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Developing an SM awareness tool

Meg Barker

In the summer of 2004 a colleague who knew of my research with members of SM communities (see Ritchie & Barker, this issue) asked me to provide a training session to her group of clinical psychologists, medics and sex therapists. I took the opportunity to develop a workshop which could be used by myself on future occasions and by other people providing awareness-raising sessions on SM. There is a tradition of lesbian and gay awareness training within equal opportunities, medical and educational contexts (Peel, 2002). However, I could find no past awareness-raising sessions on SM. Most workshops about SM take place in SM community contexts with people who are either already involved in SM or who are strongly considering it. I had attended several of these myself at events like the annual UK Kinkfest (2005) and BiCon (2005). Mostly these focus on introducing attendees to SM techniques and how to use these safely; occasionally they involve discussion of the legal or medical perspectives on SM which people in the communities need to be aware of. However, there seemed to be little material available aimed at people outside the SM communities themselves.

Bridoux (2000) argues for greater acceptance and awareness of SM amongst therapists and counsellors, proposing that they apply 'kink affirmative' therapy which respects clients' practices. He highlights the danger of therapists seeking to 'treat' SM and seeing it as inevitably part of the client's problems. There is a need for awareness-raising in several other contexts beyond psychotherapy. It is important within sex education so that those with SM-related desires may feel less marginalised and more able to make informed, safe choices about what they do. SM awareness would be helpful within law enforcement so that police officers and lawyers are aware of the existing legislation around SM, and what differentiates SM from sexual abuse or violence. Doctors are another group who could benefit from an understanding of the meanings of SM for SMers since they may see patients with SM related marks. Many participants in my research so far have mentioned negative experiences with counsellors, police officers or doctors who have shown prejudice and insensitivity when they have revealed their

involvement in SM. Of course we live in a society where pain or injury as a result of SM that lasts for more than a 'trifling or trivial' amount of time are classed as assaults against the person (Spanner Trust, 2004) and where sexual sadism and masochism which cause significant distress and impairment are classed as psychiatric disorders (APA DSM IV-TR, 2000). As well as activists fighting for the decriminalisation and depathologisation of consensual SM it is important that they raise levels of awareness and acceptance of SM amongst key groups so that they will not make decisions based on misconceptions or prejudice.

Peel (2002) states that the aims of lesbian and gay awareness training include: identifying stereotypes, replacing these with 'positive' or factual information, encouraging empathy, and adopting practical strategies for challenging prejudice. She also mentions that trainers often use exercises within training in order to encourage attendees to realise their existing stereotypes, gaps in their knowledge and so forth. In my experience, some of the most useful and powerful training exercises on aspects of sexuality are those which challenge stereotypes and myths by envisioning what life would be like if these were reversed. The much used heterosexuality questionnaire, attributed to Rochlin (1977), asks respondents questions such as what caused their heterosexuality, whether it might be a phase, and why they flaunt it. This enables them to imagine an alternative reality in which heterosexuality was treated as homosexuality is in this one, encouraging empathy and drawing attention to the problematic assumptions that lie behind people's views on homosexuality. Butler's (2004) 'homoworld' 'attempts to give heterosexuals a taste of what it would be like to live outside of the dominant norm regarding their sexuality' (p.15) by describing the day in the life of a heterosexual person who lives in a world where homosexuality is the norm and saturates everyday conversation and popular representations in the way that heterosexuality does in our world. Rothblum's (1999) 'friendship planet' exercise similarly turns monogamy on its head by imagining a planet where people treat lovers as we do friends and vice versa (so they look for one true friend, deny themselves friendships on the side, try to avoid friendliness with inappropriate people, and have a number of uncomplicated lover relationships).

I wanted to begin my awareness workshop with a comparable exercise which would help attendees to become aware of their existing assumptions about SM and begin to challenge these. I felt that it would be more powerful if attendees saw for themselves the problems with the common myths around SM rather than me telling them directly that these were problematic. Specifically I wanted to highlight some of the popular misconceptions highlighted in Bridoux's (2000) chapter (p.33), in Kleinplatz and Moser's article and elsewhere in the current issue, for example that SM always involves extreme amounts of pain or lasting damage, and that it is violent, non-consensual and unsafe. Like Kleinplatz and Moser (this issue) I decided it would be useful to contrast SM practices with culturally acceptable practices like sport and leisure pursuits to challenge participant's criteria for deeming SM dangerous, wrong, sick or otherwise troubling. I developed the exercise myself and then passed it by a number of friends in the SM communities and incorporated their feedback in the final version. I have used the exercise twice since the original awareness training session, once with university students and once with a group of film classifiers who were dealing with SM related material. In the latter case I asked them to consider which scenes would concern them if depicted on screen and why. Following presentation of the exercise itself I will reflect briefly on these experiences and the feedback I obtained from attendees in these sessions.

SM awareness exercise

Read the following descriptions of scenes. For each one decide whether you would be concerned or not if a client/friend revealed taking part in this activity.

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 small group of people arrange to meet in a private space in order to watch others role-playing being raped, humiliated and tortured. They find this an enjoyable way of spending their evening.

8. An individual gives his life over to his master. He won't do anything that is disapproved of under to code of rules his master has set. He won't allow himself to experience sexual satisfaction until he has undergone the procedures his master sets

out as necessary, although he often finds himself in a state of arousal and wishes he could. He mostly spends time with other people who have also pledged themselves to the same master, although none of them has ever met him in person.

9. A woman restrains a man and beats him on various parts of his body, telling him he deserves to be punished and carefully but firmly slapping his face if he disobeys. Eventually he breaks down crying. At this stage the scene ends and she holds him and speaks kindly to him, encouraging him to explore the emotions it aroused. He loves these scenes as they are the one time in his life when he doesn't feel he has to be in control and responsible.

