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Do We Always Practice What We Preach? Real Vampires' Fears of Coming out of the Coffin to Social Workers and Helping Professionals

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Abstract

Helping professionals in multiple disciplines, including social workers, are commonly taught to embrace human diversity, think critically, empower clients, and respect client self-determination. Indeed, much of clinical practice with clients is predicated on such professional values, which are important to the establishment of a strong therapeutic alliance and an effective treatment outcome. This study applies qualitative measures, such as an open-ended questionnaire and creative analytic practice (CAP) strategy in the form of poetic representation, to provide insights into how people with a specific nontraditional identity, that of “real vampire,” feel about disclosing this salient identity to helping professionals within a clinical context. As a CAP method, poetic representation is valuable in acknowledging participants’ subjective realities and preserving emotional intensity in participants’ responses. Results suggest that nearly all participants were distrustful of social workers and helping professionals and preferred to “stay in the coffin” for fear of being misunderstood, labeled, and potentially having to face severe repercussions to their lives.

Keywords: alternative identities helping professionals, social work, therapeutic alliance, vampires

The social work profession utilizes a generalist foundation that allows social workers to work with individuals, families, or communities and thus “focus on any problem or clusters of problems that are complex and difficult” (Kirst-Ashman, 2013, p. 19). Of course, an important part of helping people deal with various issues includes following professional standards, such as those pertaining to practicing with cultural competence, embracing human diversity, and promoting social justice. The present study focuses on a largely hidden population, people who self-identify as vampires, to gain their personal insights regarding how social workers and helping professionals treat them upon disclosing their vampire identities. This study focuses on “real vampires,” in contrast to lifestyle vampires. While lifestyle vampires identify in various ways with the persona of mythical vampires, the defining feature of real vampirism centers on claims of needing extra energy regularly in order to sustain health (Laycock, 2009a). For the purposes of this study, we provide a summary of self-identified vampirism, including real vampirism, shortly herein. However, readers who desire a more thorough discussion of different forms of vampirism are referred to Laycock (2009a).

Although this study focuses on a people with a particular alternative identity, its findings may also be relevant to people who adopt other alternative identities, such as goths, otherkin, furies, and specific BDSM identities. Generally, it seems that rapid advances in technology provide a social environment conducive to the development of unique and unconventional identities. We should not be surprised to see a proliferation of nontraditional identities in the future.

In order to help diverse clients successfully resolve a variety of potential issues, a strong therapeutic alliance with the helping professional must be developed. It is important for helping professionals, such as social workers, to remember that people with vampire identities are just that, *people*—they have common issues like those with mainstream identities. Self-identified vampires work regular jobs and participate in the broader communities in which they live. Like people in the mainstream, self-identified vampires may deal with stress, various health issues, relationship difficulties, education or career transitions, and various other struggles that people commonly face. Social workers and helping professionals can, of course, be valuable in helping people, including vampires, resolve such issues.

We will now review the importance of the therapeutic alliance as important background information for this exploratory study. Indeed, it is important for helping professionals to show acceptance, warmth, and empathy toward diverse clients. We will then provide an overview of self-identified vampirism before presenting our methods, findings, discussion, and conclusion.

Background: The Therapeutic Alliance

Over recent decades, a growing body of scholarly literature illustrates the importance of the therapeutic alliance on psychotherapy effectiveness. However, there is still much for researchers to learn about specific components, modeling, and discrete measurement of the therapeutic alliance (Elvins & Green, 2008). The alliance has been conceptualized in slightly different ways across studies (for example, as *therapeutic alliance*, *therapeutic bond*, *helping alliance*, or *working alliance*), yet empirical reviews consistently demonstrate that this aspect of

psychotherapy significantly impacts treatment effectiveness (Elvins & Green, 2008; Lambert & Barley, 2001; McLeod, 2011; Sharf, Primavera, & Diener, 2010).

Studies have shown that client perceptions of the alliance are particularly important to positive therapeutic outcome (Bachelor, 2013; Bedi, Davis, & Williams, 2005; Horvath, 2001), and that therapists vary in their abilities to establish strong alliances with a range of different clients (Del Re, Fluckiger, Horvath, Symonds, & Wampold, 2012). For clients, important factors to a successful alliance include being able to approach and trust the therapist, sensing that the therapist has a nonjudgmental stance, feeling a sense of equality in the therapeutic relationship, and therapist attentiveness (Manso & Ruktis, 2011; Ribner & Knei-Paz, 2002; Simpson & Bedi, 2012). Indeed, an insufficiency of these factors, as perceived by clients, is likely to result in a poor alliance; thus, therapists should continually strive to be accepting, open, nonjudgmental, and fully attentive to client needs and belief systems.

