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## Counselling Diverse Groups: Addressing Counsellor Bias toward the BDSM and D/S Subculture

### Counseling et diversité de groupes : Prise en charge du biais du conseiller à l'endroit de la sous-culture du LDSM et de la D/S

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#### ABSTRACT

This article focuses on the professional bias or negative perceptions of some mental health professionals toward the bondage, domination, sadism/submission, and masochism (BDSM) community and dominant/submissive (D/S) relationships. This article suggests and recommends measures for culturally sensitive practice and the inclusion of psychodynamic family therapy approaches that would be positively inclusive of this unique sexual lifestyle as an effective approach for clients who engage in BDSM. Measures described could increase professional competency in established and training mental health professionals who may work with clients who practice BDSM.

#### RÉSUMÉ

Cet article traite du biais professionnel ou des perceptions négatives de certains professionnels de la santé mentale à l'égard de la communauté des adeptes du ligotage, de la domination, du sadisme/soumission et du masochisme (LDSM) et des relations de dominance/soumission (D/S). On y présente des suggestions et recommandations applicables à une pratique adaptée aux différences culturelles et l'inclusion d'approches psychodynamiques en thérapie familiale qui favoriseraient une attitude positivement inclusive à l'endroit de ce style de vie unique et le développement d'une approche efficace auprès des clients adeptes du LDSM. Les mesures décrites seraient susceptibles d'améliorer la compétence professionnelle aussi bien chez les professionnels de la santé mentale chevronnés que novices, qui sont appelés à exercer auprès de clients adeptes du LDSM.

Since the release of the *Fifty Shades of Grey* books and films (James, 2012), media have been aflutter about the world of bondage, dominance, sadism/submission, and masochism (BDSM; Moon, 2012). Despite the new, media-inspired attention on the BDSM culture and thus alternative sexualities, BDSM has historically been predominantly underground and, thus, taboo. BDSM or “kink” culture is an umbrella term (Barker, Iantaffi, & Gupta, 2007) that includes many different subcategories and groups. Moon (2012) explained that sexually alternative cultures differ based on their members (i.e., gay, straight, lesbian, bisexual, and transgender) or on their practices (i.e., bondage, dominance/submission, fetish, and role play). The BDSM culture contains numerous subcultures and unique relationships. For clarity in reading this article, *dominant/submissive (D/S) relationships* will refer to

a specific subculture and lifestyle within BDSM characterized by a relationship whereby one partner assumes a dominant stance while the other partner assumes a submissive one in having sex and/or in other capacities per their arrangement.

#### BACKGROUND

The average person may believe that BDSM practitioners and the accompanying lifestyle/subculture are either macabre in nature or otherwise sadistic. Does such a belief translate to how counselling professionals could perceive the BDSM culture? If this is the consensus about what BDSM involves, it is vastly misinformed. In fact, BDSM is the conscious use of “psychological dominance and submission, and/or physical bondage, and/or pain, and/or related practices in a safe, legal, consensual manner for the participants to experience erotic arousal and/or personal growth” (Wiseman, 1996, p. 10), and BDSM behaviours are not new phenomena—they are described in the classic text, the *Kama Sutra* (Castleman, 2012).

Dominant and submissive (D/S) relationships *are* relationships, not just sexual personalities and roles played in the bedroom. Negotiations pertaining to the terms, permissions, agreements, and boundaries usually occur at the commencement of BDSM relationships (Hunter, 2015). Such negotiations usually accommodate the unique needs of the individuals involving themselves in such a pairing and may not necessarily be limited to monogamy. Seidman (2015) described that, generally, the relationship dynamics are collaborative, consensual, and typically nonconventional. The individuals within these relationships consent to such interactions due to a preference or disposition toward assertive or acquiescent personality types in their potential partners and themselves (Hunter, 2015; Seidman, 2015). This same preference or orientation occurs in any interpersonal relation as people affiliate most strongly with others having similar interests. When looking for romantic partners, people tend to choose those who complement or contradict aspects of their own personalities (Jung, 1955/2001).

