Moderation Effects of Identity Centrality and Belongingness on Internalized Stigma and Distress among BDSM Practitioners

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Phoenix R. Crane, M.A.

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Approved

Michael Serra, Ph.D.
Chair of Committee

Lindsay Rice Greenlee, Ph.D.
Co-Chair of Committee

Zachary Hohman, Ph.D.

Sheila Garos, Ph.D.

Mark Sheridan, Ph.D.
Dean of the Graduate School

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Table of Contents

Abstract

BDSM (bondage/discipline; Dominance/submission; sadism/masochism) is devalued in society because it absconds from normative heterosexuality and monogamy, resulting in hostile prejudice and discrimination. Like other concealable stigmatized identities, BDSM practitioners self-stigmatize endorsing the same devaluing beliefs as society, thereby eliciting feelings of shame, self-hate, and stress. Using the concealable stigmatized identity (CSI) model, I examined the degree to which internalization of negative stereotypes becomes distressing to the extent that their BDSM identity is considered important to the self. I further explored whether group belongingness to a BDSM community buffers the relationship between stigma and distress. Moderation analyses were performed on a sample of 150 self-identified BDSM practitioners recruited from reddit to examine interactions among self-reported feelings of internalized sexual stigma, level of BDSM identity importance, group belongingness and psychological distress. Results indicated that identity centrality and community belongingness do not significantly moderate the relationship between internalized stigma and psychological distress. Recommendations for future research using similar models are discussed.

Keywords: BDSM, centrality, identity, psychological distress, community belonging

List of Tables

List of Figures

Chapter I

Moderation Effects of Identity Centrality and Belongingness on Internalized Stigma and Distress among BDSM Practitioners

BDSM -an overlapping acronym referring to bondage and discipline, Dominance and submission, and sadism and masochism- is a form of sexual and non-sexual play that centers on restraint, obedience, and power play, ranging in intensity of pleasurable pain (Brown et al., 2020; Dunkley & Brotto, 2018; Turley, 2016). Because of its entanglement with physical pain, punishment, and servitude, BDSM has historically been mischaracterized as pathological, abusive, and unsafe. However, the purpose of BDSM is to intensify pleasurable sensations in ways that would not be possible in non-BDSM (i.e., "vanilla") sexual interactions (Weiss, 2006). These practices are not motivated by aggression or mental illness as assumed by early sexologists, but instead exist within the realm of affirming and negotiable consent between partners to increase physical and psychological pleasure. Consent and communication are the foundation of BDSM given the intensity and novelty involved in exploring one's desires and limitations (Jozifkova, 2013; Parchev & Langdridge, 2018; Pitagora, 2013). BDSM practices do not necessitate sexual abuse, harmful physical violence, or unhealthy relationships- rather BDSM is a sex positive tool to enhance sexual satisfaction, psychological wellbeing, and intimacy between partners (Graham et al., 2016; Pitagora, 2013; Turley, 2016).

BDSM is safe and sane interaction between partners (Weiss, 2006) that is not limited to sexual intercourse. In fact, BDSM practitioners actively resist the conflation of "sex" (e.g., intercourse, orgasm) with "sexual" (e.g., arousal, erotic feelings) because BDSM does not necessarily entail normative heterosexual, genital-centered sex (Simula, 2012). Sex is regarded as secondary and even irrelevant to the power dynamics and erotic practices in BDSM relationships and scenes. Most practitioners have non-BDSM sexual intercourse, with only a

minority indicating that BDSM was their only form of sexual activity (Connolly, 2006) and most public BDSM play spaces forbid vaginal, oral, and anal intercourse (Faccio et al., 2020). Thus, BDSM practices are unrelated to erogenous zones, genital areas, intercourse, and orgasm, and instead they focus on emotional intimacy, vulnerability and trust, close relationships, self-discovery and enhancement, psychological stimulation, and spiritual transcendence (Carlström, 2019; Faccio et al., 2020; Pitagora, 2019; Sloan, 2015). BDSM offers discursive spaces for validating intimate experiences with others that do not rely on sex, which is particularly relevant to asexual practitioners (Sloan, 2015). BDSM is not always sexually motivated and actively decenters reproduction and domination of the phallus (Faccio et al., 2020; Pitagora, 2019; Simula & Sumerau, 2019; Sloan, 2015). It has also been established that consent is crucial to BDSM encounters, which separates it from assault and abuse. Klement et al. (2017) showed that BDSM practitioners express low levels of sexism, rape myth acceptance, and victim-blaming compared to controls. Practitioners are more likely to hold pro-feminist attitudes, too (Brown et al., 2020; Worthen & Haltom, 2020) because BDSM rejects conventional notions of gender, power, and sexuality and instead encourages subversion of these oppressive social inequalities (Bauer, 2016; Simula & Sumerau, 2019).

Power play, or the eroticization and/or implementation of power differences between partners in BDSM interactions, allows partners to subvert societal roles and interpersonal dynamics regardless of gender (Bauer, 2008; Carlström, 2017; Simula & Sumerau, 2019). In power play, one or more partners typically assume a controlling role while other partner(s) adopt an obedient role. Partners might also "switch" between roles depending on the context or partner. Heteronormative conceptualizations of gender support the male/female binary exclusive of other gender identities and places men in the position of being sexually assertive, directive, and

initiating sexual interactions and women in the position of being passive and receptive to a male partner (Pitagora, 2019). Society typically associates power and dominance with masculinity, and submission to femininity (Wood & Eagly, 2012), but within BDSM contexts, practitioners can enact gender-free dominant and submissive behaviors that challenge stereotypes about the power-gender confluence and suggest movement towards androgynous role play. Women can be physically aggressive, and men are able to practice vulnerability without judgement from the community. Moreover, research shows that sexual dominance and submission are not bipolar constellations of gender. For example, Herron and colleagues (1983) found no significant differences in femininity between Dominant and submissive men, or between submissives men and submissive women (Herron et al.,1983). In other words, men are no more prone to dominance than women are to submission. Additionally, a study of forceful submission fantasies found that aggressive, dominant women entertain forcible submission fantasies because they are especially drawn to dominant men as competitive and competent partners, and that men exhibit a strong interest in submission fantasies with a woman partner (Hawley & Hensley, 2009). Subversion of restrictive norms increases the attractiveness of BDSM power play, especially among gender minority individuals.

Not only does BDSM allow cisgender heterosexual individuals to digress from heteronormative scripts, but also BDSM practices and community members are accepting of nonbinary, trans, and queer-individuals who do not conform to the gender binary (Bauer, 2016). In fact, a defining element of BDSM is that gender and power are performative elements that are dynamic and flexible across partners, scenarios, and one's lifetime. The Theory of Gender Maintenance (Deutsch, 2007) conceptualizes gender as something that people "do" daily and is an emergent feature of social interactions rather than a stagnant property one possesses (Simula,

2012). Thus, engagement in BDSM practices effectively "undo" gender and resist gender as an important social category. Moreover, performances of masculinity/femininity are not limited to male/female bodies- gender is everybody's game (Bauer, 2016). BDSM hence might be particularly appealing to individuals who do not endorse traditional gender roles. By making gender less salient, power and status become flexible constructs that depend on BDSM role rather than gender. Overall, BDSM offers individuals, regardless of identity, the opportunity to negotiate, explore, and transform traditional conceptualizations gender, sexuality, and power in a safe and sane environment (Faccio et al., 2020; Moser & Kleinplatz, 2006).

Stigmatization of BDSM

Despite a common stereotype that BDSM activities are associated with abuse or mental illness (see Cross & Matheson, 2006; Khan, 2017 for a review), there is no scientific evidence that BDSM is related to mental health issues, childhood sexual abuse, or sexual trauma. Extant research shows that BDSM practitioners often display comparable, and in some instances better, health and wellbeing relative to nonpractitioners (Brown et al., 2020; Brink et al., 2021; De Neef et al., 2019). Connolly (2006) found that self-identified BDSM practitioners reported lower depression scores than nonpractitioners and reported average levels of anxiety. Additionally, among a sample of people who engaged in BDSM, there were no statistically significant associations between BDSM practices and high levels of psychological distress, sexual difficulties, or history of sexual coercion (Richters et al., 2008). Moreover, BDSM practitioners have shown comparable PTSD and trauma-related scores to general population averages, and do not show higher personality or dissociative identity disorder symptoms (Connolly, 2006). Most (90.4%) BDSM practitioners have not previously experienced abuse and childhood trauma is not a precipitating factor in BDSM behaviors and identity (Brown et al., 2020). Indeed, BDSM

relationships are not indicative of intimate partner violence (Dunkley & Brotto 2018; Jozifkova 2013; Waldura at el., 2016) or rape (Klement et al., 2017) given the crucial nature of consent, communication, and safety necessary for BDSM interactions.

However, BDSM has not always been understood with respect to consent, transgressive gender norms, and sex positivity. In fact, BDSM has a long history of being classified as a psychological disorder and expression of abuse. Sexual sadism has been included as "sexually deviant" paraphilias in the Diagnostic Statistical Manual of Mental Disorders (DSM) since its inception in 1952, with sexual masochism getting added as a separate disorder in the second edition (Krueger, 2010). Later editions added diagnostic criteria that varied with respect to behavior and fantasies, consenting or non-consenting partners, physical or psychological harm, and personal distress. Despite arguments against the presence of S/M in the DSM based on value judgements about sexual behavior and ambiguous criteria (Krueger, 2010), the current manual (DSM-5) continues to pathologize individuals who practice BDSM. Specifically, the DSM-5 lists sexual sadism and masochism as "paraphilic disorders" with the diagnostic criteria of 1) experiencing intense arousal for 6 months or more, and 2) acting on these sexual fantasies with a nonconsenting person, OR experiencing impairment in important areas of life (American Psychiatric Association, 2013). Yet many critics point out that there is no distinction between distress imposed by social stigma and internal distress (Wright, 2010) and that acting on vanilla sexual impulses with a non-consenting person (e.g., sexual assault) is not classified as a disorder yet nonconsensual S/M is pathological (Hughes & Hammack, 2019). Moreover, legal authorities and social workers do not always concern themselves with diagnostic details and are likely to regard any BDSM practices as abnormal, abusive, and distressing. Thus, any person who practices consensual BDSM will be considered mentally ill or at risk of harming others, and

likewise are subject to societal stigma, occupational and legal discrimination, and mental health issues (Wright, 2010). In sum, despite marginal improvements among clinicians, BDSM practices remain stigmatized, and misconceptions based on archaic notions of sexual behavior remain entrenched in definitions of normative sexuality.

BDSM is devalued in society because it absconds from normative heterosexuality and monogamy, resulting in hostile prejudice and discrimination. BDSM overlaps significantly with ethical nonmonogamy (Brown et al., 2020, Pitagora, 2016; Sheff & Hammers, 2011) and the LGBTQ+ community (Bauer, 2016; Damm et al., 2017; Sloan, 2015), and intentionally resists heteronormative gender roles and power dichotomies. Thus, BDSM is not situated within a domesticated, heterosexual, romantic, marital, monogamous, reproductive, coupled, vanilla, and private sphere of sexuality (Weiss, 2006), which renders it abnormal and "deviant" from normative, conventional conceptualizations of sexuality. In turn, society views BDSM as abnormal, deviant, sick, and abusive and further discriminates practitioners based on these ignorant and harmful perspectives. Several studies show that BDSM is not protected in mental health, law, and social service domains (Dunkley & Brotto, 2018; Waldura, et al., 2016; Wright, 2006). Stigma within the health sector is widespread, for therapists and physicians often confuse consensual BDSM with abuse or is indicative of past abuse, deem BDSM as unhealthy, and even refuse to treat BDSM practitioners seeking individualized care (Dunkley & Brotto, 2018). Lesbian BDSM women have historically been targets of physical assault because of their so-called violent and patriarchal behavior as S/M players (Wright, 2006), and many others have lost custody of children, jobs, and inheritances because of their kinky sexual practices (Lin, 2017; White, 2006; Wright, 2010). Current perspectives of BDSM associate it with sexual deviance,

mental illness, child abuse and trauma, and rape and violence, thereby supposing BDSM practitioners are pathological and unsafe relative to "normal" people.

