The dichotomy of 'them and us' thinking in Counselling Psychology incorporating an empirical study on BDSM.

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pp. 178-204:   **Publishable paper.** "The more we talk about it the less sure I am of what comes under this umbrella." A thematic analysis exploring how trainee Therapists talk and think about BDSM.

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pp. 206-223:   **Section 4.** Extended case study: 'Containment, holding and providing a secure base. Working with the dynamics of complex trauma': A psychodynamic study."

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Glossary of Terms

NB: Some of the following terms have been adapted from Richards & Barker (2005) Gender and Sexuality Book.

APA	American Psychological Association
BDSM	Bondage and discipline, Domination and submission and sadomasochism
Bottom	Someone who engages in submissive acts such as bondage/corporal punishment but who does not necessarily submit psychologically
Dominant	The person who exercises control over others
D/s	Dominance/submission
DSM	Diagnostic Statistical Manual
EPE	Erotic Power Exchange
Fetish	A sexual liking of an activity or object
Kink	A general term for non-vanilla sexual behaviour
Masochism	The enjoyment of pain, humiliation and/or being dominated
Masochist	One who enjoys pain, humiliation and/or being dominated
Master	A dominant male in SM play
Mistress	A dominant female in SM play
Mummification	The complete wrapping of an individual within Bondage Play
Queer	A once derogatory termed used to describe LGBT community. Now reclaimed
RACK	Risk Aware Consensual Kink
Role	The framework within which BDSM/Sexual activity takes place
Sadism	The enjoyment of inflicting pain, humiliation and/or domination
Sadist	One who enjoys inflicting pain, humiliation and/ or domination
Scene	A setting within BDSM play
Sensory deprivation	The restriction of the use of one or more senses
Sensation Play	A term to describe play that involves physical stimulation

Slave	A submissive who engages in BDSM acts within a wider Dominant/submissive relationship, perhaps involving a greater psychological interaction.
S/M & SM	Sadomasochism
SSC	Safe, Sane and Consensual
Submissive	One who surrenders control of his/her body and behaviour
Switch	One who interchanges between a Dominant and submissive role
Top	Someone who engages in Dominant acts such as bondage/corporal punishment but who does not necessarily apply psychological control

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I dedicate this to you, Savannah. I hope that you will grow up to realise that through hard work and determination you can achieve your ambitions and that there does not have to be 'a right or wrong' way of achieving those. Just the way that works for you. I will always encourage you to be yourself and you will fly.

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Section 1

Preface

1.1   Introducing the preface

This portfolio is comprised of three parts; an original piece of empirical research, an extended case study and a publishable paper. These have been compiled throughout my training on the Doctoral Programme to highlight my competencies as a Counselling Psychologist. In the first part of my preface, I will briefly discuss my path to becoming a Counselling Psychologist and how the components presented in my portfolio best illustrate my philosophy. I shall then outline how I determined the subject matter for my research, the rationale for presenting my case study and the nature of my publishable paper.

1.2   The path to becoming a Counselling Psychologist

It would be safe to say that I have always had an inquisitive mind. The curiosity of youth stifled by an internal resistance to question and challenge the status quo as was presented. Awakened by my first degree in Sociology at Loughborough, I grappled with theoretical perspectives in relation to the social world and the individual by authors such as De Beauvoir, Marx and Parsons. I began to think critically about assumed knowledge and to challenge concepts that both restrict and limit. My post University foray took me to an International Health Development agency whose main client was DFID (Department for International Development). Working in an organisation tasked with developing and improving health policies and systems overseas provided a valuable insight into global health issues and cultural differences amongst national health systems. Repeatedly struck by how rarely mental health appeared on the agenda for change, I was driven to identify a career which could embrace that possibility for change. I therefore embarked on a long route to qualification; through a Psychology conversion course, a counselling skills course, various volunteering roles and finally the doctoral training.

1.3   The portfolio

My original research is entitled, *"The more we talk about it the less sure I am of what comes under this umbrella". A thematic analysis exploring how trainee counselling psychologists talk and think about BDSM.* An article written by Su Connan (2010) in Therapy today entitled '*Working with the Kinky Client'* prompted me to ponder the notion of what was considered 'normal' and 'deviant' within society. The subject of 'Kink' had rarely come up in conversation with fellow trainees but was touched upon during a module focus on sexuality. Sitting in a small group with other trainees surprised by their reactions when asked to consider BDSM, I was intrigued by a topic about which people neither knew what to say nor how to say it. This left a consternation about our ability, as professionals, to discuss subjects which may potentially cause a sense of unease and a concern for the apparent privileging of 'heteronormative' and 'mononormative' lifestyles, with those outside often deemed 'deviant'.

A Psychopathology module predominantly taught by someone who took a critical stance towards topics that were often viewed through a positivist and essentialist lens, tasked me with thinking more critically, questioning the models of mental health and adopting a 'third eye' to consider what may be occurring outside the clinical room but which may contribute to an individual's suffering. This fed into my naturally analytical and critical mind which welcomed the importance of questioning what was considered and constructed as 'normal'. It allowed for a 'thinking space'. My research adopts a social constructionist epistemology which sits within my understanding of the world, how one develops realities of the world through the interaction with others and how dominant constructions surrounding certain phenomena can arise through language, which in turn equates to how individuals and groups are treated as a result. The research findings have implications for clinical practice.

The second section of the portfolio is an extended case study which was undertaken in my final year of training, three years ago and prior to my maternity leave. The study *'Containment, holding and providing a secure base-working with the dynamics of complex trauma'* was carried out in an NHS secondary care service. The client was initially deemed 'too complex' for a trainee, eliciting a sense of anxiety regarding my own competencies, but also positioning the client as 'other'. It became evident however, that this was a reflection of the anxiety held by my colleague when faced with a traumatic presentation and then counter transferred. In presenting this study, I illustrate an ability to not only work with traumatic material, but to contain and channel both external and internal anxiety. The work was complex and undertaken within a service under pressure to deliver 'outcome measures', often creating a disconnect, whereby subtle changes within therapy were too 'intangible' to be measured as an outcome. The pressures of the service served to create a distance between psychologist (us) and client (them). This link is discussed further below.

The framework used was psychodynamic, informed by attachment and developmental theories, drawing upon a more relational approach to psychodynamic work. The model seeks to understand that social worlds are created not individually but in co-ordination with other human beings and with earlier relations to caregivers. Since becoming a mother, this theoretical framework for therapy has evoked a greater personal relevance and by observing the significance of creating emotionally secure attachments, I have gained a practical insight into a developing connection with the world and a movement towards independence.

The final part of this portfolio is a publishable paper. The paper has been prepared for submission in the journal of *'Sexual and Relationship Therapy'* and gives an overview of the research findings, the implications for clinical practice in and outside of the therapy room and makes suggestions for further training within the field of sexuality for Counselling Psychologists. The research chimes with the journal's criteria of publishing work that takes a

'non-pathologising and affirmative approach' to sexualities, which in turn echoes a personal ethos as a Counselling Psychologist to refrain from pathologising when seeking to understand a client's experience and understanding of what has brought them to therapy.

1.4　Working relationally as a Counselling Psychologist

I am aware of the tensions traditionally assumed between the social constructionist position and the psychodynamic framework. As I address in my methodology, the former position is in line with the post-modernist notion that the self is an individual who learns from interaction with others and who develops many different constructions of the world dependent on the context of their culture and history. In contrast to this, the psychodynamic framework and developmental theories sit more in line with *"the modernist notion of developmental 'givens' or normative 'truths"* (Rizq, 2008, p.13). Thus, the tension arises as to how I might come to use a psychodynamic framework to inform my work whilst drawing upon a social constructionist epistemology to ground my research. It is not possible to debate this at length here, yet I do recognise many subtle overlaps between how I situate my practice of being informed by some psychodynamic theory, alongside more post-modernist concepts of constructionism. I give a nod to my more relational style of working, which I also see relevant to the underlying philosophy of a Counselling Psychologist. I seek to be informed by earlier attachments in order to illuminate how one might relate to others today and see this as central to a dynamic way of working. I do not view myself as a 'neutral therapist' or an 'objective observer' (Rizq, 2008, p.11), who positions themselves as an expert on their clients' presentation. I believe working in a relational way and being informed by psychodynamic theory enriches my thinking and I seek to gain an understanding of an individual's subjective experience in a move away from traditional psychodynamic theory that seeks an objective truth. I quote from Rosemary Rizq's (2008) paper on *Psychoanalysis revisited: A psychologist's view* because her recognition of the tensions between psychoanalysis and psychology resonate with me. I also recognise that the case study presented in this portfolio was written at a particular time, prior to my in-depth involvement with this methodology and as a result, my understanding has further developed and my framework has shifted. Re-reading my case study having carried out thematic analysis with a focus on talk, I find some of my formulations striking. It leaves me questioning whether I would choose such language to formulate my client's presentation written today. I have become more aware of the powerful impact of language and whilst my underlying relational approach to psychotherapy has not changed, my epistemological view as to how knowledge is gained has evolved, enabling me to consider my case study through a different lens.

1.5　Linking the portfolio together: Them and Us

An overall link that emerged both in the empirical research and my clinical case study was this notion of the 'other'. By constructing 'the other', we position the individual(s) as being opposite

and different to 'the self' which creates the dichotomy of 'them and us' (Richards, 2010). This also links in with the epistemological position of the research, as to 'other' from a social constructionist position constructs the individual as 'different', thus serving to distance oneself from one who engages in BDSM. The concept of 'us and them' was apparent both within the NHS mental health service I worked in and emerged in my research findings.

This idea of the 'other' and 'them and us' thinking within the field of mental health and psychology is not a new concept. Many existential philosophers have engaged with the tensions around self/other (e.g. Sartre, De Beauvoir, Levinas and Buber) and come to different conclusions about whether we can get beyond the tendency to objectify the other (I-it relating). In fact the philosopher Buber (1958) proposed two ways of relating in relationships, the 'I-It' relating and the 'I-Thou' relating. With the former, Buber (1958) suggested that this is when "we only see part of the other person and limit our view of them to that" (Richards, 2010, p40). In contrast, by viewing the person as fully human whereby we do not separate ourselves from them defines the 'I-thou' relating (Buber, 1958). This points to the possibility of being able to be present to the other in all their 'otherness' which resembles what we are aspiring to in therapy.

While it is not an ideal position to take up such dichotomous thinking of 'them and us' within the profession, nor one that I subscribe to, it nevertheless occurs. This struggle has been documented in both my research and clinical training. This thinking restricts our opportunity as counselling psychologists to think critically and can serve to 'oppress' our clients. By applying this way of thinking it operates to distance the 'self' from the 'other'. This was identified in my client study. An NHS therapy service that viewed clients as 'outcome measures' or 'too complex', thus not one of 'us', a human with complex emotions and needs, but as one of 'them', essentially an 'outcome measure'. Consequentially, this can create a distance between 'us' and our client (them) and disable the efficacy of working with client presentations that often do not fit into a box. In relation to my research, by constructing BDSM as something that is 'extreme, murky and less sanitised', and naming aspects of BDSM as 'things' further develops a position of distance from BDSM. Potentially, creating the divide between ('them') those 'things' that engage in 'extreme, murky' BDSM and ('us'), the clinicians who are uncertain about what BDSM is. While one of the analytic themes that arose was 'BDSM occurring along a Spectrum', it was evident through the trainees talk that a position of distance was taken up when it was not understood, thus distancing themselves from 'the other'.

In a time where NHS services are overstretched and funding is cut, thinking can often be forgotten. Reflective practice is often seen as another 'must do' (Campling, 2016). This is ironic within a profession that prides itself on that central tenet. When time is not permitted in NHS services to fully understand our clients at a human level as one of 'us' a distance becomes

further created as they become another one of 'them'. This goes against the underpinnings of a Counselling Psychologist's training.

Employing a social constructionist epistemology has helped me to change the way I look at the world and how I deconstruct it. It has changed how I frame discussions with peers, with my daughter and how I observe exchanges of language on a day to day basis. It is continually apparent that there is more to that which we are initially presented and of the importance of deconstructing a diagnosis. Experiences result in development and evolution. Our views are not fixed. They shift with personal development, with new knowledge and with the ability to reflect and think more critically.

When embarking on the first stage of training eight years ago I had not considered this area of research, but when discussing with an experienced colleague what had led them to their area of expertise I was proffered the advice that 'I always knew the sort of feel of the environment I wanted to work in and the way in which I wanted to think towards my work'. In turn, I hope that throughout my career I too have the opportunity to work with what feels 'congruent' and that which sits with my values as a Counselling Psychologist.

1.6   References

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Section 2

"The more we talk about it the less sure I am of what comes under this umbrella". A thematic analysis exploring how trainee counselling psychologists talk and think about BDSM

1.7   Abstract

Within the field of Counselling Psychology there is very little mention of Bondage and Discipline; Dominance and Submission; and Sadism and Masochism (BDSM). Given the wide range of activities that fall under the umbrella of BDSM (Weinberg, 2006), along with the associated stigma of BDSM (Wright, 2006), the exact prevalence of people engaging in it is unknown. However, the huge popularity of the *Fifty Shades of Grey* books and film (James, 2012, 2015) suggests that dominance and submission may be a common fantasy for far more people than was previously realised (Deahl, 2012). Previous research has concentrated on qualified therapists' understandings of BDSM. To further improve training around this area this research explored the way in which trainees talk and think about BDSM.

The epistemological orientation of this work is social constructionist, and therefore acknowledges that findings arise from a particular time and place. Three focus groups were conducted with a total of thirteen participants. Transcripts of the data was analysed using the six step process of Thematic Analysis (Braun and Clarke, 2006). The analysis generated seven major analytical themes in relation to the subject of BDSM. These included: 'BDSM as unknown', 'BDSM and the parameters of consent', 'BDSM as abuse', 'BDSM as a pathology', 'Visibility of BDSM', 'BDSM occurring on a spectrum' and 'BDSM as a cause for concern'. Participants were tentative in their language about how they constructed BDSM, in particular within the theme of 'BDSM as a pathology'. Participants delineated types of BDSM from 'light, fluffy, playful', to the more 'murky, less sanitised and extreme'. Participants expressed their potential for shock if working with 'extreme' BDSM, which gave an insight into their thinking around the subject. These findings are discussed in relation to previous literature and their implications for practice. Further training in BDSM for counselling psychologists is recommended, in particular to enable trainees to engage critically in their own reactions to BDSM. Further research into the critical engagement of the wider field of sexualities is recommended.

1.8   Introduction

> The only freedom which deserves the name is that of pursuing our own good in
> our own way, so long as we do not attempt to deprive others of theirs, or
> impede their efforts to obtain it. Each is the proper guardian of his own health,
> whether bodily, or mental or spiritual. Mankind are greater gainers by suffering
> each other to live as seems good to themselves, than by compelling each to live
> as seems good to the rest.

MILL, JOHN STUART. *ON LIBERTY*. 1859

1.8.1   Introducing the topic

It is recognised that "Psychology and Psychiatry have had a long and complex history of pathologising any sexuality that deviates from the heteronom" (Shaw et al, 2012, p.12). Within a socio-historical context, words such as 'perversions', 'sexual deviations' and 'paraphilias' have all been used to describe and categorise sexual sadism and sexual masochism, activities which fall under the umbrella of Bondage, Domination, Sadism and Masochism (BDSM). "BDSM is considered to be a criminal activity in the UK if it causes infliction of bodily harm" (Shaw et al 2012, p.43), and despite recent changes to the wording and categorisation of sexual sadism and sexual masochism within the DSM-5 (2013) its inclusion still remains.

While much of the contemporary literature on BDSM has attempted to demystify and depathologise BDSM (Beckmann, 2001; Baggaley,2006; Moser & Kleinplatz , 2005), research within the past decade has indicated that BDSM practitioners (i.e. those who engage in BDSM practices) still report biased or inadequate care from psychotherapists in relation to their sexual interests (Kolmes, Stock & Moser, 2006). Developments in the guidelines for Psychologists working therapeutically with sexual and gender minority clients published by the British Psychological Society (BPS) (Shaw et al, 2012), identify BDSM as a legitimate sexual practice and acknowledge the importance of applied psychologists being self-reflective about their own beliefs about sexuality in order to work effectively with sexual minority clients (Davies & Neal, 2000; Murphy, Rawlings & Howe, 2002).

This research aims to explore how Counselling Psychologists in training talk and think about Bondage and Discipline, Domination and Submission and Sadomasochism (BDSM), and how their construction of the topic has a potential implication for clinical practice and the general field of Counselling Psychology. The epistemological position taken falls under a social constructionist framework, which identifies both the use and effects of language as one of the key contributing features to humans constructing reality (Burr, 2003, & Nightingale & Cromby,

1999). It also identifies language as having a performative function, with the view that language does not just describe something but also does something. Foucault (1976) believed that our knowledge of the social world was constructed through language. He argued that there was a strong relationship between language, knowledge and power and that through the knowledge that discourses construct, we are able to exercise varying degrees of power (Burr, 2003). An example of this would be when sex between men was seen as a sin, a crime or a pathology. This had an important impact on how gay men were treated and how much power they were able to exercise. In relation to BDSM, I will consider throughout this introduction how the dominant discourses surrounding BDSM have arisen over history, how they have infiltrated our language and contributed to current thinking about BDSM.

1.8.2   Introducing the chapter

This chapter will review the existing literature in the field of BDSM, in general, and specifically in relation to therapy and psychology.

The first part of this chapter will introduce what BDSM is by considering what it means for different people, the range of activities that people engage in from 'mild' to 'extreme', and the types of play involved under the umbrella of BDSM. The chapter then goes on to overview BDSM within a socio-historical framework that identifies how BDSM has historically been constructed since the late nineteenth and early twentieth centuries within the fields of psychiatry, psychoanalysis and feminism. Following this, I will identify how theoretical understandings from those fields have contributed to current dominant understandings within psychology, counselling and psychiatry, such as the continued pathologisation of BDSM, and the commonly held belief that people engaging in BDSM will have endured trauma or abuse in childhood. This section of the chapter will finish with a summary of current popular media, psychiatric and legal understandings as these are the ones that my participants are likely to be most familiar with.

The second part of the chapter will turn to more critical research on BDSM that has taken place within the last few decades. Such research has challenged the pathologisation of BDSM, as well as developing a more rich understanding of the lived experience of BDSM practitioners and their own understandings of their practices. It is followed by literature on therapy experiences of BDSM clients as well as psychotherapists' attitudes towards BDSM. It is within this more critical and phenomenological research tradition that the current research is situated, as it endeavours to uncover and critically evaluate taken-for-granted assumptions about BDSM within Counselling Psychology. The aims of the research will be outlined towards the end of the chapter.

1.9 Part 1: Putting BDSM into context

1.9.1 Defining the indefinable? What is BDSM?

It is evident from reviewing the literature that there is no one single definition of BDSM. The term describes a relatively broad range of activities, including bondage and discipline, domination and submission and sadomasochism (Langdridge &Barker, 2007). There are also a variety of terms used to indicate BDSM including SM, S/M, D/s, fetish& kink. Each term has a different meaning to the individual engaging in it as well as within the community with which they may be associated. However, broadly speaking, these terms refer to sexual practices that involve some degree of exchange of power, intense physical sensations, or both, with popular activities including spanking and bondage.

Throughout this work these terms will be interchangeable depending on the research referred to, the context in which the activity is being described, or in reference to how a third party has referred to it. However, in essence all activities will be referred to under the umbrella term BDSM. A glossary has been provided at the beginning of the research explaining some of the key terms, which may need to be defined for the unfamiliar reader. This, in itself, may indicate the subjective nature of how individuals identify with BDSM as well as illustrating the many varieties of activities that take place, however, it is also important to highlight that there are many commonalties shared among BDSM practitioners. Weinberg, Williams & Moser (1984) identified from their research five commonalties that appear among BDSM practitioners, including "dominance and submission, role playing, consensuality, a sexual context and mutual definition" (p.380).

An important aspect to discuss is consent. Often misrepresented within the media and historically throughout the history of psychiatry and medicine, the importance of raising awareness of consent has always been paramount for the BDSM community. The mantra 'Safe, Sane and Consensual' (SSC) was coined by David Stein, as a way of highlighting that BDSM practices should always be predicated on the basis that they are conducted safely, have a high regard for the individual's health and wellbeing, are enacted in a 'sane' frame of mind and that full consent is always obtained among those participating (Downing, 2007). However, not all individuals agreed with this term which resulted in the term 'Risk Aware Consensual Kink' (RACK) being coined as a reaction to individuals wanting to highlight that individuals consent to, and are aware of, the risk potentially involved in the activities (Downing, 2007).

1.9.2   Prevalence of BDSM?

Given the range of activities that BDSM encompasses and the nature of discrimination that arises (Wright 2006), it is difficult to source an exact figure for the number of people engaging in BDSM (Lawrence & Love-Crowell, 2008). It could be assumed because of the surrounding stigma that not everyone engaging in BDSM would disclose their interest, nor would some people recognise that their sexual interests would indeed be considered BDSM, or that they would self-identify with the kink community. An exact figure would therefore be impossible to find. Earlier literature in the mid-nineties focussing on sexual behaviour (Masters, Johnson & Kolodny, 1995 and Janus & Janus, 1993) reported estimates of about 10% of the population having engaged in consensual sadomasochism. However, this research focussed on prevalence among U.S. adults. A study carried out in Australia reported 1.8% of sexually active people to have engaged in BDSM the year previous (Richter et al, 2008). Prevalence among the UK population is less easy to find given the lack of research conducted in this area.

The proliferation of the internet in the early 1990's has resulted in an increase of chat rooms and social networking sites connected with BDSM. FetLife, which is a global social networking site for the BDSM and fetish community, at a count in 2015 had over 4 million members (Fetlife, 2015).

When assessing prevalence, it is also important to take into consideration research into sexual fantasies. Baumeister (1997) suggests that it is "arguably more important to understand fantasies for a motivation than behaviour as behaviour is constrained by opportunity and other factors" (p.144). Research dating back to the early seventies and eighties (Hariton & Singer, 1972; Davidson & Hoffson 1986) documents the very common fantasy of women being "overpowered" and submitting to men. Barker & Langdridge (2007) also document that about "two thirds of people fantasise about bondage, or one in seven report engaging in SM" (p.372). Despite the mixed views and reactions, the huge popularity of the Fifty Shades of Grey books and film (James, 2012, 2015) suggests that dominance and submission may be a common fantasy for far more people than was previously realised, with sales of the book reaching over 4.46 million copies in the UK (Flood, 2013) and 65 million copies worldwide (Deahl, 2012). Whether this is reflected in an increase in BDSM activity is open to question, but it cannot be disputed that the subject has reached a wider audience as a result of its mainstream media portrayal.

It would be impossible to give an exact account of every activity that is involved within BDSM, due to constraints of space, but it is important to highlight the variation here. Not all individuals engage in every element of BDSM and not all elements exist alongside each other. Some prefer parts to be separated out, for instance Langdridge (2013) notes that for some the separation of sadism and masochism is an important part of their identity whereas for others, bringing it

together (SM) is important. Within the varying BDSM communities, individuals might identify and engage in activities dedicated to bondage and discipline, which tend to focus on the use of control to administer punishment and/or humiliation (Ernulf & Innala, 1995), and may take the form of tying up, and/or spanking and whipping. Other individuals may engage in submission and domination, where a scenario might involve a master/slave relationship (Moser & Kleinplatz, 2007), whereby a master humiliates their slave, and forces them to wear a collar and lead to symbolise the relationship between them. SM also usually refers to the more sensation/pain based activities such as clothes pegs, wax or piercing, but without always involving power play (Weiss, 2011). Perhaps most importantly BDSM and related components do not have to involve sex or sexual activity.

The role of "Sadist" is more commonly known as the "top" or "dominant" and is usually the role of controller, the one inflicting pain and control over their "masochist" who, in turn, is in the role of "bottom" or the "submissive" and who is usually the receptor of this control and/or pain. It is important to highlight, that while the "bottom" or "submissive" relinquishes power and control, they do so within a "role" and a "scene", a word commonly used to describe the play among BDSM recipients, and therefore by consenting to this role, still do hold power. A person can also "switch" between the roles of a "top" and a "bottom" and are therefore not exclusively held to these roles. The role of "top" or "bottom" is not gender specific; it is dependent on the individual.

Langdridge & Butt (2005) identify in their work that some members of the S&M community may choose to refer to Erotic Power Exchange (EPE) to describe their sexual preferences because it moves away from terms such as BDSM and S&M, which have traditionally been associated with and have drawn on mediopathological discourses that can limit what the exact nature of these activities are. EPE recognises practices that occur within sadomasochistic play, but encompass the plurality of activities. As cited in Langdridge & Butt (2005):

> Erotic Power Exchange is any situation where partners, of their own free will and choice, actively and wilfully incorporate the power element in their lovemaking (and usually for a great deal in their relationship.

> (Fetish Information Exchange, 2002).

Not all parts of BDSM are about power exchange, as some can involve sensation play. This sensation play can vary on how painful it may or may not be. The exchange of sensation play can involve anything from light spanking with paddles and whips, to nipple or genital clamping, and sensory deprivation, such as mummification. What seems important to highlight here is that while pain might be involved in some SM scenes, BDSM is not all about pain (Weinberg, 2006).

The table below (Table 1) highlights some of the range of play that can be involved within the BDSM subculture indicating just how wide the spectrum is. Weinberg (2006) has rightly identified within his review of the sociological and social psychological accounts of sadomasochism that:

> It is inaccurate to speak generically of the sadomasochistic subculture. There are many different sadomasochistic worlds organised around sexual orientation, gender and preferred activities. (Weinberg, 2006, p.35)

Table 1.   *Psychological functioning of BDSM practitioners.*

-	Play Type	Play Type
Age Play	Electric Play	Muscle worship
Animal Play	Enema Play	Nipple torture
Body Modification	Feminzation	Paddling
Body Torture	Fire Play	Piercing Play
Bondage	Fisting	Pony Play
Branding	Gender Play	Role Playing (General)
Breath Play	Goddess Workshop	Scarification
Caging	Golden Showers	Scat Play
Catheter Play	Humiliation Play	Sensory Deprivation
C&B Torture	Infant Play	Spanking
Corporal Punishment	Kidnap Scenes	Water Sports
Corsetry	Knife Scenes	Wax/Candle Play
Forced Cross-Dressing	Imposed masculisation	Whipping/Caning Flogging
Cutting	Mummification	Other

The following table taken from Connolly's research "Psychological functioning of BDSM Practitioners" (2006) indicates the many activities that practitioners engage in. [Important to note that percentages of participants who engage in each activity has been removed.]

The working definition for BDSM within this research is broad because it has to encompass the vast array of activities and its practitioners. Even when considering how to define BDSM for

this research, it was apparent that the nature of how one individual views and relates to BDSM will most likely be very different to how another relates to their BDSM activity. This can depend on varying factors including the parts of BDSM that an individual might engage with, or how much they are open and honest about their engagement. It is also impossible within this section to give an in-depth account of what constitutes BDSM. As a new researcher to the field of sexuality and BDSM, I am cautious in my writing that I do not present an exact account of BDSM, and even in the choice of my language I choose to construct the topic. I am conscious that my choice of how I present BDSM has been dependent on the literature I have read, and my own relationship to and experience with BDSM.

1.10   A socio-historical overview of BDSM

> As Foucault (1976) acknowledges 'sexuality has a history'. He "argues that all forms of knowledge are historically relative and contingent, and cannot be dissociated from the workings of power.
>
> DOWNING, 2008, P.VII

In his writings on *The History of Sexuality* Foucault (1976) rejects the notion that sex and sexuality were 'silenced' topics during the Victorian era and that repression existed, thus naming this the 'repressive hypothesis'. He discusses that prior to this point, during the seventeenth century, talk around sex had been open and frank, and that bodies "made a display of themselves" (p.1). Depictions of BDSM have been found throughout history, for example in the Kama Sutra AD 450 (Taylor, 1997). Foucault does not believe that sex was repressed but that sex had entered a 'confessional discourse', which led to "narratives about unusual and unorthodox practices" from the establishment (Downing, 2007, p.88). As a result, Foucault identifies how sex became a subject of scientific knowledge (*scientia sexualis*), concerned *for "telling the truth about sex"* (Foucault, 1976, p.58), where institutions such as psychiatry and psychoanalysis were responsible for assigning labels and classifications, thus contributing to the medical discourses. While this is touched on within the methodology, it is important to consider here how the portrayal of BDSM over time has shaped the dominant constructions that exist today. Words such as 'deviant', 'abnormal', or 'alternative' to describe any forms of sexual preference that are said to deviate from the hetero-norm have a long and complex place in history (Ross, 1997), and both history and culture have a part to play in shaping dominant discourses around sexuality.

1.10.1 A brief word on Psychiatry

The development of Psychiatry in the early 19th Century saw the emergence of the medicalisation of sexuality (Shorter, 1997). Until this point, sexual practices which had been regarded as sexually deviant were seen in this way on the basis of moral, legal and theological grounds (Block &De Andreas, 2013). The church and the clergymen had been the authorities on sex and discourses of sex around the realms of sin and crime emanated from religion and law (Foucault, 1976). These were soon replaced by discourses of pathology when psychiatrists began studying sexuality and became the authority on sex (De Block & Andriaens, 2013). The use of the word 'perversion' was something used by psychiatrists to distinguish between 'healthy' sexuality and 'unhealthy', pathological sexuality. It was also used prior to Psychiatry throughout the renaissance and the Middle Ages to describe a sexual aberration or a deviation from the norm (Shorter, 1997). Most psychiatrists of this time took the view that sexual deviance was associated with disease (Beccalossi, 2010), and that sexual deviance (including same sex attraction, masturbation, and sadism and masochism) was associated with degenerative or regressive illnesses (Rimke & Hunt, 2010). In essence, the very nature of sexual sadomasochism has historically been regarded as taboo.

1.10.2 The Etymology of Sadism and Masochism

The etymology of the words 'sadism' and 'masochism' can be traced back to the 18th and 19th centuries, with the former being based on the philosopher and aristocrat the 'Marquis de Sade', (1740-1814) whose erotic novels depicted sexual cruelty and violence, and which were mostly written over the course of his time in a psychiatric prison hospital where he was jailed for indecent sexual violations (Cleugh, 1952). It could well be argued that the very nature of De Sade's imprisonment in a psychiatric hospital for sexual violations at that particular point in history may have influenced how sadism has been negatively constructed.

The term 'masochism' was based on the writings of Leopold Ritter Von Sacher Masoch (1836-1895) whose novels were preoccupied with personal pain, submission and humiliation. It was from the writings of both these novelists that Psychiatrist Krafft-Ebing coined the terms sadism and masochism in his highly influential psychiatric text 'Psychopathia Sexualis' (1892), which documented sexual behaviours that deviated from the norm. As a result these words entered the common vocabulary, creating a medical discourse around sadism and masochism. Krafft-Ebing viewed those who engaged in such activities to have an underlying psychopathology (Weinberg, 2006). However, his controversial work has been criticised by many for being reductionist, heterosexist, moralistic and patriarchal and his theories are said to have only been established on the basis of single case studies. It is also worth highlighting that he was indeed a forensic psychiatrist and therefore based much of his work on the forensic community, with persons who had committed violent criminal acts. (Taylor, 1997). It can be argued that historically psychiatry

has been responsible for blurring the lines between non-consensual and consensual sexual sadomasochism, with the latter often being viewed the same as the former.

Both De Sade and Von Sacher Masoch wrote of non-consensual sadism and masochism which may be partly why the understanding of this type of human behaviour has been linked to psychological illness and malicious behaviour. As Weinberg (2006) points out, it is understandable that such extreme depictions of sadism and masochism led psychoanalysts, such as Freud, to assume that patients engaging in sadism and masochism had underlying psychopathologies. However, their accounts of sadomasochism were very different to the accounts of BDSM practitioners today.

1.10.3   Early Psychoanalytic contributions to BDSM

> The birth of psychoanalysis more or less coincided with the birth of sexology, or sex psychology.
>
> <div align="right">DE BLOCK & ADRIAENS, 2013, P.283</div>

With the above quote in mind, it is important to recognise that early psychiatry and studies about sexuality were informed by psychoanalysis, which will have heavily influenced the construction of sexual sadomasochism. While it is not possible to go into too much depth about the psychoanalytic contributions to sadomasochism in this introduction, it is important to consider briefly the early psychoanalytic influences in order to better understand how they have contributed to clinical discourses about sadomasochism today and to contemporary psychoanalytic and psychological thinking.

Freud (1905) introduced the concept of 'sadomasochism' in the first of his books on '*Three Essays on the Theory of Sexuality'*, where they were classified as sexual aberrations. He acknowledged that up until the point of this work, there appeared to be a fixed idea of how the sexual needs in human beings were viewed:

> … being that sexuality didn't exist in childhood, individuals were only attracted to the opposite sex and the aim of that union was normal penile-vaginal sex.
>
> <div align="right">(Freud, 1905, p13)</div>

However, Freud rejected these "definite ideas upon the nature and characteristics of this sexual instinct", and opened way for discussion to think differently about how we viewed the "sexual object" (the person from whom sexual attraction proceeds) and the "sexual aim" (the act towards which the instinct tends) (Freud, 1905, p13) to start establishing that there were many

deviations from how biology viewed the sexual object as being male/female and the sexual aim to be penis-in-vagina intercourse.

Freud used the term 'perversion' to describe sexual identities outside of the social norm. In fact, while critics argued that this word is heavily pejorative (see Barker & Langdridge, 2007), it does not appear to have been his aim for this word to have a negative or a judgmental connotation. It was meant to be a word free from moral judgment (Pajaczkowska, 2000). In fact much of Freud's writing about sexualities was at the time seen as rather radical and influential opening up a dialogue from otherwise biological bound norms, and it appears throughout the psychoanalytic literature that his terminology about the sexual aberrations was either used or misused (Barker, 2007).

Some of Freud's views on sadomasochism were insightful, such as recognising that an individual can enjoy being in the position of both the sadist and masochist, equally enjoying both inflicting and receiving intense sensation. It was with the recognition of both active and passive version of pain that Freud termed the concept 'sadomasochism' (Langdridge, 2006).

> The most remarkable feature of this perversion is that its active and passive
> forms are habitually found to occur together in the same individual

(Freud, 1905, p38)

This concept of both active and passive versions of pain is mirrored in some of the findings of more recent research (Breslow et al, 1986) which identifies that the majority of SM practitioners enjoy each of the aspects of SM to some extent (Barker, 2008). It also resonates with the arguments put forward by practitioners in the SM community that distance themselves from sadistic sex criminals (Barker, Iantaffi & Gupta, 2007).

Freud (1905) discussed the difficulty in being able to separate sadism and masochism from 'normal' sexual activity. He identified that both sadism and masochism occupied a 'special position among the perversions' (Freud, 1905, p.37), with the contrast between 'activity' and 'passivity' being very universal to sexual life. It would appear that this particular thinking of sadomasochism is more aligned with SM affirmative approaches and that of SM practitioners, with their sexual variations occurring on a normal spectrum of human sexuality (Barker, 2008).

As previously acknowledged, Freud also identified that his medical predecessors often referred to the 'perversions' as "indications of degeneracy or disease" (Freud, 1905, p39), and observed that many perverse tendencies were an extension of everyday human behaviour and sexual life without pathology.

> Everyday experience has shown that most of these extensions or at any rate the less severe of them, are constituents which are rarely absent from the sexual life of healthy persons...

(Freud, 1905, p.39).

While Freud held views that these behaviours occurred on a spectrum, of normal to abnormal, it appeared that he did not consider all behaviours to be healthy and an endeavour was made to understand why these perversions existed, he states that "certain of them are so far removed from the normal in their content that we cannot avoid pronouncing them 'pathological'" (Freud, 1905, p39). However, Freud (1905) does caveat this statement by acknowledging that certain acts viewed as pathological (e.g. licking excrement) do not lead to the conclusion that 'the individual will turn out to be insane' (p.39).

Freud continued to explore the origins of sadomasochism in his later writings. He viewed perverse masochism in adults to be down to a developmental arrest in childhood or a pathological fixation or "derailed and fixated along the path of infantile sexual development" (Glick & Meyers, 2013, p5). The popular phantasy of corporal punishment was considered in Freud's (1919) essay *A Child is being beaten* (Barker, 2008), in which this concept of sadomasochism was explained as 'a combination between the Oedipal complex and fixation at the "anal stage of development" (Barker, 2008, p8).

It has not been possible in this introduction to analyse all of Freud's writings on sadomasochism, but it seems evident that some of his theories were contradictory, and left many questions unanswered (Glick & Meyers, 2013). What is evident is that Freud's use of the term sadomasochism has contributed to the firm rooting of the word within the psychoanalytic language of psychopathology. His contributions sought a root cause for sexual sadomasochism, which in essence led to the problematising of such activities. This opened up the channels for psychiatrists and psychoanalysts to understand and consider the cause and effect of why people engaged in sadomasochism, thereby contributing to psychopathological discourses.

1.10.4 From Perversions to Paraphilias: History of diagnostic classification of Sexual Sadomasochism.

It is important to consider how the inclusion of sexual sadism and sexual masochism into the Diagnostic and Statistical Manual (DSM) has contributed to the pathological discourses of BDSM. The introduction of the Paraphilias to the Diagnostic Statistical Manual was in 1980 into the DSM III (First, 2014). Prior to its inclusion the term, 'sexual deviation' was used in the first two editions of the manual. With the aforementioned in mind, BDSM as we discuss here, would have been considered a sexual deviation (DSM 1, DSM 110. It is important to highlight that the post-Freudian psychoanalysts were primarily responsible for the early versions of the

DSM. They further took this concept of a 'sexual deviation' and perversion that Freud (1905) had discussed, and constructed sadomasochism as a disorder in need of treatment.

