Clinician's Corner: Your Editor Interviews Keely Kolmes, Psy.D. about "Kink", Polyamorous Relationships and the "Bay Area Open Minds" Organization

Keely Kolmes, Psy.D.

TL: Hello Dr. Kolmes and thank you for taking the time to discuss Bay Area Open Minds and alternative approaches for working with clients engaged in non-traditional relationships and non-traditional sexual practices.

Can you tell us about Bay Area Open Minds why you felt it was important to develop such an organization?

KK: In 2009, a psychology graduate student was referred to me for mentoring after she came out as kink and poly identified in her intercultural awareness class. She felt a lack of support from her school.

As she described her feelings of isolation and discomfort, I remembered feeling similarly when I did my graduate research in the 1990's on mental health practitioners' bias towards BDSM clients. I experienced negative attitudes and judgment from students and professors that were similar to what my research participants were reporting. It was stressful.

When this student came to my office, nearly 11 years later, I realized how important it would be to create a support, networking, and advocacy group for students and licensed clinicians who identify with and/or provide services to sexually diverse clients beyond just the LGBT (Lesbian, Gay, Bisexual and Transgender) umbrella. There are other forms of diverse sexuality beyond LGBT and people need to know how to work competently with these populations and understand how to combat stigma.

While many graduate programs have student groups and mentors for ethnicity, religion, LGBT identity, and disabilities, many have come up short when it comes to supporting other sexual minorities. Students have legitimate concerns about self-disclosing alternative sexual identities to classmates and professors.

The goals of our Open Minds group are to help students and clinicians feel less isolated whether they identify with these communities or simply wish to be proud

allies working competently with them. I wanted to help us to find one another, and to help clients to find us.

TL: Clinically, how do you see polyamorous relationships serving some clients as a healthy, well-adapted alternative to traditional, dyadic relationships?

KK: It's important to note that many of the poly folks who come to me for couples or relationship counseling are already having difficulties with their relationships. So, as is the case with non-polyamorous couples, those who are coming in for relationship counseling are usually already in distress. But often their distress isn't due to having other partners. It may be more about how they are communicating, or the need to resolve an old hurt in the relationship that has never healed, or changes in how they relate to one another. Few of my poly couples would describe the problem as coming from difficulties with their poly arrangement. I also have a number of individual clients who see me for depression, anxiety, or personal growth and many of these folks report being in happy, stable, loving, and supportive polyamorous relationships.

Also when developing cultural competence as clinicians, we are encouraged to learn more about the diverse communities we serve not only through readings and coursework, but by developing relationships and connections with different communities outside of treatment. I am pleased to say that in the past twenty years, I have had the pleasure of knowing of at least six long-term, stable polyamorous couples who have been together anywhere from 15 to 25 years. What I see in these relationships is great communication, highly developed problem-solving skills, and deep attunement (e.g. - they can recognize when their partner is in pain and they understand when and how connection and repair are important and they make this a priority).

I believe that it will fill a gap in our research and understanding when we begin to study successful polyamorous relationships and see how and why they are thriving.

TL: I've noticed that you've used the word "kink" several times. Do you see that word as a more acceptable term to describe what we have traditionally referred to as the paraphilias? Are there distinctions to be drawn between the two?

KK: Paraphilia is a clinical term associated with mental illness and "deviation" from the norm, usually indicating that there is something problematic about an erotic fixation. It is not a community-friendly term. "Kink" is a community term used by people to self-identify and kink is considered by many to be on the spectrum of normal sexual behavior. Some research has indicated that up to 14% of American males and 11% of American females have engaged in some form of BDSM sexual behavior (Janus & Janus, 1993).

There are some who argue that paraphilia should be removed from the DSM unless we are going to universally apply the diagnostic criteria to all sexual behavior in the same way. Kleinplatz & Moser (2005)*, for example, ask does someone who requires missionary-style intercourse to feel sexually satisfied have a paraphilia? What about someone who requires oral sex in order to climax? Why are such behaviors not also considered paraphilias and who gets to define what is "normal" sexual behavior?

TL: I understand the need to not pathologize clients based solely on what arouses them sexually. A sense of acceptance is important to creating a therapeutic alliance. However, many clinicians conceptualize such practices as inherently dangerous in their actions and in their capacity to retraumatize participants through reenactment of past abuse. How to you see it?

KK: Conceptualizing such practices as inherently dangerous is problematic for a couple of reasons. First, it may fail to acknowledge the numerous safety mechanisms that are in place in BDSM relationships. Second, there is currently no data to support the notion that BDSM individuals are more likely to have suffered past abuse than those who do not participate in BDSM.

In regard to those who have been abused in the past, I would offer this: Many individuals who are not into kink have had abuse or attachment injuries in their past. Simple romantic intimacy can be re-traumatizing to these individuals, as can sexuality that does not involve BDSM, power, or pain. We would never dream of asking these clients to avoid relationships or sexual intimacy because it's re-traumatizing. Instead, we would work with them on exploring healthy boundaries and processing the issues that come up. We would help them to recognize when they dissociate or disconnect sexually and help them to self-sooth, stop activity when necessary, and help them reconnect to a partner in a way that feels safe, nurtured, and re-engaged.

To suggest that kink alone should be avoided because it can reenact abuse is asking people to disregard what may be a healthy, integral part of their sexual identity. It is certainly possible that kink can be just one more mechanism towards people experiencing healing and wholeness. And this can be true even if there has been trauma in an individual's past.

TL: Dr. Kolmes, thank you for sharing your thoughts with our readers. Do you have suggestions for resources to learn more about polyamory and safe, sane, and consensual BDSM?

KK: To learn more about these issues I recommend the following resources:

Books

Love in Abundance, by Kathy Labriola

The Ethical Slut: A Practical Guide to Polyamory, Open Relationships & Other Adventures, by Dossie Easton and Janet W. Hardy

The New Topping Book by Dossie Easton and Janet Hardy

The New Bottoming Book by Janet Hardy and Dossie Easton

SM 101: A Realistic Introduction by Jay Wiseman

Web Resource Links:

Models of Open Relationships: by Kathy Labriola:
http://www.cat-and-dragon.com/stef/Poly/Labriola/open.html

National Coalition for Sexual Freedom:
https://www.ncsfreedom.org/

*Citations

Janus, S. S. & Janus, C. L. (1994). Janus report on sexual behavior. John Wiley and Sons, Inc.

Kleinplatz, P. J., & Moser, C. (2005). Is S/M pathological? Lesbian & Gay Psychology Review, 6, 255-260.

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Bay Area Open Minds is located on the web at: http://bayareaopenminds.org/