BDSM as therapy?
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Abstract
While I was conducting field research on professional dominatrices (‘pro-dommes’), an unexpected discourse emerged: respondents repeatedly characterized themselves as ‘therapists’, speaking about their work as a form of psychological treatment for their clients. This article examines the way they speak about BDSM (Bondage, Discipline, Sadism, Masochism) as therapeutic. Data are derived from in-depth, semi-structured interviews with 66 female pro-dommes. The rhetoric used by participants in this form of commercial eroticism ‘on the ground’ has implications for feminist theoretical claims about the potential value of classifying erotic labor as ‘sex therapy’ as well as resonance with other socially stigmatized erotic practices.

Keywords
BDSM, discourse, dominatrix, sex work, therapy

Professional dominatrices (hereafter, ‘pro-dommes’) are women who receive money to physically and verbally dominate male clients (also referred to as ‘submissives’, ‘subs’, or ‘slaves’) through spanking, whipping, flogging, verbal humiliation, and bondage, and to play out a variety of other sadomasochistic and fetishistic scenarios. From September, 2007 to April, 2008, while I was interviewing pro-dommes in New York City and San Francisco about the microdynamics of their interactions with clients, an unexpected discourse emerged. Respondents interpreted their work as psychologically beneficial for their clients, explicitly referring to themselves as ‘therapists’.

This discourse is particularly striking, given the historical framing of sadomasochism (SM) – the giving and receiving of physical and psychological pain for erotic pleasure – as pathology, not therapy. Psychologist William Stekel, for instance, likened his analysis of the sadomasochistic subculture in 1929 to ‘wandering through [the] kingdom of hell’ (Stekel, 1929: 409); he called the sadomasochistically oriented individual ‘a criminal’ (1929: 410) and linked this...
individual’s actions to ‘cannibalism, necrophilism, and vampirism’ (1929: ix). The 19th-century sex researcher Richard von Krafft-Ebing, who is credited with coining the term ‘sadomasochism’, described the practice as both a ‘perversion’ and an ‘affliction’ (von Krafft-Ebing, 1965: 53) – a view shared by Sigmund Freud (Freud, 1938: 569). Along similar lines, Nicholas Avery has characterized sadomasochism as a ‘defence against object loss’, that should be subjected to therapeutic treatment (Avery, 1977), and Theodor Reik has indicated that all neurotics are masochists (Reik, 1941: 368–372).

While, more recently, researchers have begun to classify BDSM (Bondage, Discipline, Sadism, Masochism) participants as psychologically healthy individuals engaging in a form of harmless recreation (Sandnabba, et al., 1999: 273; Stoller, 1991: 21), pathologizing attitudes regarding these practices continue to persist (Goldman, 2008). Further, while the most recent iteration of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) only recognizes certain manifestations as problematic (‘the diagnosis is made if the person has acted on these urges with a non-consenting person or the urges, sexual fantasies, or behaviors cause marked distress or interpersonal difficulty’), both ‘sexual masochism’ and ‘sexual sadism’ still inhabit the text under the category of ‘paraphilias’ (American Psychiatric Association, 2004).

In their interview responses, however, pro-donnmes discursively constituted the ‘symptoms’ of this ‘disease’ (i.e. participation in acts that reflect an erotic predilection for sadomasochistic and fetishistic scenarios) as a psychological treatment, framing their sessions with clients not only as healthful but as beneficial for the men involved. In exploring this particular discourse, I seek to shed light on an erotic subculture (professional erotic dominance) that has received little attention from researchers, as well as contributing to a literature that explores rhetoric about ‘the therapeutic’ beyond traditional clinical settings (Becker, 2005; Cloud, 1998; Illouz, 2008). Specifically, I engage in the ‘pro-sex’ feminist conversation about the benefits and drawbacks of recasting erotic labor as a form of ‘sex therapy’ by exploring the way it is conceptualized by some of its practitioners ‘on the ground’. Finally, this article illuminates one interesting case in which disease-paradigms have become reconstituted by those they stigmatize – a phenomenon that has implications beyond the world of commercial BDSM.

A note about terminology and voice

Sadomasochism is one aspect of what pro-dommes do, but not all activities in which pro-dommes and clients engage are about pain. Most, however, are about D/S (Dominance and Submission) – a term that refers to one partner assuming control while the other ostensibly relinquishes his or her power. Examples of dominatrix practices that are not sadomasochistic include, for instance, dressing the client in women’s clothing, ‘golden showers’ (urinating on the client), and
‘foot worship’ (in which the client holds, kisses, and massages the domme’s feet). Because they are all descriptive of the work of pro-dommes, throughout this article I use the terms ‘SM’, ‘BDSM’ and ‘D/S’ interchangeably.

All of the practices in which pro-dommes and their clients engage are consensual; thus, they should be distinguished from sadomasochistic acts that are inflicted upon unwilling participants. In making this claim, it is not my intention to make light of the multiple issues that are involved with establishing consent, both in commercial erotic contexts and in BDSM scenarios. Nor is it my intention to gloss over the importance and complexity of sexual consent as an ethical and legal construct – areas of inquiry that other authors have brought to the forefront of multidisciplinary discussion (Cowling and Reynolds, 2004). However, while the element of consensuality is crucial both within the BDSM community and within the literature surrounding such activities, it is not crucial to the therapy discourse being discussed here. Both commercial BDSM and therapy (aside from mandatory counseling) are freely entered into by both client and service provider. I therefore do not engage with the subject further. ‘Consensual’ is implied whenever I discuss dungeon activities in this article.

While their sessions are erotic in nature, few pro-dommes in this sample had intercourse or engaged in what they call ‘extras’ (such as handjobs or oral sex) with their clients. Therefore, rather than using ‘sex work’ to characterize the interactions that occur in the dominatrix’s ‘dungeon’ (the space in which she interacts with clients), I borrow Wendy Chapkis’s term ‘erotic labor’ – which encompasses a variety of practices, from exotic dancing to prostitution (Chapkis, 1997). Unless otherwise indicated, all terms relating to the industry (for instance, ‘pro-domme’ and ‘dungeon’) are those used by the participants themselves. Finally, ‘therapeutic rhetoric’ is operationalized as any instance in which a respondent referred to herself as a ‘therapist’, or to her work as ‘therapeutic’ or otherwise described her sessions as psychologically beneficial for her clients.