Given the popularity of *Fifty Shades of Grey* (James, 2012), more individuals and couples have begun taking an interest in this once taboo and risqué sexual lifestyle. The popular social networking website “FetLife” (<https://fetlife.com/>; with more than 4.5 million users worldwide), provides an Internet home for members of the BDSM and fetish communities; this number has increased significantly since 2010, when its membership was one million. Clearly, the BDSM community is a large one with worldwide interest. Since the popularity and interest in the world of BDSM has grown, the relevant issue of focus within the mental health fields is that counsellors must be prepared to treat new and experienced BDSM clients of varying backgrounds with open minds and without judgement (Canadian Psychological Association [CPA], 2017). This is significant for two reasons. On the one hand, inexperienced persons engaging in potentially dangerous sexual behaviour run a significant risk of injury and misuse of power, and ultimately may require psychoeducation about safety and boundaries (Richters, de Visser, Russel, Grulich, & Smith, 2008). On the other hand, experienced BDSM practitioners

may encounter unique relationship situations that require the assistance of a couples' counsellor to assist with negotiating or mediating within the relationship(s) (Hunter, 2015). Such situations could include the development of a relationship agreement, inclusion of additional sexual partners, or establishment of emotional and sexual boundaries (Wismeijer & van Assen, 2013). A genuine and unbiased therapist would be able to assist new and experienced individual members of the BDSM community and those members involved in D/S relationships.

The need for research on the topic of providing culturally sensitive counselling to BDSM clients continues to grow. Media exposure to this alternative lifestyle has allowed for experienced members of the BDSM community and partners of D/S relationships to more openly discuss and share their culture (Dymock, 2012; James, 2012). The media exposure has also aided in growing the BDSM culture and encouraging the culture to emerge from the underground (Hunter, 2015; James, 2012). Mental health professionals working with clients within this culture must be sufficiently prepared. For example, Kolmes, Stock, and Moser (2006) found "118 reports of 'biased or inadequate' care from psychotherapists in their survey of 175 BDSM clients" (p. 315). Research will aid in breaking down the negative stigma associated with the BDSM lifestyle and highlight the deficiency in counsellor cultural awareness toward this demographic (Hunter, 2015; Kolmes et al., 2006).

Research on the culture of BDSM, and specifically of D/S relationships, is relevant to today's society and popular culture. The mainstream attention now directed at this alternative sexual culture and lifestyle warrants significant focus on providing culturally sensitive therapeutic practice to this growing population of misunderstood individuals, partners in relationships, and groupings (Hunter, 2015; James, 2012). The psychological profession must become inclusive of, and open to, all forms of consensual and legal sexuality in today's climate of sexual expression and freedom (Dymock, 2012). Counsellors must have empathy and compassion for their clients and they have a duty of care and responsibility for them (CPA, 2017). The therapeutic space must be safe for the client(s) to communicate about whatever subject matter is most significant to them (CPA, 2017), and counsellors must therefore better equip themselves for treating sexual expression that may contradict their own beliefs and preferences regarding sexuality. Fortunately, not all counsellors will demonstrate a bias or negative perception in their treatment of BDSM clients, and BDSM clients will receive unbiased assistance. However, there are practitioners who may unknowingly project negative perceptions or biases onto BDSM clients presenting for counselling.

#### THE ISSUE OF BIAS

Although there is a growing acceptance of nontraditional lifestyles, there remain many misunderstandings and assumptions of the people within the BDSM culture by both professionals and non professionals. Barker et al. (2007) described several incorrect, generalized assumptions made by mental health professionals and the

public on the topic of the BDSM lifestyle. These assumptions fuel and perpetuate the negative stigma associated with BDSM practitioners and D/S relationships. Nichols (2006) elaborated on those assumptions and explained, “these sexual practices are usually considered paraphilias, i.e., de facto evidence of pathology” (p. 1). Generally, the mental and physical health professions convey such misconceptions about the meaning of control and power amongst BDSM and D/S practitioners. Additionally, some psychological practitioners would, due to their theoretical or personal values, consider BDSM sexual behaviour to be deviant, abusive, sexually oppressive, or a result of severe trauma and the like (Barker et al., 2007; Wiseman, 1996).

In any relationship, there are circumstances in which the services of a professional counsellor or therapist may be needed. BDSM and D/S clients presenting for counselling may or may not receive negatively biased, uninformed care from mental health professionals due to a lack of awareness of the BDSM lifestyle (Barker et al., 2007; Dymock, 2012). Specifically, Kolmes et al. (2006) asserted that professionals have had a lengthy history of adhering to bias and stereotypes pertaining to persons living a BDSM lifestyle due to the accepted understanding of BDSM-like actions to be abnormal and dangerous and thus categorized as sexual disorders. This is problematic because if mental health professionals base their knowledge of BDSM cultures solely on traditional, paraphilia-related definitions and do not take the time to research the new clinical perceptions of the BDSM lifestyle, they will continue to perpetuate bias and stigma, and in turn disenfranchise clients. The *Diagnostic and Statistical Manual (DSM-5)* states that if a person declares “no distress ... about these paraphilic impulses, and are not hampered by them in pursuing other goals, they could be ascertained as having a sexual interest, either masochistic or sadist, but should *not* be diagnosed with a disorder” (American Psychiatric Association, 2013, p. 694).

