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Psychological and Demographic Differences of BDSM Practitioners

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Bridgewater State University

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Abstract

The purpose of this study was to gain more information about demographic and psychological differences between the bondage/discipline, dominance/submission, sadism/masochism (BDSM) population and the general population. BDSM has become more prominent in the knowledge of the general population with the notoriety of E.L. James' book series *50 Shades of Grey*, but even with the new prominence of BDSM in American households, there is a lack of knowledge about BDSM practitioners among psychotherapists. In this study, data was gathered from a sample of BDSM practitioners and a general population sample on a variety of demographic and psychological variables. Independent samples *t*-tests showed that there were significant differences between the BDSM population and general population in physical anxiety, depression, reassurance seeking, sexual skill, lack of sexual empathy, and sensation-seeking, impulsivity, and risk-taking, but no significant differences in social interaction anxiety, sexual exploitation, or sexual entitlement. With this new research, some important foundational information about the BDSM population has been gained and can be used as a stepping stone to guide further research, which can provide more information to mental healthcare providers.

Introduction

Much of the general population has been exposed to BDSM through the book and film series *50 Shades of Grey* by E.L. James, leading to a surge of questions and opinions about the bondage/discipline, dominance/submission, sadism/masochism (BDSM) community. BDSM practitioners may find sexual pleasure from giving or receiving pain, bondage, or unbalanced power dynamics within relationships. This cultural shift in awareness about BDSM has led it to appear in household discussion, creating a foundation for further conversations. However, the *50*

Shades of Grey books and movies paint a very misleading image of what BDSM culture is actually like and could perpetuate the belief that BDSM can be used as an excuse to mentally and physically abuse a romantic partner. Further researching BDSM practitioners can provide better information to the general population and lessen any stigmas that exist. Thus, this study focuses on the BDSM community and possible differences in personality traits such as depression, anxiety, narcissism, self-esteem, and sensation seeking.

BDSM

BDSM encompasses many aspects of alternate sexuality. Alternative sexuality can be thought of as any sexual identities, behaviors, or communities that go against normally accepted sexual behaviors within a society. Within BDSM culture, people use different labels to distinguish what activities they engage in. Practitioners can self-identify as a dominant/master or submissive/slave to express what aspect of a power dynamic they enjoy. They can also use sadism or masochism to describe whether they enjoy inflicting or receiving pain. There is also a term, switch, that is used to describe people who enjoy both sadism and masochism. BDSM practitioners can identify with many labels at once and there is no limit to the possible combinations (Rev, 2012).

BDSM practitioners often describe the activities they participate in as “play” during a “scene”. This “scene” encompasses all the BDSM activities they do in a particular time frame and the “play” refers to the specific activities themselves. One study found that a majority of dominants and submissives believe that both parties involved in a scene have the same amount of power to determine what happens during a scene and when it should end, even though there is a consensual imbalance of power once the scene actually begins (Herbert & Weaver, 2014). Many practitioners also follow different mottos that emphasize consent. There are two prominent

sayings that BDSM practitioners often adhere to: safe, sane, and consensual (SSC) and risk aware consensual kink (RACK; Saint Thomas, 2017). These mottos emphasize consent culture and the need for all practitioners involved in a scene to be aware of any safety concerns. This shows that there is a strong foundation of consent and equal power within BDSM that is not publicized to the general population.

The stigma among the general population surrounding the BDSM community could contribute to the lack of research available. Similar to how the lesbian/bisexual/gay/transgender/queer/asexual (LBGTQA) community must face constant stigmatization within the general population and from healthcare providers (e.g., Whitehead, Shaver, & Stephenson, 2016), the BDSM community likely also faces this stigma from being different from the norm. People who practice BDSM tend to be afraid of being outed, or exposed, to their family, friends, or workplace because they do not have any type of protections against discrimination (Keenan, 2014). They can be fired from jobs just for living this different lifestyle (Keenan, 2014). Many can struggle with finding healthcare providers that understand what BDSM is. In some states, medical professionals are required to report any suspicious bruising a patient has even if they are informed that the bruises were from consensual activities (Houry, Sachs, Feldhaus, & Linden, 2002).

