities: Issues raised by fifty shades of grey. *Psychology of Sexual Orientation and Gender Diversity*, 2(4), 506–507. <https://doi.org/10.1037/sgd0000150>
- Taormino, T. (2012b). “S is for...”: The terms, principles, and pleasures of kink. In Taormino T (ed.) *The Ultimate Guide to Kink: BDSM, Role Play, and the Erotic Edge* (pp.). Berkeley, CA. Cleis Press.
- Thomas, J. N. (2019). BDSM as trauma play: An autoethnographic investigation. *Sexualities*, 0(0), 1-17. DOI: 10.1177/1363460719861800

- Turley, E. L. (2016) 'Like nothing I've ever felt before': Understanding consensual BDSM as embodied experience. *Psychology and Sexuality*, 7(2), 149-162.  
doi:10.1080/19419899.2015.1135181
- Turley, E. L, King, N., & Munro, S. (2018). 'You want to be swept up in it all': Illuminating the erotic in BDSM. *Psychology & Sexuality*, 9(2), 148–160.  
<https://doi.org/10.1080/19419899.2018.1448297>
- Weinberg, M., Williams, C., & Moser, C. (1984). The social constituents of sadomasochism. *Social Problems*, 31, 379-389. Retrieved from <http://www.jstor.org/stable/800385>
- Weinberg, T. (2006). Sadomasochism and the social sciences: A review of the sociological and social psychological literature. *Journal of Homosexuality*, 50(2), 17-40.  
doi:10.1300/J082v50n02\_02
- Weiss, M. D. (2006). Mainstreaming kink. *Journal of Homosexuality*, 50(2–3), 103–132.  
doi:10.1300/J082v50n02\_06
- Wignall, L., & McCormack, M. (2017). An exploratory study of a new kink activity: “pup play.” *Archives of Sexual Behavior*, 46(3), 801–811.  
<https://doi.org/10.1007/s10508-015-0636-8>
- Williams, M. (2012). Digging in the dirt: The allure of taboo roleplay. In Taormino T. (ed.) *The Ultimate Guide to Kink: BDSM, Role Play, and the Erotic Edge*. (pp.378-385). Berkeley, CA: Cleis Press.
- White, C. (2006). The spanner trials and the changing law on sadomasochism in the UK. *Journal of Homosexuality*, 50(2-3), 167–187.  
[https://doi.org/10.1300/J082v50n02\\_08](https://doi.org/10.1300/J082v50n02_08)
- Wiseman, J. (1998). SM101: A realistic introduction. Gardena, CA: Greenery Press.
- Wright, S. (2006). Discrimination of SM-identified individuals. *Journal of Homosexuality*, 50(2-3), 217-231. doi:10.1300/j082v50n02\_10