



Unraveling Kinks in the Therapeutic Relationship: BDSM Identity in Psychotherapy



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Introduction:

Approximately 10% of the population engages in “kink” sexual practices, including bondage and discipline, dominance and submission, and sadism and masochism (BDSM) (Moser & Kleinplatz, 2006). The practice of BDSM has been historically pathologized within the field of psychology, and rates of disclosure of BDSM practices to mental health professionals is low (Kolmes, 2006). The current study qualitatively explored barriers to receiving mental healthcare services from members of the BDSM community and specific suggestions for psychologists to reduce these barriers.

Aims of the Current Study:

The current study qualitatively explored the perceptions and experiences of receiving mental healthcare services from members of the BDSM community.

Methodology:

Participants were recruited online. In addition to demographic information, participants were asked open-ended questions regarding their mental healthcare experiences. More specifically, they were asked what BDSM-related concerns they would have liked to discuss with their mental healthcare providers but did not, and reasons why they did not disclose BDSM-related concerns to their mental healthcare providers.

A total of 293 completed responses were collected. Over half of the participants identified as White (79%) and male (52%). Almost half of the participants identified as submissive (49%), while others identified as dominant (25%) and switch (23%). Most individuals identified as heterosexual (39%). Other individuals identified as bisexual (24%), heteroflexible (15%), pansexual (12%), homosexual/gay (6%), queer (2%), asexual (2%), and demisexual (1%).

Results:

Approximately 20% of the participants were engaged in therapy. Over a third of these participants (31%) expressed that they would have liked to discuss their BDSM practices with their mental healthcare provider but did not.

Table 1: Qualitative themes: Issues BDSM practitioners would have liked to discuss in therapy

Theme	Percentage reporting
BDSM Relationship Dynamics	16%
BSDM Identity	10%

When asked why they did not disclose their concerns to their providers, 43% of participants who provided qualitative data about their mental health experiences cited their providers’ lack of understanding of or insight into BDSM practices.

Table 2: Qualitative themes: Reasons BDSM identity was not disclosed to therapy providers

Theme	Percentage reporting
Providers don't understand BDSM	43%
Fear of negative judgement	15%

Recommendations & Implications:

Results from the current study indicate that disclosure of BDSM activities to mental healthcare providers remains low, and individuals are hesitant to share their concerns, such as BDSM relationship dynamics and identity development. Poorer satisfaction with healthcare experiences within this community has been associated with heightened risk for psychopathology, including mood and substance use disorders, social withdrawal, suicidality, and kink-related injury (Bezreh et al., 2012; Sprott & Randall, 2017; Sprott et al., 2021).

Current provider barriers in delivering effective quality care for BDSM practitioners include (Haboubi & Lincoln, 2003; Kelsey et al., 2013; Shindel & Parish, 2013; Strada et al., 2016):

- Lack of knowledge or adequate training in working with the BDSM community
- Personal discomfort

Utilizing information from the current study, specific recommendations for providers to promote a more inclusive practice and demonstrate understanding of kink/BDSM practices are provided, as well as specific topics that practitioners might expect to address in the therapeutic setting.

Addressing barriers to BDSM identity disclosure to therapy providers:

- **Barrier:** Providers don’t understand BDSM
- **Recommendations:**
 - Seek education on diverse sexual identities and activities, including continuing education credits
 - Encourage open discussions with clients regarding their sexual identities to better understand their experiences and improve services

- **Barrier:** Fear of negative judgement
- **Recommendations:**
 - Create a safe space with affirmative care instead of pathologizing sexual activities or interests

Addressing issues that BDSM practitioners would have liked to discuss in therapy

- **Thematic Issue:** BDSM relationship dynamics
- **Recommendations:**
 - Establish a foundational understanding of interpersonal dynamics, as pertaining to control and experience, during BDSM play

- **Thematic Issue:** BDSM Identity
- **Recommendations:**
 - Encourage clients to reflect on their level of acceptance of their BDSM identity, including how it relates to their overall sense of self and feelings

Conclusion:

This data suggests that there are opportunities for education within the general mental health community on BDSM practices. With additional education, mental health professionals can address the perception that BDSM practices are not well understood or that BDSM practitioners will be negatively judged or criticized by providers.