

Article 13

Fifty Shades of Grey: Implications for Counseling BDSM Clients

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Abstract

Four primary themes regarding counseling BDSM clients are addressed: popular culture, mental health contexts and the *DSM*, parallels with now-defunct homosexual paraphilias, and resources for counselors. The authors present an introduction of commonly used BDSM terms based on field research and supported by a case study. Attention is given to challenges BDSM clients face, paraphilic disorder codes used to clinically define BDSM activities, and how diagnostic codes pathologize nontraditional sexuality, which can create a disjunction between counselor education and clients' lived experiences. This disjunction is emphasized by popularizations of BDSM, such as E. L. James' *Fifty Shades* trilogy, which expand social acceptance while also solidifying misrepresentations of the kink lifestyle.

Keywords: BDSM, *Fifty Shades*, paraphilia, nontraditional sexuality, counselor education

“Jason” entered into our counseling relationship with a presenting concern of adjusting to his recent separation from his wife of 15 years. He purposefully sought me out as a counselor based on a referral that identified my practice as kink-friendly. Jason admitted that during his marriage he had numerous sexual relationships with women without his wife’s knowledge. He stated that his emotional and physical connection with his wife was strong but that sex was infrequent and too “vanilla” for his liking. He perceived that she would not be open to any kinky activities. To satisfy his interest in exploring the BDSM (an overlapping abbreviation of Bondage and Discipline [BD], Dominance and Submission [DS], Sadism and Masochism [SM]) lifestyle, Jason joined several fetish-based Web sites, which is where he made contact with other women.

Note: Special circumstances worthy of note are that a case study has been included in the body of this manuscript at the request of the participants. Identifying information has been altered to ensure participant anonymity, and signed permission has been recorded in accordance with the American Counseling Association *Code of Ethics*.

He eventually forged a relationship with a Dominatrix who would contact him to join her with couples in hotel rooms who enjoyed cuckolding. He shared one particular story in which he waited in a hotel lobby until summoned to the room where he found the wife bound, blindfolded, and gagged on the bed. The husband was bound to a chair, wearing only lace women's underwear. The Dominatrix, dressed in full leather, had positioned herself behind the husband so she could whisper in his ear and narrate the events that occurred before him. Jason was brief in describing the following happenings, only stating that the wife was his "play toy" for the next 30 minutes. Jason explained that he was limited to 30 minutes because he had to pick up his wife and kids.

Following the event, Jason received an e-mail from the Dominatrix thanking him for his assistance, sent to an e-mail account his wife had access to. His wife found the e-mail and upon reading it, immediately requested that he leave the family home. Jason did not seem affected by the unraveling of his marriage, acknowledged his betrayal of the marital vows, and was able to articulate that he did not use appropriate communication with his wife. However, he was greatly impacted by his wife's next move: she forwarded the e-mail to all of his family members and friends, adding her own comments, which included descriptors of him as "sick," "disgusting," and "perverted." Those labels became his sticking point.

As a result, Jason's family and friends began to alienate him. He was told he was not welcome at family holidays until he entered into counseling for what his family defined as an addiction. Jason shared with me that he felt as if he was a gay man who had been ripped out of the closet, outed before he was prepared to claim his identity, stripped of the right to share and frame his sexuality for what it really was to him. Jason did not want counseling. He was only doing so because his support system had decided he needed to be fixed. He had no inclination to stop exploring his sexuality in the BDSM lifestyle but wanted to find a way to be accepted again within a familial system that defined his predilections as abnormal. He was infuriated that he lived in a society where it was totally acceptable for his next-door neighbor's minivan to display decals of stick figures of her family members in one corner and one of grey handcuffs in the other, but yet his participation in kinky activities was seen as abhorrent.

In the above client case study, we see the emergence of four important themes: the introduction of BDSM into mainstream popular culture, diagnostic codes used for framing client concerns (be it by counselors or laypersons), parallels to the cultural struggles faced by the lesbian, gay, bisexual, and transgender (LGBT) community, and kinksters' experiences in counseling. What these themes point to is an overarching need for counselor awareness and education regarding non-traditional sexual identities. With that goal in mind, this article explores the representation of nontraditional BDSM identities and practices, as well as how the popularization of misrepresentations of these identities and practices in media texts can become the dominant cultural understanding, impacting kinksters as well as the counselors they may seek out for help and well-being.