Despite professional admonitions for therapists to be open, nonjudgmental, and sensitive to human diversity, Vasquez (2007) reported that unintentional bias might be part of the therapist-client interaction and significantly impair the alliance. Vasquez's analysis helps explain underutilization of services and high dropout rates by people of color, and she further suggests that unintentional therapist biases and subsequent microaggressions—encounters that convey attitudes of dominance and superiority—also can occur toward clients who occupy other positions of minority status. In other words, clients who differ significantly from their therapists on factors that are socially constructed as less desired, such as race and ethnicity, gender, age, sexual orientation or identity, socioeconomic status, disability status, or religious affiliation, are more likely to experience alliance issues. For example, clients in minority positions may be hesitant to be authentic and to disclose important information about themselves out of fear of being rejected.

The Alliance Involving Clients with Alternative Identities

People with alternative identities face the same potential for microaggressions and oppression from their workers as those who occupy other positions of minority status. For example, recent literature reviews on bondage/discipline, dominance/submission, and sadomasochism (BDSM) clearly show that participation is not associated with psychopathology (Powls & Davies, 2012; Williams, 2013), yet research on the therapy disclosure experiences of people with alternative BDSM or sexuality identities suggests that many psychotherapists and medical professionals remain closed to such identities (Hoff & Sprott, 2009; Kolmes, Stock, & Moser, 2006; Wright, 2009).

It is understood within social work that it is crucial that therapists continually work to identify their own biases regarding how they are likely to interpret various practices. Social workers, of course, should conscientiously be fully inclusive, listen carefully to clients, promote self-determination and empower, and provide warmth and support. Workers should be especially aware of their positions of power and work to manage these positions in ways that support, rather than potentially harm, their clients.

More education among social workers and helping professionals concerning alternative identities and practices is needed. We challenge social workers and helping professionals to consider embracing aspects of diversity, such as vampirism, which are not typically taught in social work curriculums. At the same time, there remains a need for workers to approach their interpretations of identities and practices critically. In the case of self-identified vampirism, interpretation is likely to be shaped by specific social discourses associated with the helping professions, but perhaps interpretations are also significantly flavored by longstanding cross-cultural vampire myths found in such things as books and popular cinematic output. Indeed, because these myths, historically, are so powerful, it is virtually impossible for social workers and helping professionals to not be influenced by them in some way. Therefore, social workers need to recognize that unlike many lifestyle vampires, vampire mythology may be important to some who identify as real vampires but not others.

Widespread Popularity of Vampire Myths

Mythical vampires seem to capture attention and generate interest like few other topics can. Mythological vampiric figures have been present across diverse cultures for thousands of years. Particularly interesting, of course, is that the vampire seems to occupy a curious space between life and death. It has been widely believed on different continents and across various cultures that at death, souls hovered about their dead body for three days; in some places, that time span was considerably lengthened, and the vulnerable body needed to be watched to protect evil spirits from entering it, thus creating a vampire (Sugg, 2011).

Of course, while part of the widespread curiosity in vampires can be explained by the mysterious place they occupy between life and death, as reflected in Sugg's study about longstanding prescientific beliefs associated with the death process, the popularized figure of the vampire also reflects particular traits, both highly desirable and repulsive, of mere humans. As realized within popular culture and media studies, vampires are seen as attractive, intelligent, seductive, and powerful. They are also sadistic, abhorrent, and frightening. In many ways, mythical vampires are us (i.e., humans). This reflection of ourselves, along with a universal curiosity about death, may account for their tremendous popularity.

Real Vampires: People with a Unique Identity

Nobody knows an exact number, but there are many people worldwide who self-identify as vampires (Atlanta Vampire Alliance, 2007). Despite the use of the word "vampire," people with such alternative identities do not seem to be psychologically and socially unstable (Browning, in press; Laycock, 2009a, 2009b; Williams, 2008, 2009). Even still, it is not surprising that vampires prefer to keep these alternative identities private (i.e., stay "in the coffin") due to fears of being misunderstood and discriminated against (Williams, 2008).

