



Sex positive ways of perceiving sexual turn-on patterns

Part I - Understanding

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Abstract

Humans have the capacity to respond to sexual stimuli across the lifespan. Sexual responses are modified through interactive processes and manifest through sexual turn-on patterns. In this paper, the authors review the history of understanding sexual turn-on patterns in the professional literature. They discuss their preferred understandings of how these patterns arise and their preferred sex-positive ways to help people with them. This includes a discussion on using the understanding of learning languages to explain how sexual turn-on patterns are learnt. Like language, sexual feelings develop in many directions, depending on circumstances: as we happen to learn a language, so too we happen to 'learn' sexual turn-on patterns. As we cannot unlearn a language, we cannot unlearn a turn-on pattern. However, we can learn new languages. We can also learn new ways of being turned-on.

Key words: sexual turn-on patterns, sexology, sex, pleasure, sex therapy

Introduction

This paper is divided into two parts. Part I presents a sex positive way of understanding the development of sexual turn-on patterns. In Part 2 we address the clinical implications of this understanding. During the last 150 years or so, there have been different views of understanding sexual behaviour and fantasies that are not in accordance with acts of procreation. One line of thought derives from the idea of 'the sexual instinct' that regards the purpose of sexuality solely as procreation. This tradition is reflected in psychiatric literature as well as in the diagnostic manuals that are used to define mental disorders. Another line regards sexuality as a dimension that encompasses pleasure, affirmation and many other objectives as important sources of sexual motivation. This tradition is reflected in much of the sexological literature, from Havelock Ellis (Ellis, 1906/1936) (De Block & Adriaens, 2013) to recent sexological research (Meston & Buss, 2007).

During 30 years of practice in the field of sexology, we have seen many examples of how sexual turn-on patterns are developed in many different directions, disconnected from the procreational act, but involving elements that by accident, strife or force have come to be associated with sexual response. We have met many individuals who have been able to enjoy and cultivate their particular sexual turn-on patterns in positive ways, who have found ways of practicing them that are joyful, satisfying and ethical. One example of this is the establishment of clubs and organisations that work for responsible and considerate sexual practices. However, in our work we also often see that unusual turn-on patterns are poorly administered.

Knowing that positive ways of dealing with uncommon sexual turn-on patterns exist, we explore in Part II how to address clients as healthy individuals who are challenged by routes to sexual pleasures that diverge from the idea that sexuality equals procreation. In some instances we work with individuals who are in conflict with the law and/or in conflict with issues of safety. In order to help individuals develop healthy habits of administering their sexual turn-on patterns, we need to think and work explicitly differently from medicalising and pathologising practices in this field. The dominant approach has been not to address issues of sexuality at all, but there are also numerous examples of efforts to 'cure' sexual behaviour that did not fit the idea of normality (Bhugra, Popelyuk & McMullen, 2010; De Block & Adriaens, 2013). Our approach is quite different.

*Put no question mark to happiness that others earn
however strange they seem to be
... because
there always is a lot to learn
and even more to see.*

Background

This paper is based on two of the authors² combined clinical experiences over a span of thirty years. Our first mutual 'client' was a young man who stole women's underwear from clotheslines. Our effort was to get in contact with this individual to prevent further theft before police involvement led to public disclosure and personal disaster. We never got in contact with this person, but our joint work in sexology was established.

Most of the therapies we have conducted have involved sexual issues, including helping people with their unique paths to sexual gratification. Over time we have seen many clients with different kinds of sexual challenges. A major problem for clients who feel that they do not conform to what they regard as 'normal sexuality' is shame for being perverse and a consequent fear of disclosure and/or of punishment, especially when the patterns are linked to illegal activities. We have talked about sexual turn-on patterns in couples' therapies, in trauma therapies, with sexual perpetrators, with individuals seeking identity affirmation, with individuals with problems linked to sexual desire, with victims of abuse, as well as with individuals who seek advice concerning their special sexual turn-on patterns.

Couple's therapy

In many couples, for many reasons, some good, some bad, a person may go along with his, her, hir, ze³ partner's expressed sexual wishes only to find after a while that they are repulsed by the same activity. This causes much frustration and doubt about the relationship in both parties. In one couple, the male partner enjoyed sadomasochistic play. His girlfriend went along in the beginning but gradually withdrew because she did not find any pleasure for herself in the activities.

Trauma therapy

Some who have experienced sexual trauma have found ways to claim and/or re-claim vibrant sexual lives (Almaas & Benestad, 2011). Unfortunately some have not. One common pattern when someone has experienced sexual trauma is that the person has learned to ignore his or her own needs and has little or no awareness of sexual feelings. In a lesbian couple, the non-traumatized partner told us that in the sexual situation her partner acted as if she was serving a 'smorgasbord': 'Just help yourself, take what you want!' Other traumatized people react in an opposite way: Sex is just not on the agenda. When asked 'What is sex for you?', one client simply replied: *Pain!*

Sexual perpetrators

We do not see many sexual perpetrators as they are usually treated in groups specifically set up for this kind of therapy. We do have a few clients who have been in follow-up treatment after release from prison. One of these men had sexually abused his partner's young daughter. In circumstances in which someone has forced another person into sex, the issue to be addressed relates to meaningful consent and power. Because we do not see many sexual perpetrators, this will not be the focus of this paper. We would, however, welcome dialogue with people who work with perpetrators. If a person's sexual pleasure is associated with disrespecting others, and he/she/hir/ze³ wishes to find other routes to pleasure, this also seems important. A man in his fifties told us that as he grew up he never learned to respect women, and our interest includes helping him learn patterns where women are respected.

Individuals seeking identity affirmation

In order to get gender confirming surgery, transsexuals and other trans-gifted people are usually taught that they are supposed to have minor or no sexual feelings or needs linked to their original bodily equipment. Our experience is that there are all kinds of sexual turn-on patterns and all kinds of sexual orientations in the transgender population. One topic that has been a great taboo is that many transgendered people are turned on by their own body image in the preferred gender expression. We have met many trans-women who are what has been named 'autogynephilic', and some few trans-men who are turned on by their male expression or by actions linked to the male gender ('autoandrophilic').

Problems linked to sexual desire

Sometimes the sexual turn-on pattern is invisible to the person. For example, a high-sensation seeking woman who read a lot about adventurous expeditions contacted us because she had problems with low sexual desire. When asked about her general likes and dislikes, it became apparent that she needed more action to be engaged. When asked how this could affect her sexual desires, she found that she could develop fantasies in which she dominated or was dominated by her partner. She knew almost nothing about BDSM (Bondage and Discipline Sadism and Masochism), but became fascinated by it when she began to explore this field. She had never thought that she might have different desires from what she considered 'normal'.