BDSM in Parlance

BDSM burst into mainstream culture with the popularity of E. L. James' 2011 kinky romance novel, *Fifty Shades of Grey*—the BDSM-focused book that Jason's neighbor advertized a connection to by displaying a decal of grey handcuffs on her car's

rear window. While counseling Jason, it became clear that his friends and family had been greatly influenced by the book and based their understanding of the culture and vocabulary solely through that frame. Therefore, the first step in his treatment was to gain knowledge about the kink community, as we are ethically encouraged to do with any culture by the American Counseling Association *Code of Ethics* (ACA; 2014). To start, “cuckolding,” as described in the vignette above, describes a relationship in which the male partner derives sexual pleasure from watching his wife have sex with a man, sometimes also including humiliation of the male partner. Jason’s case also introduces key terminology. Participants often use “kink” as slang for BDSM. Noted above, the acronym BDSM is formed from a triplet of two-letter dyads: bondage and discipline, domination and submission, sadism and masochism. Kinksters may identify or engage in only one of the three pairs, or all, depending on the interests of the individual.

Sadism and masochism are the dyad with the most cultural awareness and the most cultural approbation. S/m (the upper and lower case letters referencing the role differential between the two individuals) comprises the edgiest of kink activities, involving pleasure derived from suffering, be it physical or psychological. Because many BDSM activities can be physically and/or psychologically intense, participants establish *safewords* before playing together. A safeword is a term or phrase used to indicate a problem and to stop all play. Domination and submission, or D/s, is the dyad which casts the widest behavioral net, emphasizing a power differential between the two individuals, which may be expressed through S/m or bondage and discipline. M/s, standing for Master/slave, is a more extreme iteration of D/s, and reflects a higher degree of power exchange between the two individuals. Unlike the other two pairs (SM and DS), bondage and discipline does not denote role or power dyads, but instead refers to activities that involve bondage and/or discipline (such as spanking).

There are a number of common acronyms in the BDSM community highlighting the central role of ethical communication and consent in kink activities. The oldest and most basic is SSC: safe, sane, and consensual. Stein (2002), a self-identified slave, is reported to have originated the phrase SSC and characterizes the concepts of safety and sanity this way: “Have a good time, but keep your head and understand what you’re doing so you don’t end up dead or in the hospital—or send someone else there” (p. 2). In BDSM, consent is secured in advance on a “yes means yes” model, as opposed to after the fact or on a “no means no” model. Failing to secure consent for a particular activity or action in advance is considered a violation: kinksters who are known to violate consent by failing to proactively secure it or by ignoring stated boundaries or limits are disavowed and ostracized by the community.

The SSC model suffers from some definitional gaps, however. Whether an activity is safe or not can be a point of debate amongst individuals or groups (Stein, 2002). For instance, some might define safe as meaning absent of any risk, whereas others might define safe as mitigating for known or possible risks. The safety of a particular activity is also dependent on the skill level of participants. Additionally, some kinksters question the utility of “sanity” as a central principle. To borrow a non-kink example, many question the sanity of skydiving and throwing oneself out of a perfectly good airplane.

Recognizing the ambiguities inherent in the SSC framework led to the development of RACK, which stands for Risk Aware Consensual Kink. The shift from

“safe and sane” to “risk aware” reinforces the importance of informed consent as the ethical linchpin of BDSM activities, at the same time making connections with socially acceptable activities that also carry risks (such as rock climbing, sky diving, or martial arts). To be risk aware is to recognize that there may be physical or emotional risks in what individuals are engaging in, and to understand those possible outcomes.

To look at this terminology in action, with respect to the *Fifty Shades* series, Christian Grey is identified as a Dominant in search of a submissive. Christian is a sadistic Dom, meaning that he receives pleasure from inflicting pain (for instance, spanking Anastasia Steele, the series’ protagonist). Problematically, Anastasia is not particularly masochistic. Although she enjoys some physical impact play with Christian, she does not seem to derive much pleasure from receiving pain. The core plot dynamic in *Fifty Shades* that BDSM participants take issue with is the lack of informed consent: neither SSC nor RACK appears to function as a model for communication or negotiation. There are many instances in the series in which Christian engages in activities for which he has not secured explicit proactive consent. On this basis, many kinksters argue that *Fifty Shades* does not depict a functional BDSM partnership, but rather an eroticized abusive relationship.