In its purest form, it is not unreasonable to consider BDSM as something that deviates from "the norm". It is the controversy of the inclusion in the first place and the linking to mental health that causes this inclusion to stimulate negative and misguided discourses. The assumption being that one engaging in sexual sadism and sexual masochism is unwell, translating it into a medical discourse and therefore prompting the need for treatment. The Oxford English Dictionary (2015) describes a deviation to be "an abnormality; or a "departure from the expected". The norm within sexuality, as we know it today is still being viewed as "heteronormativity", although this continues to be rightfully challenged by critical sexologists. The norm is biologically bound, "penile-vaginal intercourse", as described by Freud (1905). The DSM has used caveats such as "non-consenting adults" to distinguish between consenting and non-consenting sexual sadism and sexual masochism. However campaigners, like Moser and Kleinplatz (2005a), believe that such classifications should never have been included. They address a number of concerns with the categorising of sexual sadism and sexual masochism as a paraphilia, including any individual who engages in such activity might be assumed to have something 'mentally wrong' with them. Research surrounding the pathology of an individual engaging in BDSM has been lacking, and evidence supporting the healthy functioning of BDSM practitioners apparent, which is discussed in part two of this introduction. However, it would seem that the general inclusion of sexual sadism and sexual masochism in the DSM can be enough for clinicians to link consensual BDSM to pathological behaviours (Williams, 2006). Moser (1999) also raises a concern, more pertinent to past DSM classifications, about the potential for confusion of being diagnosed with a mental health problem, as a result of an interest in sexual sadism or sexual masochism.

1.10.5 Post-Freudian contributions and the sadomasochism of everyday life

Given the psychodynamic teaching on the Counselling Psychology programme at City University, it is important to recognise that a counselling psychologist's thinking may be influenced and informed by this theoretical perspective. As Lemma (2003) reminds us in the opening of her book on Psychoanalysis "I do not wish to begin this book on an alarmist note, but Freud *is* dead" (p. 1). Her statement is a reminder that his work is not the be all and end all of psychoanalysis and psychologists must be prepared to move forward towards a 21st century model of Psychoanalysis. She is not naïve to the fact, however that his thinking "pervades our language and the way we make sense of our emotional life" (p. 20). Even in a recent news article the BBC referenced the popularised use of his words and phrases in our everyday language (Kelly 2014). It is important to recognise that while Freud can be heavily criticised for

his theoretical contributions and for being outdated, his underpinnings of the work on perversions did influence more contemporary contributions to sadomasochism. Ross (1997) recognises that he also "lifted the veil of repression to take a good, hard look at what it is that people really want" (p. 112).

If Freud's thinking has pervaded our language as Lemma (2003) points out, then how have dominant discourses about sadomasochism arisen as a result? From the early 20th Century onwards there have been many theories about sadomasochism. There have been academics (Taylor, 1997; Welldon, 2002) who have continued to pathologise sadomasochism and attributed it to "abnormal" individuals who experienced an earlier childhood trauma. Taylor (1997) presents an overview of Freudian and 'object relations' theories of SM all of which, he argues, share "the notion that SM is a sexual practice resulting from psychic conflict residing in the individual" (p.111). Some describe individuals as "wounded narcissists" (Stolorow & Lachmann, 1980). Money & Lamacz (1989) described individuals who engaged in sadomasochistic activities to have had "vandalized lovemaps" a term Money coined as something we all have and an explanation of our subconscious desires. This theory echoes the work of Bowlby who theorised that problematic sexual behaviour is a result of interrupted attachment relations (Pajaczkowska, 2000).

While this research is specifically looking at consensual BDSM, it is important to identify that there is a large body of work about the sadomasochism of everyday life. It is relevant in this context as when researchers have tried to make sense of everyday sadomasochism, often within a forensic population, this has contributed to and infiltrated into the dominant discourses about BDSM. There is significant literature (Kernberg, 1991; Maleson, 1984) differentiating between "moral masochism" and "sexual masochism". The literature usually refers to the term as something that describes a range of behaviours and fantasies where pleasure is derived through either aggression or destructiveness and can include self-injury in infancy, sexual perversions and unconsciously motivated behaviour that causes distress (Grossman, 1991).

Ross (1997) identifies in his work on the sadomasochism of everyday life that there is an element of sadomasochism within every human relationship. There is an element of dominance and control that can be extended along a spectrum and throughout our sexuality. According to Ross (1997), sadomasochism happens at war, in politics, in education, in the boardroom, in familial relationships and in the clinical room. Chancer (1992) also focuses her work on the sadomasochism of everyday life and gives her accounts of the prevalence of oppressive sadomasochistic behaviours that occur in many relationships across many institutions across the United States. However, as Langdridge & Butt (2004) point out in their work Chancer (1992) acknowledges the difference between institutionalised oppressive sadomasochistic structures and consensual sexual sadomasochism.

Psychiatrist, Estela Welldon (2002) reproduces many of the dominant pathologising constructions that exist around SM in her *Ideas in Psychoanalysis: Sadomasochism* book (Barker, 2006). In her book, Welldon (2002) explores the psychodynamic aspects of sadomasochism and likens many aspects of everyday dynamics of power and control to those in sexual sadomasochism. This reinforces stereotypes such as SM being linked to childhood abuse and SM being violent and resulting in death. The book also refers to the post-Freudian thinking of psychoanalyst Robert Stoller (1985) and discusses his theory of sadomasochism as a way for individuals to "master early trauma by reliving its contents under controlled and safe circumstances" (p.32). Welldon (2002) introduces a clinical case study "a victim of paternal incest" (p.34), in relation to Stoller's (1985) theory on SM which further pathologises SM.

However, this does not appear to be the aim of Stoller's work. Barker (2008) identifies how Stoller takes a less pathological approach to SM and views it as a way practitioners "may overcome earlier trauma through catharsis" (p.14). Less pathological views are upheld by SM activists (Moser and Kleinplatz, 2005a) and the SM community and are further discussed in part two of this literature review.

However, with BDSM, there is consent involved. It is role play with the individual's choice to exit having experienced a greater sense of liberation and empowerment. Ross's referral to sexual S&M and "bizarre images" (1997, p.16), however, feeds into a dominant discourse that some clinicians hold. Yet, within the everyday sadomasochism, those safe words and consent are often absent from the sadomasochistic act. Despite this, sexual sadomasochism seems to be the one that it regards as unacceptable with Ross (1997) stating that "the extraordinary examples of bondage provide insight into the more ordinary, less direct ways in which people oppress each other" (p. 17). It is important to acknowledge that there is a wide body of literature on the everyday sadomasochism that might mislead the clinician into connecting it with consensual BDSM, thus perpetuating a pathological discourse that it is unhealthy.

1.10.6   The feminist view on BDSM

Traditionally feminists, in particular the radical feminists of the seventies and eighties, viewed S&M as something that was anti-feminist, as it reproduced and reinforced gendered stereotypes of patriarchy in society, where the woman was seen to be oppressed and the man was seen to maintain the power and dominance (for example, Dworkin, 1974). The authors of *Against Sadomasochism argued* that:

> Sadomasochism reproduces and therefore condones many of the power imbalances and destructive features of our lives

> *(Linden, Pagano, Russell & Star, 1982, p.138 as cited in Dymock (2012)*

They suggested that engaging in SM reinforces hierarchical roles in society between men and women, reinforcing the heterosexual desire, and reproducing societal norms of a dominant man with a submissive woman. While writing about sadomasochism by the radical feminists was a dialogue of its time, Ritchie and Barker (2005) acknowledge in their work on feminist SM that there is still a strong academic voice from the feminist community that condemns SM from a feminist perspective (for example, Jackson 1996 & Jeffreys 1996). Even ten years on from their research after the explosion of the *Fifty shades of Grey* phenomenon, it was still suggested that that the portrayal of SM in the film (2015) was anti-feminist and that all feminists were meant to take this view (Jenkins, 2015). This would suggest that there still exists a dominant discourse that SM is anti-feminist, and that there continues to be a complete misunderstanding of what BDSM actually means.

The sex positive movement in the early eighties as well as the more forward thinking of feminist theories today understand sadomasochism as a way of transgressing traditional normative gender roles in society and as an expression of a female's sexual freedom that they may choose and enjoy to be in a submissive position (Taylor & Ussher, 2001). Equally that women also might get to be in a dominant position and therefore this enables them to dispense with traditional roles of inequality. The debates between the two schools of thought seem to be as fervent today as they were during the early eighties, but researchers have tried to take a more sex-positive approach to their work by understanding female SM practices in relation to feminist approaches and gendered dynamics, not taking for granted that all females who engage in SM play the part of the submissive woman with the dominant man (Ritchie & Barker, 2005).

1.11   BDSM as it stands today

1.11.1   Current classification within DSM V

Since commencing this research in 2012 there has been a change to the classifications of 'sexual sadism' and 'sexual masochism' which were the classifications within the DSM-IV-TR (Appendix A) to 'sexual sadism disorder' and 'sexual masochism disorder' in the current DSM V manual (2013) (Appendix B). Campaigners had sought for many years for the removal of the previous category from the DSM 1V and while some people believe it is a step forward, campaigners such as Moser & Kleinplatz (2009) still advocate for its removal in its entirety. The Sexual and Gender Identity Working Group argue that this change, albeit subtle, acknowledges that there are many individuals who have an atypical interest in a sexual behaviour yet would not classify as having a mental disorder. Therefore the 'disorder' part of

the diagnosis allows for a differentiation between an individual consensually engaging in sexual sadism and sexual masochism and an individual whose activities are causing them distress or are causing others harm and distress in particular unwilling persons or those who are unable to give consent. (APA, 2010) The APA are careful to highlight within their classifications that an individual's distress about their behaviour should be "not merely distress resulting from society's disapproval" (APA, 2013).

One of the overarching debates for the complete removal of the paraphilia has been the ongoing discussion as to whether or not one can diagnose someone with a mental disorder because of their unusual sexual interest (Moser, 2009). Historically, categorising such interests led to the criminalisation of individuals and discriminated against those individuals involved. The APA are clear to have made the distinct definition between a consenting individual engaging for fun and someone who is experiencing distress (APA, 2013). It could be argued that while it still remains, it will continue to cause concern for individuals who might choose to express their interest in this to a naïve or perhaps already prejudiced clinician (Kleinplatz & Moser, 2005a, 2007).

This appeared to be the case in the past with gay men who went to see a psychotherapist. Since the diagnosis was in the DSM, it was assumed that they were attending therapy because their 'homosexuality' contributed to their mental health problem (Moser & Kleinplatz, 2005a). Despite the declassification of homosexuality from the DSM-II in 1973, it was replaced with sexual orientation disorder, and then later replaced in DSM-III (1980) with 'ego-dystonic' homosexuality. This classification remained controversial as those who were uncomfortable with their sexual orientation, in essence 'in conflict with' were classified as 'mentally ill'. This continued to leave individuals stigmatised and even today there are still reported cases of conversion and reparative therapy, even occurring in the UK (Boseley, 2014). This indicates the influence of past psychiatric classifications on professionals' ways of working, and therefore how the historical classification of sadomasochism may have impacted how clinicians view it.

1.11.2 The Law and Sadomasochism and issues of risk

The field of law has continued to question whether sadomasochism is an issue of 'sex', to be left and alone and not policed, or 'violence', therefore an issue for the law, the state, resulting in the criminalisation of persons involved (Bennett, 2015).

Since the changes between the paraphilias and paraphilic disorders in the DSM V there have been reports that the adjustment to the classification has had a positive impact on issues of citizenship. In particular, for those who were previously being misdiagnosed as having a mental health disorder and criminalised in child custody cases in the United States (20, 2014). Prior to the changes, parents of child custody cases who were known to be engaging in consensual

BDSM were faced with the prospect of having their children removed from them or having restricted custody access. As a result of the changes the National Coalition for Sexual Freedom (NCSF, 2010) reported a number of people contacting them seeking advice about their case, resulting in the courts taking into account the changes and deciding the fate of their child custody case without taking into consideration their BDSM behaviour.

The status of the law in the UK is a complex area when it comes to understanding consenting BDSM. Currently within this country, one can be prosecuted for engaging in, consenting to, causing harm or having harm caused to them. It appears to be an issue of contention, because the question among those that have written about the law is should SM be an act of privacy or a matter for the law. Green (2001) considers the issue to do with the Spanner Case (1987) whereby the British Police came into possession of a number of videotapes spanning over a ten year period of 50 gay men who had engaged in sadomasochistic acts involving the genitalia. Rules among the group were agreed which included individuals to be allowed to use a code (safe words) when they wanted others to stop. Despite the acts not leading to permanent injury or infection many of the men from the group were arrested and later imprisoned for causing an offence against the '*The Offences against the Person Act*', which was a statute passed in 1861. Some of the individuals appealed their sentences at the European Court of Law and at the House of Lords but their sentences were upheld. As a result, the case received significant publicity and today campaigners seek the right for these individuals to have had their privacy respected and argued that all men involved were consenting to the activities. The judge in the Spanner Case stated that they could not rely on as consent, as the defence with regards to assault (Green, 2001). Despite some campaigners suggesting that prosecution took place only because of the individuals' sexuality, the judge stated that the reason for the imprisonment of some individuals was not to do with their sexuality, but because of the seriousness of the acts (White, 2006). The acts included the nailing of an individual's foreskin or scrotum to a board and the insertion of hot wax into an individual's urethra. It still remains a debate as to whether the behaviour of these men warrants a danger to, or had any effect on, the public. It also raises the issue of an individual's right to privacy and what right the law has to intervene (Green, 2001). One of the judges, at the House of Lords, in the Spanner Case at the time, Lord Templeton stated that in his opinion "sadomasochism was not only concerned with sex, but sadomasochism is concerned with violence" (White, 2006, p.172).

Campaigners argue in this instance that by imprisoning these individuals who consented to S&M that the law ends up enforcing a moral behaviour. It is questionable how relevant this case would be in today's society, and whether or not The Spanner Case was something of its time.

In recent times, Bennett's (2015) paper on the law and ethical sadomasochism questions the nature of a case (Pay v. United Kingdom, 2009) of the termination of a parole officer's job, who

worked with sex offenders and who was known to engage with the sadomasochistic community. The court deemed his dismissal fair, while acknowledging his human rights had been interfered with because the nature of his activities were not in line with his job. The question raised here is that his dismissal brought up the nature of how one can be questioned about the suitability of a particular job role if they are seen to engage in sadomasochistic activities. This leads to the right and role of the state to intervene into and potentially police personal lives. The court felt his sadomasochistic activity was incompatible with his job was because he had a duty to ensure "the respect of the offenders placed under his supervision and also the confidence of the public in general and the victims of sex crime in particular" (Pay, 2009: Para 25 as cited in Bennett, 2015:92). The mere reference to the "victims of sex crime" alludes to a discourse of pathology and a suggestion of his engagement in sadomasochistic activity being criminal. It also raises discussion about whether one engaging in sexual sadomasochism really has full sexual citizenship and is explored in the research of Langridge and Butt (2004) and Langdridge (2006).

Another area of the law that raises issues relating to BDSM was the introduction of the Extreme Pornography Act (2008), which shifted the focus from the producers to the consumers. Under section 63 of the Criminal and Immigration Act part 7 both a) "an act which threatens a person's life and b) an act which results, or is likely to result in, serious injury to a person's anus, breasts or genitals" (CPS, 2008) are regarded as offences and can result in prosecution if a consumer is deemed to watch or obtain this pornography. Many acts that fall under the umbrella of BDSM can be said to result in, or cause injury to breasts or genitalia, and therefore under this law many images could be deemed to be illegal.

In relation to injury, the issue of risk related to SM has been explored by Jay Wiseman (1996). His research concentrates on breath control play and the fact that no physician, even those pro SM, is able to provide sufficient evidence that breath control play can be carried out in a safe manner. It is argued that breath control play cannot be considered appropriate S&M practice because of the potential safety issues (Downing, 2007). It could be contended that there are elements of extreme sports such as deep sea diving, which could be deemed to carry a serious risk, yet are not party to moral judgements. Other aspects of what is known as 'edge play', such as electricity play, bondage and cutting, have all been demonstrated to be carried out in safe ways (Downing, 2007), but under the extreme pornography laws, these consenting acts would be deemed illegal to view. It could be argued that many households across the UK could essentially be possessing illegal pornography.

In an age of risk management, with a pervading culture of risk aversion, especially within the NHS where accountability is key, many questions are raised when considering how an individual working with a client engaging in BDSM would be affected by past and current law implications. Assuming the individual was consenting then there should be no need for any

further repercussions, yet the mental health worker may still feel obliged to document this behaviour. The line between risk and freedom remains blurred.

1.11.3   Portrayal of BDSM in the media

The portrayal of BDSM in the media is an important area to consider within a social constructionist framework. While it is not possible to give an exhaustive account of how BDSM is portrayed, it is important to recognise how the visualisation of BDSM within mainstream culture might perpetuate and reinforce dominant discourses of BDSM. While the portrayal of BDSM has become more mainstream and in many ways more acceptable, with shops such as Ann Summers selling handcuffs and whips making these accessories usually associated with BDSM more readily available. The portrayal of BDSM in television dramas, however, is often of the sadistic serial criminal who commits crimes fuelled by sexual sadomasochistic acts, all of which bears no resemblance of the consenting behaviour of BDSM practitioners (Houlihan, 2013) that has been reported in the literature (Langdridge and Barker, 2007, Edwards, 2008 and Moser and Kleinplatz, 2008).

Weiss (2006) researched representations of mainstream kink in the US media and reported that the portrayal of alternative sexualities, including BDSM, had significantly risen within the media between the early eighties and noughties. Examples of BDSM include *Secretary* (2002), *Buffy the Vampire Slayer* (1997-2003) and Rhianna's music video 'S&M' (2011). However, given the increase, Weiss (2006) concluded that the portrayal of mainstream kink either led to acceptance through normalising BDSM (by privileging it when it takes place within the normative, heterosexual and monogamous relationship) or by trying to understand it through pathologising. As Weiss (2006) commented: "SM is understandable only when it is the symptom of a deviant type of person with a sick, damaged core" (p.105). Weiss (2006) argued that the portrayal of BDSM in the media allowed for the safe portrayal of BDSM acts by allowing viewers to 'flirt with danger' by consuming BDSM from a distance, while in the safety of a "normative relationship". However, while it can be argued that mainstreaming kink gives a voice to BDSM practitioners by 'normalising' what it is they do, it only seems that parts of kink are mainstreamed and "In this way, SM can never really be mainstreamed, because there will always seem to be a bit that remains out there, just out of reach" *(*Weiss, 2006, p.128).

Wilkinson (2009) tackles the notion of whether 'mainstreaming of BDSM' has actually led to a more accepting society by examining representations of sadomasochism in visual culture. She further supports Weiss's (2006) research and concludes that only particular parts of BDSM are visible. Wilkinson (2009) offers examples of how BDSM is often portrayed within the media to sell advertising products, when there is a no direct link to BDSM and how these depictions of 'whips and paddles to sell a car', can further highlight the 'deviant' and 'naughty' side to BDSM (p.183). However, the debate about visibility of BDSM is a complex one, and Wilkinson

(2009) argues that it is important to recognise 'both the dangers and the possibilities that increased visibility can offer' (p.187). Her suggestion is that there is a 'paradox of visibility' and while mainstreaming kink can be beneficial by allowing the sadomasochistic subculture to respond to dominant pathologising discourses, visualisation can also lead to certain depictions of BDSM becoming the norm (for example the ones that suit consumer capitalism), and therefore the depiction of BDSM becomes a fixed one.

This is particularly true of the recent *'Fifty Shades of Grey'* (James, 2012). Despite the film debuting after the onset of my data collection, in order to keep this review current, its inclusion here is important. The books and film have made BDSM more accessible for the mainstream, and the book sold over 65 million copies (Deahl, 2012), saw an increase in the purchase of furry handcuffs and wooden paddles (Berrill, 2012), and members joining affiliated social networking sites. In Deller and Smith's (2013) survey of readers of the book, they concluded that two thirds of readers (n 83) found the book sexually arousing as well as several readers acknowledging the book made 'erotica' acceptable. The trilogy received mixed reviews causing debate among many, suggesting that in parts it was abusive, due to the protagonist, Christian Grey, coming from a background of childhood trauma that perpetuates dominant discourses about BDSM being pathological and abusive. Director of Pink Therapy, Dominic Davies (2015) recommends in his blog in response to the film, that the BDSM community might benefit from a similar body to Trans Media Watch that aims to improve media coverage of trans and intersex issues to ensure BDSM is properly portrayed in the media.

Debate about mainstreaming kink is complex and even the relatively contemporary journalistic magazine '*Slate online*' published an article entitled '*Why S&M will never be fully accepted*' (Saletan, 2013). It suggests that 'BDSM would never be able to fully integrate into society like "homosexuality" because it is not an orientation, it is a lifestyle' and despite acknowledging all of the consensual issues about BDSM, it is represented as merely being another form of consensual domestic violence. It also suggests that everything we condemn within society, such as slavery, torture and humiliation is celebrated within the BDSM world, which makes it difficult to be able to fully accept it within society. This article highlights an interesting point that illuminates the fine line that people might find difficult to cross in understanding the complexities intertwined with BDSM.

1.11.3.1 Summary

The field of sexuality is a vast and complex one with a significant history. It is important to acknowledge how BDSM has been constructed historically and how, through the proliferation of medical discourses, sadomasochism has been viewed as something that warrants treatment and resultant of an underling psychopathology. Despite the recent changes to the classification of sadomasochism into the DSM–V, it could be contested that the historical relevance of its

inclusion and diagnosis remains. The uncertain relationship between BDSM and the law raises questions about the rights of BDSM practitioners and portrayals of BDSM in the media continue to perpetuate the pathological discourse. While the popularity of 50 Shades of Grey increased the profile of BDSM, the main protagonist presents with a history of abuse, suggesting that the historical dominant discourses of BDSM have not been entirely left behind.

1.12   Part 2: Existing literature on BDSM

1.12.1   Moving away from Pathology

Much of the research surrounding the desire to find a cause and effect relationship about BDSM has focussed on quantitative accounts of BDSM, including surveys and content analyses, and has failed to expand on answers given in an exploratory nature (Weinberg et al, 1984). As highlighted by Dymock (2012) quantitative research has been:

> Privileging the prescriptive categories assigned by mental health 'expert' over
> the subjective, private meanings of participants' experiences.

> (Dymock, 2012, p.55).

Over the past three decades, researchers in the field of sexuality have taken a more critical stance towards BDSM in an attempt to move away from pathologising accounts of BDSM to better understand the practices, experiences and interactions of BDSM practitioners (Turley, 2001). Although the research is not extensive, a range of methodologies have been employed, including qualitative and quantitative, to better understand people's engagement with BDSM in a quest to move away from the dominant medico-pathological literature.

Phenomenological based studies have attempted to distance from essentialist constructions of BDSM (pathologising BDSM), to gain further understanding into BDSM, as Langdridge puts it by "giving voice to practitioners themselves in a non-judgemental and non-pathological manner" (2006, p380). This section will review literature from the perspective of the BDSM practitioner that offers a counter position to the already dominant discourses surrounding BDSM as discussed. Research into therapists' attitudes and experiences of BDSM clients, as well as BDSM practitioners' experience of therapy will also be considered, and gaps in the literature will be highlighted, offering a rationale for this study.

1.12.2   Social functioning of and lived experience of BDSM practitioners

In order to move away from the dominant association that BDSM practitioners will have some form of psychopathology, several research studies have highlighted good social and psychological functioning among BDSM practitioners (Ritchie & Barker, 2005; Taylor, 1997). BDSM practitioners appear to have high levels of college and postgraduate education (Moser &

Levit, 1987) and greater incomes (Damon, 2002). High levels of psychosocial functioning has also been documented by the research of Richters et al (2008). In their large sample comparison study (n= 19,370) the psychosocial functioning was compared between that of BDSM practitioners and non-BDSM practitioners. Their work challenged the hypothesis that those engaging in SM were likely to have had a background of sexual coercion, sexual difficulties and psychological problems. While the sample of those surveyed engaging in BDSM (1.8%) was small, they concluded that BDSM was a sexual interest or sexual subculture for a minority, and that there was no correlation between activity and childhood abuse. No evidence of psychopathology among BDSM practitioners was also documented in other research (Connolly 2006, Cross & Matheson, 2006). Powls & Davies (2012) identify in their descriptive review of the sadomasochism literature that the link between childhood abuse and development of SM is only "partially supported by the empirical evidence" (p227), and that in BDSM practitioners often enjoyed relatively good psychological well-being and social functioning.

Beckmann (2001) employed an ethnographic study to understand the 'lived realities' of 16 SM practitioners on the London scene. Participants were interviewed and observed over a period of a year, in such a way that the research undertook "unstructured non-directive interviews" (2001, p16). This enabled the researcher to have some focus in their work in an unstructured way that was grounded in respect for the participant, and their view of the world, which was identified by the researcher as a way of obtaining data that gave profound insights. However, in order for participants to be selected, the researcher had to employ a method that is known as "relational cropping" which enables the researcher to access a population that is rare by taking a participant-observer position, immersing themselves in the London SM scene and some SM fetish clubs as well. It is important to highlight that the researcher always made those individuals aware of the purpose of their research, indicating the participant-observer nature of the relationship that allowed for the researcher to build a strong rapport with clients.

Participants in Beckmann's (2001) research revealed five motivations for engaging in SM bodily practices. These included *"SM as an alternative to normal genital sexuality"*, which included a range of examples from participants suggesting that it gave an alternative way to explore sex rather than "Vanilla Sex" within a marriage. The second motivation that was considered among the participants was "SM as safer sex".

Something that was discussed among participants was the notion that SM had become popular during the time in which people were scared following the AIDS crisis (1980's), and people became more aware of being able to engage in sexual activities without the fear of passing bodily fluids. Alongside this was the notion of the SM scene being a "safer" scene to have sex because of a higher level of interpersonal respect and because people tended to have a more responsible and safer approach to sex. The third theme to arise was "SM as exploration of the

dimensions of the lived body", participants explained being able to use SM as a space to explore their bodies sensually as well as emotionally, free from taboos and political correctness. The fourth theme to emerge was "SM as a possibility to transgress gay and lesbian stereotypes of sexuality". Here, one gay man said it was an interesting way of exploring his sexuality within a relationship by giving him an alternative to penetrative sexuality, something that it was assumed he enjoyed because of his sexuality. The final theme was that "SM was a way of experiencing the transformative potentials of lived body", which included examples of relaxation, spirituality and a way of experiencing the limits in which their bodies can reach, pushing themselves sexually.

This research highlighted the multifaceted nature of BDSM as supported by the sociological review of Weinberg (2006). Beckmann (2001) concluded that contemporary constructions of BDSM failed to represent the ''richness of meaning'' (p.90) of SM accounts, and by doing so alluded to dominant pathological accounts of BDSM. The research suggests that contemporary accounts of BDSM need to move away from medical and psychiatric discourses, which positioned them with power and freedom over their sexual practice.

Taylor and Ussher (2001) employed a discourse analysis in their research to try and better understand how 24 self-identified BDSM practitioners made sense of their identities and defined themselves. As identified in the research above and as the researchers themselves highlighted, the context in which participants identified with SM, to include their range of practices and the variety of relationships in which they engaged (alone, one partner, several partners) meant that each of the participants related to each of discourses on an individual level and the 'common themes' highlighted the most popular of those themes.   The eight interpretative repertoires that emerged included; SM as dissidence, SM as pleasure, SM as escapism, SM as transcendence, SM as learned behaviour, SM as intra-psychic, SM as pathology, SM as inexplicable (Taylor & Ussher, 2001). It was also identified that another potential discursive theme could have been SM as therapy. This shared some similarities with the final theme that Beckmann (2001) had identified in relation to participants discussing SM having potential therapeutic benefits such as relaxation and spirituality. In Lidemann's (2011) research of professional female dominatrix, the notion of BDSM being seen as therapy, was something that emerged with most of the participants. The dominatrix saw their role as that of a therapist, suggesting that BDSM could be seen to have a spiritual and healing side to it, which is in line with some of the discourses that emerged from Taylor and Ussher's (2001) research.

It is necessary to highlight the theme of *SM as pathology* that emerged, which could raise concern to the reader as a discourse to have arisen, given the focus on the 'moving away' from discourses of pathology. It seems pertinent to highlight that this was used mainly (yet not exclusively) to construct others' relationship to SM as pathological. It was often regarded if a

participant felt another's practice did not fully engage consent, or if another's behaviour was considered 'unhealthy' because it was too 'extreme'. The latter highlights the very subjective nature about how one identifies and relates to SM, which Nichols previously identified as a 'squick' (2006), feeling uncomfortable or having a strong emotional reaction to a particular sexual practice.

The theme of *SM as dissidence* that emerged from Taylor and Ussher's (2001) work was addressed by female participants within a feminist discourse, as a way of challenging traditional gender roles by enabling the female to play a part that moved away from oppressive, subjugated roles, perhaps taking the role of 'top' in order to dominate men. Ritchie & Barker (2005) expanded on this research and explored how female SMers identified and explored their practices in relation to feminist perspectives. Their findings privileged the importance of the choice that a woman expresses in her BDSM practices and that certain roles can "subvert heterosexual and patriarchal power imbalances" (p.19). Participants did express their concern over potential elements of BDSM practices, in particular 24/7 practice, but this was also countered with an assertion providing the female engaging in such a lifestyle had empowered choice. Such responses could be indicative of participants struggling to identify with potential elements of BDSM which also mirrors the aforementioned theme 'BDSM as pathology' within Taylor and Ussher's (2001) where it identified that nature of subjectivity in relation to BDSM practice. Taylor and Ussher (2001) identified that the discourses emerged as a result of their subjective positions as researchers and that discursive themes are as a result of questioning, disclosure and political interest. They concluded that their results were not that dissimilar to the work of Weinberg et al (1984), and that to understand the world of SM practitioners it needed to be done through the phenomenological analysis, which allowed for the "often multiple, subjective meanings…to be understood within their socio-cultural and historical context" (2001, p. 311).

The research of Langdridge and Butt (2004) also rejected the notion of pathology in their detailed hermeneutic-phenomenological analysis of web based materials that included stories of domination and submission. The aim of their research was to explore the discursive construction of sadomasochistic identities. Langdridge & Butt (2004) acknowledged that most previous research about sexual stories had been based on interview transcripts, however they highlighted the benefit of an analysis of web based materials, including anonymity, allowing for more intimate stories to be told. A wide range of sadomasochistic terms were searched for, most widely used with the BDSM communities and resources including, for example: lifestyle magazines, academic texts, personal accounts and support networks. Visual accounts were excluded due to the scarcity of literature written about how to analyse visual accounts. As a result of analysing sexual stories of submission and domination, two major discursive themes were elucidated: "rejecting pathology and explicitly negotiating consent" (p.40). By rejecting

pathology it dispelled the association between childhood trauma and S/M, and that practitioners are therefore unable to develop healthy relationships (Langdridge & Butt, 2004). The negotiating consent discourse highlighted the importance of explicit contracts being made when entering into a sadomasochistic relationship. While the researchers identified that these themes were not new within the sadomasochistic world, further detailed analysis of the findings sought to position BDSM within the 'pure relationship' highlighting the possibility for further citizenship for practitioners. However, Langdridge &Butt (2004) identify that this might only be possible in the most "civilised of societies" (p. 49), as stories of domination and submission explored accounts of humiliation, torture and pain, which society so vehemently controls.

Staci Newmahr (2008) immersed herself into the SM scene to better understand the social interactions of a sadomasochist. Newmahr (2008) employed a four year ethnographic study, which included attending, for example, play parties (both public and private), SM clubs, informational lectures and regular communication with community members. This consumed most of the researcher's time within the first year, and field notes were kept soon after an event. Research also included semi-structured interviews of community members to gain a better understanding of their life histories and their SM interest. Over 20 interviews were collected, with an average interview lasting six and a half hours. By adopting such an in-depth and lengthy study, Newmahr (2008) was able to get a more detailed account of the 'embodied' experience of people who engage in SM. While research had focussed on phenomenological insights of SM members they "can tell us little about SM itself or the people who engage in it" (Newmahr, 2008, p.626). The intimate nature of ethnographic research enables the researcher to get closer to the participant and by adopting a perspective of subjectivity. Newmahr, the researcher, was able to reflect on their role as both a researcher and their experience of becoming a "member" of the community, and analyse how they were responding to their experience: "what the ethnographer "does" with her feelings, her presence, her narrative, her voice, her body and her sexuality is a matter of interest for ethnographers…" (Newmahr, 2008, p.619). The potential for personal growth and development was observed and experienced by Newmahr (2008) and it was recognised that many within the community saw themselves as "outsiders", who lived outside the norm, for example of gender conformity and that the SM world enabled them to 'join a community' (p.632).

By socialising within a community, Newmahr (2008) could report experiences of intimacy both interpersonal and witnessed as experienced by others, and the theme of intimacy became central to their work. Sangarin et al (2009) also reported this in their work on 58 sadomasochistic couples. They measured hormonal changes (cortisol and testosterone) as well as relationship closeness both before and after a scene, and concluded that couples on the whole reported higher levels of closeness after engaging in sadomasochistic activities. By understanding BDSM as something that develops intimacy, it reconceptualises the notion that it is absent of consent. The research also recognises the need to understand the relational side to BDSM and the

"understanding about the constructions of pain, pleasure, about sexuality and the erotic, about paradox and power" (Newmahr, 2008, p.640) as well as arguing for the need to view BDSM as a leisure activity.

Several studies demonstrate the potentially transgressive nature of BDSM that allow practitioners the space to take up roles that lie outside of social relations and social norms (Weiss, 2011). However, Weiss identified in their book *Techniques of Pleasure: BDSM and the Circuits of Sexuality* (2011) that BDSM is not inherently transgressive. Weiss conducted an ethnographic study of SM practitioners in the Bay Area of San Francisco, which included fieldwork of participant observations and attending local BDSM community events. She observed that while BDSM was *"not the sleazy, underground scene portrayed on crime shows…neither is it simply the transgressive zone of sexual emancipation"* (2011, p.5). Instead BDSM was more complex. The nature of social regulations and rules that the BDSM community abide by contradicted the notion that play within a "safe space" (p.17) was free from social regulations, which could serve to "excuse some practitioners from their privilege" (p.188). It is important to acknowledge that this privilege exists and that it enables one's identity with BDSM to develop.

Weiss (2011) argued that BDSM is a "circuit" (p.7.) that recognised a dynamic between performance and capitalism because she considered that these "SM performances are deeply tied to capitalist cultural formations" (p.6). She argued that it was an allusion to assume that issues of power surrounding race, gender and sexuality that existed in society could be escaped in the BDSM circuit. The performative roles that BDSM practitioners adopt, reproduce, and replicate the capitalist normalising models that exist in society. By framing BDSM in such a way, Weiss's (2011) research could explore the many complexities surrounding issues of race, gender/sex, socio-economic status, capitalism, feminism and identity that exist within the BDSM circuit.

As noted, Weiss identified the privilege (mainly white heterosexual males) of her participants and the link between consumerism and self-improvement. She acknowledged that the ability for practitioners to consume the latest sex toys and equipment enabled them not only to develop their identity as a practitioner, but also their technique. The link between consumerism and identity also extends to the wider BDSM community. The growth in the market of BDSM equipment enabled the growth of BDSM communities (Weiss, 2011). While most participants recognised that the need for expensive toys was not necessary to get by in the scene, it was evident that ability to invest in equipment cemented one's commitment to BDSM. This in turn, develops one's growth as a practitioner. Both money and time and further develop this relationship. For example, time taken to invest in the relationship, communicate with partners, plan for a scene, and work on self-development. For many, it is more than just play. According

to Weiss (2011) BDSM becomes a "bio-political project; a time-consuming, expensive, formalized mode of working at sex … and mastering the self in relation to a community" (p.111). What is evident in Weiss's work, is the need for the readers to identify that BDSM is more than an escape but about social relations, capitalism, and the way in which people interact with one another.

The work of Robin Bauer (2008) analyses a subculture of the BDSM world by giving a voice to queer BDSM communities. In conducting fifty interviews in the US and Europe, with self-identified dykes, trans people, gay men and queers who practice BDSM, Bauer's research adopted a grounded theory approach to understand how BDSM practices enabled people to play with their gender role and gender identity, which highlights the transgressive nature of BDSM practices. In Bauer's (2008) research, unlike, Weiss, he found that people within the queer European BDSM communities he studied were very aware of wider cultural inequalities, and explicitly addressed them within the BDSM negotiations and play. Indeed, some used BDSM as a way of critically exploring dynamics of privilege and oppression in a way which fed back into their everyday awareness. Bringing Weiss and Bauer's work together, we can conclude that BDSM has the potential, therefore, to reproduce wider cultural problems (such as racism or consumerism), but it also has the potential to highlight these and to enable people to explore strategies of resistance.

The lived experiences of BDSM practitioners was also explored by Turley (2011). In their research they used a descriptive phenomenological analysis to examine how participants understood the lived experience of BDSM practitioners. Semi-structured interviews were used with five participants, and despite this being a small sample, phenomenologist, Giorgi (1997) recognises that a small size is not considered a drawback in qualitative research because the outcome is in gaining depth and detail from participants. One of the overall findings from Turley's (2011) work was the theme of 'fantasy' being central to play and that participants needed to experience the fantasy to be genuine and believable in order for play to be successful (Turley & Butt, 2011). This theme mirrored that of Beckmann's (2001), who identified BDSM as escapism, and both highlight how BDSM can enable practitioners to create new identities and roles within the guise of a fantasy. Turley (2011) identified how BDSM can be transformative and allows certain negative emotions to be transformed within a sexual context. The notion of BDSM as transformational was also identified in Bauer's (2008) work in which participants experienced creating new subcultural skills, through exploring gender identities that could be transferred to their everyday and political life.

