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Silencing Accounts of Silenced Sexualities

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5011 words

In this chapter we explore occasions when we as researchers have grappled with questions of whether to silence aspects of already silenced sexualities. By silenced sexualities we mean those which fall outside taken-for-granted heteronormativity, or other aspects of Rubin's (1984) 'charmed circle' of sexual behaviour. Specifically our research has focused on gay men's sexual practices; on bisexuality, which is largely invisible in popular culture (Barker, Bowes-Catton et al., 2008); on openly non-monogamous relationships, which are generally deemed unworkable in popular culture (Ritchie and Barker 2006); and on sadomasochism which remains pathologized, criminalized and largely unknowable (Langdridge and Barker 2007). During our time serving on the Lesbian and Gay Psychology Section committee of the *British Psychological Society* and working together on many research and writing projects, there have been several occasions when we have been confronted by our uneasiness about including certain participant accounts or academic narratives.

Particular examples of such times include our mutual concern over the proliferation of academic and therapeutic writing on 'barebacking', which may give the impression that the practice is far more common than it actually is and stigmatize

gay men more widely with the kinds of pathologising explanations that are put forward (Barker, Hagger-Johnson et al. 2007; Flowers and Langdridge 2007; Langdridge and Flowers 2005).¹ We have also discussed the opportunities and limitations afforded by both ‘identity politics’ and ‘queer’ discourses in relation to bisexuality (Barker and Langdridge, 2008) exploring the possibility that queer theory perspectives are in danger of continuing the erasure of a sexuality which is already invisible. Finally, we have entered into an ongoing dialogue about the academic representation of openly non-monogamous relationships. These can broadly be divided into those which celebrate such relationships as potentially feminist, queer or otherwise radical ways of structuring and managing relationships (e.g. Heaphy et al. 2004; Pallotta-Chiarolli 1995; Robinson 1997) and those which highlight the limitations of non-monogamous relationships and the ways in which they may reproduce and reinforce hetero- and mono-normativity in various ways rather than challenging them (e.g. Finn 2005; Jamieson 2004; Klesse 2006). Whilst we are sceptical of uncritical acceptance of the former view, we also worry that the latter perspective might reinforce dominant societal discourses which position such relationships as fundamentally unworkable or ‘nothing new’ (Ritchie and Barker 2006).

In this chapter we will focus on one particular debate which we have returned to several times over the last few years during our editorship of one journal special issue and one edited book on sadomasochism (Langdridge and Barker 2005, 2007). We found ourselves conflicting over the question of whether we should include narratives of sadomasochistic practices as ‘healing’ and ‘therapeutic’ in our writing.

During the chapter we will include excerpts of our ongoing discussion of this issue to highlight broader questions which qualitative researchers need to reflect upon when considering how to report their research. We are in agreement that the reporting of research can never be a neutral or value-free activity, and that the personal, political and theoretical agendas of the researchers inevitably colour the work and influence which stories are told and not told. As part of an ongoing reflexive project (Finlay and Gough 2003) we feel it is important to scrutinize the process of deciding how to write and disseminate research.

The theoretical frame of this chapter is Ken Plummer's work on the telling of sexual stories (Plummer 1995). Plummer believes that we all tell stories about ourselves: narratives about who we are and how we came to be that way, which we repeat to ourselves and others to make sense of our lives and to present ourselves in certain ways. Often these draw on the stories that are in the media and the communities we inhabit. Plummer further argues that today 'sex' has become the 'big story', with people presenting tales of their sexual behaviour and identity (such as the 'rape survivor' or 'coming out' story) in talk shows, magazines and newspapers, over telephone help lines and in support groups. This means that such stories often take on similar structures and contain the same key elements. For example, coming out stories often begin with somebody recognising that they were 'different' in some way as a teenager and progress through their realisation that there were others like them and them putting a name to their difference.