There is a lack of knowledge about BDSM practitioners among psychotherapists as well. A 2014 study found that 50% of psychotherapists questioned did not know if practitioners were psychologically healthy (Faccio, Casini, & Cipolletta, 2014). Psychologists rely on the DSM-5 as a diagnostic tool, but only just recently has consensual sadism and masochism been removed from the DSM (American Psychiatric Association, 2013). This recent change could be the cause of the general ignorance among mental health practitioners and could possibly lead to negative

consequences for BDSM practitioners who seek therapy. In one study, it was found that one-third of practitioners decided not to disclose their participation in BDSM to their therapist out of fear of judgement; it was also found that “some therapists considered BDSM to be unhealthy and abusive and required clients to give up BDSM activities as a condition to continuing therapy” (Pillai-Friedman, Pollitt, & Castaldo, 2015, p.4). This could be a major deterrent to BDSM practitioners and prevent them from seeking the help they need from mental health professionals.

The general lack of knowledge and the small amount of published research about BDSM practitioners leaves a lot to discover. It is largely unknown whether there are differences between the general population and BDSM practitioners. There have been numerous studies focusing on different psychological traits in the general population but very few, if any, studying traits such as narcissism, depression, anxiety, reassurance seeking and risk-taking in the BDSM community. The purpose of this exploratory study was to determine whether differences in these psychological traits exist between the general population and BDSM practitioners.

Depression & Anxiety

It is likely that there will also be a difference in anxiety and depression between BDSM practitioners and the general population. Much like the LGBTQA community, BDSM practitioners are a part of a “deviant” population that likely faces similar discrimination. Thus, it seems plausible that their rates of anxiety and depression may also be higher than that of the general population. A 2017 study found that when compared to their heterosexual counterparts, gay, lesbian, and bisexual people have higher levels and comorbidity of anxiety, depression, and mental distress (Cochran, Björkenstam, & Mays, 2017). It is possible that these higher levels are due to the discrimination that people face when they do not follow the societal norm. It has also

been found that on-going discrimination correlates with anxiety and depression among lesbian, gay, and bisexual persons (Mays & Cochran, 2001).

Anxiety and depressive disorders affect up to 31% of adults in the United States at some point in their lives (Bitiska & Sharpley, 2012). Anxiety disorders include general anxiety disorder, obsessive compulsive disorder, social anxiety disorder, and many more illnesses. Additionally, 17% of American adults will experience a major depressive episode in their lifetime (Bitiska & Sharpley, 2012). Depression and anxiety disorders are often comorbid diseases which are likely to occur at the same time (Moscati, Flint, & Kendler, 2016). During the span of their life, 49% to 81% of people diagnosed with depression will meet the diagnostic criteria for anxiety; similarly, 47% to 88% of those diagnosed with anxiety will meet the diagnostic criteria for depression (Jacobson & Newman, 2017). Bitiska and Sharpley (2012) also found that as many as one in three college students could suffer from comorbid anxiety and depression. Both anxiety and depression have negative impacts on daily life. They can prevent people from doing necessary daily tasks such as leaving the house. Anxiety and depression are common among the general population, but there has been minimal research studying the prevalence of depression and anxiety in the BDSM community.

Sensation Seeking, Risk-Taking, and Impulsivity

Another psychological variable in which BDSM practitioners and the general population may differ is sensation seeking, risk-taking, and impulsivity. Sensation seeking is defined as the desire for novelty, thrill seeking, and new experiences (Charnigo, et al., 2013). Sexual sensation seeking is the tendency to participate in daring and stimulating sexual behavior with multiple partners in order to maximize social and sexual experiences (Mashegoane, Moalusi, Ngoepe, & Peltzer, 2002).

Sexual sensation seeking is associated with more risky behavior in both heterosexual and homosexual persons (Mashegoane, Moalusi, Ngoepe, & Peltzer, 2002). There is a wide array of BDSM activities that can be viewed as novel, risky, and/or thrill-inducing. It is hypothesized that there could be a significant difference in sensation seeking, risk-taking, and impulsivity between BDSM practitioners and the general population due to the risky and novel nature of partaking in BDSM activities.

Reassurance Seeking

There also may be a difference in reassurance seeking behaviors between the general population and BDSM practitioners. Reassurance seeking is when someone asks or searches for reassurance from someone else in different daily aspects of life such as if they are lovable or liked (Kane, Bahl, & Ouimet, 2018; Hames et al., 2015). Reassurance seeking can temporarily alleviate negative emotions such as anxiety, depression, or low self-esteem (Kane, Bahl, & Ouimet, 2018). A study done by Evraire and Dozois (2014), found that reassurance seeking is linked to attachment styles that are not secure. It is possible that due to BDSM practitioners' deviation from the societal norm when it comes to sexual roles and behaviors, that they also seek more reassurance in order to reaffirm their lifestyle choices.