An eroticized abusive relationship is an ugly and difficult shadow to outrun. Once a basic vocabulary is explored and applied as a lens to review the *Fifty Shades* series, it becomes clear that clients who identify as kinky could perceive themselves to be suffering from negative stereotyping and an overall complete misunderstanding of their sexual interactions. This begs the question, just how broadly does this book series impact our societal understanding (or rather misunderstanding) of the culture and therefore possibly impact an equally proportional set of potential clients?

BDSM in Popular Culture

Jason felt frustration regarding the hypocritical disjunction between his neighbor being able to proudly announce she had read a BDSM-focused book by placing a decal on her family car, and the condemnation and alienation he was experiencing for having participated in BDSM-focused activities. In fact, his neighbor was one of millions that helped the book series become known as “mommy porn,” and amass record sales numbers. At its peak, two copies of the trilogy sold every second (Flood, 2014). *Fifty Shades of Grey*, the first novel of the series, was added to the all-time top-selling book list when it sold over 100 million copies, joining the ranks of authors such as Charles Dickens (Russon, 2014).

After the release of the book series and just prior to the movie release, strategically timed for Valentine’s Day 2015, an influx of data concerning sales and media marketing flooded the news. For example, the *Chicago Times* (Elejalde-Ruiz, 2015) noted that BDSM product sales on adult sites doubled since the release of the first book in 2012. Market research projected that American adult toy sales would reach nearly \$800 million by 2018, a sustained and significant hike analysts correlated to the *Fifty Shades* trilogy and movie (Clay, 2015). Aside from adult sex shops, mainstream retailers like Target also began selling *Fifty Shades*-branded sexual aids online and at some store locations. The *Fifty Shades* brand far exceeds sexually-oriented items and includes items such as wine, cookbooks, OPI nail polish, a laundry soap declaring it is the

“naughtiest fragrance yet,” and a Vermont Teddy Bear that set a company sales record (Stampfer, 2015). Illustrated by these examples, *Fifty Shades* thrust BDSM into the cultural spotlight, rendering BDSM part of mainstream conversation and consciousness.

On the face of it, the introduction of BDSM into mainstream culture would seemingly indicate forward progress for BDSM participants: being able to dangle handcuff charms off one’s keychain or post a handcuff decal on one’s car suggests a new cultural openness to kink. As explored above, the picture of BDSM participants that emerges from *Fifty Shades* is highly damaging. Further, mainstream popularity does not equate with mainstream acceptance. For example, Jamie Dornan, the actor who played Christian Grey in the movie *Fifty Shades*, framed kink as deviant and dirty, stating that after attending a BDSM dungeon as part of his role preparation he had to take a long shower before he could touch his wife and newborn baby (Brog, 2015).

The popularity of *Fifty Shades* thus creates a paradox for kinksters. On the one hand, it has raised cultural awareness of the practices of BDSM and to some extent made it socially acceptable. The series sparked an expanded interest in a range of sexual practices common in BDSM and opened opportunities for couples to engage in conversations and activities that might enrich their sex lives and relationships (Green, 2015). However, because *Fifty Shades* portrays BDSM as non-consensual, the series promulgates damaging views of what it means to be kinky and to engage in kink activities and has perpetuated “dirty” stereotyping. This paradox is eloquently described by Schrupp (2015):

50 Shades might be able to play the “romance novel trope” card to get away with advancing the denigrative stereotype that an interest in BDSM, kink or fetishes is derivative of childhood abuse or qualifies someone as mentally-ill, but really this misconception is much bigger than one giant ejaculation of box-office garbage. It speaks to a larger issue of oppression and vilification of non-normative sexual expression by larger social and political structures, including psychiatric and medical institutions, mainstream media and pop culture. (para. 9)

BDSM in Mental Health Contexts

Now that we have presented an introduction to BDSM vocabulary and emphasized how just one series of books had the ability to influence such a large number of people, it is time to reflect on the potential impact on mental health. In Jason’s case, it was multi-faceted: he lacked initial commitment to counseling, was reticent with details, feared judgement, was petrified of being diagnosed as a “pervert,” and demanded his record indicate there was no sign of sexual trauma in his past. It was previously discussed above that the lack of informed consent between the characters of *Fifty Shades* is of great concern to kinksters. A second, and perhaps more unsettling, element is that *Fifty Shades* anchors the main character’s orientation as a Dom in sexual abuse, framing BDSM as a psychopathology rooted in trauma. Blaming a pathology, Jason’s family coerced him into counseling, perpetuating the stereotype and exhibiting a reaction seemingly rooted in lack of acceptance and fear.