Plummer argues that stories can be seen as joint actions with different individuals, groups or organisations involved in the stories in various ways. These include the story-tellers who produce accounts, for example the interviewees in research projects or participants on talk shows. Also involved in the production of stories are the ‘coaxers, coaches and coercers’ (ibid.:21) who have the power to elicit stories from the tellers, for example the therapist or newspaper journalist. Then there are the consumers of the story who include the television viewers and readers of newspaper reports about research. Of course some of these consumers will also be story-tellers themselves and the stories they read and hear will influence the stories which they, themselves, tell. As Plummer says, ‘stories get told and read in different ways in different contexts. The consuming of a tale centres upon the different *social worlds* and *interpretive communities* who can hear the story in certain ways and hence not others and who may come to produce their own shared memories’ (ibid.:22). In this chapter we reflect on the difficulties, and indeed discomforts, involved in selecting which stories to present and how to present them in our research, knowing the potential political implications this may have for a set of sexual identities and practices which remain pathologized and criminalized (Langdrige 2006). Through a dialogical presentation of our own arguments on this topic we hope to extend understanding about the potential and peril in researching and writing about silenced sexualities.

Before presenting and reflecting on three key moments from our dialogue on these issues, it is necessary to provide a brief introduction to the sexuality under consideration and the stories in question.² SM is a broad term used for sexual

identities and practices involving pain play, bondage, dominance and submission, and erotic power exchange (Langdridge and Barker 2006). Langdridge and Butt (2004) argue that SM is having its time at the beginning of the 21st century: There are communities of support for telling stories of SM identities and practices, and these are becoming more visible in popular culture. Whilst there has been a proliferation of SM imagery in advertisements, pop music, fashion, television and movies (Sisson 2007; Weiss 2006) we would argue that SM is still largely unknowable, with the majority of people struggling to comprehend it. Depictions of SM can be divided into three main categories: safe kink, dangerous deviance, and the ridiculous. The first category includes common exhortations for heterosexual women to ‘spice up’ their love life with a pair of fluffy handcuffs or a sequined riding crop. As Storr (2003) found, such representations police strongly against people straying ‘too far’ into ‘real’ SM, and Gill (2007) sees this as part of a general move from sexual objectification of women to a kind of subjectification where messages of ‘get and keep your men’ hide beneath a veneer of post-feminist sexual liberation. The second category of dangerous deviance includes common depictions of SMers as serial killers and SM as a slippery slope towards criminal and harmful activities (Barker 2003) that may result in trauma or be the result of traumatic psychopathology. The third category portrays SMers as objects of ridicule in cruelly humorous depictions of the neighbour who turns out to be a dominatrix, or the businessman who wears a gimp suit at the weekend. As Billig (2005) argues, such ridicule is used as a strong disciplinary means to uphold social norms.

All three of these representations clearly position ‘real’ SM as other and unknowable, and this is reflected in current laws and psychiatric nosologies which continue to criminalize SM practices beyond the ‘transient and trifling’ (Weait 2007) and to pathologize their practitioners (Kleinplatz and Moser 2007). However, in recent years a new story has emerged in both SM communities and mainstream media which has sparked our heated debates in its potential to offer an alternative possibility to the stories mentioned above, *or* to further reinforce stigmatising and pathologizing views of SM. This is the story of SM as a ‘healing’ or ‘therapeutic’ practice which might take a person from a position of mental illness to psychological health (as in the film *Secretary* 2002), from powerlessness to control over their own bodies (as in the documentary *Sick* 1997), or from fear and victimization to excitement and a movement away from past trauma (as in the SM book *Radical Ecstasy* by Easton and Hardy 2004). Stories along these lines have emerged in our own qualitative research with SMers and online SM communities (e.g. Ritchie and Barker 2005; Langdridge and Butt 2004) as well as those of other researchers (Taylor and Ussher 2001). This leaves us with the question of how, if at all, to include such stories in our research.