1.12.2.1 Summary

While it cannot be assumed that all findings from these studies can be applied to all BDSM practitioners, given the subjective and complex nature of the phenomenon, these studies move

away from dominant medico-pathological discourses that have restricted BDSM to something that results from abuse or trauma. Academic interest in the field of social sciences and psychology has turned its head to improve understanding of BDSM by focussing their research on the BDSM practitioners and communities. They also explore discourses and counter discourses away from discourses of pathology, such as BDSM as a form of escapism and BDSM as transgressive (Taylor and Ussher, 2006; Langdridge and Butt, 2004). By exploring the lived experiences of practitioners, BDSM has been reconceptualised as something that can be transformative and pleasurable (Beckmann, 2001; Turley, 2011; Newmahr, 2008; Weiss, 2011; Bauer, 2008).

1.12.3 Therapy experiences of BDSM clients

Not all practitioners engaging in BDSM seek therapy because of their activity, much like the LGBT community where those who attend psychotherapy, not all want to focus on their sexuality. However, given the prevalence of "misunderstood" dominant discourses surrounding BDSM, it has meant that BDSM practitioners have often received inadequate care from mental health practitioners at times problematising their activities (Kolmes et al, 2006).

Kolmes, Stock and Moser (2006) examined how BDSM practitioners experienced receiving psychological help from a mental health professional and how this care had been received. Participants were selected through a variety of internet based BDSM interest groups; they had to be at least 18 years and have engaged in "real life" as opposed to "Internet based" BDSM for at least two years. Researchers recruited both BDSM practitioners (n=197) and mental health professionals (n=18), however due to the small take up of the latter the results were not considered in the final analysis. Out of the 197 BDSM practitioners, 22 were unsuitable for consideration, having not met another criteria of having previously been in therapy. A total of n=175 were included in the final results. Both a survey to elicit socio-demographic answers, as well as semi structured questions were used to elicit narrative themes. The majority of the participants said that their BDSM had not brought them into therapy (74.9%); however, many of the participants had shared their BDSM interests with their therapists (65.1%) and did so very early on in the therapy in order to ascertain if the therapist was the right person with whom to continue.

In Kolmes et al (2006) research, six , major themes emerged in relation to clients receiving biased and culturally sensitive care, of which there were 118 reported cases of biased or inadequate care. These encompassed views that therapists thought of "BDSM to be unhealthy", "something that should be given up", "misunderstanding BDSM for abuse", "educating the therapist"," assuming BDSM is relating to abuse" and "therapist stating they are BDSM positive without being knowledgeable of certain practices". However, not all experiences were negative and when practitioners were asked to report any examples when therapists had demonstrated

special sensitivity towards BDSM, the following themes were reported: "therapists to be open to learning more" "showing comfort when they spoke of BDSM issues", as well as "understanding and promoting 'safe, sane and consensual'". There were 113 cases of therapists reporting sensitive care. The research acknowledged that many of the responses given by clients reflected the suggestions emphasised in the clinical guidelines for working with BDSM by Kleinplatz & Moser (2004) (Kolmes et al, 2006), and while there were practitioners who had demonstrated good care, it was clear that there was a need for BDSM specific training for mental health professionals.

Hoff & Sprott (2009) researched 32 heterosexual BDSM couples' experiences of receiving therapy. The research focussed exclusively on the "heterosexual" couple and out of the 64 individuals only four had no experience of therapy. The research was interested in understanding the experience of stigma in relation to practitioners disclosing their sexuality and whether a disclosure made a felt impact on the therapeutic relationship. A content analysis was employed to analyse results and five themes emerged. They included "termination", "prejudice", "neutral", "knowledgeable/supportive" and "non-disclosure". Within these themes, participants expressed their therapeutic experiences and were also asked to give advice to potential therapists working with BDSM. While "termination" was a category, only one of the participants actually experienced termination by the therapist, the other experiences of termination were made by participants who felt that therapy had either become "awkward" or "the therapist would not stop trying to convince me that what I was doing (was) wrong" (p. 5) having disclosed their BDSM sexuality.

Participants who expressed experiences of prejudice after disclosing their BDSM reported discourses of "pathology/sickness" and discourses of "wrong/immoral" being used by psychotherapists. As suggested by the themes, not all experiences were negative and as Kolmes, Stocker & Moser (2006) participants identified, that some psychotherapists were knowledgeable and chose to reinforce that their clients "were healthy" and did not have to look for "pathological" reasons they liked BDSM (p.7). It was reported by BDSM practitioners however, that sometimes this felt presence of stigma meant that they were unable to open up about their BDSM, with some reports by participants that sex and sexuality were not brought up by either client or therapist. It was also reported that when BDSM sexuality was disclosed, a narrow field of focus towards the BDSM was followed by the therapist in relation to their presenting problem. This led the researchers to conclude that while the clients' BDSM might or might not be related to their clinical problem, it was important for the client to take the lead with this. It could be argued that there may have been a correlation between their sexuality and their struggle to report their BDSM sexuality. This is because presumably they had never had previous struggles disclosing issues of sexuality in a way perhaps that an LGBT client would

have had, and were not as well versed in disclosure, or as exposed to internalised stigma than other sexual minorities would have been (Kolmes et al, 2006).

1.12.4 Psychotherapists' experiences and attitudes towards BDSM clients

Both qualitative and quantitative research has been carried out into understanding qualified Psychotherapists' attitudes and experiences of BDSM clients. Two studies that have investigated therapists' attitudes towards BDSM clients will be reviewed here, to include the research of Lawrence &Love Crowell (2008) and Kelsey et al (2013). However, it is important to highlight at the time of data collection one of these studies had not been published, but given its relevance it is important to include in the literature review.

Lawrence & Love-Crowell (2008) employed a thematic analysis to analyse the results from semi-structured interviews of 14 psychotherapists, who had "significant clinical experience working with clients who engaged in BDSM" (p.69). Some of the psychotherapists' (n=9) disclosed engagement in BDSM and the sexual identities of psychotherapists included, gay, lesbian, bi and heterosexual sexualities. The research focused on psychotherapists' experiences of working with BDSM clients by further understanding the issues they brought to therapy, challenges that were found by psychotherapists working with these clients, alongside helpful attitudes that were needed in order to best facilitate their therapeutic work. Results fell into three categories, including "attitudes and knowledge", "BDSM clients' issues and characteristics" and "considerations in conducting therapy with BDSM clients" (p.71). A variety of themes arose but many of the issues that BDSM clients reportedly brought to therapy, such as shame and guilt being apparent, and relationship concerns, supported earlier research pathologising clients (Moser & Kleinplatz, 1987). Recommendations that arose mirrored the clinical guidelines established by Kleinplatz & Moser (2004) and those identified by Barker, Iantaffi & Gupta (2007). These included being aware of one's own countertransference issues about sexual arousal and revulsion, and the importance of distinguishing between BDSM and genuine abuse. This was however caveated by the fact that it might be harder for novice therapists to make such distinctions and so suggested it was important for therapists to be educated about BDSM.

In a recent quantitative study that was published after the original collection of the data for this research, Kelsey et al (2013) investigated the attitudes of 766 licensed psychotherapists, of whom 76% had at least experience with one BDSM client and 23% reported to have no clinical experience. While clinical experience was not a pre-requisite for participating in the research, 12 respondents had seen over 100 BDSM clients. The research hypothesised that those with more clinical experience about BDSM and sexuality training would hold less pathologised views of BDSM clients than those with little or none. A 5-point Likert scale was employed to assess psychotherapists' attitudes to a range of statements about "beliefs around origin of BDSM", "Health/Pathology of BDSM", "Problems presumed to be associated with BDSM" and

"Beliefs about treatment". As hypothesised, "therapists with more experience treating BDSM-identified clients reported more accepting attitudes, r=0.16, p < 0.05" (p.259). However, it was acknowledged that this percentage was weaker than expected. The researchers concluded that the majority of the psychotherapists did not equate BDSM with an individual psychopathology or with a dysfunctional relationship. However it could be argued that on close examination of the results there was too much ambiguity around the high percentage of "unsure" responses as to whether that could be interpreted to go either up or down the scale dependent in which way the statement was read. For example, if one was to include the percentile results from the "unsure, agree and strongly agree" categories towards the statement "sexual sadism is unhealthy" then a total of 62% would be achieved.

This could suggest that within the percentage, there are those that are certain but those that are not – *not* certain that Sexual sadism is unhealthy. The same can be applied to the statement "Individuals who engage in sexually sadistic behaviours are likely to be abusive in other areas in their lives". Admittedly not as high as the percentage previously mentioned, totalling up to 45%, but perhaps significant to suggest that there is still a significant proportion of therapists who are uncertain as to whether they definitely do agree or not. This uncertainty could indicate a lack of education/ training or exact understanding to what a psychotherapists' attitude actually is about BDSM. A further limitation is due to the quantitative nature of this research; the researchers were not able to ask psychotherapists to elaborate on the statements that were posed to them. This made it hard to elicit 'actual attitudes' because they were reduced to quantifiable numbers, which in a sense can reproduce dominant and negative discourses about BDSM.

1.12.5 Summary and rationale for research within the field of Counselling Psychology

Drawing this introduction to a close, it is important to consider the place of Counselling Psychology in relation to BDSM and the rationale for this research. According to research carried out by Miller & Byers (2010) many training programmes do not adequately equip trainee Psychologists in the area of gender, sexuality and the subculture of BDSM. In the BPS guidelines for working with gender and sexual minorities, Shaw, Butler and Marriott (2008) acknowledge that sexuality and sex training on trainee clinical psychology courses is often sparse and inconsistent (BPS, 2012). Although this is not directly linked to the Counselling Psychology training, it could be interpreted that within the Applied Psychologies field it is a little-understood area. While, BDSM is identified as first in the list of "other sexual practices and identities of the guidelines" (BPS, 2.3.1 p. 43) it is not referred to elsewhere within the guidelines when it comes to appropriate working with clients and could be indicative of Bridoux's (2000) notion that levels of tolerance around coming out as gay, bisexual and lesbian have increased, but there are still sexual behaviours that society considers difficult to accept.

Within the increasingly diverse workplace in which a Counselling Psychologist will choose to work, the profession remains underpinned by a humanistic philosophy (Spinelli, 2001). The Counselling Psychologist aims to respect the personal, subjective experience of the client over the use of diagnosis, assessment and any other psychological measures related to the treatment of individuals (Bury & Strauss, 2006). That is not to say, however, that being able to work and understand the importance and function of diagnosis for both the client and the practitioner is not important. Being able to identify that diagnosis is not at the heart of the work but being able to understand the human and their subjective experience is of paramount importance. In fact, taking a critical position in relation to the nature and function of diagnosis is important.

Counselling Psychology does not emanate from a position of pathology and the collaborative nature of the therapeutic relationship to understand and explore what has brought the client to therapy is vital. How, therefore, is this piece of research relevant to the field of Counselling Psychology? The importance of language within the talking therapies in Counselling Psychology is paramount, given the nature of "talking therapies" that we engage in, and the importance of how we choose to construct social phenomenon about mental health. While previous research has attempted to look at qualified therapists' attitudes towards BDSM, there is little acknowledgement of trainees understanding of this topic. It can be assumed that trainees with little or no understanding might choose to draw on dominant constructs to talk about BDSM. It could be argued that if the training focuses on fostering an 'open and non-judgemental attitude towards clients', the way trainees talk about BDSM could be because they feel *obliged,* given their position as a trainee Counselling Psychologist, to construct BDSM in a particular way. It is has been acknowledged throughout this introduction, the need and importance of further training on BDSM and by starting with exploring "trainees' understanding of BDS perhaps this will be a step forward in the field of Counselling Psychology to research the area.

The following questions will be used as a guide to carry out this research.

- How do trainee Counselling Psychologists talk and think about BDSM within a social and psychological context?

- How is BDSM constructed in focus groups with trainee Counselling Psychologists?

- How does the way in which trainee Counselling Psychologists talk and think about BDSM have an impact on clinical practice?

I will now move onto my methodology chapter where I shall outline my research design, my analytic procedure and how this fits into my epistemological stance.

1.13   Method

1.14   Introducing the chapter

In the first part of this chapter I will introduce the aims of my research and then consider the theoretical elements of my methodology. I will outline the rationale behind employing a qualitative methodology, and the epistemology of adopting a social constructionist position. I will then give an overview of the methodologies that were considered for this research, which will then lead onto a rationale for choosing thematic analysis.   Once I have covered my theoretical and epistemological stance, I identify how I have attempted to establish rigour throughout the research, before explaining my recruitment procedure and the stages carried out, before, during and after my data collection. This will then take me through to my analytic procedure where I will outline the stages adopted during my analysis, finishing with personally reflecting on my methodology.

1.14.1   Aim of Research

A key driver of a counselling psychologists' research should be the application to professional practice, not only clinical, but practice in the wider context, such as teaching, training and assessment (Kasket, 2012). The aim of my research is to explore how trainee counselling psychologists talk and think about BDSM, and how the subject of BDSM is constructed amongst trainees. It focuses on how BDSM is being 'spoken' about and the content of the language used by participants. My research aims to give the discipline of Counselling Psychology an insight into how BDSM is being constructed. It also aims to enlighten and inform the profession about what relevant, if any, training is needed on the area of BDSM.

This research gives insight into the language that is being used, the thoughts of trainees about the subject matter itself, and what the potential impacts are on clinical practice and the BDSM community. I also want to discover if and how the creation of dominant discourses influenced throughout historical and cultural contexts have impacted on how trainees talk about and socially construct BDSM.

In relation to Kasket's (2012) point, not only is it important to determine what the impact of this might be for trainees, but within the wider field of counselling psychology. Given the limited training and therapy in marginalised sexualities this research has important clinical applications for the field of Counselling Psychology.

Given the exploratory and critical nature of the research, I chose to use a qualitative methodology, which was informed by a thematic analysis within a social constructionist framework. There are some similarities between a constructionist thematic analysis and discourse analysis given each of their focuses on language, therefore some my readings were

drawn to writers in the field of discursive psychology, such as Parker (1992), in particular when it came to writing on reflexivity. However, the aim of discourse analysis is to understand "underlying systems of meaning" (Taylor and Ussher, 2001, 297), whereas thematic analysis is more interested in the content of language and does not require the researcher to give a micro-analysis of language use.

1.14.2 Adopting a Qualitative approach

Although I identified in my introduction that over the last decade research into BDSM has employed qualitative based methodologies to better understand practices, experiences, interactions and lived experiences of BDSM practitioners in an attempt to move away from previous pathologising, often medical or psychoanalytic research (Alison et al, 2001 & Sandnabba et al, 2002; Turley, 2011). My literature review found few studies that considered the language used by therapists when discussing BDSM or other marginalised sexualities. Studies of therapists and BDSM, mainly focussed on qualified professionals' attitudes and either employed quantitative based surveys or qualitative research methods deploying thematic analysis (Kelsey et al, 2013; Lawrence and Love-Crowell, 2008).

Willig, (2012) identifies that qualitative research aims to take a 'bottom up' approach by taking a very small amount of data and analysing its content in depth, usually taking each set of data line by line, giving the researcher in-depth results. However it does mean that the results cannot be generalised because they are context specific. The main focus of qualitative research is on meaning and subjectivity (Willig, 2012).

The essence of this research is to highlight how qualitative research allows for participant generated meanings to be heard (Willig 2008). Qualitative research examines how one talks about a particular subject and with what consequences. Burr (2003) points out that qualitative methods of enquiry are best suited to research where linguistic and textual data is gathered so as not to decontextualise the accounts of the participants. The aim of this research is to explore how counselling psychologists in training talk and think about BDSM, to gain an understanding of how participants construct BDSM, and what the consequence is for practice.

The qualitative methodology is deemed most appropriate. While there are many similarities in qualitative research, there are a variety of ways in which researchers can attempt to understand a particular subject dependent on the knowledge they wish to gain. In essence, how they position themselves epistemologically, which I explore below.

1.14.3   Theoretical framework and epistemology

According to Burr (2003), traditionally within the field of psychology, researchers have employed positivist and empiricist frameworks to understand and gain knowledge of the cause and effect of a relationship, predominantly employing a quantitative methodology. Both empiricist and positivist frameworks tend to view knowledge as something that is objective and with only one truth, which takes a reductionist approach to human nature and social phenomena, allowing very little room for social change or growth. Dominant theories in psychology, for example personality types and psychopathologies, which have often used positivist frameworks, have divided and oppressed people (Parker et al. 1995). Taking sexuality as an example: dominant theories surrounding sexuality have often used biological and evolutionary theories to define a person's sexuality, with procreation being at the core of human sexuality. This in turn, positions men and women's sexual desires as different, as well as the function of sex and our sexuality as something that is fixed. It could be argued that such rigid ways of viewing sexuality within society only oppress and problematise individuals, and has done for many within the LGBT community.

It is important at this stage to acknowledge my own position and values in relation to qualitative research. As a Counselling Psychologist, my personal position to epistemology is in favour of social constructionism. I have always been curious and cautious of taken for granted assumptions of knowledge, particularly in relation to diagnosis and mental health, and have always favoured a position that is critical of what is presented as 'the truth'. From reading the literature around social constructionism, I hold an informed belief that the construction of knowledge and the world around us is shaped under the influence of many factors, for example, our culture, both locally and globally, our history, our sexuality, our faith, our families and social and economic circles (Burr, 2003). Each of these factors shapes our individual beliefs about the world, but they are also shaped in construction with others. The clinical training has encouraged us to attend to, and be informed by, such influences to make sense of the individual experience of our clients (Spinelli, 2001).

As a methodology, thematic analysis incorporates key approaches from conflicting epistemological approaches and is not aligned to one epistemological position.

> Thematic analysis can be an essentialist or realist method, which reports experiences, meaning and the realities of participants, or it can be a constructionist method, which examines the ways in which events, realities, meanings and experiences and so on are the effects of a range of discourses operating within society.

> (Braun and Clarke, 2006, p.86).

A thematic analysis conducted from a social constructionist perspective does not focus on the individual psychology but on the socio-cultural contexts that enable the individual account (Braun and Clarke, 2012). In turn, as the main aim of this research is on how trainees discuss BDSM, a social-constructionist epistemology was the most suitable to adopt for this research.

While there is no one single definition of social constructionism (Potter, 1996 & Burr, 2003), there are some common features of a social constructionist epistemology. In order to better understand why this position is deemed the most appropriate for this research, I have considered some of the common facets outlined in the work by Vivien Burr (2003): being critical of taken for granted knowledge, knowledge being historically and culturally specific, knowledge being sustained by social processes, and knowledge going together with social action. With this in mind, the central tenets of social constructionism have been considered, below, in relation to BDSM.

1.14.3.1 Social constructionism is critical of taken for granted knowledge

One of the key features of this epistemology is adopting a critical stance towards taken-for-granted knowledge. A social constructionist should constantly question the way we understand the world and not assume that we know the truth based on our objective observations. For example, by questioning the way in which we categorise people who engage in BDSM, assuming that there are naturally occurring differences between people on the basis of things like sexuality.

Burr (2003) observes that sexuality is viewed by evolutionary and biological theories as a given of human nature, and the very nature of BDSM practices challenges that. BDSM has frequently come under scrutiny within societal discourse as a controversial sexual practice that can be viewed as degrading, reinforcing structures of dominance and submission (Lockhart, 2013). A social constructionist would need to question this view of sexuality, as well as the wider discourse of BDSM which constructs BDSM in a singular way and as lesser than non-BDSM practices and relationships.

Social constructionism views sexuality as more fluid and rejects the notion of simple binary opposites of male/female, masculine/feminine and straight/gay. Emergent work over the past decade has critiqued the "normal" vs "deviant", and positioned sexuality as something that is fluid and non-binary (Richards & Barker, 2013; 2015).

1.14.3.2 Knowledge is historically and culturally specific

Another aspect of a social constructionist framework is the importance of historical and cultural specificity, as the ways we understand the world depend on the place and culture in which we

grew up, as well as the time in which we live. It would be argued from a social constructionist position that how we construct BDSM is very much dependent on both of these. Historical and cultural specificity are relevant to where and when in time we might gain particular knowledge of a subject, and to the potential social consequence of this understanding. Our constructions of the world have implications for what people are allowed to do, which are entwined with power relations (Burr, 2003). For example, the introduction demonstrated how BDSM has been constructed as criminal and pathological at various points in time, how this impacted on the way people were treated, and how it may have served those in the criminal justice and medical/psychiatric professions.

1.14.3.3 Knowledge is sustained by social processes

Our common ways of understanding the world are constructed and sustained in our interactions with the social world (e.g. watching television, chatting with friends). Certain discourses/constructions are dominant in our society, so we are more likely to adopt these. The way in which we construct our understanding of the world comes from 'existing categories of thought appropriate for the expression of our experiences' (Burr, 2003, p.7), in other words the language we use to construct our realities is a 'pre-condition for thought' (p.8). In relation to BDSM, it could be argued that those who engage in BDSM practices might use different language, as a way of constructing their understanding of BDSM in comparison to those who do not engage in BDSM.

1.14.3.4 Knowledge and social action go together

Different ways of understanding the world bring with them different ways of acting. Social constructionism asserts that 'language has to be more than a way of expressing ourselves' (Burr, 2003, p.8). It rejects the notion that language is just a way of accessing our thoughts and emotions, but argues that by using language it allows for an action to occur. For example by constructing BDSM as weird/strange/fun/acceptable has practical implications for what it means to engage in BDSM.

1.14.4 Consideration of methodology

Discourse Analysis was considered for this research and rejected in favour of Thematic Analysis. Further details of the methodology are considered below.

1.14.5 Discourse Analysis

Discourse analysis is an umbrella term used within the field of social psychological research to describe a number of ways of analysing talk and textual data (Antaki et al, 2003). At its roots is its turn to language, with discourse analysts interested in "the ways in which language constructs particular versions of experiences or events through people's accounts of them" (Willig, 2012, p38). A discourse analytic researcher is interested in investigating what language does, and what cultures and individuals can achieve through language. Within the field of discourse analysis there are a number of different approaches dependent on the aim of the research question and the epistemological position (Morgan, 2010). Wetherell (2001) acknowledges that there are approximately six ways of carrying out discourse analysis, and eight approaches acknowledged by Parker (2013). However, the key feature is that discourse analysis examines both the construction and function of language, with discourse constructing realities, as well as having a social action with individuals using language as a way of achieving particular interpersonal goals (Georgaca & Avdi, 2012).

Several writers (e.g. Wetherell et al, 2001; Parker; 2013) have differentiated between the many versions of discourse analysis, the two main being discursive psychology and Foucauldian discourse analysis. Discursive Psychology, originally known as discourse analysis in social psychology, was started by Potter and Wetherell (1987), and has been developed by writers such as Edwards and Potter (1992). It has its roots in ethnomethodology and conversation analysis that focuses on the everyday practice of how discourse creates social interactions, and aims to identify what people are doing with their language, often carried out in naturalistic settings (Wiggins & Potter, 2008). A criticism of discursive psychology is that it does not take into account the cognitions of the speakers and that it rejects the notion of cognitivism in relation to emotions. What discursive psychology rejects is that there is a direct correlation between what one verbally expresses and one's internal mental state, including one's beliefs and attitudes (Willig, 2001). Burr (2003) recognises that discursive psychology does not attempt to ignore cognitions, but they try and make sense of discourses amongst the interactions of others. As Willig (2001) identifies, we have to acknowledge that people have a stake in a conversation and so when they actually express an opinion they are doing so within a social context.

> In other words, to make sense of what people say, we need to take into account the social context within which they speak

> (Willig 2001, p.93).

Like discursive psychology, Foucauldian discourse analysis (Parker, 1992; Willig, 2001) is also critical of cognivitism. In contrast to discursive psychology, Foucauldian discourse analysis (Parker, 1992; Willig, 2008) focuses on discursive resources that people have available to them and aims to look at how discourses construct subjects and objects, in essence subject positions (Nightingale & Cromby, 1999). Derived from post-structuralist theories informed by Michael Foucault (Arribas-Ayllon & Walkerdine, 2008), there can be similar overlaps to the work of critical discourse analysts, such as Fairclough (2010). Power is central to this type of analysis and FDA asserts that our discourse is a system of representations in which, through language, productions of knowledge and power become available (Morgan, 2010).

For Foucault, history has a vital role in the production of our knowledge and the historical context of our discourses is an important aspect of the construction of our knowledge of a subject (Hall, 1997). Social constructionism also views language as the major driver towards change. If language and the meanings of language is fixed then we have fixed constructions of ourselves, which in turn means if we see language as something that is constantly evolving and changing then we can change the constructions of ourselves (Burr, 2003).

Foucault (1970) believes "nothing exists outside of language" (Hall, 2001). While he did not deny that there was a material world outside of language (Hall, 1997), it appears what was meant by this statement is that the only way to understand the meaning and social reality of our world, is to be found within the understanding of discourses. The example of sexuality was used earlier, but Langdridge & Hagger-Johnson (2004) also use this example to highlight how at a particular time in history particular subjects ('the homosexual') can be created by particular discourses ('medical and legal'). Langdridge & Hagger-Johnson (2004) identify how this can position the subject, with this example of the 'homosexual' as 'sick' which has many implications for how the individual is treated in society, for example "treating the individual" through a medical discourse. Similar examples could be identified today with the construction of "obesity" or "illegal immigrants". Foucault used the example of the *'psychiatrization of perverse pleasure' (*1976, p.105) to explain how the sexual instinct 'became assigned the role of pathologisation' (p.105) by psychiatry, which resulted in the 'perverse adult' who was in need of treatment. Thus one of the key facets of FDA is having an understanding of how discourses can both facilitate and limit our understanding of the subject.

Both of these approaches to discourse analysis focus on how language is used between people to construct their social reality, and manage their interest in social interaction (Burr, 1995). A Foucauldian Discourse Analysis approach seeks to explore the broader institutional practices of language (Arribas-Ayllon and Walkerdine, 2008), which is not the intention of this research. While it is important to acknowledge the overlaps between a social constructionist thematic analysis and discourse analysis, discourse analysis was not deemed the most suitable approach

for this research. Discourse analysis is concerned with mapping the discourses that participants use to raise awareness of taken for granted assumptions or to further understand embedded power relationships. (Burr, 1995). While language was of interest in this research, by exploring how participants talked about BDSM, language was not the sole focus of the research. The researcher wanted to have the flexibility to be able to explore how BDSM was being talked about, and to gain an insight into the participants thinking about BDSM. Thus by employing a discourse analysis, it would have restricted the researcher to seek a set of discourses and focus on the function of those discourses, as opposed to allow for a broader exploration of the themes that emerged surrounding what counselling psychologists think about BDSM. Given discourse analysis tends to not share the view that there is a relationship between language and mental states (Willig, 2008), a discursive approach would also limit the researchers ability to analyse participants thinking about BDSM. The research used language to think about how trainees talked and thought about BDSM, rather than language being the explicit focus, which is why a constructive thematic analysis seemed the optimal methodological approach.

1.14.6 Rationale for choosing Thematic Analysis

Despite many criticisms of thematic analysis (TA) (Boyatzis, 1998; Holloway & Todres, 2003 in Braun and Clarke 2006) within the field of Qualitative research, arguing it to be more of a 'specific tool' used across all of the methodologies as opposed to a methodology in its own right. Braun and Clarke (2006) argue against this notion. In this section, I will identify the reasons why a thematic analysis was deemed the most appropriate methodology for this research and highlight, in the following section, some key considerations Braun and Clarke (2006) acknowledge need to be made before conducting a thematic analysis.

Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data (Braun and Clarke, 2006). An advantage for employing thematic analysis to this research was the idea that TA is regarded as theoretically flexible, as identified in the earlier section on epistemology, it can be applied across the board to both essentialist and constructionist paradigms, which was appealing in the initial design proceedings (Braun and Clarke, 2006). That is not to suggest that Braun and Clarke are stating thematic analysis can be theory-less or from no particular epistemological framework, but that it can be applied across the board.

Another way that TA demonstrates its flexibility is through the emergence of patterning across language, the methodology '*does not require adherence to any particular theory of language*' (Braun and Clarke, 2013, p120). The aims of this research was to explore how trainees talk and think about BDSM, and identify patterned meanings, as opposed to the constructive role and function of the trainee's use of language. Therefore, a social constructionist thematic analysis is an ideal method because unlike discourse analysis, a technical knowledge of language practice was not needed (Braun and Clarke, 2013).

Given the under researched nature of BDSM within the field of Counselling Psychology, this research was exploratory. By using TA, I could produce a rich and detailed account of the data set as well as structure the data and hopefully present the reader with a wealth of ideas offered by the participants.

1.14.7 The outset of the process

Several considerations need to be made at the outset of the research process given the different forms thematic analysis can take and are important to be made explicit in the methodology (Braun and Clarke, 2006). One of these includes the identification of what constitutes a 'theme'. Broadly speaking, a theme serves to identify, label and organise the data and give meaning to the data. Unlike, quantitative research, where it is easier to quantify 'themes' by coding the number of times they appear, it is a far more subtle and a somewhat subjective process in a thematic analysis. There is no fixed rule that can be applied when identifying a theme and it is advised that a level of flexibility is applied when identifying a theme which involves a researcher's judgment (Braun and Clarke, 2006).

> …the 'keyness' of a theme is not necessarily dependent on quantifiable measures-but in terms of whether it captures something important in relation to the overall research question.

(Braun and Clarke, 2006, p80)

There are two ways in which themes can be identified dependent on the account of the data the researcher wants to give. A thematic analysis can either adopt an 'inductive approach', or in contrast a 'theoretical approach' (Braun and Clarke, 2006). The former focusses more on the 'bottom-up approach which generates themes that are closely aligned to the data set (Frith &Gleeson, 2004). By contrast a 'theoretical' analysis takes more of a 'top down' approach, where the researcher has more of a specific focus on coding the data, which takes a pre-existing theory about the data and seeks to shape the analysis findings around this.

It was not my aim to fit the data into a pre-existing theoretical framework, while I was aware of some of the literature and theories surrounding BDSM, I wanted to document a rich description of the data overall, as opposed to focus on a specific theory. My focus was to look at ways in which BDSM was being talked and thought about by trainees, meaning that an inductive approach seemed the most relevant because I could code for any themes within the data that related to BDSM, as opposed to prior themes and theories that had previously been identified in other work. There are debates as to whether the researcher should engage in literature prior to analysis especially when carrying out an inductive approach because it can restrict the *"analytic*

field of vision" (Braun and Clarke, 2006, p16). However, I think it would have been difficult and naïve not to engage in the literature prior to analysis, because the initial engagement in the data enabled me to develop the research. I remained mindful to the fact that I was aware of pre-existing discourses surrounding BDSM, and was cautious when it came to analysis to reflect how this may have influenced coding for themes. Thus, it is important to acknowledge the role I play in the research process, for example being aware of certain literature, and how that might have shaped my analysis. This is discussed in the reflexivity section.

Another consideration that was made prior to analysis related to the 'level' at which themes were to be identified: at a semantic or explicit level, or at a latent or interpretative level (Boyatzis, 1998; Braun & Clarke, 2006). A semantic level of coding often fits a realist paradigm, where the data is analysed on a descriptive and surface level, and so does not consider what is beyond the participants' statements (Braun and Clarke, 2013). With a latent approach, the development of themes during the analysis involves some interpretation of what is being said (Braun and Clarke, 2006; 2012). The aim of this research, particularly given its constructionist paradigm, was to move beyond the explicit content of what the participants had said, and provide an interpretative analysis of the data, thus a latent approach was conducted.

1.14.8 Establishing trustworthiness, rigour and quality of research

It is essential even when carrying out a qualitative piece of work that the research can demonstrate its quality and rigour to indicate its credibility. Traditionally within the positivist framework this has been known as 'reliability and validity' of research (Yardley, 2008). Oakley (2000) identified the need to move on from the argument for putting quantitative against qualitative research preferably by acknowledging an error for judgement in all research. Morrow (2005) identified in her paper that while there are variations of establishing trustworthiness within qualitative research dependent on the different methodological approach, there are several factors to be taken into consideration, including:

> …sufficiency of and immersion in the data, attention to subjectivity and reflexivity, adequacy of data, and issues relating to interpretation and presentation

> (Morrow, 2005, p.250).

In this next section of my methodology, I take into consideration the aforementioned criteria to show the reader that counselling psychology research within a constructionist framework need not adopt a conventional frame of inquiry when it comes to trustworthiness by adopting a "parallel criteria" approach, a term coined by Lincoln & Guba (2000). In effect this approach has established a similar criteria of measuring the quality of qualitative research alongside quantitative data, because qualitative data achieves different knowledge from quantitative

research, and by assuming the same approach, an apologetic attitude of research not being quite rigorous enough is adopted (Morrow, 2005).

Establishing rigour is dependent on the epistemological standpoint of the research within qualitative methodologies (Meyrick, 2006). Hammersley (1987) suggested that the data is 'valid' in qualitative research if "it represents accurately those features of a phenomenon that it is intended to describe, explain or theorise" (p.69). The debate though, is how qualitative researchers know that the data they are presenting is an accurate presentation (Pyett, 2003). A potential threat to validity is that researchers present data that supports the ideas they have about the research. One way of validating qualitative research is to carry out 'participant validation', which involves the researcher taking their analysed data back to the participants to ensure that they have captured the right account of what their participants were trying to say (Willig, 2013). This can assume that if the participant agrees with what the researcher has captured in their analysis this can be constituted as a form of validity. However, this is not deemed appropriate within a social constructionist framework because the researcher assumes that the participants may not be aware of the wider social discourses that they are drawing upon, or how they are constructing their language to achieve certain social actions.

I felt it was appropriate to use the supervision, from City and externally, to aid the validation of my categories. In order to show transparency of the analysis, it is illustrated with detailed quotes to give the reader an indication of the nature of the data and these are provided in the appendices. Hopefully this will reassure the reader that the results are valid. Transparency is also provided by this methodology when I have given the reader a detailed account of all stages prior to, and, during data collection. My appendices include documents from my analytic procedure in order to aid rigour and transparency.

Another example of difference amongst qualitative research is in relation to if and how a researcher influences their findings, with Seale and Silverman (1997) arguing that a researcher should remain objective, while Sherrard, (1997) noting that they should be aware of their influence. In particular with qualitative research the process of reflexivity is needed to ensure that validity is achieved in analysis. Finlay describes reflexivity as a "continual evaluation of subjective responses, intersubjective dynamics and the research process itself" (2002, p.532). With this in mind it was important to be aware of the role I play in this research process, both as a researcher, an individual and a trainee counselling psychologist myself. I needed to be aware of how my own preconceived ideas might impact on the stages of analysis, and continuing to return to the data was important to ensure that my interpretation was an accurate reflection of the data.

Reflexivity relates to how my role as a researcher and knowledge of BDSM might impact on shaping my analysis, but it can also refer to being reflexive surrounding the methodology (Pyett,

2003). For example, I ensured that I was aware of the relevant academic literature surrounding BDSM and when it came to selecting the materials for my focus groups, I worked closely with my external supervisor, who has specialist academic knowledge in the field of BDSM on what best materials to use to collect my data. I have attempted to incorporate reflexivity throughout my work and discuss it towards the end of this section.

1.14.9 Rationale behind the use of a Focus Group for data collection

The focus group is an alternative method of data collection to semi-structured interviews; in essence it is a group interview where the focus is on the interaction amongst the participants, which creates the data. Strengths of the focus group are that it enables participants to respond to each other's contributions and in turn challenge what might be said amongst the group, which can generate different statements and constructs of the subject (Kitzinger, 1995). This in turn can produce very rich data (Willig, 2013). Frith's (2000) use of focus group practice in her sex research suggests that focus group members "contradict, disagree and challenge one another" (2000, p288) which is a major strength of its application. She also highlighted in her work, three advantages of focus groups for sexuality researchers to include (Frith, 2000, p277):

- Focus groups are useful for exploratory research into under researched topics

- Focus groups enable the researcher to learn the language and vocabulary typically used by respondents.

- Focus groups provide conditions under which people feel comfortable discussing sexual experiences and which encourage people to talk about sex

Kitzinger identifies (1995) how dominant cultural narratives can be exposed in focus groups due to dynamic interaction with others and highlights the research of Barker and Rich (1992) that exposes the dominant narratives of sexuality within focus group research. Kitzinger (1995) highlights how focus groups can be used for 'taboo' topics of research because the "less inhibited members of the group break the ice for shyer participants" (p. 300). On the flip side to this, some limitations to the focus group are that individual voices of dissent are not expressed (Kitzinger, 1995) due to the nature of group dynamics, and that some voices are silenced over others. It would be a task for me to ensure that all voices were given an opportunity to be expressed in the groups.

Given the under-researched nature of BDSM within the field of counselling psychology and the aim of this research being interested in how BDSM was being discussed, I felt the focus group was an appropriate method of data collection. I also believed that if I ensured I provided the right conditions for the participants to feel comfortable to talk about BDSM it would, in turn, develop some interesting data. Wilkinson (1998) also argues that focus group research carried out within a social constructionist framework assumes that sense-making is made

collaboratively amongst social interactions between people, as opposed to pre-existing cognitions inside the mind of an individual. This is another rationale for using the focus group.