Laycock (2009a) has thoroughly described the different kinds of self-identified vampires in contemporary society, and contrasts between "lifestyle" and "real" vampires. Many people who relate as vampires focus on certain lifestyle practices of one form or another. According to Laycock (2009a), and other experts in the field, some lifestyle vampires enjoy wearing specific clothing styles, sleeping in coffins, or perhaps even sporting fangs. Others may regularly participate in

live action role-playing games (LARPing) that focus on vampires, such as *Vampire: The Masquerade*. Another separate category of vampires includes those who hold beliefs concerning a particular spiritual path, i.e., the Vampire Church, or participate in specific organized religious practices that focus on vampirism in some form, such Vampire Temple.

Laycock (2009a, 2010) has emphasized the need to distinguish between different forms of lifestyle vampirism and real vampirism, and noted that earlier work (i.e., Keyworth, 2002; Perlmutter, 2004) aimed at understanding vampirism (or vampire subculture) tended to generalize about self-identified vampires without differentiation. Such generalization is a significant problem, given the tremendous diversity and wide-range of beliefs and practices among vampires. While some identification with vampires, particularly among youth, may be due, in part, to a narrative collective-assimilation hypothesis (Gabriel & Young, 2011), wherein people experience a narrative before psychologically becoming a part of the collective within it, this possibility does not seem to account for the tremendous range and diversity of self-identified vampirism.

In contrast to the tremendous diversity of various lifestyle vampires, the essential feature of real vampirism is their belief in the need to take in “subtle energy” (called feeding) from time to time from a willing “donor” in order to maintain physical, psychological, and spiritual health. Real vampires report that without occasional feeding, their overall health and well-being suffer. Hence, the term vampirism is used to describe the feeding process. Real vampires may or may not find interest in mythical vampires or pop culture vampirism; these seem to be irrelevant to their self-identified vampirism (Laycock, 2010).

Many real vampires report feeding on psychic or pranic energy, and pranic energy is believed to be strongly connected to nature, generally, and often breathing, specifically (Belanger, 2004). Some vampires, called “sanguinarians,” seem to prefer feeding by consuming small amounts of human blood (or animal blood), which can be easily obtained, among other ways, by making a tiny incision (i.e., with a razor or scalpel) on the upper part of the donor’s chest and is then licked or sucked by the vampire. “Hybrid” vampires report feeding from more than one form (i.e., psychically or from blood). It is generally expected within the community that vampires should act ethically and responsibly in feeding practices.

Unlike lifestyle vampires, real vampires believe that they do not choose their vampiric condition; they are born with it, somewhat akin to sexual orientation (Laycock, 2010). Thus, real vampirism should be approached as an alternative identity, rather than as an institution (Laycock, 2010). Some real vampires report wishing that they did not have a vampiric condition, stating that their lives would be easier without it (Laycock, 2010). For some, vampire community events provide an important source of social support (Browning, in press).

A large international demographic survey (N=750) conducted internally by the real vampire community shows extensive demographic diversity (Atlanta Vampire Alliance, 2007). According to the results, real vampires reflect a variety of ages, religious and spiritual views, races and ethnicities, occupations, education levels, and sexual and gender identities. However, such people are often severely othered and marginalized, irrespective of education and professional status (Laycock, 2009b; Williams, 2013). Counter to common assumptions that

presume self-identified vampires must be confused youth and young adults and/or dangerous psychopaths, scholars (who have spent extended time with real vampires) have stated that real vampires are rather ordinary people with no apparent increased risk for dangerousness (Laycock, 2009a, 2009b; Williams, 2008, 2009, 2013). It is beyond the scope of this study to provide an in-depth description of self-identified vampirism, but for detailed information readers are referred to specific works by Belanger (2007) and Laycock (2009a, 2010).

Study Purpose

Given the above-mentioned explicit professional values of social workers, counselors, psychologists, psychotherapists, physicians, and other medical personnel, we sought to understand vampires' personal experiences with respect to disclosing their vampiric identities to such clinicians when seeking help with respect to various customary issues (i.e., relationship issues, adjustment difficulties, occasional injuries, or illnesses). Specifically, we wanted to know if vampires had disclosed their alternative identity, and if so, how that was received by the clinician. If participants had not disclosed their identity, we were also interested in knowing whether they would do so and then why or why not. We wanted to obtain rich, detailed first-person accounts about real vampires' disclosure experiences, why or why not they disclosed to clinicians, and how vampires felt they were, or would be treated.