Sexual Narcissism

BDSM practitioners may also differ from the general population in terms of sexual narcissism. Sexual narcissism is defined as sexual preoccupation, an inflated sense of sexual skill, a sense of entitlement, and promiscuity (Wryobeck & Wiederman, 1999). Sexual narcissism is also positively correlated with higher numbers of sexual partners and higher sense of sexual esteem (Wryobeck & Wiederman, 1999).

Sexual narcissism scales test for sexual skill, empathy, entitlement, and exploitation (Widman & McNulty, 2010). The exploitation and entitlement characteristics of sexual narcissism could be thought of as having connections to gaining and exerting power over others. In previous research, it has been found that trait narcissists in the general population have also been known to seek out positions of power (Grijalva, Harms, Newman, Gaddis, & Fraley, 2015). This ability to predict leadership development could also point to the ability to predict if people are more likely to identify as dominant. Dominants in BDSM usually desire control of a person or people, which could be an indicator of sexual narcissism. Similarly, identifying as submissive could possibly predict low sexual narcissism. There may be possible differences in sexual skill, empathy, exploitation, and entitlement between BDSM practitioners and the general population, but these differences are unknown.

Trait Narcissism

There is a generally held belief in the BDSM community that those in a dominant role tend to be more narcissistic in general than those in a submissive role. One study conducted by Connolly (2006) found that there was a generally higher rate of narcissism among BDSM practitioners. Connolly focused on grandiose narcissism which is defined as overt feelings of entitlement and the repression of feelings of inadequacy (Derry, Ohan, & Bayliss, 2017). Vulnerable narcissism is the less publicized form of narcissism in which people have hidden feelings of entitlement that alternate with expressed feelings of inadequacy or fragile self-esteem, sensitivity to insult, and self-absorbed aloofness (Derry et al., 2017; Kealy, Sandhu, & Ogrodniczuk, 2017). This is when someone appears to feel less than everyone else and distant, but they are actually feeling like they are entitled to what they want and if they do not get it, it is not their fault, but the world's.

It has been found in the general population that narcissism predicts general, initial, and flashpoint aggression. Those who rate high on narcissism are more likely to have unprovoked, aggressive outbursts (Reidy, Foster, & Zeichner, 2010). In relation to BDSM, there could be a connection between narcissism and the violence that sadists can display. It is unknown if this consensual sadism could be an outlet for possible narcissistic aggressive outbursts. Since the sadism is consensual, however, it is also possible that there is no relationship between BDSM and narcissism.

Self-Esteem

Another psychological variable on which the BDSM population and the general population may differ is self-esteem. Self-esteem is commonly defined as how much self-worth a person believes they have (Helwig & Ruprecht, 2017). This can include many domains of a person's life, such as their social life, dating and sex life, academic performance, and job performance (Batra & Ghoshal, 2017). These domains of self-esteem or self-worth are called contingencies of self-worth and a person's level of self-esteem is tied to perceived success or failures in these domains (Crocker & Park, 2013).

It is likely that there are differences in self-esteem between the general population and BDSM practitioners. The stigma that the BDSM population experience could cause them to have lower self-esteem. BDSM practitioners' ability to express their wants and needs, however, could also indicate that they have higher self-esteem than the general population.

The Current Research

The previous research is minimal and leaves many questions unanswered, such as whether or not there are psychological differences between BDSM practitioners and the general population. Also, no research has addressed any significant demographic differences between

groups in the BDSM population and the general population. This study, therefore, was designed to assess demographic and psychological differences between the BDSM population and the general population. Discovering this information will benefit the BDSM community in many ways and could lead to the lessening of stigmas and better mental healthcare.

Method

Participants

There were two samples gathered for this study, one from the BDSM community and one from the general population. The BDSM sample was recruited from two different BDSM lifestyle events in Maryland and New Jersey and the general population sample was gathered using Amazon's Mechanical Turk. A similar number of participants was recruited for each sample.