Broadly speaking, in our discussions, Meg has taken the position that these ‘healing’ and ‘therapeutic’ narratives are important and interesting and should be included, in some way, in writing on SM. Darren, on the other hand, has expressed serious concerns over how such stories may be taken up by wider audiences if ‘coaxed’ by us – ‘us’ being broadly supportive of such marginalized sexualities -

and 'consumed' by them – 'them' being the consumer who presently sees such marginalized sexualities as mad or bad.

First Moment of Dialogue: How Dare we Censor our Participants'

Experiences?

MB: I'll kick off then. I think my main concern is that people are *saying* these things. They're saying that they find their SM practices to be therapeutic and healing. So how can you possibly justify not including these stories?

DL: Well they're saying a lot of things: this is just one of many stories and to my mind a dangerous one at that.

MB: But it *is* in there: it's part of the lived experience of many people. Doesn't neglecting to mention that go against everything we're aiming to do as phenomenological researchers and as people who come from a strong background in feminist research? Shouldn't we be all about giving people a voice, not silencing people?

DL: I agree that it requires enormous justification to warrant the silencing of any narrative, but I think that there may be such justification in this case. This story has the potential to be perverted by the social world quite unlike the others. There is a real danger inherent in a story which may lead to a very particular reception by those less amenable to SM identities/practices.

MB: We do have to be aware of the political implications of our research for the communities we're researching; you're right about that.

DL: I would also add that all new social movements require consciousness raising, and research can be a part of that, but I think that there are some discourses which may be helpful in the everyday life of participants which, if re-produced, may be twisted, tainted and used in damaging ways by people and institutions antagonistic to the very people voicing such stories. Such stories may inadvertently give people something with which to further pathologize and even criminalize SMers. This is a particular problem with SM because of the degree to which these people and communities remain disenfranchised. Perhaps other minority communities could survive similar stories – the gay community can probably survive stories about crystal meth, for example, because it is established – but the SM community is still incredibly vulnerable.

Here we are torn: as academics are we simply facilitating the telling of stories regardless of their implications? Surely, we do much more than this: we tell our own stories when we engage in academic writing and, in the process, we have the opportunity to select and/or prioritize some stories over others. At the very least we tell stories through our particular personal and theoretical lens, such that it better serves our own political agenda. We feel it is particularly important to recognize this aspect of the research process in qualitative research when we perceive the stories we hear and re-produce as potentially harmful for the very same people who voice them. This is clearly problematic for researchers - such as us - who are steeped in the history of feminist research and phenomenology. We share the desire to encourage the oppressed to move from 'silence to voice' and, through this, work

with the liberatory potential of such politically informed research practice. But there is a naivety in simply saying 'I'm just giving voice to...': a failure to recognize our power and an abrogation of responsibility. If we care about the communities we research then surely we must care about the way in which our research might inadvertently hurt the subjects of our research. But this is, of course, complex, especially if we choose to silence a story that is clearly and honestly being told. What of our duty of care as researchers here when choosing to silence the voices of our participants?

Part of our accountability as researchers (Banister et al. 1995) is to consider carefully how the stories that we 'coax' or 'coach' from people are presented. It might seem arrogant to assume that our research papers will make much of an impact on the widely circulating sexual stories available to people. However, the areas we work on are written about by relatively few academics and so we often find ourselves being two of a very small number of academics who are asked to comment on these issues by journalists, film-censors, therapist-trainers and so on. Also, as Meg learnt the hard way when several national and international newspapers reported on her conference presentation on non-monogamy (Ritchie and Barker 2006), it is not always easy to determine how research will be received and re-produced. There is a responsibility, as a researcher, to try - as far as possible - to predict how the media and wider social world are likely to take up the accounts that are produced, especially when the sexualities we write about are largely silenced with available narratives either non-existent or stigmatising.

Second Moment of Dialogue: What's the Problem with this Narrative anyway?

MB: I still don't understand quite why you perceive such a problem with narratives of SM as potentially therapeutic though. It's not as if the therapy industry is so wonderful, particularly when it comes to SMers. What's wrong with people taking things into their own hands? You could see it as empowering.