Victims of sexual abuse

We have been struck by the fact that, when we gained insight into the sexual lives of individuals who had been victims of sexual abuse, many had sexual fantasies of abuse.

One woman loved to watch violent sex videos, but did this in secrecy; it was a long way into therapy before she told us about this. Another woman in her forties recently told us that her perpetrator sometimes had a role in her sexual fantasies. A woman in her early twenties had been sexually abused in kindergarten when she was about three years old. By the age of fourteen she was babysitting a child and she told us that she felt the inclination to touch the child's sex organs when she changed diapers. She reasoned that this was only an image she had because she had experienced it herself and that she would never do a thing like that to a child.

Individuals who seek advice concerning their special sexual turn-on patterns

John was 39 years old when he contacted us. He was divorced, had three children and a good job as a business consultant. He loved to stroll parks and streets to find spots where he could show off his erection to women without their consent and irrespective of how it affected them. Over the years, he had gathered detailed knowledge of likely spots for such exposures. John also loved to look into women's locker rooms (again sadly with an inadequate sense of how many women may feel violated by such practices). We discuss our approach to working with John later in this paper.

Henry is 37 years old and has a girlfriend who is the same age who has a nine-year-old daughter. They plan to move in together. Henry loves to wear diapers. He spends so much time and thought on this pleasure and its possible complications that he has been unable to finish his studies or hold a steady job. He does not know how to handle this now when he is going to be part of a family.

We discuss our approach to working with Henry below.

Tom is a happy man with a twinkle in his eye. He seeks advice on another subject but, as the conversation develops, he tells us that he is turned on by sturdy women in boots. A rainy day and a visit to a farm is a day of erotic joy for Tom. We discuss our approach to working with Tom below.

Gender differences

As the anecdotes above suggest, we have met far more men than women presenting problems linked to their sexual activities. We have met women enjoying both the dominating and the submissive roles in BDSM, but in the clinic we have

met few who are involved with the more fetishistic sexual turn-on patterns. In our experience at least, women seem to develop patterns that are more acceptable, like uniforms or Rolexes (Johannessen, 1987). When we ask women what they are turned on by, we get many different answers. Meston and Buss illustrate this in their paper 'Why Humans have Sex', in which they identified 237 expressed reasons to have sex (Meston & Buss, 2007). Women who like to expose themselves may have socially accepted arenas to do this; some expose themselves at parties, some perform in sex clubs. Social Media may also provide new avenues for self-exposure.

It is also possible that women are less subjectively aware that they are sexually turned on (Chivers, Rieger, Latty & Bailey, 2004; p. 67). The male body provides more direct feedback about the state of arousal and thus gives them more bio-feedback than women get both to be aware of their turn-on patterns and also to enhance their sexual experience. Meredith Chivers in Canada and Ellen Laan in The Netherlands have done research with similar and intriguing results regarding differences between male and female sexual responses to erotic stimuli in the laboratory. In a laboratory setting, Chivers et al. (2004) let men and women watch films depicting different erotic material so that they could record both physiologic (objective) responses and subjective ratings of interest in the material. They found that there were significant differences between the responses of men and women. They found that in men there was a correlation between subjective and objective recordings. Additionally, the men were specific in their responses: Homosexual men responded to homoerotic material, while heterosexual men responded to heteroerotic material. In the female group, the picture was quite different: There was little correspondence between the subjective and the objective recordings. The women responded physiologically to material depicting men who had sex with men, women who had sex with women and women who had sex with men. They also responded to scenes showing apes having sex with each other. In their subjective recordings, the women reported much more excitement when they watched heterosexual scenes than the objective recordings showed and they reported much less excitement than the objective recordings showed towards scenes where men had sex with men. The women, whether straight or gay, reported no subjective excitement at scenes in which apes had sex. Ellen Laan and her group in Amsterdam have done research that shows similar results (Chivers et al., 2004; Laan & Everaerd, 1995; Laan & Janssen, 2007).

An historic review

The first to describe the variety of sexual turn-on patterns in professional literature was Richard von Krafft-Ebing in

'Psychopathia Sexualis' that was first published in 1886. His aim was to make a classification system for sexual pathology. He divided these into three main categories: Schedule of the sexual neuroses; Spinal neuroses; and Cerebral neuroses. Here we are interested in the cerebral neuroses, because they include what Krafft-Ebing terms 'Parestesias' (perversion of the sexual instincts, i.e. excitability of the sexual functions to inadequate stimuli). The parestesias were subdivided into four main categories: Sadism, Masochism, Fetishism, and Antipathic sexuality. The concept 'antipathic sexuality', in German (die konträre Sexualempfindungen) encompassed homosexuality, transsexuality and transvestism, which were regarded as dimensions of 'contrary sexual instincts'. For this paper, we are mainly interested in sadism, masochism and fetishism (sexual turn-on patterns).

Among the 238 case histories presented by Krafft-Ebing, case 227 on Fetishism is an example of his understanding:

X., heavily tainted (great uncle insane, father drunkard, sister an idiot), was arrested in an office while pushing up against ladies; he was cutting with a pair of scissors pieces of fur, velvet and cloth from their apparel. In his pockets and in his room a big lot of such cuttings was found.

X. had shown since his tenth year a weakness for woolly and fluffy materials. Even the very sight, but especially the touch of them would bring on orgasm and ejaculation. Fur particularly had this effect on him, and after that satin. The latter accounted for the fact that in his collection a number of cuttings of satin ribbons were found.

He induced lustful emotions by placing the stolen pieces of stuff next to his skin. If ejaculation was not spontaneous he assisted with masturbation. Woman in her capacity as woman, or sexual intercourse with her, had no charm for him. (von Krafft-Ebing, 1997, p.241).⁴

This story, and the way it is presented, illustrates both the turn-on pattern itself and how it is understood. It was considered relevant for the development of fetishism that this man has a great uncle who is insane, that his father is a drunkard and his sister is an idiot. The approach was coloured by the common view at that time that 'unnatural' sexual turn-on patterns were a form of human degeneration.