That I have made the choice to use the first-person voice throughout this article is indicative of my awareness about my own positionality as a researcher, and it highlights my personal orientation toward qualitative research. I follow the postmodernist line of thought that the interviewer is not a passive receptacle for data, but rather, during an interview, data get produced (not simply collected) as a result of the interplay between researcher and respondent. Although the therapy narrative emerged unexpectedly (to me) during the interview process, when it appeared, I probed it, seeking explication and clarification. Use of the ‘I’ throughout this article thus functions to emphasize my conception of the interview room as a generative space.

**Background and significance**

The analysis presented here is one of the first to dovetail with the literatures on both SM and erotic labor, importantly linking the two. To date, professional
dominatrices have yet to be the subjects of systematic analysis. Research on the purchase of eroticism has focused largely on prostitutes and erotic dancers, and sociological studies of sadomasochism include pro-domme–client relationships within the category of all SM interactions, without fully examining the unique dynamics of these paid encounters (Kamel and T. Weinberg, 1983; Lee, 1983; and Patrias, 1978; M. Weinberg et al., 1984. T. Weinberg, 1983 provides an excellent summary of relevant literature). Of the two studies that deal with pro-dommes in their own right, one (Wilson, 2005) is a linguistic analysis of the working names selected by German dominatrices, and the second (Scott, 1983) involves a researcher who had become a novice dominatrix – an analysis that has been criticized as ‘not scientifically sound’ (Moser, 1984: 418).

In addition to shedding light on the commercial end of SM, this article intersects with a literature about the increasing importance of notions of ‘the therapeutic’ within spheres of social life outside the healthcare industry. Much has been made of our ‘culture of self-help’ (Illouz, 2008) and the increasing importance of this form of rhetoric within modern life, both on and off the therapist’s couch. Dana Cloud, for instance, discusses the ways in which dialogue about ‘consolation’ has infused modern sociopolitical movements (Cloud, 1998), and Dana Becker discusses the repercussions for women of this ‘repackaging of the psychological as power’ (Becker, 2005: 1).

Sadomasochistic practices, in particular, have been discussed as a kind of self-help, in the sense that they hold the potential to transform an individual by providing a window into his or her identity. Andrea Beckmann addresses these ‘transformative potentials’ (Beckmann, 2001: 80) of sadomasochistic activities in her study of practitioners of consensual SM in London; she makes the point that, for some individuals, SM provides a space that ‘allows for a more “authentic” (as founded on experience) relation to “self” and others’ (Beckmann, 2009: 91). Additional authors have drawn parallels between SM and other kinds of transformative exchanges, such as those that are magical or religious in nature. Alex Comfort, for instance, argues that sadomasochistic activities have similarities with magical rites in their ability to expand participants’ self-awareness (Comfort, 1978), and Stuart Norman links his own sadomasochistic practices to Shamanism (Norman, 2004). Gayle Rubin, similarly, has observed that, at the Catacombs (an SM and fisting club in San Francisco during the 1970s and 1980s), ‘some habitués reported having the kinds of transformational experiences more often associated with spiritual disciplines’ (Rubin, 2004: 128).

In addition to those who have written about SM as a transformative practice and gateway to self-awareness, other scholars have explicitly touched upon the notion of BDSM as a kind of psychological healing. Meg Barker, Camelia Gupta and Alessandra Iantaffi, for instance, explore the ‘healing narratives’ surrounding such practices on BDSM websites, in BDSM literature, and in media representations outside the BDSM community (Barker et al., 2007). And Katharine-Lee H. Weille, looking at a case from a qualitative research
study exploring consensual sadomasochistic and dominant–submissive sexual play, concludes that ‘when certain kinds of conditions (loving, playful, symbolizing, paradoxical, ‘homeopathic’, etc.) are present, there is a potential for using these psychodramatic sexual scenarios in the service of both relational and intrapsychic growth’ (Weille, 2002: 157–158). Within this article, I build upon this notion of the sadomasochistic as psychologically beneficial, examining the content of such arguments within a commercial context, emanating from individuals participating in erotic labor – some of whom view themselves as paid therapeutic practitioners.

The concept of erotic labor, itself, as a therapeutic activity is nothing new. One (faint but audible) strain within ‘pro-sex’ feminism has been a discussion about credentialing prostitution under the aegis of therapy. Feminist philosopher Laurie Shrage asserts, for instance, that by ‘redefining the “prostitute” as an erotic artist or therapist, we hope to alter the kinds of qualities people seek and see in her, and to socially define her as a person that one can say hello to on the streets’ (Shrage, 1994: 86). Sociologist Lynn Chancer notes that the reclassification of sex work as sex therapy has been suggested by sex workers themselves (Chancer, 1993: 161) – a point supported by Chapkis’s interviews with female prostitutes. Discussing ‘strategies of redefinition’, which are ‘efforts to recreate sex work as a ‘wholesome’ and ‘normal’ service’, Chapkis explains, ‘One such attempt involves licensing sex workers as credentialed “sex therapists” or “surrogates”. As licensed sex therapists, prostitutes presumably would have access to some of the authority and social status associated with those in the therapeutic arts’ (Chapkis, 1997: 193). While these authors allude to the issue of reframing taboo erotic labor, specifically prostitution, as therapy, they touch on this concept only briefly, focusing on it mainly as a political strategy for the normalization and legitimation of sex workers. This article thus fuses two discursive threads – BDSM-as-therapy and erotic labor-as-therapy – more fully unpacking this narrative about erotic labor as a therapeutic pursuit, extending the argument beyond prostitution to include the erotically charged scenarios of dominance and submission played out in the dominatrix’s dungeon. It also shifts focus to the content, rather than the feminist consequences, of this inversion of the disease-paradigm, examining the ways in which it functions to reframe a form of pathologized sexuality as a psychological treatment.