In all realms of therapeutic treatment, receiving biased treatment from mental health professionals is problematic; it is problematic for D/S relationships or any BDSM relationships because such treatment would not be genuine or helpful to meet the unique needs of the clients (CPA, 2017). For couples, triads, or polyamorous D/S relationships, counsellors must be sensitive and understanding to the distinctive relationship dynamics that exist within these relationships and the terms of agreement that these relationships have already established (CPA, 2017; Dymock, 2012). If those persons within D/S relationships seek the assistance of a professional, the professional must understand the current legal opinion of BDSM activities, which, thankfully, most do. Barker et al. (2007) described that within the last 20 years in the Toronto, Ontario Court of Justice, BDSM has been understood as neither obscene nor violent, but rather as a common and acceptable sexual practice so long as it is consensual. Although this understanding and general acceptance of BDSM culture is not global, in Canada there has been positive movement in this direction and acceptance is growing.

Counsellor bias and misunderstanding can affect D/S relationships mainly because counselling itself can create further conflict or disagreement between couples.

Additionally, counsellors who impose judgement on members of this lifestyle may cause harm to their clients who feel unheard or misunderstood (Kaplan, 1980). The working alliance may become weak, damaged, or irreparable due to therapist bias and judgement (Norcross & Wampold, 2011). Additionally, if the client feels as though the therapist is projecting the concept of “normalcy” onto them (Jung, 1959/1980) by suggesting that BDSM or D/S behaviour is the cause of the problem and it must stop to achieve “health,” the therapist has actually caused harm to their client unknowingly by sabotaging the working alliance (Norcross & Wampold, 2011; Rogers, 1966).

Counsellors can avoid perpetuating BDSM-related stigma by equipping themselves with information about this growing and expanding sexual lifestyle and incorporating culturally sensitive therapeutic practice. Further, by utilizing approaches that embrace rather than avoid alternative sexual lifestyles (such as psychodynamic or person-centred approaches), we can meet the unique needs of our clients and secure a strong working alliance for the therapeutic process to succeed (Norcross & Wampold, 2011). To adhere to the core ingredients of the working alliance, a counsellor must exhibit unconditional positive regard for their client, be empathetic, and be genuine (Norcross & Wampold, 2011; Rogers, 1966).

Counsellor or professional bias can greatly affect the lives of not only the BDSM community, but also any community of persons seeking professional assistance (Kolmes et al., 2006). The negative impact of counsellor bias on any client base can be tremendous, ranging from discredit of the entire psychological profession to the potential of creating further or enhanced risk of harm for clients (Pillai-Friedman, Pollitt, & Castaldo, 2015). By holding positions of power, counsellors who impose judgement on their BDSM clients are perpetuating the negative stigma that BDSM clients must face in their everyday lives. The therapeutic environment should never be a place where clients are unsafe or unwelcome to discuss their innermost thoughts and feelings (Moon, 2012).

#### PSYCHODYNAMICS AND BDSM

Psychodynamics, the domain of psychological theory that contains traditional psychoanalysis and the theories that were developed in response to it, currently possesses complementary attributes that reflect the unique experiences of the D/S relationship. Within the branch of psychodynamic family approaches, there are some basic assumptions of human nature that are relevant to the BDSM culture. Freud (1938/2012) originally conceptualized that human behaviour is based on both sexual and aggressive drives. To Freud and many psychodynamic practitioners today, persons tend to seek acknowledgement from others and utilize sexuality and aggression as coping/defense mechanisms for their underlying symptoms (Freud, 1938/2012; Starr, 1989). BDSM as a sexual lifestyle embraces the use of what was traditionally considered aggressive sexual behaviour (which in this context is solely the incorporation of a more primal approach to sexual acts), and psychoanalytic and psychodynamic frameworks and concepts are already inclusive of the founda-

tional attributes of the BDSM culture. Therefore, such psychodynamic concepts and assumptions directly correlate with the sexual lifestyle of persons within the BDSM and D/S cultures.

### *Psychoanalysis*

Historically, sexuality has been a prime focus of psychoanalysis. Feist and Feist (2009) said that traditional psychoanalysis placed significant emphasis on sexual drives and libido in connection to the ego and personality types. These traditional concepts are relevant, at least partially, in BDSM discussion. Although Freud (1938/2012) would have considered the notion of BDSM to be perverse, his argument about and theories related to the significance of the role of sexuality on a person's identity could still be included in therapeutic dialogue (Starr, 1989). Overall, psychodynamic approaches and human sexuality/relationships have developed a strong and functional relationship now, but this was surely not always the case.