At my annual research review meeting, an initial concern raised by my tutors and colleagues was that counselling psychologists in training will only give desirable responses to ensure that they are seen to be open-minded, non-judgemental, and in keeping with how they believed they should be perceived. It was suggested that I consider how I could get the most from the research to ensure that this was not the case. This feedback made me reflect on how I could encourage participants to talk openly to ensure a range of discourses were aired. They suggested that I might wish to consider offering a post focus group follow up interview for the participants, should they wish to discuss issues that they felt unable to in the focus group, to allow for counter-responses. I did take this into consideration and interviews were offered. However, I did not make this a mandatory requirement as I was concerned that this may have not appealed to individuals coming forward.

1.14.10 Recruitment Procedure

An email with the advertisement outlining the details and nature of the research was emailed to each of the course administrators of the DPsych counselling psychology courses in London asking for the information to be disseminated to all students across their cohorts. I decided to contact the courses in London only, as I felt that would increase the likelihood of participants being able to take part in the research. In the instance where I had a more appropriate contact, for example one of my colleagues had informed his tutor who was a course director, I was able to send an email directly to them. The course administrator of the DPsych at City sent out an email with the attached advertisement to the other cohorts on the training. An advertisement was also placed in the BPS Bulletin requesting participants to participate. I included my email address in the advertisement should participants want to come forward to contact me. I also posted an advertisement on the counselling psychology Facebook page which is a closed/private group. Given the sample of the participants, being counselling psychologists in training, I also employed a word of mouth approach among colleagues in training and work colleagues, and asked them to forward on the advertisement to other trainees about the research. I was keen to keep costs to a minimum and felt the above techniques seemed the most appropriate and pragmatic approach to recruit the required participants.

1.14.11 Sample size and sample inclusion.

Given the aim of my research was to explore how trainee counselling psychologists talked about BDSM and what their thoughts were about the topic, I did not think it was necessary to require the participants to have any previous experience of working with clients who have engaged in BDSM, nor did they need to have any level of knowledge concerning the subject or have

worked within a psychosexual service. I expected at least some participants to be naive about the subject, as well as other participants who did have a stake in the subject matter. The only requirements were that the participants were in training on a DPsych counselling psychology course, and that they were able to commit to one focus group lasting about 1.5-2 Hours. I was aware that given the nature of it being a 'small world' within the field of counselling psychology some participants might be known to each other. I was sure to flag this with participants when they came forward to ensure there were no particular concerns for them with this being the case. I did not want to reinforce the negative connotations often attributed to BDSM by labelling this as a 'sensitive' topic, and the research was not explicitly interested in the participant's personal experience with BDSM, so it was not seen as sensitive to them. However, I was conscious given the nature of BDSM being under-researched that I would have to take into consideration how I would carry out my focus groups to ensure group contributions. The literature on focus group research advocated both the advantage of participants being known to each other within a group and not (Rabiee, 2004 and Kitzinger, 1994, 1995) especially in relation to sensitive topics.

A total number of 12 trainees contacted me expressing an interest in participating in my research. I chose a couple of dates that I was able to run the focus groups, informed them that I would be holding the focus group at City University, and then offered these dates to the participants and gave them the opportunity to decide which one was most convenient for them to attend. Given the nature of focus groups, involving more than one participant, it was not logistically feasible for everyone to be available at the same time and on the same day in the same places, subsequently and understandably this led to people not being able to take part. I tried to ensure that everyone could be included where possible. This resulted in ten participants being available, and being allocated to two separate focus groups, dependent mainly on their availability. One participant dropped out of the group a week before the research and was unable to join the other group. Unfortunately one of the focus groups had to be rearranged due to personal circumstances beyond my control. However, this meant one participant was not able to take part as a result.

It was evident from the literature that group size was important to the success of the focus group method (Peek and Fothergill, 2007), and that an average group size ranged from between 3 and 20 participants (Morgan, 1997). Willig (2012) points out that it is extremely difficult to transcribe a focus group with more than six participants, so this was an important consideration. Given the participants that came forward, the two groups were made up of one group of 5, which included 2 males and 3 females between the ages of 18-35. Two of the trainees were in their first year of study, two were in their second year of study and one was in their final year. Two of the participants described themselves to be heterosexual, with one participant describing themselves as gay, another as bisexual and one as a lesbian. The second focus group was made

up of four participants all females ranging from 25-35. Three of the participants described themselves as heterosexual and one described themself as a lesbian.

There was a general consensus amongst the literature that there should be enough groups held to allow for repetitive themes to emerge amongst the discussions, and that anywhere between 2-4 focus groups would be sufficient (Calder, 1977; Krueger, 1994; Vaughn et al 1996). A key focus of a good thematic analysis is the depth of analysis over the quantity of data collection; it was important to gather enough data that allowed for repetition in the themes and produced enough data for an in-depth analysis.

I wanted to keep a pragmatic and open mind to the exact number of focus groups that would be carried out dependent on the material that came up. Given the success of the pilot group, which I discuss below, it was decided that this material would be used in the research, and the participants were aware that this was the case. The data was carried out prior to my maternity leave, but after a significant time away from the data, I had debated whether or not the three groups were sufficient. Through transcription and analysis, a number of similar common themes and subject positions were identified, I decided for the requirement of this research, given the limitation on space, that the three focus groups (including the pilot, discussed below) comprising over 49,000 words of data would be sufficient.

1.14.12 The inclusion of the pilot study

A pilot focus group was carried out using 4 female counselling psychologists in training that all self-disclosed as being of heterosexual orientation. The trainees were known to me, approached by myself, and asked if they would like to attend the pilot group with the possibility of the data being used for the final research. The pilot focus group was an opportunity to trial my script along with the focus group materials (which are further explained below) to see if they flowed, and that the focus group set up worked as a way of generating data. Given the participants were known to each other, it was encouraging to see the participants appeared comfortable talking openly about the subject. I was conscious that given my relationship to the pilot group participants, and being fellow training colleagues that they may have felt they needed to give a particular response, however it appeared that some rich data was generated. I gathered some feedback after the group to gauge what did and did not work, and the general consensus was that the use of materials worked well as prompts and sparked a variety of conversations about the subject. However, one note that did come from the pilot group was to ensure that the exact definition of BDSM (Bondage, Domination, Submission and Sadomasochism) was given when I referred to it in my opening script rather than just the acronym, and that the relationship between current law and BDSM was accurately provided. I ensured that I readdressed these considerations for the next focus groups, but did not feel that they devalued the data that was collected.

1.14.13 Carrying out Focus Groups and ethical considerations

Being new to carrying out focus groups, I sought the literature on the practical aspects of setting up and conducting a focus group prior to doing so to ensure the smooth running and my efficacy as a moderator. I felt my clinical skills as a counselling psychologist in training would come into use to help with the differing group dynamics that might inevitably occur as a result of using a focus group, as well as the use of questions and summarising to stimulate discussion.

Prior to carrying out the focus group I attended a one-day workshop held by Pink Therapy entitled 'Understanding Kink and BDSM' (Pink Therapy, 2010). I wanted the opportunity to understand the subject in more detail, talk about the subject and feel comfortable with things that were perhaps new to me and immerse myself in current research as well as challenge any common myths I had heard about the subject. I found the workshop to be very informative and the workshop materials used provided interesting and stimulating discussion and debate. Given that I wanted the participants to be able to discuss freely and openly about the topic of BDSM but noted it was also potentially a sensitive subject, I thought it would be appropriate to use similar prompts within my own focus groups to get discussion flowing.

I contacted Dr Meg-John Barker who had provided the material for the focus group and asked if I would be able to use, as well as adapt, their materials for my own focus groups. It was agreed that they would be happy for me to use their materials or adapt them where necessary, as long as I were to make reference to the materials in my research and during the focus groups to ensure transparency. Focus group materials were taken and adapted from Barker's (2005) SM awareness training and were approved by them prior to use. All participants involved in the research were informed of the materials that had been provided by Dr Meg-John Barker, both verbally, and in the handouts. The full list of materials can be found in the appendices.

The research was given ethical approval by City University Ethics committee and was supervised by a chartered psychologist. Support was also sought from an external psychologist who has significant expertise within the field of sexualities. My research was carried out within the 'Code of Ethics and Conduct' (BPS, 2006) as well as the 'Health Professional Standard Council of Conduct and Ethics' (HPC, 2008). When the participants initially expressed their interest in the research, they were given a copy of the participant information sheet, they also received this on the day of the focus group along with a copy of the research demographics form. I began by reading through the research script, telling them a little more about the subject as well as some common misconceptions surrounding the subject. I informed them of my intention throughout the research, and asked them to sign a consent form paying particular notice to the confidentiality statement given the sensitive nature of the topic in question. The details of confidentiality are outlined in the next section.

1.14.14 Confidentiality

The participants were asked to sign an informed consent form before participating in the focus group. Another copy of the participant information sheet was given to them reminding them what the research entailed. The participants were made aware of the following before signing the form.

- All the focus groups and interviews will be taped and transcribed verbatim.

- All data would be kept in a locked and secure cabinet on a password protected folder on the computer in accordance with the Data Protection Act (1998).

- All transcripts will be fully anonymised and all potential identifiers will be changed in the work to ensure participant confidentiality.

- Participation is entirely voluntary and participants were allowed to withdraw at any point during or after the focus group if they wanted to.

- Participants were asked to anonymise any clinical data that they brought to the focus group and to adhere to confidentiality if talking about clients.

- If at any point during the focus group participants became distressed talking about the subject they could ask for the recording to stop.

- Participants were also provided with my name, an email address to contact me and the name of the institution where I was studying, along with the details of my research supervisor and her contact email.

1.14.15 Focus Group Materials

I began recording the focus group once I was happy that people had signed the consent form and there were no pending questions. Participants were offered a piece of paper to take notes should they have wanted to. In order to stimulate the discussion, I introduced an ice breaker exercise where I asked people in the group to get into pairs/threes and discuss what words/images/thoughts came to mind when thinking about BDSM. This exercise lasted between three and five minutes. Due to the nature of everyone talking over each other and not as part of a group, this part was not included in the transcription. People then came back to the wider group and started to talk about what they had discussed. This ice breaker started the flow of the conversation. Then I asked participants to think about how BDSM was represented in the media, and if there was anything that came to mind when they considered these. In relation to these discussions, participants were asked to consider their attitudes to BDSM. Participants were presented with some statements surrounding BDSM and were asked to think what came to mind when considering each of them (Appendix C). The statements are 'common myths' about BDSM but the participants were not informed of that until debrief. As Barker (2005) notes in

their work it is more powerful for the participants to decide if the 'common myths' are problematic for themselves rather than being told by the researcher. Following these, a list of everyday activities (Appendix D), akin to BDSM scenes, were presented to participants in which they had to consider whether there would be any concern from themselves should their client engage in these activities. Participants were then presented with two case vignettes comprising of a brief formulation of Benjamin and Annie's (Appendix E) involvement within the BDSM scene. Participants were asked how they might work with both if they entered therapy.

In the final stages of the focus groups, participants were asked to consider the role of Psychiatry into understanding BDSM, as well as that of the law. Descriptions of Sadism and Masochism were presented from the DSM-IV-TR, and participants were asked what their thoughts were about its inclusion in the DSM-IV-TR. The final point of consideration concerned the law. Participants were informed of the current UK position in relation to BDSM, were given the example of the Spanner case (Appendix F), and the participants were asked for their thoughts about this.

As the focus groups drew to an end, participants were asked to contribute any final thoughts about BDSM or reflect on their involvement, and the recording stopped before participants were debriefed.

1.14.16 Debrief

Once the focus groups had finished, the recording stopped and participants were given a debrief sheet. This reiterated the purpose of the research and how the data were to be analysed. I had added a paragraph informing the participants that the statements surrounding BDSM that they were presented with during the focus group were indeed 'common myths', and only held by some people according to previous research that had been carried out, and were not statements upheld by the BDSM community. Participants were informed that they would be sent a certificate of participation within the month of taking part. This was provided for Continuing Professional Development purposes (CPD), as I felt it would be good to acknowledge that they had taken part in research that enabled them to challenge their own perceptions of the subject. A list of seven recommended references and two websites were provided to the participants should they have wanted to do any further reading about the area. Participants were reminded that if anything distressing had come up from the interview then they could talk to their personal therapist or were signposted to a list of suitable organisations where a therapist could be found if they were not in therapy.

The participants were informed that if they had any concerns about how the research was conducted or any general questions that they could email my research supervisor, Dr Jacqui

Farrants. The participants were given an opportunity to discuss how they found the focus group and it seemed that the general consensus was that the group had been not only informative but a chance to explore and challenge their own opinions on the subject which left them wanting to find out more about BDSM.

Participants were reminded that they could participate in an individual interview if they felt there was anything they could not talk about in the focus group, or if anything came up after going away from focus group. A follow-up email was sent after the focus groups thanking the participants for their participation and reminding them of this opportunity. Again, a general comment that seemed to be apparent was that the participants felt that they were able to speak openly throughout the group, and no-one came forward for a further interview. It was decided that the interview schedule would have been devised, as a follow on from the focus groups, as a result of what had discussed and given no uptake, an interview schedule is not available. The analysis comprises of 3 focus groups, totalling 13 participants.

1.14.17 Transcriptions

It is recognised in qualitative research, that while it is favourable to obtain naturally occurring data, this is not always practical or ethical. The very nature of setting up and facilitating a focus group as well as the volume of data that was going to be collected meant that the groups needed to be recorded and transcribed in order for the analysis to be carried out. The transcripts were transcribed verbatim. I used a foot pedal and installed the audio software, Express Scribe, to help facilitate the transcription process. This helped me to increase my words per minute, and I felt both the software and pedal increased my productivity.

There is no one prescribed way to transcribe data when conducting a thematic analysis, but it is suggested that it is a "key phase of data analysis within interpretative qualitative methodology" (Bird, 2005, p227), and therefore it is a timely process. Given the constructionist nature of this research where I would use the data to explore the meaning beyond the explicit content of what was being said, it was important that the transcripts were transcribed in enough detail. This was to avoid losing any meaning amongst the text, and it was important for key features of speech as well as other-non-verbal cues to be transcribed.

Willig (2001) identifies that there are certain features of speech as well as other non-verbal events that are important to transcribe. It felt pertinent that certain non-verbal cues were recorded, such as laughter, pauses, utterances, (including coughs and sneezes), interruptions in speech and change in tone of voice or emphasis in speech. Poland (2002) highlights the importance of ensuring that the transcripts retain the level of detail that is required so as for the meaning not to change. For example, to ensure punctuation is added in the appropriate place as to not lose meaning. These were added to the transcripts in square brackets. Line numbers were

added in the left-hand margins to allow for ease of selecting data. Focus group one lasted 1 hour and 46 minutes, focus group two lasted 2 hours and 12 minutes, and focus group three lasted 1 hour and 42 minutes. On average it took one hour to transcribe 10 minutes of text. I will discuss how I approached my transcripts prior to and during the analysis under the section of familiarisation with my data.

For the purpose of the transcripts, participants were numbered from 1-5, dependent on the order in which they first spoke. For the purpose of the analysis, pseudonyms were used when presenting an extract from one of the participants. A few pages of an annotated transcript (Appendix G) is included to provide transparency.

1.14.18 Stages of Data Analysis

1.14.18.1 Stage 1: Familiarisation of the data

The first stage of this procedure involved familiarising myself with the data, which begun while I was conducting the focus groups. As each of the focus groups took place, I started to observe emerging patterns coming through from the data. I ensured to make analytic notes about the process, themes or content, as well as reflect on the use of my questions or any thoughts and feelings that were occurring for me and my role throughout the focus group.

However, I was aware that my own preconceived ideas surrounding the data and my own researcher objectives may have had an impact on such noted observations, and I ensured to remain reflective about this. The next stage of familiarisation was to listen back to the focus groups several times before transcribing them verbatim. When I initially listened to the audio recordings I made notes of any emerging themes that were coming through. Braun and Clarke (2006) identify in their paper that the process of Thematic Analysis is not a linear process, and can be something that can be conducted in a recursive manner. The very nature of identifying emerging themes at this stage was part of the analytic process. When it came to transcription of the audio recordings these were done verbatim, as discussed above.

While the transcripts formed part of my analysis, it is the recordings that form the true data, so I would ensure that I listened to the recordings each time I considered my analysis to keep myself immersed in the data, and to ensure there was no distance between myself and the focus groups. I carried out the transcriptions of my focus groups before commencing maternity leave so that the data remained fresh, and even though there was over 18 months between carrying out the groups and working on my analysis, and over two years before submission, I felt it only enriched my analysis because I was constantly reviewing the data which enabled me to constantly re-familiarise myself with the data.

1.14.18.2 Stage 2: Coding

The second stage was to generate codes for the data. This was a very active stage of the research. Given that the research was interested in how participants were talking and thinking about the subject, an initial part of the coding included the highlighting of keywords in the transcripts where both implicit and explicit references were made towards BDSM, as well as any sentences where reference of opinions towards BDSM were made. These were not only keywords but particular phrases. For example, specific keywords evidencing explicit references were underlined, such as 'forbidden', 'murky', 'dark', 'fun' and 'sex', and implicit words, such as 'there are not the words' or 'extreme' without directly naming what extreme was were also highlighted. By doing this I was able to start generating labels that could be attributed to the data. Ryan and Bernard (2003) recommend the use of different coloured highlighter pens to allow for a visual and manual aide when engaging in the coding process. I also found it useful initially to identify keywords and codes through the use of coloured post-it notes. This meant I had something to play with and move about, which meant I could categorise codes together and separate them if needs be. This stage of coding was lengthy, and involved re-reading and re-listening to the transcripts on many occasions and attending to the data line by line, to be sure not to miss anything. Braun and Clarke (2006, 2012) identify that this stage of analysis is more than a process of 'data reduction', and it enables the researcher to have a deeper understanding of the data on both a semantic and conceptual level. This stage of analysis was an evolving process, at first instance there were many keywords that I had identified that had been attributed codes, but as I continued to immerse myself in the data it became apparent that these codes could re-grouped and re-coded to allow for more succinct, and pertinent coding. 269 codes were identified, of which an example of these can be found in Appendix I.

1.14.18.3 Stage 3: Searching for themes

Having identified all of the codes in the previous stage, it was now time to identify themes that had emerged from the data. Braun and Clarke (2013) drew an analogy between stages two and three of analysis and building a house, which was a useful parallel to bear in mind in relation to this stage.

> If codes are the bricks and tiles in a brick and tile house, then themes are the walls and roof panels. Searching for themes is a bit like coding your codes to identify similarity in the data.
>
> (Braun & Clarke, 2013, p 123).

The relevance of the research question was important here because the researcher was to construct themes that emerged throughout the data that gave the data set some meaning in

relation to the research question. This involved grouping the codes together to give further meaning to the data. At this stage it became apparent that some codes were better grouped with other codes in order to create more succinct themes. A good way of searching for a theme was to identify any repetition within the data. Researchers (Guba, 1978) consider the data to be valid and pertinent if a majority of participants articulate the same idea. Again, this stage was time consuming and complex, because it also involved me to apply my judgement to the data and in how I organised the relevant themes.

1.14.18.4 Stage 4: Reviewing themes

It was at this stage that I was to decide whether the themes that had been identified were relevant in relation to the data set. In essence whether the themes tell a story that reflected what had been captured in each of the focus groups. Similar to the stage of coding in which some codes were regrouped with others in order to generate a more succinct code, I reviewed each of the themes that had come up and decided if any of those themes needed to be further joined with another one, or indeed split into two or three themes. However, at this stage a theme "must describe the bulk of the data" (Joffe and Yardley, 2004, p67), and single statements, while relevant, might not best tell the story of the data. This is why some themes were better grouped together to paint a more relevant picture. I found it useful to continue using visual prompts, and cut chunks of text from the manuscripts and stuck them under headings. This helped with the process of identifying a story within the themes, and also helped me to narrow down the data.

1.14.18.5 Stage 5: Defining and naming themes

While it was within this stage when the naming and defining of the themes came about, this was something that had been worked on throughout each stage of the analysis. In order to give each of the themes a definite name, a detailed analysis was written of each of the themes summarising what story they were going to tell in relation to the data, and how they fitted into the overall research question and aims. Since the research was interested in how participants talk and think about BDSM, it seemed sensible to reflect this in the naming of the themes by relating each of the titles to BDSM itself. It did not seem relevant to identify subthemes, in fact, it felt that this might weaken the data and move away from what was being told, and so seven final themes were chosen.

1.14.18.6 Stage six: Writing up

The final stage of analysis involved the writing up of the report and the full analysis of themes. It was at this stage where the analytic narratives of each of the themes were to be woven together with suitable data extracts. The process of the write up involved several re-writes

because it was important to ensure that the report moved beyond mere description of the data and involved a level of interpretation. At times, it was difficult to balance the appropriate amount of data to use to illustrate what was being said by the participants. For example, some quotes were lengthy and not all of the quotes would have best illustrated the theme, so it was important to judge what to use. When an example of data was used to illustrate a theme, it would be indicated through line numbers where in the transcripts these started. In Braun and Clarke's (2006) paper they highlight criteria for doing a good TA which aided the write up process and helped to establish whether the analysis itself was able to go beyond data collection questions and tell a story.

1.14.19 Reflexivity

The way I have interpreted the procedure, related to the data and taken into account what I have chosen to present is very subjective. It is based on my own interpretations of the theory I have read and is dependent on my personal and professional experience. Where it has felt pertinent, I have attempted to interweave both methodological and process reflexivity throughout this chapter to give the reader an account of my interpretations.

Whether consciously or unconsciously, my own relationship to BDSM, my own political views and my own role as counselling psychologist in training will have influenced the way in which I have interpreted the data and presented the data. My initial interest in this research was sparked by my own observation of a lack of research about BDSM especially within the field of counselling psychology, as well as the discourses that I had assumed were out there. It has not been my aim to be objective and neutral in relation to the data but to be able to take a step back when writing this analysis and be mindful of my own contribution towards the research.

However, I was conscious of my own relationship to BDSM, and when I first embarked on this research it was a topic I knew little about. I was concerned that my initial lack of knowledge might have an implication on my findings. I was conscious of the language I used, not only in my writing, but also prior to and during data collection. I did not want to perpetuate dominant discourses surrounding BDSM by deliberately referring to this research as 'sensitive', but neither did I want to adopt a naïve position by not acknowledging that the topic has often been portrayed as 'taboo'. I acknowledged what I was doing with my language and how my relationship to BDSM could have had implications on the research. This was true when I carried out my focus groups. In my initial pilot study I was more cautious of the language I was using, in order to not 'misrepresent' BDSM. But I was able to reflect on my data prior to the next groups.

The nature of analysis, at times, left me feeling paralysed. As a novice researcher, there was a desire to follow a 'recipe', which at times left me with an anxiety about getting the analysis 'right ' or 'wrong'. I found comfort from writings about thematic analyses that there is no specific 'right' way to present an analysis, and that they can take on many different forms. Braun and Clarke's (2008) clear phases of analysis gave me comfort about carrying out my analysis, but then when I was left with the task of transforming the data into something meaningful it felt mammoth. Although, I was not carrying out a discourse analysis, my research did have a focus on looking at 'talk', thus with an interest in language, and some of the reflexive writings within the field of discursive psychology chimed with my anxieties. I was comforted that this did not appear to be an uncommon positon for researchers. Potter and Wetherell (1987) identify how this stage, after analysis and before writing up, can leave researchers in a state of panic and despair knowing what to do with the data. This was also reflected in the work of Harper (2003). My paralysis was also interspersed with the frequency at which I could write. Due to family commitments, it meant that there were periods, months at a time, when my analysis would be put to one side and I would have to almost re-start the process.

I struggled with identifying the best way to present the themes that emerged from the data. While the research was interested in how participants were talking about BDSM as a collective group, as opposed to focus on an individual's intention, I was also struck by something I had read by Kitzinger when researching focus groups:

> A focus group research report that is true to its data should also usually include at least some illustrations of the talk between participants, rather than simply presenting isolated quotations taken out of context.

> (Kitzinger, 1995, p. 302).

It felt important to ensure dialogues were presented, when relevant, and to comment on the positions trainees may have taken up as a result of responding to something other participants were saying, which would give insight into participants' thinking about BDSM. It highlights how narratives can be drawn upon or resisted in various ways, and serves as a reminder that while the themes are an overall collection of what the participants reflect as a whole, there were contrary and different positions taken up by the speakers.

It is not possible to give a full reflexive account of my position as a researcher, yet I have hoped to touch on some of my struggles throughout this methodology as well as some tensions I faced approaching analysis. The next chapter discusses my findings.

1.15 Analysis

1.15.1 Introducing this chapter

In analysing the three transcribed focus groups comprising counselling psychologists in training discussing BDSM, the central aim was to identify and analyse patterns within the data to capture how the participants were talking and thinking about BDSM. It identified the wider constructions of the data and the underlying ideas surrounding the data to allow the analysis to go beyond what a participant said.

There are several ways this analysis could have been presented given the significant overlaps in themes. The main focus when writing up a thematic analysis is to give the reader a "coherent and persuasive story about the data" (Braun and Clarke, 2013, p.120). The following themes presented best illustrate what the data captured about how the participants talked and thought about BDSM. It did not feel necessary to identify 'subthemes' within the data because the seven analytic themes themselves focus on the main elements of how the data was constructed. The development of the themes evolved throughout the analysis and is structured in a way that tells the clearest story through the data. However, I recognise that there were other ways I could have done this. For the purposes of clarity, *participants* are those who attended the focus groups, and *practitioners* are those who are referred to as engaging in BDSM.

As noted in the analytic procedure, Braun and Clarke's (2006) six phase guide to doing thematic analysis was used to inform my analysis with a focus on providing a rich description of the entire data set. The themes discovered best represent how BDSM was constructed among the participants and their thinking about BDSM, and have important implications for counselling psychology training and practice.

The seven analytic themes identified are:

Theme one:　　*BDSM as an unknown*

Theme two: BDSM and the parameters of consent

Theme three: BDSM as abuse

Theme four: BDSM as a pathology

Theme five: Visibility of BDSM

Theme six:　　*BDSM occurring on a spectrum*

Theme seven: BDSM as a cause for concern

1.15.2 BDSM as an unknown

Uncertainty and speculation was a theme most of the participants in the focus groups used, perhaps as a way of distancing themselves from BDSM, or in constructing it as more complicated than 'vanilla' sexuality. This trope was often used when participants were trying to decipher what BDSM constitutes and what fits under the umbrella of BDSM, constructing BDSM as something that is 'unknown'.

BDSM was constructed as something unspoken both explicitly by making reference to its 'unspoken' nature, and implicitly by making reference to certain things one might do when engaging in BDSM, but without naming them, particularly in reference to 'extreme' practices. Participants constructed such practices as 'it', 'they' or 'behaviours' and in not naming them infer that they are uncertain of what constitutes BDSM. Constructing BDSM as something that is unspoken positions BDSM as not understood, potentially mysterious and needing further investigation, as illustrated in the extract below.

> Beth: *It just isn't an everyday topic. There aren't the words, there isn't the kind of comfort around*
>
> *(FG 1, line 365)*

By positioning BDSM as something that is not an 'everyday topic' and referring to an apparent lack of comfort, the unspoken nature of BDSM (then constructs as something unknown). Participants elaborated on this further.

> Eda: *But I don't know if it is just a British thing but you see a lot here that it is quite a prudish society it is not talked about, it is quite a private thing…*
>
> *(FG 2, lines 188-189)*

> Arti: *I think this idea about BDSM is rare I think is probably more because it is not talked about that much, I think it is probably a lot more common than we might assume.*
>
> *(FG 3, lines 167-169)*

Given that BDSM is not widely considered as mainstream and was constructed as something "private" this may also suggest that there are limited constructions available for participants to use. By alluding to the cultural phenomenon that the "British are quite prudish" suggests that

British people are "easily shocked" by BDSM, which in turn could suggest that the participants might be as equally shocked by BDSM: "Don't give too much graphic detail to me, because I might, it might stay with me" (Dana, FG1 line 185) and why participants might talk of uncertainty or speculation to construct BDSM. It could be used to position the participants at a distance from BDSM, putting into context why themes of uncertainty and speculation are used to construct BDSM as something that is unknown.

> Adam: ...so when you do actually get down to the nitty gritty of it, it's like actually how much of it have we not been talking about or turning a blind eye to or been thinking um what is normal.
>
> *(FG 2, lines 185-187)*

The choice of idiom in the extract above, 'to turn a blind eye to', constructs BDSM in such a way that there is a conscious choice not to discuss the topic, nor know where to go with it.

The use of pondering questioning amongst the participants, such as "is that BDSM", or "does that count?", could be seen as a way of seeking clarity from others within the group and appears to be a way of obtaining certainty from others about what BDSM 'could be' or 'counts as'. This could position trainees as 'uncertain' or 'unknowledgeable' as to what BDSM could be.

The following example highlights the dialogue amongst the participants when deciphering what may or may not constitute BDSM.

> Dana: You know I would imagine that there is a lot more that I am just not
>
> Others: Mmm
>
> Dana: That aware of. I mean what about things like swinging parties, you know
>
> Beth: Put your keys
>
> Dana: They're all very consensual
>
> Claire: But is that BDSM?
>
> Dana: No probably not [laughter]
>
> Claire: I don't know
>
> Beth: Or is it group gang bangs
>
> *(FG 1, lines 304-312)*

Laughter here could mask the uncomfortable or potentially awkward nature of the situation, thus illustrating the aforementioned not *"an everyday topic"*. The use of *"I would imagine"* acknowledged that there is more to BDSM than they are aware of, but indicates a sense of

uncertainty as to what that might be. This is supported when the participants discussed what could be considered as BDSM.

Participants utilised these themes of uncertainty and speculation to position themselves as uncertain and unknowledgeable, which indicates potential implications for practice. Participants also discussed their struggle to find the appropriate language to use when constructing BDSM. In the extract below to see how the participant has used the pronoun *"we"* to highlight how the group as a collective struggled to find the language to talk about BDSM.

> Beth: *And I notice in the group we all struggle at different points maybe to find a word that feels ok to say in the group and what that means, or what that says*
>
> P4:   *Mmmm*
>
> *(FG 1, lines 362-364)*

By constructing the *"struggle"* as something *"we….find"*, it absolves the participant of the exposure of a personal position and places each of the participants in that role.

> Beth: *The more we talk about it the less sure I actually think I know what comes under this umbrella*
>
> Abigail: *Yes I know*
>
> *(FG1, lines 874-875)*

The same participant highlights their uncertainty, concluding that having discussed it with peers it has resulted in her feeling less certain. This potentially positions trainees as being unable to clarify certainty, because they themselves might be uncertain.

Participants not only acknowledged their uncertainty in finding the appropriate language to discuss BDSM within the group, but also how this might impact when talking about BDSM with their clients. The 'unspoken' nature of BDSM allows the relationship between how participants talk about BDSM and what they think about it to be further explored. In adopting a position of 'uncertainty' in relation to what words to use to construct BDSM, participants expressed their concerns in terms of paralysis and naivety.

> Daisy: *Yeah, there is a sort of an awareness of your own naivety I suppose. Using language...*
>
> *(FG 3, line 72)*

> Arti: *I think there is also something about there's an aspect of sex that is unknown. It can feel intimidating, um, especially when working with clients and unsure how*

to approach that. What sort of terminology to use or um how do we actually find out it is that they actually do. Um.

(FG 3, lines 67-69)

Further anxiety is expressed about 'getting it wrong'. In constructing BDSM as 'intimidating', there is a suggestion that BDSM should be 'feared', thus potentially making it more difficult for participants to explore what BDSM practitioners engage in.

Participants seemed to position themselves as having only limited knowledge of BDSM. By drawing on this theme of uncertainty, participants potentially acknowledged how this could impact their client work and how a client may perceive them as only having a "certain amount of knowledge". Participants also expressed their concern about how their uncertainty and limited knowledge could potentially impact their client's response to them, for instance picking up on their unease in feeling out of their depth. Participants also appear to deliberate as to whether or not it is the responsibility of themselves or their clients to educate them on their uncertainty "*I don't believe that we should be in a position where we are expect our clients to have to teach us about their sexual preferences*"(Daisy, FG 3, lines 74-75)

> Dana: *...I or we have a certain amount of knowledge and I wonder if I was in a slightly different context of knowledge, if I knew a bit more about certain things then maybe there would be the grey areas that I'm not aware of myself*

(FG 1, lines 298-300)

In essence, it positions the trainee as someone who may have a greater understanding of the "*grey areas*" if their knowledge of the subject was commensurately greater. It could therefore be reflective of their lack of knowledge and understanding.

By participants positioning themselves, quite early on in the focus groups as having a particular level of knowledge potentially serves as a caveat should judgements and misconceptions about BDSM be stated later on within the group. There is also a sense of hesitancy in Dana's quote above as to what it is she should exactly know more about by suggesting *"If I knew a bit more about certain things"*, which both highlights an understanding that she needs more knowledge but at the same time appears to position herself as uncertain of exactly what that knowledge might be.

Participants appeared to acknowledge and reflect on their concern over their personal reactions that they might express towards BDSM. Laughter and tonality pitch change (high or low) was used amongst participants when a sense of awkwardness about the topic was apparent. The

laughter could have also suggested a sense of uncertainty, which also positioned BDSM as something unknown/mysterious.

> Daisy: *I found myself smirking at the beginning*
>
> Bella: *Mmmm*
>
> Daisy: *When we started to talk about BDSM, and I had a moment like Daisy grow up,*
>
> Bella: *[Laughter]*
>
> Daisy: *Um, you know be a professional and [inaudible] my initial reaction was to run away like an eleven year old, [doh doh makes high pitched sound] you know, so I was quite surprised by that. [softens voice]*
>
> *(FG 3, lines 55-61)*

Participants would acknowledge a distance from BDSM, for example as Daisy does in the extract above, by wanting to run away. An assertion of the need to be a professional could potentially suggest that participants feel the need to be or think a certain way towards BDSM (which we see in further examples) and that having such reactions might not be felt to be appropriate. Billig (2005) identifies in his work on humour how Sociologist Goffman (1967) discusses how such actions can be central to when someone feels embarrassed, and that embarrassment is part of a social interaction often experienced with "unfulfilled expectations" (Billig, p.217).

There seemed to be a sense of concern amongst participants that their uncertainty and lack of knowledge about BDSM would impact on the clinical work, not only with clients, but also in the way they might choose to understand an individual's involvement in BDSM. It could be argued that a similar concern about the language participants might choose to use and the knowledge that they had, put them into a similar position of uncertainty within the focus groups, thereby mirroring the position they expressed as potentially taking up when working with clients. Thus, by choosing to draw on themes of uncertainty, they also felt uncertain of the language they had to use in the focus groups.

> Beth: *Yeah, when I did notice my immediate reaction, was oh, um I don't know anything about this, it wasn't necessarily that's wrong but it was a I feel very much out of my depth and I wonder if they can pick up on my uneasiness or so I think my kind of attitude to it is like I just don't know enough about it and it be so easy to make, argh judgements and misconceptions about it, but I just don't know enough about it.*
>
> *(FG 1, lines 430-434)*

Participants acknowledged concern in the extract above that Beth chooses to acknowledge that her uncertainty is not wrong, which could be a way of ensuring that she is not viewed as being 'wrong' by others within the group, and positioning herself as 'reflective' by acknowledging this uncertainty. The concern about clients being able to pick up on her 'uneasiness' is another example of Beth feeling concern about how others might view her. By acknowledging that judgements and misconceptions could be easily made could also be a way of 'excusing oneself from ignorance' should judgements and misconceptions be made within the focus groups. It potentially positions the participants of being aware of 'ignorance'

> Bella: And maybe not having a clue is better than pretending that you know it all
>
> Daisy: I would rather be consciously ignorant than unconsciously arrogant.

(FG 3, lines 822-823)

This seems to be supported by Bella and Daisy's acknowledgement when they reflect on their own position in relation to constructing BDSM towards the end of the focus group participation.

> Dex: ...I think that sort of, we like , we don't like the unknown do we, we kind of like the known and I think it is dangerous to put people or behaviour, just because we don't know it, I think it is dangerous to put it as abnormal.

(FG 2, lines 826-828)

There also seemed to be a sense from participants that being ignorant about BDSM is not a reason for potentially categorising something as 'abnormal', therefore putting oneself in a position of uncertainty as well as distancing oneself from it could limit ones understanding of BDSM. As Dex discussed above, by doing so one puts oneself in a dangerous position and could allude to the notion that 'ignorance is no excuse'.

1.15.2.1 Summary

Constructing BDSM as something that is 'unknown' emphasises the unspoken nature of BDSM amongst trainee counselling psychologists and accounts for the struggles about being able to name certain practices, therefore relating to them as 'it', 'they', 'extreme' and the not naming of particular acts. The unknown nature of BDSM positions trainee counselling psychologists as those who potentially feel uncertain and unknowledgeable about the language to use to construct it as a topic, as well as what actually constitutes BDSM. In turn, this raises questions as to how trainees might work with someone clinically if they were to present their BDSM play, in particular about the language that one might use. By constructing it as something as 'unknown' this positions BDSM as something mysterious and potentially positions trainees as uncertain about how to work with it.

1.15.3 BDSM and the parameters of consent

In all focus groups, participants talked of consent when establishing whether consent was intrinsic to BDSM. BDSM was constructed as either involving consent or, where consent was absent (and indeed in one group a participant constructed BDSM as both consenting and non-consenting), inferring that it, as a whole, could be split in two.

> Abigail: I think for me I was talking about how there is, for me there are two different types of, consenting one and the non- consenting one, mmm yes, and yes so just thinking of the non -consent one, there is a lot of...
>
> Dana: I didn't even think about non- consenting,
>
> Claire: Yeah, no, I didn't.