Mainstream media actively contribute to misconceptions and the continued stigmatization of BDSM. Films such as Secretary (Shainberg, 2002), Fifty Shades of Grey (Taylor-Johnson 2015), Gerald's Game (Flanagan, 2017), and A Dangerous Method (Cronenberg, 2011) depict characters who practice BDSM as psychopathological and dangerous. These characters struggle with their sexuality on a clinical level and believe that their sexual interests derive from childhood abuse or sexual trauma. This portrayal of BDSM as a kind of "sickness" is a common trope utilized to help consumers sympathize with characters (Khan, 2017). Although this personification generates accessible and even mysterious characters, it occurs at the cost of defining the characters by their pathological sexuality. This process of "understanding via pathologizing" is reminiscent of past clinical perceptions of sadism and masochism (Weiss, 2006), and thus ignorant consumers of such films perpetuate the misconception that sexual sadism and masochism are "natural" extensions of abuse and trauma within society (Weiss, 2006). Non-practitioners sensationalize BDSM as intense, dark, and twisted sex, which further contributes to the sexual prejudice and overt discrimination of BDSM practitioners.

Internalized Stigma. Not only do BDSM practitioners experience prejudice and discrimination from social "others," but they also self-stigmatize using the same devaluing beliefs as society. Internalized stigma is when one endorses the negative stereotypes attached to their stigmatized identity and applies the stigma to the self (Quinn & Earnshaw, 2011). This process may not be intentional though, for most people learn negative stereotypes pertaining to a marginalized identity before even gaining the identity for themselves. In fact, sexual stigma is learned and internalized during childhood based on societal expectations that most children are

and will grow up to be heterosexual, monogamous, and cisgender (Herek et al., 2009). Moreover, because stigmatized sexual identities are typically gained later in life, usually sometime between adolescence and adulthood (e.g., 20-30 years old), people have no reason to question the authenticity of the stereotypes when they learn them. Thus, they might be prejudiced or discriminatory towards individuals with the identity before gaining it for themselves during adulthood. Consequently, when the person obtains a sexual minority identity, they have the full weight of the negative belief structure of which to contend. If the person believes in the negative stereotypes, they will think of themselves as lesser, devalued, or bad compared to others (Quinn & Earnshaw, 2011). In fact, internalized stigma as a negative attitude towards oneself is strongly related to self-esteem, and self-esteem is correlated with many facets of psychological wellbeing (Herek et al., 2009). Thus, membership to a stigmatized group often produces diminished self-concept, which in turn lowers self-esteem, decreases life satisfaction, and increases negative affect, anxiety, and depression.

Yet there is little research about the way internalized stigma directly affects BDSM-identified individuals despite there being much evidence that BDSM itself is stigmatized. Most work on the subject explores how internalized stigma affects concealment and disclosure processes of BDSM practitioners. Using qualitative methods, Damm et al. (2017) uncovered that much like LGBTQ coming out processes, BDSM coming out narratives are imbued with shame, disclosure avoidance, and direct experiences of judgment or discrimination. Similar themes were discovered by Bezreh et al. (2012). Participants described feeling ashamed, anxious, and feared or faced overtly negative reactions after disclosing their BDSM identity. Participants reported feelings of shame in childhood as they struggled to reconcile their interest with negative stereotypes and expressed isolation and stress in relation to concealment practices (Bezreh et al.,

2012). Shame is produced by failing to meet society's normative expectations and guilt results from failing to meet internalized standards concerning how one ought to behave. In other words, BDSM practitioners experience shame and anxiety because their interests do not conform to heteronormative standards of gender, sexuality, and power, but when practitioners internalize these contradictory heteronormative standards, they self-pathologize and have negative attitudes towards themselves. When BDSM practitioners reshape their self-concept to include stigmatized beliefs, they feel shame and guilt, which subsequently increases suicide ideation. Roush and colleagues (2017) found that BDSM practitioners' shame was directly related to suicide ideation, suggesting that shame of one's entire sense of self which is likely perpetrated by stigmatization of the community. Moreover, shame and guilt were indirectly associated with suicide ideation through thwarted belongingness (i.e., feeling disconnected from others) and perceived burdensomeness (i.e., self-hate), which are not only representative of unfavorable attitudes towards BDSM practitioners (Roush et al., 2017), but also indicative of internalization of these attitudes rather than depression.

Evidently, internalized stigma is associated with nondisclosure and hiding, which may explain in part the poorer psychological outcomes of some BDSM community members. Research shows that being "out" about one's identity is related to greater psychological wellbeing and less self-stigma (Quinn et al., 2014) and that positive disclosure reactions can increase the positive valence of the identity (Quinn & Earnshaw, 2011). However, identity concealment and condemning disclosure reactions reinforce the negative valence of the identity which consequently leads to greater psychological distress. If BDSM practitioners conceal their identity, they might experience increased levels of internalized homonegativity, low self-esteem, and low subjective wellbeing relative to if they disclosed (Chaudior & Fisher, 2010; Crocker &

Major, 1989; Herek et al., 2009; Quinn et al., 2014). This process is cyclical, for chronically concealing one's sexual orientation is associated with higher levels of self-stigma (Herek et al., 2009), which leads to identity rejection instead of identity development, thereby limiting self-exploration and identity normalization. Concealment thus leads to worse outcomes because individuals cannot draw on support systems for emotional and educational resources (Quinn & Earnshaw, 2011). Furthermore, feeling ashamed to disclose to medical or mental health professionals is associated with avoiding or delaying health care (Waldura et al., 2016). Untreated anxiety and depression can consequently have profound negative impacts on individual health, familial and romantic relationships, and social responsibilities (Quinn et al., 2014).

Additionally, secret keeping is depleting. Research shows that thought suppression frequently causes that information to remain on the forefront of consciousness, exacting a toll on one's regulatory resources and thus curtailing one's physical and intellectual ability (Critchter & Ferguson, 2014). Concealment of one's identity, especially sexuality, seems to exert its own depleting effect, thereby impacting cognitive, interpersonal, prosocial, and physical outcomes. Moreover, if an individual is particularly fearful of social rejection, they might have a more salient concealable identity (Quinn et al., 2014), which takes a toll on their ability to suppress this secret. Although these individuals are more inclined to conceal their sexuality, they might inadvertently reveal it instead due to depleted cognitive self-control (Choudoir & Fisher, 2010; Vohs et al., 2012), which places them in the line of fire for overt prejudice and discrimination. Overall, concealing one's BDSM identity in response to internalized stigma can be detrimental to psychological health and identity development processes.

BDSM as a Concealable Stigmatized Identity. A concealable stigmatized identity (CSI) is devalued social identity or attribute that can be kept concealed from others and is not immediately visible (Crocker & Major 1989; Quinn & Earnshaw, 2011). A substantial number of adults live with at least one concealable stigmatized identity (Quinn & Earnshaw, 2011) which works to construct and impact the self-concept and psychological wellbeing of individuals. Due to negative stereotypes attached to such an identity, society typically associates it with low status and subsequently discriminates against those with concealable stigmatized identities. Examples of concealable identities typically discussed in the literature include people with mental illness, HIV/AIDS, chronic illness, current or previous substance abuse, history of incarceration, minority sexual orientation, and rape survival.

BDSM identification might be considered a concealable stigmatized identity based on extant literature regarding age of onset, negative stereotypes, and experiences with discrimination. Generally, onset of BDSM identification occurs in adolescence and adulthood. Gemberling and colleagues consider onset of BDSM-related sexual behavior, attractions, and identification separately, deducing that behavior transpires in early to mid-twenties, attraction is realized during late teens to early twenties, and identity is adopted in mid-twenties (Gemberling et al., 2015). A more recent study found that most participants reported becoming aware of their BDSM interests between ages 16 and 25, with over half being conscious of their affinities by 20, and by the age of 25 most had already engaged in some type of BDSM activity (Coppens et al., 2020). On average, BDSM interests seem to begin during the teenage or young adult years, corresponding with when sexuality is typically explored (Bezreh et al., 2012; Sprott & Williams, 2019). Only one study found that BDSM interests can appear at an even earlier age. These individuals subscribed to essentialist perspectives of identity, believing that BDSM is an intrinsic

part of the self and that they "have always been this way" (Yost & Hunter, 2012). These findings altogether support that BDSM identity is usually gained later in life, consistent with other concealable stigmatized identities. Thus, these individuals are likely to have learned about the taboo surrounding kink and internalized these negative beliefs prior to self-identifying as BDSM practitioners.

Academics and practitioners are divided on the issue of BDSM being classified as a sexual identity rather than just a behavior. Some argue that BDSM is best classified as serious or recreational leisure and others contend that it is an erotic orientation, but the provisional consensus is that it depends on the degree of centrality of the identity (Sprott & Williams, 2019; Williams, 2016). People who identify strongly as a BDSM practitioner typically describe their BDSM or power play role identity being a core part of who they are, sometimes even classifying it as sexual orientation (Bauer, 2014; Gemberling et al., 2015; Moser & Kleinplatz, 2006). Transgender individuals, for example, use various labels to describe their gender and sexuality and sometimes use BDSM-based labels to describe themselves (Galupo et al., 2016). Other BDSM practitioners, however, consider their practices to be no more than sexual interests limited to the bedroom or a specific partner- in essence, BDSM involvement is not a self-defining characteristic. Thus, BDSM identity importance to the self might exist on a continuum, yet no progress has been made on this idea, and few studies distinguish between BDSM identification and behavior. Qualitative research has set the foundation for this line of research, collectively finding themes related to essentialism, stigma, discrimination, concealment, and disclosure issues relevant to identity formation and maintenance (Bezreh et al., 2012; Coppens et al., 2020; Damm et al., 2018; Hughes & Hammack, 2019; Vivid et al., 2020; Yost & Hunter, 2012). Despite these emerging theories insisting that BDSM informs sexual identity, no

researchers have sought to examine the implications of having a central or salient BDSM identity. Internal stigmatization may result in greater psychological distress, especially when one's BDSM identity is highly central to one's self-concept.

Identity Centrality

Quinn and Earnshaw (2011) present a model of how concealable stigmatized identities impact psychological, physical, and behavioral health outcomes. As discussed previously, a known positive relationship exists between internalized stigma and psychological distress. That is, if one believes that they are bad or less than other people because of their stigmatized identity, they are likely to have increased rates of depression, anxiety, low self-esteem, and life satisfaction (Quinn & Earnshaw 2013; Quinn & Chaudoir, 2015). However, despite concealable identities being devalued by society overall, some variation exists how important, or central, an identity is to oneself, which in turn influences the relationship between stigma and wellbeing. Quinn and colleagues define centrality as construct of magnitude of one's concealable identity. Unlike identity salience, which is the frequency in which a person thinks about the identity, identity centrality is the extent that an identity is considered important to one's self-definition (Quinn et al., 2014). Therefore, a concealable stigmatized identity might be crucial to who they are some people, but only a minor aspect of the self-concept to others.

