

# BDSM as trauma play: An autoethnographic investigation

Jeremy N Thomas 

Idaho State University, USA; Center for Positive Sexuality, USA

## Abstract

In this article, I introduce the concept of BDSM as trauma play, which is the practice of intentionally engaging in BDSM activities in order to “play” with one’s past trauma or abuse. I begin by offering a fuller definition of trauma play, and I then summarize some of the key scholarly discussions related to the topic, especially the themes of healing, therapy, play, and embodiment. Following this, I take an autoethnographic approach, and I investigate my own trauma play experiences, which I subsequently analyze and use to highlight the need for more systematic research into this understudied topic area that significantly impacts the lives of some BDSM practitioners.

## Keywords

Autoethnography, BDSM, play, therapy, trauma

## Introduction

Although a personal interest in BDSM has long been pathologized (Beckmann, 2001; Kleinplatz and Moser, 2005; Pitagora, 2013; Taylor, 1997) and often presumed to be the result of childhood trauma or abuse (Nordling et al., 2000; Taylor and Ussher, 2001; Weille, 2002), empirical studies have repeatedly found that BDSM practitioners have non-remarkable psychological profiles (Connolly, 2006; Cross and Matheson, 2006; Hébert and Weaver, 2014; Weinberg, 2006) and are no more likely than the general population to have experienced trauma or abuse (Powls and Davies, 2012; Richters et al., 2008; Sandnabba et al., 2002). Additionally, some research suggests that BDSM practitioners may actually experience lower levels of psychological distress (Richters et al., 2008) and may be “healthier than the general population in a number of personality measures” (Khan, 2015: 53; Wismeijer and Van Assen, 2013). Corresponding to this, recent scholarship has highlighted a variety

---

## Corresponding author:

Jeremy N Thomas, Department of Sociology, Social Work, and Criminology, Idaho State University, 921 S. 8th Ave., Stop 8114, Pocatello, ID 83209-8114, USA.

Email: [jt@jeremythomas.org](mailto:jt@jeremythomas.org)

of positive outcomes associated with BDSM participation, including developing skills related to communication and trust, negotiation and risk calculation, and self-care and resiliency (Khan, 2015; Williams et al., 2017).

Alongside these outcomes, scholars have also given increasing attention to the healing (Barker et al., 2007; Bauer, 2014; Ortmann and Sprott, 2013) and therapeutic (Lindemann, 2011; Ritchie, 2008; Shahbaz and Chirinos, 2017; Weille, 2002) dimensions of BDSM. While this research has documented a variety of reasons and contexts that can lead persons to frame their BDSM experiences as healing or therapeutic—including such diverse themes as managing physical disabilities, countering sex-negative discourses, and helping mitigate feelings of guilt—most of this research has intentionally focused on the experiences of persons with past trauma or abuse (see Brothers, 1997; Carlström, 2018; Easton, 2007; Hammers, 2014; Hart, 1998; Kort, 2018; Weiss, 2011). Although as noted, BDSM practitioners are no more likely than the general population to have experienced trauma or abuse, among those who have, BDSM activities do appear to often function in a therapeutic manner.

In this article, I build from this work on the healing and therapeutic dimensions of BDSM, and I explore the related concept of what has sometimes been called “trauma play” (Klotz, 2013; Kort, 2018). As I explain in more detail below, trauma play is the practice of intentionally engaging in BDSM activities in order to “play” with one’s past trauma or abuse. Because there has only been limited work on the topic, I begin by offering a fuller definition of trauma play, and I then summarize some of the key scholarly discussions related to the topic. Following this, I seek to expand the literature by taking an embodied perspective and focusing on the following questions: What does it actually feel like to participate in trauma play? Does one experience it as therapeutic? Or traumatic? Moreover, how is trauma play simultaneously (but perhaps differentially) experienced on a cognitive, an emotional, and a corporeal level?

As most of the limited work on trauma play has focused on the experiences of women as interpreted by academics or clinicians—perhaps reflecting gender differences in rates of past trauma or abuse as well as in the relative social acceptability of disclosure (Ullman and Filipas, 2005)—in this article, I instead take an auto-ethnographic approach, and I investigate trauma play from my own perspective as a male BDSM practitioner who has participated in trauma play multiple times. While my approach is novel in the sense that I as the researcher am outing myself and analyzing my own experiences of past trauma and abuse, I recognize that my approach does come with limitations, which I discuss later. That being said, my approach provides the opportunity for a more reflexive and intensive style of analysis than other approaches typically allow.

## **Defining trauma play**

Prior to its relatively new use in the context of BDSM, the concept of trauma play (or also “posttraumatic play”) emerged out of psychoanalysis (Arlow, 1987;

Brothers, 1997; Hart, 1998; Weille, 2002; see also Bowins, 2010; Corradi, 2009) and has primarily been used with regard to children, both as a pathological description of children reenacting past trauma (Cohen et al., 2010; Dripchak, 2007) as well as a type of trauma intervention using the methods of play therapy (e.g. Ogawa, 2004; Ryan and Needham, 2001). With regard to its specific use in the context of BDSM, it is important to distinguish individual, biography-based trauma play (the focus of this article) from what has sometimes been called “cultural trauma play,” which is BDSM play that intentionally draws on “social or historical structures of exploitation” (Weiss, 2011: 22) and includes activities such as race play (Cruz, 2016) and holocaust and Nazi play (Bauer, 2008). While these activities definitely engage with a collective sense of trauma, I distinguish such play from the concept of trauma play used in this article, by which I refer to activities related to past trauma or abuse in a given individual’s life.