Given that sexuality is a strong component of D/S relationships, incorporating elements of traditional psychoanalysis such as childhood development may be helpful in identifying themes, patterns, and commonalities among sexual behaviours within therapeutic discussions with D/S relationships (Feist & Feist, 2009; Gerson, 2009). By applying a modernized psychodynamic approach with D/S relationships, clients and counsellors can collaboratively decide the direction in which the therapy should travel while positively embracing sexual practices.

### *Object Relations Theory*

One avenue of psychodynamic family therapy that is of relevance to relationship therapy for BDSM and D/S relationships is object relations theory (ORT; Scharff & Scharff, 1977). Scharff and Scharff (1977) conceptualized ORT as a psychodynamic approach to family and marital therapy that seeks to assist clients in achieving freedom from their personal and familial subconscious constraints so that they may commence their individual or relationship paths to individuation or wholeness. The goals and concepts of object relations as a method of psychodynamic family therapy would address the relationship struggles facing not only D/S clients but also clients and relationships of a variety of alternative sexualities and lifestyles (Scharff & Scharff, 1977; Zinner, 2008).

### *Modernizing the Traditional*

Historically, there has been a tense relationship between traditional psychoanalysis and sexuality wherein traditional psychodynamic practitioners sought to "convert" nonheteronormative individuals to heterosexuality (Drescher, Shidlo, & Schroeder, 2002). Without adopting a more modernized and open approach to psychodynamic thought and practice, a practitioner could run the risk of causing harm for BDSM clients. As such, an updated and culturally sensitive psychodynamic approach would embrace a sex-positive stance for treatment. Incorporating psychoanalytic concepts and ideologies into an object-relations-based

psychodynamic approach to couples/family counselling will form a strong and culturally sensitive working alliance. In addition to ORT, Jung's (1959/1980) psychoanalytical concepts may be of value when working with persons of the BDSM community. These include archetypal imagery (persona/shadow and anima/animus), concepts related to constructs of the mind (conscious/unconscious/collective unconscious), and dream analysis and active imagination (Jung, 1955/2001, 1959/1980). By incorporating these concepts into psychodynamic family therapy with a D/S relationship, the counsellor and client(s) may be able to address given issues with depth and perspective on the clients' desired (whether conscious or unconscious) area of focus for successful problem-solving. Additionally, by utilizing these concepts within the object relations framework, the individuals within the relationship may gain insight into their partners' desires and needs, thus fostering the standard systemic approach for family and couples' therapy and maintaining the working alliance established.

#### PSYCHODYNAMICS AND CULTURALLY SENSITIVE PRACTICE

Psychoanalysts may be able to provide effective, culturally sensitive practice to BDSM and D/S clients since the tenets of psychoanalysis emphasize a deeper connection to sexual drives as motivators to behaviour, but only if they embrace a sex-positive rather than paraphilic stance (Freud 1938/2012; Sander, 2004; Starr, 1989). Applying a modernized psychodynamic approach to couples counselling would embrace rather than scrutinize the BDSM culture. Gerson (2009) discussed the role of the psychodynamic family therapist as akin to the role of the therapist in an effective working alliance; by being attentive, displaying genuine empathy, and creating a collaborative holding environment, a therapist can examine the clients' issues in depth (Norcross & Wampold, 2011; Winnicott, 1960). Additionally, Gerson described that, to the psychodynamic family therapist, change happens when members of a family unit, or coupling, develop their awareness to better understand the significance of their own mental existence. In doing so, clients can grasp a deeper understanding of their own shadow or repressed aspects of their individual selves, and thus gain an understanding of the need for acceptance on their paths to individuation (Gerson, 2009; Jung, 1959/1980). In other words, the psychodynamic process will assist clients to bring their unconscious concerns to their consciousness and, as such, facilitate change in the family system.

Lastly, in terms of a practical application of psychodynamic concepts into therapeutic discussion with BDSM and D/S clients in treatment, counsellors from a variety of theoretical backgrounds can implement psychodynamic concepts and ideas into therapeutic discussions with BDSM clients (Sander, 2004; Zinner, 2008). For example, should a D/S couple present for counselling with a relationship problem of communication issues, a counsellor can explore transference, attachments, internal objects, symbolism, metaphor, and so on within their dialogues (Freud, 1938/2012; Jung, 1959/1980; Sander, 2004; Scharff & Scharff, 1977; Zinner, 2008). The counsellor and client can collaboratively determine

patterns of behaviour and set achievable goals for problem-solving in the future. The inclusion of such ideologies would allow client and counsellor to explore the unique needs of the BDSM dynamic in relationships with cultural sensitivity and openness to interpretation.