**Methods and sample**

Data are derived from in-depth, semi-structured interviews that I conducted with 52 female pro-dommes in the New York City metropolitan area and 14 female pro-dommes in the San Francisco Bay area. The original interview schedule contained a combination of closed-ended questions (e.g. ‘How old are you?’ ‘What is your marital status?’ ‘Have you ever taken a workshop or class on how to dominate someone?’ ‘Where do you hold your sessions?’) and open-ended questions (e.g. ‘Let’s talk about the last man you had a
session with. Can you describe what took place?) and closed-ended questions followed by a request for further information (e.g. ‘Have you ever taught a class or workshop on how to dominate someone?’ and, if the answer was ‘yes’, ‘What did you teach?’).

While the original interview schedule did not contain any questions about the therapeutic benefits of BDSM, after about 20 interviews the therapy discourse was so pervasive that I added the following question toward the end of the interview: ‘Other people I’ve interviewed have told me that they see this work as a form of therapy, or as therapeutic. Do you agree with this?’ with the follow-up question ‘Why/Why not?’4 However, respondents typically made statements about being ‘therapists’ before I could reach this question. When asked, ‘Would you consider yourself a sex worker?’ for instance, one New York City-based woman in her mid 40s, replied, ‘No. I’ve told numerous clients, “Think of me as your therapist.” Because it is therapy for clients.’ Another New York respondent, apropos of the same question, replied, ‘No. And I’ve had people ask me, “Do you think you’re a therapist?” No. But what I do is definitely therapeutic. Absolutely… When you’re dealing with actual S/M play, where you’re getting the endorphin release and all of that, there’s a physical benefit to it. They go out of here feeling relaxed and refreshed and happy.’

I located the respondents primarily through their internet advertisements and snowball sampling. Every woman in this study advertised in an online pro-domme directory and/or self-identified as a ‘dominatrix’, a ‘dominant’, or a ‘domina’.5 While many of the women in this study are also ‘in the lifestyle’ – that is, they engage in non-compensatory D/S within their personal relationships – all of them have received money to engage in erotic dominance. The word ‘professional’ in this article refers to dominatrices who do sessions for compensation.

The women in this sample ranged in age from 20 to 58, with a median age of 37 and a mean of 37.3. Of the 66 total pro-dommes interviewed, 41 (62%) self-identified solely as White, 4 (6%) solely as Black, 4 (6%) solely as Latina, 4 (6%) solely as Asian, 1 (2%) solely as Native American, and 12 (18%) as biracial. All of the respondents had at least a high school degree, and only one respondent had gone to high school and stopped there. Of the 61 respondents who answered the question about education, 16 (26%) indicated that their highest level of education is some college (This included women who were still in college at the time of interview), 20 (33%) received college degrees and stopped there, and 24 (39%) received some sort of graduate training.

**Pro-dommes and the therapeutic discourse**

Respondents’ descriptions of the therapeutic value of erotic dominance may be broadly categorized in four overlapping ways. They discussed sessions as
healthful alternatives to sexual repression, as atonement rituals, as mechanisms for gaining control over prior trauma, and (in the case of ‘humiliation sessions’) as processes through which clients experience psychological revitalization through shame.

First, respondents discussed their clients’ visits to the dungeon as an alternative to sexual repression, which they interpreted as leading to psychological problems. ‘Of course it’s therapeutic!’ a pro-domme from San Francisco exclaimed, after she had initially characterized her work as ‘therapy’ and I had asked what she meant by that. She went on to elaborate, ‘It’s not therapeutic to, like, hide a part of yourself forever because society says it’s wrong. It’s therapeutic to let that part out and enjoy yourself’ [emphasis in original]. Other women I interviewed explicitly listed the disastrous consequences that could result when an individual quashes his erotic proclivities because of the social sanctions against, and semi-criminalization of, the activities associated with such proclivities. During one interview, the respondent – a Bay Area pro-domme in her 30s – leaned forward and stated, intensely, that she truly believed some of her clients would be rapists and killers were it not for their visits to her. Another woman, who had been in the industry for six years, explained, similarly:

I mean, how about the people who snap and kill somebody? This is part of the reason why this is therapeutic, ‘cause you’re getting to control it. You’re taking the power back. Even as a submissive, you’re taking the power back because it’s still under your terms. You’re choosing the person who’s dominating you and you’re choosing to give over the power, and you’re hopefully doing it in a controlled, good way. And that’s a whole lot better than somebody who ends up mutilating animals and killing hookers. [emphases in original]

Interestingly, this respondent simultaneously speaks of her work as therapeutic and locates SM squarely in the pathological realm. Her assertion that the alternative for some of these men whose desires are not ‘controlled’ is ‘mutilating animals and killing hookers’ is indicative of a potentially problematic slippage within a discourse that seeks to resist medicalization through a kind of medicalization. The argument that some clients may have non-consensual SM desires that are kept in check by the existence of commercial dungeons would seem to insinuate a kind of internalized pathologization of her own clients on the pro-domme’s part.

Such narratives were often combined with the assertion that many men seek out professional dominatrices either because they are unable to find romantic partners or because they have romantic partners who are unaware of their submissive fantasies. Interviewees emphasized, for instance, that they saw many clients who felt they could not tell their wives about their interest in D/S. For these individuals, the dungeon was the only place in which they could discreetly enact these fantasies. Respondents thus understood their
sessions as important outlets for the expression of these men’s taboo sexual desires—an interpretation that resonates with the literature about SM as an activity that extends participants’ self-awareness. By observing that clients can become ‘who they really are’ within the walls of the dungeon, pro-dommes construe these commercial exchanges as transformative experiences during which identity boundaries get expanded (Beckmann, 2009); as indicated, other authors have observed that such transformation is akin to that which occurs within the worlds of magic or religion (Comfort, 1978; Norman, 2004; Rubin, 2004).