Accordingly, I define trauma play as BDSM activities that adults consensually engage in that are related to past trauma or abuse and for which the individual is actively aware of this connection. In other words, the defining feature here is that persons are intentionally doing these activities because *in their minds* there is a connection to the past. Hence, while activities such as rape play (Hammers, 2014), incest play (Bauer, 2017), and humiliation play (Carlström, 2018; Thomas and Williams, 2018) might appear to be obvious forms of trauma play—and can certainly be categorized as forms of “edge play” (Newmahr, 2011)—it is important to realize that persons engage in these activities for many reasons, including that some participants simply find them fun, exciting, or novel, and thus not necessarily forms of trauma play. Alternatively, seemingly more innocuous activities such as mild spankings and bondage might come across as light-hearted and fun, but for a given individual these activities may indeed be linked to past trauma or abuse.

## Understanding trauma play

One of the key discussions that has emerged out of research related to BDSM and trauma play is the question of whether trauma play is better described as the *reenactment* of trauma or as the *rescripting* of trauma. While there seems to be a tendency among online communities and on social media to use the term reenactment in a more pathological manner and the term rescripting in a more therapeutic manner, within the academic literature these and other similar terms have actually been used in a fairly interchangeable manner. For example, in one of the earlier investigations related to BDSM and trauma play, Brothers (1997) drew no distinction between the use of these terms and instead argued that persons are not, in fact, retraumatizing themselves when they participate in “enactments” of past trauma, but rather they are actively seeking to “rescript the original trauma scenario” (Brothers, 1997: 253). Similarly, Lindeman (2011) has used the term reenactment in a therapeutic context, suggesting its connection to gaining control over the past; and likewise, Hammers (2014) has used the term to emphasize not only control

but also the opportunity to restore the body and gain “somatic reclamation” (Hammers, 2014: 79). Most recently, and also most similar to popular usage, Kort (2018) has distinguished between reenactment and play, framing the former as pathological and the latter as therapeutic.

This varied usage raises the question, though, of what is it that actually differentiates a pathological experience from a therapeutic one. While, in general, the literature only vaguely addresses this question, two insights from the psychoanalytic tradition stand out. First, Weille (2002) has essentially argued that it is practice that makes the difference. In repeatedly reenacting one’s trauma, there emerges the opportunity to gradually rescript it through a “process of oscillation between the poles of repetition and repair, a process mediated by a combination of scripts from the past and goals for the future” (Weille, 2002: 143). For Weille, BDSM functions as a kind “of playground for this process” (Weille, 2002: 143; see also Easton, 2007).

Second, Hart (1998: 179) has relatedly proposed that BDSM offers a context for others to “bear witness” to an individual’s past experiences, and that through participating in such a context, an individual can move from the emotional and somatic dissociation of trauma and abuse to the reassociation of acknowledgment and recognition. For Hart, this is a critical shift from shame to integration: “Whereas the sexual abuse survivor is most clearly recognizable to others through *dissociative* symptomologies, the s/m practitioner acts out these scenes in ways that repeat, reorganize, and integrate them into her present. Dissociation is replaced by *consciousness* of associations” (Hart, 1998: 186; emphasis in original).

Across all of this literature, one of the most consistent and frequently appearing ideas is the assumption that there is something fundamentally healing about play itself. Thus, it is important to consider how it is that trauma play can truly function as a form of play. I suggest three interconnected ways. First, and most obviously, the concept of play has long been associated with BDSM activities, as is evident in the phrase “BDSM play” and the corresponding “play parties” where such activities frequently occur (Paasonen, 2018). Consistent with this, leisure science has increasingly framed BDSM as a form of leisure (Newmahr, 2010; Williams, 2009), with some types of experiences being framed as more casual leisure (associated with fun, excitement, and adventure) and others as more serious leisure (associated with effort and perseverance, and corresponding benefits and rewards) (Williams and Prior, 2015; Williams et al., 2016). While trauma play likely fits best under the latter frame, it does clearly demonstrate leisure themes.

Second, the concept of trauma play implicitly suggests that trauma is the object of one’s play. As such, playing with one’s past trauma or abuse presupposes some degree of control over it. Moreover, analogous to the notion of “toying with someone” (see Hanna, 1999), playing with something can indicate an ulterior motive or background context. For trauma play, this can suggest an underlying intentionality in trying to gain further control and power over the past. This is consistent with how Weille (2002) discusses play as a safe space to intentionally “rework” and “experiment” with the different plot lines and “outcomes” of one’s own source material, the experiences from one’s past.

Third, related to this, trauma play can also be directly interpreted as a type of play therapy. While, as noted, play therapy has traditionally been used with children, its basic themes certainly extend to adults as well. One of these is the idea that play allows people to “act out feelings, thoughts, and experiences that they are not able to meaningfully express through words” (Bratton et al., 2005: 376). In turn, this seems particularly applicable to those BDSM practitioners who, having experienced trauma or abuse, struggle to verbally process their experiences (as in talk therapy) but are better able to do so through less verbal activities such as trauma play.

Finally, congruent with these less verbal aspects as well as with Hammers’ (2014) emphasis on corporeality and “somatic reclamation,” it is important to understand trauma play as a thoroughly embodied experience (Beckmann, 2001; Hale, 1997; Tolman et al., 2014; Turley, 2016). In this sense, trauma play taps into the literal embodiment of trauma, emphasizing the idea that bodies tell their own stories and have their own memories that may or may not be consistent with one’s thoughts and emotions (Spencer, 2015; Young, 1996). As such, trauma play illustrates many of the embodiment themes typically associated with BDSM, including reading the body (Turley, 2016), connecting the body (Bauer, 2014; Weiss, 2011), and allowing for bodily catharsis (Fennell, 2018). For trauma play, the corporeal joins with the cognitive and the emotional in providing a contemporary experience of past trauma or abuse.