DL: It's not just SM. When it comes to major trauma I wouldn't recommend someone to do anything which involves reliving the trauma, most especially in situations and settings where things might get dangerously out of hand. Things like psychodrama, or even acting classes, can be risky too. Obviously I respect people's right to do whatever they feel works for them. But if I was offering advice concerning serious mental health difficulties and sexualities, I would urge caution and probably advise people to see a *good* mental health professional, whilst taking your point that therapy in general doesn't have a great history with SM, or other minority sexualities.

MB: Are we not getting into dangerous territory though if we try to distinguish between people with little problems who can use their own methods and people with big problems who need professional help? And I'm uncomfortable reifying the medical and psychiatric profession as the only places people can work through 'big stuff'.

DL: Yes, fair enough, I think there is a difficulty drawing hard and fast boundaries.

MB: Why the squeamishness about SM in particular? What's the difference between me confronting my fear of heights by taking a cable car up a mountain and waiting for my terror to turn into excitement, and an SMer using a word they were bullied with in a scene to take away it's power, or using needle play to return to a powerless experience of being in hospital in a positive context.

DL: I guess my problem here is one of boundaries. Psychotherapy has clear boundaries. A *good* therapist is deliberately trying to help you and nothing else: their own needs are secondary. SM doesn't work like this. On some level it is about your own needs accepting that aftercare is commonplace and many people engaged in these practices care deeply for each other.

MB: But I disagree. What's the difference between the businessman who finds it healing to go to a pro-domme once a week to let out their stresses and strains and the person who pays a therapist to listen to their problems once a week?

DL: Hmm, interesting point. I agree that there *is* no real difference in terms of outcomes although the process is clearly different. For me here (writing as an academic rather than as a psychotherapist) my concern is that what we *call* this process, how we name it, is potentially problematic. My main worry is the notion of 'healing' - as we see with the businessman visiting the pro-domme - and 'cure' - where someone engages in a scene to work through trauma - being conflated. As soon as you start naming something as healing there is an implication that a

person can be cured by it. This should not necessarily be the case but – probably due to the dominance of the medical model – that is what tends to happen. Two implications follow: first, that SMers have a need for healing and second, that once ‘cured’ people will stop doing SM. It seems a pretty negative way of storying SM practices. And putting aside the question of whether such practices heal or not, what happens once you’re healed?

SM and mental health have a particularly difficult and complex history and, as such, represent continuing concerns for those of us who seek to rest the story of SM from the psychiatric profession (see Langdrige and Barker 2007, for more on this). In facilitating the telling of a story so clearly located in psychiatric and psychotherapeutic language there is a real danger of such research furthering the oppression of SMers rather than offering emancipatory potential. SM is still classified as a mental health problem in both the standard psychiatric nosologies (DSM-IV-TR and ICD-10) and through the UK Mental Health Act this means there is a real danger of forceful psychiatric intervention into people’s private lives, without there actually being any issue of harm to self or other. Even within SM communities there is a common discourse suggesting care when playing with people with mental health problems. By encouraging a story of SM as healing we may also be serving to support the continuing notion of SM as pathological, rooted in trauma. The worry is that outsiders might draw on such stories to justify brutally policing these worlds, as we have seen with the impact of the criminalization of HIV transmission on gay and bisexual men (Monk 2004).

Furthermore, as with any community, there is a very real power in the discourses that media representations do and do not make available to impact on the self-monitoring and self-policing of individual identities and practices. We have both noticed, in our research and therapeutic work with lesbian, gay and bisexual people, that there has been a shift in recent years from knowledge and identity possibilities coming through communities, to people drawing on media stories to make sense of their experiences. Such media-ization is part of the wider self-surveillance culture where media stories have become hugely influential in how people understand themselves and live their everyday lives (Gergen 2000). If the only stories available are those of trauma and pathology there is a real danger that SMers will monitor and police themselves in negative ways, potentially further fuelling these very limiting and pathologizing discourses. Media stories have the power both to offer up new potentialities and to twist and pervert them.