Both penance and revitalization through shame are elements of pro-dommes’ therapeutic discourse that resonate with descriptions of religious experiences. In the dungeon, clients can ‘atone’ for wrongs they have committed in everyday life. Often this ritual of atonement is the explicit focus of the theatrical narrative enacted in the session. Sessions (as well as unpaid BDSM interactions) are commonly referred to as ‘scenes’ and are loosely ‘scripted’ beforehand by both domme and client. In a ‘domestic discipline’ scene, for instance, the dominatrix takes on a role such as mother or governess and administers ‘corporal punishment’ on the client, who has assumed the role of ‘naughty’ child. One common atonement scenario involves a client doing penance for being unfaithful. A woman in her early 20s who works in a New York dungeon, for instance, explained the last session she had done prior to being interviewed: “[The client] told me, ‘I cheated on my wife. I want you to punish me for that. Do whatever you want.’ So I pretty much did just a heavy corporal session. I also did some breath-play with him, and I tied him up in a noose but I didn’t hold it for very long for obvious reasons.” A Bay Area woman told me, similarly:

A lot of times a lot of people are exploring their own dark sides or learning things about themselves. I certainly do some—some of the beatings I do are very clearly atonement ritual things. ‘I feel guilty about something. This is the only way I know how to let it go—to be punished for it so I can be forgiven.’ And sometimes I don’t even know what I’m punishing them for. Or it’s this role-playing thing and it’s for, you know, making paper airplanes out of the collection envelopes in church and you’re a naughty, naughty boy. And clearly that’s not what it’s really about. But that psychological ritual is powerful and useful, even if you’re not doing it about what it’s really about. So clearly a lot of times it’s very therapeutic. [emphasis in original]

Respondents indicated that clients not only came to their dungeons to atone for things they had done but to work through wrongs which had been inflicted upon them—reliving traumatic experiences in order to gain control over them. One woman, for instance, described a middle-aged client who had been spurned by a female lover in his early 20s and was still ‘working through some abandonment issues’ from the incident. In one of their sessions, she tied him up and
told him she was leaving to go to the bar downstairs. She then retreated out of
sight but remained in the room:

And he’s saying, ‘Please don’t leave me. Please don’t leave me.’ And this is coming
from his gut, you know? I was a little bit afraid to go so deep into therapy; I’m
not trained as a therapist. But I opened the door, and I shut it – which is kind of
hard to do, because the person here is in pain. And then he broke out. I was really
staying inside the room, and I wasn’t really going out. You couldn’t see the door
from where he was, and it was completely silent, so he thought that he was alone.
He really sobbed – you know, a heart-wrenching sob. So I think that that was
therapy. I think that allowed him to get something out. As to what to do with it
after it comes out – which I think would be a second part of therapy – I suggested
he see a therapist. [emphases in original]

By re-enacting the scenario on his own terms, and being able to ‘break out’
of his bondage ropes, she indicated, he was able to take the first step toward
working past the trauma.

While this client came to the dungeon to work through an incident from his
adult life, ‘age play’, in which the client regresses to infancy or childhood, was
also a common session request. Respondents indicated that some of these scenes
involved the submissives working through childhood ordeals. One New York
City pro-domme who specializes in the administering of enemas, for instance,
told me that a number of her clients were men who had received enemas as
punishment when they were growing up. Another respondent – a woman in her
early 30s – contended, similarly, that many men come to her to work through
the ambiguity of their feelings about having been physically punished as
children:

If you get somebody that’s been hit as a child over the knee, there’s a good chance
that, God forbid, it was the hot babysitter or somebody that they kinda liked but
at that age they didn’t quite understand what that is. You’re touching bare flesh in
usually a no-no place, because of sexual overtones as an adult, and this person –
now they associate the sensation of spanking as being comforting and loving. And
also her knee might have been in the nether regions, kind of stimulating. So it’s
almost Pavlovian.

Respondents described ‘race play’, similarly, as a mechanism through which
clients could negotiate their anxiety by reproducing traumatic experiences on
their own terms. While the ‘typical’ client is a White male in his 40s who works
in a relatively high-status occupation, my respondents reported having worked
with a diversity of clients. Dommes in the New York metropolitan area were
more likely than Bay Area dommes to have seen men of color – including
Black, Hispanic, and Indian men – and several New York respondents also
indicated that they regularly saw Hasidic Jews. Clients who request ‘race
play’ sessions ask to be disparaged through the use of ethnic stereotypes and epithets – a process pro-dommes described as restoring power to the clients by, like re-enacting childhood trauma, providing them a degree of control over their own oppression. No women in this sample had received any requests for race play from White clients, but requests for this type of session were relatively common amongst clients of color.

It should be noted, however, that respondents not only spoke of race play as potentially therapeutic but also as sexually exciting for the clients because of the strong social proscriptions against racism – a phenomenon a Foucaultian might consider transgressive pleasure. One respondent, for instance, when asked to explain race play, replied,

It’s ‘Hey, nigger’, and the guy’s black. Or, ‘You stupid fucking kike.’ And bring out all the epithets. Everything you’re not supposed to say about that race. It’s taboo, and that’s part of it. Because of the taboo, it becomes an erotic thing to this person. I find it humorous. Also, I’m not racist. I’ll call my friends racial epithets, because I don’t believe it. I won’t use epithets if I don’t like the person.

Many pro-dommes spoke of their initial aversion to these types of sessions and, like this domme, distanced themselves from their dominatrix personas by emphasizing that they are not racist. The women in this sample tended to be well-educated, White liberals – a social group within which the prohibition against racial intolerance would be particularly strong. Some women indicated that, because of their extreme discomfort with the verbal material, they refused to do race play at all.