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(FG 1, lines 26-30)

</div>

The response from other participants indicated that they had not previously considered this concept, yet they acquiesced without challenge. This could suggest a lack of firm opinions within the group that there may not be a non-consenting form of BDSM, or that they were unwilling to challenge this construction. It may also have indicated that participants were unsure of what was, in this sense, meant by or defined as non-consenting.

By constructing BDSM in terms of consent and non-consent, there may be an implication that, if it was recognised as such, BDSM (in a non-consenting form) is abusive. It should be noted that many in the BDSM community would fundamentally argue that BDSM is consensual and that there can be no ambiguity (Langridge & Barker, 2007). Despite Abigail not actually using the word 'abuse', the function of making reference to non-consenting behaviours is that there are parts of BDSM that are abusive. Constructions of abuse are discussed more, later in this analysis, however it is relevant to highlight this crossover. Moser & Kleinplatz (2007) acknowledge that consent acts as a line of demarcation between consensual sex and rape, as well as between non-pathological BDSM and acts of violence. So, while the participants are not explicit about what they are implying by constructing BDSM as 'non- consenting', it infers that it is abusive. Participants do not speak of sex in binary ways of 'consent' and 'non-consent', as the latter would be rape, yet they do of BDSM that implies a lack of certainty about the intrinsic nature of BDSM.

> Dana: Yeah thinking about really giving over to
>
> Beth: Mmm hmm
>
> Dana: To someone else, so not just having power but choosing to give yourself to someone else, a bit of vulnerability

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>   *Beth: And the taking*

This lack of certainty is further highlighted in what could be considered an internal conflict for some members of the group, between the notion of choice (as consensual) and vulnerability/taking (as potentially non-consensual). If this is indeed the case then it is implied that one can on the one hand choose to 'give' and yet on the other be 'taken', which when deconstructed is counter intuitive.

In the extract below the same participant attempted to contextualise what they meant by 'non-consenting' BDSM by drawing on socio-political examples and aligning BDSM with slavery houses of women in Eastern Europe.

>   *Abigail: Eastern Europe, and there are these slavery houses where they keep these women. And they like kind of like*
>
>   *All: Mmm, mmm*
>
>   *Abigail: So that's like the type of thing that comes to my mind, because there's a lot of this sort of um, sado-masochistic…*
>
>   *Beth: Is that the non-consenting part that you were thinking about then*
>
>   *Abigail: Yes exactly,*

By so closely relating 'slavery houses' with BDSM (*"there's a lot of this sort of um sado-masochistic"*), the participant inextricably links the concept of the enforced slavery of women with the culture of BDSM. This language could be considered as pejorative, as if BDSM is to be likened to slave houses where women have been trafficked illegally, by extension she implies that BDSM should be considered in the same way. This caused another participant to seek clarification ("is that the non-consenting part") yet, as found more widely within the focus group, the notion of non-consent remains unchallenged, even when taken to this extreme. It should be noted though that prior to this extract, Abigail stated *'I hope I am not ruining your interview by bringing this up' (lines 43-44),* which suggested that she felt concerned that linking BDSM to slavery was contentious. This repeated lack of clarity raises the question of whether participants if interviewed about sex, would categorise 'consent' and 'non-consent', and discuss rape and violent sex, or if there is something unique about BDSM that causes reflection on non-consent.

Participants expressed concern as to how to define or understand the nature of consent within BDSM.

> Arti: *So I don't fully understand the whole discussion around consent that needs to happen, um, do they actually, um, research and find out more, I am sure that it's safe um because they might be getting involved in something and find themselves in an abusive situation rather than in a consensual one.*
>
> *(FG 3 lines, 238-241)*

There appeared to be a struggle to identify how consent is negotiated amongst practitioners and what that might entail. This dichotomy suggests that the construction of consent within people who practice BDSM is 'different' from consent within any other relationship; a point highlighted by the close comparison of BDSM to 'abusive situations' and when constructing BDSM as a 'risk', that could imply that participants are grappling with their understanding of the nature of BDSM.

In relation to the law and BDSM, participants talked of consent to construct whether one can consent to 'harm and pain'. Participants appeared to express concern as to how one could differentiate between consensual play ('real consent') and harm by making parallels to the abusive relationship. As Truscott states:

> *"The most common accusation levelled at practitioners of sadomasochism is that we are 'violent'. […] Violence is the epitome of non-consensuality, an act perpetrated by a predator on a victim. […] Despite appearances consensual sadomasochism has nothing to do with violence"*
>
> *Truscott,, 1991, p30*

By referring to abusive relationships this constructs individuals engaging in BDSM as 'at risk' and liable to crossing the line between consent and abuse.

> Dex: *I suppose my immediate concern would be thinking about abusive relationship and I think of this stereotypical scenario where the man beats the woman and if you are in an abusive relationship (893-894)…Um, I don't know, I don't know if I have any good solutions really, so that, I think it is important to know that it is real consent and that it is consent from both parties being forced on one of the relationships*
>
> *(FG2, lines 898-901)*

> Bea: *I think in these cases [inaudible] in the process of the court case, I guess in the case like that it would be in the hands of a professional to decide if this woman is actually consenting or is being frightened to the point of saying that she consents.*
>
> *(FG2 lines 902-904)*

A line, however, that is perhaps more fluid as raised by participant Bea who introduced the notion of coercion *"if this woman is actually consenting or is being frightened to the point of saying that she consents" (FG 2, lines 903-904).*

Throughout all of the focus groups participants appeared to use a caveat that draws on a narrative of morality in relation to consent. For example, the use of *'if the person consents'*, *'number three implies consent'*, *'if everyone involved is consenting and happy'*, *'as long as they are consenting'*, *'the ones where it's very much consent'* suggest that participants continually feel the need to emphasise that only consensual BDSM is acceptable.

> Eda: *...Everyone does things differently, they are not hurting someone and if that's what they like, who is to say they shouldn't be doing this is everyone involved is consenting and happy .*
>
> *(FG2, lines 191-193)*

> Adam: *...as long as she feels happy in that decision and that choice*
>
> *(FG2, line 619-620)*

This reliance on caveats, however, may suggest that participants struggle with the wider discussion of free will, which creates a tension as in some places participants construct practitioners (particularly submissive women) as being coerced, yet also want to acknowledge that people are free agents. This disconnect is mirrored in the UK legal system that recognises BDSM as legal but does not recognise the individual's free will to consent to 'harm'.

It therefore seems that participants conclude that if practitioners are both consenting to 'certain' acts and enjoying them, then it is acceptable. What appears to cause conflict is the notion of 'extreme' BDSM and that whether enjoying or indeed consenting to this is acceptable. This nuance though is subjective and will be considered subsequently.

While participants were reluctant to explicitly reject a narrative of non-consent, offering clinical examples of working with clients when only 'consensual' BDSM is expressed could be an example of resisting this trope.

> Dana: *My only sort of experience of this in a clinical work was the opposite, so it was someone who was very consenting, who did want to partake and that was his social group of friends.*
>
> *(FG1, lines 218-219)*

To contextualise the extract, Dana, offered this example in response to the other participants in the group when discussing examples from the media where consent appears to be absent. This extract could be a way of implicitly disagreeing with their previous comments that had been made in relation to anal rape and BDSM (which are illustrated within the next theme). While, this is not what the participant explicitly stated, their choice of presenting an example of 'consent' with the use of 'very' beforehand at that particular point seems pertinent and further emphasises that their construct highlighted that BDSM involves consent, moving away from anything contrary to this.

1.15.3.1 Summary

The participant's views on consent within BDSM appeared to fall into the binary positions of 'consenting' and 'non-consenting'. Participants struggled to identify what occurs within a BDSM relationship to establish consent, which implies that BDSM is positioned as 'different' from other sexual practices where the parameters of consent are more explicit and better understood. The notion of consent in relation to acts that appear to position the individual as 'vulnerable' or where 'consent' to pain appears to be apparent is one that participants struggled to fathom, thus making comparisons to the abusive relationship. There are many overlaps here with constructs of abuse yet there are clear distinctions which allows this to be a theme in its own right. By using caveats in relation to consent, as well as offering examples of clients who engage in consenting BDSM, some participants struggled to explicitly talk of non-consent. Yet, by doing so in a tentative manner, it could position the participant as cautious in resisting a discourse of non-consent.

1.15.4 BDSM as abuse

By alluding to 'violence' and 'domestic violence' when constructing BDSM, some participants alluded to themes of abuse. References are made tentatively rather than with conviction, by avoiding the specific use of the word or by acknowledging their hesitancy in choosing to construct it as such. This could be because trainee counselling psychologists in this sample wish to be viewed as open minded, non-judgmental and indeed welcoming resulting in a reluctance to explicitly referring to abuse in their talk.

> Claire: I also got caught on um the word abuse,
>
> Beth: Mmm
>
> Claire: Cos I was thinking about violence with sado- masochism and um because we were talking about whipping, and dominatrix, but then I thought abuse, and then I thought that's quite emotionally laden, term and if there is choice involved could that be termed as abuse. So, I got a bit stuck on that.
>
> Beth: An interesting point

> Dana: *I guess if there are things like safe words,*
>
> Beth: *Ah yes*
>
> Dana: *The idea is the inverted commas "abuse", you would be able to stop it by a word which kind of completely changes how abuse would normally be seen, where you don't really have the power to do a thing.*

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(FG 1, lines 68-79)

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In using the phrases "*I also got caught on*" and "*I got stuck on that*", participant Claire indicates that she remains uncertain as to whether BDSM can be categorised as abuse, while retaining a caution in making that assertion. While she does not explicitly define BDSM as abusive, the fact that she does not reject this position may imply abuse. The response from Dana in the extract above is significant because she appeared to want to distinguish between abuse and 'BDSM' by offering the notion of 'safe words', emphasising that the word "abuse" is in inverted commas, potentially positioning herself at a distance from the word abuse but neither does she want to alter the context of the word by changing it. By using the example of 'safe words', it raises the issue of power and that power is in the hands of the person submitting and not the "perpetrator", who would have all the power in an abusive situation. This changes the context of the situation and the word 'abuse'. Yet, when offering the notion of safe words the use of 'I guess' beforehand could reflect some hesitation in her response, potentially positioning her as cautious in her offering.

The specific choice of the word 'violence' when discussed in context with sadomasochistic whipping and domination is pointed and powerful. It implies that such acts are violent in nature and are therefore constructed as abusive. By acknowledging this suggestion to be 'emotionally laden' the participant suggests that others in the group may find the connection challenging, particularly as there is a clear reference to the exercising of choice. This conflict resonates as a theme for participants who are attempting to balance the position of a practitioner engaging in acts considered as potentially abusive by the trainee. A conflict that creates difficulty in eliciting empathy and thus has the potential for trainees to distance themselves both from the acts which are deemed abusive but also from their clients. The issue of power seems to be central to the construction of BDSM as abusive. Participant Beth recounting a conversation in which she discusses anal rape further illustrates the implicit theme of abuse and its uncertainty.

> Beth: *And it is just making me think you know my personal trainer was telling me about a film that he watched he said what's it called I can't think now, tyrannosaurus and it turns out that the opening scene is a guy being anally raped by…*
>
> Claire: *Oh my god*

> Beth: *...By his um, his brother, mmm but I don't know if this counts in this bit because that is like...is that just abuse. Does that fit in? I don't know.*

<div align="right">*(FG 1, lines 215-220)*</div>

The very fact that the participant is countenancing a relationship between BDSM and anal rape draws on a theme of abuse. If accepting that rape is centred on power through the act of one person imposing themselves on another, the assumed link is that when one person imposes themselves on another within a BDSM context, that person is omnipotent. It challenges the notion of boundaries in BDSM that seem unclear in this discussion of rape and abuse. By posing the question 'does that fit in?' and responding to their own question with 'I don't know' the suggestion is that rape could have parallels with BDSM.

When, in the consideration of participants, practitioners of BDSM place themselves in a position of perceived vulnerability, BDSM is again constructed as abusive. This perhaps reflected an inability or unwillingness to understand why a practitioner would put themselves in that position. This is particularly true when participants were presented with the case studies of Benjamin and Annie (Appendix J). The participants refer to the case of Benjamin below.

> Claire: *It's like a big baby*
>
> Beth: *Yes, that's such a good point*
>
> Claire: *A baby and he's just been like, he's just being lead around by a chain on his neck*
>
> Abigail: *Eurgh*
>
> Claire: *Completely powerless, helpless*
>
> Abigail: *Eurgh*
>
> Claire: *Pissing and shitting himself probably, I've added that in for*
>
> Abigail: *It makes me think, kind of like the abuser and abused kind of like that person becomes the abused one with the chain, it's kind of like you attribute two things to it and it makes it*
>
> Beth: *There's something about, sorry, depersonalisation as well, that this person just becomes a thing to be used, like an object, yes,*
>
> Abigail: *Like a zombie*

<div align="right">*(FG 1, lines 854-865)*</div>

Benjamin is positioned by participants as a 'big baby', who is incapable of exercising choice and then further likened to a zombie, devoid of the capacity of autonomous thought. By positioning him as a helpless, powerless object and the subject of abuse, the depersonalisation is

constructed in negative terms, without considering his choice to be objectified in this way. The overt reaction *'eurgh', 'pissing and shitting'* suggests participants cannot relate to any enjoyment Benjamin may glean from these acts or how he could find it empowering or fulfilling. This limits the understanding participants have or are willing to have about certain, perhaps more 'extreme' acts of BDSM and positions themselves at a distance.

In assuming that Benjamin cannot get enjoyment from his situation, participants adopt a moral stance. The relationship between language and feeling can be explored here because in adopting this moral position, the participant could be said to be imposing their own feelings and preferences onto others.

> Abigail: But it's true what you first said, but my first reaction was to feel very sorry about him
>
> Others: Mmm
>
> Abigail: Like assume that he is having a horrendous time but not only because he cannot tell the wife but also because of the position he puts himself in, in the club,
>
> *(FG 1, lines 980-983)*

By not understanding why Benjamin would enjoy this role and by assuming 'he is having a horrendous time' and 'feeling sorry' for him, demonstrates a difficulty in fully empathising with Benjamin. This state of mind could limit the way participants understand and view clients who engage in similar acts of BDSM. It could be argued that therapists may be more empathic in other areas of sexuality. For example, would a heterosexual therapist feel so absolute about a gay client's sexuality, even if it is not their own personal preference? This suggests that empathising with BDSM practitioners is a particular challenge.

Empathy is also challenged when participants apply their own understanding of and relationship to the case studies, and express how their interpretation of the role that is taken up might impact the way they envisage therapy to proceed.

> Abigail: I, I interpreted it as if she is taking on in that job the role of the abuser, kind of like, to be able to, be on the other side kind of like to master the experience she had of, of being abused and er you know being able to be for once on the other side, so, um yeah so I think in both of them I would be very kind of like trying to be wary of my own, er, take on..I don't know
>
> Claire: Mmm, hmm, so that's not repeated, or, or just being aware of what could be, what could come up in the relationship between the two of you

> *Abigail: To, to not to mix it too much because I think maybe I could end up interpreting*
> *things based on my own experiences*

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(FG1, lines 1022-1029)

</div>

Positioning Annie's role as a dominatrix as an 'abuser' implies that by engaging in this role Annie is re-enacting the sexual abuse she herself experienced. This lead Abigail to express concern with identifying with the abuser (Annie's role as a Dominatrix in this instance) because of her own submissive tendencies and consider how that might impact in therapy. By drawing on Annie's history of sexual abuse, participants concluded that she chooses the role of a dominatrix as a direct result of having herself been abused, which again is a theme of abuse. It creates the assumption that BDSM should be viewed as linked to abuse within the therapeutic context and should therefore be of concern to the therapist. By alluding to repetition ('so that's not repeated), an inference is made that the 'abuse' might be repeated in therapy, which could make participants Claire and Abigail cautious as to how a history of abuse and an engagement in BDSM might impact therapeutic work.

Participants attempted to move away from a theme of abuse when presented with the common myths statements where one of them is 'BDSM is abusive'. *''Well, first impression I've got is that I don't agree with any of them''* (Abigail, FG 1,line 488) *"I mean the first thing I thought when I read the I had an eyebrow raise and looked at them and went none of those are true"...* (Eda FG2, line 241). Such reactions suggest that when participants are presented at face value with potentially evocative statements, they might want to disagree with them so as to position themselves as open minded and accepting. One of the participant's acknowledgements below supports this.

> *Beth: ...It's just like do you feel like you're a cheerleader for like the less represented*
> *marginalised groups and when I see stuff like that I really feel myself getting*
> *really angry about it, like no but then I think I do hold some more deeper seated*
> *judgement.*

<div align="right">

(FG 1, lines 494-497)

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It might be an expectation of trainee counselling psychologists in this sample to think in a particular way and that by being presented with such statements can raise feelings of anger, but after consideration that there might be more to it than meets the eye and that *'deeper seated judgements'* are held. It is useful to explore the relationship between themes and subjectivity because simply being presented with evocative statements and asking one whether they agree or disagree with either might not indicate the true relationship about what one is thinking about the subject.

By examining the language in the statement below, participants appear to not want to position themselves as agreeing with the statements by suggesting that they are negative portrayals of BDSM, the use of 'tippex' and by being in favour of statements more supportive of BDSM.

> I: So, there is anything else that you would like to see added to this.
>
> Cailin: Some nice things
>
> All: [laughter]
>
> Adam: Some tippex maybe. I suppose just about everything or the majority of things it could be that BDSM may not be good for people, it maybe anti-feminist but like we said about everything, everything has its place it is not always, this is how it is and this is how it isn't, um.
>
> Cailin: It can be abusive
>
> Adam: Yeah

(FG 2, lines 299-306)

This potentially positions participants as open minded. However, this appears to be contradicted when participants start to recant what they have said and start to list the statements that could be contrary to what they have disagreed with. The example of *"it can be abusive"*, draws on a narrative of abuse and indicates confusion expressed by participants.

However not all participants used a theme of abuse to construct BDSM as abusive, but drew on it to construct something that is 'different from abuse'. It moves them away from a position of morality when it comes to relating particular activities of BDSM as abusive. Some participants might take up a position of 'educator' or 'informer' as a way of challenging a statement that may have been said by others that they might not be agree with, by informing others that BDSM does not involve abuse. This might be the case if someone expresses their personal experience within the BDSM community and enables their experience to bring them closer to the conversation, by normalising parts of BDSM. As mentioned before the relationship between a dominant and submissive appears, at times, to be misinterpreted by some that being in a submissive position equates to being abused. However, in the following extract, Bea, appears to demonstrate to others that being in a 'submissive' position as a slave does not equate abuse, and there is a definite difference and therefore moved away from a theme of abuse.

> Bea: I just want to know about that in BDSM practice there is always great respect, even from the dominator to the slave and it's not like abuse, it's not like taking the role of the abuser because there is always respect and even the person who is

a dominatrix, they respect the slaves and will stop at any point, so there are no
actual bad feelings, so it is very different than the abuse in many ways.

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(FG 2, lines 728-731)

</div>

By talking about abuse in this context, it constructs BDSM as something different from abuse. The word 'respect' is used three times within a short space which seems significant as a marker for what that difference might be between abuse and BDSM, with the former involving a complete lack of respect and the latter basing the foundations of its relationship on respect.

While drawing on themes of abuse, participants acknowledge that the BDSM community do not share this construct.

Bella: *When you talk about what only comes to mind, or in the abusive, I would imagine*
         that the BDSM community would say that that's not BDSM.

Daisy: *Absolutely*

Bella: *That's something very different.*

Daisy: *Mmm and I'm aware of that*

Bella: *Yeah, I know.*

<div align="right">

(FG 3, lines 262-267)

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By referring to *'I imagine',* Bella attempts to bring to mind the notion that the BDSM community does not agree that abuse is a constituent part of BDSM. Daisy's response of firm agreement here *'I'm aware of that'* could be a way of affirming this acknowledgement with certainty, as to position herself as knowledgeable that BDSM amongst the BDSM community is not considered abusive.

1.15.4.1 Summary

Themes of abuse that refer to both violence and domestic violence are used to construct BDSM. Participants are not explicit in their link to abuse and when presented with statements such as 'BDSM is abusive', are reluctant and cautious to agree with what is presented at face value. Yet participants acknowledged that they might hold certain judgements about BDSM, positioning themselves as reflective and open and implying that there are parts of BDSM that they might construct to be abusive. The notion of vulnerability and abuse is also used when acts of submission are described. Participants struggle to empathise with what one might enjoy from a potentially abusive situation. However, participants also attempt to resist discourses of abuse by recognising the community would not construct BDSM as abusive and also through positioning themselves as the educator/informer within the Focus Groups by stating BDSM is not abusive.

Themes of pathology are used to construct BDSM as potentially problematic and in need of understanding. This is illustrated, below, by the participants' correlation between BDSM and drinking alcohol, and between BDSM and self-harm.

> *Carly: I don't know, I suppose I think I was thinking like in terms of like oh any behaviour is, like drinking alcohol for example you could say oh it doesn't harm you or you know it's in moderation and everything is OK in moderation but then you can't deny on some level that maybe it's a tiny bit destructive, just a tiny bit even if you know, I think I would feel the same about this…*

> *Arti: A kind a bit like self-harm*

> *(FG 3, lines 290-293, and line 297)*

The participant perhaps uses the comparison with alcohol consumption as a way of setting the activity within societal norms and to avoid pathologising, but then suggested that if it is not practised in moderation that it can be unhealthy. This might imply that only a 'recommended amount' of BDSM is good for you, much like the recommended units of alcohol suggested by government, and therefore too much BDSM could be 'destructive'.

By using the adjective 'tiny' to mitigate the use of the word 'destructive', the participant suggests that they agree that it is not entirely destructive. This softening of the context of the word destructive might infer that the participant does not feel wholly comfortable owning this statement. Participant Carly however, does use the phrase 'you can't deny', when making the link, suggesting that there is no room for misunderstanding or argument about her assertion. Other participants do not challenge this assertion. One of whom referenced self-harm, suggesting that BDSM is destructive, which again is not challenged implying at this point that the link is implicitly accepted.

When, however, participants are asked to consider media depictions of BDSM, the close link portrayed in the film 'The Secretary' (2002) between BDSM and self-harm is challenged and disputed by Adam, below.

> *Adam: …but I didn't like how it was related to issues of self- harm because again I think it really tarred it and made it more pathological, with someone with psychological problems and that's what you end up doing and I didn't like that connection…*

> *(FG 2, lines 74-76)*

Adam's statement seems to suggest that if someone engaging in BDSM is depicted as someone who self-harms, then the assumption is to link it with abuse. Although it would seem to imply

that the participant is not constructing BDSM as pathological, a discourse of pathology is still used.

Even at times when participants were not making direct links between BDSM and pathology, a theme of pathology may have been drawn on unintentionally. The following extract illustrates how the dialogue between participants constructs engaging in elements of BDSM as *"healthy"* when compared with a *"massively repressed sex life"*.

> Beth: But it's probably far more healthy to have a sex life where you do maybe some of these elements, rather than having a massively repressed sex life
>
> Dana: Yeah
>
> Beth: Where you don't do any of it
>
> Dana: Exactly
>
> Beth: And take it out on the cat or something, kick the cat because you're unhappy. So actually yeah it could be a lot more healthy
>
> Others: [laughter]

(FG 1, lines 588-565)

This in turn perhaps pathologises an unfulfilling sex life as unhealthy. However, the suggestion that if one repressed the need or desire to engage in BDSM then one may 'kick the cat', whether literally or figuratively, the implication is that the suppression of BDSM can lead to violence, either in thought or deed, thus implying pathology. On the basis that a contextual link has been made to a 'normative' sex life, one can consider if those who have a 'massively repressed sex life' would also be more 'violent'. The other participants' giggles might have acted to disguise uneasiness, as again they do not challenge, or as a way of agreeing.

Participants seem to need to link choice to pathology in regard to BDSM. There was a curiosity to understand what prompted practitioners to first engage in BDSM, suggesting that if it was a conscious choice then it was made as a result of a psychological need.

> Claire: Yeah, yeah I totally have some of these feelings about BDSM's, sometimes, thinking about what's going on for the people that, that are choosing to do that. That is definitely something that I do think about. But then, I know that is also not the case, know that there are people that, I don't know, there are a broad spectrum of people who engage in it, yeah, that's definitely something I think about
>
> Others: Mmmm

> *Claire: What's being acted out?*
>
> *Dana: And I guess the same act could be for very different reasons for each person, I mean like for everything, but you know, such different experiences, reasons, wants and desires, fears,*

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(FG 1, lines 141-150)

</div>

Participant Claire, uses the psychological term 'acting out', drawing on psychodynamic terminology, which is closely linked to defence mechanisms. The notion being that if one 'acts out', they are doing something 'destructive'.

Drawing on these constructions that suggest BDSM to be 'destructive', connects with the previous theme of abuse. However, participants do recognise that this is 'not the case' for all and that BDSM is constructed along a 'broad spectrum'. Participant Dana seemed to disagree with the need to establish the thought patterns of practitioners, perhaps rejecting psychodynamic theory in place of a humanistic approach, in that BDSM may mean different things to different people dependent on their own personal experiences. This may have allowed for her to distance herself from a theme of pathology, thus enhancing her position of open-mindedness and offering a reflective stance that could enable others to see that BDSM cannot be defined in simple terms, which pathologising potentially has a propensity to do.

It is perhaps in the search for meaning as to why practitioners engage in BDSM that participants appeared to resort to pathological constructs. Participants recognised that their training in counselling psychology and psychodynamic theories has resulted in their apparent willingness to draw on pathological themes to construct BDSM, however this left participants with a dilemma as to whether this understanding has helped them to formulate a client's presentation or whether they are indeed pathologising. In positioning the role of counselling psychologist as a reflective therapist and by recognising training as a potentially contributing factor in considering BDSM in such a way, participants are perhaps creating a justification for any links that may be made between BDSM and one's psychopathology. This does, however, seem to have left participants in a state of conflict as to whether they should be drawing on these tropes or indeed to be searching for meaning.

> *Bella: So if you were thinking in psychodynamic, it is difficult not to pathologise, it easy to fall into that trap isn't it, of going because this happened, this is happening and therefore because this was bad, this was bad, you can unpick it.*

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(FG 3, lines 614-616)

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Participants appeared to caveat their use of psychodynamic themes to understand a practitioner's pathology in relation to BDSM by asserting that 'as long as they are happy and consenting', which seemed to create further tension when seeking to agree if this thought process enhances their understanding of BDSM.

> Adam: ...I think psychodynamic theory very much promotes me thinking something's gone on or there's some sort of dynamic there that may have taken a turn and um and a turn away from the norm in inverted commas, path. But now I think I challenge that more and more and it's like as long as that person is happy with it who cares.
>
> *(FG 2, lines 128-131)*

> Eda: I'm absolutely comfortable with regards to thinking psychodynamically and it makes you feel like I am looking at things and what happened, what went wrong but actually as Adam said it's just what people enjoy and as long as they are consenting and not...let it be type of thing...
>
> *(FG 2, lines 133-135)*

It is evident through the use of themes that participants are concerned as to how they are drawing on theory and training to understand BDSM. The notion that they are 'reflective and understanding' protects them from any suggestion that they are lacking empathy and positions them as a 'reflective practitioner' rather than one who is pathologising. This positioning draws on psychological discourses of reflexivity as opposed to psychodynamic discourses, which in turn served to counter any negative thought they have toward BDSM and to mask any pathological constructs they might use. The tentative use of questioning with regard to whether they are pathologising could seemingly imply that participants do indeed hold particular views and value judgements on BDSM, but that 'integrity' is protected though the positioning as both open-minded and reflective.

Some participants highlighted a curiosity as to how they may work with a client but concerns were also expressed that under the guise of being curious, as trainee counselling psychologists in this sample, there may be an inherent set of assumptions made about those who engage in BDSM.

> Beth: So, I was just formulating in my head, or hypothesising something about the fear of intimacy or not able to tolerate that, that might be a bit of er, er stereotype, I don't know

Claire: And, and I guess that's that the danger, isn't it we kind of go into it with the assumptions of what's maintaining the difficulties are

The recognition that the formulation *"might be a bit of a stereotype",* which could be a *"danger"* indicated that Beth could have felt uncomfortable with having even thought this, although it could be argued that this thought process is in tune with a reflective practitioner. The decision to refer to 'hypothesising' as a 'danger' highlights the participant's view that there may indeed be an inherent risk in making assumptions regarding practitioners' engagement in BDSM.

Participants also question the nature of their curiosity and the nature of trying to understand BDSM.

Carly: ...Um try and understand, you know, why are people engaging in these practices are you pathologising or are you, is that actually being understanding or being reflective or.

Participants questioned whether their curiosity in trying to make sense of an engagement in BDSM by drawing on pathological discourses, either positioned them as someone who 'pathologises' or as someone who is 'reflective'. Acknowledging that either could be the case could be an implicit way of refusing pathology, and by positioning themselves as a reflective practitioner means that one does not have to accept the accompanying responsibility.

Pathological constructs were used when considering those who engage in a 24/7 BDSM lifestyle. Participants drew on psychological constructs, in particular psychodynamic, as a way of evaluating if such a lifestyle choice was as a result of psychopathology. These lifestyles were constructed as problematic, and participants sought to understand what had gone 'wrong' in order for practitioners to engage in a permanent act of BDSM. No matter whether BDSM was positioned as 'pathological' or 'normal', the concept of extending specific acts to an all-encompassing lifestyle was met with curiosity and confusion.

Bea: ...I have quite a hard time understanding how it works when it extends to everyday life and that my thoughts are what went wrong is there some kind of psychological issue behind it...

Cailin: ...but the 24 hours a day like is

> *Adam:*   *...A commitment*
>
> *Cailin:*   *Yeah, that's a huge commitment but I am curious about it and I try my best not to be judgemental but I'd be like 'what's that about kind of thing', maybe that's a natural thing studying that.*
>
> *(FG 2, lines 164-168)*

24/7 BDSM was constructed as a commitment. Apart from the recognised understanding of commitment between individuals within a relationship, commitment can be defined as *"an engagement or obligation that restricts freedom of action" (Oxford English Dictionary, 2015).* If interpreted in this way, it may position those engaged in 24/7 BDSM lifestyles as having restricted freedom and under an obligation that could explain the decision of participants to use pathological and psychological constructs in order to understand. While what was meant by the 24/7 lifestyle was never defined (beyond the obvious), the way in which it was associated with a pathology suggested that it is something 'abnormal'. The distance placed between the participants themselves and the BDSM acts that were outside the scope of appreciation or understanding illustrates this. By recognising the struggle Cailin has by stating "*try my best not to be judgemental*", there is an acknowledgment that particular aspects of BDSM might cause participants to take up a position of judgement and 24/7 BDSM might be problematic. However, by referring to it as being a result of studying on the Doctorate, the participant distanced herself from taking up a position of judgement and potentially adopts the position of a reflective practitioner who uses certain tropes as a result of the training.

The extract below draws on pathologising constructs and psychodynamic terminology to comprehend the act of 'spanking'.

> *Beth:*   *But it's probably what it means to them to be spanked, it could be something about power and dominance from a superior or you know, shouldn't like it because of that, so therefore makes it a bit naughty, so then you do like it*
>
> *Claire:*   *Yes*
>
> *Dana:*   *So maybe that's about..*
>
> *Beth:*   *It's all oedipal isn't it*
>
> *Dana:*   *Feeling like a kid*
>
> *Beth:*   *Yeah*
>
> *(FG 1, lines 896-903)*

The oedipal stage, drawing on classical Freudian theory, asserts the notion that there is a child-parent fixation for the child to have sexual relations with the parent of the opposite sex. Participant

Beth, who in the previous extract attempted to move away from psychodynamic discourses to construct BDSM, here chooses to suggest that 'spanking' is 'oedipal' and relates the act of being spanked to that of a child being punished. Despite not explicitly stating this to be the case, it drew heavily on dominant constructions that those engaged in BDSM have a history of child trauma.

Again, as identified in the theme of abuse, participants raise their concern when formulating the Benjamin and Annie case study as to whether the dynamics from their (Benjamin's and Annie's) BDSM relationship would infiltrate into a therapeutic relationship.

> Abigail: Um, I was just thinking I would be a bit worried, I don't know if you have said that or not, but um, how these two people would engage with me in the relationship whether they would become punitive or not or, or incredibly submissive and I think that would be something to be very aware of
>
> Beth: Fascinating, yeah thinking about that sort of parallel process of by asking questions and kind of being curious what that sort of feel probing
>
> Abigail: Mmm
>
> Beth: And therefore, intrusive, abusive, controlling, how you could easily set up a parallel process
>
> Claire: Ah that is so interesting to think about what could get acted out
>
> (FG 1, lines 1154-1161)

When formulating the Benjamin and Annie case studies, participants expressed their concern that practitioners might 'act out' the roles in which they adopt in their BDSM scene in the therapeutic setting. Drawing on this reference could imply that Benjamin and Annie would be unable to differentiate between their roles in the BDSM scene and those taken in therapy. This constructs their BDSM acts as having no identifiable difference to the people that they are. In the extract above, it appeared that Beth constructed BDSM as *"intrusive, abusive and controlling"* by constructing the individuals role in a BDSM context like this. She also appeared to imply that the case studies involve 'abuse, control and punishment' but not within a 'positive context' of the participant being in charge of this, but more in a negative context by expressing their 'worry' that this punishment and submission would occur within therapy and the participants, as therapists, would be on the receiving end. By drawing on the psychological discourse 'parallel process' it conjures up some fear that what would occur for Benjamin as a Slave and Annie as a Dominatrix within a BDSM context would also take place in therapy. An implication is therefore made that the 'sadomasochistic' elements of their BDSM relationships are in fact an overwhelming part of their character and by positioning themselves at a distance it shows a struggle to be able to empathise with what the individual might bring to therapy.

1.15.4.2 Summary

Participants talked of pathology when discussing BDSM. However, this reference was not always explicit, which suggested that this link was not always the intention of participants. Participants expressed curiosity about trying to make sense of ones engagement with BDSM, particularly, when it appears that participants struggle to identify why one might engage in a certain element of it. Psychodynamic discourses, in particular, were used as a way of understanding elements of BDSM, but participants suggested that their training is responsible for why they draw on these themes. By acknowledging that their training to become a psychologist makes them question certain aspects of one's behaviour it further circulates the dominant narrative of pathology, yet it could also position participants as reflective practitioners, acknowledging that their training makes them think in a particular way.

1.15.5 Visibility of BDSM

Participants from all focus groups used visual accounts of BDSM in order to construct the visibility of BDSM. When making these references, participants spoke of 'stereotypical', 'mainstream' 'visible' and 'obvious' accounts of BDSM. While it is important to consider that, within the focus groups, participants were asked to consider such representations when reflecting on BDSM, sufficient references were made to 'visibility' constructions to warrant some additional focus here. Stereotypical accounts were linked to the imagery participants had of BDSM in addition to their personal knowledge.

Participants used examples from the media to construct 'mainstream' images of BDSM, indeed referencing them as ones 'most people would think of', *"...and quite stereotypical that most people would think of, like whips and chains and handcuffs"* (FG2, lines 57-58), suggesting that there is an element of BDSM more visible within society that forms the base position and experience held about BDSM.

> Eda: *...I still might get shocked at some of the more extreme practices that are involved under the umbrella of things like handcuffs (pause) that to me is reasonably a social acceptable end of the scale.*
>
> *(FG 2, lines 136-138)*

> Carly: *I think sex and the city has made it a bit more mainstream just like through Samantha and some of her wild antics, um, and I suppose it has made it a tiny bit more acceptable I think cause you see it on there and you think oh well, you know, other people do it or that's just the way it is*
>
> *(FG 3, lines 205-207)*

By referring to 'handcuffs' and 'Sex and the City', the examples above are constructed as 'stereotypical' BDSM as 'acceptable' and 'non-shocking'. By positioning BDSM on a scale of acceptability (referring to handcuffs as 'socially acceptable'), and by alluding to the 'invisibility' and 'unspoken elements' of BDSM, implies that there are unacceptable elements, potentially ones that participants cannot envision. Eda's referral to 'shock' at the beginning of the extract appears to refer to 'extreme' BDSM (which is discussed later on), yet this infers that there is no visibility as to what this extreme might be, which is why it potentially 'shocks'.

However, while stereotypical narratives are used to construct BDSM, participants also acknowledged that BDSM is constructed as something that is 'more interesting' and that 'there is more to it than that'.

> Bella: ...But then we were also saying, then there is the very sort of stereotypical image of sort of leather or whips, or a dominatrix or whatever but it is actually a bit more interesting I think.
>
> Arti: Yeah
>
> Bella: Is that ok
>
> I: What do you mean by interesting?
>
> Bella: Well, varied and um, yeah, then, then stereotypical kind of, there's more to it than that.
>
> (FG 3, lines 25-31)

This suggested that participants may not have a specific vision of BDSM but are aware that one may exist outside of their knowledge and experience. This is further explored when challenged to explain what was meant by the word 'interesting' in this context, participants were unable to elucidate, perhaps suggesting that their limited knowledge or their limited visibility renders them unsure of how to answer or that there was an unease in exploring this avenue further.

Participants, as illustrated below, further allude to this notion of 'limited visibility' in relation to how participants might choose to construct BDSM.

> P4:   And that's what people don't know, if they are not exposed to it in the way it actually functions in a healthy capacity.
>
> (FG 3, lines 260-261)

This extract acknowledges how having limited exposure to something can in turn limit ones understanding about BDSM, implying that counter discourses to those of pathology could be

drawn on if a participant had more exposure to the other sides of BDSM. By using these examples of visibility in their talk, the participant constructs the 'healthy' aspect of BDSM.