A total of 79 self-identified BDSM practitioners volunteered to participate in the study. No participants' data were excluded from the final analyses. The participants ranged in age from 21 to 55 ($M = 34.04$, $SD = 7.84$). The majority of the sample was Caucasian (76.5%), with 1.2% African American, 1.2% Asian, 3.7% Hispanic/Latino, 4.9% multiracial, and 2.5% other; 10% did not respond. Almost half the sample reported being male (48.1%), with 35.8% identifying as female and 7.4% identifying as gender-queer; 8.7% did not respond. A small portion of the sample reported being heterosexual (26.6%), with 21% being bisexual, 19.8% pansexual, 2.9% homosexual, 1.2% asexual, and 14.8% as other; 13.7% did not respond. The majority of participants practiced polyamory relationships (54.3%). Only 8.6% considered themselves monogamous while 11.1% identified their relationship style as open; 26% did not respond. From the sample, 13.6% of participants were married, 56.8% were single, and 21% were divorced; 8.6% did not respond. Over half of the participants had a bachelor's degree or higher education

with 3.7% having a PhD/MD, 24.7% Master's Degree, 24.7% Bachelor's Degree, 12.3% having an Associate's, 22.2% completing some college, and 2.5% having a high school diploma; 9.9% did not respond.

Additionally, non-BDSM practitioners were recruited to participate in the study from Amazon's Mechanical Turk for minimal compensation. Eleven of the participants from Mturk had to be excluded because they identified themselves as BDSM practitioners, leaving a total sample size of 86. The participants ranged from 22 to 65 in age ($M = 36.42$, $SD = 10.29$) and had to be over 18 in order to participate. The majority of the sample was Caucasian (88.4%), with 3.5% African American, 3.5% Asian, 3.5% Hispanic/Latino, and 1.2% multiracial. Over half the sample reported being male (55.8%); with 44.2% being female. No other gender identities were reported in the general population. A majority of the sample was heterosexual (90.7%); with 8.1% being homosexual, and 1.2% being bisexual. Monogamous relationships were the most prevalent relationship style (96.5%) while 3.5% practiced open relationships. An equal number of participants were married and single: 46.5% of participants were married, 46.5% were single, and 7% were divorced. Over half of the participants had a bachelor's degree or higher education with 1.2% having a PhD/MD, 9.3% Master's Degree, 48.8% Bachelor's Degree, 10.5% having an Associate's, 16.3% completing some college, and 14.0% having a high school diploma.

Materials & Measures

The following scales were given to both the BDSM practitioners and the general population. The general population did not complete the BDSM Fear of Being Outed Scale.

Beck Anxiety Inventory. The Beck Anxiety Inventory (BAI) is a 21-item scale used to measure feelings of unease (Beck, Epstein, Brown, & Steer, 1988). Items are rated using a 4-point scale with responses ranging from 0 (not at all) to 3 (severely - I could barely stand it). The

BAS has items such as “I have been bothered by shaking in the past week” and “I have been bothered by difficulty breathing in the last week”. All item responses were summed to create a total score for anxiety ($\alpha_{\text{BDSM}} = 0.84$; $\alpha_{\text{Mturk}} = 0.96$).

Beck Depression Inventory-S19. The Beck Depression Inventory-S19 (BDI-S19) is a shortened scale consisting of 19 items used to measure feelings of sadness and hopelessness (Sauer, Ziegler, & Schmitt, 2013). Items are rated using a 6-point scale ranging from 1 (never) to 6 (always). The scale includes items such as “I feel sad” and “I feel guilty.” All responses were summed to create a total score for depression ($\alpha_{\text{BDSM}} = 0.81$; $\alpha_{\text{Mturk}} = 0.97$).

Reassurance Seeking Scale. The Reassurance Seeking Scale (RSS) is a 30-item scale used to measure participants’ tendency to seek approval and assurance from others depending on the situation that they are in (Rector, Kamkar, Cassin, Ayearst, & Laposa, 2011). Items are rated using a 5-point scale with responses ranging from 1 (not at all) to 5 (extremely). The scale includes items such as “how likely are you to seek reassurance from someone when you think you have made the wrong decision?” and “how likely are you to seek reassurance from someone to whether you are a lovable/caring person?”. All responses were summed to create a total score for reassurance seeking ($\alpha_{\text{BDSM}} = 0.95$; $\alpha_{\text{Mturk}} = 0.98$).

Sexual Narcissism Scale. The Sexual Narcissism Scale (SNS) is a 20-item scale used to measure levels of sexual entitlement and egotism (Widman & McNulty, 2010). The items are rated using a 5-point scale ranging from 1 (not a lot) to 5 (quite a lot). The SNS scale includes items such as “If I ruled the world for one day, I would have sex with anyone I choose” and “I could easily convince an unwilling person to have sex with me.” Subscale responses were summed to create a total score for: Sexual Exploitation ($\alpha_{\text{BDSM}} = 0.62$; $\alpha_{\text{Mturk}} = 0.91$), Sexual

Entitlement ($\alpha_{\text{BDSM}} = 0.80$; $\alpha_{\text{Mturk}} = 0.90$), Lack of Sexual Empathy ($\alpha_{\text{BDSM}} = 0.62$; $\alpha_{\text{Mturk}} = 0.73$), and Sexual Skill ($\alpha_{\text{BDSM}} = 0.88$; $\alpha_{\text{Mturk}} = 0.94$).