## **Experiencing trauma play**

As stated earlier, I am particularly interested in the question of what it actually feels like to participate in trauma play. To begin to answer this and related questions, I now explore my own experiences using an autoethnographic approach. Although autoethnography does have limitations (Ellis et al., 2011), and self-disclosure can be controversial, especially for sex researchers (Thomas and Williams, 2016), my approach is consistent with that of other scholars who have offered retrospective analyses of their own BDSM experiences in support of broader theoretical claims (e.g. Easton, 2007; Hale, 1997; Stryker, 2008). While such retrospective analyses are not generalizable or necessarily representative, the fact that autoethnography allows for the same person to be both researcher and research subject provides the opportunity for a more reflexive and intensive style of analysis than other approaches typically allow.

In particular, my autoethnographic approach has allowed me to participate in an iterative process of interpretation and meaning making (Krauss, 2005) as I have systematically worked through my memories of past experiences and allowed those memories to interact with the theorizing and contributions of scholars such as those discussed above. Although many styles of qualitative data analysis rely on similar processes with regard to transcripts, field notes, and the like (through coding, thematic recognition, theory building, etc.), autoethnography is unique in that it provides the opportunity to dig deeper and analyze memories themselves.

Thus, instead of being at the mercy of a research subject's ability to clearly articulate past experiences, the autoethnographer has the benefit of direct and unmediated access to such memories. For this article, then, the result is that my writing has likewise proceeded in a similar iterative fashion: I have remembered, written, and theorized; and then re-remembered, re-written, and re-theorized; and repeated these steps over and over as I have continued to systematically craft both my narration and my interpretation of my past experiences.

Before going any further, though, it is important to give some basic information about myself: I am a white, predominantly heterosexual, cis-gendered male in my early 40s. I am also married and polyamorous, and a tenured university professor. It goes without saying, then, that I have substantial privilege and that my experiences undoubtedly reflect that. To be clear, I recognize that my experiences are my own, and while not necessarily atypical, should not be assumed to be representative of other persons or groups. That being said, there are definitely insights to be gained from my experiences that can stimulate the thinking and future research of others.

Alongside these demographics, I also need to state that as a child I experienced trauma and abuse. Additionally, in terms of summarizing my BDSM experience, I should note that although I have always had an interest in BDSM activities and, as soon as I could access it, BDSM porn, it was not until about 13 years ago that I started exploring BDSM with a partner, and it has been in the last eight years that I have been active in BDSM communities. While in some ways that makes me fairly new to such contexts, my time in BDSM has been sufficient to give me substantial experience with activities and scenes that I have come to label as trauma play.

Accordingly, in the text below, I narrate two separate trauma play experiences of mine. In some ways they are similar, but in other ways quite different. As I discuss later, the first is more indicative of my earlier experiences of playing with trauma at BDSM events while the second is more characteristic of experiences that have occurred within the last few years. I offer them both as an attempt to illustrate the diversity of trauma play but also because, in line with the expectations of Weille (2002), they demonstrate how trauma play experiences are unlikely to remain static but instead shift and change over time.

For each of these experiences, I provide a narrative followed by my immediate reflexive reactions. I note that as my work in this article is based on retrospective analysis, I did not engage in the kinds of formal or structured methodologies that one might expect if I had been intending to research my experiences from the beginning. Instead, as suggested above, each narrative represents a combination of material from my personal journals that was written soon after the events occurred alongside my ongoing memories of those events.

I begin, then, with an experience that I had at a semi-private play party, where there were approximately 100 people in attendance. I had set up a scene with a regular play partner of mine:

I had asked her to restrain me, and now my hands are above my head, bound by wrist cuffs hanging from a joist in a barn. She's my favorite top, and as usual I have my

socks on because my feet get cold, but otherwise I'm completely naked. Twenty, maybe thirty people are watching, and I know they've come for a show because we definitely have a reputation.

The flogger gently begins to hit my back and slowly picks up speed as it establishes a steady and regular rhythm. It's smooth and soothing, and I'm relaxing, letting my mind drift. I know I've arranged this scene for a purpose, but right now I'm enjoying the moment.

Ten, maybe fifteen minutes later, the strokes have become more intense, and the pain is growing stronger. It's getting hotter in here too, and the relaxing warmth of the flogger is now giving way to a mix of thud and sting. I'm focusing on my breathing, and as I close my eyes, I'm trying to block out the pain. A few more minutes go by, and the background noises are beginning to fade. I'm no longer in a barn and no longer being watched by other people. There's just me in the darkness, flying high and spinning fast.

And yet there is something. Something is coming, and I know it's something from my past. With intention, and also without choice, I'm being drawn toward it. Part of me wants to go there, but I'm afraid. There is danger, and the darkness is giving way to terror.

Up ahead, I see myself in a house: I'm a naked child in a bathroom, and someone's yelling at me. Someone's hitting me. Someone's touching me, and someone's repeatedly asking me a question. What is the person saying? And now I hear words I know well: "Are you going to do what I tell you? Are you? Are you? Or do we need to stay in this bathroom forever?" Although I never answer these questions, the voice goes on, and it begins to say other things, horrible things, things that I refuse to remember.

I again feel the flogger, and this time it's hitting deep and full. It's breathing for me, and with each stroke, I gasp as the air inside me is forced out. The strands of the flogger are no longer dancing; instead, they are penetrating and gutting. And then I hear music I recognize: It's Rage Against the Machine; it's on my playlist. "Fuck you, I won't do what you tell me. Fuck you, I won't do what you tell me." I see myself saying it in the bathroom, and I'm pretty sure I'm saying it in the barn—actually, I think I'm yelling it, again and again: "Fuck you! Fuck you! Fuck you!"

And then a pause and the unmistakable hiss of a single tail. It wraps around me and blows through me, and in the same moment, the lightbulb in the bathroom shatters, first into blinding light, then into fire, and then into darkness. I'm screaming as loud as I ever have, and I'm dissolving, I'm disappearing, and then I'm gone.