#### LITERATURE REVIEW SUMMARY

Research regarding the BDSM culture is appearing more frequently. Recently, Klement and Sagarin (2017) discussed the positive ways in which the BDSM culture can effectively “teach” the importance of consent to those who may have never fathomed discussing it with their partners. However, a gap exists within the literature regarding culturally sensitive therapeutic practice for persons within the BDSM community. In addition, there is limited information available to address the need for training programs for counsellors to gain competency with BDSM clientele. In a preliminary search on Google Scholar with “BDSM and Culturally Sensitive Practice” as the search item, many contributions are found that address professional bias and client dissatisfaction with mental health professionals (Barker et al., 2007; Dymock, 2012; Kolmes et al., 2006). Many of the textbooks and readings available within various programs teaching graduate-level counselling do not identify BDSM as a culture at all. This lack of available literature and noninclusion of BDSM as an alternative sexual practice indicates the need for additional and updated training for counselling students.

The current available literature does not answer one particular question: “How are counsellors currently approaching BDSM topics in sessions with BDSM clients?” The current medical model and short-term therapeutic practices are generally approaching BDSM practice with the mindset of harm reduction (de Shazer & Dolan, 2012; Hudson-Allez, 2005). Further, Hudson-Allez (2005) indicated that therapists should seek to correct or alter particular actions or behaviours of BDSM clients only when and if those clients ask specifically to do so; this contention is congruent with de Shazer and Dolan’s (2012) solution-focused approach. In my experience, persons engaging in BDSM typically do not consider their lifestyle to be the issue; as such, finding a solution to or changing the sexual behaviours of the BDSM couple may not be the best solution. Hudson-Allez’s (2005) discussion of solving problematic BDSM behaviours could indicate a certain level of discomfort amongst counsellors when faced with discussion of BDSM subject matter and lifestyles.

#### INTEGRATION AND SUMMARY

To address the issue of counsellor bias, one must consider the ethical obligations of practicing counsellors. Without competency in practice, there is an ethical risk of causing harm to clients (CPA, 2017). Kolmes et al. (2006) stated that

[n]o psychologist should be working on BDSM issues with BDSM identified clients without first obtaining the necessary skills or expertise ... [T]he type of

skills ... might include course work and specialized training on working with BDSM clients, none of which are currently available. (p. 305)

This would be ideal, of course; however, it is unrealistic to expect all psychologists to have such expertise. If a therapist without such knowledge becomes aware of the presence of BDSM within the lives of their clients, then the therapist should take the initiative to inform him or herself of the lifestyle.

A lack of specialized training available to provide counsellors with information about the trending BDSM lifestyle indicates a large gap in resources and scholarly literature to support continued education of counsellors. Further, this lack of available resources for continued education places the counsellors working with BDSM clients in a position where the clients themselves will need to provide the background information that may or may not be helpful to the therapeutic alliance. Until D/S relationships, alternative lifestyles, and the BDSM culture become part of the sexuality-related training of counsellors, counsellors will have difficulty gaining competency in this area (Kolmes et al., 2006).

Another way to address potential counsellor bias or negative perception is through means of increased research and publication on the BDSM subject matter that will better inform not only counsellors, but also the public. Continued research on BDSM and D/S practices and lifestyle is required to ensure that professionals and the public will achieve a better understanding of the BDSM lifestyle (Barker et al., 2007). Experts on the subject matter, or counsellors who positively embrace BDSM as a lifestyle, could also conduct BDSM information sessions that could be included as part of counsellors' continuing education credits for licensing. If this were an option, there would be increased incentive for counsellors to equip themselves with knowledge and gain competency in communicating with persons in the BDSM and D/S culture (Dymock, 2012).

There is significant need for specialized training for counsellors who intend to work with the BDSM population. Professionals partaking in such training would become familiar with and better aware of the BDSM culture and the community language and practices. Additionally, if psychological professionals research the available literature and online forums for relevant and current information about the functioning and beliefs of the BDSM lifestyle, they would be better equipped to understand the differences between healthy BDSM and violence (Kolmes et al., 2006). With such information available, counsellors would be better able to assess when or if something becomes dysfunctional within a BDSM relationship.

The issue of counsellor bias or lack of knowledge of the BDSM lifestyle can be a major deterrent for many BDSM practitioners and D/S relationships to seek the assistance of a professional for their relationship struggles. The BDSM culture encounters judgement and misunderstanding regularly (Kolmes et al., 2006). The one place that the BDSM culture should feel understood and heard is the therapeutic environment (Moon, 2012; Norcross & Wampold, 2011). Counsellors who are unfamiliar must become familiar with the cultures and lifestyles that exist within their community of practice, inclusive of the BDSM and D/S lifestyles

(CPA, 2017; Norcross & Wampold, 2011). Additionally, if the subject matter is foreign to the therapist, they must adhere to the ethical codes and either refer the client(s) elsewhere or take the initiative to acquire the necessary knowledge prior to continuation of therapy (CPA, 2017; Kolmes et al., 2006).