Social Interaction Anxiety Scale. The Social Interaction Anxiety Scale is a 19-item scale used to measure feelings of unease and anxiousness during social situations (Mattick & Clarke, 1998). Items are rated on a 5-point scale ranging from 1 (not at all) to 5 (extremely). The scale includes items such as “I have difficulty talking with other people” and “I am tense mixing in a group.” All responses were summed to create a total score for social interaction anxiety ($\alpha_{\text{BDSM}} = 0.93$; $\alpha_{\text{Mturk}} = 0.98$).

Impulsivity, Risk Taking, and Sensation-Seeking Scale. The Impulsivity, Risk Taking, and Sensation-Seeking Scale is an 11-item scale used to measure a person’s likelihood of participating in activities that are not carefully thought through and cause an adrenaline rush or new sensation (Schafer, Blanchard, & Fals-Stewart, 1994). Items are rated using a 4-point scale with responses ranging from 1 (not at all) to 4 (quite a lot). The scale includes items such as “I like trying new things just for excitement” and “I’m always up for new experiences.” All responses were summed to create a total score for impulsivity, risk taking, and sensation-seeking ($\alpha_{\text{BDSM}} = 0.84$; $\alpha_{\text{Mturk}} = 0.91$).

Narcissistic Personality Inventory- 16. The Narcissistic Personality Inventory- 16 (NPI-16) is a 16-item scale used to measure levels of self-centeredness and egotism (Gentile, Miller, Hoffman, Reidy, Zeichner, & Campbell, 2013). The items are rated using two forced choice options per item. The scale includes choosing between statements such as “I really like to be the center of attention” and “it makes me uncomfortable to be the center of attention.” This scale was not analyzed due to scale errors, as the scale was improperly typed for the general population sample.

Hypersensitive Narcissism Scale. The Hypersensitive Narcissism Scale (HSNS) is a 10-item scale used to measure levels of hypersensitivity, low self-esteem, and self-centeredness (Hendin & Cheek, 1997). The items are rated using a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The HSNS scale includes items including “I often interpret the remarks of others in a personal way” and “my feelings are easily hurt by ridicule or by the slighting remarks of others.” This scale was not analyzed due to scale errors, as the scale was improperly typed for the general population sample.

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (RSES) is a 10-item scale used to measure feelings of self-worth (Rosenberg, 1965). Items are rated using a 4-point scale with responses ranging from 1 (strongly disagree) to 4 (strongly agree). The scale included items such as “I feel I have a number of good qualities” and “I take a positive attitude towards myself.” This scale was not analyzed due to scale errors, as data from this scale was improperly inputted during data entry, making the researchers unable to analyze the BDSM sample.

Fear of Being Outed as a BDSM Practitioner Scale. The BDSM Fear of Being Outed Scale is a self-created 3-item scale used to measure a BDSM practitioner’s fear of being exposed as a BDSM practitioner to a variety of people. Items are rated using four response options including “very afraid”, “somewhat afraid”, “somewhat not afraid”, and “not afraid”. The scale includes “I have a fear of being outed to my family”, “I have a fear of being outed to my friends”, and “I have a fear of being outed at my work.” The general population did not complete this scale. All responses were summed to create a total score for fear of being outed ($\alpha_{\text{BDSM}} = 0.598$). However, the scale’s low reliability indicated that the items did not hang well together, so any findings should be interpreted with caution and should be used more as a guide for future research.

Procedure

BDSM population sample. BDSM participants were recruited from two lifestyle events in New Jersey and Maryland after obtaining permission from the event organizers. Attendees of these events had to be at least 18 in order to attend and had to have pre-purchased their tickets prior to the event starting. During the event, attendees were approached and asked if they would like to volunteer to participate in a psychology study focusing on the BDSM population. If they agreed, participants were then handed the questionnaire packet and instructed to read an informed consent paragraph on the first page. If they consented to participate, they continued with the questionnaire. Participants were told that they could cease participation at any time. Participant signatures were not collected on the implied consent forms in order to ensure anonymity. They were then handed a pen to use to fill out the questionnaire while the researcher stood nearby so they would be available for any questions. Once they completed the survey, participants were offered a slip of paper containing the implied consent as well as the researcher's contact information. Participants were then debriefed about the research topic and goals once they completed the survey. They were also asked not to talk about the purpose of the research until after the event was complete. This process was repeated at both events until the events officially ended. During the events, once the questionnaires were completed they were placed in a locked document box.