For how long or to where, I don't know. But now her hands are on my face, and she's in front of me. My eyes won't focus, but I see her blurry lips, and they're moving



agitatedly. What is she saying? Why can't I hear? Slowly I meet her eyes, and I can see her relief. And then her face is against mine, and her hands are wiping away sweat and tears. She's holding me and gently kissing me, and I'm there again, present in the barn, still trembling as distressed spectators continue to look on.

What does trauma play feel like? For me, it's terrifying, but it's also brave. I can look back, and I can face the past. It's traumatizing, and it's therapeutic. It's reconnecting, and it's dissociative. In the moment, I often lose myself. My body becomes frighteningly present and yet also very distant, something I see from afar, something I look down upon and observe with detachment. I wonder, how does that person feel? What is he experiencing?

There are parts of me that do not know and do not want to know—but my body surely does. It knows what it's like to be naked with someone behind it. It knows what it's like to be hit. It knows what it's like to be touched. It knows what it's like to be yelled and screamed at. It knows what it's like to feel shame, to be the object of disgust.

But I take comfort in the moments after: the warm embrace of my top, her hands on my face. It's only a minute or two, but I can feel my heart, my mind, and my body reconnecting. I'm experiencing my "somatic reclamation." I am coming together.

I now offer a second experience, this one more recent. I am at another large play party, and I have just finished negotiating with a new play partner:

Tonight, I'm wanting to have fun. I don't have any intention of recalling the past or engaging any trauma. I just want to blow off steam and mess around. I'm playing with a new top, and this is actually the first time we've ever met. She likes to hit people, and I like to be hit. We're going to give it a try.

She's also substantially younger than me. She says she's been playing for a few years but that she's still new at it. I know I make a good bottom for such a person: You can do all kinds of shit to me, and I will generally enjoy it, or at least tolerate it. And so we're joking around. She calls me a slut and tells me to take off my clothes and get up against the cross. I'm enjoying it; she's cute, and this is fun.

She's also very much a sadist. She laughs when she hits me. She taunts me when I scream. Her big bag of toys contains all kinds of weird homemade implements, and she clearly takes pleasure in switching them around just as I'm getting into a rhythm. She grabs my hair, pulls my head back, and whispers in my ear, "How ya feeling, little boy?" It's funny: I'm at least ten, maybe fifteen years older than she. We're both smiling and having a good time.

And now she's hitting much harder, and apparently she's grown fond of a PVC pipe. The experience is becoming far more intense, and the pain is rapidly escalating toward an excruciating level. But I'm staying present. I'm aware of who I am, even as I catch



a glimpse of the terror and darkness of that childhood bathroom. But tonight it doesn't draw me. Rather, I play with it a bit in my mind; I mull it over. I'm familiar with the emotions that lie there, but I also feel a sense of confidence and mastery. In the midst of this sadistic person hitting me with a plastic pipe, I take pleasure in the journey, and I recognize that things don't terrify me as much as they used to. Being naked and exposed, being beaten—I've come to enjoy it. I recognize the complexity, but I don't feel the need to resolve it. Instead, I just let it be, and I yell at my top: "Little girl, is that all you got?"

What does trauma play feel like? For me, it feels strong; it feels powerful. It makes me realize that I'm no longer bound to the past. Instead, trauma is something I play with. I toy with it. I can visit it and explore it if I want to, but I can also leave it behind. It's no longer in control of me. I'm in control of it.

### **Reflecting on gender, power, and risk**

While the above narratives are intentionally succinct and attempt to capture my experiences in the moment, especially on a corporeal and an emotional level, it is also worth reflecting on a cognitive level and exploring some dynamics that stand out, particularly gender, power, and risk.

First, it is clear that gender forms a significant factor in my trauma play experiences. That is, gender is not merely background context; rather, it is active dimension of these scenes. In both of the above narratives, as well as across all my trauma play experiences, I have intentionally selected women as tops. On the one hand, given that I identify as predominantly heterosexual, this is not surprising and is certainly normative within the kinds of mostly-heterosexual BDSM communities that I have been a part. On the other hand, this takes on added meaning for me in that my childhood experiences of trauma and abuse are associated with a woman, not a man. I know, then, that I chose to be topped by women in these scenes not just for default heterosexual reasons, but because I intentionally wanted to replay and mimic the abuse that occurred by a woman. That being said, it is important to note the differences between the women in my two narratives. In my first narrative, the woman I played with was a few years older than me and was widely perceived as being the most respected and dominant woman in her particular community. She radiated power and authority, and I have no doubt that I chose to play with her because I wanted to experience a power differential necessary to getting where I wanted to go. Alternatively, in my second narrative, the woman I played with was not only younger than me but also had far less power and authority within her respective community. Although I had not thought about it at the time, in retrospect this suggests to me that one of the ways that I was moving from reenactment to rescripting was through manipulating the power differentials that I was experiencing and, in doing so, taking at least some of the power back. I was setting up these scenes in ways that helped facilitate my "oscillation between the poles of repetition and repair" (Weille, 2002: 143).

Second, related to this, I think it is interesting to consider the contrast between my status and power as a university professor and my choice to play publicly as a bottom. In fact, I have often thought of the similarities and differences between teaching a class of 20 to 30 students—as the professor, as the authority—and being tied up naked in a barn, screaming and crying in front of 20 to 30 random strangers. It raises the question: Why did I choose to play publicly? The answer, I think, lies along the lines of Hart's (1998: 179) discussion of having others “bear witness.” I played publicly because part of me needed other people to see my trauma and abuse. I needed it to be acknowledged; I needed to move on from shame; I needed to find integration. Yet, I also recognize a degree of irony here in that while I implicitly understood public vulnerability as key to my healing and therapeutic journey, I did not pursue this path until a time in life when I had more power than I had ever had before. As a tenured university professor, as someone who teaches classes and publishes articles on sexuality, as the resident “sex expert”—I had come to a point in life where I was uniquely empowered to be vulnerable. Thus, while some research (Weiss, 2011) has suggested that playing as a male bottom can be construed as emasculating or humiliating, consistent with other research (Simula and Sumerau, 2019), I ultimately experienced quite the opposite: My vulnerability was empowering and, at least in one sense, a kind of demonstration to myself that I now had sufficient power in my life that I could afford to give some away (see Savran, 1996, 1998).