Third Moment of Dialogue: Shouldn't we be Putting out Multiple Stories?

MB: One thing I do agree with you about is that the therapeutic narrative is just one story amongst many. I've talked to people who felt excluded by it because for them SM was about fun, or sex, or doing something transgressive. My question now is why not just ensure that we keep emphasising that there *are* multiple stories and putting them all out there. That's better than a lot of mainstream psychology and therapy

which assumes that all SMers do it for the same purposes on all occasions.

DL: That's a fair point, and it seems like a good solution on the face of it although there is still the possibility of one story eclipsing all others. There's also an aspect of our personal experience and background in here as we discuss these issues. I think that the 'therapeutic' use of SM is really uncommon in a gay SM context and perhaps that is part of my difficulty with this story.

MB: Whereas it's something that I'm quite familiar in the literatures and communities I'm involved with. Sounds like it's back to the debates we had about 'barebacking': the concern that it's such a minority activity so it's not great if people talk about it as if it isn't.

DL: That's right: 'healing' SM, like 'barebacking', is minority practice. We shouldn't ignore either of them, but equally we shouldn't encourage the dominance of those stories at the expense of other stories, especially when working within oppressed minority communities. I'm also concerned that once we present a range of stories, other consumers and producers of such stories - such as the media - may well hear and reproduce only one tale and that will be the most salacious one or one which fits with their existing stereotype of SMers as damaged people. On some media training that I've just been on there was a strong suggestion that, as qualitative psychologists, we should just pick one theme - if possible, the most 'exciting' one - when engaged with the

media. That, for me, reflects the reality of the social world in which we live.

MB: Okay, so you're saying that if qualitative work which highlights multiple accounts is produced and communicated, there is a risk that one story will be taken up and re-produced disproportionately?

DL: Exactly. And there's another aspect to it as well: a kind of McDonaldization of narrative. From the research on SM, we know that there is an alternative, related way of making sense of SM which talks of transcendence. That goes back to an older story which clearly involves healing through extraordinary peak experiences. But this more subtle and nuanced story has been eclipsed by the therapeutic narrative because there is a preference for stories that are simple, new and about personal conflict.

MB: I see, so perhaps a story of SM as a way to transcendent states or enlightenment, or a more humanistic one of personal growth rather than recovery from trauma, might be ways of coaching the story which doesn't reinforce dominant, pathologising discourses, and which also taps into existing understandings in the social world that sexual experiences can be transcendent or generally good for people.

DL: Yes. The therapy story comes out of medical discourse and is still in it. We'll have to wait a long time until it's not. Whereas other stories offer greater potential, for example, the transcendence story has always been outside Western medical discourse.

MB: It's like there's a kind of loop with people drawing on dominant discourses and putting stories back out there which reinforce them.

DL: Yes, and perhaps one of our roles as coaches is to offer perspectives that rupture that feedback loop.

MB: But whilst we might seek to advance more subtle and nuanced stories that still leaves us with the dilemma of what we do with stories inflected with the medical model. We have an ethical responsibility to be true to the stories as told and relatively limited opportunity to nuance these if aspects of potentially less risky stories are not present in the accounts we elicit.

The dangers of multiple narratives becomes particularly clear if we compare this story of SM with the story of 'barebacking': the deliberate act of engaging in unprotected anal intercourse most commonly associated with gay and bisexual men, which is currently in the ascendancy in the academy. In a controversial paper by Michele Crossley (2004) on 'barebacking' in the *British Journal of Social Psychology*, the casual and arguably careless presentation results in an easy conflation of a minority activity – 'barebacking' – with a very real and pressing concern about increasing unprotected anal intercourse amongst gay and bisexual men (Flowers and Langdridge 2007). Whilst the paper has been strongly criticized, it is highly cited and provides easy justification for reduction in proven health promotion strategies, as well as a return to the image of the gay or bisexual man as pathological. Furthermore, the story of 'barebacking' is growing – in spite of it being a minority practice – with other stories of gay and bisexual male sex