Counsellors must periodically conduct their own self-assessments and determine areas of strength and areas in need of improvement (CPA, 2017). Through the inclusion of additional supervision, specialized training, research, and continuing education, a therapist can improve competencies in a multitude of areas (CPA, 2017). Through this self-assessment, counsellors can discern where their internal dialogue may present problems with bias and conscious or unconscious judgement projected onto their clients (Jung, 1955/2001). Nichols (2006) argued the need for professionals, particularly counsellors, working with BDSM clients to confront and address their biases, opinions, emotions, and perceptions of persons engaging in BDSM. Once confronted, counsellors can strive to make their own positive self-change and, in turn, set an example for their colleagues and their clients about the importance of ongoing learning.

The BDSM culture and D/S relationships have unique compositions and needs, and, like all human interaction, there are situations within this alternative sexual culture that warrant assistance from psychological professionals. The application of psychodynamic family therapy principles in combination with cultural sensitivity and competency will allow therapists and their clients to navigate their unique relationship dynamics within the security of a strong and safe working alliance (Gerson, 2009). If a working alliance is established, even if the therapist is not an expert on the BDSM culture, the strength of the alliance will create the opportunity for the therapist to increase their understanding and for the client to understand the counsellors' commitment to providing culturally sensitive and informed practice (Norcross & Wampold, 2011).

#### FUTURE STEPS AND RECOMMENDATIONS

The issue of professional bias while working with BDSM and D/S clients is particularly problematic given the current media emphasis on this once underground culture. *Fifty Shades of Grey* (James, 2012) has shone a light on the sexually adventuresome culture of BDSM and D/S. As a result, individuals, couples, and persons of alternative sexualities are increasingly taking an interest in participating in the BDSM lifestyle (Fetlife, 2016). Mental health professionals must seek training and research to gain competency in working with BDSM-identifying clientele (CPA, 2017). Academic institutions must adjust their learning modules to become inclusive of BDSM as a recognized sexual lifestyle to be studied and understood through human sexualities and cultural awareness course work during the training of new mental health professionals. For existing professionals, continuing education for professional development credits must become inclusive of the BDSM culture to ensure that practicing professionals are up to date with the cultural changes occurring in the realm of alternative sexuality.

To assist current and training counsellors in gaining competency with BDSM clients, additional supervision with seasoned counsellors, who have experience working directly with BDSM clients, should be mandatory (CPA, 2017). Furthermore, including BDSM information sessions as a recognized option for professional development and continuing education credits for licensure can assist with increasing counsellor competency for working with BDSM clients. Lastly, any counsellors currently specializing in treatment for alternative sexual lifestyles and sexualities including the lesbian, gay, bisexual, transgendered/transsexual, and queer (LGBTQ) communities should be required to partake in extra training and knowledge acquisition to ensure cultural sensitivity and genuineness in treatment specific to the respective culture or subculture (CPA, 2017). Some examples of training could be inclusive of psychoeducation for the clients on safe sex practices; social justice and inequality due to sexual orientation, gender, and sexual identity; and terms of mutual understanding and consent in D/S relationships.

To assist aspiring or training counsellors in gaining knowledge and competency about the BDSM lifestyle and culture, graduate programs need to incorporate BDSM-specific literature into the sexuality and culture coursework of training counsellors. Kolmes et. al. (2006) provided information and education for counsellors on treatment approaches for and prevalent issues within the BDSM community. Pillai-Friedman et al. (2015) developed a specific education curriculum inclusive of "Sexual Attitude Reassessments (SARS), independent reading, and skills development through supervision" (p. 1) to guarantee that professionals working with alternative sexualities are competent and able to assist BDSM clients negotiate their unique situations. Therefore, although there is limited information about counselling the BDSM community, there are some wonderful works that could be used in counsellor education.

Graduate students in counselling are required to acquire training in cultural awareness, sensitivity, and human sexuality (CPA, 2017); such a requirement means that an established platform for incorporating BDSM concepts and cultural components currently exists. Academic institutions providing counsellor training need to equip new counsellors with access to information on current and relevant lifestyles and cultures to ensure professional competency (CPA, 2017). Within postsecondary education, policy should exist to recognize and be positively inclusive of the BDSM lifestyle as a valid and nonperverse culture within society. Further, this proposed policy should be included as part of the preexisting and mandatory human sexualities and cultural awareness course work that is required of all training counsellors.

The utilization of a psychodynamic/psychoanalytic approach to facilitate therapeutic assistance with BDSM and D/S clients would be effective due to its focus on the significance of sexual and aggressive drives as a natural part of human existence and biological functioning (Sander, 2004; Starr, 1989). By normalizing, accepting, and adhering to the core principles of the working alliance, a psychodynamic family or couples' therapist can assist a D/S coupling or other persons

within the BDSM community to resolve the issue they seek to resolve, not the issue the biased therapist thinks they should resolve (Zinner, 2008).