The debate around this was heated at the beginning of the 19th Century. Freud wrote in 1905:

... it may well be asked whether an attribution of 'degeneracy' is of any value, or adds anything to our knowledge. It seems wiser only to speak of it where

several serious deviations from the normal are found together, and the capacity for efficient functioning and survival seems to be severely impaired.
(Freud, 1905/1977, p. 49)

Freud further added to this standpoint:

Inversion is found in people who exhibit no other serious deviations from the normal, and it is similarly found in people whose efficiency is unimpaired, and who are indeed distinguished by specially high intellectual development and ethical culture.
(Freud, 1905/1977, p. 49)

One peculiarity about the late 19th century and early 20th century thinking is the idea that female sexuality is non-existent. During the 19th Century it became a widely held opinion that women had no sexual desire (Acton, 1865). According to the historian Thomas Laqueur, the female orgasm disappeared from medical textbooks between 1780 and 1840 (Laqueur, 1990/2001). Well-educated women became aware that they had to hide their sexual desires, a difficult task for many, and it became a major job for Sigmund Freud to describe the psychological consequences of suppressed desires, hence sexuality became central in his psychological theory.

Even if Freud was clear in his early writing that sexual turn-on patterns should not be regarded as mental diseases, his followers did not always conform to his views. Psychoanalysts have spent much energy trying to understand sexual deviance as a result of the dynamic between mother, father and child in the European bourgeois family, focusing on castration anxiety from the beginning of the 19th Century and long into the 20th Century. Psychoanalysis, as one of the few directions in psychology that has been occupied with human sexuality, has heavily influenced psychology, medicine and sexology in this matter. Psychoanalysis had a dominant position until pharmacotherapy entered the psychiatric stage in the 1950s and 1960s. The new generation of psychiatrists was occupied with scientific evidence and had problems with the psychoanalytic theory of sexual perversions as well as with inclusion of sexual behaviour that did not fit the idea of 'normal' (in accordance with the procreation act), since it did not fit the ideas and later definitions of mental illness or disorder (De Block & Adriaens, 2013).

In the early 1980s, John Money, internationally one of the most influential sexologists in the 20th century, developed his theory about Lovemaps, published in the book with the same title in 1986 (Money, 1986). Money introduces the word 'lovemap' for what had earlier been called 'perversions'. In his theory, sexual turn-on patterns develop as individual

brainmaps that can involve all kinds of objects and situations, depending on individual experiences. Money introduced the word 'paraphilia', which was regarded as a less pathologising term than perversion. This is a Greek word composed of the word 'para', which means 'instead of', and 'philia', which means 'love' or 'friendship'.

Money links sexual diversity to the diversity of languages, the analogy is that *'the human species is phyletically programmed in such a way as to permit many variations of the sexueroitic imagery of mammalian mating.'* (p. 11) 'Lovemap' is a concept that refers to *'an idealized and highly idiosyncratic image.'* He offers the following definition: *'A lovemap is not present at birth. Like a native language, it differentiates within a few years thereafter. It is a developmental representation or template in our mind/brain, and it is dependent on input through the special senses. It depicts our idealized lover and what, as a pair, you do together in the idealized, romantic erotic, and sexualized relationship. A lovemap exists in mental imagery first, in dreams and fantasies, and then maybe translated into action with a partner or partners.'*.... *Under optimum conditions, prenatally and postnatally, a lovemap differentiates as heterosexual without complexities. Age concordant, gender-different, sexual rehearsal play in infancy and childhood is prerequisite to healthy heterosexual lovemap formation. Deprivation and neglect of such play may induce pathology of lovemap formation, as also prohibition, prevention, and abusive punishment and discipline'* (p. xvi).

Like Krafft-Ebing, Money wanted to make categorizations and records of different expressions of paraphilias. In his book from 1986 he lists about 40 different paraphilias, belonging to six different categories: *sacrificial/expiatory; marauding/predatory; mercantile/venal; fetishistic/talismanic; stigmatic/eligibilic; and solicitational/allurative.* He describes all these patterns in separate chapters of the book. John Money has done a great job in describing how sexual turn-on patterns develop as part of the culture and how sexual development and the way we practice sexuality is influenced by cultural factors. Money came up with a wide range of different paraphilias that could be explained as a result of voluntary or forced, conscious or unconscious learning. Our problem with John Money's theory is that he does not separate different elements involved in sexual practice and interaction, but regards them as always co-occurring and thus as a syndrome that is the result of the distortion of an original normal lovemap. The result is that, in Money's view, lovemaps that do not follow the procreative model, are regarded as a tainted lovemap.

In recent decades, Western psychology has developed gradually away from Money's metaphor of sexual diversities as akin to diverse languages and instead returned to

pathologising difference. This is clearly illustrated in the discussions around the development of the international diagnostic manuals for mental disorders, especially the notions of disturbance in relation to sexual practices, as is discussed by Andreas De Block and Peter R. Adriaens in the review article 'Pathologizing Sexual Deviance: A History' (De Block & Adriaens, 2013).

The two main international diagnostic manuals, International Classification of Diseases and Diagnostic and Statistical Manual of Mental Disorders (DSM), have both included sexual turn-on patterns as diagnoses, meaning mental diseases that must be treated. In ICD-10 the term 'Disorders of sexual preference,' including 'Paraphilia', lists *Fetishism, Fetishistic transvestism, Exhibitionism, Voyeurism, Pedophilia, Sadomasochism, Multiple disturbances concerning sexual preferences, Other disturbances concerning sexual preferences, and Disturbances concerning sexual preferences, Unspecified* (WHO, 1992).

In 1952, the Diagnostic and Statistical Manual of Mental Disorders (DSM) was presented by the American Psychiatric Association. This first version of the DSM was inspired mainly by psychodynamic concepts and etiological theories (De Block & Adriaens, 2013) and contended that sexual deviations were often symptomatic of an underlying neurotic or psychotic disorder (APA, 1952, p. 38). DSM-II was published in 1968, and introduced a list of eight sexual deviations: Homosexuality, Fetishism, Pedophilia, Transvestism, Exhibitionism, Voyeurism, Sadism and Masochism. In 1973, Homosexuality was taken out of the DSM-II and replaced by sexual orientation disturbance (Homosexuality). Following on from this, the editors of DSM-III recognised that paraphilic fantasies or acts could be part of a normal sexual repertoire and a healthy sexual relationship. 'What made an unusual sexual fantasy or urge a mental disorder was its exclusivity and/or repetitiveness in arousing sexual excitement (De Block & Adriaens, 2013, p. 290). In DSM-IV, the term 'Paraphilia' includes Exhibitionism, Fetishism, Frotteurism, Pedophilia, Sexual Masochism, Sexual Sadism, Transvestitic Fetishism, Voyeurism, and Parafilia Not Otherwise Specified (APA, 1994).