Previous research shows that greater identity centrality can buffer psychological distress outcomes, but Quinn and colleagues found that level of identity centrality moderates the relationship between of internalized stigma to psychological distress. Specifically, internalization of negative stereotypes becomes distressing when identity centrality is high (Quinn et al., 2014). This is likely because the more important the identity is to oneself, the more that prejudice is integrated and personally harmful. Whereas when centrality is low, the identity is not self-

definitional, and thus internalization of negative stereotypes is not related to psychological distress (Quinn et al., 2014). Greater identity centrality seems to therefore render people who live with a concealable stigmatized identity more vulnerable to distress because they may anticipate and experience prejudice due to their identity. Moreover, due to the concealed *and* stigmatized nature of their identity, these individuals cannot necessarily draw on group-based support to buffer themselves from negative outcomes (Quinn & Earnshaw, 2011). People whose concealed identities are central to their self-concept are increasingly susceptible to psychological distress.

As mentioned above, BDSM identity centrality may vary among practitioners such that to some, BDSM is merely a sexual activity, but to others, BDSM is a core part of their sexual, romantic, or even gender identity. In the latter case, BDSM practitioners may be particularly vulnerable to anxiety, depression, and low self-esteem because of identity-based stigma. Additionally, hiding one's BDSM identity from partners, friends, family, employers, and health professionals limits one's access to any resources and social support necessary for managing psychological distress. Identifying as a highly central BDSM practitioner may thus cause issues with psychological wellness, so it is vital to understand how to best serve those in need of support. In turn, perhaps access to social support can increase self-acceptance and buffer the damaging effects of having a stigmatized concealable sexual identity.

Group Belongingness

Feeling a sense of belonging to a group of similar others (i.e., sharing the same concealable stigmatized identity) may prove to be an effective way to buffer the negative outcomes stemming from having a highly central, stigmatizing identity. Several studies have shown that being socially validated and having a support network buffers the relationship between stigma and distress (Baumeister & Leary 1995; Cohen & Wills, 1985; Crocker & Major,

1989; Settles, 2004). This effect occurs because social networks provide positive affect, a sense of community stability, and recognition of self-worth, which in turn bolster one's perceived ability to cope with stressful events and alleviate the impact of stress responses (Cohen & Willis, 1985). Thus, feeling a sense of belonging to a group can promote healthier wellbeing, which might be especially true among stigmatized populations.

Belonging to a group and interacting with similar stigmatized others poses several benefits, especially among stigmatized sexual and gender minority groups. These benefits include emotional and social support, validation of experiences, and reduced anxiety, depression, and stress levels (Budge et al., 2014; Christie, 2021; Fingerhut et al., 2010; Puckett et al., 2015; Ribeiro-Gonçalves et al., 2019; Tebbe & Moradi, 2016). Previous research demonstrates that LGBTQ+ individuals, on average, report greater psychological distress relative to their heterosexual counterparts due to having a concealable stigmatized identity (Bruce et al., 2015; Christie, 2021). In addition, these same individuals express having significantly less social support from friends, family, and the LGBTQ+ community. For example, a study of transgender and non-binary participants showed that lack of community support seemed to exacerbate feelings of loneliness and not belonging and was associated with poorer psychological and physical health (Goldberg et al., 2019). Research thus suggests that the relationship between internalized stigma and psychological distress is facilitated via decreased community belongingness. Puckett et al. (2015) posit that internalized heterosexism among LGBTQ+ individuals result in negative perceptions of LGBTQ+ identity and thus individuals likely withdraw from people with the same identity. Without connection and affirmation from other stigmatized identity group members there are fewer opportunities to challenge negative stereotypes and develop a positive self-image, which results in greater isolation and shame

(Christie, 2021; Puckett et al., 2015; Rostosky et al., 2018). Consequently, these individuals experience greater psychological distress. Ribeiro-Gonçalves et al. (2019) found similar effects such that LGBTQ+ community connectedness significantly mediated the relationship between internalized stigma and psychological distress. Finally, Fingerhut et al. (2010) demonstrated that community belongingness buffered participants from the negative effects of perceived stigma on psychological wellbeing. This finding was especially robust among participants who reported higher LGBTQ+ identity centrality compared to participants with lower LGBTQ+ identification (Fingerhut et al., 2010). Clearly, community connectedness and social support is an important factor in reducing anxiety, depression, and stress resulting from holding a stigmatizing identity. Such findings may thus extend to other sexual minority populations who experience similar levels of stigmatization, identity centrality, and psychological distress.

Previous research with BDSM samples underlines the importance of having a community in reducing the negative effects of stigma, disclosure, and stress (Bezreh et al., 2012; Graham et al., 2016; Tatum, 2016). Reminiscent of connectedness with the LGBTQ+ community, identification and engagement with a BDSM community lowers concealment motivations, reduces internalized homonegativity, and provides a sense of belonging, validation, and social support (Bezreh et al., 2012; Graham et al., 2016; Vivid et al., 2020). In turn, BDSM group identification can mitigate stigma and improve self-conceptualization congruency. Thus, examining how the mechanisms by which BDSM communities mitigate stigma and buffer psychological distress is a valuable direction of research.

Given previous research showing that identity centrality and group belongingness can be beneficial for an individual with a concealable stigmatized identity, it is probable that having no identification can lead to worse outcomes in the face of prejudice. Such outcomes include greater

levels internalized negativity, sexual self-stigma, isolation, and an unclear sense of self. If individuals do not strongly identify as a BDSM practitioner, their individual sense of self will not include this component. As a result, they will not seek out groups that could provide emotional support, education, or financial resources (Hogg, 2006; Hughes & Hammack, 2019). Without a personal or collective identity serving to guide them, BDSM practitioners may be unable to focus on where they fit within society that favors monogamous, hegemonic heterosexuality, especially when confronted with BDSM-related stigma. Without a group to buffer the effects of prejudice, BDSM practitioners might experience greater psychological distress, self-hate, shame, negative affect, and lower self-esteem (Baumeister & Leary, 1995; Cohen & Wills 1985; Hughes & Hammack, 2019) relative to those who belong to a BDSM community. Indeed, Meca et al. (2015) found that individuals with a lack of interest in identity development scored lowest on social psychological functioning (e.g., internalizing and externalizing symptoms), demonstrating poor psychosocial outcomes compared to engaged participants. Additionally, the disengaged group had the highest prevalence of health risk behaviors, including illicit drug use (Meca et al., 2015). If BDSM individuals identify less strongly with BDSM and devalue their BDSM interests, they may experience distress to a lesser extent than highly central practitioners but will not benefit from a group belongingness buffer effect.

The Present Study

The study of BDSM practitioners remains a relatively small area of research, especially in social psychology, which opens a variety of non-stigmatizing lines of scientific inquiry. Serious considerations of BDSM identification are necessary to resist discrimination and normalize alternative sexuality. Thus, the present study aimed to fill this gap in the literature by advancing identity centrality frameworks with quantitative data. My goal was to better

conceptualize and communicate the value of the BDSM community with regard to identity, behavior, and wellbeing.

Using processes described in concealable stigmatized identity and group belongingness research, the present study sought to advance the literature on BDSM identification, stigmatization, and wellbeing. Specifically, I hoped to determine the extent to which BDSM practitioners reported increased internalized stigma and psychological distress given their level of identification as a practitioner and as a member of a BDSM community. Given previous research demonstrating a positive relationship between identity centrality and psychological distress, I proposed that BDSM practitioners who placed greater importance on their BDSM identity would report worse psychological outcomes than practitioners with low identity centrality. I also posited that when one belonged to a BDSM community, social support and identity acceptance would mitigate the relationship between stigma and distress. That is, BDSM practitioners who reported high BDSM identity centrality would report high rates of psychological distress related to self-stigma, but group belongingness would ensue in lower levels of distress. Conversely, participants who did not emphasize their BDSM identity, and instead engaged in BDSM as leisurely behavior, would report lower rates of internalization, psychological distress, and group belongingness, and thus would not experience or benefit from the buffering effect. The specific hypotheses were as follows:

1. Participants' self-reported level of internalized stigma would be positively correlated with their self-reported level of psychological distress. (Pearson correlation)
2. Identity centrality would moderate the relationship between internalized stigma and psychological distress. Specifically, as participants' identity centrality increased, the relationship between internalized stigma and distress would also increase (see Figure 1).

3. To the extent that participants' community belongingness was high (rather than low), as participants' identity centrality increased, the relationship between internalized stigma and distress would decrease. That is, belonging to a BDSM community would buffer the effects of Hypothesis 2 (see Figure 2).

Figure 1

Hypothesized Moderation of BDSM Identity Centrality on the Relationship between Internalized Stigma and Psychological Distress.

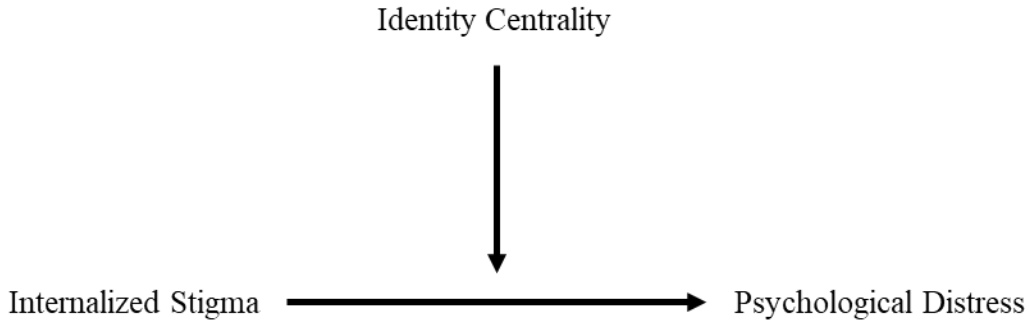
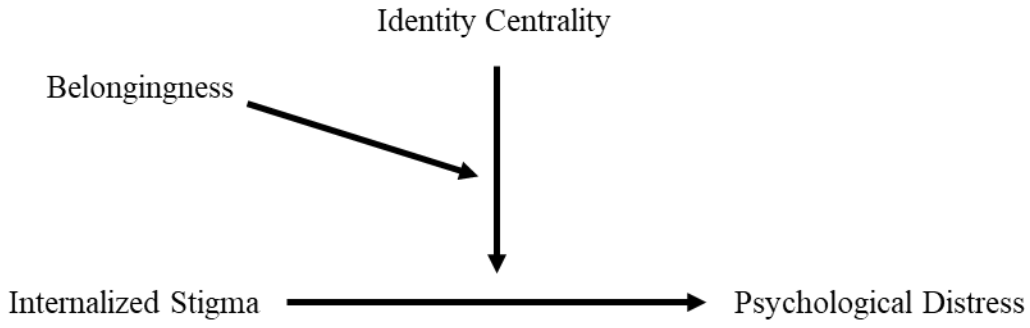


Figure 2

Hypothesized Moderated Moderation of BDSM Community Belongingness on the Interaction between BDSM Identity Centrality, Internalized Stigma, and Psychological Distress.



Chapter II

Method

Design

The present study utilized Pearson correlations and moderation models. The primary predictor variables were internalized stigma, identity centrality, and community belongingness. The primary outcome variable was psychological distress, specifically concerning anxiety, depression, and stress levels. For Hypothesis 1, the predictor variable is internalized stigma, and the outcome variable is psychological distress. For Hypothesis 2, the predictor variables are internalized stigma, identity centrality, and the interaction of internalized stigma and identity centrality on the outcome variable psychological distress (see Figure 3). For Hypothesis 3, the predictor variables are internalized stigma, identity centrality, belongingness, the two-way interaction of internalized stigma and identity centrality, the two-way interaction of identity centrality and belongingness, the two-way interaction of internalized stigma and belongingness, and the three-way interaction of internalized stigma, identity centrality, and belongingness on the outcome variable psychological distress (see Figure 4).