Third, at the same time, it is important to recognize that while at this juncture in my life I can look back and call these experiences empowering, when I first started exploring trauma play, I was much less confident that my experiences would necessarily turn out so. Instead, consistent with the warnings present within the more clinical and applied scholarship on trauma play (e.g. Kort, 2018; Ortmann and Sprott, 2013), it should be acknowledged that there are very real risks involved with engaging in these kinds of activities. Certainly—as with many BDSM activities—things can go bad (Bauer, 2014; Newmahr, 2011). As an example, I note that prior to the scene described in my first narrative, I had an occasion where I played with this same top in what I would describe as a substantially traumatizing experience. It was not that something physically different occurred: To spectators, both scenes looked largely similar. However, for whatever reasons, the earlier occasion left me feeling deeply traumatized for days afterwards, including an immediate period of roughly 24 hours during which I experienced recurrent dissociative episodes. In many ways, this experience was devastating, and I could have decided to never play again. But after a few months, I did, and I kept at it. Clearly, trauma play involves risk.

## Discussion

While the above described experiences and reflections are my own, they lend themselves to a number of insights that can stimulate the thinking and future research of others.

First, with regard to discussions about the potential therapeutic and traumatic aspects of trauma play, it is worth again considering the question: Is trauma play better described as the *reenactment* of trauma or as the *rescripting* of trauma? Although, as discussed earlier, scholars have used these and other similar terms in a fairly interchangeable manner, when I reflect on my own trauma play experiences, I think they are best described in terms of rescripting. This is consistent, for example, with how my first narrative demonstrates themes of resistance as I attempt to change the dialogue of my past trauma through imbuing it with a sense of agency and moral critique. In turn, my second narrative demonstrates the outcome of this as I have gained increasing control over the past, as shown through my self-perceived ability to play with my trauma and manage it accordingly. While again, these experiences are my own, they fit with the limited work on trauma play (e.g. Hammers, 2014; Ortmann and Sprott, 2013; Weille, 2002), and at the same time they also highlight the need for a more systematic investigation of how trauma play is individually experienced and assessed.

Second, connected to this, my experiences raise some interesting questions about embodiment, particularly in regard to how a history of trauma or abuse may interact with both the (community-based) idea of subspace as well as the (clinically-based) idea of dissociation. There are actually several things to consider here. Beginning with subspace, the term is regularly used by BDSM practitioners to refer to a range of generally positive physiological sensations and psychological states that bottoms often seek to experience as part of a scene. Sometimes characterized as a “natural high” (Williams, 2006: 339) or similar to feelings of flying or floating (Pitagora, 2017: 46), the term is used broadly and can describe anything from basic “positive and pleasant” feelings to “altered states of consciousness” that “may include temporary feelings of depersonalization and derealization” (Pitagora, 2017: 46). At the same time (and virtually never discussed alongside subspace), experiences of depersonalization and derealization are also very much associated with dissociation (Halligan et al., 2003), which is itself strongly associated with childhood trauma and abuse (Mulder et al., 1998). Hence, when I think of my own trauma play experiences, especially those similar to my first narrative, I recognize elements that I consider to be typical of subspace as well as elements that strike me as specifically dissociative, such as losing track of time and space. What I think is interesting, though, is that while I have certainly experienced these dissociative elements, on the whole, I would describe my experiences of trauma play as leading to the kinds of “somatic reclamation” that Hammers (2014) and similarly others (Hart, 1998; Ortmann and Sprott, 2013) have discussed when describing how BDSM can help persons reconnect with their bodies. Thus, coming back again to the question of whether trauma play is therapeutic or traumatic, I would definitely say both.

Third, although for me physical pain is key to trauma play (see Ortmann and Sprott, 2013), it needs to be understood that, for many persons, trauma play does not require physical pain at all. Indeed, consistent with research on rape play (Hammers, 2014), incest play (Bauer, 2017), and humiliation play (Carlström, 2018; Thomas and Williams, 2018), it seems likely that other elements

are just as, or even more important. In particular, the overarching dynamics of power exchange, as often expressed in domination and submission, are probably key for most persons. Corresponding to this, relational characteristics such as trust, intimacy, and vulnerability are undoubtedly critical to ideal experiences of trauma play (Bauer, 2014). Following from this, it is clear that more research is needed into a variety of related topics, including how people choose partners for trauma play, how trauma play is negotiated and/or scripted, and how trauma play attempts to navigate the complexities of consent and psychological safety.

Fourth, my participation in trauma play suggests that it would be worthwhile to investigate how individuals' trauma play experiences may demonstrate a therapeutic trajectory. As shown in my narratives, and as is consistent with the retrospective analysis of Hammers' (2014) research subjects, it appears that trauma play experiences are unlikely to remain static but instead shift and change over time. While this certainly does not preclude an ongoing interest in particular kinds of activities, scenes, or reenactments (Kort, 2018; Weille, 2002), there is reason to believe that persons' experiences and interpretations of trauma play are subject to variation and, ideally, therapeutic progress. As Weille (2002: 143) has argued, healing may indeed be linked not only to singular reenactments, but also to ongoing processes of "repetition and repair."