Methods

The first author of this study has worked specifically with self-identified vampires for over five years, and both authors have considerable experience working amicably with multiple alternative communities. Of course, our knowledge and experience have shaped our approach to this project. Our purpose was to empower the voices of people who self-identify as real vampires and acknowledge their unique insights with respect to their experiences and attitudes of disclosing their vampire identities to social workers and helping professionals. We were interested in whether or not such vampires are or would be comfortable mentioning these identities in clinical settings. These identities are salient and important to participants, and they could impact other common health or mental health issues for which vampires, like anybody else, might seek professional help. For the purpose of this study, a brief open-ended questionnaire, which included demographic questions, was developed. The measure asked participants about their disclosure experiences. Approval to conduct the study was granted through a university institutional review board (IRB). Well-established and personally known contacts, who are vampire leaders in Atlanta, Georgia, were asked to select 11 adult participants through purposive sampling. In an effort to ensure self-identities were chronic and stable, participants were included if they self-identified as vampires for several years.

Sample Demographics

All participants, with one exception (South Africa), were residing within the United States (nine different states were represented). The mean age of participants was 37.6 years; only three participants were under the age of 30 years, while six were over the age of 40. Participants reported adopting a real vampire identity for a mean of 14.2 years (range = 3.5 to 41 years).

Reported religious affiliations included pagan (n=5), Wicca (n=4), “spiritual” (n=1), and “no affiliation” (n=1). Nearly all (82%) of participants reported their gender as being female, including one intersexed, female assigned individual and a postoperative, male-to-female transsexual. One participant identified as male and another as gender-queer. Regarding sexual orientation, five participants identified as bisexual or bicurious, three as heterosexual, two as pansexual/omnisexual, and one as asexual. Six participants reported their relationship status as being single, two were married and another engaged to be married, one was in a relationship but not married, and one reported “it’s complicated.”

Nearly all participants had college experience; four had earned college degrees and two had attended graduate school. Five participants reported that their vampirism involved taking energy from multiple sources (hybrid), three reported feeding mostly from blood (sanguinarian), and three stated they preferred taking psychic energy.

Given that many participants occupy multiple positions of minority, and frequently marginalized status, it is important to recognize the concept of intersectionality (for a review, see Potter, 2012), which is particularly relevant herein. Furthermore, while there is a wide range of gender and sexual diversity within this particular sample, existing demographic research on the vampire community suggests that most vampires report traditional presentations of gender and sexual orientation (Atlanta Vampire Alliance, 2007).

Qualitative Analysis and Poetic Representation

Like many other creative analytic practice methods, poetic representation is rooted in a philosophy that challenges objectivism, positivism, and thus the ability to generalize. For example, from a postmodern/poststructuralist perspective, Sparkes (2002) suggests that specific research methods produce various types of “tales” (i.e., scientific, realist, autoethnographic, poetic, etc.) that privilege different things based on the parameters and contexts involved in their production. Narrative and poetry, for example, often illustrate commonalities between groups of people, rather than focusing exclusively on differences.

Glesne (1997) discusses poetic representation as a type of “third voice” that represents a form of coauthorship between participants and researcher, while of course readers also interpret such representation according to their own experience and subjectivity. Poetic form, by using few words, can stir powerful emotion in readers, which may be an important purpose of a research study (Glesne, 1997). Such representation emphasizes commonality of human experience, reflexive process, and spirituality, while helping us remember that texts are socially constructed and subjectively interpreted (Adame, Leitner, & Knudson, 2011; Baff, 1997; Glesne, 1997; L. Richardson, 1992, 1994; M. Richardson, 1998; Sparkes, 2002; Szto, Furman, & Langer, 2005).

Poetic representation has recently been beneficial in helping mental health clients reconceptualize meanings of psychopathology and healing (Adame & Knudson, 2007, 2008; Adame et al., 2011). Adame and colleagues (2011) discuss an interview with a psychiatric survivor about how valuable simple human compassion is within psychiatric care. This interview was so powerful emotionally that the textual representation also needed to preserve such

intensity. Thus, their strategic use of poetic representation powerfully shows readers that, while mental health professionals can easily become immersed in the diagnostic labels and various techniques given *to* a patient, it is a simple act of human kindness and compassion of being *with* a struggling fellow human being, in this case shown by a housekeeper, that marks the turning point toward healing. In this case, poetic representation emphasizes human connection while also exposing a lack of therapeutic effectiveness from the powerful psychiatric institution that maintains authority in defining and maintaining therapeutic control.