Figure 3

Statistical Diagram for Hypothesis 2

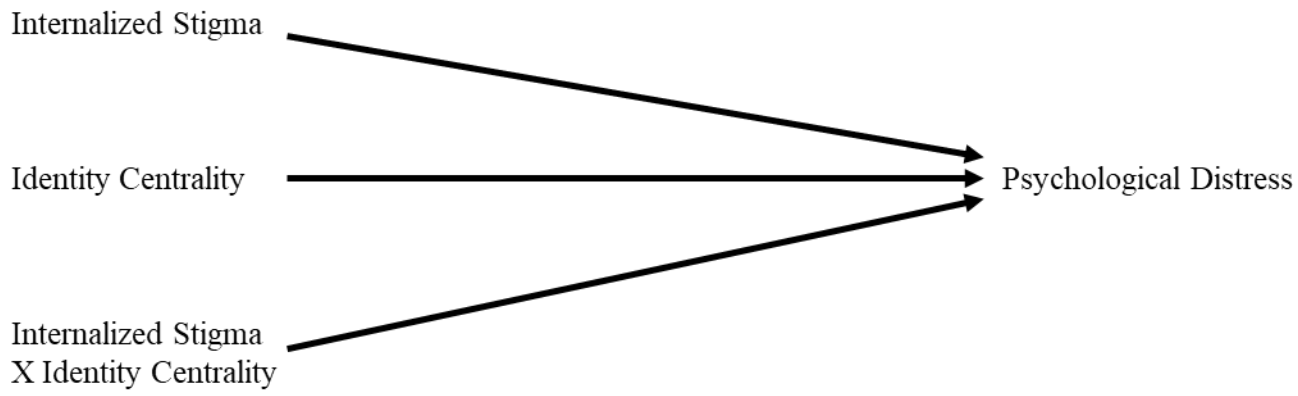
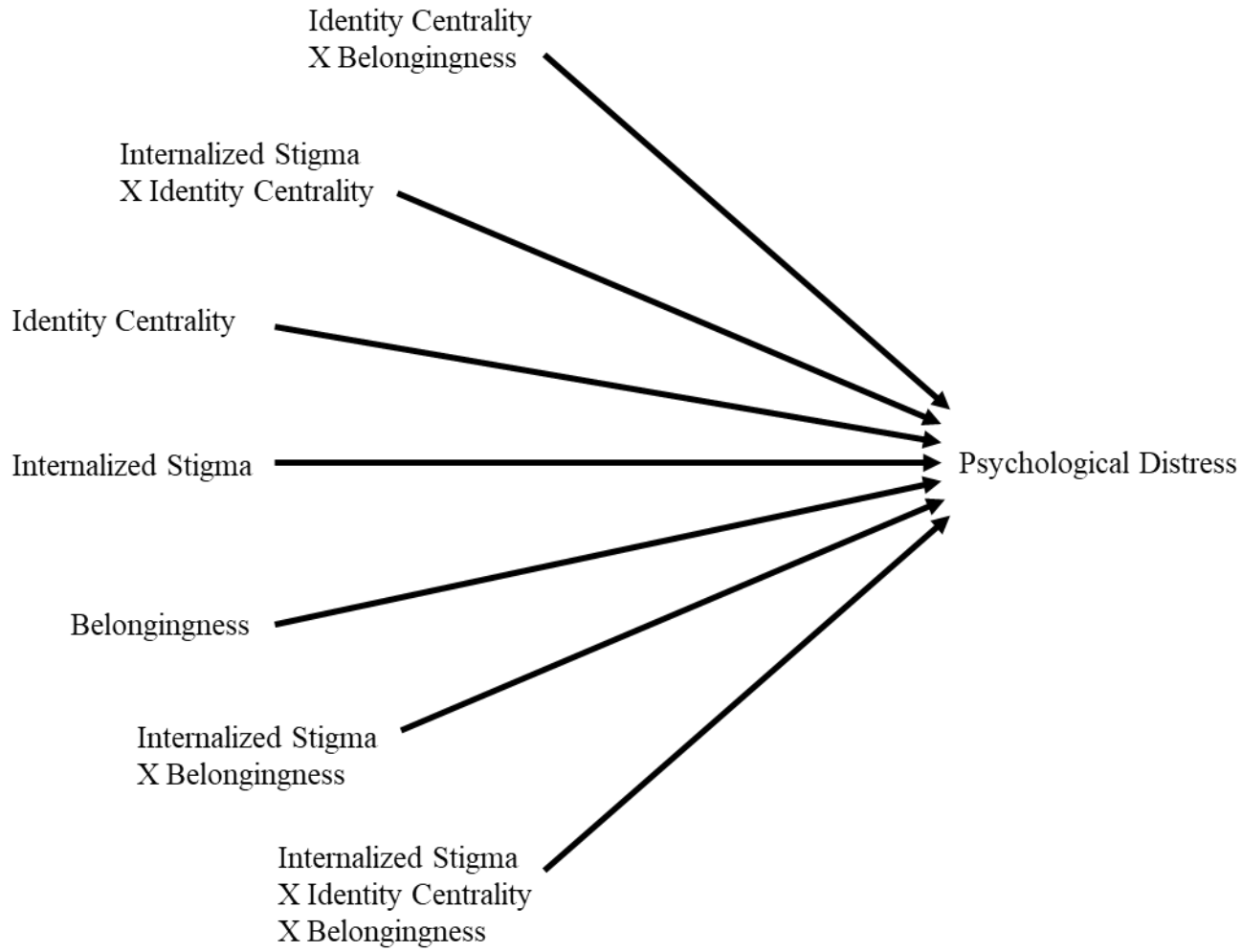


Figure 4

Statistical Diagram for Hypothesis 3



Participants

An *a priori* statistical power analysis was performed using G*Power (Faul et al., 2007) to determine the number of participants needed to detect the hypothesized moderation between internalized stigma, identity centrality, community belongingness, and psychological distress. Power was estimated by specifying a medium effect size for the interaction, $f^2 = 0.15$. With an alpha (α) = .05 and power ($1 - \beta$) = .90, the proposed sample size needed to detect a Model 1

moderation with three predictor variables was $N = 99$. The proposed sample size needed to detect a Model 3 moderated moderation using 7 predictors was $N = 130$.

Participants included in the data analytic sample were 150 (M_{age} = 33.02 SD = 10.14) adults recruited from online BDSM-related reddit communities (e.g., r/BDSMAdvice, r/petplay, r/domspace, r/thekinkplace, r/BDSMnot4newbies, r/BDSMconfessions, r/gentlefemdom). All participants self-identified as English speaking, BDSM practitioners, and were U.S. citizens or permanent aliens. Most participants (59%) were recruited from the r/BDSMAdvice subreddit, and a variety of geographical locations were reported by participants (see Table 1). A majority of participants self-reported being White (85%), bisexual (31%), womxn[1] (45%). Moreover, most participants self-identified as BDSM practitioners (75%), submissives (41%), and monogamous (48%), earning a yearly income of $50,000 - $74,999 (20%), and reporting their highest education level to be a Bachelor's degree (39%). See Table 2 for a full list of participant demographics.

Table 1

List of Participants' Geographical Location (N = 150)

	n	%
Alabama	1	0.7
Arizona	3	2
California	9	6
Colorado	3	2
Connecticut	1	0.7
Delaware	3	2
Florida	13	8.7
Georgia	6	4
Idaho	3	2
Illinois	4	2.7
Indiana	3	2
Iowa	1	0.7
Kentucky	1	0.7
Louisiana	2	1.3

[1] The term "womxn" is used as an alternative spelling to be inclusive of transgender women, cisgender women, femmes, and variations between.

Table 1, Continued

Maine	1	0.7
Maryland	2	1.3
Massachusetts	4	2.7
Michigan	4	2.7
Minnesota	6	4
Missouri	5	3.3
Montana	1	0.7
Nebraska	2	1.3
New Hampshire	1	0.7
New Jersey	1	0.7
New York	8	5.3
North Carolina	4	2.7
Ohio	6	4
Oklahoma	1	0.7
Oregon	1	0.7
Pennsylvania	8	5.3
South Carolina	3	2
Tennessee	4	2.7
Texas	12	8
Utah	2	1.3
Virginia	8	5.3
Washington	11	7.3
Wisconsin	2	1.3

Table 2

Demographic Characteristics of Participant Sample (N = 150)

	n	%
BDSM identification		
Yes	113	75.3
No, but I practice BDSM/kink	37	24.7
BDSM behavior		
Yes	147	98.0
No, but I identify as a BDSM practitioner	3	2.0
Local or online BDSM community participation		
Yes, online	74	49.3
Yes, local	12	8.0
No	33	22.0
Other	31	20.7
BDSM activity level		
I am vanilla/non-practitioner	1	0.7

Table 2, Continued

Not currently active	5	3.3
Rarely	2	1.3
Occasionally	14	9.3
A moderate amount	60	40.0
A great deal	68	45.3
Power play role		
Dominant	40	26.7
Submissive	62	41.3
Switch	46	30.7
None of these	2	1.3
Age		
18-25	40	26.7
26-35	60	40.0
36-45	28	18.67
46-55	19	12.67
56-65	3	2.0
Transgender		
Yes	19	12.7
No	126	84.0
Not sure	5	3.3
Gender		
Woman, female, transfeminine, mostly woman	68	45.3
Man, male, transmasculine, mostly man	61	40.7
Non-binary spectrum	11	7.3
Genderqueer, genderfluid	6	4.0
Agender	2	1.3
Unknown (e.g., who knows, prefer not to say)	2	1.3
Sexual Orientation		
Asexual	5	3.3
Bisexual	47	31.3
Heterosexual, straight	44	29.3
Heteroflexible, mostly heterosexual	11	7.3
Gay, homosexual	4	2.7
Lesbian, homosexual	7	4.7
Pansexual	23	15.3
Queer	3	2.0
Homoflexible	2	1.3
Another Orientation (e.g., demisexual, questioning, kinky, whore)	4	2.7

Table 2, Continued

Relationship Orientation		
Monogamy, monogamish	72	48.0
Polyamory, polycurious	44	29.3
Non-monogamous	7	4.7
Open	17	11.3
Committed	2	1.3
Other (e.g., unsure, ambiamorous, cuckqueen)	8	5.3
Current Relationship		
Polyamorous	33	22.0
Swinging	4	2.7
Open	15	10.0
Non-monogamous	21	14.0
Monogamous	53	35.3
Not yet been in a relationship	3	2.0
Not currently in a relationship	20	13.3
None of the above apply	1	0.7
Race		
White	127	84.7
Black/African American	6	4.0
Asian	0	0
Pacific Islander	0	0
Middle Eastern	0	0
Native American/Alaska Native	0	0
Multiracial/Multiethnic	13	8.7
Other	4	2.7
Ethnicity (*n*=149)		
Hispanic/Latinx	10	6.7
Non-Hispanic/Latinx	139	92.7
Income (past year) (*n*=140)		
Less than $5,000	20	14.3
$5,000 - $11,999	9	6.4
$12,000 - $15,999	7	5.0
$16,000 - $24,999	14	10.0
$25,000 - 34,999	11	7.9
$35,000 - 49,999	14	10.0
$50,000 - 74,999	28	20.0
$75,000 - 99,999	10	7.1
$1000,000 and greater	27	19.3
Education		
Less than high school	6	4.0

Table 2, Continued

High school	6	4.0
Some college	31	20.7
Associate's degree	12	8.0
Bachelor's degree	59	39.3
Master's degree	28	18.7
Professional degree	3	2.0
Doctoral degree	5	3.3

Procedure

All procedures were be approved by Texas Tech University's Institutional Review Board (IRB) prior to initiating recruitment efforts. New security measures were implemented shortly after making the survey link available due to server farms and malicious users from outside the U.S. infiltrating the survey and entering bogus data. Data collection was paused and then resumed once the modification was approved by the IRB. The security measures described below (e.g., referral website link, VPS/VPN checker, embedded data checks) are peer-reviewed standard procedures (Kennedy et al., 2020; Winter et al., 2019) and were recommended by Qualtrics Support.