Visibility is constructed by drawing on themes of gender and sexuality when accounting for the way BDSM is portrayed within particular gender and sexuality groups. The image of 'Cat Woman' appeared several times in the different groups as a visible construction of a 'dominant woman'. Visibility of women in films was constructed as more 'acceptable' than that of men. *''....in films women often come across as better''* (FG 1, line 274) in contrast *''... I can't really think of an example apart from that and a pulp fiction form where it doesn't seem to come across so well for the guy''* (Abigail, lines 278-279). However, in focus group one all of the participants were female and all identified as heterosexual, suggesting that they may be drawing on 'visible' mainstream images of a dominant woman that are available to them.

There is an assertion that BDSM is 'more visible' in some communities and using sexuality discourses to account for visibility, there may be reliance on what is considered stereotypical with regard to BDSM within those communities.

> Adam: *It's interesting I was thinking of the gay community at large associate more with that whereas the first thing that came to mind was this Cat Woman type of female dominatrix which is for my mind is very much hedged in the heterosexual community, um, and then I think that is all that I think the heterosexual community would be interested in whereas in the gay community I got experience from friends where it has made it more florid for me or the ins and outs of it are a bit more known to me, um whereas in the heterosexual community it's always going to be some strong woman who is dominating some man, which of course it wouldn't be or isn't because there is as many different combinations as there isn't two combinations there but I guess it's visibility or what's been associated with*
>
> *(FG 2, lines 39-47)*

> Eda: *...I don't really think of the lesbian minority I can't, I can see the heterosexual bias I suppose of the images of BDSM and the images of the gay male community but I can't see the lesbians.*
>
> *(FG 2, lines 281-283)*

By constructing certain gender and sexuality groups as more visible than others within the BDSM community, it assumes that certain groups privilege BDSM more than others. This has

the potential to limit the understanding that BDSM can be enjoyed widely, and can position sexual minorities as either potential participators of BDSM or not.

1.15.5.1 Summary

It would appear that participants used themes of visibility as a way of recognising how exposure to and lack of exposure to certain BDSM images facilitate or limit the other potential narratives available. Participants used mainstream images of BDSM to construct the visible images, and position this as 'acceptable' images of BDSM or even 'stereotypical'. By positioning BDSM as such, there is an implication, that the invisible images of BDSM are not so mainstream and therefore less acceptable, with an inference of 'unacceptability'. This is also related to a notion of 'shock' and that exposure to certain images lessens that potential for shock.

1.15.6 BDSM occurring on a spectrum

BDSM is constructed as occurring along a continuum or a spectrum, *"I think a spectrum of words, soft to hard and experimentation and those thoughts of things" (Eda, FG 2, line 37).* As something that is at one end, 'more acceptable' 'fun', 'more sanitised', or at the other end, 'more forbidden', 'more extreme' 'less sanitised' or 'fluffy' 'more messy', 'more murky' 'bleak' and 'dark'. The use of words to describe this 'extreme', such as 'dirty', 'dark', 'evil' and 'nasty', create images of fear but just what constitutes this 'extreme' is not discussed. Perhaps this reticence to name was suggestive of participants' views that the acts themselves are unspeakable or unknown that corresponds with previously identified constructions of BDSM. Extreme in this context, when placed at the opposite end of the spectrum to 'light playful stuff, suggests that it is far from the positive image of something light or playful.

When discussing Torture Garden; a 'fetish' club in London, participants construct BDSM in this context as 'lighter' and 'more sanitised' and position it in a way that is more digestible.

> *Dana: It's just a club, and I haven't been so I can't give you an exact experience of what it was like but from the pictures I've seen from the friends I've had that have gone it feels much more sort of lighter.*
>
> *Beth: Yeah more um*
>
> *Abigail: Is it a club?*
>
> *Dana: Yeah*
>
> *Beth: What's the word, like something a bit more sanitised about it*
>
> *(FG 1,lines 96-102)*

The focus on 'sanitised' suggests a regard for cleanliness as intrinsic to one end of the BDSM spectrum, with the juxtaposition that the opposite end of the spectrum is both dirty and

unsavoury. This seems to serve as a function whereby there are acceptable (good) and unacceptable (bad) forms of BDSM.

Participants often refer to 'third party sources', such as 'friends and clients', when giving examples of situations where BDSM might be practiced, which potentially distances them from BDSM. Davies and Harre (1999) state that by adopting a particular position, one sees the world from that vantage point. By positioning themselves at a distance through these third party sources, participants are at risk of constructing BDSM in a way that is contrary to personal experience.

Participants in focus group one went onto construct BDSM as something that occurs on 'different levels', suggesting that, ('the deeper we go'), one enters the spectrum and then there is a spiral of descent, from 'clean, sanitised and more acceptable', to 'more messy, murky, dark'.

> Dana: Yeah, it's funny when you said that, the deeper we go, there is something about going down into the unconscious and into the dirt,
>
> Claire: What isn't talked about or what is more messy or more murky, yeah, or dark...here is some really bleak stuff, going on, like orgies, one woman being like, loads of men ...sure I've spoken about this, not sure who I've spoken to about this, but like loads of men queuing up to have sex with her and watching, some people watching, some people joining in, but that...

(FG 1, lines 108-113)

The emotive language here suggests contrasts between activities within BDSM on one level acceptable and on the other at the very least questionable. The use of the word 'bleak' underlines this powerful image of negativity, constructing a part of BDSM as cold and grim. This concept, from participants, of spiral, is one that I chose to highlight at the 2014 Counselling Psychology Divisional Conference, where I presented a poster which illustrated my research topic through the use of a spiral of words, with the 'lighter' terms on the outside, constricting with increasingly 'darker' words to the centre; "the deeper we go, there is something about going down into the unconscious and into the dirt" (FG1, lines 108-109). The spiral descent could represent a journey into the unknown, with words increasingly difficult to reach or understand, and thus illustrating how participants position themselves in relation to BDSM dependent on their own experiences. The pejorative narrative is particularly stark in participant Claire's choice of scenario "...orgies, one woman being like, loads of men..." (FG1, line 109) that feeds into a stereotypical heteronormative narrative of a man (or in this instance, men) acting upon a woman, although it could be argued that this is a readily available image/scenario which is why the participant used it.

Allusions to the 'extreme' presentation of BDSM were given in relation to the way the media depicts it and how those images affect our understanding of BDSM as being on a spectrum.

> *Beth:*   *...I am already noticing the split that seems to be occurring in my mind, of that everything in the media seems to be dirty, dark, evil, nasty*
>
> *(FG 1, lines 228-229)*

> *Daisy:*   *For me the media sort of portray um, BDSM at the extreme level, they never do it at the, you know, the consensual, adult BDSM style party*
>
> *(FG 3, lines 221-223)*

Again, however, even though those extreme presentations were largely described as 'the darker side of BDSM' or as 'bad', 'violent', or 'dirty', 'dark', 'evil', 'nasty', they remain undefined. It leaves negative imagery and reinforces the 'unspoken' nature of BDSM previously discussed. By suggesting that the media often portrays 'extreme level' BDSM as 'dirty dark and evil', rather than depicting 'consensual adult BDSM' implies the extreme level to be non-consensual, which in line with the constructions of BDSM as potentially abusive.

The developing position was that BDSM shifts from being playful to potentially less recreational, a construct of acceptability and normality, embracing and excluding acts depending on their position within the spectrum and where language equates 'light' BDSM with playful and 'extreme' BDSM with 'serious'.

> *Claire:*   *...There's the fun fluffy part*
>
> *Abigail:*   *Yes*
>
> *Claire:*   *With the light hearted playful maybe bit funny*
>
> *Beth:*   *Yeah*
>
> *Claire:*   *But still, but then there's the other extreme being really quite*
>
> *Abigail:*   *Taking it very seriously, taking it to the extreme*
>
> *(FG 1, lines 291-296)*

> *Bella:*   *Covering more sort of non- heteronormative kind of relationships and that's a bit like what you were saying, anything from fluffy handcuffs to a full sort of 24/7 lifestyle and, and more is covered by that term and we were talking about for*

some people it is very much a part of their identity and more than maybe just their sexual identity and they are part of a community whereas for other people it is something that they do sometimes, it is not necessarily a part of how they would describe themselves as being.

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(FG 3, lines 19-24)

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The depictions of shade, between *"light" and "dark"* appeared to reflect the level at which participants stated that people engage with BDSM. Participants recognised that within the spectrum, people may engage in BDSM in a 'light hearted' way, with activities such as handcuffs that participants categorise as 'fun', but that the other part is associated more with an individual's identity. Participants acknowledged the 'community' that occurs within BDSM, and that the community and ones identity as a BDSM practitioner are entwined. Therefore, the suggestion in the participants' talk of "extreme" BDSM was related to those who identified as part of the wider BDSM community. This could suggest that this is less playful, potentially less fun.

The ways that participants were able to contextualise their understanding or experience of BDSM also related to how they positioned themselves in relation to BDSM. As noted, participants often referred to third party sources as a potential way of distancing themselves from BDSM. However, at times, participants also drew on their own examples of 'light hearted' activities that they might consider to be part of BDSM. For example below when participant Claire talks about using handcuffs on her Hen Night.

Claire: *Oh that sounds like fun. You know I got given some on my hen do and was walking around with pink handcuffs for most of my hen do and you know that was fun*

Beth: *Did you think you were doing BDSM?*

Claire: *Yeah, I did definitely take them home*

Others: *Laughter amongst the group*

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(FG 1, lines 58-60)

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Using a *"fun"* construction of BDSM, the participant could be highlighting their acceptance of BDSM and entertaining the fact that this may be something that they too, might indulge in. By posing the question 'did you think you were doing BDSM' Beth potentially makes light of the topic that could also be implied through the laughter by the rest of the group in response to participant's acknowledgement of engaging in (fun parts of) BDSM. It could suggest that BDSM may be 'funny' in parts, and it is constructed as having an almost comical element. Laughter was also used within other focus groups to illustrate when BDSM might be

constructed as comical. The extract below, follows on from a discussion as to whether it was acceptable for a therapist to be uncertain of what was understood when a client talks about BDSM.

> Daisy: I think a way around it is to say can you tell me what it means for you.
>
> Bella: Yeah, what it means for you [yawning] because I know exactly [a change in tone of accent] what it means for me! [laughter]
>
> All: [laughter in response to Bella]

(FG 3, lines 83-86)

There is a subtle indication here, that Bella has a different understanding of what BDSM might mean to them and that there is something comical in their inference. By a deliberate use of a 'yawn' and a change in tonality when referring to 'I know exactly' what it means, there is an assertion that there is something funny about BDSM. The response of laughter from others might mask their unease about it, or simply that they find Bella's response amusing.

There appears to be a relationship between how BDSM is constructed, as either 'light' or 'extreme', and how the participants feel in relation to its 'extremity'. It seems that the context, in which BDSM is placed, combined with the personal relationship the participant has to BDSM, can alter the way that the participant feels, relates to, and thus potentially think about it. If it is something with which they are familiar, either through personal or clinical experience, the participant shows a greater acceptance than is the case when presented with something unfamiliar.

> Claire: Yeah, if a sex shop looks seedy and like really grim and I am judging people who are going in, um then yeah, oh god it is very, very different to how I feel about it. Anything black and leathery and gimp looking, I can't deal with

(FG 1, lines 839-841)

This demonstrated with participant Claire's distancing herself from 'anything black and leathery and gimp looking'. Despite stereotypical images of BDSM previously implied such an image to be 'mainstream', participant Claire's pejorative language suggests the image to be perhaps seedy and one from which she needs to keep a distance. Claire alludes to her own 'judgements' by drawing on a construct of judgement to position herself at a distance from those who might choose to go into a 'leathery, gimp looking' sex shop. By implication, Claire could be suggesting that sex shops that choose to look like this are therefore related to BDSM, and there would be a discomfort in knowing that people chose to enter such a shop.

In relation to subjectivity and judgments, it is not always explicit if participants are making judgements about an individual engagement in 'certain' areas of BDSM or not. However, it could be speculated, that through participant's talk, there are parts of BDSM that participants struggle to understand.

> Daisy: Because it is quite an emotive subject, positively or negatively, it's very rare that you come across somebody that goes alright then and doesn't alter your perception, crap, you're into that, really. Perhaps that's my own way of responding

> *(FG 3, lines 341-343)*

By constructing BDSM as both a 'positive and negative' emotive subject, the inference is that there are parts of BDSM that are not so good and that the emotions that are evoked continue along a spectrum. However, it is unclear if these are emotions are evoked within the individuals engaging in BDSM or by the participants themselves. It could be speculated that it is by the latter. It is evident from Daisy's response above by her use of 'crap, you're into that', suggesting that the participant is into something unspeakable or something mysterious, and therefore the participant distances themselves from it because it is not something that they can really understand. However, by identifying that this struggle might be 'personal' the participant takes the shift of judgments away from the others and claims it as a personal one. This, in turn, could position the participant as a reflective practitioner who is aware of what might be occurring for them.

Some participants discuss their inability to connect with, or to understand, particular activities in which their clients engage and dependent on their own experience of, or relationship to, BDSM. This lack of connection creates the distance between them and BDSM. It is as if the distance is formed by the intangible nature of the relationship and the lack of a concrete base on which to build. This suggests that personal experience enables to a normalisation of the activities. Participants express the 'shock' that they might experience if clients were to present certain elements of BDSM. This shock appears to stem from a lack of context in which to place BDSM.

> Carly: I think I am really prudish, I don't know. I think most of these I would be really shocked, but that's not to say that I couldn't work with it, I am not going to deny that that's a shocking to read or that's a shocking thing to hear or that people do this, or that the get pleasure out of it or I don't know, that's, but I think that I feel that way with a lot of things with drugs, people tell me things they do with drugs and I'm like really and I don't know and so I don't think it's just this.

> *(FG 3, lines 383-387)*

By expressing shock, Carly distanced herself from BDSM and the ability to potentially understand what it is that individuals get pleasure from. However, by positioning herself as 'prudish', she potentially claims that maybe this response and reaction is just a 'personal' one. Again, this personalisation of a reaction prevents the participants from 'tarring all participants' responses' with the same brush, and everyone might not experience such reactions of shock. Carly is quiet in the sense of highlighting that not only is she shocked (speculating that it is something that is felt), but it is shocking to read and hear. Although, when she expresses shock, there is a lack of detail as to what it is about the statements that might cause her shock. However, by making reference to one's drug taking behaviour, she attempts to separate 'shock' from 'BDSM' by asserting that it is not about BDSM, it is about everything that is potentially risky.

Others are more explicit in detailing what it is that they might not be able to connect to along the spectrum.

> *Adam: I think for me that's where my own personal experience of I don't really get turned on by or even enjoy pain probably in any aspect so it means that I am probably mean I am not going to understand people getting severely hurt or put against the walls or something like that, I find that beyond me and even to the extent that I get that they may not like blondes but they like brunettes so for me pain is so 'ah' I can't imagine going down that path and I knew a guy that came down to London to be locked up for an unknown amount of time and I would always say so you have sex after or you masturbate in the cage, so you travel all the way down from the north to sit in a cage for an unknown period of time which is the thing that turns him on or he gets off on and I just like I can understand why he likes that but I really can't, it is very different from my understanding I just wouldn't enjoy that and just think it's a waste of time. That's me, so I guess it is really understanding and appreciating, I can't click onto it, I can appreciate it.*

> *(FG 2, lines 153-154)*

By making a direct reference to one's own 'turn-on', Adam implied that this particular reference to BDSM would not turn him on, and therefore it is beyond his experience to be able to empathise with it. By referring to *"severely hurt or put against the walls"*, it implies that "pain" cannot turn him on, but the use of *"severe"* could be an attempt to explain what is alluded to as what is meant by 'extreme' BDSM within the focus groups. Using a common comparison of *"blondes and brunettes"*, to contextualise his inability to understand 'pain', could be in an attempt to normalise aspects of BDSM or make light of what was previously described as 'severely hurt'. By constructing this particular example of BDSM (sitting in a cage) as a waste of time, it implies that if BDSM is not understood as a turn-on in a more 'traditional' sense, then

the participants fail to understand what a client gets from it. This, in turn, constructed BDSM along a spectrum of parts that are potentially tangible and understood, and parts that are not. Yet, Adam appeared to contradict himself, by stating that it is beyond his understanding yet he can 'appreciate it'. The contradiction might indicate the dilemma Adam faces between wanting to appreciate difference alongside the struggle of knowing how to.

Participants also expressed that along the spectrum of BDSM there are parts that they might be unable to understand and this might not be the case if their experience was different.

> *Dana:* *I was really thinking about you know my own personal experience is as a human and what that allows me to connect with or not connect with completely or what a client is telling me, so, these particular things as an example I don't have personal experience of dressing up the thing in the first one or in the role that she plays in this job in the second but if I did maybe my relationship with that material, with that part of the material would be a lot lesser a lot more normalised the assumptions you know, the discourse around that would just be, drop away and so I'm, I think you're right I am very aware that it is like what my personal experience does have a part to play in how I connect or how I don't connect and how to be aware of that ....definitely there*

> *(FG 1, lines 1191-1198)*

Dana recognises that not having had experience of the roles Benjamin and Annie find themselves in, distances her from certain parts of BDSM. This is also suggested by referring to *"dressing up the thing in the first one or in the role that she plays"*. The subtle use of 'the thing' and 'the role' also creates distance. However, Dana identifies that the distance prevents her from being able to connect. This could serve to position her as a reflective practitioner acknowledging that if her experience were as different, then she might adopt a different understanding. In doing so, she highlights how her choice of language is potentially limited by her knowledge. In identifying this position, she potentially highlights why she might be drawing on particular tropes along the spectrum to construct BDSM.

Participants also position their relationship with BDSM as something evolving that changes over time, dependent on their own experience, those experiences of friends who have engaged in it and therefore their developing understanding. This can potentially construct BDSM as more 'fluid' and suggests that one needs to have had some level of experience in order to make sense, or to normalise. By having a greater understanding, the individual is brought closer to constructing BDSM as nearer to 'normality' as opposed to being a 'pathology'. The personal relationship to BDSM naturally enables the participants to be more accepting of discussion of

the topic, as their awareness of its nature is clearer, which results in an increased confidence in positioning themselves closer to it.

> Arti: I remember when I was, this was some time back now, um, think I was around 17 or something, um, had been involved in relationship that involved SM and, and she showed me the um, the markings on her back from where she had been whipped and I remember, um, she was quite proud of them and I remember thinking, feeling quite um, that the bruises, they shouldn't be there and I remember that and it actually took me a while to actually get my head around that and I think now if somebody did that then it wouldn't bother me, um, and yeah I think it was something I was aware of because I, um, I came out as a lesbian when I was 15 and then later I came out as bi-sexual and then being in that world I was already aware of, some of that stuff around that, around BDSM and um yes so my awareness of it comes from that and then from my own personal life as well.

> *(FG 3, lines 117-125)*

The statement above illustrates this relationship with BDSM as something that has evolved due to personal experience. Although it could be argued that the participant's own experience of 'coming' out as a lesbian, and then later bisexual, put her in a position of greater understanding as to what it was like to be in a sexual minority, or in a community that has faced oppression and her relationship with BDSM might have evolved for that reason.

Cailin also goes talked about how her relationship with BDSM evolved over time.

> Cailin: I think a lot of what has been said following on from something Adam said earlier about how your view has changed I think that has happened to me as well, coming from cultural backgrounds you hear different things and growing up here you pick up different things and things that probably used to shock me wouldn't shock me now and one of my friends is a dominatrix and she has been one and in Glasgow I think there is a big scene for it and some of things that I hear she does to clients, the cage thing is one of them and peeing on people in cages and I don't understand how they, for me that wouldn't be pleasure at all but I guess it is pleasurable for some people in certain ways and just different strokes for different folks. A lot wouldn't do much for me but growing up and being more exposed to it and curious about it and I am interested in it but the 24 hours a day like is

> *(FG 2 lines 156-164)*

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By putting into context her experience of growing up in Glasgow and having a friend as a Dominatrix, Cailin is able to contextualise her understanding of BDSM, potentially positioning herself closer to BDSM. While Cailin indicated that what she used to find shocking, might not be the case nowadays, the use of 'probably', could still reflect some hesitation. Cailin indicated how knowledge of BDSM has evolved through interactions with others and through living in a particular place at a particular time, which is a central tenet to social constructionism, and suggests that the constructs used are embedded in a particular cultural understanding of BDSM. By referring to the common idiom 'different strokes for different folks' there is an acknowledgement that certain aspects of BDSM *("the cage thing and peeing on people")* might be appealing for others, but not for Cailin. Thus, it is assumed that Cailin struggled to understand a lot of BDSM by stating *'a lot wouldn't do much for me…'*, however, she positioned herself as someone who takes an open and curious approach to BDSM yet there are (many) elements that she struggles to understand, finally making note of 24/7 BDSM. It could be assumed by drawing on her experience of growing up in Glasgow, Cailin's position is 'open and unlikely to be shocked' to many aspects of BDSM, yet there remains a position of distance from fully understanding what might be pleasurable for someone else along the spectrum.

1.15.6.1 Summary

Participants delineate between the different types of BDSM from being 'light, playful, fun' to the more extreme end of 'dark, murky and less sanitised', thus constructing BDSM as occurring along a spectrum. Within this spectrum BDSM appeared to fall into the category of positive/good aspects, which positions an aspect of BDSM as acceptable, and implying that on the opposite side of this spectrum the 'dark, murky and less sanitised' aspects are constructed as less acceptable. Within the spectrum, participants either distance themselves close to, or far from, BDSM dependent on the context. What is meant by the construct of 'extreme' BDSM is not clear, yet it allows for the relationship between how participants talk about BDSM and what they might think about it to be explored. Participants position themselves at a distance from 'extreme' aspects of BDSM, raising a concern that aspects of BDSM would potentially lead to shock.

1.15.7 BDSM as a cause for concern

Themes of risk and concern were used to construct BDSM as something that has the potential to be risky, as well as something that might elicit concern in the therapist if presented by a BDSM practitioner. Participants inferred that they would feel concerned if they felt a particular BDSM act could result in injury or death, and what this therefore could mean for their clinical work. This particular construction of BDSM was apparent as a result of being presented with scenarios and where participants were asked to consider any trepidation they may have had towards the

scenario. In the extract below, participant Adam identifies how the context in which he is asked to consider risk might have impacted his view.

> Adam: ...what are they getting from it, um, and also, the one about um that this particular fetishes results in a number of deaths per year, so even on that very basic level, um, you're partaking in a habit that could cause death, but I suppose skiing is danger, could be dangerous. How many people die from skiing or horse riding, um, for me, so it is raising those dilemmas of well where do I stand on these and.

> *(FG 2, lines 336-340)*

By alluding to 'what are they getting from it' suggested that there is a subtle struggle to understand why a participant might benefit from partaking in a particular BDSM scene, if it could possibly result in injury or even death. Yet by putting into context that this might equally be the case for more common sporting activities such as 'skiing or horse riding', Adam appeared to be rationalising whether such extreme consequences are indeed likely from this particular (BDSM) scenario. Adam seemed to acknowledge the dilemma in relation to risk, and whether or not it is something he potentially feels comfortable with, if the BDSM activity could result in death or injury.

The context into which the scenarios are put impacted how a participant might respond to, or make sense of, the level of risk of the activity. As a result, participants expressed that their reactions might change as a result. This is highlighted below:

> Claire: And number seven I feel quite uncomfortable with

> Beth: But what's the difference between seven and going rock climbing or something it's just, they are both dangerous, they are both bold

> Claire: You are absolutely right

> Beth: I just see it as maybe it is rock climbing or maybe it's about dangling from harnesses from ceilings but just because one's wearing trainers and it's all healthy and

> Claire: Now that you've said that I feel completely differently about it. Mmm, I had these really strong initial reactions

> *(FG 1, lines 620-627)*

The dialogue between the participants in relation to the scenarios takes into consideration their concerns surrounding what could be BDSM related, but in this instance is rock climbing. By claiming that 'rock climbing' is healthy because they understand what is involved, the inference is

that something that is *not* rock climbing (BDSM) is considered unhealthy. By considering that both are 'dangerous and bold', the participant potentially attempts to claim that neither one is riskier than the other. However, participant three's reaction acknowledges that by being made aware that this activity is something different from BDSM (rock climbing) then their reaction changes. By suggesting that their initial reaction was 'strong', it could be interpreted that participant three had a strong negative reaction knowing that risk was involved in this particular BDSM act and being informed that it was, in fact, rock climbing, lessened the reaction therefore lessening the concern, as the participant is able to 'contextualise' the risk involved.

It would appear that the 'not naming' of a particular activity increased the participants' cause for concern as illustrated below:

> Eda: *I think for example if someone came to me and described one of these things*
>   *happening, for example number six, acupuncture, it's not what I thought, if*
>   *someone came and described it rather than gave it a name, I would be sat there*
>   *thinking what is that, what is this, is this, a form of harm, is this a sexual fetish, is*
>   *this, it cannot help but to presented within a way. Um...*
>
> *(FG 2, lines 392-395)*

Not putting a name to an activity left Eda to imagine it to be something else. By alluding to *"a form of harm...a sexual fetish"* in close correlation to each other, Eda could be constructing this activity as more risky if associated with BDSM. Whereas naming the activity 'acupuncture', something that is more commonly understood, could suggest that the participant feels more at ease with the level of risk that is involved with this activity.

Participants appeared to question what it is about BDSM that gave them a cause for concern and how as clinicians they might assess risk if they were presented with scenarios where they have no name or context.

> Dex: *It's sort of emphasises maybe the important point for us to consider in clinical*
>   *practice in terms of risk and how we assess risk and how we deal with risk*
>   *because if someone came in and just say well that's risky behaviour, it also*
>   *emphasises how many different types of risky behaviour everyone engages in*
>   *quite often and taken out of context it can seem like it's a really risky behaviour*
>   *but if you look at the whole picture actually maybe it isn't that risky may it*
>   *something, which, you know, is accepted in society...*
>
> *(FG 2, Lines 436-441)*

By emphasising the importance of assessing risk within a context, Dex implied that by taking 'BDSM' out of context it could potentially leave the clinician concerned that certain elements of BDSM are more risky than, say, more commonly regarded activities which might carry a similar risk. The inference here appears to be regarding the wider picture and potentially deconstructing what the risk is for the individual involved. Dex goes on to put into context what risk might mean for many by using an example from some clinical training in which comparisons were made between the risk involved in 'eating disorders' to that with 'bird watching and mountain climbing'.

> *Dex:*   *...She was talking about how would you view risky behaviour and she was comparing bird watching and mountain climbing and eating disorders and basically, she was looking at, she sort of came up with three different people and she presented the risk of each of them without telling you who was who and you were sitting thinking well you know, they are equally risky, they are all just as risky and yet bird watching and mountain climbing, I mean is accepted in society and people do it all the time, you know, dealing with a small group of people, not only is it accepted sometimes people promote it, …………yet if you engage in sort of eating disorder behaviour to a risky level where you might have to be hospitalised, people, well, they certainly don't celebrate you do they. They almost look down on you and um, and, yeah it's, it's interesting to think of how we accept that certain types of behaviour or not others although there are very, very similar aspects in a lot of different types of ways, um, yeah.*

> *(FG 2, lines 453 -459 and lines 461-464)*

In making the comparison between more commonly associated practices, Dex could be attempting to normalise BDSM by highlighting how 'risk' is common even within socially acceptable practices. By making the comparison to eating disorders, Dex could be aligning BDSM within the same category and therefore associating that the perceived risk of BDSM is higher than its reality. Dex appeared to be taking up the position of a reflective practitioner, by drawing on examples and by inferring to 'we' and could be suggesting that clinicians might make judgements about particular aspects of BDSM that are just as risky, yet do not cause as much concern as more everyday practices.

Participants expressed concern in relation to what it is they should be concerned about. There appeared to be an element of uncertainty surrounding whether what an individual might bring to therapy would warrant concern. By assuming that participants only come to therapy with negative presentations *"if they don't usually come in with positive things and they are usually in*

distress" (FG2, lines 489-490) it could be implied that by bringing BDSM to therapy it is only done under the guise of being distressing. This assumption has the potential to limit the therapist's thinking that this is the only reason a participant would talk about BDSM, constructing it to be something risky and warranting concern, rather than it being 'enjoyable and wanting to share'. It is also suggested that *"therefore your mind would probably jump to, ok, is this a distressing thing, they are telling me or, do I need to be concerned..."* (FG2, lines, 491-493) implying that by even talking about elements of BDSM that might sound risky could cause the therapist to consider if it is something to monitor as a risk concern. This could suggest a worry about how participants decipher what is and is not a potential risk when it comes to BDSM activity, or indeed who is best qualified to assess this risk, the client or therapist.

Participants used the wider narratives of risk by using examples from clinical work when risk has been or is asked to be assessed. Examples of assessing risk in relation to 'drug taking' and 'suicide' were both given. Participants started to question their own position of responsibility when it comes to assessing what might be considered 'too risky' for a client even when this may be at odds with the client's own autonomous decision-making boundaries regarding what they find pleasurable. In the extract below, Arti discussed her clinical experience from a drugs placement in which risk was always considered a high priority.

> Arti: *...I don't feel the risk is very high and yet um am I being pushed into working in a particular way that is then um, actually gets in the way of working with clients more effectively um and looking perhaps at a more meaningful look at the drug use and what it means for them and um, so what should come first, should it be the safety of the individual or should it be the right for them to do what they want and express themselves and the way that they want and have pleasure...*
>
> *(FG 3, lines 409-416)*

Arti acknowledged the importance of assessing risk when risk is considered high, yet appeared to find herself in a dilemma as to what to prioritise (risk or clients' autonomy) when their client's perception of the situation does not appear that the risk is high. By using an example of a drug placement, it could implicitly suggest that elements of BDSM are considered within the same 'high risk' category, and there might be a suggestion that it would be difficult to disentangle the risk from the enjoyment for the client. There appears to be a dilemma between safety and individual pleasure, and what it is that might need to be understood to keep the client safe.

Daisy drew on her clinical experience of working with suicidal clients when considering the risk involved in with BDSM.

> *Daisy: Mmm, I think that is very much an individual choice because I think that's what makes me think about suicide as well and sectioning and when do we stop our clients and when do we consider it too risky for them and actually who are we to consider that, that's my personal position, yeah and I think what we you are saying is maybe be aware of my own boundaries blurring to where my personal and professional comes in because my professional side says it is not my place to judge and my personal side says damn right I am going to judge you and I am going to tell you not be damn stupid and do this and it is trying to find out I suppose where those two voices in my head...*

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(FG 3, lines 418-424)

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By making the link between suicide and sectioning, Daisy appeared to be drawing on the moral dilemma of her personal decision-making responsibility as a clinician when there might be a direct personal impact on an individual. Daisy also used the wider issue of identifying positions when it comes to 'personal and professional' divides, and how in taking up the position of 'personal' she chooses a different reaction to that of the 'professional'. By inferring that judgements will be made from a 'personal' position, the inference might be that Daisy takes this position to judge those who engage in 'risky' BDSM acts. This is alluded to by referring to *"damn stupid",* yet, as a professional, it would not be her intention to take up this position. This might be an implicit way of expressing judgement for elements of BDSM that contain risk, yet by taking a distance from it, using suicide as an example, Daisy is not explicit in her inference. However, there is an acknowledgment that this is a clear dilemma for her and by acknowledging this she can take up the position of a reflective practitioner.

Participants expressed their concern not only about risk, but about how their own assumptions of relationships might impact on their concern for how they work with a client. It appeared that the privileged position is often seen through the lens of a heteronormative relationship as is illustrated here by Adam, "*…it comes from my very normative viewpoint of relationships and the foundations of those relationships" (FG2, lines 588-589).* Viewing relationships through a normative lens can limit the possibility for seeing the workings of a relationship outside of the heteronormative. Participants expressed their concern about how this might influence the way they might work with a client, and the recognition of BDSM being a subject of *"taboo"* as constructed by participants, and question whether or not acknowledging the stigma would be useful for clients. *"…but it might be worth talking about the way he sees it and the stigma he brings to the table.."* (FG2, lines 530-531). This inference of stigma could have the potential for implicitly colluding with dominant constructions about stigma and taboo, which reinstate concerns that a client might have in discussing their BDSM practices in the first place.

There appeared to be a wider concern as to the general consensus of what is expected within a relationship, which is particularly expressed when discussing the case studies of Annie and Benjamin. By expressing their concerns about the assumed relationships of practitioners, participants acknowledged how their own perceived views of what a relationship should constitute could impact on clinical work with BDSM practitioners. By constructing relationships that *"are about openness and trust and kind of sharing…"*(FG1, lines 1188-1189) participants identified how such ideals might be a potential concern for therapy. Dana below illustrated this in the example.

> Dana: *…I was noticed how I felt connected to the wife, that might be something about being a woman, that might be something about being a wife, argh, but something about what I can identify with within the presentation I guess, and I'm not saying that that would necessarily be a block to the therapy but just kind of being aware that, that's, I wonder how I would feel if my husband told me that there was this big part of his life that I didn't really know about*

> *(FG 1, lines 1060-1064)*

In relation to Benjamin, Dana expressed her concern as to how she might feel in the shoes of his wife, not having an awareness of her husbands practice and acknowledged how her identification, with Benjamin's wife, could potentially impact on the therapy. The concern seemed to be more apparent for the wife in this situation, who does not have an awareness of Benjamin's BDSM interests, as opposed to Benjamin himself. It is unclear if participants would be concerned if BDSM was not involved and if the wife was unaware of something else. It positions trust at the centre of a relationship, which implies if that is missing, or that by keeping BDSM a secret, it is concerning. By using personal examples of how participants view what relationships might consist of, positioning them as open and reflective, it might limit the trainees' ability to empathise fully with the BDSM practitioner, or other aspects of relationships that are viewed outside the normative framework that participants constructed.

1.15.7.1 Summary

When participants were presented with the everyday scenarios, a concern appeared to arise for participants if they were could not name, or contextualise the activity, which led participants to construct certain activities that appeared to involve BDSM as risky. Yet, when participants could name or contextualise the activity as 'everyday', the element of risk appeared to decrease. This suggested that there is an element of BDSM that participants are concerned by, yet participants were uncertain what it is about BDSM that should allow this concern to arise. This raises concerns for practice and the trainee's role as how to assess risk. Participants expressed

their cause for concern when constructing relationship through, most commonly, a normative lens. An acknowledgement is made as to how the assumptions of how a relationship should be might impact on the therapy.

1.16 Discussion

Although people can be intolerant, silly or pushy about what constitutes proper diet, differences in menu rarely provoke the kinds of rage, anxiety and sheer terror that routinely accompany differences in erotic taste

RUBIN,1984,P.279

1.16.1 Introduction

The aim of this research was to explore how trainee counselling psychologists talked and thought about BDSM, and how the subject of BDSM was constructed among trainees. It has a particular interest in how BDSM is being 'spoken' about and the content of the language used by participants. The aim of the research was to also give the discipline of Counselling Psychology an insight into how BDSM is being constructed. In reviewing the literature, it appeared that previous research (Lawrence & Love-Crowell, 2008; Kelsey et al, 2013) into therapist attitudes to BDSM only focussed on qualified practitioners, paying little attention to the use of language. Given the dearth of research into BDSM within the field of counselling psychology along with the limited understanding of how counselling psychologists in training construct BDSM, it was decided that this study could generate significant points of interest and have implications for the field of counselling psychology. It was also felt that a light could be shone on particular areas of knowledge that trainees might need to focus on when it came to further training on BDSM.

Three experiential focus groups were carried out with a total of thirteen participants. From the thematic analysis carried out, a total of seven analytic themes were generated. The purpose of this discussion is to explain how the analytic themes connect back to the existing literature, as well as to introduce any further research, which seems relevant as a result of the findings. Given the nature of overlaps between the themes and the way in which counselling psychologists in training position themselves in relation to BDSM, the discussion does not systematically separate out these themes. Instead the findings are summarised as a whole, highlighting the similarities and contradictions among themes, as well as subject positions in which participants located themselves. Different participants constructed BDSM in varying ways as well as at different times in the focus groups. Given the nature of social constructionist work, and its awareness of how all constructions are located in historical time and geographical locations, the aim of this research was not to give a definite account of how trainees constructed BDSM. I acknowledge that the constructions deployed among the focus groups give one version of reality and that my own written account within this thesis could indeed be subject to deconstruction itself. This discussion acknowledges that the findings occurred within a particular time and place.

Evaluating how the research took into consideration certain facets for measuring rigour and reliability presents an opportunity to discuss the strengths and limitations of this research. Following this there will be a discussion of how this research is relevant to the field of Counselling Psychology and its implications for practice. This will lead to discussing the wider impact that this research might have within the field of sexualities, and suggestions for further research. In conclusion, some final points on reflexivity will be offered, including a reflection on the response from others to my conducting research on the topic of BDSM.

In order to contextualise this discussion, it feels pertinent to remind the reader of the main research questions that this research was concerned with:

- How do trainee Counselling Psychologists talk and think about BDSM within a social and psychological context?

- How is BDSM constructed in focus groups with trainee Counselling Psychologists?

- How does the way in which trainee Counselling Psychologists talk and think about BDSM have an impact on clinical practice?