10. A woman spends several hours preparing her appearance in the hope of pleasing her lover. She chooses from items of clothing on which she has spent several thousand pounds, all of which painfully restrict parts of her body, forcing it into an unnatural shape and making it impossible for her to function normally. Over an extended period of time she knows this will damage her permanently. She winces as she walks towards him but smiles when she sees that she has been successful.

11. 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.

12. 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.

13. During the evening at a London venue the clientele encourage each other to push their bodies to the limits with various different activities, some of which cause a great deal of pain, others which they know will significantly decrease their life expectancy.

By the end of the evening some have had unprotected sex with anonymous strangers and several of the group have become violently ill following their activities.

When I run this exercise I divide attendees into small groups and give each of these four of the 'scenes' presented above to discuss. I encourage them to ask questions such as which scenes are most and least concerning, and what aspects of the scenes worry them. Following these discussions the small groups feed back to the group as a whole on the scenes they have considered. I find it useful at this point to compile a list of the most concerning scenes and to write down the issues that emerge in the discussion of why these are concerning. Attendees generally raise issues around consent and negotiation, physical and psychological risk and harm, sobriety and safety. At some point in the discussion one or two attendees suggest that some of the scenes could, in fact, refer to culturally acceptable practices. At this point I tell them that, in fact, only three of them are descriptions of SM scenes and ask them to pick which ones (3, 6 and 9). They then go through the others and see that these describe a fairground ride (1), tattooing or piercing (2), boxing (4), a stag night (5), watching a video such as *Basic Instinct* (7), many religious lifestyles (8), the wearing of fashionable clothes such as high-heeled shoes (10), rock-climbing (11), bikini-waxing (12), and an evening out at a nightclub with excessive drinking and smoking and eating the hottest curry available at an Indian restaurant (13).

The exercise points out the fairly arbitrary distinctions made in our culture between acceptable and unacceptable behaviour. My main concern about the exercise before I used it was that attendees would feel 'tricked' and this would make them less rather than more likely to challenge their assumptions. However, I was pleased to find that attendees fed back that they had found the exercise powerful and thought-provoking and found the experience of having their initial perceptions turned on their head interesting and challenging. I also worried that it would be too obvious what the examples referred to. I did not want to be dishonest and claim that they definitely were SM practices, but the term 'scene' might not have been ambiguous enough. However, the context of the workshop seemed to lead attendees to assume that they were reading about SM scenes and most did not figure out the exercise, over and above a couple of them saying something like 'of course people do things like number 5 on a stag night'.

Before they were told that these were not 'real SM' practices, attendees listed the scenes they were most concerned about. These never included any of the actual SM scenes but rather those in which somebody had not given consent to everything that happened to them or where they might be physically or psychologically harmed long term. However, attendees did express concern over whether behaviours were sexual or not. Behaviours that were completely acceptable otherwise were deemed very concerning and problematic if those involved were deriving sexual pleasure from them. SMers themselves often play down the sexual element of their activities (Langdrige & Butt, 2004), emphasising power exchange or the SM identity rather than sex. This could well be a response to this demonising of any painful/power-exchange activity involving sexual pleasure. The problem of pain or 'violence' being tied to sex is discussed further in Kleinplatz and Moser (this issue).

Following the exercise I summarise information about the legal and psychiatric position of SM as well as research findings on the diversity of SM practices and motivations for people taking part in SM. I find that most of the key themes are raised by attendees themselves following the exercise, so I am able to pick up on these and talk about them in dialogue with attendees rather than in a lecture format. This also increases attendees' involvement and the sense that they are challenging themselves and each other and actively seeking additional knowledge, rather than positioning me as an expert who is attempting to persuade them of something they are reluctant to believe.

The first time I ran the workshop I decided to be out about my own involvement with SM communities, because this is the position I take in my research and related activities. Also, it enables attendees to be open about their own practices and to ask questions, as well as bringing them up against any of their assumptions if they find themselves starting to make a joke or say something which they realise might be offensive to me (and therefore possibly to a client or friend who practices SM). However, like Peel's (2002) lesbian and gay awareness trainers, I was concerned that attendees might see me as representative of all SMers, and that my decision to challenge myths by not conforming to any stereotypical SM appearance could be problematic in implicitly suggesting that SMers should not be able to wear signs of their identity/practices proudly in their day-to-day life. The other times I ran the workshop I did not mention my own

involvement in any way. On this occasion I was talking to a group of people who had more diverse views on SM (whereas the psychologists and therapists were generally positive and wanting more information). In the report that I wrote afterwards for the people I ran the exercise for I said:

I did not feel comfortable enough to be 'out' about my SM with the entire group, although I answered individuals honestly afterwards when they asked whether I practiced SM myself. I felt, rightly or wrongly, that some people present might dismiss the evidence I presented if they knew that I practiced SM as well as researching it. I personally feel my own involvement in SM gives me more expertise from which to speak as I understand the language and what it actually feels like to take part in some of these scenes. I believe that it would be acceptable for a black person to research and speak about the experience of being black in the UK and the representation of black people, and the same would be true for a gay person or someone involved in a certain sport like boxing. I hope that the same is true for someone, like me, who is involved in SM...I felt that my reservations was justified when I overheard one individual saying afterwards that despite what [the psychiatrist] and I had said, he knew that SM practitioners were 'sick'.

I hope that others will find the exercise useful and will feel free to adapt and develop it to suit the context of their awareness training or teaching. I would be very grateful for any further feedback and I am happy to provide people with more detail of the way I run the session as a whole.

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(culturally acceptable) scenes would concern her and that she hadn't realised that SM involved such worrying and dangerous practices!

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