A link to an online Qualtrics survey was posted on several BDSM-related subreddits. Because reddit.com was embedded in the survey link as a referral website for security reasons, only individuals who clicked the link from reddit were able to access the survey. Interested participants opened the link and were assigned a random unique code embedded in the survey. A warning page at the beginning of the survey informed participants that a VPS/VPN checker would ensure that they were not using a VPS, VPN, or proxy to hide their country of residence. It also instructed participants to turn off blocking applications, VPSs, VPNs, and/or proxies, otherwise failure to do so could prevent completion of the survey. Next, participants were asked to complete a reCAPTCHA test before continuing to the information sheet. Participants

authenticated by the reCAPTCHA test were then directed to read the information sheet (see Appendix A) and affirm their desire to participate in the study prior to beginning the survey questionnaires. The information sheet described the study's eligibility criteria, general purpose, broad procedures, expected compensation, and verified participants' willingness to participate in the study. After reading the information sheet, participants completed an embedded data check. This block required participants to select from a drop down list their 1) birth month, 2) birth year, 3) current city of residence, 4) current state of residence, and 5) answer a question asking respondents to briefly describe what their task is in the study. This identifying information was used for security purposes to screen out bots, server farms, and other malicious users. Participants then moved on to the eligibility screening portion of the survey. Individuals who were under the age of 18, were non-US citizens or permanent aliens, and did not practice BDSM were considered ineligible and automatically redirected to the end of the survey. Participants deemed eligible by the initial three screening questions went on to complete the remainder of the survey (see Appendix B for list of measures). The full survey, which consisted of ten different measures total, assessed BDSM practitioners' level of BDSM identity centrality (adapted from Quinn et al., 2014), internalized stigma (Szymanski & Chung, 2001), community belongingness (Lee & Robbins, 1995), and psychological distress (Lovibond & Lovibond, 1995), respectively. All items were presented randomly to prevent order effects. Several attention check questions were also scattered throughout the survey. Finally, participants self-reported their demographic information and then completed a second embedded data check at the end of the survey. This block asked participants to 1) type their age into a text box, 2) select their city and state from a multiple-choice list containing pre-selected small-town names (both responses were cross-checked with their answers in the first embedded data block), and 3) a question that provided a

simple instruction (e.g., Describe your favorite way to spend 1 hour on a sunny day. Please write 1 sentence). On average, participants took approximately 51 minutes to complete the survey. When finished, participants were fully debriefed (see Appendix C), and were shown their unique code at the end of the survey and instructed to email the code to the primary investigator to receive compensation. Participants were compensated for their time within one week. As compensation, participants received an Amazon egift card, worth $15 each.

Materials

Although the full survey assessed issues related to self-concept and stigma broadly, only data that were related to the variables below were included in the final analyses. See Appendix B for a full list of all survey measures.

Demographics. Demographic questions were used to gather background information about participants in the sample. This demographic information includes participant age, education level, income, race, ethnicity, gender identity, transgender identity, sexual orientation, relationship strategy, current relationship status, BDSM identity, BDSM involvement, type of community, BDSM practitioner identity, and power play role identity.

Internalized stigma. A modified version of the Personal Feelings About Being a Lesbian Subscale from The Lesbian Internalized Homophobia Scale (Szymanski & Chung, 2001) was used to assess participants' negative attitude toward the self, regarding BDSM. The scale consisted of eight items and for each item, participants used a 7-point response Likert scale, ranging from "strongly disagree" to "strongly agree." An example item from the scale read "I feel bad for acting on my BDSM desires." Higher scores indicated more negative self-attitudes regarding BDSM. The scale demonstrated satisfactory internal reliability ($\alpha = .79$).

Psychological distress. The Depression, Anxiety, and Stress Scale (DASS-42) was used to assess state-level depression, anxiety, and tension/stress (Lovibond & Lovibond, 1995). The measure consisted of forty-two negative emotion symptoms. Each item was rated on a 4-point Likert-type scale, ranging from "never" to "almost always." Participants were asked to indicate how much each statement applied to them over the past week (e.g., "I felt like I had nothing to look forward to"). Scores for depression, anxiety and stress were calculated by summing the scores for the relevant items. Total sum scores represented overall distress and higher scores indicated greater psychological distress. The DASS-42 scoring manual provides cut-off scores for defining the severity of depression, anxiety, and stress: Normal (0–9 for depression, 0–7 for anxiety and 0–14 for stress), Mild (10–13 for depression, 8–9 for anxiety and 15–18 for stress), Moderate (14–20 for depression, 10–14 for anxiety and 19–25 for stress), Severe (21–27 for depression, 15–19 for anxiety and 26–33 for stress) and Extremely severe (> 28 for depression, > 20 for anxiety, > 34 for stress). The subscale items demonstrated good internal reliability for depression ($\alpha = .94$), anxiety ($\alpha = .87$), and stress ($\alpha = .90$).

Identity centrality. A modified version of the Collected Self-Esteem scale adapted from Quinn et al., 2014 was used to assess importance of BDSM identity to the self. The scale consisted of six items. Participants rated the importance of their identity using a 7-point Likert scale ranging from "strongly disagree" to "strongly agree." An example item read "My BDSM identity is an important reflection of who I am." Higher scores indicated higher levels of BDSM identity centrality. The scale demonstrated satisfactory internal reliability ($\alpha = .87$).

Community belongingness. A modified version of the Social Connectedness Scale (Lee & Robbins, 1995) was used to assess participants' sense of belongingness among BDSM community members. The measure consisted of eight items and for each item, participants used a

5-point response Likert scale, ranging from "strongly disagree" to "strongly agree." An example item from the scale read "Even around people I know in my BDSM community, I don't feel that I really belong." Items were reversed scored so that higher scores indicated higher levels of perceived belongingness to the BDSM community. The subscale demonstrated good internal reliability ($\alpha = .94$).

Attention checks. Participants answered 2 attention check questions to determine if they were attentive to the survey directions and measures. An example item read "If you are reading this, please select option 3. This is not a trick question."

Additional measures. Group Identification (adapted from Hohman et al., 2010; Hohman & Hogg, 2011; $\alpha = .89$); The Nebraska Outness Scale (adapted from Meidlinger & Hope, 2014; $\alpha = .82$); The Rosenberg Self-Esteem Scale (Rosenberg, 1965; $\alpha = .92$); Writing prompt about a time when participants felt excluded/included from the BDSM community; BDSM People of Color Microaggressions Scale (adapted from Balsam et al., 2011; $\alpha = .91$); Identity Salience Scale (adapted from Quinn et al., 2014; $\alpha = .85$); Concealment of BDSM Behaviors Scale (adapted from Schrimshaw et al., 2013; $\alpha = .81$).

Chapter III

Results

Data Cleaning

Prior to analysis (total sample N =510), data were inspected to identify and resolve, where appropriate, issues regarding missing values, unengaged responses, and spam/fraudulent participants. Data collected from the initial survey prior to the modification (n =268) were cleaned before being merged with the modified survey. One-hundred and eleven cases (n =111) were identified as incomplete due to missing data for multiple outcome measures and were

removed. One-hundred and eighteen cases (*n* =118) were marked as spam and/or contained no or nonsense written responses (e.g., "2 years working experience as an ordinary employee," "3yeas," "facebook") indicative of malicious, phony participants and therefore were removed. Seven (*n* =7) cases marked as survey previews and twenty (*n* =20) cases reporting survey duration of 2 minutes or less were also removed from the dataset. This left twelve (*n* =12) cases to be combined with the cleaned data collected by the modified survey.

The dataset for the modified survey contained a total of two-hundred and forty-two cases (*n* =242). Ninety-nine cases (*n* =99) contained missing data for all variables and hence removed. Additionally, four cases (*n* =4) were identified as phony participants and removed from the dataset, leaving one-hundred and thirty-eight cases (*n* =138). Both datasets were combined to create a final dataset with a sample of one-hundred and fifty cases (*n* =150). Additionally, three cases (*n* =3) were identified as missing one value from the DASS-42 Depression subscale (*n* =1), the Rosenberg Self-Esteem Scale (*n* =1), and the BDSM People of Color Microaggressions Scale (*n* =1). To retain these cases in the analysis, the single imputation procedure of a replacing a participant's missing values by the participant's last observed value for the same scale was applied.

Analysis

Basic descriptive statistics were calculated for all primary study variables and presented in a corresponding correlation table (see Table 3). To examine the proposed hypotheses, I used IBM SPSS (v.28) to conduct Pearson correlation analyses for Hypothesis 1. I used Hayes (2017) PROCESS macro Model 1 to conduct moderation analyses for Hypothesis 2, and I used Model 3 for moderated moderation analyses for Hypothesis 3.

Table 3

Descriptive Statistics and Correlations for Study Variables

Variable	*n*	*M*	*SD*	1	2	3	4
1. Internalized Stigma	150	1.76	0.79	-			
2. Psychological Distress	150	62.07	16.86	.43**	-		
3. Identity Centrality	150	4.47	1.34	-.22**	-.15	-	
4. Belongingness	150	3.52	1.00	-.43**	-.44**	.25**	-

*$p < .05$. ** $p < .01$.

I tested the relationship between internalized stigma and psychological stress (Hypothesis 1) using a one-tailed Pearson correlation, with participants' mean DASS-42 score as the outcome variable. The results of the correlation analysis (Table 3) supported the hypothesized relationship between internalized stigma and psychological distress. Internalized stigma and psychological stress had a statistically significant positive linear relationship and were moderately correlated, $r(148)=.43$, $p<.001$. Participants with high internalized stigma scores had significantly higher distress scores than participants with lower internalized stigma scores.

I tested a multiple regression model using PROCESS macro Model 1 to investigate whether the association between internalized stigma and psychological distress depended on the participants' level of BDSM identity centrality (Hypothesis 2). After centering internalized stigma and identity centrality and computing the stigma-by-centrality interaction term, I entered the two predictors and the interaction into a simultaneous regression model. Findings did not support the moderation of identity centrality on the relationship between internalized stigma and psychological distress. Results indicated that greater internalized stigma (B =9.03, SE =1.63, t =5.52, $p < .001$) is significantly associated with greater psychological distress. However, the negative association between identity centrality and psychological distress was not significant (B =-.74, SE =.95, t =-.78, p = .44). The interaction between internalized stigma and centrality on

distress was also not significant (B =1.91, SE =1.27, t =1.51, p = .13), suggesting that the effect of internalized stigma on psychological distress does not depend on level of identity centrality (see Table 4). Together, the variables accounted for approximately 20% of the variance in psychological distress, R^2 = .20, $F(3,146)$ =11.95, p < .001.

Table 4

Effects for Model 1

Outcome: Psychological Distress

Effect	Estimate	*SE*	95% CI		*p*
			LL	*UL*	
Main Effects					
Internalized Stigma	9.03	1.64	5.79	12.26	<.001
Identity Centrality	-.74	.95	-2.63	1.14	.44
Interactions					
Internalized Stigma * Identity Centrality	1.91	1.27	-.60	4.41	.13

Note. CI=confidence interval; LL= lower limit; UL=upper limit.