1.16.2 Summary of analysis

Participants often constructed BDSM as unknown and unspoken by using themes of uncertainty and speculation. However, uncertainty was a theme that appeared across all of the focus groups in relation to how participants would position themselves. At times participants would find themselves in a dilemma as to whether or not they should draw on certain discourses to construct BDSM and whether it was appropriate. An example of this was when participants identified that in their profession they felt they ought to position themselves in a particular way about BDSM, when this may have contradicted what they actually believed and therefore they chose to use language differently to construct BDSM. For example, a participant chose to position themselves as a 'cheerleader' for unrepresented groups, suggesting that through this position they might draw on discourses to construct BDSM in a manner that was potentially expected of them in their role as a counselling psychologist. This could suggest that when not in the role of a counselling psychologist, one might choose to construct BDSM differently. This highlighted a potential conflict between the 'personal vs. professional' self. The unspoken nature of BDSM was reinforced when participants chose not to define or expand what they meant by certain practices of BDSM, suggesting that they did not have the available words or that there was an uncertainty as to what they were trying to define. This was relevant in reference to 'extreme' practices, which may have also reflected the discomfort participants felt towards BDSM that was sometimes expressed by participants.

BDSM was constructed as something that involved both consent and non-consent, however the participants would often query what non-consent consisted of within BDSM, without explicitly challenging the notion that non-consent was an option. There were many parallels between this theme, 'BDSM as abuse', and 'BDSM as a pathology'. BDSM was constructed as being 'violent' and 'destructive', but this was carried out in an implicit manner, which in turn questioned the nature of BDSM even when consent was involved. Such close parallels between these three analytic themes would also position participants at a distance from BDSM, which is something participants appeared to do when uncertainty was involved as to what constituted BDSM. However, in their talk some participants attempted to resist discourses of pathology, abuse and non-consent by offering examples, either clinical or personal, of when these were not the case. By offering these examples, trainees could be seen to be shifting from a position of uncertainty, closer to BDSM, in an attempt to take up the position of an open and reflective practitioner.

Participants used a theme of pathology as a way of trying to understand and make sense of why an individual may choose to engage in BDSM. However, participants appeared to find themselves in a dilemma as to whether, in thinking this way about BDSM, trainees could be regarded as either 'formulating' or 'pathologising'. By taking up a position of a 'curious' or 'reflective' trainee, participants would also attribute their curiosity to the nature of their training that encourages them to look for hidden and deeper meanings, thus distancing themselves from and resisting a position of a 'pathologising' trainee counselling psychologist. The tentative nature with which participants drew on a construction of pathology could indicate the struggle as to which position participants felt they should adopt. Participants also used psychodynamic discourses, attributing their availability through their training as a way of making sense of why one might engage in BDSM, which further supported a reason for drawing on a discourse of pathology.

While counselling psychologists acknowledged that their reflective position might mask a voice of judgement as well as uncertainty of BDSM, it was also a preferable position to adopt than to refute one of absolute certainty. However, when BDSM was constructed as something that occurred along a spectrum, participants took up positions of both closeness and distance from BDSM dependent on their own individual relationship to it. Participants would express their ease and comfort with certain elements of BDSM where potentially there was some reference point or context in which they could place it. For example, this may have included examples from clinical work or from friends engaging it, however, this still maintained their distance. Other participants would position themselves nearer to BDSM by drawing on personal experiences or displaying empathy to what may be involved.

Within the spectrum, BDSM was constructed in both a positive and negative light, with the former being attributed to more 'playful, fun and fluffy' aspects of BDSM. This was also depicted within more visible aspects of BDSM, constructing visible and mainstream BDSM as more acceptable. The latter, 'negative' aspects of BDSM, however, were invisible but constructed to be 'less sanitised, dark and murky'. The participants took up an element of distance when talking about these parts of BDSM that one might not be able to understand fully why practitioners might engage in particular parts of BDSM, if the participant did not understand it. Within this, participants also expressed potential concerns as to what their reactions might be to potential 'hard-core' and 'extreme' clients, giving an insight into the trainees thinking about BDSM.

Questions of normality and acceptability were posed when making sense of what could be considered to be BDSM or not. There were many similarities to a participant's relationship to being able to understand BDSM with being able to visualise it. By using discourses of visibility, participants were able to put BDSM into a familiar context, which felt more comfortable for participants. If it was something that lacked a visual image, then it did not have a context, putting it out of a participant's experience, leaving them feeling less comfortable.

BDSM as a cause for concern constructed BDSM as a possible 'risk' and demonstrated a concern among participants about certain elements of BDSM. Some constructions arose as a result of participants being presented with 'everyday' scenarios that may or may not have involved BDSM. Concern about risk appeared more apparent when participants were unable to contextualise the act, i.e. not giving the act an 'everyday' name, which led participants to assume it was more risky, therefore constructing those acts that were BDSM to be 'riskier'. Participants expressed concern in relation to how their own assumptions of relationships might impact therapeutic work with a BDSM client. Thus by drawing on a discourse of concern, participants were able to adopt a position of an open and reflective trainee acknowledging their 'particular' views of how a relationship should operate. On the other hand, their expressed concerns over how they position relationships might be considered as a barrier for working with certain presentations.

1.16.3 Discussion of the findings in relation to past literature

The findings from this research will now be considered in relation to the literature surrounding BDSM and therapy, as well as any new literature, especially in relation to how counselling psychologists chose to position themselves. This will lead to the outline implications for practice, as a result of how BDSM was constructed by trainee counselling psychologists.

BDSM has long been pathologised within the field of mental health and many of the discourses used by participants are the same dominant discourses that have been documented within

BDSM research (Barker, Iantaffi & Gupta; Taylor and Ussher, 2001). It could be argued that because of the influence of such dominant discourses within mental health and the perceived lack of sexuality training on psychology courses (Shaw, Butler & Marriott, 2008), only certain ways of talking about BDSM were readily available for trainee counselling psychologists. As Willig (2001) identifies, certain discourses become "entrenched". In fact, American Psychologist, Prilleltensky (1989) discusses in his paper on *'Psychology and the Status Quo'* that psychologists become 'socialised products' of cultural environment and that they rarely challenge existing social beliefs, which further reinforces the societal status quo (p.796). However, Willig (1998) notes that not taking an action is in itself a form of action, because refusal to do so only perpetuates current systems of discourse. An example is by not choosing to challenge or resist a dominant discourse.

In relation to the unspoken nature of BDSM, the theme in this research could add to the research findings of Snowdon & Carr (2005). Their research acknowledged the struggles heterosexual clinical psychologists found raising issues of sex and sexuality with LGB clients with specific issues surrounding knowledge as well as confidence finding the most appropriate language to use. In my research, trainee counselling psychologists identified their concerns by constructing BDSM as unknown, and by positioning themselves as 'uncertain' and 'unknowledgeable'. The limitations of taking up these positions means that trainees could feel disempowered about their ability to work with BDSM, which could impact, both, confidence and competence. It is not the intention of social constructionist research to compare and contrast who said what by focussing on individual intent, but it is important to highlight that not all participants identified as 'heterosexual' and therefore it should be noted through the data that 'heterosexual trainee counselling psychologists' did not exclusively adopt the trope of uncertainty and certainty.

It is important to revisit the work of Taylor and Ussher (2001) who used discourse analysis to ascertain how self-identified SMers identified their sexuality. Clearly, their participant group was different, given they were BDSM practitioners and not therapists, yet it is important to identify parallels between the ways BDSM was constructed, if apparent. The construction of consent was a theme in both studies. For the work of Taylor and Ussher (2001) participants were clear to establish that SM was about consent: "SM is about consent…if there's no consent it's not SM…it's sexual violence…it's as simple as that." (p.297). While they also acknowledged "these boundaries of consent were negotiable and often shifted during a session…" (p.298), it was made clear that if anyone stepped outside of those rules then they were tarred by the SM community as "dangerous" (p.298). While consent was something that participants acknowledged in my research as something that did exist, in particular by the BDSM community, BDSM was also constructed as 'non-consenting', and there was something about BDSM that made participants draw on a non-consent discourse therefore positioning it as something 'different'. By constructing some parts of BDSM as 'non-consenting', it allows for

the notion that there are parts of BDSM that are not okay, and the inference of non-consent suggests that BDSM falls into two categories: one involving consent and the other not. The implication of this for clinical practice will be discussed later.

Power and physical pain were also ways participants in Taylor and Ussher's (2001) research constructed BDSM. While these were not main analytic themes in my research, the notion of 'power' was central to the construction of BDSM as abusive. Power among Taylor and Ussher's (2001) participants was constructed as variable (where one was either in a fixed dominant/submissive role or a role that interchanged), power was not implied to as abusive. In this research, BDSM was constructed as something that involved 'power dynamics' and a concern was expressed about one putting themselves in a vulnerable position, thereby positioning the one taking up this role in BDSM as 'powerless'. In comparison, participants in Taylor and Ussher's (2001) work stated that "fundamentally both parties should be in control…" (p.299). However, as previously stressed, the participant groups were different but it does potentially indicate the intrinsic difference in discourses being taken up by therapists and BDSM practitioners, where nuanced differences in talking about BDSM construct BDSM to be very different. When participants in this research talked about 'power', there was an inference that a BDSM practitioner taking up a position of power could potentially lead to a position of abuse.

The subjective nature of pain was also discussed in Taylor and Ussher's work, and the relationship between pain and subjectivity was also drawn on in my work within 'BDSM occurring on a spectrum'. The relationship between language and what participants thought about BDSM could be explored here, when participants took up a position of distance while trying to make sense of why BDSM practitioners might engage in pain. Participants would offer examples of being unable to understand the 'turn on' of pain when it was inflicted on an individual. This could imply the struggle that participants might have in empathising with BDSM clients who enjoy the pain aspect of BDSM.

There were similar instances of participants positioning themselves at a distance from BDSM when it was something that they did not appear to understand, in particular in relation to pleasure. BDSM was constructed as something 'fun' by participants in this research, as was 'SM as pleasure' by participants in Taylor and Ussher's (2001) research. However, participants in my research considered fun as something 'light, playful and socially acceptable' and they again struggled to empathise when practitioners may have engaged in something that was beyond their pleasure. Such findings therefore situate BDSM as something that is not always understood by participants, which is commented on in the work by Williams (2006) who offers guidance for clinicians that practitioners of BDSM "deserve to be understood" (p.344), and advocates for the training of BDSM to be included in training courses.

The research surrounding therapeutic experiences of BDSM clients (Kolmes, Stock and Moser, 2006; Hoff and Sprott, 2009) is also significant in relation to my findings, particularly in relation to abuse and pathology. Kolmes, Stock and Moser identified a theme by their participants of 'misunderstanding BDSM for abuse' (2006, p.314), where further training around deciphering the difference between abuse and BDSM was recommended. Participants in their study spoke about the need to 'educate' their therapists, which was something that was drawn on in the theme 'BDSM as unknown', when participants made reference to it not being their clients responsibility to educate them about BDSM. Participants' therapists in Hoff and Sprott's (2009) research reported discourses of pathology when they chose to terminate therapy. A discourse of pathology was also used by BDSM practitioners in Taylor and Ussher's (2001) study however, this was in relation to other practices and also when they constructed a behaviour to be 'unhealthy' (p.309) because it was too extreme. This notion of 'extreme' chimes with the findings from my research, and participants distanced themselves from aspects of BDSM that they constructed as 'extreme'. The construct of BDSM as an extreme, again, links the relationship between language and thinking and how participants express their 'shock' around potentially working, in particular, with 'extreme' BDSM.

My research highlighted how participants appeared more comfortable talking about aspects of BDSM that they had some experience or understanding of, whether that was from personal or clinical experience. Participants' talk was freer flowing when BDSM was constructed on the 'less extreme' scale, because participants had something they could reference the example to, for instance, a scenario they had experienced, or seen in the media, or could relate it to something 'light and fluffy'. It was evident from participants' talk, that as soon as references of 'extreme' BDSM arose, talk became more disjointed and participants struggled to find the language to construct what it is they wanted to say about BDSM, thus a position of distance, from this aspect of BDSM, was taken by participants. This theme of BDSM occurring on a spectrum creates a distance between trainees, and can be seen to create a divide between parts of BDSM that are acceptable and parts that are unacceptable. This theme particularly sits well with the overarching theme of my portfolio, of 'us and them', that I touch on in my preface and will be expanded on in implications for practice.

Such findings mirror the earlier work of Rubin (1984) and her paper *'Thinking Sex',* which presents the 'charmed circle of sex'. Rubin (1984) highlights the sexual value system in which certain aspects of the 'charmed circle' (p.13) (heterosexual, monogamous, in a relationship and vanilla) are regarded as part of such a 'charmed circle', whereas other aspects are recognised within the 'the outer limits' (p.13) (homosexual, casual, promiscuous and sadomasochistic). While it is evident that certain elements of the 'outer' limits are more accepted today, it could be suggested from the narratives that are taken up in 'BDSM on a spectrum' that this notion of 'charmed circle' could be related to aspects of 'sadomasochism', with participants constructing

aspects of BDSM that fall within the 'charmed circle' 'fun, fluffy, light' and some that fall within the 'outer circle' (dirty, dark, evil). An attempt to visually present this is found on my research poster. As Rubin (1984) identifies "Most people find it difficult to grasp that whatever they like to do sexually will be thoroughly repulsive to someone else" (p.283). This therefore raises the importance of therapists working with issues of countertransference in relation to how they think and feel about BDSM.

The idea of countertransference is supported in Barker, Iantaffi and Gupta's (2007) research in relation to being aware of one's own feelings concerning sexual arousal and revulsion. In a recent piece of doctoral research on *'Practitioner Psychologists' understanding of BDSM',* Van der Walt (2014) concludes that there is a wider issue around the ''ability to comfortably and confidently talk about sex and sexualities within the context of psychological therapy'' (p.64). These findings also tie in with my research, when participants used themes of uncertainty and speculation when constructing BDSM as an unknown.

Trainee counselling psychologists struggled with the position they took up when trying to make sense of one's engagement in BDSM. This struggle could be explained further by exploring the argument of Williams and Irving (1996) who identify the tension counselling psychologists are faced with between reconciling the conflicting sides of the coin that the counselling psychology paradigm is based. On the one hand, counselling psychologists are faced with the 'psychology' aspect of their title, which views the understanding of humans through the logical scientist model, externalising behaviours, a modernist idea that views human distress occurring within the individual and an underlying pathology (Kaye, 1999). Whereas, the 'counselling' aspect of the title reflects the notion for subjective experience and understanding the internal world of an individual, in line with a constructionist epistemology. This confusion can leave counselling psychologists struggling with a conflicted epistemological framework (Spinelli, 2001). Therefore, in relation to this research, participants enquire, in their talk, if the position they take up to make sense of BDSM, or to understand one's engagement, is one of pathology or one of formulation. The latter is much more consistent with the scientist-practitioner values of a counselling psychologist, yet through the availability of dominant discourses, trainees do draw on pathology. Research identifying a similar struggle among counselling psychologists has been identified post-analysis. In the doctoral research of Larrson (2010), counselling psychologists talk about their struggle when taking up positions in relation to the diagnosis of 'Schizophrenia'. Larrson (2010) recognises this struggle:

> …through the use of empiricist discourse such as diagnostic manuals, while at the same time attempting to understand the client from their subjective experiences

> (Larrson, 2010, p.100).

It was evident in my research that when trainee counselling psychologists were presented with focus group material that reflected pathological discourses, the intention appeared to be to resist these constructions, yet, whether intentionally or unintentionally, when not focussed on specific materials, themes of pathology were used. One participant even made this observation:

> DANA: oh my god how much are we fed through the discourse that we, that society, that we the society that we're in, the messages we hear and the just kind of subliminal messages you know, because like you said I don't think I've ever thought about BDSM really healthy…

<div align="right">(FG1, lines 541-543)</div>

As such, the implication could be that entrenched and dominant discourses are rarely challenged, therefore by not challenging these discourses, it limits the ability to offer new discourses about BDSM and limits the possibility of fully understanding the richness and diversity of BDSM practices.

1.16.4 Evaluating and limitations of the research

Within the methodology section, the importance of establishing trustworthiness, rigour and quality of the research was considered. Reliability and validity are traditionally positivist concepts and contradict the social constructionist epistemology as they assume that the 'researcher' and 'researched' are unconnected and therefore objectivity can be achieved. However, establishing trustworthiness and rigour within qualitative research is vital to demonstrate to the reader the quality of research. Willig (2011) highlights the need for the researcher to acknowledge the way that their perspective and position may have influenced the research. When conducting the analysis this was kept in mind in the hope that it would limit the influence the researcher had on the interpretation of the data. A detailed documentation of the process was given to enable the research can be replicated and evaluated by others.

With this argument in mind, subjectivity and reflexivity (Morrow, 2005) was of paramount importance. A self-reflective diary was documented throughout the process of this research and I have attempted to incorporate reflexivity, where appropriate, throughout my research, to give the reader an idea of my personal position and relationship to the data. I also give an account of the response from others in relation to carrying out this topic in the final section of this discussion. Parker (1999) acknowledges the importance of establishing a balance when giving an account of reflexivity so it does not become an "agonising confessional" (p.31). Further consideration to reflexivity is discussed within the limitations to this research when I consider my own role as trainee counselling psychologist and the language I employed in the research.

Morrow (2005) also suggests that in order to regard "whose perceptions are really being described in the findings" (p.254) the researcher may adopt a strategy to ensure clarity of findings by sending transcripts to the participants to check for accuracy. To avoid researcher bias, some thematic analysis has adopted a collaborative approach to research (Silver et al, 2010, Rodham et al, 2013) whereby researchers have worked together in a group to identify themes to ensure that their research was not subject to researchers individual perceptions. As noted in the methodology, this approach was not adopted. However, to ensure that I remained sensitive to negotiated realities (Henwood and Pidgeon, 1992) and that my own researcher bias did not significantly impact my findings, I ensured all stages of my analysis were shared with my supervisors, including the sharing of data. I also ensured that I fully engaged with the BDSM literature to validate my findings, which included attending two workshops run by Pink Therapy (2012 and 2015) covering the topic of BDSM to ensure my knowledge was current and relevant. When it came to writing the analysis, the process itself lead to many different insights and the final analysis was the culmination of a continued state of engaging and re-engaging with the data. It was even decided to present the data in a different format to ensure a coherent account was given and that a story was told through the analysis.

To further ensure both transparency of data collection and 'adequacy of interpretation' (Morrow, 2005, p.256) the analysis has been illustrated by a sufficient number of quotes, which allows the reader to identify how the findings were reached. Finding the balance between the 'correct' amount of quotes and my own analysis to persuade the reader of the validity of findings was challenging. An example of an annotated transcript (with line numbers and analytic notes) has been added to the appendices, as well as evidence of the 'codes' and 'emerging themes' identified, as a guide for the reader to see how the findings were obtained. These documents also supported the need for transparency to include 'documentation of data trail' to ensure the research could be replicated as well as evaluated. This too included fully detailing the analytic procedure in the methodology.

Using a thematic analysis for this research gave the researcher the ability to give a rich account of the themes that were socially produced within the data. A limitation to giving a rich account of the entire data set meant that some depth and complexity to each of the themes may have been lost, because the research was unable to give a nuanced account of one particular theme. However, by providing a rich description of the data, the research allowed for participants' talk and thinking around an under-researched area to be explored. (Braun and Clarke, 2011). As acknowledged previously within this research, the nature of a social constructionist epistemology means that nothing remains fixed. The data generated from the research is situated within a particular time, place and context and therefore the findings can be offered with caution. With the explosion of the '*Fifty Shades*'(2012; 2015) cultural phenomenon, BDSM would appear to be reflecting the zeitgeist and as such it could be argued that this

research is even more current than when the data was originally collected. However, because of these changes, it could be assumed that counselling psychologists in training might construct BDSM differently within their talk because there are more available constructions that have emerged as a result, therefore the data reflects a particular time and context.

While I would argue that the methodological design of using focus groups for this research to be the most efficient because it enabled the free flow of talk among participants surrounding a subject where talk at times could have been awkward, I acknowledge there were limitations. In the time since the data was collected my relationship with, and understanding of, the subject has developed as have my readings. While this is not a limitation per se, I draw attention to it because space and time have allowed me to reflect on how my position as a researcher *then* may have limited the research in a way which would perhaps not be the case today. Given that I have more knowledge and understanding of BDSM, I may now choose to present different materials within the focus group, for example, specific BDSM activities that practitioners take part in. Being familiar with more literature around BDSM, I may now offer different reading materials to participants post focus groups. Thus I am aware that my limited knowledge at that time in carrying out my focus groups will have impacted on findings, as well as the materials chosen and the choice of my language in the opening script.

My experience of clinical work (listening, paraphrasing, empathising, managing time boundaries) helped to facilitate the focus group process, but on reflection at times I could have probed for a more in depth answer, or allowed a participant to reflect more on their response, rather than moving onto the next exercise. An example is illustrated in an extract below. It could be argued that I could have explored this a little more with participants, which could have elucidated a more in depth answer. However, I was also conscious of managing time within the focus groups.

> Arti: I think this idea about BDSM is rare I think is probably more because it is not talked about that much, I think it is probably a lot more common than we might assume.
>
> Daisy: Yeah
>
> I: I have got some clinical scenarios here and I want us also to have a think…

> (FG3, lines 355-358*)

Another limitation of the focus groups was that some participant's voices were more prevalent than others. I tried to be inclusive of all by addressing the groups as a collective: 'Anyone else, anyone else got any thoughts of what their own attitudes might be towards it?' This felt more sensitive and inclusive than picking on individuals to speak (unless it was evident they wanted

to speak). Given the nature of a constructionist paradigm it is not the intention of the framework to focus on 'individual psychologies', but to focus on the social-cultural contexts and the conditions that allow for the individual accounts to be made (Braun and Clarke, 2011). I have also addressed this in the analysis by ensuring all participants' contributions are illustrated, while noting that some are more vocal than others, inevitability leading to more frequent representations.

My role as a fellow trainee counselling psychologist as well as being in a focus group with other trainees may have impacted the positions participants took up and the way they constructed BDSM in their talk. As Davies and Harre (1990) acknowledge individuals can locate themselves in particular discourses in social interaction and therefore participants may have been cautious in the position they adopted, so as not to be thought of as anything other than 'open minded' by fellow trainees or by myself. As Burr (2003) notes, the positions available within discourses "provide the possibilities and the limitations about what we may or may not do/claim for ourselves…" (p.113). This may have limited what was discussed or how participants chose to position others. Despite this, the feedback at the end of the focus groups was that participants felt they were able to think about and discuss BDSM in an open way, and I would still maintain that the focus group methodology was the most suitable for this research.

A further limitation of this research is that knowledge of or experience of BDSM was not a prerequisite for participation. While, this research was not an FDA of how BDSM was constructed, it was interested in participants' talk around BDSM, and therefore the language participants' would have had available to them will have been limited. Willig (1999b) identifies that individuals are constrained by available discourses. So, when participants constructed BDSM as something that was unspoken and positioned themselves as uncertain, this may have seemed like a reasonable construct given their assumed availability of discourses.

A thematic analysis that comes from a constructionist paradigm has some overlaps with a discourse analysis (Braun and Clarke, 2011), and given the focus on being interested in participants' talk, I was drawn to readings about discourse analysis. This research was focussed on themes at a 'latent' level, which is also aligned with discursive work. I was mindful when it came to writing up this piece of work, that at times, there were overlaps when using 'constructions' and 'discourses' to describe how participants' talked about and constructed BDSM. A limitation to this research was that the thematic analysis could not go beyond what participants were doing with their talk to understand the function of their language, power relations and to make claims about language usage. One of the key drivers for counselling psychology doctoral research should be the application to practice (Kasket, 2012) and therefore this leads us on to how these findings are relevant to, and have implications for, Counselling Psychology.

1.16.5   Relevance to Counselling Psychology and implications for practice

As identified in the literature review, researchers, academics, therapists and campaigners have endeavoured to deconstruct socio-historical views of BDSM as pathological through more affirmative approaches and by giving a voice to BDSM practitioners through their research (Beckman, 2001; Taylor &Ussher, 2001; Langridge & Butt, 2004; Newmahr, 2008; Barker et al, 2007). While this research was not doing this for BDSM practitioners per se, by asking them of their understanding and experience of BDSM, it was researching an area of sexuality that is still regarded as 'taboo'. A result of which is that light is shone on an under-researched area in the field of Counselling Psychology, in hope that if more therapists can have an understanding of BDSM, then in turn, it will open up the avenues for destigmatising BDSM for practitioners. It was also a hope that by exploring how trainees talk and think about BDSM, it would give the field an insight into how the findings have an implication on practice.

While I have documented some of the implications for practice in the summary of my findings, I will elaborate on some key implications that these findings have for practice. By constructing BDSM as an unknown it unveils how trainees/ qualified counselling psychologists could struggle to work with individuals should they come into therapy and wish to discuss any aspect of BDSM. Thus, by being aware of 'certain' aspects of BDSM and not others might impinge on the therapeutic relationship or the ability for the client to engage in discussing their engagement in BDSM. It could be argued that this is the case for many subjects that a client would bring to therapy. However, a theme running through this research was that there are elements of BDSM that participants think are okay, and there are elements that are not so. The demarcation between the two is not always clear and it could imply that there would be areas of BDSM that therapists would not feel as comfortable working with and talking about. The positions that trainee counselling psychologists sometimes took up or were reluctant to take up were at times due to uncertainty of how to construct BDSM in their talk, but also because participants struggled to understand and empathise why an individual might engage in a particular aspect of BDSM. This suggests the importance of further incorporating BDSM into Counselling Psychology training, as well as potentially further afield for CPD trainings, supervision and for qualified psychologists. But it also indicates the need for therapists to be fully engaged with nuanced discussions around BDSM.

It could be argued that while the majority of clients who engage in BDSM and come into therapy do not present BDSM to be their presenting issue (Lawrence and Love-Crowell, 2008) a basic understanding of BDSM would suffice. However, the findings from this research could suggest that to understand fully our clients who are engaging in BDSM, we need to further engage in what it is about certain aspects of BDSM that might shock us, or make us feel

prudish. Training therefore needs to go beyond the notion of teaching content and to explore our own relationship with power dynamics and sexuality. Careful consideration of how it is taught and how we make sense of it is essential. It is arguable that a deeper exploration of the complexities of BDSM might foster a more open discussion around other areas of sexuality and relationships, which would have a widespread impact on therapeutic practice. I further discuss these issues below with an attempt to further expand the current recommendations for clinical practice.

If there is an element of BDSM that causes us, the therapist, a cause for concern or some shock, then it could be argued that we are putting our own frame of reference on what we consider 'acceptable' and 'unacceptable'. The implication is that we may wrongly assess a client who is engaging in an element of BDSM that we have concern about because it is something that we are unfamiliar with or deem to be 'risky'. While it can be the case with many therapy presentations, there seemed to be from these findings a strong reaction of shock and disgust to particular elements of BDSM, which would imply that trainees would take these preconceived ideas and thoughts into their clinical work. This was also evident within the theme 'BDSM a cause for concern', which would imply that there are areas of BDSM that therapists would identify to be risky, without fully understanding what is incorporated. This could have serious implications for practice, in particular within NHS settings, if a client were to share some details of their BDSM engagement and it was noted in the risk assessment notes without fully understanding the BDSM activities.

Connecting with the 'us and them' theme within this portfolio, there lies the concern that if there are elements of BDSM that therapists 'distance themselves from because they are too extreme, too shocking or less sanitised', then a dichotomy within aspects of BDSM is created. There becomes the client who engages in BDSM and is seen as one of 'us' (the therapist) because their BDSM practices are closer to the therapists understanding and frame of references, which leads to less chance for pathology, a diagnosis or 'problematising' their practices. However, if a therapist deems a practice to be, as noted in the analysis, 'more murky, less sanitised, extreme', then the client becomes one of 'them' and as a result positions the client as 'other' (Johnstone, 2000). Thus, the client could be at greater risk of all the aforementioned and with a greater chance of not being fully heard or understood. BDSM is still pathologised, even in the recent television dramatisation of historical sexual assault; BDSM was brought into the courtroom, with the inference that if one likes 'pain during sex' they were linked to a perpetrator of sexual crimes (*National Treasure, 2016).* It highlights how such dominant portrayals of BDSM are infiltrating our discourses and how it continues to be socially constructed and the stigma surrounding it. Therefore, as therapists, we need to be able to think critically about BDSM, and have a real understanding of what it entails.

Although it was recognised that BDSM occurs along a spectrum, the findings suggest that there is still stigma towards the 'extreme' end of BDSM. While there will be therapists who can understand that the continuum of BDSM is as such and that within that there is no divide, it is an understanding that individuals have different desires. It could be argued that if trainees are thinking this way about certain aspects about BDSM, then they will be thinking similarly towards other aspects of sexuality. There is an implication for practice that those who bring any aspect of their sexuality to therapy might be faced with having to 'dampen down' their experiences in order to ensure that the therapist is not shocked.

1.16.6   Further training around BDSM and current recommendations for therapists

Previous recommendations for working positively with BDSM clients have been outlined by other researchers (Nichols, 2006; Barker, Iantaffi & Gupta), which align closely to the findings from my research. Over the past decade researchers have started adapting clinical guidelines for BDSM, much like guidelines that have been adapted for LGBT clients in order to establish safe practice when working with BDSM clients and as guidance for clinicians and those less familiar with the field. Nichols (2006) has adapted extensive best practice guidelines, which are very insightful, based on her work with clients receiving poor therapeutic interventions that have led to dominant discourses such as "BDSM is self-destructive", "BDSM stems from childhood abuse" "BDSM is all about the dominant" (p 284). However, as I discussed in my literature review, lived experiences of BDSM practitioners researchers have identified that BDSM is rarely any of these.

Nichols (2006) has identified the importance of therapist's own countertransference towards practitioners and being aware of their reactions, be they positive or negative, in relation to a client's BDSM activities. She identifies that by observing one's own countertransference reactions "this process not only can result in counsellors learning invaluable information about their own sexuality; it may also mirror clients' internal experiences of self-hatred or shame" (p 288). Her guidelines also focus on the importance of understanding the family and the partner in relation to a practitioner's interest in BDSM, in particular helping a BDSM individual "come out" to a non-BDSM partner. In relation to counselling psychology, a number of therapists work in private practice and offer relationship therapy. Having an understanding of key issues surrounding BDSM could enrich their therapeutic practice and enable a dialogue to exist among those in relationships where BDSM might be an important aspect.

Nichols' (2006) guidelines also focus on the identification of distinguishing between abuse and self-destructive behaviour, noting that violence can occur within a BDSM relationship but the

importance of being able to recognise what is BDSM and what is domestic violence. This resonates with my findings of BDSM as a concern and the importance of considering issues of risk and confidentiality in relation to BPS ethical guidelines. In particular, the relationship between autonomy and confidentiality. At the Pink therapy annual conference DK Green (2015) presented the 'Kink Paradox', and the importance of how therapists unpack what is healthy or unhealthy when a client presents with a traumatic background and an interest in BDSM. It could be advised that such understanding is incorporated further into training around BDSM.

Barker, Iantaffi & Gupta (2007) make recommendations for working therapeutically with BDSM clients taken from their observation of negative discourses that have arisen from clients' negative therapy experiences and have produced a clinical text for counsellors on sexuality. They identify concerning discourses around "discourses of abuse", "discourses of pathology and addiction" and "discourses on BDSM being on a continuum with violence". Many of these documented discourses have been supported by the research of Kolmes, Stock and Moser (2006), which can see common discourses reproduced within psychotherapy. Barker et al (2007) accept Nichols (2006) concept of countertransference as a start for good practice in working with BDSM clients, but in their paper argue that the concept should be extended broadly to the notion of reflexivity. By this they discuss the idea of reflexivity being an all-encompassing concept, which adopts the importance of curiosity and not becoming too attached to one meaning, both for the client and about the therapist themselves. They acknowledge that power is something that is unavoidable when engaging a client in discussion about BDSM (given the key components of BDSM). It is even more important for a therapist to become reflexive about their own relationship to pleasure, power and pain in relation to sexuality as they state:

> in our opinion, this does not mean necessarily being comfortable with every BDSM practice that clients might talk about but rather to be conscious of one's levels of comfort around such issues, including practices and ideas that might "squick" us
>
> (Barker & Nichols, 2006, p. 21)

This notion of reflexivity does go beyond the recommendation of purely working with countertransference because it enhances the therapist's emotional entanglement with their client and the client's material, and encourages them to reflect on their own relationship to the many dynamics occurring within BDSM relationships.

At a Pink Therapy conference entitled 'Beyond the Rainbow', psychotherapist Henry Strick Van Linschoten (2015) led a presentation on *'The place of Kink in psychotherapy and counselling training'*. He discussed the importance of introducing 'kink' more widely within counselling and psychotherapy training programmes. He acknowledged that kink is often

spoken about in psychoanalytic training, but normally where kink is regarded a perversion. This is documented in my research when participants drew on psychodynamic tropes to construct BDSM as pathological or to consider whether their position was one of formulating or pathologising. Strick Van Linschoten (2015) proposes four areas to be covered within training:

1. What is Kink? – Exploring the basis for what kink is
2. History – Interdisciplinary position
3. Special issues
4. The contribution of kink to psychotherapy.

While I agree that all of these areas need to be considered within any basic training around kink, I also think a fifth point needs to be added to these recommendations: 'exploring one's own relationship to kink', which echoes the recommendations from the work of Barker, Iantaffi & Gupta (2007). In order to understand clients engaging in BDSM, we need to further understand what it is about certain aspects of BDSM that might shock us, or might make us feel prudish. Training will need to go beyond the notion of teaching content as Strick Van Linschoten (2015) commented "shoehorning it into a programme", and must provide the space to explore our own relationship with power dynamics and sexuality. Careful consideration of how it is taught and how we make sense of it is important. If we could encourage talking about kink we could probably talk a lot more about many other areas of sexuality/gender and relationships.

Taking all of the current recommendations into consideration alongside my research findings, it is evident that BDSM needs to be included as part of a larger training on gender and sexual diversity across all Counselling Psychology training. I suggest ways in which this could be incorporated across clinical training and as part of CPD.

- Within this training, a range of BDSM practices would need to be covered in a normalising way. For example, showing possible BDSM practices alongside all others.

- Training would need to ensure BDSM practitioners are humanised. This could be done through the use of videos, or having people talk about their experiences. This would also move away from the 'us and them' dichotomy that is apparent.

- The training could draw on the research literature to question pathologisation of BDSM to encourage students to think critically about diagnosis in this area, for example by using the DSM-5, Moser et al.

- Practising psychologists to engage in CPD about BDSM. Both the BPS and the Division of Counselling Psychology to encourage this engagement through offering talks and workshops.

1.16.7 Future research: Beyond BDSM and further sexualities

Having completed this research, I have begun to understand how Counselling Psychologists talk and think about BDSM. While many dominant discourses were drawn on, this only helps to establish the need for further training to ensure other ways of constructing BDSM through their talk are available for counselling psychologists. I would like to further explore this notion of what it is about BDSM that makes trainees feel 'distanced from' or 'shocked' by certain aspects of it by researching more into counter-transference issues. The findings from this research have wider implications and suggest the need for further exploration into counselling psychologist's relationship to and understanding of further sexualities, gender and relationships.

Gender and sexuality is as the heart of who we are; it makes up our identities, our relationships, our well-being, yet it is an area still in need of significant emphasis on in psychotherapy and mental health trainings. Even though campaigning for the understanding and education of gender and sexualities has developed significantly over the past decade with the UK, there is still a long way to go (especially for less privileged groups, and issues of race and disability). This research has the potential to equip us with the understanding that it is important to teach the content of what something is, and to ensure that we begin critically engaging with our own relationships to gender and sexuality. This approach will surely give our clients the best chance to have a voice, once the field of Counselling Psychology gives more of a voice to these areas.

It would be interesting to research how Counselling Psychologists construct other areas of sexuality and relationships. A nod was given in the final theme, that areas of BDSM might be a cause for concern if they are done out of the boundaries of what trainees perceived to be a 'normative' relationship. This raises questions around whether the trainee's notion of shock to certain BDSM practices could also be applied to other sexualities and relationships that are not traditionally viewed through the 'normative lens', for example the non-monogamous relationship.

1.16.8 Beyond the therapy room

While a great part of a counselling psychologists' work and training is conducted within the therapy room, for many the role of the counselling psychologist goes beyond this space. With the history of Psychology focussing on the individual psychology and individual-lead treatment, it has often negated the importance of the social, political, and economic (to name a few) factors contributing to one's mental health. While many critical psychologists, such as David Harper (2003), have active voices within the psychology community for the promotion of utilising skills, expertise and knowledge outside the clinic room, often with the ever increasing pressure of psychology services, there is little time to consider the 'political' and our role as knowledge providers outside individual therapy. During my training the importance of taking psychology

outside the clinic room was encouraged by actively engaging in the community. However, it is easy to forget just what our profession can achieve when considering the political. Hicks (2010) recognises the important role Counselling Psychology can have beyond the therapy room to challenge assumptions around sexuality "by team members that may serve to reinforce the pathologising view of society" (p.249). However, it is important to critically engage with our own assumptions first before we can effectively incorporate change.

Carrying out research within a social constructionist framework has opened my eyes to the many possibilities the profession has for change. It has taught me about the importance that the power language can have and how significant it is to take into account the impact our spoken words might have on our work, our clients, and within the wider field of society. Given that we use language to communicate our message and deliver many therapy modalities, it seems naïve not to give greater significance to how powerful, limiting or liberating our chosen words might be. It has taught me how not taking action or using language can be equally powerful. It could be argued that not doing anything further with my research would perpetuate dominant discourses around BDSM within Counselling Psychology. I feel we have a responsibility as counselling psychologists to take action and to be a voice for those often silenced or pathologised.