A common reaction to the unfamiliar, especially if considered socially deviant, is fear. In the opening case study, Jason himself did not present with fear but did have a preconceived notion, imposed by his family’s fear, that he was suffering from an

addiction. Fear invoked by difference can be “resolved” by pathologizing and then treating the affected individual, “fixing” the broken person and bringing them back within the fold of familiar and accepted identities. This is the pattern we see with Jason’s family, and it is a pattern that we also see in scholarship on BDSM. Although some argue that BDSM is more appropriately defined as a form of leisure rather than a manifestation of pathology (Newmahr, 2010), kink is typically framed as both deviant and dangerous. One of the dominant questions motivating BDSM research is the assumption that BDSM is a manifestation of psychopathology (Wismeijer & van Assen, 2013).

Current psychological research on BDSM reveals that despite stereotypes, people who engage in BDSM are not significantly different from those who do not. In other words, kinksters are no more dysfunctional than their “vanilla” counterparts. For example, in a study of 1,300 people, Wismeijer and van Assen (2013) found that kinksters are psychologically balanced, have beneficial personality characteristics, and possess higher levels of well-being than their vanilla counterparts. Connolly’s (2006) study similarly found that BDSM participants do not suffer from higher levels of clinical or severe personality disorders than the general population, meaning that the stereotype of kinksters as “traumatized, depressed, anxious, or obsessive-compulsive people who are sometimes out of touch with their surroundings” (p. 111) is not supported.

Turning from psychological research on kinksters to diagnostic codes used when treating kinksters in counseling, the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) labels BDSM activities as paraphilias. Although the paraphilias of voyeurism, exhibitionism, and fetishism are components of kink life, we focus here on masochism and sadism, the two most extreme components of BDSM. The *DSM-5* (APA, 2013) defines sexual masochism as having experienced “[o]ver a period of at least 6 months, recurrent and intense sexual arousal from the act of being humiliated, beaten, bound, or otherwise made to suffer, as manifested by fantasies, urges, or behaviors” (p. 694). Sexual sadism disorder is reciprocally defined as having experienced “[o]ver a period of at least 6 months, recurrent and intense sexual arousal from the physical or psychological suffering of another person, as manifested by fantasies, urges, or behaviors” (APA, 2013, p. 695). What renders masochism a disorder is if the fantasies, urges, or behaviors “cause clinically significant distress or impairment in social, occupational or other important areas of functioning” (APA, 2013, p. 694). Similarly, what renders sadism a disorder is if the fantasies, urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, or, more significantly, if physical or psychological suffering has been inflicted on a non-consenting person (APA, 2013). With respect to the last point, kinksters value consent and define sadistic acts inflicted on a non-consenting person as assault.

Problematizing the issue of whether a client’s masochism or sadism qualifies as a disorder, the negative stereotypes tied to BDSM make it likely kinksters would meet the subjective bar of experiencing significant distress or impairment. Defining masochism and sadism as paraphilias illustrates that these activities are seen as deviant and problematic, regardless of whether they are defined as a disorder. Ortmann and Sprott (2013) argued that nontraditional sexual activities are not inherently pathological, and that automatically diagnosing kinksters as emotionally unhealthy because they engage in kink inappropriately defines kinksters as abnormal because they do not conform to

cultural and social norms of Judeo-Christian sexuality. As with the now-extinct definition of homosexuality as a paraphilia, BDSM's presence in the *DSM* flags kink activities as abnormal practices that negatively impact individuals' ability to successfully function in the world.

