

## Washington University Class Notes: Cutting and Kink – April 1, 2014

### **2 min Slide 1: Cover**

Introductions; Resource packet on chairs

**Lee Harrington** is an internationally known spiritual and erotic authenticity educator, gender explorer, eclectic artist and award-winning author and editor on human erotic and sacred experience. He is a nice guy with a disarmingly down to earth approach to the fact that we are each beautifully complex ecosystems, and we deserve to examine the human experience from that lens. He's been traveling the globe (from Seattle to Sydney, Berlin to Boston), teaching and talking about sexuality, psychology, faith, desire and more, and is grateful for the journeys and love he has found along the way. He has been an academic and a female adult film performer, a world-class sexual adventurer, a published fetish photographer, an outspoken philosopher, is a kink/bondage expert, and has been blogging about sex and spirituality since 1998.

His books include *More Shibari You Can Use: Passionate Rope Bondage and Intimate Connection*, *Playing Well With Others: Your Guide to Discovering, Exploring and Negotiating the Kink*, *Leather and BDSM Communities* (with Mollena Williams), *Sacred Kink: The Eightfold Paths of BDSM and Beyond*, *Shibari You Can Use: Japanese Rope Bondage and Erotic Macramé*, the *Toybag Guide to Age Play*, and *Shed Skins: Journeying in Self-Portraits*. He has also worked as an anthology editor on such projects as *Rope, Bondage, and Power* and *Spirit of Desire: Personal Explorations of Sacred Kink*, while contributing actively to other anthologies, magazines, blogs, and collaborations.

Check out the trouble Lee has been getting into, as well as his regular podcast, tour schedule, free essays, videos, coaching, and more over at [www.PassionAndSoul.com](http://www.PassionAndSoul.com).

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MorpheusNYC has taught sexuality classes for 12 years for a variety of universities and alternative communities. During this time, his focus has been on building bridges between different groups regardless of gender, sexuality, identity or preference- whether working with local organizations

or appearing on national television. He has served on the board of The Society of Janus in San Francisco, as Key Organizer of the National Polyamory Leadership Summit and is currently on the Senior Staff of The Floating World in New Jersey, as well as founding the NYC ALT Events Calendar. Working with all of these different communities allowed him to found the Pleasure Positive Movement based on the Pleasure Positive Principle.

## **1 min Slide 2: Disclosure**

- No financial disclosures.
- This presentation was originally designed for the 2009 AASECT (American Association for Sexuality Educators, Counselors and Therapists) National Conference.
- The choice for this topic was chosen by MorpheusNYC and myself partially based on our mutual shared history in the BDSM communities, and by a variety of conversations we had with therapists and academics concerning a belief in the correlation between the topics of SI, BDSM and Body Mod. It led to a curiosity as to whether our theories and beliefs correlated with the experiences of the participants in these intersecting populations.
- As of this time, I have been in the public Kink communities for 17 years, and though this material is being presented from material gathered through academic research, surveys and interview responses, questions at the end of the presentation will pull upon my first-hand knowledge within those communities as well.
- Potentially triggering material for those in the room with self-injurious behavioral history, and there may be material that is considered edgy, disturbing or extreme for other attendees.
- Please keep in mind your own perspective is not necessarily that of the participants in the surveys, or of other voices relating to the topics of Self-Injurious behavior, BDSM, and Body Modification.

## **1 min Slide 3: Literary Perspectives**

- “Just because there is a culture that supports something doesn’t mean it’s healthy,” says SAFE’s Karen Conterio. “In my opinion, reclaiming one’s body by mutilating it is pathological.”  
- Marilee Strong, “A Bright Red Scream”
- There are many possible reasons why a person can fuse pain with pleasure, perhaps not very different from those who fuse violence or inflict cruelty upon others with pleasure.  
-Steven Levenkron, “Cutting”