I tested the hypothesized moderated mediation model (Hypothesis 3) using the PROCESS macro Model 3 to investigate two moderators on the relationship between internalized stigma and psychological distress. After centering internalized stigma, identity centrality, and belongingness, and computing the stigma-by-centrality, stigma-by-belongingness, centrality-by-belongingness, and stigma-centrality-belongingness interaction terms, I entered the three predictors and the four interactions into a simultaneous regression model. Findings did not support my hypothesis that belonging to a BDSM community would buffer the effects of Hypothesis 2. That is, to the extent that participants' community belongingness was high (rather than low), as participants' identity centrality increased, the relationship between internalized stigma and distress did not significantly decrease. Results indicated that the regression coefficient for the three-way interaction term was not statistically significant, B =-2.04, SE

=1.31, t =-1.55, p = .12, meaning that there is no evidence of a three-way interaction between internalized stigma, group belongingness, and identity centrality. Furthermore, the interactions between internalized stigma and centrality B =-.61, SE =1.67, t =-.37, p = .71, internalized stigma and belongingness B =.61, SE =1.79, t =.34, p = .73, and centrality and belongingness B =.70, SE =.97, t =.72, p = .47, were not significant. The effect of internalized stigma on psychological distress B =6.82, SE =2.19, t =3.12, p <.01, and belongingness on psychological distress B =-5.24, SE =1.45, t =-3.60, p <.001, were significant. However, the negative relationship between centrality and psychological distress was not significant, B =-.54, SE =1.05, t =-.51, p = .61 (see Table 5). This moderated moderation accounted for 28% of the variance in psychological distress, R^2 = .28, F(7,142) =7.73, p < .001.

Table 5

Effects for Model 3

Outcome: Psychological Distress					
Effect	Estimate	*SE*	95% CI		*p*
			LL	*UL*	
Main Effects					
Internalized Stigma	6.82	2.19	2.50	11.15	.002
Identity Centrality	-.54	1.05	-2.62	1.54	.61
Belongingness	-5.24	1.45	-8.12	-2.37	<.001
Two-way Interactions					
Internalized Stigma * Centrality	-.61	1.67	-3.91	2.68	.71
Internalized Stigma * Belongingness	.61	1.79	-2.93	4.16	.73
Centrality * Belongingness	.70	.97	-1.22	2.62	.47
Three-way Interactions					
Internalized Stigma * Centrality * Belongingness	-2.04	1.31	-4.63	.55	.12

Chapter IV

Discussion

The BDSM community is an unrecognized sexual minority population whose experiences of discrimination contribute to health disparities and poor social outcomes. The present study is one of few to explore how identity centrality among BDSM practitioners influences the relationship between stigma and health. Previous clinical research of the BDSM community fails to consider or support practitioners as members of a sexual and gender minority population (Gemberling et al., 2015; Sprott & Williams, 2019; Williams, 2016). But like many other SGM populations, BDSM practitioners are subject to on-going stigmatization and marginalization in social, medical, and legal spheres. Consequently, BDSM practitioners struggle with feelings of shame and isolation, which contributes to poor physical and psychological health (Bezreh et al., 2012; Damm et al., 2017; Roush et al., 2017; Waldura et al., 2016). Despite this evidence, extant literature does not acknowledge kink-identified individuals as legitimate sexual minorities and continues the erasure and marginalization of this population in science. In the present study, I proposed that internalized stigma, the importance of one's BDSM identity, and community belongingness could be important factors to examine when considering feelings of prejudice internalized by practitioners and when serving this community's needs.

Testing Hypothesis 1 established the positive, but moderate, correlation between internalized stigma and poor psychological health such that greater internalized stigma was associated with greater psychological distress among participants. Notably, this relationship was stronger than the correlation between internalization and distress among people with various CSIs reported by Quinn et al. (2014), as well as stronger than the average correlation between internalized stigma and mental health reported in the meta-analysis conducted by Mak et al. (2007), Thus, like other stigmatized populations such as people with mental illness, queer

identities, HIV/AIDs, history of substance abuse, or history of abuse, BDSM practitioners in the sample generally reported increased psychological distress resulting from internalizing prejudice associated with having a CSI (Bruce et al., 2015; Christie, 2021; Goldberg et al., 2019).

It is worth noting that participants displayed, on average, greater psychological distress relative to the population. Participants self-reported moderate rates of depression (*M* =20.43 *SD* =6.91), severe rates of anxiety (*M* =18.53 *SD* =5.28), and moderate rates of stress (*M* =23.11 *SD* =6.92) within the past week. Compared to the normative sample collected by Lovibond and Lovibond (1995), these reported values fall well above the normal range. Thus, these data do not support previous research stating that, on average, BDSM practitioners display better psychological heath relative to non-practitioners (Brown et al., 2020; Brink et al., 2021; Connolly, 2006; De Neef et al., 2019). It may be the case that these scores are higher because responses were collected during the COVID-19 pandemic. Sameer and colleagues (2020) found that participants' increased DASS-42 scores reflected increased mental distress stemming from COVID-19 lockdown, whereas Wang et al. (2021) found that Americans experience greater depression and stress during the pandemic than Chinese participants. Perhaps these elevated distress scores are not reflective of BDSM practitioners generally, but rather adverse global conditions. Ergo, unusually high psychological distress scores could have contributed to the present moderation analyses such that participants' levels of distress were just too high to benefit from feelings of belongingness to a BDSM community.

The proposed moderation hypotheses were unsupported. This is likely due to low reported mean scores for internalized stigma. Because most people work hard to defend the view of themselves as good and valuable people, it is unlikely that all people with CSIs will internalize and maintain negative beliefs about the self. Instead, they are likely to search for

ways to make positive meaning out of the negative label (Quinn & Earnshaw, 2011). Moreover, when people choose to disclose their stigmatized identity to others, likely individuals that they trust, the reactions from others might be positive and supportive rather than negative and reprehensible. As such, the identity itself may become less negatively valanced (Quinn & Earnshaw, 2011). Participants in the present sample report low scores of feeling shame and disappointment regarding their BDSM identity. That is, BDSM practitioners in the sample seem to instead feel great pride in their BDSM identity rather than endorses the negative stereotypes attached to their identity. Future studies should incorporate an assessment of participants' perception of their own stigmatized identity to confirm whether the identity is negatively valanced and thus internalized, or positively valanced and honored, before testing similar hypotheses. If participants are not associating their stigmatized identity with negativity, then it is possible that neither high centrality nor sense of belongingness would impact distress.

Relatedly, participants in the sample reported relatively high levels of self-esteem (*M* =3.17 *SD* =.63), which was moderately and negatively correlated with internalized stigma (r =-.40) and psychological distress (*r* =-.51). Furthermore, participants reported less concealment (*M* =2.48 *SD* =.83), which was also moderately correlated with internalized stigma (*r* =.38). These data thus support previous findings that internalized stigma is strongly related to self-esteem, which is correlated with many facets of psychological wellbeing (Herek et al., 2009). Moreover, less concealment is evidently related to greater psychological wellbeing and less self-stigma (Quinn et al., 2014). Perhaps participants' BDSM identity is not perceived as negative or stigmatizing by the self or their confidants, but instead as positive and respected. Given that BDSM practitioners in the sample expressed a positive self-concept regarding their BDSM identity, it may be that rates of internalized stigma were too low to be improved by an interaction

with identity centrality and belongingness. That is, because the participants had more positively valanced content related to internalized stigma, and possibly increased positive disclosure reactions from others, psychological distress levels were not magnified by high identity centrality nor reduced by feelings of belongingness. In addition to adding a measure that assesses participants' perceptions of their stigmatized identity, researchers should inquire about others' positive and negative disclosure reactions regarding the identity. If participants report feeling positive and supported by their confidants, then internalized stigma levels should remain low. Moreover, belongingness to a group of similar others might not differentially influence psychological distress because support is coming from elsewhere.

It is clear from these data that a significant relationship does not exist between identity centrality and psychological distress. A glimpse at Table 3 indicates that internalized stigma and centrality are significantly negatively correlated, hence not orthogonal. Indeed, a low mean score for internalized stigma and a high mean score for centrality mirror this negative relationship, showing a kind of opposition. It may be that the relationship between high identity centrality and low internalized stigma does not impact psychological distress because both are variables that measure *internal* perceptions of the one's identity and thus cancel out. Although not measured in the present study, future researchers might examine the buffering effect using anticipated stigma or experienced stigma as the predictor variable instead. Anticipated stigma, or the fear of mistreatment one could receive if they disclose their CSI, does not assume that people believe any negative stereotypes about their identity. Research shows that anticipated stigma directly predicts psychological distress (Quinn & Chaudoir, 2009; Quinn et al., 2014) and is the strongest predictor of risky behavioral outcomes (Quinn & Earnshaw, 2011). Furthermore, people who have experienced stigma are going to anticipate more stigma in their future interactions.

Experienced stigma, defined as experiencing direct discrimination or social devaluation as a result of disclosing one's CSI, has also been shown to be related to negative psychological and behavioral outcomes (Quinn & Earnshaw, 2011). Unlike internalized stigma, both types of stigma occur outside of the self and are based on lived events. Thus, identity centrality may better moderate the relationship between anticipated or experienced stigma and psychological distress for BDSM practitioners because the negative valence of their kink identity has been reinforced. In turn, belongingness to a BDSM community could better buffer this effect if a tangible and experienced danger to BDSM practitioners exists.

Compared to existing research of CSIs, the findings from the present study revealed that the magnitude of identity centrality does not impact the relationship between internalized stigma and psychological distress. Previous research has found that greater identity centrality magnifies the distress stemming from stigma for people with CSIs (Quinn & Chaudoir, 2009; Quinn et al., 2014), but this was not the case in my results. Given the low rates of internalized stigma and concealment in conjunction with high self-esteem, it may be that participants did not view their BDSM identity as a negatively valanced stigmatized identity. Rather than feeling distress from having a diverse sexual identity, practitioners have reclaimed and redefined the conceptions previously associated with BDSM. That is, BDSM and kink identities may not be considered concealable or stigmatizing among participants, but rather a source of positive affirmation. Qualitative research has found this to be an emerging theme among BDSM practitioners. For example, Hughes & Hammack (2019) report that several participants' kink identities generated positive emotionality, stigma resiliency, and pride in the kink community. There is a lack of research about counter-stereotypic or positive information concerning CSIs (Quinn & Earnshaw, 2011), and even less research examining the positive aspects of BDSM (Hébert & Weaver,

2015). It is worth, therefore, exploring how having a BDSM identity works as a buffer against negative outcomes instead of how BDSM identity stigmatization triggers negative outcomes.

Despite extant qualitative literature asserting that BDSM community membership improves connection, sex-positive acceptance, support, (Hébert & Weaver, 2015; Hughes & Hammack, 2019; Vivid et al., 2020), results from the present study do not support that belongingness to a BDSM community protects against poor psychological health for highly central identities. Although the proposed moderation hypotheses were not supported, perhaps models that examine how belongingness might explain, rather than change, the relationship between internalized stigma and psychological distress would better describe how these variables fit into that relationship. Exploratory mediation analysis of these data using the PROCESS macro Model 4 suggest that BDSM practitioners would be best protected from stigma and poor psychological health when they belong to a BDSM community. Perhaps regardless of identity centrality, belonging to a group of similar others and thus having social support and resources to resist prejudice and discrimination can, in turn, prevent long-term depression, anxiety, and stress stemming from internalized negative stereotypes and shame (Baumeister & Leary 1995; Budge et al., 2014; Cohen & Wills, 1985; Crocker & Major, 1989; Fingerhut et al., 2010; Puckett eta al., 2015). Examination of this relationship may therefore provide future researchers with important information regarding how one might lessen the damaging effects of having a stigmatized BDSM identity. Evidently, more research is needed to address these research questions and reconcile differences between the CSI literature and diverse stigmatized sexual identities.

Limitations

This study is not without limitations. For one, all the measures used were self-reported scores on internalized stigma, identity centrality, group belongingness, and psychological distress. Self-report outcomes generally do not bring about robust or accurate findings, so future studies might consider using writing paradigms instead. Writing about traumatic experiences and feelings reduces distress and improves health outcomes because writing paradigms elicit bodily relaxation when expressing deeply personal thoughts and feelings (Pennebaker & Chung, 2011). Moreover, linguistic markers such as pronouns, for example, can uncover depression, suicide, and a variety of issues associated with identity and social relationships. Perhaps using writing paradigms to discuss identity-related stigma and discrimination, disclosure and concealment processes, importance of identity, and perceptions of one's health would better reveal these complex constructs.