Interestingly, respondents also described race play as a mechanism through which clients could gain symbolic power by acting out the role of the dominant party in the racially-charged scenario. A common observation was that, while Black men prefer to see White dominatrices, in ‘sub’ or ‘switch’ sessions (sessions in which the woman becomes the submissive for all or part of the session) Black men prefer to dominate Black women. One Black domme who works out of Manhattan explained that this was true both in commercial dominance and lifestyle D/S: ‘Black subs tend to want to sub to White dommes. Probably that whole slave mentality thing going on. I do know of Black male doms that have Black female subs, but I don’t know of that many Black female doms who have Black male subs.’ An Asian-American domme, also from Manhattan, made a similar observation. Asked to describe the last race play session she did, she replied, ‘The client I had is Black, and he basically wanted me to call him racial slurs and act like he was a slave. And I felt a bit uncomfortable about it, but he told me that he was fine with it and that it was completely okay. He comes to the House sometimes but if he sees a Black mistress, he’ll want the tables turned around, where he’s calling her racial slurs instead.’ This observation about racial trends in D/S partner selection suggests that clients experienced race play as revitalizing in two opposite ways that operate under the same basic principle: either
by reproducing racial hierarchies on their own terms or *subverting* them on their terms.

Other types of session that respondents commonly discussed in ‘therapeutic’ terms were ‘humiliation scenes’ – scenarios in which the submissive is shamed, ultimately to have his worth reaffirmed. A San Francisco-based pro-domme and psychology graduate student, for instance, indicated that she will do ‘humiliation but not degradation’, explaining, ‘My intent is to always build someone up. And, oftentimes, even if you’re humiliating someone, the result is, in the end, they’re a stronger person. Degradation is where you’re actually tearing the psyche apart, I think. And, to me, that’s where the line is, so I won’t go there.’ Another Bay Area respondent, who has been in the industry since the early 1980s, explained that even degradation could be therapeutic, if undertaken in an atmosphere of trust and if ultimately the client was reassured of his own value:

*I: Would you consider yourself a sex worker?*

*R: I wouldn’t consider myself a sex worker. I consider myself a psycho-erotic worker ... Because there’s a lot of healing in people being accepted for their taboo ... To be heard for who you are is very therapeutic. To be dommed, to be receiving the secret fantasy that you want. ‘I want to be degraded. And I want to be okay when I’m done being degraded.’ That’s usually therapeutic, rather than keeping this fantasy hidden ... So ... I would tell them, at the end of the session, how much I appreciated what they were able to receive. If I was doing humiliation, I will tell them, ‘Okay, now come back to yourself. You are no longer a pig or a dog or whatever. It’s okay. It’s okay to be a slut. Now get back to yourself. I really appreciated what you let yourself be with me.’ So it’s a whole thing about trust and letting out this part of yourself that needs to come out.

Here, the respondent engages in two facets of the therapeutic discourse, combining rhetoric about the therapeutic benefits of humiliation with the rhetoric, explored earlier, about BDSM in the dungeon as a positive alternative to sexual repression. It should be emphasized that the discourse about therapy through humiliation is distinct from the discourse about therapy through atonement. In humiliation scenes, rather than doing penance for misdeeds, a client has his desires paradoxically affirmed and normalized through the process of shaming.

This narrative about the reaffirmation of the self through shame has some interesting correlates within the sociology of emotions literature. Sara Ahmed, for instance, argues that shame and pride are similarly-structured emotions. Drawing upon John Braithwaite (1989), she asserts that shame ‘may be restorative only when the shamed other can “show” that its failure to measure up to a social ideal is temporary’ (Ahmed, 2004: 107 emphasis in original), adding that shame can be transformed into pride (Ahmed, 2004: 110). Similarly, pro-dommes’ discussions of their work as therapeutic suggest that the process of
shaming confirms that which the client is not – that is, ‘You are no longer a pig or a dog or whatever.’ Under this theory, the client – in being called a slut, a sissy, a slave, an animal – ultimately finds redemption in the fact that his engagement in these roles has been ephemeral. The man being shamed for cheating on his wife, likewise, reaffirms that his ego ideal does not commit such acts. Clients of pro-dommes, then, wish to be shamed, but only certain ways – ways they can experience as recuperative in the end.

**Therapy, social class, and the ‘Spiderman’s Uncle’ phenomenon**

One particularly interesting facet of the therapeutic discourse is that it sheds light on the class dimensions of commercial BDSM. As indicated, the typical dungeon client is a well-educated, upper-middle-class White man who works in a position of power. While one reason for this trend is economic constraint – most pro-dommes charge at least $100 per hour – individuals who engage in non-commercial BDSM also tend to be relatively well-educated White people from middle-class or upper-middle-class backgrounds. Prior research supports this correlation. Raymond Eve and Donald Renslow, analyzing questionnaire data from students at a southern public university, for instance, concluded that the higher the students’ socioeconomic status, ‘the greater the probability that they had either fantasized about (or actually engaged in) bondage-type behaviors’ (Eve and Renslow, 1980: 103; see also Moser and Levitt, 1987; Sandnabba et al., 1999; Spengler, 1977).

The description that pro-dommes used to explain the high percentage of clients who were men in positions of power is something that I have come to call the ‘Spiderman’s Uncle’ narrative. In the 2002 film *Spiderman*, the protagonist’s uncle cautions him, ‘With great power comes great responsibility.’ Pro-dommes commonly argued that clients in high-status occupations pay them for the relief of having the burden of power temporarily removed. As one respondent told me, ‘They have to make decisions every day. Million dollar decisions. And they’re always in control. Every once in a while they just wanna let go of everything and have somebody else do decisions, even if it is for an hour.’ Another respondent echoed this sentiment:

> It’s a White privilege thing. The more power you have, the more you wanna give it up. That’s how it works. If you don’t have any power, you don’t wanna give it up. Just think about it: if you’re working in a factory and somebody’s bossing you around all day, you don’t wanna be at your knees at some woman’s feet. Granted, there are exceptions, but basically not.