The inclusion of these labels in diagnostic systems for mental disorders has been widely criticised, both by activists who have protested against being regarded as 'mentally disturbed' and by professionals, who did not necessarily find accompanying psychopathology. Nor did they find any cure for these sexual preferences, but instead saw how disturbing it can be for people to be labelled as deviants and perverts.

In 1995, Denmark was the first country in the world to remove sadomasochism from the national classification of diseases. In January 2009, Sweden removed *sadomasochism, fetishism, transvestism, fetishistic transvestitism, multiple disorders of sexual preferences, and gender identity disorder in youth*, from their national classification of diseases. In February 2010, Norway removed *fetishism, fetishistic transvestism, sadomasochism, multiple disorders of sexual preference, and transvestism* from their version of the national classification of diseases. In May 2011, *dual-role transvestism, fetishism, fetishistic transvestism, sadomasochism and multiple disorders of sexual preference* were removed from the Finnish version of ICD-10.

The background for these removals were years of personal, professional and political work by activists who, for the most part, were recruited from groups joined by common interests in special routes to erotic pleasure. The actions were commonly known as: Revise F65 (<http://www.revisef65.org>). Unlike the removal of homosexuality from the diagnostic manuals in 1973 as a result of a referendum in the American Psychiatric Association, the clean bill of health to the groups mentioned in the Nordic countries came about through decisions in the health bureaucracies.

The possibility of regarding sexual turn-on patterns that do not fit into hetero-normativity as potentially healthy and rewarding to the individual has become possible as a result of the wider openness around sexuality and the realisation that those we see as clients today are far from the image of the degenerate pervert that psychiatric literature has offered. Despite this, the idea that sexual turn-on patterns are expressions of psychopathology survives (see Stoller, 1976; Haugsgjerd, 1990). In a recent publication, the Swedish psychiatrist Nicklas Longström advocates the position that it is important to avoid pathologising sexual expressions that are harmless and well managed, but at the same time acknowledge that sexual turn-on patterns can be problematic to manage and are often associated with sexual abuse and other forms of psychopathology (Långström, 2010).

There is still some work to do before sexual turn-on patterns in themselves can be regarded as healthy variations of sexual fantasy and behaviour. It is important to see that all kinds of sexual expressions can be perverted or managed in unhealthy, abusive or criminal ways. In understanding how sex can be problematic, it is not sufficient to describe different sexual behaviours and label one as 'right' and another as 'wrong' – it is necessary also to see how sexual feelings and inclinations are experienced by the individual and by others in their lives, and how they are managed and practiced by each individual.

Given that we are still far removed from a universally accepted definition of mental disorder (and even further removed from a workable operationalization of such a definition), we cannot expect a clear and intellectually satisfying answer to the question of whether the paraphilias are genuine disease ... Hence, rather than calling a sexual fantasy or behavior healthy or disordered, we should both describe the psychological states and make value judgments about these states: 'Is it a desirable condition for the person, for his or her environment, for society?' (De Block & Adriaens, 2013)

How to understand the turn-on patterns?

Our proposal for a theory of development of sexual turn-on patterns is in many ways based on John Money's ideas. We are especially in debt to his catalogue of 'Paraphilias'. This comprehensive list describes the link between cultural influences and sexual turn-on patterns, for example how 'clismatophilia' developed in areas where the use of enema in weaning was widespread.

We also differ from Money's ideas in significant ways. First of all in the way the language metaphor is used. John Money uses the metaphor of language to suggest that there is a preparedness in the nervous system to develop sexual patterns as individual lovemaps, preferably according to heterosexual norms. In our use of the metaphor, we are interested in the brain's ability to develop different languages, depending on where we live. John Money is looking at the preparedness to develop native language; we are looking at the ability to develop many different languages. We view these developments as neutral, as coincidental as the languages we happen to learn. Of course the effects of the ways in which people *practice* their sexuality is not neutral, parallel to language that can also be practiced in abusive ways.

The ability to develop languages separates humans from other mammals. The newborn baby has the capacity to learn any human language. The linguist Noam Chomsky put forward the premise that all languages have a common structural basis. This principle has been coined 'universal grammar' (Chomsky, 1983). The capacity is based on inborn structures ready to receive impulses relevant for the development of language (Cozolini, 2010). Some languages are prevalent (common). Some languages are rare (uncommon). The language you learn depends on what you hear spoken.

John Money (1986) describes a lovemap as consisting of the particular turn-on pattern, plus the way it is connected to 'love and lust', attachment modes, empathy, its practice and administration. In our view, however, it is important to separate the sexual turn-on pattern *per se*, the link between a stimulus and a sexual response, from any association with 'personality disorders', and to also separate it from the way the turn-on pattern is *practiced* and how it is administered.

If we regard the turn-on pattern as a dysfunction in itself, it will be difficult to see how this particular turn-on pattern could be developed so that it could be *practiced* and *administered* in better ways. One man (as mentioned above) told us that he likes to wear diapers filled with stools. His administration was poor, in that he always longed for this practice and thought about it all the time. It was problematic to practice in public because it smelled. He told us that he tried to wear his full diapers at a therapy session one time, with little success, and no acceptance from the therapist, which we can understand. During counselling with this man, who in our experience has no personality disturbances or even problems with social relations in general, he was able to develop better administration of his sexual preferences: He was able to have an ordinary and satisfying sexual relationship with his girlfriend, and he was happy to practice his fetishistic desires for two hours every Saturday afternoon. He practiced it alone, and cleaned himself and everything he had used afterwards, so that nobody took any offence. He became able to love with a partner and hold a job, which had been difficult for him before.

For us it is reasonable to accept that both social and biological systems can be constructed and deconstructed. Through understanding epi-genetics, it has become easier to understand the interaction between different systems, to see that genetics do not determine social systems, but that genetics may be an important influence in interaction with social and psychological systems (see Champagne, 2010). The human brain has the capacity to develop language, but which language depends on what we encounter where we live. This is parallel to musicality, physical talents and the ability to process numbers. The ability or talent will be developed through the influences the culture has to offer. Nevertheless we can accept that the human body has developed over millions of years and we have developed properties that may have been more useful thousands of years ago than they are today (Bohm, 2010 [Norwegian edition]).

We believe that a newborn child has capacities to learn all languages and also any sexual turn-on patterns - and even develop new ones! This is in accordance to what Freud called 'polymorphous perversion,' with emphasis here on the

polymorphous (Freud, 1905/2000). The capacity is based upon inborn structures ready to receive impulses relevant for eroticism during the whole lifetime, but particularly during childhood and adolescence (Spiering, Everaerd, & Janssen, 2003). The sexual turn-on pattern you learn is dependent on the experiences you happen to encounter. Some erotic 'languages' are common (normal). Some erotic 'languages' are rare (abnormal). Common turn-on patterns are, for instance, to be turned on by big boobs, lace underwear, broad shoulders, firm butts, the guy/girl next door, dark eyes and dark hair, or blue eyes and blonde hair. More uncommon ones might be: Balloons, enema, feet, orthodontic braces or Rolex watches.