General population sample. One hundred participants were recruited using Amazon's Mechanical Turk to complete a questionnaire using Qualtrics.com for minimal compensation. They were administered the same questionnaire as the BDSM participants except that they were asked if they considered themselves BDSM practitioners. If they did, their data was not included in the study. They also did not receive the BDSM-specific demographic questions or the Fear of

Being Outed as a BDSM Practitioner Scale. Once they agreed to participate, they read the same implied consent as the BDSM participants and went on to complete the survey. They were able to cease participation at any time and earned partial compensation.

Results

Independent Samples *t*-tests

Independent samples *t*-tests were conducted for all the scales to compare the BDSM practitioners and the general population on our variables of interest. These were performed with the Statistical Package for Social Sciences (SPSS).

As expected, there were significant differences in anxiety and depression when the BDSM and general population samples were compared. The test for depression indicated that there was a significant difference, $t(155) = -3.99, p < 0.001$, where BDSM practitioners ($M = 55.79, SD = 11.12$) scored higher than the general population ($M = 44.05, SD = 22.63$). Results also indicated that there was a significant difference in physical anxiety, $t(149.96) = -2.98, p = 0.003$, where BDSM practitioners ($M = 12.43, SD = 7.76$) scored higher than the general population ($M = 7.87, SD = 11.50$). This means that the BDSM population had higher levels of physical anxiety, which is characterized by symptoms such as sweaty palms and difficulty breathing. In contrast, there was no significant difference in social interaction anxiety between the general population and the BDSM practitioners, $t(152) = 0.12, p = 0.92$. This indicates that in new or regular social situations, neither the general population or BDSM practitioners have more difficulty talking to or being around people.

The BDSM practitioners and the general population had significantly different results on impulsivity, risk-taking, and sensation seeking. Results indicated that there was a significant difference in impulsivity, risk-taking, and sensation seeking, $t(158) = -11.79, p < 0.001$, where

BDSM practitioners ($M = 30.53$, $SD = 5.86$) scored higher than the general population ($M = 18.50$, $SD = 6.88$). This supports the hypothesis that BDSM practitioners seek out more new sensations, take more risks, and behave more impulsively than the general population.

Additionally, results indicated that there was a significant difference in reassurance seeking between the two groups, $t(155.66) = -2.47$, $p = 0.02$, where BDSM practitioners ($M = 90.35$, $SD = 23.76$) scored higher than the general population ($M = 79.81$, $SD = 29.79$). This result indicates that BDSM practitioners seek out reassurance more than the general population in an array of different every day and novel situations.

Lastly, we examined potential differences in sexual narcissism as measured by the subscales for sexual exploitation, sexual entitlement, sexual skill, and lack of sexual empathy. There was no significant difference in sexual exploitation, $t(147.78) = -.41$, $p = 0.68$, or sexual entitlement, $t(157) = 0.24$, $p = 0.81$, between the general population and the BDSM practitioners. Results did, however, indicate that there was a significant difference in lack of sexual empathy between BDSM practitioners and the general population, $t(149.68) = 3.03$, $p = .003$, where the general population ($M = 9.11$, $SD = 3.87$) scored higher than BDSM practitioners ($M = 7.55$, $SD = 2.61$). The higher score of the general population means that they actually have less sexual empathy than BDSM practitioners. There was also a significant difference in sexual skill, $t(153.66) = -5.51$, $p < 0.01$, where BDSM practitioners ($M = 18.41$, $SD = 4.20$) scored higher than the general population ($M = 14.05$, $SD = 5.76$). This shows that BDSM practitioners have higher confidence in their sexual skills than the general population. These results indicate that while the BDSM practitioners and general population differ in their beliefs about their sexual skill and also the levels of sexual empathy they have for their partners, neither group feels like they have more of a right to sex or that they can do whatever they want in order to get it.

Secondary Analyses: Correlations

We conducted some secondary analyses on the self-created Fear of Being Outed as a BDSM Practitioner Scale. Pearson Correlation analyses were performed to test if there were relationships between a fear of being outed, depression, and anxiety. These correlations include only the BDSM sample as the general population was excluded because they did not complete the Fear of Being Outed as a BDSM Practitioner Scale.