## **1 min Slide 4: Additional Literary Perspectives**

- Uglification [including dyeing their hair pink or green, wearing head-to-toe black with clunky shoes, nose rings, and belly button rings], in our view, is an unconscious effort by young people to protect themselves against premature sexuality. Self-Injury is a pathological extreme of this.  
- Karen Conterio and Wendy Lader, PhD, “Bodily Harm”
- When someone decides to pierce or tattoo their a part of his or her body, he or she feels pain, and dislikes it.  
- Steven Levenkron, “Cutting”

## **3 min Slide 5: Other Voices**

- **5,000 years of Body Modification**  
Tattoos on preserved bodies
- **Over 100 years of modern consensual BDSM/Kink**  
Records of “Birching Disciplinarians” advertising their trade in the 1857, formal gay leather motorcycle clubs forming with The Satyrs in 1954, and the first known educational/support BDSM organization The Eulenspiegel Society (TES) founded in 1971. ((CONTINUES)))

- **...and numerous other touching transformation stories of how BDSM/Kink or Body Modification had positively transformed not only their Self-injurious practices, but multiple areas of their lives.**
- Thus, we chose to do initial explorations into this concept and see whether it applied to a larger audience with a history of self-injuries practices.

## **2 min    Slide 6: Definitions**

- **Self Injury:** Self-Injury is any behavior pattern that damages, harms, or inflicts extreme sensation to one's body as a conscious or unconscious response to some form of emotional or mental distress.
- **BDSM/Kink:** BDSM is consensual, aware and intentional bondage, discipline, dominance, submission, sadism and masochism; Kink is defined as consensual, aware and intentional BDSM, fetishism, voyeurism, exhibitionism, role playing, sensory play and other forms of adventurous sexual exploration.
- **Body Modification:** Body Modification is defined as consensual, aware and intentional permanent or semi-permanent altering of the human body for non-medical reasons, such as: sexual enhancement; a rite of passage; aesthetic reasons; denoting affiliation, trust and loyalty; religious/mystical reasons; shock value; and self-expression.

## Slide 7: Round 1 Survey

- **Initial Call:** Posted call for individuals to be surveyed for preliminary exploratory survey. 25 applicants, 10 chosen for representational demographics of overall applicants.
- **Survey Length:** Survey contained 341 Questions, 26 of which were essay questions. All others were multiple choice or short answer (i.e. age). If a respondent was only involved in BDSM/Kink \*or\* Body Modification (not both), their survey contained 227 questions.
- **Participants:** 10 digitally recorded phone interviews in total (and 11 surveys) were conducted, with 10 participants.
- **Length:** Recorded interviews ranged in length from 45 minutes to 2.5 hours.

The following were the information that evolved from Round 1

## Slide 8: Demographics

- 10/11 Participants from across North America
- Ages 19-42
- 6/7 Females, 2 Males and 2 FtMs (I recall gender breakdown slightly higher than what was reflected in the 25, whose numbers I could not find preparing for this presentation)
- 11/11 involved with BDSM/Kink
- 9/11 involved with Body Modification
- 8/11 had been sexually traumatized or abused
- 9/11 had been physically, emotionally or psychologically traumatized or abused

## **Slide 9: When not engaging in it...**

Answers for SI varied by respondent, ALL felt positive (1 neutral) about BDSM/Kink and Body Mod

Q03 - "after SI i felt shame, relief, but hid what i did, with kink i am happy, loved and grounded and body mod i am high, happy and proud"

## **Slide 10: Perceptions and Masking**

To take the survey, respondents had to self-report as having done SI in past or present. These folks know what SI is, and the large bulk do not feel their activities are a form of SI.

Q03 "SI highs were more of a release, allowing me to cry, but with much sadness as well, BDSM allows me release, good cry and only happy calm after. The high from body mod differs on the type, but generally i am satisfied, released, exstatic, joyful and feel great about life for a long time after, even weeks."

Q12 "Eating chocolate cake at a birthday party or after dinner is healthy, eating chocolate cake after your boyfriend broke up with you and you want to get high is not healthy. It is about intention. BDSM/kink turns it into the birthday party."

Q09 Essay 6 - "BDSM allows me to release all emotions. SI was a way to stop the emotions from coming out anymore."

