



Health discourse and within-group stigma in professional BDSM



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ARTICLE INFO

Article history:

Available online 31 August 2013

Keywords:

United States
Sex work
Disease
BDSM
Dominatrix

ABSTRACT

This article directly deals with health and stigma within practices of erotic labor. Scant previous literature has focused on erotic laborers' perceptions of stigma and the ways in which regimes of stigmatization operate within their particular social worlds. I use the commercial BDSM (Bondage, Discipline, Sadism, Masochism) "dungeon" as a strategic research site to investigate these workers' conceptions and management of their own stigma, and I find that discourses about stigma are inextricably entwined with concerns about health and wellbeing. Data are derived from ethnographic fieldwork with professional dominatrices ("pro-dommes") who work in New York City and San Francisco as well as in-depth interviews conducted between September 2007 and April 2008. Counter to stereotypes of erotic laborers as violent or as vectors of disease, BDSM workers are in fact not only concerned about safety but professionally invested in it, reinforcing it through an identity politics of hierarchies of erotic labor. There are multiple implications of this work for public perception and policy—implications that could only be brought to light through the ethnographic method.

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Introduction

Scholarly work, journalistic discourse, and policy debates surrounding the topics of sex work and BDSM ("Bondage, Discipline, Sadism, and Masochism") have long been focused on the subject of health. Literature addressing the public health risks of erotic labor often mobilizes epidemiological concerns about disease transmission, as well as concerns about systemic violence and the safety of individuals who engage in these practices. Similarly, a central thread within journalistic pieces addressing the topics of both sex work and BDSM has been the physical well-being of their practitioners (Goldman, 2008; Hallgrímsson, Phillips, Benoit, & Walby, 2008; Stephenson, 2012).

While pursuing an ethnographic analysis of BDSM communities in New York and San Francisco, I encountered a recurrent discourse that is particularly illuminating in light of these historical emphases. Professional dominatrices ("pro-dommes") systematically authenticated their own actions by referring to themselves as "pure" and "real" as opposed to other participants, whom they stigmatized for an array of reasons. In previous work, I have discussed various elements of this "embattled purity regime" (Lindemann, 2012), including pro-dommes' focus on their work as artistic (Lindemann, 2010) and on the therapeutic properties of

BDSM (Lindemann, 2011). Here, I will unpack two central components of this discourse: health and safety. In doing so, I define "health" and "safety" as overlapping terms that refer to the positive condition of the body (as in, freedom from disease) and physical well-being (as in, freedom from non-consensual pain or physical injury), respectively.

I find that many pro-dommes routinely engage in within-group stigmatization, symbolically distancing themselves from their counterparts who put their own safety in jeopardy as well as those who compromise their clients' health. By engaging in this form of identity politics, they duplicate public discourses about these sexual practices, providing a compelling example of how health-related stigma can function internally as a form of validation within a marginalized population. Put in other terms, pro-dommes engage in "techniques of neutralization" (Matza & Sykes, 1957). These purifying narratives concerning health and safety represent a method of subscribing to the dominant system, in some senses, to manage the stigma of the profession.

Much prior work has called attention to the stigmatization of sex workers (Cornish, 2006; Scambler, 2007; Schur, 1984; Shoham & Rahav, 1968) and has discussed the health dimensions of these stigmas (Okal et al., 2009; Padilla et al., 2008; Scambler, 2008). However, with some notable exceptions (Bernstein, 2007; Moore, 2007), scant research has focused on erotic laborers' own perceptions of stigma and the ways in which regimes of stigmatization operate internally within their particular worlds. Furthermore, while literature concerning participants in BDSM has paid attention

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to the health-related dimensions of these practices (Beckmann, 2001; Downing, 2007; Easton & Hardy, 2004; Henkin & Holiday, 1996), these works largely focus on unpaid practices; scant research has addressed the links between commercial BDSM, health, and safety.

In examining this particular discourse, I draw attention to the ways in which the ethnographic method and interviewing, with their capacities for investigating *meaning* (Geertz, 1973), can uniquely contribute to public discourses about non-normative erotic practices. Ethnographic research becomes a crucial tool for unpacking the connotations erotic laborers ascribe to their cultural practices. As a venue where the woman ostensibly plays the dominant role in the erotic transaction, the dominatrix's "dungeon" serves as a strategic research site in which we can evaluate the links between erotic labor, BDSM, health, and policy interventions.

Background and significance

Public health research at the intersection of erotic labor and BDSM

The sphere of commercial BDSM lies at the intersection of multiple scholarly and public debates surrounding health and well-being. First, erotic labor has long been the topic of research and broader social concerns about hygiene and disease transmission. Much of this work has focused on safe sex practices, exploring various dimensions of prophylactic use (Bucardo, Semple, Fraga-Vallejo, Davila, & Patterson, 2004; Choi & Holroyd, 2007; Garcia, Yam, & Firestone, 2006; Hansen, Margarita Lopez-Iftikhar, & Alegria, 2002; Pickering, Quigley, Hayes, Todd, & Wilkins, 1993).