With regard to the variations of turn-on patterns, some will be kept open, some will be kept secret, some will be accepted by the person's cultural norms and some will not be. Some sexual turn-on patterns are dangerous and some even are illegal. An example of a dangerous pattern is the attraction to near self-strangulating, called 'asphyxiophilia' (Money, 1986). This is a turn-on pattern where the lack of oxygen increases the pleasure of orgasm. Often done in solitude, this pattern involves the danger of death. Sometimes death does occur, the scene appears like suicide, and yet the person's hand may be around his penis, causing surprise and consternation to parents, partners and siblings, especially because there was no known reason for this person to end her/his/hir/ze's life.

The more uncommon, illegal or dangerous the pattern is the more there will be shame and silence, and the more others will decide the practices are pathological. The most likely result for those with these practices is shame and secrecy; those who practice these kinds of turn-on patterns are less likely to get help to transform these practices into channels that are acceptable and safe for themselves and others.

Our argument is not that sexuality is dependent on ready-made structures that determine what can be developed. Rather, it is an argument that we have a biology that is flexible and allows for more than one possible development. We posit that there are many possibilities for sexual expression; some of these may need to be guided towards safer and more socially acceptable avenues. In a culture that provides little useful information about sexuality, even if flooded with sexual imagery, individuals who find themselves with sexual turn-on patterns that are not in the mainstream may benefit from counselling. If this is the case, then as counsellors we need to become knowledgeable about and open to conversations about unusual turn-on patterns.

Development of a sex positive view on sexual turn-on patterns

Traditional ideas within medicine and psychology hold that sexual turn-on patterns that are not geared toward procreation are pathological; the goal of treatment is that the client should learn more 'mature' ways of sexual behaviour, that is, sexual behaviour should have procreation as its aim. This is evident from literature that describes other expressions of sexuality as 'deviant', 'perverse', 'paraphilic', or just 'wrong'.

We believe that most people who practice sexual turn-on patterns that could be characterised in this way would never enter the therapy room because they know that they would not be received as healthy individuals. Yet people long for and need to be accepted and loved! The need to belong is a basic human need (Baumeister & Leary, 1995). Most people try to express important aspects of themselves through their sexuality. When what is expressed is met with labels like 'mental disorder', 'perversion', or even 'sin', the possibility for positive belonging is severely hampered. Positive belonging arises when one is seen by other people in accordance with how one sees oneself, and when that which is seen is given a positive value (Benestad, 2009, 2010).

Arnold Goldberg (1995) writes: 'Feelings of home makes it right, and we stop. There has been no such comfortable resting place for perversions. The interpretation of perversion has become a 'playground for psychoanalytic guesswork.' (p. 182)

This often pathologising guesswork has created not only a lack of positive belonging in people who desperately wish to feel at home in their own bodies and in relationships to others, but also to negative 'professional' labelling leading to solitude and suffering for the individuals concerned. It has also given license to those from the lay world who apply labels like sick, perverse, mad, abnormal, unnatural, disgusting, or dirty.

When people realise their sexual turn-on patterns are evolving in unusual directions, it may be confusing or painful; and it should be possible to ask for help from competent counsellors, therapists, or other assistants. We have met individuals who cherish their sexuality, in spite of all the complications. However, it has often taken some time before they revealed their sexual life to us. Scepticism based on shame, habits of secrecy, and anticipated sanctions from us, have had to be overcome before these matters could be openly and comfortably shared.

Eventually, clients have opened up and we have learned from them. In our clinical practice we have learned how patterns

may develop and also how one can be misled into difficulties. Culture plays a strong part. Human sexuality is closely linked to cultural norms and practices. While enemas could be part of turn-on patterns in the early 20th century, today some people use orthodontic braces as part of their sexual turn-on patterns. That, obviously, did not exist before the innovations of dental care.

Likewise, with the advent of soft-porn magazines, these became part of sexual turn-on patterns. A young man found that he could masturbate happily using pictures from Playboy or Penthouse magazines as stimulation. He became disturbed when he found that it was difficult for him to become sexually aroused with real girls; they were not retouched. The girls in the real world had hair and pimples on their skin and they even smelled. This young man found that his turn-on patterns were too narrow and gradually he became able to develop and expand them in order to include real female partners. We have had several clients who had their erotic learning mainly through pornography, who were seeking arousal and fulfilment in settings that by the eye, the ear and/or by the nose resembled that of pornography. In real life this is hard to find and may be hard to stage.

For some, sexual turn-on patterns are the result of coping with difficult situations. One young woman had been exposed to her father's pornography throughout childhood and adolescence, and her experience was that sexuality was always connected with abuse and violence. A man who had been the victim of neglect and deprivation as a child managed to comfort himself through the stimulation he got from his, often full, diapers.

While this may seem strange, our work with those of us⁵ who experience atypical sexual turn-on patterns suggests that the development of sexual turn-on patterns often occurs without the person understanding the origin of this interest. Sexual turn-on patterns are learned through conscious and unconscious processes, deriving from sexual situations that can be chosen, forced, or simply accidental.

We have seen that a sexual turn-on pattern, of any kind, can become problematic when it derives from traumatised circumstances, is combined with poor relationships and/or when it is developed in isolation and/or violates others. At the same time we have seen that unusual sexual turn-on patterns can be managed in healthy relationships, by mentally healthy persons, with respect towards others, with no violation involved.

A young man told a story about how he developed an interest in voyeurism. He regarded himself as a completely normal young man with a satisfying sex life with his girlfriend. One

day he was out biking in the forest near the place where he lived. Suddenly he became aware of a couple who were making love in a clearing in the wood. He stopped and watched them. Inspired by what he saw, he masturbated. He says that he had the most wonderful orgasm and, ever since, he has hoped to re-experience this situation, always looking for people who may be having sex when he is out bicycling.

By and by we have come to develop a view that regards sexual turn-on patterns as separate from and independent of personality traits, even if the combination sometimes cause grave difficulties. Our job as counsellors and therapists has been to collaboratively sort out what is problematic and what is not.