Finally, fifth, I think it is important to consider the role of spectators when playing in public or semi-public community settings. While trauma play can obviously occur in a private space with just a top and a bottom, my experiences point to Hart's (1998: 179) idea that there are therapeutic opportunities in having an audience "bear witness" to one's past trauma or abuse. In contrast to the shame of "bearing the secret" of such past events (Hart, 1998: 188), public reenactment and rescripting can provide a context for validation and recognition (Bauer, 2014; Newmahr, 2011). Given, however, that very little is known about the interactions and interactive meanings created between trauma play participants and spectators—either during or after such scenes—more research is clearly needed.

## **Conclusion**

As Barker and colleagues (Barker et al., 2007) have observed, many persons are hesitant to discuss or investigate the relationship between BDSM and past trauma or abuse for fear of inadvertently contributing to "pathologising discourses around BDSM" (Barker et al., 2007: 205). Although, as noted, BDSM practitioners are no more likely than the general population to have experienced trauma or abuse (Powls and Davies, 2012; Richters et al., 2008; Sandnabba et al., 2002), the popular association surely remains. At the same time, it is also important to recognize that even the act of challenging these "pathologising discourses" can itself normalize "the legal and medical praxis" on which they are built (Parchev and Langdridge, 2018: 194; see Downing, 2004, 2007; Langdridge and Parchev, 2018). As such, I suspect that this article will make some people uncomfortable, not only because of the research topic, and not only because it "outs" a sex researcher (and thus,

at least from the perspective of some, undermines the credibility and objectivity of scholars who study BDSM and other forms of sexual diversity), but also and especially because it potentially reifies the structures and powers it seeks to resist.

Yet, while I acknowledge that these risks are real and certainly deserve ongoing consideration, there is also a need to research topics such as trauma play that are not only comparatively understudied but that also significantly impact the lives of some BDSM practitioners. Along these lines, I note that although population estimates of BDSM participation do vary widely depending on definitional criteria (Joyal and Carpentier, 2017), such activities are by no means uncommon. In fact, a recent representative probability survey of adults living in the United States (Herbenick et al., 2017) found lifetime prevalence rates of over 30 percent for erotic spanking and over 20 percent for both sexual role play and bondage participation. At the same time, while rates of past trauma and abuse depend on the type of trauma or abuse being considered (May and Wisco, 2016; Neria et al., 2002), it seems likely that there is a substantial portion of the population for whom the interactions between BDSM and past trauma or abuse are salient and significant. Although most of these persons are not engaging in trauma play in community settings, the themes and insights discussed in this article are still relevant to such persons and deserve further investigation.

Accordingly, my main purpose in this article has been to introduce the concept of trauma play, to summarize the limited work on the topic, and to call for more systematic research. As part of this, I close by observing that over the last couple of decades, scholars have continued to add new conceptual frameworks for understanding BDSM. From an earlier focus on BDSM as sex (Moser and Levitt, 1987) and BDSM as power exchange (Langdridge and Butt, 2005), to more recent analyses of BDSM as leisure (Williams et al., 2016) and BDSM as therapy (Lindemann, 2011), scholarly understanding of the topic has grown increasingly aware of the diverse motivations, meanings, and experiences that constitute BDSM. In proposing BDSM as trauma play, I hope to both contribute to and further diversify this understanding.

### **Acknowledgments**

The author would like to thank D J Williams, Emily Prior, Richard Sprott, and Laura Thomas for their helpful comments and suggestions.

### **ORCID iD**

Jeremy N Thomas  <https://orcid.org/0000-0003-3871-6373>

### **References**

- Arlow JA (1987) Trauma, play, and perversion. *The Psychoanalytic Study of the Child* 42(1): 31–44.
- Barker M, Gupta C and Iantaffi A (2007) The power of play: The potentials and pitfalls in healing narratives of BDSM. In: Langdridge D and Barker M (eds) *Safe, Sane and Consensual: Contemporary Perspectives on Sadomasochism*. New York: Palgrave Macmillan, pp. 197–216.

- Bauer R (2008) Transgressive and transformative gendered sexual practices and white privileges: The case of the dyke/trans BDSM communities. *Women's Studies Quarterly* 36(3/4): 233–253.
- Bauer R (2014) *Queer BDSM intimacies: Critical Consent and Pushing Boundaries*. New York: Palgrave Macmillan.
- Bauer R (2017) Bois and grrrls meet their daddies and mummies on gender playgrounds: Gendered age play in the les-bi-trans-queer BDSM communities. *Sexualities* 21(1–2): 139–155.
- Beckmann A (2001) Deconstructing myths: The social construction of “somasochism” versus “subjugated knowledges” of practitioners of consensual “SM”. *Journal of Criminal Justice and Popular Culture* 8(2): 66–95.
- Bowins B (2010) Repetitive maladaptive behavior: Beyond repetition compulsion. *The American Journal of Psychoanalysis* 70(3): 282–298.
- Bratton SC, Ray D, Rhine T, et al. (2005) The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice* 36(4): 376–390.
- Brothers D (1997) The leather princess: Somasochism as the rescripting of trauma scenarios. In: Goldberg AI (ed.) *Progress in Self Psychology: Conversations in Self Psychology*. London: Routledge, pp. 245–268.
- Carlström C (2018) BDSM, interaction rituals and open bodies. *Sexuality & Culture* 22: 209–219.
- Cohen E, Chazan S, Lerner M, et al. (2010) Posttraumatic play in young children exposed to terrorism: An empirical study. *Infant Mental Health Journal* 31(2): 159–181.
- Connolly PH (2006) Psychological functioning of bondage/domination/sado-masochism (BDSM) practitioners. *Journal of Psychology & Human Sexuality* 18(1): 79–120.
- Corradi RB (2009) The repetition compulsion in psychodynamic psychotherapy. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 37(3): 477–500.
- Cross PA and Matheson K (2006) Understanding somasochism: An empirical examination of four perspectives. *Journal of Homosexuality* 50(2–3): 133–166.
- Cruz A (2016) Playing with the politics of perversion: Policing BDSM, pornography, and black female sexuality. *Souls* 18(2–4): 379–407.
- Downing L (2004) On the limits of sexual ethics: The phenomenology of autassassinophilia. *Sexuality and Culture* 8(1): 3–17.
- Downing L (2007) Beyond safety: Erotic asphyxiation and the limits of SM discourse. In: Langdrige D and Barker M (eds) *Safe, Sane and Consensual: Contemporary Perspectives on Somasochism*. New York: Palgrave Macmillan, pp. 125–138.
- Dripchak VL (2007) Posttraumatic play: Towards acceptance and resolution. *Clinical Social Work Journal* 35(2): 125–134.
- Easton D (2007) Shadowplay: S/M journeys to our selves. In: Langdrige D and Barker M (eds) *Safe, Sane and Consensual: Contemporary Perspectives on Somasochism*. New York: Palgrave Macmillan, pp. 223–234.
- Ellis C, Adams TE and Bochner AP (2011) Autoethnography: An overview. *Forum: Qualitative Social Research* 12(1). Article 10.
- Fennell J (2018) “It’s all about the journey”: Skepticism and spirituality in the BDSM subculture. *Sociological Forum* 33(4): 1045–1067.
- Hale CJ (1997) Leatherdyke boys and their daddies: How to have sex without women or men. *Social Text* (52/53): 223–236.