Their analysis of the psychological benefits of surrendering power and responsibility is in line with prior research on sadomasochism. Psychologist Roy Baumeister, for instance, positing masochism as ‘essentially an attempt
to escape from self, in the sense of achieving a loss of high-level self awareness’, explains,

The requirements of making decisions under pressure or uncertainty, of taking responsibility for actions that may disappoint or harm others, of maintaining a favorable public and private image of self despite all threats and challenges, and of asserting control over a recalcitrant social environment can become oppressive and stressful and can foster desires to escape. (Baumeister, 1988: 29)

Interestingly, Baumeister’s theory serves as an example of the BDSM-as-therapy rhetoric while containing whispers of the same underlying normativity that has historically marked pathologizing discourses. For Baumeister, masochism becomes psychologically useful because life has grown ‘oppressive and stressful’ – that is, masochism is still a behavior that is resorted to when something is wrong. Thus, he simultaneously points to the psychological benefits of such practices while leaving normative sexual paradigms intact. In their efforts to discursively normalize BDSM, some of my respondents fell into the same trap. They mobilized an argument virtually identical to Baumeister’s to illuminate the underlying mechanisms behind professional BDSM as a classed activity – that is, they interpreted their clients’ participation in these activities as a temporary psychological reprieve from the ‘pressure’ and ‘responsibility’ of their lives as elites.

Touch therapy/talk therapy: Outsourcing intimate labor

One dimension of the therapeutic discourse is not related to BDSM in particular but concerns the performing of emotional and physical activities that are traditionally the functions of romantic partners. This outsourcing of intimate labor, however, is not unique to a visit to the dungeon. Viviana Zelizer explains, for instance, that ‘routine social life makes us all experts in the purchase of intimacy’, in the sense that individuals ‘often mingle economic activity with intimacy. The two often sustain each other’ (Zelizer, 2005: 1). Pro-dommes, in particular, engage in two important facets of emotional labor – soothing physical contact and personal conversations.

A common contention among women I interviewed was that some clients come to the dungeon for the intimate – though not necessarily erotic – skin-on-skin experiences that they are lacking in their private lives. ‘You know, people just don’t get touched’, one pro-domme explained (emphasis in original). ‘A lot of them, especially with the older ones, it’s “Since my wife died, I haven’t been able to feel vulnerable with someone”’. Another respondent echoed this point: ‘I spend a certain amount of time petting people’s arms or stroking their backs or things like that, because so many of my clients are so touch-starved.’ She went on to describe her interactions with a specific client, whose wife had been undergoing cancer treatments, ‘And he would see me for a two-hour
session, and I would dress him up, and then I would, like, cuddle him. And, really, what he needed was to get away from the stress of being really, really scared about his wife.’ Since his wife’s cancer had gone into remission, the respondent indicated, ‘He doesn’t see me nearly as much. He’s not as stressed out as much.’ Here, again, we see the dungeon framed as an environment in which clients experience relief from real-world pressures, but we also see an assertion about the positive psychological effects of physical contact. The claim that pro-dommes make about the ‘touch-starved’ quality of many of their clients, further, suggests something profound about the function of the commercial dungeon within postmodern life. It implies that the increasing technologization and physical detachedness within contemporary society contribute to the demand for these kinds of services, and it conceptualizes what happens in the dungeon as not only penance for particular wrongs an individual has inflicted upon others or as restorative for wrongs that have been inflicted upon him but, essentially, as therapy.

Respondents indicated that talking to clients, furthermore, was sometimes just as important as administering touch. Asked if she had ever done anything different from what had been agreed upon prior to a session, a pro-domme with a dungeon in Brooklyn replied:

Well, the one that comes to mind is the one where it was supposed to be a wrestling session and the guy showed up and was like, ‘I have a cold. Let’s just chat instead.’ I got to hear an awful lot about being a pediatrician that day. And I sat there in my tiny little thong, and he sat there, and we just chatted, and I think he was very happy that he got a chance to talk to someone.

Other respondents ensconced their rhetoric about the importance of conversation more explicitly within the therapeutic discourse, as demonstrated in the following excerpt from an interview with a Manhattan-based pro-domme:

I: What do you like most about being a domme?

R: Mostly the power and control. And I like that you’re kind of a therapist to these people, and we all have something in common together. And even if it’s just for an hour, they’re really going to trust me to do what they really want done. A lot of the clients that I get, they usually talk to me about their problems because their wives or their girlfriends don’t wanna hear it. So they end up telling me about their problems, and sometimes they come just for that, instead of paying a therapist. But they also feel like there’s some stuff they can’t talk to their wives or their girlfriends about – like, their interests and their fantasies. So they usually come to us instead, because they know that we cater to those.

This concept of the dungeon as a confessional space in which the act of talking proves psychologically beneficial has correlates in other professions.
Consider, for instance, the common image of the bartender as a kind of therapist who provides not only alcohol but a sympathetic ear. Another parallel lies in the ethnographic process, in the relationship between the researcher and his or her respondent. In her study of sex workers, Elizabeth Bernstein describes how a man who had visited prostitutes ‘bubbled over with emotion when he noted at the end of our interview how much he appreciated talking to me, especially given how much cheaper it was than a visit to his psychotherapist’ (Bernstein, 2007: 198). Like the barfly who confides in the bartender or the respondent confessing to the ethnographer, the client coming in ‘just to talk’ gets interpreted as undergoing a purging of the psyche. The discourse of ‘talk therapy’, like the discourse of ‘touch therapy’, suggests that, in contemporary American society, clients who do not have intimate ties (and even some who do) can purchase the kinds of emotional attention that such ties would provide, within the walls of the dungeon.7

BDSM as therapy? Potential issues

While this article focuses on the content of the therapeutic discourse, the consequences of defining professional erotic dominance as a form of therapy cannot be ignored. In light of the fact that pro-dommes conceptualize some of their practices as forms of emotional labor, one potential issue with their therapeutic paradigm is that it reinforces the link between caring work and the feminine that, some have argued, facilitates occupational gender segregation. In The Managed Heart: Commercialization of Human Feeling, Arlie Hochschild observes that roughly one-third of American workers, and one-half of all women working have occupations that require substantial emotional labor (Hochschild, 2003: 11). And Becker brings up this issue with modern therapeutic culture both inside and outside of the occupational sphere, arguing that this emphasis on the therapeutic has resulted in the colonization of women’s psyches. ‘What the therapeutic culture offers women’, she contends, ‘... is merely a type of compensatory power that supports and reproduces the existing societal power/gender arrangements by obviating the need for social action to alter them, as women continue to perform the “emotion work” of society, both domestically and professionally’ (Becker, 2005: 3).