Within the findings of the present research, several vampires' responses were quite blunt and emotionally intense. Responses were read first as a whole (in an ordinary manner), after which, each report was disaggregated via line-by-line coding (see Charmaz, 1995, 2000) for the purpose of identifying possible themes. While fear was the overarching theme across the participants' responses, we were also interested in identifying general discourses through which such fear may be located. Therefore, we applied a critical discourse analysis strategy (McGregor, 2003) by searching participants' responses for specific jargon, words, and phrases with strong connotations, and sentences that illustrate strong power relations in order to identify social discourses that contributed to respondents' fears. Broadly, participants' responses reflected fears that were rooted in common psychiatric, Judeo-Christian, and legal discourses.

Findings

Short responses in poetic form were selected in the reporting of findings, in this way preserving the intensity of that fear as reported by participants while alerting readers as well to the converging discourses in which such fear is located, discourses we found to be largely from psychiatry and western religion. As other researchers have done (i.e., Adame, et al., 2011; Glesne, 1997), only the actual words of participants were used in crafting poetic representation to reflect vampires' fear of disclosure and their explanations for such fear. The strategy of using only participants' words helps in keeping true to their voices (See Szto, et al., 2005). Hopefully, this poetic structure not only retains emotion voiced by participants, but also reflects their perceptions that what might be preached, in terms of accepting clients' diverse beliefs and lifestyles, is perhaps not always practiced.

Fear Everywhere

Would I be comfortable
 Disclosing my vampire identity?
 No, I would never do that!
 It would detract
 From real issues
 For which I was seeking treatment.
 I have no desire to be classified
 As delusional,
 Immature,
 Or a threat to public safety.

Would I be comfortable
 Disclosing my vampire identity?

No, I have experienced enough prejudice!
I do not want
To deal with stigma
Of this label.
Often, professionals are
Of the same mind.
I do not have time
For such misunderstanding.

Would I be comfortable
Disclosing my vampire identity?
No, I would not be taken seriously!
It would color their view
Of me.
I am different,
Not broken.
I do not want
To open a can of worms.
I keep quiet.

Would I be comfortable
Disclosing my vampire identity?
No, that part of me I keep private.
Some might be frightened
That I was delving
Into Satanism.
Subcultural beliefs are
As rational as the conventional.
But I do not want
To risk my career.

Would I be comfortable
Disclosing my vampire identity?
No, we are not accepted.
I am a good person
And a mother.
I care for my children.
And I am not
A danger
But the State would take
My children away.

Social workers, psychologists, and counselors
Should listen
And be open.
They need to know more

About spiritual things.
And not immediately jump
To treating a disorder.
For us, vampirism is normal.

Professionals should know that
We are law-abiding people.
We are assets
To our community.
We have our issues and
We are human.
If they would accept our views
They could help us.

Discussion and Conclusion

The use of poetic representation for this study preserves the raw, emotional power of participants' voices, while also inviting professionals to reflect upon potential contrasts and discrepancies between what we formally preach and how people with alternative identities may perceive and experience us. The findings from this study emphasize the need for social workers and other helping professionals to be more open and take a critical perspective when working with clients. It is clinically important to interrogate critically the popular discourses by which social workers and helping professionals are socialized.

People with real vampire identities, at least those within this sample, are fearful that clinicians will label them as being psychopathological in some way (i.e., delusional, immature, unstable), perhaps wicked, and not competent to perform in typical social roles, such as parenting. These fears, of course, reflect common normalizing social discourses that have shaped perceptions and interpretations of the vampires of myth and pop culture, along with perceptions and interpretations of those who are assumed to believe in such stories. It is important to avoid relying on grand narratives from normalizing discourses and *a priori* cultural knowledge (Johnson & Munch, 2009). It can be easy to forget that people frequently define and construct their own meanings, understandings, and identities for their own uses and purposes. It should be noted that participants in the sample seem to function normally, based on demographic questions concerning their psychiatric histories, in their social and occupational roles, and some have achieved considerable success in their chosen careers. Real vampires seem to be ordinary human beings with common, everyday human issues, such as trying to be successful in relationships and careers, managing stress, coping with daily living tasks, and adjustments to transitions, to name a few.