- Halligan SL, Michael T, Clark DM, et al. (2003) Posttraumatic stress disorder following assault: The role of cognitive processing, trauma memory, and appraisals. *Journal of Consulting and Clinical Psychology* 71(3): 419–431.
- Hammers C (2014) Corporeality, sadomasochism and sexual trauma. *Body & Society* 20(2): 68–90.
- Hanna JL (1999) Toying with the striptease dancer and the first amendment. In: Reifel S (ed.) *Play & Culture Studies: Play Contexts Revisted*. Stamford, CT: Ablex Publishing, pp. 37–56.
- Hart L (1998) *Between the Body and the Flesh: Performing Sadomasochism*. New York: Columbia University Press.
- Hébert A and Weaver A (2014) An examination of personality characteristics associated with BDSM orientations. *The Canadian Journal of Human Sexuality* 23(2): 106–115.
- Herbenick D, Bowling J, Fu T-CJ, et al. (2017) Sexual diversity in the United States: Results from a nationally representative probability sample of adult women and men. *PloS one* 12(7): e0181198.
- Joyal CC and Carpentier J (2017) The prevalence of paraphilic interests and behaviors in the general population: A provincial survey. *The Journal of Sex Research* 54(2): 161–171.
- Khan U (2015) Sadomasochism in sickness and in health: Competing claims from science, social science, and culture. *Current Sexual Health Reports* 7: 49–58.
- Kleinplatz PJ and Moser C (2005) Is SM pathological? *Lesbian & Gay Psychology Review* 6(3): 255–260.
- Klotz M (2013) Asymmetrical intimacies. *Textual Practice* 27(6): 971–989.
- Kort J (2018) Sexual aftereffects in male survivors of childhood sexual abuse. In: Gartner RB (ed.) *Understanding the Sexual Betrayal of Boys and Men: The Trauma of Sexual Abuse*. New York: Routledge, pp. 311–335.
- Krauss SE (2005) Research paradigms and meaning making: A primer. *The Qualitative Report* 10(4): 758–770.
- Langdridge D and Butt T (2005) The erotic construction of power exchange. *Journal of Constructivist Psychology* 18(1): 65–73.
- Langdridge D and Parchev O (2018) Transgression and (sexual) citizenship: The political struggle for self-determination within BDSM communities. *Citizenship Studies* 22(7): 667–684.
- Lindemann D (2011) BDSM as therapy? *Sexualities* 14(2): 151–172.
- May CL and Wisco BE (2016) Defining trauma: How level of exposure and proximity affect risk for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy* 8(2): 233–240.
- Moser C and Levitt EE (1987) An exploratory-descriptive study of a sadomasochistically oriented sample. *Journal of Sex Research* 23(3): 322–337.
- Mulder RT, Beautrais AL, Joyce PR, et al. (1998) Relationship between dissociation, childhood sexual abuse, childhood physical abuse, and mental illness in a general population sample. *American Journal of Psychiatry* 155(6): 806–811.
- Neria Y, Bromet EJ, Sievers S, et al. (2002) Trauma exposure and posttraumatic stress disorder in psychosis: Findings from a first-admission cohort. *Journal of Consulting and Clinical Psychology* 70(1): 246–251.
- Newmahr S (2010) Rethinking kink: Sadomasochism as serious leisure. *Qualitative Sociology* 33(3): 313–331.
- Newmahr S (2011) *Playing on the Edge: Sadomasochism, Risk, and Intimacy*. Bloomington, IN: Indiana University Press.