Paraphilias related to homosexuality present a valuable comparison, both in terms of mental health diagnoses and kinksters' lived experiences. Our case study introduced that when Jason's interest in BDSM was revealed to his friends and family, he felt he had been "ripped out of the closet." Jason's fear of being diagnosed with a philia reveals parallels with the historical plight of the gay community. On the basis of these similarities, we argue that counselors should seek education on the BDSM community outside of simplistic or misleading popular representations and have a heightened sensitivity to roadblocks presented by clients' fears of being diagnosed as traumatized or having a pathology. We also suggest counselors consider potential BDSM clients as occupying a parallel social position as did LGBT individuals in the early years of the movement toward gay acceptance in our society.

BDSM in Connection with LGBT Paraphilias

Over its history, the APA has struggled with paraphilias, whether the presence of a defined paraphilia alone is enough to qualify as a mental disorder, or whether distress attached to having a paraphilia is the distinguishing characteristic for a paraphilic disorder. We, the authors, believe that non-consensual behaviors and actions taken toward others have a well-earned place in the current *DSM* manual. However, we urge counseling practitioners to reflect on their personal biases, values, morals, and positions that may be unwelcoming to the kink community, and to consider ramifications of the ways the *DSM* has been used to pathologize consensual, non-traditional identities and sexualities.

In 1973, the APA removed homosexuality from the *DSM*. However, the 1980 edition inserted the term "ego-dystonic homosexuality" to describe individuals who were distressed about their homosexuality. Thankfully, homosexuality was entirely removed from the *DSM* in 1986. The evolution of beliefs around homosexuality illustrate that sexuality is continually being culturally examined, which creates ethical concerns regarding the definition and inclusion of paraphilias in the *DSM* (Daley & Mulé, 2014). Daley and Mulé (2014) noted that some studies contradict the *DSM* and that paraphilias, as defined in the *DSM*, are subjective categories unsupported by scientific evidence. In a similar vein, Pappas (2013) argued that BDSM-oriented paraphilias can be considered inaccurate stereotypes, similar to the cultural and medical barriers faced with homosexuality. Schrupp (2015) observed that due to those parallels, the kink community has benefited from battles fought by LGBTQ activists to remove homosexual paraphilias from the *DSM*.

Susan Wright, the founder of the National Coalition for Sexual Freedom, acknowledges that gay marriage has helped lessen discrimination against the BDSM community and believes that society is beginning to realize that individuals' sexual preferences should not be critically rejected (Haber, 2013). Wright herself has been active in battling against perceived discriminatory practices regarding the BDSM community. Wright led a task force to influence the *DSM-5* revisions and was able to get the National

Organization for Women (NOW) to rescind their anti-BDSM policy (National Coalition for Sexual Freedom, 2016). Perhaps influenced by her work on the *DSM-5*, Wright has been vocal in requesting mental health practitioners to start breaking down misconceptions and misrepresentations, such as those propagated in popular culture, by talking directly to the kinkster community (Schrupp, 2015). Based on the paucity of literature in the profession of counseling on BDSM, there is clearly a need for action.

BDSM in Counseling

An investigation of articles in the American Counseling Association's flagship publications reveals a lack of articles addressing the outskirts of what is considered normal sexual function, illustrating the need for counselor education and awareness in this subject area. With attention to BDSM, there are zero publications on this topic in *The Journal of Counseling & Development*. *The Journal of Counselor Education & Supervision* also has zero publications. Neither publication includes articles on the subject of masochism. *The Journal of Counseling & Development* has published 11 articles on sadism; *The Journal of Counselor Education & Supervision* offers zero. Of the 11 articles in *The Journal of Counseling & Development*, the foci emphasize assessment, personality disorders, sex offenders, pornography, behavioral therapy, and sexual behavior issues. The majority of these articles are outdated: seven of the 11 were published between 1936 and 1981.

The absence of publications on the BDSM lifestyle is perhaps explained by our cultural reluctance to talk about sex and exacerbated by the taboo of talking about nontraditional sexual practices or identities. Sex can be uncomfortable to talk about, yet it is necessary to explore within clinical settings. Sexuality is, after all, an important form of intimacy that both grounds and deepens relationships. As with any other cultural and relational practice, sexuality changes and evolves over time. To be responsive to client needs, it is important to recognize these changes (Ortmann & Sprott, 2013). As a counseling community, we must find ways to acknowledge and accept the complexity of sexual desires and the way kinksters have been pathologized by popular culture, diagnostic codes and definitions, as well as the counseling community.