First, we assessed whether there was comorbidity between depression and anxiety among the BDSM population. Results showed that there was a significant positive relationship between anxiety and depression, $r(70) = 0.36, p = 0.003$. As depression goes up, anxiety goes up. Comorbidity of anxiety and depression is common among the general population (Jacobson & Newman, 2017). These results show that similar comorbidity is present in the BDSM population.

Next, we assessed whether fear of being outed was associated with anxiety and depression among the BDSM population. There was a significant positive relationship between anxiety and a fear of being outed, $r(72) = 0.41, p < 0.001$. As fear of being outed increases, anxiety also increases. This indicates that anxiety and fear of being outed are related to each other. There was also a significant positive relationship between depression and a fear of being outed, $r(68) = 0.34, p = 0.005$. As fear of being outed goes up, depression also increases. This also indicates that fear of being outed and depression are related. This connection between a fear of being outed with anxiety and depression could have a significant impact on BDSM practitioners' daily lives.

Discussion

The purpose of this study was to gather information about the BDSM population in order to compare the BDSM population and the general population. It was hypothesized that there

would be demographic and psychological differences between the two populations. Overall, the results mostly supported the hypothesis.

Differences found included an increased amount of physical anxiety and depression in the BDSM sample. These traits have been linked together prior to the current study and they are also more prevalent in the LGBTQ community (Cochran, Björkenstam, & Mays, 2017). From the demographics reported by the BDSM sample, there is quite a bit of overlap between the BDSM and LGBTQ communities. Much of the BDSM sample identified as a part of the LGBTQ community while a majority of the general population identified as heterosexual, which could contribute to the similarity between the BDSM and LGBTQ communities when it comes to higher anxiety and depression. The fear of being outed and the stigmatization that comes from being a minority within the general population could also play a role in this statistical difference between the BDSM sample and the general population.

In contrast, there was no difference in social anxiety between the two samples. This is an interesting similarity between BDSM practitioners and the general population. One explanation for this difference is that while BDSM practitioners fear being outed and stigmatized by the general population and this could cause higher physical anxiety, they are not necessarily afraid of socializing with the general population or others who identify as BDSM practitioners.

The risky, yet consensual, behaviors that the BDSM population partake in could also be a contributing factor in some of the observed psychological differences. Many participants mentioned that during BDSM events they would normally feel quite a few of the physical anxiety symptoms and they were actually sensations they sought out. Participants were instructed to respond to the scale based on their everyday life and not feelings at events, however, it is possible that some did not follow instructions completely. These risky activities could also play a

part in the higher levels of impulsivity, sensation seeking, and risk-taking in the BDSM sample. While collecting data at the BDSM events, there were many consensual activities witnessed ranging from bondage to role-played kidnappings. These activities are higher risk and cause more novelty sensations than common activities someone does in their free time such as hiking or reading. It may not, however, contribute to higher impulsivity. Within the BDSM community consent is paramount, which indicates that the risky activities they partake in are not impulsive due to the consent negotiations that happen before actually performing one of the risky activities.

Another interesting result was the significant differences on the lack of sexual empathy and sexual skill subscales of the sexual narcissism scale. It is likely that the BDSM sample scored higher on sexual skill because sex is a normal topic of conversation. During the BDSM lifestyle events, it became clear to the researcher that BDSM practitioners tend to be open about their wants and needs when it comes to sex. This openness to communicate may be a contributing factor for the higher confidence in their sexual skill. This open communication could also play a part in the higher levels of sexual empathy due to BDSM practitioners possibly focusing more on the wants and needs of their partners more than an average person would.

There were also two interesting non-significant results from the subscales of the sexual narcissism scale. The BDSM practitioners and the general population did not have significant differences in sexual entitlement or sexual exploitation. This may be surprising due to the stigma surrounding the BDSM population, but this result actually indicates that they are not different from the general population in these two aspects of sexual narcissism. With the popularity of *50 Shades of Grey*, the general population may think that BDSM practitioners are more sexually entitled and exploitative due to the inaccurate representation of BDSM, but this research shows

that is not the case and further demonstrates why future research along these lines is so important.

BDSM practitioners' general fear of being outed and its correlation with anxiety and depression also demonstrates the importance of additional research. The correlation between higher anxiety and depression with a fear of being outed could affect daily life for BDSM practitioners. Because the Fear of Being Outed as a BDSM Practitioner Scale did not have high reliability, future research should focus on developing a more reliable scale to measure this important relationship between the co-occurrence of fear of being outed and anxiety and depression.