Another limitation is that current research samples (including the present sample) exceedingly overrepresent White, highly educated, wealthy, cisgender, heterosexual BDSM practitioners, despite the reality that people of color, genderqueer people, low-income people, and polyamorists participate in kink too (Bauer, 2016; Brown et al., 2020; Damm et al., 2017; Sheff & Hammers, 2011). Indeed, much of the present sample are of high socioeconomic status and have majority group memberships of some kind (e.g., White, (cis)male, or heterosexual). Leather, a subculture of BDSM that consists of predominately older, White, sexual minority men has dominated mainstream representations of BDSM practices and relationships (Worthen & Haltom, 2020), thereby constructing and preserving a culture of White hegemonic masculinity. Sheff & Hammers (2011) note that BDSM communities are rampant with White and class privilege and that current research fails to address intersections between BDSM and diversity. Despite having an overwhelmingly White, educated, cisgender, heterosexual sample, several

other participants also belonged to other minority groups such as non-White, trans, and queer communities. Thus, it might be unwise to only consider BDSM group membership without considering overlapping identities as well. Perhaps individuals internalize the negative stigma associated with one of their *other* identities and therefore embrace their BSDM identity positively to reduce their negative feelings and distress. Future research of BDSM practitioners should include measures of other stigmatized identities in similar analyses to address the clear intersections between BDSM and multiculturalism.

Moreover, most BDSM researchers are White, educated, and middle class, like me. Consequently, my unconscious predisposition to approach research from a White, cisgender frame of reference informed research questions (e.g., BDSM identity importance irrespective of race, class, dis/ability) and recruitment efforts (e.g., participants recruited primarily from online communities) for the present study (Pitagora, 2016). Focusing on the most privileged group members marginalizes those who are multiply burdened, and obscures distinct discrimination claims that cannot thus be understood (Crenshaw, 1989). Thus, future research should intentionally seek understand how multiple social identities intersect to create unique sources of stigma, identity uncertainty, and distress for BDSM practitioners. This includes partnering with members of the stigmatized group of interest to reduce bias in research design and accurately represent the voices of the population.

Finally, due to security reasons, the present study used a survey that could only be accessed by a desktop device (e.g, no mobile devices) and when private security measures were disabled. Unfortunately, this means that any individual unwilling or uncomfortable with disabling VPNs/VPSs/proxies were unable to access the survey. Additionally, users accessing the survey through the “old reddit” website were unable to complete the study. The security

questions also gave some individuals pause because of issues with confidentiality and responses to already sensitive questions. Perhaps instead of asking questions about location and birth date, researchers could ask culturally relevant questions to filter out non-Americans. For example, researchers could ask participants to describe the concept of a s'more, or they could provide a picture of an eggplant and ask participants to identify the vegetable using a drop-down list containing incorrect or non-US answers (e.g., watermelon, tomato, brinjal, aubergine). Generally, researchers should consider using security methods that do not disadvantage individuals who either do not have access to technology or do not feel comfortable disclosing their identity. When conducting research that aims to support marginalized communities, it is vital that our measures, not just our assumptions, are inclusive of and available to all persons.

Conclusion

Research into the health of BDSM community members is an important contribution to the concealable stigmatized identity literature. The present study was among the first to extend this research to a population that is an unrecognized sexual minority and investigate the mitigating factors contributing to the health disparities tied to the stressors this population experiences. Although the moderation hypotheses were unsupported, my findings lay the foundation for continued exploration of BDSM identification as a CSI. Moreover, the present study offers insight into how social relationships might relieve the social and psychological burdens of belonging to a marginalized population. More research is necessary to fully understand how the BDSM community might be similar to other stigmatized identities, as well as explore the social, behavioral, and psychological differences that make this community unique.

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APPENDICES

Appendix A

Consent Form

Information Sheet
Texas Tech University
Department: Psychological Sciences
Title: "Identity, Attitudes, and Behaviors of BDSM Practitioners"
Principal Investigator(s): Phoenix Crane, Lindsay Greenlee, Ph.D.

Introduction
You are being asked to take part in a research study. Please read the information on this page carefully and ask questions about anything that you do not understand.

Purpose
The purpose of this study is to examine the identities, attitudes, and behaviors of BDSM practitioners.

Procedures
Your participation in this study will consist of completing a 20–30-minute survey, answering questions related to sexual interests, stigma, health, identity, groups, and responding to a 100-word limit writing prompt. You will also be asked to provide some demographic information.

Benefits
There are no direct benefits of participating in this study. You will have the opportunity to learn more about the research process by being in this study. Further, your participation may indirectly help other people in the future who may benefit from the knowledge that we gain from this research.

Risks and/or Discomforts
The risks or discomforts associated with this research are not expected to be worse than those you might encounter in your day-to-day life. If at you do not feel comfortable with what you are being asked to do in this study, you are free to stop your participation at any time. The researcher provides all participants with information about psychological resources that are available in our local community. This information is given in case you decide that you want to talk with a mental health professional about the feelings you experience today.

Compensation
Participants will receive a $15 Amazon gift card.

Confidentiality
Every effort will be made to keep your personal information confidential. No identifying information, including your name, will be directly linked to the data that you provide today as part of this study. To further protect your confidentiality, any data files that are downloaded from

Qualtrics will be encrypted and stored in a secure office in the Psychological Sciences building on a password-protected computer located at Texas Tech University. Only the research investigators involved in this study will have access to the data. The information obtained from this study may be published in scientific journals or presented at scientific meetings, but only in summary, group-level statistics. In other words, you will not personally be identified as a participant in this study.

The Decision to Take Part in this Research Study
Your participation in this study is completely voluntary. Refusing to take part in any part of this study will NOT lead to any penalty. You may skip any questions that you do not feel comfortable answering. You may start the study and then change your mind and stop at any time. If you skip questions or stop the study, you will still be able to keep all the benefits of participating.

Opportunity to Ask Questions
If you have any questions or concerns about this research study, you may contact either, Phoenix Crane at phoenix.crane@ttu.edu, or you may contact Dr. Lindsay Greenlee at lindsay.greenlee@ttu.edu.
Texas Tech University also has a Board that protects the rights of people who participate in research. You can ask them questions at 806-742-2064. You can also mail your questions to the Human Research Protection Program, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409 or email them to hrpp@ttu.edu.

Consent
Do you consent to participant in this study? By selecting proceeding to the survey, you are consenting to be a part of the current study. By exiting, you are choosing to stop participation in the current study and will be dismissed.

*We strongly suggest completing the survey on a laptop or desktop computer rather than a mobile device.

Please click the arrow to proceed with the survey.

Appendix B

Materials and Measures

Screening Questions

What is your age? _____

Are you a US citizen or US Permanent Resident Alien?

- Yes (1)
- No (2)

BDSM (Bondage/Discipline, Dominance/Submission, Sadism/Masochism): A form of sex play that centers on bondage, power play and different levels of intensity of pleasurable pain.

"Vanilla": Sex that is considered socially acceptable (i.e. not kinky).

Are you a BDSM practitioner?

- Yes (1)
- No (2)

Demographics

What is the highest level of education that you have **completed**?

- Less than a high school diploma or equivalent (1)
- High school degree or equivalent (2)
- Some college; no degree (3)
- Associate's degree (4)
- Bachelor's degree (5)
- Master's degree (6)

- Professional degree (7)
- Doctoral degree (8)

How much did you earn, before taxes and other deductions, during the past 12 months?

- Less than $5,000 (1)
- $5,000 through $11,999 (2)
- $12,000 through $15,999 (3)
- $16,000 through $24,999 (4)
- $25,000 through $34,999 (5)
- $35,000 through $49,999 (6)
- $50,000 through $74,999 (7)
- $75,000 through $99,999 (8)
- $100,000 and greater (9)
- I don't know (10)

Please describe your race

_____

Which of the following categories describe your ethnicity?

- Hispanic/Latinx (1)
- Non-Hispanic Latinx (2)

Do you describe yourself as transgender?

- Yes (1)
- No (2)
- Not sure (3)

What is your current gender identity (i.e., man, woman, agender, non-binary)?

_____

How do you describe your sexual orientation (i.e., bisexual, heterosexual/straight, pansexual)?

_____

Which relationship orientation do you currently identify with? (Your current or past romantic relationships do not need to look exactly like your relationship orientation. Your relationship orientation is more of a description of the label you use to describe yourself and your ideal relationship) (i.e., monogamy, polyamory, open).

_____

How would you describe your current relationship (i.e., monogamous, swinging, not currently in a relationship)?

_____

From which social media site did you locate this survey?

- Facebook (1)
- Reddit (2)
- Fetlife (3)
- Twitter (4)
- Email (5)
- Conference/Convention (6)
- Other (7) _____

Please enter which forum/group/website from which you located the survey specifically:

_____

BDSM (Bondage/Discipline, Dominance/Submission, Sadism/Masochism): A form of sex play that centers on bondage, power play and different levels of intensity of pleasurable pain.

"Vanilla": Sex that is considered socially acceptable (i.e. not kinky).

How would you define your BDSM involvement?

- o It is my identity/a core part of who I am (1)
- o It is an activity/just something I do (2)
- o Explored and liked BDSM (3)
- o Explored but did not like BDSM (4)
- o Other (please explain) (5) _____

Please tell us more about your experience with BDSM (e.g. How long you have been practicing BDSM, what kind of BDSM you practice, what roles you adopt, etc.)

_____

Do you *identify* as a BDSM practitioner?

- o Yes (1)
- o No, but I practice BDSM/kink (2)
- o No, I am vanilla/non-practitioner (3)

Do you engage in BDSM *behaviors*? (e.g., bondage, discipline, humiliation, powerplay)

- o Yes (1)
- o No, but I identify as a BDSM practitioner (2)
- o No, I am vanilla/non-practitioner (3)

Do you participate in a local or online BDSM community group?

- o Yes, online (1)
- o Yes, local (2)

- No (3)
- Other (4) _____

Please describe your involvement with your BDSM group.

_____

How active in BDSM are you?

- I am vanilla/non-practitioner (0)
- Not currently active (1)
- Rarely (2)
- Occasionally (3)
- A moderate amount (4)
- A great deal (5)

Please feel free to explain your activity level in BDSM (e.g., "I'm only active if I have a partner")

_____

What subcommunity role(s) do you identify/play as? (e.g., kitten, rigger, mistress, daddy)

_____

Which power play role best represents your identity as a BDSM practitioner, if applicable?

- Dominant (1)
- Submissive (2)
- Switch (3)
- None of these (4) _____

Internalized Stigma

Below are some statements with which you may or may not agree. Using the key listed below, rate the responses that most closely reflects your feelings about each statement with regard to your BDSM identity.