Non-typical routes to sexual pleasure can be difficult to put into practice because they require special staging and/or involve other persons with complementary preferences who might be hard to find. It is often the case that specific criteria must be met and/or the actor(s) is put in peril! Some patterns are hard to understand. If pleasure is the goal, it seems counterintuitive to reach pleasure through pain. However, what is experienced as pain for some, can be pleasure to others; what would be scary to many, is joyful to some. Our approach is that sexuality involves strong feelings and emotions that continually have to be recognised, interpreted, evaluated, re-interpreted - in short: *understood* by each of us as individuals, and we need help in this venture.

Conclusion

Some people with atypical turn-on patterns seek help because they feel that their turn-on pattern is difficult to live with and it is hard to find someone with whom to share their experiences. Some need to be counselled on how to 'administer' and practice their routes to erotic pleasure so that neither they nor others are harmed. Some people may be unable to manage their turn-on pattern without harm and may have been sentenced to therapy because they have trespassed other peoples' boundaries. In our experience, people with such patterns have regularly tried to deal with them on their own in an ambience of culturally induced shame. This almost constant shame does not contribute positively to the individuals' images of self or to their relationships, hence even though the self-conscious feeling of shame could have had a positive behaviour modifying effect, our experience is that it serves a negative function. In general, patterns of human behaviour need to be cultivated: and that is best done in an atmosphere of openness, trust and mutual understanding. Counsellors can play a positive role in helping individuals with such sexual turn-on patterns by a variety of clinical activities that we will describe in Part II.

We can easily see how those of us who at an early stage of our sexual development come into contact with pornography learn the pornographic language of sex. Likewise we realise that those of us who seek gender affirmation as part of a transgender development learn to be turned on by items of clothing and/or actions that are part of early exploration of gender expression involving erotic experiences, like masturbation and orgasm. Even though victims of abuse are in coerced situations, the activities involve sexual organs that still have pleasurable capacities. In such ways some people develop sexual turn-on patterns through what we could call 'forced learning', meaning that they learn to turn on sexually in situations that are unwanted, negative and even repulsive. This concept of forced learning has been very comforting for the individuals with whom we have worked.

Returning to the case vignettes we described earlier in the paper, John was his parents' only child and as a child his mother took him with her when she trained with her handball team. John followed his mother to the locker room, watched the matches and returned to the locker room with her. He found himself among many big, naked and half-dressed bodies for many years. When he was about six years old, he was suddenly banished from going anymore. According to him, the goal of his peeping into women's locker rooms has been once again to feel that he belonged, that he was 'one of them', a member of the team, included in womanhood so to speak.

Henry, who enjoys diapers, saw himself as an under-stimulated child who found his own route to pleasure. He now understands that he turned something hurtful into something enjoyable. This understanding comforts him and seems to reduce shame substantially.

Tom, who told us so joyfully that he is turned-on by sturdy women in rubber boots, tells us that as a youngster he spent much time at his aunt and uncle's farm where he did farm work together with all his female cousins. He remembers well that that when he was eleven, and all his female cousins were older, they all went for a swim in the lake nearby after work. The sturdy farm girls undressed and were naked. He pauses as he tells us this and exclaims: 'Now I see how I learned this language!'

Over the last 120 years, sexual turn-on patterns have moved from being regarded as something strange and unusual to deserving of space in the manuals of mental disorders. In our more than thirty years combined clinical experience, we have been unable to see our large number of clients as suffering from anything but the consequences of what both the lay and professional world have taught them about themselves, namely that they are 'bad', 'sick', 'degenerate', and 'immoral'.

At the same time, many of our clients have gotten themselves into serious trouble and challenging dilemmas concerning exposure and possible punishment, the latter in cases where their sexuality has driven them into illegal activities like exposing themselves to others in public places. Or troublingly they have disrespected, hurt or offended against others.

In search for explanatory frameworks that could be both comforting and trustworthy for our clients, and that would account for the sexual experiences and patterns we have seen in our clinical work, we have come to see sexual turn-on patterns as something learned through life events and circumstances in the same way as we learn languages. We will turn to the clinical implications of this new formulation in Part 2 of this paper.

Notes

1. The third author contributed to the conceptualisation and writing of this paper.
2. Elsa Almås and Esben Esther Pirelli Benestad.
3. The pronoun 'hir' is to name those who are too much woman and too much man to be neither in the ordinary sense. The 'ze' depicts those who renounce gender as relevant to themselves.
4. The book is accessible in an abbreviated version in English, with emphasis on the case histories (von Krafft-Ebing, 1997).
5. Implying those of us human beings who ...

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A reflection

by Barbara Baumgartner on the paper:

'Sex positive ways of perceiving sexual turn-on patterns: Part I - Understanding'

Benestad, E. E. P, Almas, E. & Weingarten, K. (2015). Sex positive ways of perceiving sexual turn-on patterns: Part I – Understanding. *International Journal of Narrative Therapy and Community Work*, 1:27–38

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Abstract

In the paper, *Sex positive ways of perceiving sexual turn-on patterns*, the authors, Benestad, Almás, and Weingarten, introduce the topic of how people experience different avenues to sexual pleasure, expression, and fulfillment – methods which are frequently unspoken and pathologised. The authors' description – sex positive turn-on patterns – might also be understood to be called 'kink', 'kinky', 'BDSM' (bondage dominance sadomasochism), or 'fetish'. The authors take a courageous and laudable step – to introduce this topic and their work with people who may identify members of the kink community to the audience of narrative therapists.

It seems important for narrative therapists to be aware of and consider the diversity of sexual expression that people who request consultation and support may be practicing or identify with. Some kinky folks may come for guidance with relationship difficulties or identity worries, and some may seek sex therapy – a burgeoning area of narrative practices (Gershoni, Cramer & Gogol-Ostrowsky, 2008). In discussing and promoting understanding, it is vital for narrative therapists to be cognisant of the history of sexology and studies into human sexuality – as this history and our initial foundation to understanding sexuality has not been neutral, being largely written from a individual and psychological perspective by European professional men with a view to quantify, medicalise, and possibly pathologise the subjects. Like any group differing from the White, European, Christian heterosexual and cis-gendered majority, people who identify with kinky practices have been studied, analysed and written about in (guised) attempts to understand and thus fix their ‘perversions’ or prevent others from having similar. Moreover, the medical community using surgical tools has tried to ‘cure’ and eradicate people who don’t fit the normative box of sexuality and gender expression, thereby strengthening the unhelpful dominant story of a uniform and socially acceptable way to express one’s sexuality and sexual turn-ons.