### References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5; 5th ed.). Washington, DC: Author.
- Barker, M., Iantaffi, A., & Gupta, C. (2007). Kinky clients, kinky counselling? The challenges and potentials of BDSM. In L. Moon (Ed.), *Feeling queer or queer feelings: Radical approaches to counselling sex, sexualities and genders* (pp. 106–124). London, UK: Routledge. Retrieved from <http://oro.open.ac.uk/17272/>
- Canadian Psychological Association (CPA). (2017). *Canadian code of ethics for psychologists* (4th ed.). Ottawa, ON: Author. Retrieved from [http://cpa.ca/docs/File/Ethics/CPA\\_Code\\_2017\\_4thEd.pdf](http://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf)
- Castleman, M. (2012). A loving introduction to BDSM. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/blog/all-about-sex/201206/loving-introduction-bdsm>
- de Shazer, S., & Dolan, Y. (2012). *More than miracles: The state of the art of solution-focused brief therapy* [e-book version]. Binghamton, NY: Haworth Medical Press. Retrieved from [https://books.google.ca/books/about/More\\_Than\\_Miracles.html?id=PMTpAAAACAAJ&redir\\_esc=y](https://books.google.ca/books/about/More_Than_Miracles.html?id=PMTpAAAACAAJ&redir_esc=y)
- Drescher, J., Shidlo, A., & Schroeder, M. (2002). *Sexual conversion therapy: Ethical, clinical and research perspectives* (No. 3–4) [e-book version]. Binghamton, NY: Haworth Press. Retrieved from [https://books.google.ca/books/about/Sexual\\_Conversion\\_Therapy.html?id=1jYuietrGoC&redir\\_esc=y](https://books.google.ca/books/about/Sexual_Conversion_Therapy.html?id=1jYuietrGoC&redir_esc=y)
- Dymock, A. (2012). But femsub is broken too! On the normalisation of BDSM and the problem of pleasure. *Psychology & Sexuality*, 3(1), 54–68. <http://dx.doi.org/10.1080/19419899.2011.627696>
- Feist, J., & Feist, G. J. (2009). *Theories of personality* (7th ed.). New York, NY: McGraw-Hill.
- Fetlife. (2016). *Bondage, BDSM and fetish community for kinksters by kinksters*. Retrieved from <https://fetlife.com/>
- Freud, S. (2012). *The basic writings of Sigmund Freud* [e-book version]. New York, NY: Random House. Retrieved from [https://books.google.ca/books/about/The\\_Basic\\_Writings\\_of\\_Sigmund\\_Freud.html?id=ww1GAAAAMAAJ&redir\\_esc=y](https://books.google.ca/books/about/The_Basic_Writings_of_Sigmund_Freud.html?id=ww1GAAAAMAAJ&redir_esc=y) (Original work published 1938)
- Gerson, M. J. (2009). *The embedded self, second edition: An integrative psychodynamic and systemic perspective on couples and family therapy* [e-book version]. New York, NY: Routledge. Retrieved from [https://books.google.ca/books/about/The\\_Embedded\\_Self\\_Second\\_Edition.html?id=OmFOMh3FKOoC&redir\\_esc=y](https://books.google.ca/books/about/The_Embedded_Self_Second_Edition.html?id=OmFOMh3FKOoC&redir_esc=y)
- Hudson-Allez, G. (2005). *Sex and sexuality: Questions and answers for counsellors and psychotherapists* [e-book version]. London, UK: Whurr. Retrieved from <https://www.amazon.com/Sex-Sexuality-Counsellors-Psychotherapists-Therapists/dp/1861564953>
- Hunter, L. E. (2015). Kink in community and the modern clinic sexual outsiders: Understanding BDSM sexualities and communities. *Journal of Sex Research*, 52(2), 237–237. <http://dx.doi.org/10.1080/00224499.2014.945334>
- James, E. L. (2012). *Fifty shades of grey*. New York, NY: Vintage Books.
- Jung, C. G. (1980). *The archetypes and the collective unconscious* (No. 20). New York, NY: Princeton University Press. (Original work published 1959)
- Jung, C. G. (2001). *Modern man in search of a soul*. Abingdon, OX: Psychology Press. (Original work published 1955)
- Kaplan, H. S. (1980). The new sex therapy. In J. Marmor & S. M. Woods (Eds.), *The interface between the psychodynamic and behavioral therapies* (pp. 363–377). New York, NY: Plenum Press. [http://dx.doi.org/10.1007/978-1-4613-3000-4\\_25](http://dx.doi.org/10.1007/978-1-4613-3000-4_25)
- Klement, K., & Sagarin, B. (2017). What the BDSM community can teach a kinky world. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/blog/the-wide-wide-world-psychology/201702/what-the-bdsm-community-can-teach-kinky-world>