Strongly disagree (1)

Disagree (2)

Somewhat disagree (3)

Neither agree nor disagree (4)

Somewhat agree (5)

Agree (6)

Strongly agree (7)

1. I hate myself for being attracted to BDSM practices.

2. I am proud to be a BDSM practitioner. (R)

3. I feel bad for acting on my BDSM desires.

4. As a BDSM practitioner, I am loveable and deserving of respect. (R)

5. I feel comfortable being a BDSM practitioner. (R)

6. If I could change my sexuality and become vanilla, I would.

7. I don't feel disappointment in myself for being a BDSM practitioner. (R)

8. Being a BDSM practitioner makes my future look bleak and hopeless.

Psychological Distress

DASS-42 Please read each statement and press a response that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

NEVER - Did not apply to me at all (1)

SOMETIMES - Applied to me to some degree, or some of the time (2)

OFTEN - Applied to me to a considerable degree, or a good part of time (3)

ALMOST ALWAYS - Applied to me very much, or most of the time (4)

1. I found myself getting upset by quite trivial things
2. I was aware of dryness of my mouth
3. I couldn't seem to experience any positive feeling at all
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)
5. I just couldn't seem to get going
6. I tended to over-react to situations
7. I had a feeling of shakiness (eg, legs going to give way)
8. I found it difficult to relax
9. I found myself in situations that made me so anxious I was most relieved when they ended
10. I felt that I had nothing to look forward to
11. I found myself getting upset rather easily
12. I felt that I was using a lot of nervous energy
13. I felt sad and depressed
14. I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)
15. I had a feeling of faintness
16. I felt that I had lost interest in just about everything

17. I felt I wasn't worth much as a person
18. I felt that I was rather touchy
19. I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion
20. I felt scared without any good reason
21. I felt that life wasn't worthwhile
22. I found it hard to wind down
23. I had difficulty in swallowing
24. I couldn't seem to get any enjoyment out of the things I did
25. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)
26. I felt down-hearted and blue
27. I found that I was very irritable
28. I felt I was close to panic
29. I found it hard to calm down after something upset me
30. I feared that I would be "thrown" by some trivial but unfamiliar task
31. I was unable to become enthusiastic about anything
32. I found it difficult to tolerate interruptions to what I was doing
33. I was in a state of nervous tension
34. I felt I was pretty worthless
35. I was intolerant of anything that kept me from getting on with what I was doing
36. I felt terrified
37. I could see nothing in the future to be hopeful about

38. I felt that life was meaningless
39. I found myself getting agitated
40. I was worried about situations in which I might panic and make a fool of myself
41. I experienced trembling (eg, in the hands)
42. I found it difficult to work up the initiative to do things

Identity Centrality

Below are some statements with which you may or may not agree. Using the key listed below, rate the responses that most closely reflects your feelings about each statement with regard to your BDSM identity.

Strongly disagree (1)

Disagree (2)

Somewhat disagree (3)

Neither agree nor disagree (4)

Somewhat agree (5)

Agree (6)

Strongly agree (7)

1. My BDSM identity is an important reflection of who I am
2. In general, my BDSM identity is an important part of the way I see myself
3. My BDSM identity defines who I am
4. It is impossible to understand me without knowing about my BDSM identity
5. I would be a different person without my BDSM identity
6. My BDSM identity is a central part of my self-definition.

Community Belongingness

Please read each statement and select a response using the key listed below that indicates how much the statement applied to you regarding your BDSM community.

Strongly disagree (1)

Somewhat disagree (2)

Neither agree nor disagree (3)

Somewhat agree (4)

Strongly agree (5)

1. I feel disconnected from my BDSM community.
2. Even around people I know in my BDSM community, I don't feel that I really belong.
3. I feel so distant from people in my BDSM community.
4. I have no sense of togetherness with my peers in my BDSM community.
5. I don't feel related to anyone in my BDSM community.
6. I catch myself losing all sense of connectedness with my BDSM community.
7. Even among my friends in my BDSM community, there is no sense of brother/sisterhood.
8. I don't feel I participate with anyone or any group in my BDSM community.

Self-Esteem

The questions below ask that you indicate how you generally feel about yourself. Please respond to each statement by selecting a number to indicate how much you agree or disagree with the following statements.

Strongly disagree (1)

Disagree (2)

Agree (3)

Strongly agree (4)

1. I feel that I'm a person of worth, at least on an equal plane with others
2. I feel that I have a number of good qualities
3. All in all, I am inclined to feel that I am a failure (R)
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of (R)
6. I take a positive attitude toward myself
7. On the whole, I am satisfied with myself
8. I wish I could have more respect for myself (R)
9. I certainly feel useless at times (R)
10. At times I think I am no good at all (R)

Outness

Use the following rating scale to indicate how open you are about your BDSM identity to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you. If an item refers to a group of people (e.g., work peers), then indicate how out you generally are to that group.

0 = not applicable to your situation; there is no such person or group of people in your life

1 = person definitely does NOT know about your sexual orientation status

2 = person might know about your sexual orientation status, but it is NEVER talked about

3 = person probably knows about your sexual orientation status, but it is NEVER talked about

4 = person probably knows about your sexual orientation status, but it is RARELY talked about

5 = person definitely knows about your sexual orientation status, but it is RARELY talked about

6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about

7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about

1. Mother
2. Father
3. siblings (sisters, brothers)
4. extended family/relatives
5. my new vanilla friends
6. my work peers
7. my work supervisor
8. members of my religious community (e.g., church, temple)
9. leaders of my religious community (e.g., church, temple)
10. strangers, new acquaintances
11. my old vanilla friends

Group Identification

The following 8 questions relate to you as a BDSM practitioner. Please show by selecting the appropriate number for each statement how much each of the following statements describes you using the scale below.

What is your overall impression of the BDSM community?

Not very favorable 1 2 3 4 5 6 7 8 9 Very favorable

How much would you stand up for the BDSM community if it were criticized?

Not very much 1 2 3 4 5 6 7 8 9 Very much

How strongly do you identify with being a BDSM practitioner?

Not very much 1 2 3 4 5 6 7 8 9 Very much

How much do you feel you belong as a BDSM practitioner?

Not very much 1 2 3 4 5 6 7 8 9 Very much

How important to you is it being a BDSM practitioner?

Not very much 1 2 3 4 5 6 7 8 9 Very much

How much do you feel like a BDSM practitioner as a whole?

Not very much 1 2 3 4 5 6 7 8 9 Very much

How well do you feel you fit in as a BDSM practitioner?

Not very much 1 2 3 4 5 6 7 8 9 Very much

Overall, how similar do you feel you are to other BDSM practitioners?

Not very much 1 2 3 4 5 6 7 8 9 Very much

How strongly do you identify with your BDSM identity?

Not very much 1 2 3 4 5 6 7 8 9 Very much

Writing Prompt

Using at least 100 words, please write about a time they felt excluded/included from the BDSM community (others who practice BDSM)

BDSM People of Color Microaggressions

The following is a list of experiences that BDSM/kinky people of color sometimes have. Please read each one carefully, and then respond to the following question:

How much has each problem distressed or bothered you DURING THE PAST 12 MONTHS?

0 = Did not happen/not applicable to me
1 = It happened, and it bothered me NOT AT ALL
2 = It happened, and it bothered me A LITTLE
3 = It happened, and it bothered me MODERATELY
4 = It happened, and it bothered me QUITE A BIT
5 = It happened, and it bothered me EXTREMELY

1. Difficulty finding friends who are BDSM/kinky and from your racial/ethnic background
2. Feeling like white BDSM/kinky people are only interested in you for your appearance
3. Being rejected by other BDSM/kinky people of your same race/ethnicity
4. Feeling unwelcome at groups or events in your racial/ethnic community
5. Not being accepted by other people of your race/ethnicity because you are BDSM/kinky
6. Being rejected by potential dating or sexual partners because of your race/ethnicity
7. Feeling misunderstood by white BDSM/kinky people
8. Being discriminated against by other BDSM/kinky people of color because of your race
9. Being told that "race isn't important" by white BDSM/kinky people
10. Feeling invisible because you are BDSM/kinky
11. Not being able to trust white BDSM/kinky people
12. Being seen as a sex object by other BDSM/kinky people because of your race/ethnicity
13. Being the token BDSM/kinky person of color in groups or organizations

14. Not having any BDSM/kinky people of color as positive role models
15. Reading personal ads that say "white people only"
16. Having to educate white BDSM/kinky people about race issues
17. White BDSM/kinky people saying things that are racist
18. Feeling misunderstood by people in your ethnic/racial community

Identity Salience

Please indicate your response to the following question.

How often do you think about your BDSM identity?

Never (1)

Rarely, less than 10% of the time (2)

Occasionally, about 30% of the time (3)

About half the time (4)

Frequently, about 70% of the time (5)

Usually, about 90% of the time (6)

Multiple times throughout the day (7)

Below are two statements with which you may or may not agree. Using the scale listed below, rate the responses that most closely reflects your feelings about each statement.

Strongly disagree (1)

Disagree (2)

Somewhat disagree (3)

Neither agree nor disagree (4)

Somewhat agree (5)

Agree (6)

Strongly agree (7)

1. I spend a lot of time thinking about my BDSM identity
2. My BDSM identity often crosses my mind for no reason.

Concealment

Below are two statements with which you may or may not agree. Using the scale listed below, rate the responses that most closely reflects your feelings about each statement.

Strongly disagree (1)

Disagree (2)

Neither agree nor disagree (3)

Agree (4)

Strongly agree (5)

1. I haven't shared with anyone that I practice BDSM.
2. If I shared with my friends that I practice BDSM, they would like me less.
3. There are lots of things about my BDSM practices that I keep to myself.
4. When I practice BDSM, I keep it to myself.
5. I would lie if anyone asked me if I practice BDSM.
6. The fact that I practice BDSM is too embarrassing to share with others.
7. I have thoughts about my BDSM practices that I never share with anyone.

Appendix C

Debriefing Form

Debriefing Sheet
Texas Tech University
Department: Psychological Sciences
Title: "Identity, Attitudes, and Behaviors of BDSM Practitioners"
Principal Investigators: Phoenix Crane, M.A., Lindsay Rice Greenlee, Ph.D.

Introduction
BDSM (bondage/discipline; Dominance/submission; sadism/masochism) is devalued in society because it absconds from normative heterosexuality and monogamy, resulting in hostile prejudice and discrimination. Like other concealable stigmatized identities, BDSM practitioners self-stigmatize endorsing the same devaluing beliefs as society, thereby eliciting feelings of shame, self-hate, and stress. Using the concealable stigmatized identity model, we are examining the degree to which internalization of negative stereotypes becomes distressing to the extent that one's BDSM identity is considered important to the self. We are further exploring whether group belongingness to a BDSM community can buffer the relationship between stigma and distress.

How was this tested?
In this study, you completed several questionnaires that assessed BDSM practitioners' self-reported demographics, level of BDSM identity centrality, internalized stigma, community belongingness, and psychological distress, respectively. This information will be used to conduct correlation analyses and moderation analyses. The results of the correlation analysis will present support for the hypothesized relationship between internalized stigma and psychological distress and moderation analyses will determine whether or not an interaction exists between internalized stigma, identity centrality, community belongingness, and psychological distress.

What do we expect?
Given previous research demonstrating a positive relationship between identity centrality and psychological distress, we propose that BDSM practitioners who place greater importance on their BDSM identity will report worse psychological outcomes than practitioners with low

identity centrality. We also posit that when one belongs to a BDSM community, social support and identity acceptance will mitigate the relationship between stigma and distress. That is, BDSM practitioners who report high BDSM identity centrality will report high rates of psychological distress related to self-stigma, but group belongingness will ensue in lower levels of distress. Conversely, participants who do not emphasize their BDSM identity, and instead engage in BDSM as leisurely behavior, will report lower rates of internalization, psychological distress, and group belongingness, and thus will not experience or benefit from the buffering effect.

Why is this study important?

The study of BDSM practitioners remains a relatively small area of research, especially in social psychology, which opens a variety of non-stigmatizing lines of scientific inquiry. Serious considerations of BDSM identification are necessary to resist discrimination and normalize alternative sexuality. Thus, the present study aims to fill this gap in the literature by advancing identity centrality frameworks with quantitative data. Our goal is to better conceptualize and communicate the value of the BDSM community with regard to identity, behavior, and wellbeing.

What if I want to know more?

If you have any questions or concerns about this research study, or are interested in learning more about this project, please contact:

- Phoenix Crane E-mail: phoenix.crane@ttu.edu
- Lindsay Rice Greenlee, Ph.D. E-mail: lindsay.greenlee@ttu.edu