Researchers have also looked at the use of alcohol and drugs among sex workers and their clients as these behaviors relate to condom use, as well as looking at their public health implications more generally (Casabona, Sánchez, Salinas, Lacasa, & Verani, 1990; Plant, Plant, & Thomas, 1990; Tuan et al., 2004; Van den Hoek, Coutinho, van Haastrecht, van Zadelhoff, & Goudsmit, 1988). Other scholarship has concentrated on substance abuse as a factor in the physical well-being of sex workers (Carey & Peterson, 1974; Davis, 1971; Maticka-Tyndale, Lewis, Clark, Zubick, & Young, 2000; McKeganey & Barnard, 1996; Sanders, 2007).

Additional work has also brought into focus some of the other health risks inherent in the lived realities of commercial erotic workers. These include unclean and unsafe work environments (Overs & Longo, 2003; Scambler, Peswanie, Renton, & Scambler, 1990), harassment and violence (Miller & Swartz, 1995; Vanwesenbeeck, de Graaf, van Zessen, Straver, & Visser, 1995), victim-blaming and inaction by the police (Miller & Swartz, 1995), and customers who incentivize more dangerous sexual practices (Høigård & Finstad, 1992). While much literature surrounding disease transmission, violence, and safety within sex work has focused on prostitutes in particular, physical risk has been a theme within scholarship about various types of erotic labor. For example, exotic dancers express many of the same physical and emotional health concerns as prostitutes do (Maticka-Tyndale et al., 2000; see also Brooks, 2010; Lewis & Maticka-Tyndale, 1998).

Finally, various literatures have discussed the safety issues associated with practices of BDSM. Historically, research about consensual sadomasochism has broached the topic from the stance of concern or alarm about its psychosocial repercussions (Avery, 1977; Freud, 1938; Krafft-Ebing, 1965: 53). While more recent research has begun to move away from characterizing practices of BDSM as psychologically unhealthy (Sandnabba, Santtila, & Nordling, 1999: 273; Scott, 1997: 289; and Stoller, 1991: 21), scholars have continued to explore the physical risks involved in this form of sexual behavior. Powell (2010) finds, for instance, that the impact of BDSM on health is mixed, with it actually benefiting

the health of some practitioners but proving health-wearing on others.

Finally, this concentration on bodily injury plays into a broader literature about the connection between perceived violence and public health more generally. In the past few decades scholars have focused on the notion of violence as a public health issue (Satcher, 1995) and even a priority (Edelman & Satcher, 1993). Public discourses often discuss the perceived violent characteristics and the physical risks of BDSM, contextualizing these characteristics within this broader discussion (Goldman, 2008; Stephenson, 2012).

Health, stigma, and the dungeon: significance for public discourse

The dominatrix's dungeon serves as a strategic research site that is uniquely suited to contributing to these interlocking public discourses about erotic labor for several reasons. First, it is an example of a counterfactual: it is a sphere of erotic labor in which there are seldom victimization narratives about its practitioners. Yet pro-dommes have received no empirical consideration within literature on commercial sexuality, little individual attention within the literature on BDSM, and in fact, almost no scholarly attention at all (Lindemann, 2010: 590). At the same time, prior scholars have called out for further empirical work highlighting the diversity of sex work and its health correlates (Harcourt & Donovan, 2005). In fact, the scant work that has been done in this area reveals wide discrepancies among the physical threats involved in various forms of erotic labor (Cohan et al., 2006; Harcourt & Donovan, 2005; Jackson, Highcrest, & Coates, 1992). Secondly, while the literature cited in the above section represents a rich lode of information about stigma and health among both erotic laborers and BDSM participants, it touches on but does not fully unpack the *internal* regimes of stigma that potentially operate within these marginalized groups.

In ethnographically exploring processes of meaning-making within this commercial erotic arena, I shine a light on new contours of commercial eroticism. I also illuminate their implications for debates about health and erotic work more generally. There are multiple repercussions of this work for public perception and policy, as they relate to the potential consequences of sex work deregulation, the divergent health risks associated with different forms of erotic labor, and the importance of the communal elements of identity discourses as they relate to well-being.

Terminology

Pro-dommes, also sometimes called "mistresses," are women who receive money from clients to participate as the "dominant" partners in a variety of sadomasochistic and fetishistic scenarios. The clients of pro-dommes are primarily male and are referred to as "submissives," "subs," or "slaves." Engaging in BDSM activities, commercial or otherwise, is often referred to within the community as "doing a scene" or "playing." Professional dominatrices also refer to their interactions with their clients as "sessions." In contrast to commercial sessions, unpaid BDSM practices are referred to as "lifestyle" practices.

As I will explore, few pro-dommes have intercourse with their clients, but their work is highly erotic in nature and more often than not involves sexual release on the parts of the clients—most commonly, through the clients masturbating to climax. Whether or not one considers these activities "sex acts," it is useful to theorize professional erotic dominance in the context of sex work because it is *like* sex work from an analytical perspective in that it involves financial compensation for erotically-charged activities.

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