becoming eclipsed in the process. Because we do care about the subjects of our research we do not want to engage in work which facilitates a minority story of ‘healing SM’ to be conflated with other stories of SM, such that SM becomes solely the story of healing trauma through sexual practice. There is a real danger of it becoming a dominant narrative due to the perception of ‘strangeness’ that SM evokes, as was once the case with lesbian, gay and bisexual people and practices. Perhaps until SMers have full citizenship (see Langdridge 2006) that is not just about rights and responsibilities but also wider public acknowledgment (Phelan 2001) then there will always be such a risk with stories which engage with the more complex and difficult aspects of SM identities and practices.

A convincing and appropriate social psychological explanation for the process in which such stories might be taken up and re-produced comes from *Social Representations Theory* (Moscovici 1981). In this theory social representations – such as the representation of SM – are thought to be taken-up by individuals as they ‘anchor’ these stories into existing representations. Here, a new experience is assigned to an element of an existing representation to enable it to seem more familiar and so be understood better. As researchers we feel we have a duty to think about the way stories from pathologized people and communities will be anchored into people’s representations. Within such communities a story of healing may be a story that can be used constructively within existing representations of health and illness in a personally productive way. But the danger lies in the way in which outsiders may engage in such a process of anchoring such that this particular

minority discourse becomes dominant and brings with it much more than was intended, in terms of the mental health and motivations of SMers.

Social representations of healing tend to be – in the West at least – medical and curative. Understandings of SM tend to see it as pathological and rooted in trauma: this can be seen in popular manuals for therapists such as Hudson-Allez (2005) who also writes for popular magazines on the topic (e.g. Bizarre, December 2007). Might it not be better – politically speaking – to encourage the telling of stories of growth and transcendence which might be anchored into representations other than the traditionally Western medical. The stories in Barker, Gupta et al.'s (2007) chapter, for instance, are mostly not really stories of healing in a medical sense but rather stories about the psychological and spiritual good that may occur through sex, and, in particular, SM. Similarly, Taylor and Ussher (2001) divide the small number of their participants who draw on pathologizing narratives from the larger number who position SM within a mystical or spiritual framework, rather than proposing a wider 'therapeutic' narrative which might encompass both types of narrative.

Our own positions *vis-a-vis* this issue complicate our own hearing of such stories and we recognize that anchoring occurs for us as researchers just as it does for people in the social world who read our writing. This probably accounts for some of the difference in how we each hear and anchor such stories and the disagreement which fuelled this chapter.

In conclusion, we think it worth noting the difficulties that qualitative research with oppressed people and communities raises and how this presents real and pressing difficulties for the research process. We hope that this chapter has alerted other researchers to some of the difficulties that may arise when engaged in phenomenologically grounded research with oppressed people and communities. Indeed, we hope even more that our discussion of the issues may enable others to better think through this dilemma. Richard Feynman (1985), the renowned physicist involved in developing the atomic bomb (who deeply regretted his involvement in the project), argued that sometimes scientists should not ask certain questions or go certain places, for the eventual use of their endeavours may not be what they hoped. In many ways, the social sciences are learning this lesson, most particularly as a result of feminist criticism, with quantitative researchers less often asking inappropriate questions, for instance, about differences between men and women, and instead re-framing the object of their work to better enable the social sciences to produce knowledge that offers positive potential. But, perhaps ironically, things are more difficult for qualitative research since things emerge – without warning – and we may find ourselves confronted with stories later in the research process which present us with the very difficult dilemma of how we should treat this knowledge. We do not have the luxury of learning from Feynman in this particular case about whether we should have gone there since, as qualitative researchers, we have so often *already* gone there with the very best of intentions.

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NOTES

¹ We have chosen in this chapter to reference critical writing on these articles and presentations rather than the original pieces in an attempt to silence this story. We do not want to contribute to the already worryingly high citation count for the work in question.

² For a much more detailed explanation and discussion see Barker, Gupta and Iantaffi (2007).