



50 Shades of Silence

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This is an invited column on unspoken topics in diversity – the things we do not talk about. Other Division VII members are invited to submit ideas for a continuation of this discussion in this column. (Rhoda Olkin, PhD, Past Chair, Division VII Diversity and Social Justice.)

Alternative sexuality (Altsex) refers to polyamory (consensual non-monogamy) and BDSM (Bondage & Discipline, Domination & Submission, or Sadism & Masochism) between consenting adults. There is much stigma and silence around Altsex, even though up to 14% of American males and 11% of American females have engaged in some form of BDSM sexual behavior (Janus & Janus, 1993) and one study of 3,574 married couples (Blumstein & Schwartz, 1983) found that 15-28% had agreements allowing “nonmonogamy under some circumstances.” In a survey of 2,995 Altsex participants, 43% were not “out” about their sexuality (Wright, 2008). In another study of 175 BDSM psychotherapy clients, 45% did not disclose their BDSM identity to their psychotherapist (Kolmes, Stock, & Moser, 2006). Many of us likely treat Altsex clients without ever knowing it.

In graduate school, I approached my Intercultural Awareness professors privately asking them to bring bisexuality, transgender issues, polyamory, and BDSM into the classroom. It was 1996 and, “sexual diversity” meant gay and lesbian. My professors expressed discomfort recognizing these other identities in the classroom. Years later, I published my dissertation (Kolmes, Stock, & Moser, 2006) in which responses from 175 BDSM psychotherapy clients were used to identify themes of biased or culturally sensitive care to this community. The process of writing and talking on this topic to other mental health professionals was exhausting. The *de facto* assumption of pathology drained me, as did the invasive experience of people assuming that because I advocated for these populations, I was a member. Sexuality is still so taboo that mentioning your work with certain populations makes you suspect. Nobody worries that if they treat people with depression others will assume they are depressed.

Why did I become an Altsex affirming clinician? Multicultural guidelines encourage us to learn about diversity outside of the clinical setting. When I did this, my own preconceptions were revealed to me as ignorance and bias. There are no data showing any basis for pathology among these communities and there is empirical evidence negating such theories (Connolly, 2006; Richters et al., 2008). Altsex identities transcend sexual orientations, abilities, and ethnicities, yet the silence throughout these communities is strong. If I didn’t speak up for these people, who would?

Should allies clarify whether we are members of the groups for whom we advocate? I don’t know. I believe thinking in binary terms around sexuality is problematic. Many who do not identify as “into BDSM” may at some point stray into power, restraint and bondage, or heightened sensation play or they may fantasize about such things.

Monogamous people do fall in love with polyamorous people. Asking if someone is a member of the group is the wrong question and it negates the reality that BDSM and polyamory microaggressions affect everyone.

Blanket assumptions that Altsex behavior is pathological are no more accurate than blanket assumptions that alternative sexual practices are good for everyone. Altsex individuals deserve unbiased and culturally competent psychotherapists who understand community norms and practices. Our field also needs better data on what makes healthy Altsex relationships work.

Many Altsex-aware psychotherapists worry about speaking up about these issues with colleagues. Given that the BDSM book series *50 Shades of Grey* (James, 2012) has sold over 65 million copies worldwide (Deahl, 2012), it may be time for us to break the silence and begin talking about the wider range of sexual diversity. □

References

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