Of benefit to narrative therapists is to consult with and hear from insiders of the kink community – to centre their voices, their understandings, and how they have resisted stigma, shame, as well as the medical model. It feels important to closely listen to the experiences of people of all genders, to people who have and have not experienced sexual trauma, and to people who are not perpetrators of sexual violence.

One avenue for kinky people to reduce isolation appears to be the Internet. For people into BDSM and kink, the Internet, its first-person information, chat forums, videos, and meet-up

opportunities (on-line or in-person) has likely been life-saving to folks who have been isolated and marginalised. Merely knowing that someone who shares your kink exists and is literally a click away I would imagine might have an enormous and positive impact. Indeed, it is the Internet and it’s ability to connect people and ‘normalise’ their interests that has likely saved kinky and kink-exploring people money and the potential trauma of interacting with a helping professional that might label and shame them. In North America, sex advice columnist and sex positive advocate, Dan Savage, has helped to welcome kinksters out of the proverbial closet and remind his mainstream readers that consensual and alternate ways of expressing one’s sexual turn-ons can invite safe, fulfilling, and healthy relationships. Advocates and allies like Savage, alongside the BDSM community, have built upon the foundation laid by kinksters to resist shame regarding expressions of sexuality and relationship, and have rebuked the ill mental health narrative of sexuality created by past researchers and psychologically driven notions of sexuality.

Benestad, Almås and Weingarten help narrative therapists to understand that there exist large communities of people who express their turn-ons in a wide variety of ways and who are part of a worldwide celebration of prideful diversity. This paper and the voices included are an important part of the resistance of sex-shaming and pathology, and in essence restore the very notion of being a ‘pervert’. I look forward to reading in Part 2 how we can join to strengthen and support a celebration of kinky pride.

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A reflection from a Kink/BDSM perspective

by Tomboy Femme on the paper.

'Sex positive ways of perceiving sexual turn-on patterns: Part I - Understanding'

Benestad, E. E. P, Almas, E. & Weingarten, K. (2015). Sex positive ways of perceiving sexual turn-on patterns: Part I – Understanding. *International Journal of Narrative Therapy and Community Work*, 1:27–38

Tomboy Femme is a long-standing member of the BDSM community and has led workshops around gender play, role play and general safety. She was also a circus performer/dancer for over 15 years, performing worldwide, and integrated BDSM notions and gender exploration in her work. Email: tomfemme@gmail.com

Overall I commend the authors for initiating a dialogue about how to approach diverse sex practices or 'perceiving sexual turn-on patterns' with the intent of coming from a sex positive/empowerment model to help individuals better understand their desires and to seek ways to integrate these into their lives in a positive and fulfilling way.

Seeking a dialogue and discussion in the counselling/psychology arena that aims to reduce the shame and guilt an individual feels around their desires is progressive and a large step to breaking down stigma and discrimination amongst individuals whose sexual practices can be seen as 'perverse' and 'not normal' which have a negative impact on their sense of self and mental health.

However, as a member of the kink/BDSM/sex positive community, I do find some parts to this article highly problematic and have attempted to outline them below both as a critique but also as a way to 'open up' a discussion around some of these issues with the authors and wider readership.

Positioning sexual perpetrators alongside other desires as 'diverse' sexual turn-on patterns.

The article touches on a range of clients, some of which include convicted perpetrators of sexual abuse, people who non-consensually expose themselves (I would call that sexual harassment), individuals who are victims of sexual abuse/assault, and individuals who can be seen to be engaging in kink/BDSM practices.

I feel that bundling perpetrators/ 'flashers' & victims of sexual abuse/assault with other desires, specifically those that are categorised as kink/BDSM, is very risky for the BDSM community. It reinforces the stereotype that BDSM/kink is abuse, or that people are only engaging with it because they've been abused and that BDSM/kink is wrong, hurts people and is unsafe. On the other side, it validates abuse as some kind of outlet for suppressed BDSM desires. All damaging messages which the kink/BDSM community have been working hard to set right for years.

Enter the discussions around why the book '50 Shades of Grey' is not supported by most of the kink community as, in my opinion, it is not a story about BDSM but a story about abuse!

Clinicians, academics, psychologists or other people in positions of power have to be *very careful when discussing different contexts of 'atypical' sexual turn-on practices, to make the clear distinction between what is actually an abusive turn-on pattern and what is an 'unusual' sexual turn-on pattern (I prefer the term diverse turn-on pattern).*

And the difference here ... quite simply ... which leads me to my next point ... is communication, respect & consent.

Consent is key to healthy desire

The biggest thing that stood out for me when reading the article is that there is no discussion around consent. Consent; which should be the precursor to any discussion about sex, is the *fundamental framework* for engaging in BDSM/kink and, in fact, is what differentiates BDSM/kink from abuse/sexual assault.

Consent requires two or more adults to explicitly agree to engage in the structure of the practice regardless of whether power relationships will shift or change for the purpose of the sexual practice (in the event of those who engage in D/S relationships, age play or animal play). Consent is about fully integrating your desires in a way that is safe, healthy and fulfilling for everyone involved.

Consent is the mechanism for which we as individuals can engage with our sexual desires in a way that helps us to become empowered and connected to others, as they have openly agreed to take a part in our desire. The BDSM/kink community take consent even further and utilise the notion of Safe, Sane and Consensual (SSC) or Risk Aware Consensual Kink (RACK). This underpins any negotiation for a kink or BDSM play experience and is a huge part of scene negotiations, no matter how big or small it is. It's also sanctioned and enforced by public play spaces and is explored in kink literature, discussed and explored in online forums, and is always the basis of any kink/BDSM workshop.

Consent can become key to an individual finding a positive way to integrate their sexual turn-on patterns in a way that's fulfilling and healthy. They can find people who are also interested in similar 'kink' and are willing to explore it with them in a safe environment. Consent can also be a cue to whether that person needs to find or develop alternative structures to help with their fantasy in the event that their partners/lovers don't want to engage (e.g. the man who can engage in age play in nappies on his own rather than with his partner was a good solution here).

When consent is involved it can become pivotal to reducing shame, guilt and poor self-esteem and the individual can integrate their turn-on pattern into their life.

This absolute vigilance around consent for the kink/BDSM community is why it's concerning that practices of kink/BDSM are discussed in this article alongside practices that are about abuse or assault. I feel there needs to be a very clear line between the two and this article doesn't really make a clear

enough distinction, which is risky to the community of which I am a part.

Online

FetLife – website (it's like facebook for kinksters)
Fetish Meetups in the local area
Blogs – solopoly.net, polyweekly.com

These resources can help inform, educate and empower newcomers to the world of kink, poly and diverse sex practices in a positive and empowering way. Additionally these resources can be shared with clients so they can feel less isolated for their desires.