The findings from this study suggest, reliably with other scholarship (e.g., Hoff & Sprott, 2009; Kolmes, et al., 2006; Williams, 2013; Wright, 2009), that social workers and helping professionals should learn more about alternative identities and communities, listen and learn from clients, strive to become more aware of our own potential biases and stereotypes, and interrogate and challenge common social discourses that pathologize and demonize. By doing so, social workers can establish trust with clients who have alternative identities and belief systems,

provide services to a more diverse clientele, and establish strong alliances that contribute to effective service.

Clinicians should continually work to infuse core professional values and ethical standards and principles, including social justice, dignity, and worth of the person, the importance of human relationships, competence, social diversity, and client self-determination (Canadian Association of Social Workers, 2005; National Association of Social Workers, 1999); all of which are essential for establishing strong alliances with diverse clients. These values and principles are also generally expected to be practiced in other helping professions, including counseling (American Counseling Association, 2005), psychology (American Psychological Association, 2010), and medicine (specifically, *Declaration of Professional Responsibility*, American Medical Association, 1996). Helping professionals should strive, of course, to become more aware of their own social and cultural positioning so that these do not unintentionally harm clients whose backgrounds and beliefs differ. By doing so, we may improve at practicing what we preach.

References

- Adame, A. L., & Knudson, R. M. (2007). Beyond the counter-narrative: Exploring alternative narratives of recovery from the psychiatric survivor movement. *Narrative Inquiry, 17*, 147-178.
- Adame, A. L., & Knudson, R. M. (2008). Recovery and the good life: How psychiatric survivors are revisioning the healing process. *Journal of Humanistic Psychology, 48*, 142-164.
- Adame, A. L., Leitner, L. M., & Knudson, R. M. (2011). A poetic epiphany: Exploration of aesthetic forms of representation. *Qualitative Research in Psychology, 8*, 370-379.
- American Counseling Association (ACA). (2005). *ACA code of ethics*. Alexandria, VA: Author.
- American Medical Association (AMA). (1996). *AMA code of medical ethics*. Chicago, IL: Author.
- American Psychological Association (APA). (2010). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- Atlanta Vampire Alliance. (2007). *The vampire and energy work research survey: An introspective examination of the real vampire community*. Atlanta, GA: Author.
- Bachelor, A. (2013). Clients' and therapists' views of the therapeutic alliance: Similarities, differences and relationship to therapy outcome. *Clinical Psychology and Psychotherapy, 20*, 118-135.
- Baff, S. J. (1997). "Realism and naturalism and dead dudes:" Talking about literature in 11th grade English. *Qualitative Inquiry, 3*, 468-490.
- Bedi, R. P., Davis, M. D., & Williams, M. (2005). Critical incidents in the formation of the therapeutic alliance from the client's perspective. *Psychotherapy: Theory, Research, Practice, Training, 42*, 311-323.
- Belanger, M. (2004). *The psychic vampire codex: A manual of magick and energy work*. Boston, MA: Weiserbooks.
- Belanger, M. (2007). *Vampires in their own words: An anthology of vampire voices*. Woodbury, MN: Llewellyn Publications.
- Browning, J. E. (in press). The real vampires of New Orleans and Buffalo: A research note towards comparative ethnography. *Palgrave Communications*.
- Canadian Association of Social Workers. (2005). *Guidelines for ethical practice*. Ottawa, ON: Author.
- Charmaz, K. (1995). Body, identity and self: Adapting to impairment. *Sociological Quarterly, 36*, 657-680.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 509-536). Thousand Oaks, CA: Sage.
- Del Re, A. C., Fluckiger, C., Horvath, A. O., Symonds, D., & Wampold, B. E. (2012). Therapist effects in the therapeutic alliance-outcome relationship: A restricted-maximum likelihood meta-analysis. *Clinical Psychology Review, 32*, 642-649.
- Elvins, R., & Green, J. (2008). The conceptualization and measurement of the therapeutic alliance: An empirical review. *Clinical Psychology Review, 28*, 1167-1187.
- Gabriel, S., & Young, A. F. (2011). Becoming a vampire without being bitten: The narrative collective – assimilation hypothesis. *Psychological Science, 22*, 990-994.
- Glesne, C. (1997). That rare feeling: Representing research through poetic transcription. *Qualitative Inquiry, 3*, 202-221.