Counseling practitioners are encouraged by our code of ethics to engage in practices within our realm of expertise, but are also encouraged to continue ongoing competence attainment (ACA, 2014). Perhaps one of the initial limitations we as counselors face is the limited education in human sexuality. For example, the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016), which is an organization hundreds of counseling education programs depend on to establish the gold standard of education, does not offer a single standard in the eight core areas that uses any variant of the word "sex." The landscape of sexual culture is unquestionably evolving (Ortmann & Sprott, 2013). Beyond awareness, an increased focus in master's programs on the evolution of sexuality in today's society is warranted, especially in light of how technology assists in spreading pop culture at lightning speed and how quickly social norms and practices can change.

For clinicians looking to expand their knowledge in this area, based on our research with individuals in the BDSM lifestyle, the authors would like to suggest the following resources. First, the Center for Sex Positive Culture (2016) provides resources,

events, and literature. Second, the National Coalition for Sexual Freedom has a robust Web site that includes a list of counselors who have self-identified as kink-friendly. Lastly, we suggest five books: *The New Topping Book* (Easton & Hardy, 2003), *The New Bottoming Book* (Hardy & Easton, 2015), *Screw the Roses, Bring Me the Thorns: The Romance and Sexual Sorcery of Sadomasochism* (Miller & Devon, 1995), *Sexual Outsiders: Understanding BDSM Sexualities and Communities* (Ortmann & Sprott, 2013), and *SM 101: A Realistic Introduction* (Wiseman, 1996).

After exploring literature and considering Jason's experience through the context of "coming out" as a parallel experience to that of the gay community, it was deemed that interventions suggested for that community be the appropriate starting point in consideration of the dearth of suggestions for counselors. Ultimately, the most effective interventions were those rooted in the Johari Window. Luft and Ingham's (1955) four-paned window proved to be the optimal way to nurture, respect, and organically foster sharing.

The first quadrant, the area of behavior and motivation known to self and others, was transparent upon the initial sessions. With the development of a working alliance, the second and third quadrants were stimulated to enter the session through creative interventions. The second quadrant focuses on the blind areas in which the counselor may notice elements that the client is unaware of. Without a working alliance, it may be too harmful for the client to hear these observations—the equivalent of "kicking in their window." To build a working alliance with Jason, a great deal of time was spent hearing Jason explain his working definition and perception of the BDSM community. The third quadrant consists of the hidden self; specifically, matters or agendas in which there are sensitive feelings. Regarding Jason, the related counseling goal was to support him as he worked to bring items from his third quadrant into the first.

An example of a Johari Window-based creative intervention is requesting the client to make a mask. Any assortment of creative mediums can be provided and a single piece of paper. Ask the client to decorate one side of the paper (their "mask") with their "open self" (that which they let the world know), and decorate the other side of the paper with representations of their "hidden self." By debriefing a client's mask, Luft and Ingham's (1955) principles of change can be explored. For example, a change in any one quadrant will affect the others, fostering trust, reduced threats, and increased self-awareness. Such interpersonal learning results in quadrants two and three of the Johari Window getting smaller and quadrant one getting bigger. This exercise also demonstrates that there is a universal curiosity about the unknown areas of one's self that can be tapped into, provided that the cultural customs, social training and fears are overcome.

Conclusion

Kinksters are acutely aware of the lingering diagnostic paraphilic disorder codes in the *DSM* and the ramifications of being diagnosed according to them. Because counselors are lacking in resources to educate themselves on the fetish lifestyle and are bound to use the *DSM* in treatment, they may be tempted to account for a client's alternative sexual lifestyle as rooted in a trauma and have personalizations and shocked responses to the intricate details of a kinky client's self-disclosures. Furthermore,

potential clients may avoid seeking mental health counseling due to an inability to find “kink-friendly” counselors and out of general fear. Therefore, one of the goals of this article is to advocate for members of the BDSM community within the professional community of counselors. Our hope is that we have provided a starting point for terminological clarification, illuminated the pitfalls of media representations, challenged thoughts concerning current and historical diagnostic trends, and provided a framework concerning the pathway the homosexual community has presented as well as some useful resources that may be translated into clinical practice.

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