## **Slide 11: More likely to self-injure?**

Literature talks about SI rates going up looking at or talking about SI

This is not showing to be the case with Kink/BodyMod

Q07 Essay 8 - "...when I was self injuring a part of it was because I did not fit in. I was an outcast, often made fun of. Those in the scene accepted me for me. That went a long way to separating the sensations I enjoyed from self injury, from the punishment I was giving myself for not being normal."

## **Slide 12: Frequency and Severity**

Fear from many that because doing more extreme stuff, SI will become more often/extreme

This is not the case

Q07 "The last time I self injured it wasn't an issue of BDSM not being available as much as being so upset with myself and everything around me that I needed to harm myself."

## **Slide 13: Safer Methods**

Even if Self injuring, felt they had learned safer methods, tools or techniques

Q08 – "I came into the scene with a bang, having a life altering experience with suspension hooks and bdsm as ritual; I was exposed immediately to blood safety procedures, and learned that it was not something to hide, that I could be involved with other people instead of being all shut off."

This becomes a question of whether "safer" methods encourage continued SI behaviors, out of a belief that in doing these behaviors more safely, it is more acceptable.

## Slide 14: Overall health

### Overall health up BDSM/Kink or Body Mod

The challenge is the discussion of “what is healthy.” What is deemed healthy by the client may not match with the definition of the therapist.

As BDSM and other body-intense practices have been shown to change levels of cortisol of “players,” as well as creating other altered states of consciousness – a dialogue can be had between the client as to whether entering into such altered states (if it is the case) is being beneficial towards their life, or having a negative outcome based on participation. Dialogues around a comparison with alcohol consumption or sports obsession (chemical issues) may be worthwhile for future research.

As for BDSM being a negative affect towards overall health, there was reported one case in the survey of kink involvement being the trigger for SI.

NCSF (National Coalition for Sexual Freedom) 2012 survey, 30% of individuals surveyed who practice BDSM said that they had a pre-negotiated limit violated during the course of a “scene” or relationship. National Violence Against Survey in 2006 said 1 out of 6 women and 1 out of 33 men had experienced attempted or “completed” rape, making this seem like nearly twice the national standard. However, the definition of what a “pre-negotiated limit” or the word “violated” were not defined in the NCSF study.

Q06 - "I entered the kink community on the day of my 18th birthday. I immediately ran into a predator. My first play partner became my first dom, and then my first rapist and abuser. Over a four day period he tricked and coerced me repeatedly into having unprotected sex with him, ignored my safeword and requests to stop, and at one point slipped me a date rape drug, resulting in a 12 hour long gap in my memory during which anything could have happened. After, he gave me a hundred dollar bill for no apparent reason. I used part of it to buy the morning after pill, and another part to get my lip pierced. That was my first piercing and the only one that I suspect, in retrospect, had anything to do with self injury. But I still feel very positive about it, even though technically the piece of surgical steel in my lip represents part of that crumpled 100 dollar bill, soaked with his sweat, that was so much less than compensation and so much more than an insult. Not

too long after, I began experiencing intense symptoms of post traumatic stress disorder-- flashbacks, memory loss, nightmares, psychosomatic symptoms. I thought I was going crazy. I began burning myself regularly with matches because I discovered that the pain helped me focus on the present moment, instead of on my memories. I tried cutting but it didn't give me the same high. I even tried to use BDSM-type techniques, like clamps, and hot wax, to replace my self injury but it didn't work. Apparently the whole point of the SI was that I KNEW damn well it was unhealthy. I was in a really bad place for about a year, and for a time, seriously considered suicide. The moment that my life really turned around was when I decided not to kill myself, and then realized that, in choosing to live, I had made my life my own for the first time. This realization gave me the strength I needed to move forward in my healing, lessen my self injury, and also go ahead with my transition to male. Things are better. I still drink too much occasionally. I haven't burned myself in a few months but I don't consider myself "cured." I know that if the going gets tough enough I will probably do it again."