- Kolmes, K., Stock, W., & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality, 50*(2–3), 301–324. [http://dx.doi.org/10.1300/J082v50n02\\_15](http://dx.doi.org/10.1300/J082v50n02_15)
- Moon, L. (Ed.). (2012). *Counselling ideologies: Queer challenges to heteronormativity* [e-book version]. Farnham, UK: Ashgate. Retrieved from <https://www.amazon.com/Counselling-Ideologies-Queer-Challenges-Heteronormativity-ebook/dp/B00AFSR3UC>
- Nichols, M. (2006). Psychotherapeutic issues with "kinky" clients: Clinical problems, yours and theirs. *Journal of Homosexuality, 50*(2–3), 281–300. [http://dx.doi.org/10.1300/J082v50n02\\_14](http://dx.doi.org/10.1300/J082v50n02_14)
- Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy, 48*(1), 98–102. <http://dx.doi.org/10.1037/a0022161>
- Pillai-Friedman, S., Pollitt, J. L., & Castaldo, A. (2015). Becoming kink-aware: A necessity for sexuality professionals. *Sexual and Relationship Therapy, 30*(2), 196–210. <http://dx.doi.org/10.1080/14681994.2014.975681>
- Richters J., de Visser, R., Russel, C., Grulich, A., & Smith, A. (2008). Demographic and psychosocial features of participants in bondage and discipline, "sadosomochism" or dominance and submission (BDSM): Data from a national survey. *Journal of Sexuality in Medicine, 5*(7), 1660–1668. <http://dx.doi.org/10.1111/j.1743-6109.2008.00795.x>
- Rogers, C. R. (1966). *Client-centered therapy*. In S. Arieti (Ed.), *American handbook of psychiatry* [e-book version]. New York, NY: Basic Books. Retrieved from [https://books.google.ca/books/about/American\\_Handbook\\_of\\_Psychiatry.html?id=m8RrAAAAAAAJ&redir\\_esc=y](https://books.google.ca/books/about/American_Handbook_of_Psychiatry.html?id=m8RrAAAAAAAJ&redir_esc=y)
- Sander, F. (2004). Psychoanalytic couples therapy: Classical style. *Psychoanalytic Inquiry, 24*(3), 373–386. <http://dx.doi.org/10.1080/07351692409349089>
- Scharff, D. E., & Scharff, J. S. (1977). *Object relations family therapy* [e-book version]. Lanham, MD: Rowman and Littlefield. Retrieved from [https://play.google.com/store/books/details/David\\_E\\_Scharff\\_Object\\_Relations\\_Family\\_Therapy?id=aU13AAAQBAJ](https://play.google.com/store/books/details/David_E_Scharff_Object_Relations_Family_Therapy?id=aU13AAAQBAJ)
- Seidman, G. (2015). *Why some of us choose dominant partners* [Web log post]. Retrieved from [https://www.psychologytoday.com/blog/close-encounters/201505/why-some-us-look-for-dominant-partners?utm\\_source=FacebookPost&utm\\_medium=FBPost&utm\\_campaign=FBPost](https://www.psychologytoday.com/blog/close-encounters/201505/why-some-us-look-for-dominant-partners?utm_source=FacebookPost&utm_medium=FBPost&utm_campaign=FBPost)
- Starr, A. (1989). *Freud: Past masters*. Oxford, NY: Oxford University Press.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis, 41*(6), 585–595. <http://dx.doi.org/10.1007/s10615-013-0461-2>
- Wiseman, J. (1996). *SM 101: A realistic introduction* [e-book version]. San Francisco, CA: Greenery Press. Retrieved from [https://books.google.ca/books/about/SM\\_101.html?id=qRCrzBqMSX0C&redir\\_esc=y](https://books.google.ca/books/about/SM_101.html?id=qRCrzBqMSX0C&redir_esc=y)
- Wismeijer, A. A., & van Assen, M. A. (2013). Psychological characteristics of BDSM practitioners. *Journal of Sexual Medicine, 10*(8), 1943–1952. <http://dx.doi.org/10.1111/jsm.12192>
- Zinner, J. (2008). Psychodynamic couples therapy: An object relations approach. In G. O. Gabbard (Ed.), *Textbook of psychotherapeutic treatments in psychiatry* (pp. 581–602). Washington, DC: American Psychiatric Association. <http://dx.doi.org/10.1176/appi.books.9781585623648.gg21>

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