Relevant resources

I believe that readers may be interested in a range of contemporary kink/poly/sex positive literature. There are seminal books in the kink community written by women/other gendered individuals, with much critique and inclusivity of trans experiences, gender, culture, and class politics. They have excellent information about consent, limit setting, negotiating diverse sex practices safety, values and ethics. They include:

Books:

The Ethical Slut, by Janet Hardy and Dossie Easton
The New Topping and Bottoming Book,
by Janet Hardy and Dossie Easton
Consensual Sadomachosm,
by William A Henkin and Sybil Holiday



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Some reflections and responses

by Ron Findlay on the paper:

'Sex positive ways of perceiving sexual turn-on patterns: Part I - Understanding'

Benestad, E. E. P, Almas, E. & Weingarten, K. (2015). Sex positive ways of perceiving sexual turn-on patterns: Part I – Understanding. *International Journal of Narrative Therapy and Community Work*, 1:27–38

Ron Findlay is an individual, couple and family therapist. He has been working in narrative therapy since at least 1985 and studying approaches to sex therapy since the 1970s. He works in private practice part time and has been the co-ordinator and lecturer of the Graduate Certificate in Narrative Therapy at La Trobe University which ran from 2007 to 2014. He can be contacted on ron.findlay@latrobe.edu.au, or ctc@labyrinth.net.au

I wish to acknowledge the authors' original work. I also wish to acknowledge the authors bringing many important issues from the field of sexology to the attention and awareness of the wider narrative therapy community. There are two issues in particular I wish to comment on.

Sexual fantasies of abuse

'We have been struck by the fact that when we gained insight into the sexual lives of individuals who had been victims of sexual abuse, many had sexual fantasies of abuse.' (Benestad et al., 2015, p. 29)

One of the significant contributions of the authors, is to bring an issue which is known in some sexology circles to the wider narrative therapist community: that following sexual abuse/assault, some aspects of abuse or even of the particular abuse/assault can become part of what subsequently turns those people on. Even aspects of the perpetrator can be included in some people's arousal fantasies. Some people don't incorporate exact memories of the abuse/assault within fantasies but do get aroused by thinking about similar types of events.

In what percentage of people this occurs is unknown. How often survivors of abuse employ these fantasies in their sex life versus employing alternate others is also unknown. I consider it brave and helpful of the authors to open this complex realm to the wider field.

As the authors discuss, people for whom this occurs have many different reactions and responses to these fantasies and thoughts, e.g. shocked, horror, guilt, shame, disgust, pleasure, arousal, enjoyment, preference, indifference, matter-of-factness, plus many others. On hearing about this phenomenon, you may go through similar reactions and responses yourself.

Not to dismiss that for some people having 'sexual fantasies of abuse' can be a source of great distress, the idea that for some people these fantasies can be a source of pleasure, and even a sought-after source of pleasure, can go against the grain of many therapists. However, whatever a therapist goes through in hearing about this, if the therapist's wish is to understand and assist people for whom this is their lived experience, then it seems important that therapist knows that this occurs¹.

This may open the door to discussion with other colleagues about how to understand and respond. It may also open the door to discussion with people who experience this, for their ideas and 'management techniques'. In addition to consulting clients, in sex therapy, about this phenomenon, I have also consulted friends, including friends who are also therapists, who have these type of arousal thoughts post abuse/assault.

Most friends have reported to me that they have worked out techniques and attitudes that include acceptance of their thoughts and of themselves. Perhaps a written collation

of these skills and knowledges would be worthwhile for a narrative therapist to create that could then be shared with clients who are struggling with the experience?

Awareness of arousal

It is also possible that women are less subjectively aware that they are sexually turned on ... They found that there were significant differences between the responses of men and women. They found that in men there was a correlation between subjective and objective recordings. Additionally, the men were specific in their responses ... In the female group, the picture was quite different: There was little correspondence between the subjective and the objective recordings. (Benestad et al., 2015, p. 29)

Another contribution of the authors is to bring to readers' awareness the research by Chivers (Chivers et al., 2004; Chivers et al., 2010) in Canada and by Laan (Laan & Everaerd, 1995; Laan & Janssen, 2007) in the Netherlands,, which presents that people can be physically aroused by sexual imagery, writings or sounds, while not subjectively aroused². This seems to include people being aware of their bodies' reactions but disowning them; people being aware of their bodies' reactions and being indifferent, not affected, or not involved with them, and sometimes people being not aware at all of the physical signs of arousal that are occurring. The researchers' claim that these people are not simply being too embarrassed or too polite to admit arousal to the researcher, but are honestly not aware of the degree that their body is having physiological signs of arousal.

'But there are other indications that consciously underreporting of sexual feelings, or plain lying, can not be an important explanation for disagreement between genital and subjective response'. (Laan & Janssen, 2007, p. 10)

Do we accept this research? When I have spoken with colleagues about this, their first response is often scepticism about the research findings. Of course, all research requires a critical mind to assess its validity. I encourage you to read the research yourself (Chivers, et. al, 2010; Laan & Janssen, 2007).

If we do accept this research, how would we understand its findings? One ungenerous position is that these people are 'not *in touch with their feelings* or their "real self"'. Contrastingly, a more generous position is that this is 'a noble example of the triumph of people's ability to live by their principles over that which would be determined by their baser nature'. They are *in touch with their principles*, they don't connect with the arousal unless they believe it is right by their values.

If we do accept the research, should these 'arousals' be interpreted to mean that they represent some truth about the person's sexual attraction and responses, and we should help them to recognise that? Or are they non-significant responses that can be ignored or disowned? Are they built-in genetic, or acquired? If they are recognised, do we help people to embrace them in a positive way, or try to ignore or even eradicate or suppress them as unwanted negatives? Do they represent some grand truth about the person's identity?³

At some point, one would hope that people who experience a lack of concordance between subjective and physiological sexual arousal will have the chance for their voices and opinions to join the discussion. Especially if we are to

minimise 'expert' voices and opinions monopolising any decisions about what is accepted as 'norms' and 'truths' for this sexual issue (and perhaps sexual experience in general).

Notes

1. This is not to overlook that many surveys (Bivona & Critelli, 2009; Critelli & Bivona, 2008), and many people I have spoken with, report they have never experienced abuse or assault and yet employ sexual fantasies that include various scenarios of non-consensual activities.
2. Heiman (1977) wrote on this topic as far back as the 1970s.
3. What is more, does this lack of concordance between physical responses and subjective ones occur in other issues in life apart from sex?

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