## **Slide 15: Therapist Reactions/Awareness**

3 of the 6 respondents affected by therapist reactions affected their freq/severity

Positivity more important than awareness

Only "Strong Disagree" on how to choose came from an armed services spouse who feels she has no choice in who she sees

Q05- "Probably the most harmful was when a counselor actually told me that I was "too fucked up" for her to see because of my BDSM/Kink related activities. I had seen her twice and been very up front and honest about my lifestyle, and she said that at the third appointment. I spent the next week curled up in a ball, not eating, barely drinking or moving.. and the next three months having the worst relapse in the last several years with my self-injury. "

((CONTINUES))

GROUP TREATMENT - Q10 “when was 16/17 when first IDing as kinky, group therapy teen girls general life issues group (therapist said group would be a good place to discuss), girls responded with “that’s just sick/disgusting”, immediately after Self Injured; Therapist did not intervene in any way- could have said “you don’t agree, but don’t judge”

**Things Round 1 interviewees have found most helpful from clinicians-** being non-judgmental about it, admitting ignorance and sought information, being respectfully interested, facial neutrality, asking me why

**Things interviewees have found most harmful include-** disgust, revulsion, not seeing a person as being inherently unstable or evil, telling them they were unhelpable or broken for their desires or activities, assuming that I am just like the last person who had SI/did Kink/engaged in Body Modification who they met.

In addition, we strongly recommend using open ended questions as they make you far less likely to sound judgmental, and gather better information for further conversation. Examples are provided in your take-home handout.

## **Slide 16: Medications, Kink and BodyMod**

Some medications have an affect on not just enjoyment of BDSM/Kink or Body Mod, but of overall life.

Some clients may be medically non-compliant if this is the case. This may correlate with reports of medications affecting sex drive and interest, but to our knowledge, no research has been done at this time.

As the project continues, we believe it would be useful to ask what medications people have had these challenges with to help better look into this issue.

Q 05 “Depression treatment- not depressed, I was nothing, could not feel anything, thus no reason to do BDSM or Body Mod”

## **Slide 17: Contracts, Control and D/s**

In therapeutic settings, the notion of self-injury, suicidal ideation or therapeutic contracts have been in use for quite some time.

In this survey section, we however addressed whether access to, or contracts and control, with others who can do BDSM or Body Mod with the respondent, affected their rates of SI. Instead of SI contracts with therapists, their relationships developed their own agreements or contracts around SI.

This varied rather notably between participants.

Q08 - Tool kit (non-judgemental refill but talk )

Q05 – “I was used to running myself into the ground, I would cut and start over. He made me take care about my body- eat, sleeping, cutting, set goals before next tat/piercing, shower every day- basic self care that I had to relearn”

The first presents the dominant partner as a gateway provider for tools of self-injury. It might be seen as encouragement or holding of status-quo for SI. It might also be a lowering for some individuals, and an increase of safer practices.

In the second, the dominant has stepped in a parental figure/re-parenting.

In both cases, the dominant may be seen as stepping in as an adjunct therapist for their partner. One of the statements in the kink community is that “Kink may be therapeutic, but it is not therapy.” The blurring of these lines in some consensually non-egalitarian relations may either encourage the SI partner to lower or even end their SI behaviors, or may do the opposite – anecdotally outside of the scope of the survey.

If using SI contracts with clients, it is important to have a dialogue that ascertains the difference between SI and BDSM activities or Body Modification. Such discussions may include the difference between hurting and harm, pleasure and numbing, pre-planning and compulsivity, desire and

panic, or sensation and self-injury. This will help inform what needs reported concerning the contract. (((CONTINUES)))

This also applies to what activities to “give up” or “transition out of.” Whether it is SI, or unhealthily expressed BDSM/Kink or Body Mod practices, until they have developed replacement coping mechanisms or had a chance to truly examine and process through the underlying reasons for the need for such mechanisms, replacement systems and tools are encouraged to be in place.