My passion for wanting to deconstruct normality, normative behaviours, and the whole notion of what constitutes 'normal' has continued to develop throughout my training. In relation to BDSM, I think it is important that I continue to further develop my understanding of it, and that I ensure dominant discourses and perceptions are challenged. This might mean disseminating my findings among colleagues in NHS services, contacting other Counselling Psychology institutions to establish what their current policy is for incorporating kink into their training programme, signposting colleagues who might need further reading around the area, publishing my work in journals, and taking my work to conferences. Such examples can too be applied to other areas in the field where the notion of normativity needs to be challenged. It is very easy to state one is open minded and acceptant and we as counselling psychologists pride ourselves on this, but I argue the importance of continuing to challenge our relationship towards such issues, to ensure we are not distancing ourselves from what matters and doing more than just stating we are open, but critically engaging in what it means for us to relate to such topics.

1.16.9   Reflecting on the language of others: A final word on reflexivity

In concluding this research, I wish to reflect on the response of others and my response to them in conducting this research. It seems relevant to consider this as a way of further understanding the significant impact language can have on constructing objects and what this means for practice. I have also been interested in the response of friends, families and colleagues in relation to my research. First, many people are unaware of what BDSM stands for, so when it

has been explained to them I have received a whole manner of responses from 'I did not realise you were into that', 'Will you interview people in prisons?' to 'Do you get many people who are into that come and see you?'. At times, I have found myself modifying my language or perhaps even changing my research title, dependent on the audience with whom I might be discussing it. With curious and open-minded friends I have had fruitful and interesting conversations, but with the majority, I have often found that my research did not get discussed in great length or detail. I have been conscious about my own responsibility to educate and push forward my topic, but also mindful of people's boundaries and what they might or might not feel comfortable talking about, while realising that this might in turn further collude with the dominant discourses that are around. This has further confirmed the need to open a dialogue up about this subject, and to give an arena to others to think critically about often under researched or unspoken topics.

It is also important to point out that the language I have used to discuss BDSM throughout this thesis does no doubt construct the subject in a particular fashion, and I hope to be able to recognise when its function might not always be constructive. The process of talking about my research has at times felt close to the descriptions I have read of 'coming out' for the SM practitioner with at times feeling fearful of the reaction of others. Over the development of my thesis, I have grown in confidence and have felt proud to discuss my research and educate others. An example of this was taking my research in a poster format to the recent Counselling Psychology divisional conference. With the use of quite an evocative poster it gave me chance to stand next to and 'own' a piece of work which tends to cause a variety of reactions. Kleinplatz (2006) even acknowledges when taking her work to conferences among sex researchers, sexual minorities and sexual activists, the topic of SM can often bring up a lot of negative feelings, and that it is something that does not always attract a lot of attention from researchers.

When starting this research, I discussed my concern with regard to potentially pigeon holing myself into a specific area of research and sexuality that has long been stigmatised and what that might mean for my professional identity as a Counselling Psychologist. However, carrying out the research has reinforced the importance of considering, critically engaging with, and challenging taken for granted knowledge. Entering an 'unknown' field has opened my eyes to a number of constructions surrounding sexualities, resulting in a greater understanding of how my language in therapy, or how I construct certain aspects of sexuality could limit the possibility for change. In the talking therapies, words are our greatest tool. It is important to recognise that but also our responsibility as psychologists for working towards change. As Solnit (2012) writes in The Guardian:

Change the language and you've begun to change the reality or at least to open the status quo to question (Solnit, 2012, October 29).

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1.18 Appendices

Appendix A

Definition of Sexual Masochism and Sexual Sadism taken from DSM-IV-TR

Paraphilias

302. 83 Sexual Masochism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound or otherwise made to suffer.

B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

302.84 Sexual Sadism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person.

B. The person has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

Appendix B

Definition of Sexual Masochism Disorder and Sexual Sadism taken from DSM 5

Paraphilic disorders

302.83 Sexual Masochism Disorder

A. Over 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.

B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

302.84 Sexual Sadism Disorder

A. Over 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.

B. The individual has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Appendix C

Focus group materials: Common Myths around BDSM

I want to present you the following statements. What do you think about these?

1. BDSM is not good for people

2. BDSM is anti-feminist

3. BDSM is abusive

4. BDSM is pathological

5. People involved in BDSM have been damaged

Appendix D

Focus group materials: List of BDSM scenarios

1. An individual gets a rush out of being put in terrifying situations which makes him scream and cry out in fear. He engages other people to put him in a special device which will result in these effects. When his time in the device is up, his face is white and he has tears in his eyes, but he begs them to let him go through it again.

2. An individual pays a stranger to carefully insert sharp pieces of metal into parts of their body. This leaves permanent scarring and sometimes results in infection.

3. A man dresses his female lover in revealing clothes and a collar, telling her that she is to obey him for the evening. He takes her out to a club where he parades her round and makes her fetch his drinks. Later he has her publicly strip and perform sexual acts on him. She leaves the club feeling very proud of herself and her body. Back home the scene is over and she takes the dominant role when they have sex.

4. Two people arrange to take part in a public scene. They spend a great deal of time preparing separately in advance. On the night they dress for the occasion in clothes made of satin. Watched by a gathered group of people they strike each other. The scene is considered successful if one of them briefly loses consciousness. The beatings are so severe they can result in permanent damage.

5. A group of men go out for a night with the intention of humiliating one of their number. The victim is aware that he is to be put through a gruelling process and implicitly consents to it, despite not knowing quite what events are to unfold. He is eventually stripped naked, handcuffed, chained to a post and left alone and unprotected on a public street.

6. A woman slowly inserts twenty needles just below the skin of her friend's arms and chest, being careful to use new needles and antiseptic wipes. The friend feels that she has gone into an altered, almost spiritual, state of consciousness. Once the needles are removed and appropriately disposed of she feels extremely relaxed and pleased with what she has endured.

7. A group of people use ropes and harnesses to dangle themselves from the ceiling or other dangerous heights. Although they know this can result in broken limbs or worse, they continue to do it, enjoying the immense buzz of physical and psychological excitement they get from putting their lives at risk. This particular fetish results in a number of deaths each year.

8. A woman asks strangers to cause her extreme pain to her genital area. She does this regularly, as she feels more attractive following the painful session. Sometimes, she'll even do it to herself. If it's done right, no permanent harm results.

Appendix E

Focus group materials: Case Studies

What do you see to be the presenting problem for this client and how would you formulate this?

What do you think is at the root of the problem?

How would you proceed to work with this client therapeutically?

What concerns might arise for you working with this client and what might get in the way?

How might your assumptions of relationships and sexualities impact working with this client?

Case study 1

Benjamin (48) has come to therapy to deal with stress related work issues. He has a very high pressured job in the city and potentially faces a redundancy. It soon emerges that a way for Benjamin to relax is to go to fetish clubs regularly as a way of 'letting go of stress'. Benjamin speaks about his enjoyment of taking a submissive role in these clubs and dressing up as a slave in rubber, whilst being dragged around on all fours in a lead and collar. He says that he regularly enjoys being whipped and gets pleasure out of the seeing marks being left on his body. Benjamin is married with three children but is unable to let his wife know of what he does because he fears humiliation and rejection from her. But he is worried that by keeping it from her he is becoming more stressed at work and also fears that he is some sort of freak and needs help.

Case study 2

Annie (29) has been in therapy for 8 months and is working through her difficulty maintaining romantic relationships with men. Annie was sexually abused between the ages of 10-16 by her mother's lover and this is something else she wants to work through in therapy. Recently Annie has enrolled on a part time college course and to fund this she has started part time work as a female Dominatrix. Her main role is to work in a Dungeon where she services corporal punishment to her clients. This involves a range of activities from prisoner scenarios and interrogation as well as being served by her slaves who greatly enjoy licking clean her shoes. Annie says she feels very well respected by her clients and loves the feeling of being cherished and appreciated.

Appendix F

Focus group materials: Spanner Case

The History of the Spanner Case

Below is an account of the investigation and legal battles occasioned by what was termed 'Operation Spanner'.

In December 1990 in the UK, 16 gay men were given prison sentences of up to four and a half years or fined for engaging in consensual SM activity. This followed a police investigation called Operation Spanner prompted by the chance finding of a videotape of SM activities.

The convictions have now been upheld by both the Court of Appeal and the Law Lords in the UK and the European Court of Human Rights in Strasbourg.

Despite what you may have read in the newspapers, for the most part, the men were convicted of the standard offence of assault occasioning actual bodily harm. Their defence, that they had all consented to the activities, was denied.

SM is not itself 'illegal'.

However, if the police discover you have engaged in SM activities which have caused injury, you and your partner could be prosecuted for assault. top of page

The Case

During a raid in 1987 the police seized a videotape which showed a number of identifiable men engaging in heavy SM activities including beatings, genital abrasions and lacerations. The police claim that they immediately started a murder investigation because they were convinced that the men were being killed. This investigation is rumoured to have cost £4 million. Dozens of gay men were interviewed. The police learned that none of the men in the video had been murdered, or even suffered injuries which required medical attention. However the police may well have felt that they had to bring some prosecutions to justify their expensive investigation. top of page

The Verdicts

In December 1990, 16 of the men pleaded guilty on legal advice to a number of offences and were sent to jail, given suspended jail sentences or fined. The men's defence was based on the fact that they had all

consented to the activities. But Judge Rant, in a complex legal argument, decided that the activities in which they engaged fell outside the exceptions to the law of assault.

A number of the defendants appealed against their convictions and sentences. Their convictions were upheld though the sentences were reduced as it was felt they might well have been unaware that their activities were illegal. However the Appeal Court noted that this would not apply to similar cases in the future. The case then went to the House of 'Lords. The Law Lords heard the case in 1992 and delivered their judgement in January 1993. They upheld the convictions by a majority of three to two. top of page

The Evidence

The evidence against the men comprised the videotape and their own statements. When they were questioned by the police, the men were so confident that their activities were lawful (because they had consented to them) that they freely admitted to taking part in the activities on the video. Without these statements and the videotape, the police would have had no evidence to present against the men and would have found it impossible to bring any prosecutions. top of page

The Law Of Assault

In law, you cannot, as a rule, consent to an assault. There are exceptions. For example, you can consent to a medical practitioner touching and possibly injuring your body; you can consent to an opponent hitting or injuring you in sports such as rugby or boxing; you can consent to tattoos or piercings if they are for ornamental purposes. You can also use consent as a defence against a charge of what is called Common Assault. This is an assault which causes no significant injury. top of page

The Judgement

The Law Lords ruled that SM activity provides no exception to the rule that consent is no defence to charges of assault occasioning actual bodily harm or causing grievous bodily harm. These are defined as activities which cause injuries of a lasting nature. Bruises or cuts could be considered lasting injuries by a court, even if they heal up completely and that takes a short period of time. Grievous bodily harm covers more serious injury and maiming. Judge Rant introduced some new terms to define what he considered to be lawful and unlawful bodily harm. Judge Rant decreed that bodily harm applied or received during sexual activities was lawful if the pain it caused was "just momentary" and "so slight that it can be discounted". His judgement applies also to bodily marks such as those produced by beatings or bondage. These too, according to him, must not be of a lasting nature. In essence, Judge Rant decided that any injury, pain or mark that was more than trifling and momentary was illegal and would be considered an assault under the law. top of page

Example annotated transcript

[handwritten: A spectrum of content -> depends on context.]

432 P4: And to be open and just of, mmm yeah maybe empathy, I guess he was also able to explore a lot
433 of his own feelings about his engagement in the community and um, so my eyes were opened and I
434 think um, it was a very (sigh) worthwhile experience as a therapist, it's like I guess, showed me a new
435 way of being with someone, which I just hadn't had the opportunity to do before.

[handwritten: experience evolved around being with a BDSM client]

436 P3: Mmm, that must have been really interesting

437 P4: Yeah and it just, now and I look back and I am thinking about, it just felt like again this idea of that
438 it wasn't an extreme context, it just was his context. That was his life, that was his social, you know
439 circle and activities and you know self esteem things and other things coming up, power and you know,
440 and that just was, it wasn't a light or a heavy it just was and we were able to just explore it, yeah.

[handwritten: context]

441 P1: So you were acceptant of it

[handwritten: Moving away from past history]

442 P4: Yeah. But I had the initial, OK, right this is a new topic, that I have to sit with and but yes, over
443 time and I think that is why I felt grateful to have quite a long period of time, relatively to know him.

444 P2: But I am wondering for myself, if I am just denying the fact that that was a judgement, because if
445 someone came to me and said I really like gardening and I didn't know much about it I wouldn't go
446 (Gasp) so I think I should be more honest and there is a judgement tied up with it and because
447 otherwise why would you do that.

448 Others: Mmmm

[handwritten: Participant mentions every they don't want to work this / Identification with elements of BDSM]

449 P3: Yeah my thoughts are perhaps I might feel disgust, perhaps I might feel oh I don't really want to
450 hear this and the person who I am thinking of who I've worked with, he was or she was, he was, um
451 sexually abused and um was kind of aware that through our discussions that was aware how that
452 influenced his sex life and I really identified with him, thinking about how, thinking about relationships
453 in my family and how um I don't like to feel like I'm being overpowered and degraded or belittled so I
454 in a way may prefer to be more in control and that's kind of what he was saying about his sex life and
455 thinking why is it that I always have to be the dominator, why am I trying to get rid of these feelings
456 of um powerlessness and things and so, yeah that's been really interesting

[handwritten: personal feelings relation to sex / power.]

457 P1: Now that you're saying that I was thinking that I work with someone who used to go to one of
458 these saunas, errr, and errr that was the first time I had heard of them and er I think my initial reaction
459 was to be like OK you take it cool and you know I wanted to, to for him to be comfortable to tell me
460 whatever he wanted to talk about, um but then I think it got to the point where, I don't know if it was
461 my attitude I can't remember but there was also a little bit of supervision and about pointing out the
462 risk taking involved in this and um and I think I changed a bit my, my approach to things but, er, mmm,
463 I don't know but I think what I saying is that my initial attitude is to try and to be open but then
464 eventually I think it can change and

465 P3: Mmm, that's really interesting...

466 Others: Mmm

[handwritten: Positioning wanting to take up a position of being 'cool / open']

467 P3: I just, thinking about the saunas, have you seen the film Shame? Argh, that's brilliant, it's about
468 this man who, who sleeps around, who can't hold down a relationship and sleeps with a lot of
469 prostitutes and what and it's kind of about his sex addiction, it could be but also I think hints about
470 early life experiences and perhaps sexual abuse um and there's a...but that's totally my judgement of
471 about him, why he may of lead up to, it doesn't actually say that, it just hints and there's a scene when
472 he goes into a sauna and he's not, you haven't seen him with other men before but he goes in and like
473 start snogging this man and makes, this guy go down on him and it really seemed to me they the rest
474 of the film he was trying to discharge some of his sense of shame

[handwritten: -> BDSM linked to shame a pathology]

14

[handwritten: Shame - Sex - power (BDSM is therefore part of this)]

475　Others: Mmmm

476　P3: onto this other person, to kind of get rid of it and oh that film is so fascinating in terms of, yeah
477　for kind of exploring sex and shame and er power I think. Because there was a scene as well when he
478　was in a relation...starting perhaps a potential relationship with someone who cared and he couldn't
479　deal with it and he couldn't get aroused , so he had to go more, I thought towards perhaps prostitutes
480　where he was in control, he was paying for it, he could , he didn't have to care about them , he could
481　do whatever he wanted and just leave it

notice that I don't explore this further

482　I: I'd like to present you with some statements now and have a look at these and what comes up for
483　you when you read them is there anything, what do you think about these

484　P2: Mmm, they are all quite punchy aren't they

(Sometimes leave the the put upon on)

485　Others: Mmmm

486　P4: It is interesting some of these kind of themes have come up while we've been talking

487　P3: Totally

don't agree at face value but

488　P1: Well, first impression I've got is that I don't agree with any of them but then I thought well , I think
489　it's not that I don't agree , maybe there is a little bit more to each one of them and it's not just all black
490　and white kind of thing, yeah I think that

alludes to the fact that there might be more

491　P2: Yeah, exactly the same, I thought I really strongly disagree with all of them but actually given what
492　we've just been talking about well maybe clearly not, um, there almost feels like there is a gut reaction
493　for as therapists to be so understanding and ok about everything, so open and so like you know,
494　unconditional positive regard that it's just like do you feel like you're a cheerleader for like the less
495　represented marginalised groups and when I see stuff like that I really feel myself getting really angry
496　about it, like no but then I think I do hol

Positioning – Gut reaction for therapists to be so understanding.

497　...d some more deeper seated judgements

498　P4: Yeah that's so interesting, like how do we relate as the therapist part of ourselves and how do we
499　relate as the person part of ourselves, the person to these things and I guess, there is some difference

500　P3: Yeah, I mean I think I've had these thoughts and they're definitely in there, can't, I can't, I think
501　it's important that I acknowledge them because I think they would, they could shut down my curiosity

502　Others: Mmmm

Taking up the position of therapist/ personal is there a difference

503　P3: Um, but they are there and hopefully I can explore these

504　P2: Yeah

505　P3: If I was working with someone, I'd explore those areas but trying to kind of keep them

506　P2: Yeah, I think..sorry

507　P1: Sorry, no I was just going to say it depends plenty on the context, for some people it could be
508　abusive and it could be good for them or anti-feminist, rather than...

509　P2: yeah there are different layers aren't there

Wanting to explore these

510　Others: Mmmm

15

Mmmm notice how there is agreement amongst participants.

Depends on the context in which it is presented.

165

511 P2: Um, I was just going to say following on from your point that I think it is really good to recognise
512 some of the judgements you might hold, I'm just thinking in terms of defence mechanisms, something
513 that I probably tend to do is to slightly overcompensate and what's that case of formation reaction
514 and you hold that ambivalence and you hold that 'I'm fine, it's all fine' if you think in terms of dialogue
515 with a client, how does that close things down when they pick up on the fact that you're so fine about
516 everything, actually I mean what might that be like to experience that in the room with a therapist

517 Others: Mmmm

Suggesting being aware of the judgements that it is not fine!

518 P2: Because it doesn't seem very realistic or probably very natural

519 P4: Authentic

Suggesting it doesn't seem realistic for a therapist — Not authentic if portrayed

520 P2: That's it, thank you, that's the word it's not authentic

521 Others: Mmmm

522 I: So something about seeing these statements at face value, as if to say OK I'm absolutely fine, actually
523 exploring that these are themes that have come up

524 P3: I am curious that they are all negative are we going to get some positive ones

525 I: So you are saying that they are negative

Negative at face value.

526 P3: Yeah, well that's a judgement as well, um, but yeah um I am kind of thinking there is not the
527 opposite which might be BDSM is really

528 P1: good for people

Elements of BDSM

529 P3: Yeah, really good for people

530 P4: Builds people's self esteem

531 P3: Actually pro

Very different from previous discourses.

532 P3: Confidence

533 P2: Yeah, exactly

534 P3: Exploring yourself

535 P4: Mmmm

Suggesting that had not thought of this

536 P3: Yes, Um it's healthy, it's for well adjusted people

Acknowledging aspects of BDSM that are not spoken about.

537 P2: It happens a lot more than you even know about

538 Others: (Laughter)

Something cunning aspect.

539 P3: Yeah

Um, what suggesting that participants might not think

540 P4: You know saying that makes me kind of have one of those not ah ha moments but those moments
541 when I'm just like oh my god how much are we fed through the discourse that we, that society, that
542 we the society that we're in, the messages we hear and the just kind of subliminal messages you know,
543 because like you said I don't think I've ever thought about BDSM really healthy, confidence building,
544 dadaddadadddd, whereas I might associate that with going to the gym

16

Being aware of the discourses that are apparent

166

Appendix H

Photographs of 'Thematic Constructions'

Appendix I

An initial list of codes

(If the following constructions occurred more than once than they have been marked with an asterisk*
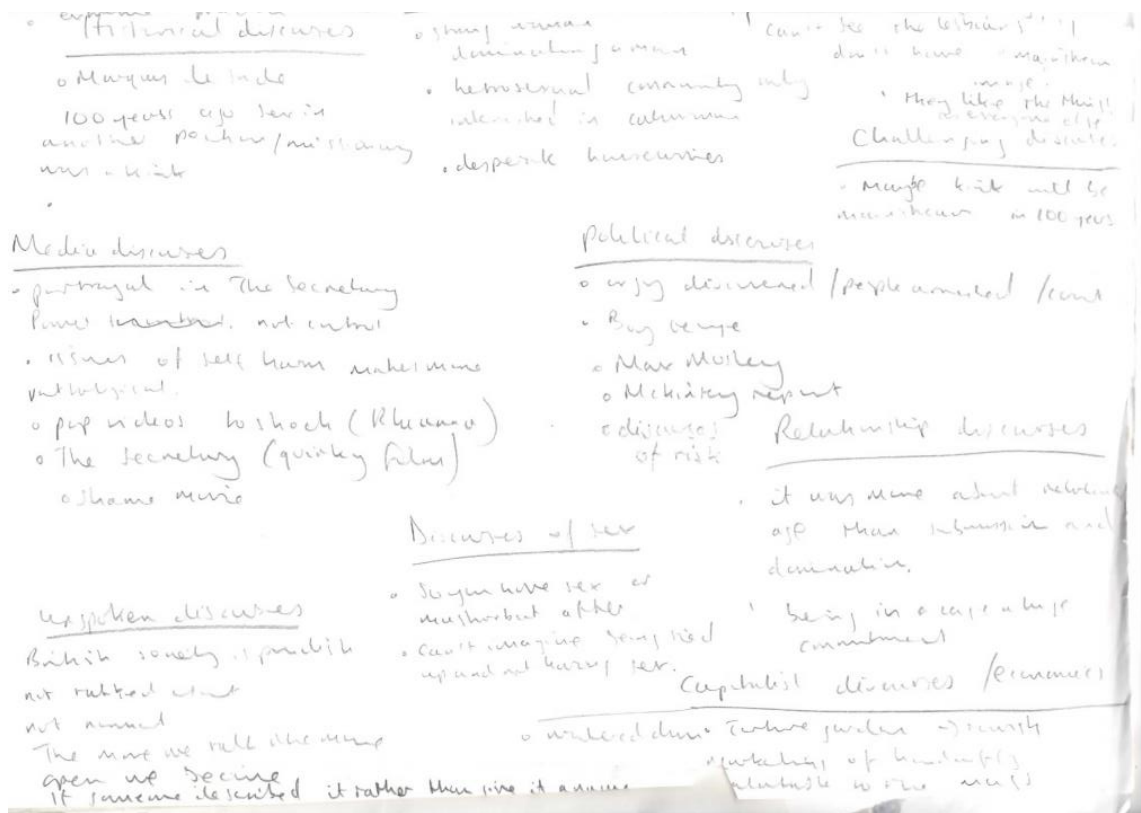
Whips*	Middle aged man in leather
Psychodynamic theory* (influences…)	Functioning relationships
Challenging notion something gone wrong*	Interpersonal distress
Something gone on*	Waste of time
I don't really get turned on by	Soft or Extreme*
Scale of BDSM*	More extreme practices*
Handcuffs*…reasonably socially acceptable*	What is normal?
What went wrong?	Being more exposed to it*
Locked up	Pain* is (ah)
Some kind of psychological issue*	As long as they are consenting*
Acceptable* (parts of BDSM)	24 hours* a day
Subservient	Curious about it
A friend is a dominatrix*	Different Strokes for different folks
Is sadism inside a person or cultural	Not the usual thing
Chains*	Shocked*
Turn away from the norm*	Out of realm of experience*
Orgy	Nitty gritty
Secretive	Put against the walls (pain)
Severely hurt	What's that about, kind of thing?
Not talking about*	Don't want to be judgemental
McKinsey Report	Tie each other up
Horrible flashes	Pleasure
Domestic (violence)*	Prejudices
Identity	Trust
Unknown*	Less sanitised
A little bit more sanitised	Stuff
Cat Woman	Power
Control	Abuse

Desires	Spectrum*
Slavery House	Literally different levels
Sexual side	Intimidating
Better off not getting into it	Fetish*
Sex*	Paulo Caoelho
The dirt	Dark
Community*	Chains*
The fun part*	Meaning
Low Self Esteem	Safe words
Taking*	Non-consenting*
Deeper you go	She's a slag
Porn movie	More satisfaction from living life in a simple
Different experiences	Consenting one*
Acted out	Going down into the unconscious
PVC	Loads of men queuing
No good can come of it	Messy
Fear*	Enjoyment*
More forbidden*	Wants
Socially viewed	Media Images
The Secretary	British society are (prudish)*
Turning a blind eye to	Boy George
Spanner Case	I don't know what we are talking about
Self –harm*	Kink
Dynamics*	Lifestyle*
Pathologising*	Relationships*
Heteronormative relationships*	Something they do sometimes
Assumptions	Deviance rather than acceptance*
More than just…	Silk scarfs
Obvious	Cosmo magazine
English Vice	Mind would go Blank
Vanilla*	Stereotypical
Negative portrayals*	Fluid
Shame (the film)	Image*

Distress*

Max Mosley

Underground*

Visibility and association*

Secret diary of a call girl

Slaves from Eastern Europe

The Stuff*

Emotionally Laden

Creepy

Questioning*

Those sorts of things*

Scene

Pathologising*

Gay community

Rhianna

Lighter

Strong woman dominating a man

Not all about fear and pain

Hen do

Hostel

Murky

Bleak

Desperate Housewives

Cages

Power

Vulnerability*

Some sort of place

Appendix J

Visual Map of emerging themes
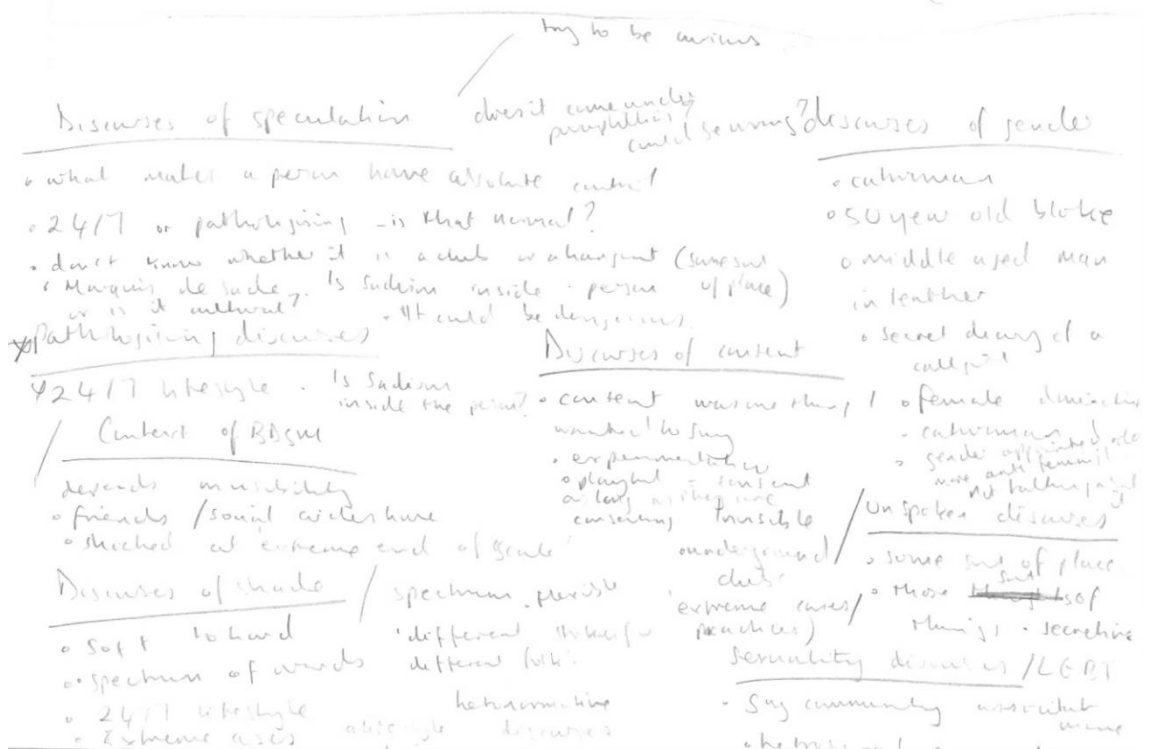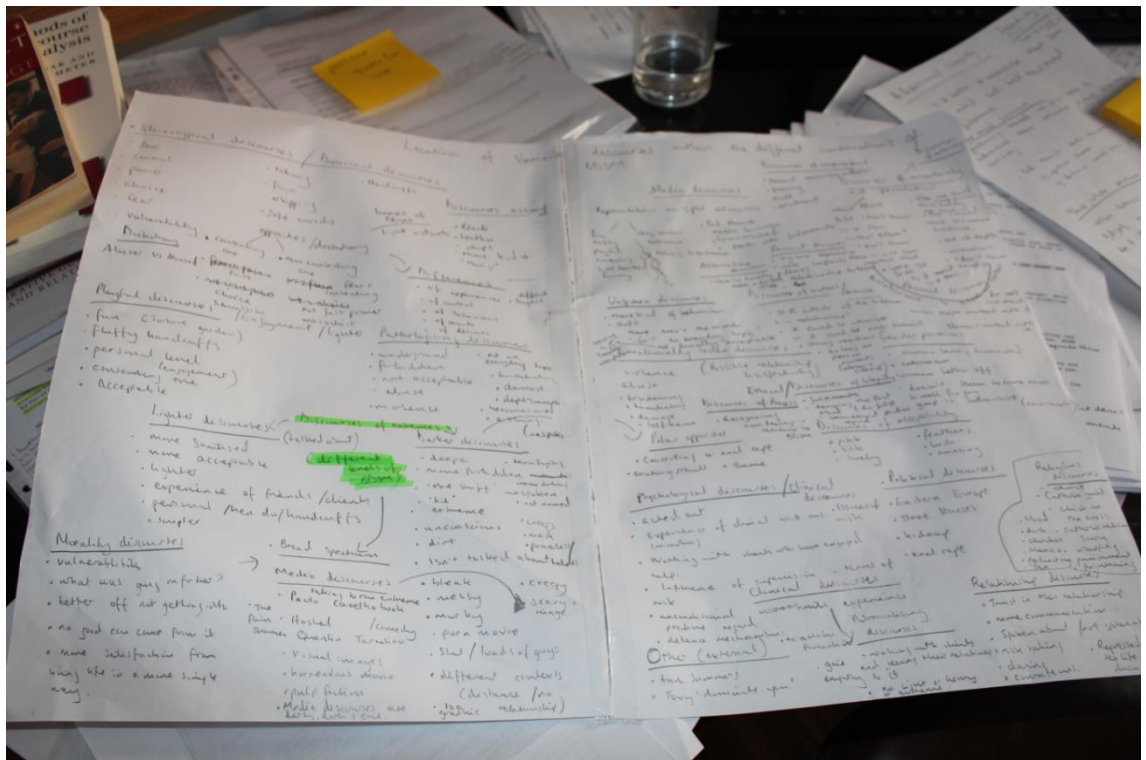
Appendix K

Emerging analytic themes

- It appears from initially picking out the constructions of BDSM that there is something around the way BDSM has been constructed by the participants, is at times contradicted. I think this reflected in the way in which trainee Counselling Psychologists talk about how as practitioners they 'ought' to think and then maybe how they 'actually thought', a position of wanting to be reflective and thoughtful and then were unable to necessarily express this. As a result the participants were left not always being able to name what it was they were trying to say. I think the inability to 'name' particular BDSM acts also reflected the nature of unknown, not knowing, uncertainty and the words 'extreme' would be used to describe practices that were less familiar to participants as well as practices that appeared 'weird, out of my remit'. It was important to initially identify the 'explicit' as well as 'implicit' references to BDSM. It would appear that it was easier for participants to express their uncertainty or deep rooted beliefs and views about BDSM through the implicit references, maybe because this felt safer for them but it also indicated maybe something about trainees not sitting comfortably with what they feel they can and cannot own.

- Visibility constructions. If I am able to visualise it and put it into context it feels ok/If I am not/If it is out of my experience then it doesn't feel as good. Position myself at a distance. So Something around if I am able to visualise it, then I can potentially relate to it, if I can relate to it, then it is potentially going to be something less extreme, more sanitised and ok and if this is the case then I know how to work with it. However, if it is something that I have no visual image for in my mind, the chances are I have not engaged in it, I therefore cannot relate to it and I might think it is something that is a little 'extreme, weird', the negative words that were used to describe BDSM.

- Following on from the above theme, there is something around the questioning of what BDSM is and sense making especially in relation to sex. The word 'Sex' came up in relation to making sense about whether it was included in BDSM. BDSM not involving the act of Sex was spoken about. What that might be like if sex was absent. What was the point to this?

- Wanting to have an understanding of why individuals engage in BDSM puts BDSM into a pathological discourse and distance between the clinician and client. Us and them. The use of psychodynamic literature to support the need to have an understanding behind what makes someone do this. What has gone on for that person? The excuse of our training being something that makes us look for a hidden and deeper meaning. This is what we are trained

to look for. Our training makes us look for hidden meanings. Positioning at a distance. Conflicts of position as a trainee.

- BDSM is on a spectrum with things being 'extreme' and things being 'ok' yet very rarely are the extreme things named. So something about the unspoken, things that are not visible, things that are not even given a name, not spoken about on training and not opened up in the focus group (think about my role as facilitator here and my own relationship to the topic)

- Themes risk. Elements of risk from a clinical point of view. The assumptions we make about clients and their risk taking behaviour in comparisons to friends (for example.) Not being able to contextualise the risk and therefore what that might mean.

- Something around not wanting to be seen to judge and being ok with it but holding deep rooted judgements. Similar to point one. We are not in a position to judge what is right and wrong (an example of a participant explicitly saying I am ok with it). Related to discourses and subjectivity.

- Questioning of what actually is normal and acceptable and what isn't (but more from a position of reflexivity) often leaving the participants pondering, challenging their own perceptions of normality.

- Becoming aware of any judgements and how this might affect work. So not necessarily saying they are uncomfortable with it but neither saying they are 100% comfortable with it. Overlaps with many of the aforementioned themes. The split between personal and professional self and being able to identify if there was anything about the two roles.

- Wanting to know why one has to engage in BDSM.

- How our own assumptions of relationships might impact on how we work with our clients who engage in BDSM. Quite heteronormative and mono-normative views perhaps? Having normative views of relationships. It is very personal dependent on our own relationship to sexuality. Something about imposing our own views. Making an assumption that something is going on for a client/not making an assumption that something is going on...finding a balanced view. Making links between people's pasts and their current BDSM interests. Again there seems to be a need to want to understand why they are engaging in such acts, more so then if they were stating that they needed to find out why they had become a businessman, a doctor or psychologist. This need to find out, potentially positions the 'us and them' between the clinician and client. Surely it would depend on the client's needs to want to find out why they are engaging in BDSM.

- Potentially trying to understand if and how BDSM can be therapeutic for an individual working through difficulties of abuse.

- Bearing in mind the training that we have, the fact that we are trained to make formulations and connections and understand what makes a person tick and therefore it is about finding a way of not letting that creep into a way which pathologises a client, but can sit there to help inform the clinician.

- Not being able to personally understand the benefits of certain parts of BDSM

- Lighter elements of BDSM being attributed to normative genders and sexualities 'the middle class mum enjoying handcuffs', the more extreme elements being linked to the '50 year old man in leather'. BDSM being a leisure activity that takes place at the weekend or on a Friday night. By positioning BDSM like this it is again trying to put BDSM on a continuum of acceptable and normal if you are 'heteronormative' with BDSM if it is light and fluffy, but if it is hard-core I wouldn't know how to react. Participants talk of shock in relation to extreme BDSM.

- Themes of consent and non-consent. Trying to make sense of what is involved when negotiating consent.

Section 3

Publishable paper:
"The more we talk about it the less sure I am of what comes under this umbrella". A thematic analysis exploring how trainee therapists talk and think about BDSM

"The more we talk about it the less sure I am of what comes under this umbrella". A thematic analysis exploring how trainee therapists talk and think about BDSM

Sarah Cannon-Gibbs

Sarah Cannon-Gibbs, is a final year Trainee Counselling Psychologist on the Doctoral programme at City University, UK. Her interest in researching BDSM came from observing a lack of literature on BDSM and minority sexualities in Counselling Psychology. She has worked in a number of NHS clinical placements, both in primary and secondary care.

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Abstract – 224 words, Journal Article – 6,255 words

For the purposes of clarity, participants are those who attended the focus groups and practitioners are those who are referred to as engaging in BDSM.

1.19 Abstract

Little research has explored therapists' understandings of Bondage and Discipline; Dominance and Submission; and Sadism and Masochism (BDSM), and research that has concentrated on therapists' constructions has failed to include trainees' accounts. This article explores how BDSM is talked about among trainee counselling psychologists and what they think about the subject. The epistemological position taken for this research is social constructionist that is concerned with how knowledge is constructed and understood, and is critical of taken for granted knowledge (Burr, 2003). This means that the research takes the position that BDSM – like most things – is understood in particular dominant ways in wider culture, and that this shapes people's understanding, including therapists'. Three focus groups were conducted using a range of prompt materials with a total of thirteen participants. The data was analysed following the six step process of Thematic Analysis (TA), (Braun and Clarke, 2006). The analysis generated seven major themes. These were: BDSM as unknown, BDSM and the parameters of consent, BDSM as abuse, BDSM as a pathology, Visibility of BDSM, BDSM on a spectrum, and BDSM as a cause for concern. An overview of the research findings is provided, and their relevance to and implications for therapy training is discussed. The need for further training about BDSM within the counselling/psychotherapy profession, and the need for therapists to critically engage in their own relationship to BDSM, is discussed. Further research into the critical engagement of the wider field of sexualities is recommended.

Section 4

**Extended Case Study:
'Containment, holding and providing
a secure base. Working with the dynamics
of complex trauma':
A Psychodynamic Client Study.**