This connection between femaleness and emotion work has been particularly salient within the realm of commercial sexuality, as the ability to care for a client, whether real or simulated, is a central component of success within various kinds of sex work (See, for instance, Frank, 2002; Hansen et al., 2002: 297). As indicated, it is not uncommon for a client to request that his dominatrix cuddle him and speak soothingly to him – aspects of the industry that have correlates within other forms of erotic labor. Bernstein, for instance, makes the point that the ‘Girlfriend Experience’ is a highly sought after facet of the client/prostitute exchange. ‘Even when the encounter lasts only a few minutes’, she observes, ‘from the client’s perspective it may represent a meaningful and
authentic form of interpersonal exchange. For these men, what is, at least ideally, being purchased is a sexual connection that is premised on bounded authenticity’ (Bernstein, 2007: 126). Janet Lever and Deanne Dolnick, similarly, point to call girls’ ability to feign a meaningful exchange: ‘Both client and call girl agree to pretend that her caring and sexual attraction for him are real’ (Lever and Dolnick, 2000: 86; emphasis in original). Paradoxically, pro-dommes, though whip-wielding and ostensibly ‘cruel’, perpetuate the connection between femininity, eroticism, and caring work that has marked these other realms of commercialized eroticism, reinforcing normatively-gendered occupational roles in ways that are potentially problematic.

The reconstitution of this historically pathologized practice as psychologically beneficial is potentially problematic for other reasons as well. First, if dominatrices were to have the option of becoming licensed mental health professionals, this might serve to de-legitimize those pro-dommes who would not receive such credentials, as well as framing non-normative sexuality as the province of the psychiatric community. Chapkis discusses these same potential issues with the reclassification of prostitution as ‘sex therapy’:

Many of the problems with re-organizing prostitution as a form of ‘sex therapy’ resemble those associated with all forms of professionalization through licensing. Not only would such a strategy fail to address the stigmatization of those unable or unwilling to be ‘credentialed’, it inadvertently reinforces class prejudice by assuming that professionals alone deserve social courtesy and respect ... In addition, redefining prostitution as sex therapy serves to further pathologize non-marital, non-monogamous sexuality by placing it under the control of medical personnel. (Chapkis, 1997: 194)

A potential issue with the discourse of BDSM as therapeutic, similarly, is that it inadvertently pathologizes these practices – that is, the story will go, ‘If dominatrices are therapists then there must be something psychologically wrong with people who see dominatrices.’ Recall, for instance, the pro-domme who asserted that some of her clients would be off ‘mutilating animals and killing hookers’ were it not for the existence of BDSM dungeons. Redefining professional D/S as therapy, in short, may medicalize the very impulses that many pro-dommes seek to interpret as normal and healthy. Of course, on the flip side, such legitimation might also function to de-taboo commercial erotic activities and could potentially lead to a decrease in the subversive pleasure some clients derive from engaging in these practices. Would either erotic labor or BDSM exist in the forms that we know them today, were they to lose their ‘guilty pleasure’ characteristics? This is an important question for further critical reflection.

However, unless such a system of credentialing were set in place, classifying pro-dommes as mental health providers could prove potentially dangerous in that it presupposes a familiarity with the principles of psychology that not all of
them have. Some of the more psychologically intense sessions can open up clients’ old emotional wounds, and describing the dominatrix as a ‘therapist’ implies that she has the technical training to be able to deal with these wounds once they have been exposed. Some respondents described clients who had experienced ‘freakouts’ during sessions – most commonly, war veterans whose post-traumatic stress disorder had been triggered within the contexts of particular scenes. In a standard response to the interview question ‘Have you ever had a medical issue with a client?’ one pro-domme put it, ‘I think that the physical risks are much smaller than the psychological damage you can do to people.’ Another respondent concurred, ‘I’m really leery of opening up people’s psyches in the way that you can with this and dumping stuff in there that isn’t good for them, that isn’t productive. I don’t want anybody to leave sessions with me feeling worse about themselves.’ Ascertaining which pro-dommes are ‘fit’ to be licensed to open up their clients’ psyches and which are not would be a difficult task. Who would be charged with making that differentiation? Furthermore, credentialing may not necessarily lead to safer dungeon experiences, though it might create the false impression that the risk of harm has been lessened.

A final potential issue with the ‘therapy’ paradigm is that, in identifying as ‘therapists’, some pro-dommes felt that they were absolving clients of conduct with which they personally did not agree. Just as some women refused to do race play because they were uncomfortable with reproducing that kind of intolerance, several respondents indicated a deep ambivalence about their roles as ‘therapists’ when it came to scenarios they found morally repugnant. One type of session that elicited this attitude was ‘Nazi play’ – an aspect of BDSM made notorious in March of 2008 when the British tabloid News of the World came out with the story that Max Mosley, head of Formula One’s governing body, had been caught in a Nazi-themed sadomasochistic orgy. Other instances that emerged which were marked by this kind of ambivalence were atonement sessions with men who claimed to have mistreated their wives. Several respondents indicated that, by allowing these men to ‘atone’ for these transgressions, they felt they were condoning and encouraging reprehensible behavior.