- Hoff, G., & Sprott, R. A. (2009). Therapy experiences of clients with BDSM sexualities: Listening to a stigmatized sexuality. *Electronic Journal, 12*.
- Horvath, A. O. (2001). The alliance. *Psychotherapy, 38*, 365-372.
- Johnson, Y. M., & Munch, S. (2009). Fundamental contradictions in cultural competence. *Social Work, 54*, 220-231.
- Keyworth, D. (2002). The socio-religious beliefs and nature of the contemporary vampire subculture. *Journal of Contemporary Religion, 17*, 355-370.
- Kirst-Ashman, K. K. (2013). *Introduction to social work and social welfare*. Belmont, CA: Brooks/Cole.
- Kolmes, K., Stock, W., & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality, 50*(2/3), 301-324.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy, 38*, 357-361.
- Laycock, J. (2009a). *Vampires today: The truth about modern vampirism*. Westport, CT: Praeger.
- Laycock, J. (2009b). Modern vampires: Your neighbors and spouses. *Religion Dispatches* (May 28, 2009). Retrieved on October 29, 2009 from: <http://www.religiondispatches.org>
- Laycock, J. (2010). Real vampires as an identity group: Analyzing the causes and effects of an introspective survey by the vampire community. *Nova Religion, 14*, 4-23.
- Manso, A., & Rauktis, M. E. (2011). What is the therapeutic alliance and why does it matter? *Reclaiming Children and Youth, 19*(4), 45-50.
- McLeod, B. D. (2011). Relation of the alliance with outcomes in youth psychotherapy: A meta-analysis. *Clinical Psychology Review, 31*, 603-616.
- McGregor, S. L. T. (2003). Critical discourse analysis: A primer. *Kappa Omicron Nu Forum, 15*(1), 1-11.
- National Association of Social Workers. (1999). *Code of ethics*. Washington, DC: Author.
- Perlmutter, D. (2004). The forensics of sacrifice: A symbolic analysis of ritualistic crime. *Anthropoetics, 9*(2), 1-33.
- Potter, H. (2012). Intersectional criminology: Interrogating identity and power in criminological research and theory. *Critical Criminology, 21*, 305-318.
- Powls, J., & Davies, J. (2012). A descriptive review of research relating to sadomasochism: Considerations for clinical practice. *Deviant Behavior, 33*, 223-234.
- Ribner, D. S., & Knei-Paz, C. (2002). Client's view of a successful helping relationship. *Social Work, 47*, 379-387.
- Richardson, L. (1992). The poetic representation of lives. *Studies in Symbolic Interactionism, 13*, 19-27.
- Richardson, L. (1994). Nine poems. *Journal of Contemporary Ethnography, 23*, 3-13.
- Richardson, M. (1998). Poetics in the field and on the page. *Qualitative Inquiry, 4*, 451-462.
- Sharf, J., Primavera, L. H., & Diener, M. J. (2010). Dropout and therapeutic alliance: A meta-analysis of adult individual psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 47*, 637-645.
- Simpson, A. J., & Bedi, R. P. (2012). The therapeutic alliance: Clients' categorization of client-identified factors. *Canadian Journal of Counselling and Psychotherapy, 46*, 344-366.
- Sparkes, A. C. (2002). *Telling tales in sport and physical activity: A qualitative journey*. Champaign, IL: Human Kinetics.

- Sugg, R. (2011). The art of medicine: Prescientific death rites, vampires, and the human soul. *Lancet*, 377, 712-713.
- Szto, P., Furman, R., & Langer, C. (2005). Poetry and photography: An exploration into expressive-creative qualitative research. *Qualitative Social Work*, 4, 135-156.
- Vasquez, M. J. T. (2007). Cultural difference and the therapeutic alliance: An evidence-based analysis. *American Psychologist*, 62, 878-885.
- Williams, D J (2008). Contemporary vampires and (blood-red) leisure: Should we be afraid of the dark? *Leisure/Loisir*, 32, 513-539.
- Williams, D J (2009). Deviant leisure: Rethinking “the good, the bad, and the ugly.” *Leisure Sciences*, 31, 207-213.
- Williams, D J (2013). Social work, BDSM, and vampires: Toward understanding and empowering people with nontraditional identities. *Canadian Social Work*, 15, 10-24.
- Wright, S. (2009). *Survey of violence and discrimination against sexual minorities*. Baltimore, MD: National Coalition for Sexual Freedom.