- Nordling N, Sandnabba NK and Santtila P (2000) The prevalence and effects of self-reported childhood sexual abuse among sadomasochistically oriented males and females. *Journal of Child Sexual Abuse* 9(1): 53–63.
- Ogawa Y (2004) Childhood trauma and play therapy intervention for traumatized children. *Journal of Professional Counseling, Practice, Theory, & Research* 32(1): 19–29.
- Ortmann DM and Sprott RA (2013) *Sexual Outsiders: Understanding BDSM Sexualities and Communities*. London: Rowman & Littlefield Publishers.
- Paasonen S (2018) Many splendored things: Sexuality, playfulness and play. *Sexualities* 21(4): 537–551.
- Parchev O and Langdrige D (2018) BDSM under security: Radical resistance via contingent subjectivities. *Sexualities* 21(1–2): 194–211.
- Pitagora D (2013) Consent vs. coercion: BDSM interactions highlight a fine but immutable line. *The New School Psychology Bulletin* 10(1): 27–36.
- Pitagora D (2017) No pain, no gain? Therapeutic and relational benefits of subpace in BDSM contexts. *Journal of Positive Sexuality* 3(3): 44–54.
- Powls J and Davies J (2012) A descriptive review of research relating to sadomasochism: Considerations for clinical practice. *Deviant Behavior* 33(3): 223–234.
- Richters J, De Visser RO, Rissel CE, et al. (2008) Demographic and psychosocial features of participants in bondage and discipline, ‘sadomasochism’ or dominance and submission (BDSM): Data from a national survey. *Journal of Sexual Medicine* 5(7): 1660–1668.
- Ritchie A (2008) Harming or healing? The meanings of wounding among sadomasochists who also self-injure. In: Burr V and Hearn J (eds) *Sex, Violence and the Body: The Erotics of Wounding*. London: Palgrave Macmillan, pp. 71–87.
- Ryan V and Needham C (2001) Non-directive play therapy with children experiencing psychic trauma. *Clinical Child Psychology and Psychiatry* 6(3): 437–453.
- Sandnabba NK, Santtila P, Alison L, et al. (2002) Demographics, sexual behaviour, family background and abuse experiences of practitioners of sadomasochistic sex: A review of recent research. *Sexual and Relationship Therapy* 17(1): 39–55.
- Savran D (1996) The sadomasochist in the closet: White masculinity and the culture of victimization. *differences: A Journal of Feminist Cultural Studies* 8(2): 127–152.
- Savran D (1998) *Taking It Like a Man: White Masculinity, Masochism, and Contemporary American Culture*. Princeton, NJ: Princeton University Press.
- Shahbaz C and Chirinos P (2017) *Becoming a Kink Aware Therapist*. New York: Routledge.
- Simula BL and Sumerau J (2019) The use of gender in the interpretation of BDSM. *Sexualities* 22(3): 452–477.
- Spencer DC (2015) Corporeal realism and victimology. *International Review of Victimology* 21(1): 31–44.
- Stryker S (2008) Dungeon intimacies: The poetics of transsexual sadomasochism. *Parallax* 14(1): 36–47.
- Taylor GW (1997) The discursive construction and regulation of dissident sexualities: The case of SM. In: Ussher JM (ed.) *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. New York: Routledge, pp. 118–142.
- Taylor GW and Ussher JM (2001) Making sense of S&M: A discourse analytic account. *Sexualities* 4(3): 293–314.
- Thomas JN and Williams DJ (2016) Getting off on sex research: A methodological commentary on the sexual desires of sex researchers. *Sexualities* 19(1–2): 83–97.
- Thomas JN and Williams DJ (2018) Fucking with fluids and wet with desire: Power and humiliation using cum, piss, and blood. In: Holmes D, Murray SJ and Foth T (eds)

- Radical Sex Between Men: Assembling Desiring-Machines*. New York: Routledge, pp. 142–150.
- Tolman DL, Bowman CP and Fahs B (2014) Sexuality and embodiment. In: Tolman DL and Diamond LM (eds) *APA Handbook of Sexuality and Psychology*. Washington, DC: American Psychological Association, pp. 759–804.
- Turley EL (2016) ‘Like nothing I’ve ever felt before’: Understanding consensual BDSM as embodied experience. *Psychology & Sexuality* 7(2): 149–162.
- Ullman SE and Filipas HH (2005) Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors. *Child Abuse & Neglect* 29(7): 767–782.
- Wille K-LH (2002) The psychodynamics of consensual sadomasochistic and dominant-submissive sexual games. *Studies in Gender and Sexuality* 3(2): 131–160.
- Weinberg TS (2006) Sadomasochism and the social sciences. *Journal of Homosexuality* 50(2–3): 17–40.
- Weiss M (2011) *Techniques of Pleasure: BDSM and the Circuits of Sexuality*. Durham, NC: Duke University Press.
- Williams DJ (2006) Different (painful) strokes for different folks: A general overview of sexual sadomasochism (SM) and its diversity. *Sexual Addiction & Compulsivity* 13(4): 333–346.
- Williams DJ (2009) Deviant leisure: Rethinking ‘the good, the bad, and the ugly’. *Leisure Sciences* 31(2): 207–213.
- Williams DJ and Prior EE (2015) ‘Wait, go back, I might miss something important!’: Applying Leisure 101 to simplify and complicate BDSM. *Journal of Positive Sexuality* 1(3): 63–69.
- Williams DJ, Prior EE, Alvarado T, et al. (2016) Is bondage and discipline, dominance and submission, and sadomasochism recreational leisure? A descriptive exploratory investigation. *Journal of Sexual Medicine* 13: 1091–1094.
- Williams DJ, Thomas JN, Prior EE, et al. (2017) Social work practice with clients that enjoy participation in consensual BDSM: Identifying and applying strengths. *Journal of Positive Sexuality* 3(1): 12–20.
- Wismeijer AAJ and Van Assen MALM (2013) Psychological characteristics of BDSM practitioners. *Journal of Sexual Medicine* 10(8): 1943–1952.
- Young A (1996) Bodily memory and traumatic memory. In: Antze P and Lambek M (eds) *Tense Past: Cultural Essays in Trauma and Memory*. New York: Routledge, pp. 89–102.

**Jeremy N Thomas** is the Director of Gender and Sexuality Studies and Associate Professor of Sociology at Idaho State University, as well as a Research Affiliate with the Center for Positive Sexuality (Los Angeles). His work focuses on sexuality, deviance, and the body.