Limitations

This study was not without limitations. For example, the privacy surrounding the BDSM population made it difficult to find events and people willing to participate. The length of the survey also limited our sample size because people did not want to fill out such a long survey in the middle of an event. The fact that research happened during events also posed a challenge due to attendees being too busy with the event itself. Some participants seemed unsure of an undergraduate researcher being at the event and this could have affected their answers or their willingness to participate. Not all BDSM practitioners go to events either, so this sample is solely based on BDSM practitioners who do attend events, which may have affected the data. The higher education level of the BDSM sample could also impact who can attend these events. The events are expensive, and this could limit who can attend to only BDSM practitioners of higher education and socioeconomic status. Participants were also mostly comprised of white males, which limits the ability to generalize the future findings to the BDSM population as a whole.

There were also three scale errors which affected the researcher's ability to fully analyze the results of the study. The NPI-16 as well as the HSNS were mistyped when creating the digital version of the scales for the general population sample. With the self-esteem scale, there was a data entry error that could not be corrected. These errors made it impossible to analyze for differences in grandiose narcissism, vulnerable narcissism, and self-esteem between the general population and BDSM practitioners.

Future Directions

BDSM is a widely understudied sexuality and lifestyle. Due to the scarcity of published research on the BDSM population, there are still many things to study and an overabundance of possible future research paths. The results of this study provide many new avenues for future research to continue growing the research literature on BDSM.

From the demographic information currently gathered about the BDSM population, it can be inferred that this particular sample seems highly educated. Over a quarter of the sample held a master's degree or higher; with a quarter of the sample only completing some college or high school. Future research could explore if this difference between education levels is still present in samples that include more participants. The percent that were practicing consensual non-monogamy (CNM) was also interesting because the United States is thought to be a monogamous society. This could lead to a future research question on why the BDSM population seems to be more open to CNM relationships and what those relationships mean to them. Studying the possible benefits of CNM on those who choose that relationship style would also be a possible direction for future research. CNM is based on the ability to love and care for more than one romantic partner at a time without taking anything away from the individual

relationships. It is possible that this ability to openly have feelings for another person and not be shamed for those emotions could positively impact those who practice CNM.

Another research goal is to further examine how prevalent BDSM is among the general population. It was found during collecting the general population data that 11% of data collected had to be discarded because people identified as BDSM practitioners. This was more than expected and showed that it may be possible to do BDSM research using Amazon's Mturk to collect data for both BDSM and general population samples

Future directions could also include researching a possible relationship between the consent culture present in BDSM and the higher levels of sexual empathy. The bedrock of the BDSM community is consent and open communication, so this belief in getting consent for even basic things such as a hug could influence the higher levels of sexual empathy the BDSM sample had. There is a strong belief that people have the right to say "no" and for it to be honored and not questioned when it comes to sexual or BDSM activities. This ability to empathize and honor a person's control over their experiences and body may be the reason for the differences in sexual empathy and can be explored during future research.

Implications and Conclusion

This study provided some basic, but necessary, information about BDSM practitioners. The information found can now be used to better understand this population and provide better mental health care. There is an absence of published research focusing on the BDSM population and this leads to a lack of knowledge. This study will be able to offer more information to mental health practitioners by providing them information about BDSM practitioners. They will now have access to research that shows that BDSM practitioners are more likely to experience depression and physical anxiety, but not social interaction anxiety, for example. This baseline

information will contribute to mental health care and hopefully allow BDSM practitioners to access care from informed, open-minded health care providers.

Another implication from this study is that the BDSM lifestyle is prevalent among the general population and is not as uncommon as one may think. This is demonstrated by the number of BDSM practitioners that had to be excluded from the Mturk sample and also the high number of attendees at the BDSM lifestyle events. This prevalence reiterates just how necessary this research is in order to gain more information about these practitioners. It is possible that the similarities between the general population and the BDSM population and the realization that it is more prevalent than originally thought, could help destigmatize this alternative lifestyle.

The current research has given a foundation for future research and has prompted future investigation into the BDSM lifestyle. This understudied yet prevalent lifestyle has become a topic of household conversation, as evidenced by the popularity of the *50 Shades* books and movies. It is imperative to further build on this research to provide not only better mental healthcare, but better medical care as a whole. There are still many questions left unanswered that will guide future research and allow more light to be shed on BDSM practitioners, but this research has started to bridge the gap in care.

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