## **Slide 18: Therapeutic Kink and Body Mod**

Vast majority found helpful

**Made it successful** - Planned as being therapy vs it just happening as a cathartic release/therapy, connection with a partner, being in an emotionally stable and positive place, being able to process afterwards (to discuss, contemplate, evaluate or address emotions, concepts or issues that arouse) attentive aftercare (touch, affection, down-time, or any tool to ground/establish normalcy or connection), follow-up days afterwards

**Made it not go well** - Not closely connected with a partner, Both partners not discussing the methods for safety and acceptable context of a scene, inadequate aftercare/follow-up, doing things on the spur of the moment, doing things solitary

Of our survey respondents, one person who offers therapeutic Body Mod or Kink professionally shared this story:

Q02 - 8:45) Woman who was raped, ask to pierce hood- to claim body that had been violated. Pain under her terms. Wanted a male piercer to do it, not to fear another guy in that area. Was very clear, we talked about it before we did it. Made sure we closed shop in case she needed time, etc. Ended up breaking down while doing piercing, sobbing uncontrollably, amazingly powerful- intense for both of us. I was a wreck afterwards. She was going through the counseling, the piecing did more than any of the counseling, ritual around reclaiming... vs sitting in a room

## Slide 19: Marks and Scars

Vast majority felt better about their marks and scars

Q02- "Had scars on chest and arm, turned chest into Eye of Ra- symbol of power, strength, looking to future- turned into a reminder of moving forward... to do what needs done on a day to day basis. Scar over femoral artery, keep scar as reminder that "it's never that bad" – if I had succeeded..."

## Slide 20: Transformational BDSM/Kink

Vast majority found helped, one "strongly disagree" from Q06 whose story about being assaulted in the BDSM community that was shared earlier.

Q10 - "I learned through bdsm/kink and body modification how to negotiate with myself to control my self injury. ... A good dominant would not push me past the limits we had set together. If I expect other people to treat me with respect for my limits, I needed to set limits for my own self injury and respect those as well."

Q05 - "My BDSM relationships, especially with my Owners, took me from someone who constantly thought they were worthless and not worth "wasting resources on" to someone who knows, beyond a doubt that I'm worthy of being loved, cared for and cherished by someone ."

## Slide 21: Transformational BodyMod

Vast majority found helped

Q03 Essay 15 - "In what ways has becoming involved in BDSM/Kink and/or Body Modification affected your feelings of competency?" - "i have done some things that the average person wouldn't do, or feel they could ever do, it makes me feel special and powerful, i reflect on those feelings when i need the strength" - **plus speaks more about this in the audio recording- very eloquently** " (((CONTINUES)))

----8:25) Going in for job I have now- self esteem went down,.... I can do a hell of a lot more than I think I can; reflect on powerful experiences, suspension terrifying, amazing, powerful- if I can do that I can do anything!" FROM INTERVIEW

## Slide 22: Helping Your Clients

- General concepts
- Open-ended questions
- Things to watch out for
- Resources on Self-Injury
- Resources on BDSM/Kink
- Resources on Body Modification

## Slide 23: Next Project Phase

- **Seeking Interested Parties to take over the project**
- **Information:** Collect information and feedback from survey participants, presentation attendees, and others
- **Clarify:** confusing questions and definitions
- **User friendliness:** Make survey more user friendly with “skippable” sections and “additional comments” boxes
- **Oversight:** Work with CARAS (Community-Academic Consortium for Research on Alternative Sexualities) and university bodies for oversight and review
- **Avoiding Harm:** Find ways to avoid causing harm to interviewees triggered by reading about self-injury
  - **Q06 - "Survey reminded me of how good SI felt"**
- **Large scale distribution**
- **Additional interviews**
- **Publication**
- **Large scale distribution**
- **Additional interviews**
- **Publication**

## **Slide 24: How you can help**

- Look for interested researchers
- Help find grants or other funding sources
- Provide access to surveys or other materials we may not have
- Connections with having our survey results published
- Publicize the survey when it goes out
- A warm smile and your support

## **Slide 25: Questions and Comments**

Pass around signup, explain

Open floor

Get together time -