This notion of BDSM as potentially validating violence within intimate relationships intersects with much of the ‘Radical’ Feminist literature about sadomasochism. Catharine MacKinnon, who has called for a ban on sadomasochistic pornography, has argued that such pornography perpetuates the connection between sex and violence that is a key factor in female oppression. Even when the aggression emanates from women, MacKinnon argues, SM upholds ‘the standard sexual arrangement’ that supports and reflects men’s dominion over women (MacKinnon, 1994: 270). It is important to note, however, that the pro-dommes in this sample were, overwhelmingly, women who felt positively about the fact that they were combining consented-upon physical aggression (most of them would not consider it ‘violence’) and eroticism for a living – hence the therapeutic discourse. There were moments when they felt ill
at ease with the practices in which they were participating, and in some circumstances it is possible they deployed the therapeutic discourse to neutralize their own worries about their practices. That is, in these cases, the therapy discourse itself could have been born out of this impulse to neutralize. However, the sessions in which they felt that their work was normalizing unhealthy forms of aggression were the exceptions, not the rule.

Conclusions

The discourse employed by the women I interviewed frames ‘therapy’ more broadly than it has been traditionally, conceptualizing it as potentially inclusive of activities that had previously been viewed as pathological and destructive. It also reinterprets the way we think about both erotic labor and BDSM, construing commercial D/S as an alternative to repression, a mechanism for atonement, a device for confronting past trauma, and a psychological reprieve from the pressures of postmodern life. A large part of the ‘therapy’ being offered in the dungeon is that the clients are able to express these desires that have historically been conceptualized as problematic and pathological, in a context that is free from social judgment or reverberations. In positing commercial BDSM as psychologically beneficial, pro-dommes invert the historical paradigm that has classified sadomasochistic tendencies as a psychological condition, reconceptualizing SM activities as healthy and beneficial.

Another useful way of framing this rhetorical flip is in Foucaultian terms: that is, BDSM practitioners comprise a group that has mobilized a particular reverse discourse in response to its historical oppression. Michel Foucault observes that there is a ‘tactical polyvalence of discourses’ involved in the exercise of power; he notes that discourses employed by those in positions of power can become ‘a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy’ (Foucault, 1978: 100–101). Within BDSM-as-therapy rhetoric, accordingly, the discourse of medicalization becomes reappropriated as an instrument of resistance against the disease-paradigm mobilized by those in positions of power (the medical and legal communities, for instance).

Foucault made his point about reverse discourse in the context of homosexuality – a fact that provides a starting point for thinking about the other erotic contexts in which this inversion of the disease-paradigm has occurred. Homosexuality was originally listed in the DSM as a psychological disorder. The act of ‘coming out’, experienced by many LGBTQ individuals as liberating, is now coming to be seen by mental health professionals as one remedy for internal anguish. Prostitution, which has been an issue of concern within the psychiatric community, as we have seen, also has been reinterpreted as a form of ‘sex therapy’ by some participants. Another related case is that of female masturbatory aids. Elsewhere, I have noted that, in US legal battles concerning the distribution of sex toys, the courts have conceptualized these products as ‘therapeutic’ devices. However, in framing vibrators and other sex toys as
treatments for sexual ‘dysfunctions’, they affirm normative, dyadic sex and inherently deny the validity of female masturbation as a healthful activity for ‘normal’ women (Lindemann, 2006). As this case demonstrates, by reconstituting pathology as treatment, participants in non-normative erotic practices run the risk of creating an even stronger link between sexual deviation and medicalization – a potential consequence that cannot be ignored of identifying professional D/S as a form of erotic therapy.

Nonetheless, this discourse sheds an important light on one way in which sexual disease-paradigms can get interpreted on the ground, as participants work within the medical rubric to redefine their actions not only as valid, but as beneficial. It is just one example of the inversion of a sexual disease paradigm and speaks to the importance of notions of ‘the therapeutic’ outside of the healthcare sphere, even in a perhaps unexpected commercial erotic space. It is also a useful addition to the conversation about erotic labor as ‘sex therapy’ in the sense that it allows us to evaluate the content of these claims as they emanate from the laborers themselves. While the pro-dommes I interviewed make a useful and intriguing discursive move, however, we should be wary of accepting it at face value and be mindful of the potential consequences – theoretical, social, and physical – of this dramatic reconceptualization.

Notes
1. A book in the BDSM (‘Bondage, Discipline, Sadism, Masochism’) literary canon, recommended to me by several respondents, defines ‘bondage’ as ‘Physical materials applied to a submissive to restrain their ability to move and/or to otherwise restrict them. Also, the act of placing the submissive in such materials’ (Wiseman, 1996: 368).
2. One might argue that, in both spheres, ‘consensual/non-consensual’ is a false dichotomy, and that ‘freedom’ is more nuanced than such a binary would suggest. I do not dispute that human agency is a murky concept and that individuals make choices under the constraints of their locations within social configurations of race, class, gender, and sexuality. However, here, I am making the distinction between ‘consensual’ erotic activities that are purchased by clients who enter into the dungeon for these purposes and ‘forced’ sadomasochistic acts, such as sexual assault.
3. It is important to note that there have been other historical contexts in which erotic laborers were given professional respect; consider, for instance, the ancient understanding of temple whores. Along the same lines, in an essay entitled ‘The dominant woman as priestess and sacred whore’, author Pat Califia has framed the dominant woman as ‘a type of sacred prostitute’ (Califia, 1997: 72).
4. While such a question may seem superfluous, I had concluded that the absence of the therapy discourse in some cases might be potentially significant – that is, I wanted to hear from those pro-dommes (if they existed) who actively did not consider themselves therapists. Interestingly, few respondents had strong feelings about not being therapists, aside from those (discussed elsewhere in this article) who felt that they did not have the proper psychological training to warrant such a descriptor.
5. The difference between the three is primarily semantic.
6. Such an observation suggests that, in a world where BDSM were de-tabooed and de-pathologized, the ‘therapy’ offered in commercial dungeons might no longer be necessary.

7. Another potential benefit to the clients is that, unlike in the case of traditional romantic entanglements, the emotional ties made in the dungeon can be (though sometimes not) fleeting and transactional. This aspect of the dungeon is shared by other forms of erotic labor; Bernstein, for instance, discusses the ‘bounded authenticity’ (Bernstein, 2007) involved in prostitute/client transactions.

8. Mosley has since admitted to the sadomasochism but denied the Nazi overtones and successfully sued the tabloid.

References


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