ABSTRACT

Title of Dissertation: "YOU'RE GOING TO HAVE TO HAVE BRASS BALLS TO FUCK WITH US": A DESCRIPTIVE PHENOMENOLOGICAL INVESTIGATION OF THE EXPERIENCE OF STIGMA AMONG FULL TIME CONSENSUAL POWER EXCHANGE BDSM PRACTITIONERS

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Full-time consensual power exchange (FTCPE) refers to structured relationships in which one partner consensually transfers authority to another in daily life, expanding on practices common within the BDSM (Bondage & discipline, dominance & submission, and sadism & masochism) community. Despite the increased visibility of BDSM in the cultural landscape of the United States, FTCPE practitioners remain highly stigmatized, yet limited prior research has explored their lived experiences of stigma. This study addresses this gap using Giorgi's (2009) descriptive phenomenological method to examine the essential nature of FTCPE stigma. Nineteen FTCPE practitioners participated in semi-structured interviews, revealing the fundamental experience of FTCPE stigma to be a complex interaction along a continuum of otherness and resistance. Four major themes emerged: Otherness, Intracommunity Conflict and Intersectionality, Concealment, and Resistance. Findings highlight otherness as a feeling of ostracization and being misunderstood reinforced both externally by societal disapproval and internally through expectations of rejection and shame. Intracommunity otherness emerged at identity intersections, particularly around race, gender, and body/ability, compounding feelings

of marginalization. Concealment functioned ambiguously as both a reinforcement of otherness and a coping mechanism increasing resistance. Resistance manifested through projections of strength, minimization, and education, allowing practitioners to reclaim identity but also invited further stigma through increased visibility. Family, healthcare, and community settings operated ambiguously as key sources of both otherness and resistance. Critical insights for FTCPE/BDSM community leaders and practitioners, as well as clinical implications and future research directions for mental health professionals and BDSM researchers, are discussed. De-pathologizing FTCPE and BDSM is synonymous with investigating stigma-based negative physical and mental health outcomes.

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Table of Contents

List of Tables

List of Figures

List of Abbreviations

Abbreviation	Definition
BDSM	Bondage & Discipline, Domination & Submission, Sadism & Masochism
FTCPE	Full-Time Consensual Power Exchange
TPE	Total Power Exchange
CNM	Consensual Non-Monogamy
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
LGBT	Lesbian, Gay, Bisexual, Transgender
LGB	Lesbian, Gay, Bisexual
MST	Minority Stress Theory
SSC	Safe, Sane, Consensual
RACK	Risk-Aware Consensual Kink
DSM	Diagnostic and Statistical Manual of Mental Disorders

Introduction

Statement of Purpose

Bondage and discipline, dominance and submission, and sadism and masochism, or BDSM, is a term used to describe a wide-ranging set of non-normative consensual activities, practices, positions, and relationship structures (Carlström, 2017; Turley & Butt; 2015). Key dimensions of BDSM and/or kink identity have been shown to include the eroticization of power exchange and dynamics, involvement in community, the intertwining of sex and intense physical sensations (e.g. pain, sensual touch), and altered states of consciousness of "headspaces" brought on by BDSM activities (Vivid et al., 2020). In academic literature, BDSM fits underneath the larger umbrella of "kink," which refers to any non-conventional sexual practice or fantasy (Shahbaz & Chirinos, 2016); however, some have argued that the term "kink," having been developed by the community nearly 100 years ago (Bienvenu, 1998), is a more respectful term for the community, whereas BDSM was developed by scholars and researchers (Vivid et al., 2020). In practice they have been used interchangeably (Simula, 2019), and to avoid confusion in the current research, the term BDSM will be used to refer to a specific kink subculture, based on the dimensions described above, that exists underneath the broader umbrella of kink.

BDSM is experienced variously by its practitioners as a sexual identity, lifestyle, community, activity, or as a fantasy, including among asexual people with non-sexual relationship dynamics (Kolmes et al., 2006). A fundamental component of most BDSM practice is the eroticized exchange of power between two or more consenting partners, often referred to as an "erotic power exchange" (Landridge & Butt, 2005). Generally speaking, one partner represents the dominant role (e.g. "Top") and the other represents the submissive role (e.g. "bottom") within the erotic power exchange, and the specific activities within a given

relationship vary widely, limited only by the fantasies of the participants (Turley, 2018; Turley & Butt, 2015). A third role, often known as "switch," refers to an individual who moves freely between roles based on partner, situation, or preference (Simula, 2019).[1] Full-time consensual power exchange (FTCPE) refers to a subcultural population within the larger constellation of kink and BDSM who engage in power exchange on a functionally permanent basis without interruption (Kaldera, 2010). In academic and non-academic literature, FTCPE practices go by many names, including total power exchange (TPE), 24/7 BDSM, Master/slave, authority transfer, and more (Cascalheria et al., 2022; Kaldera, 2010; Ortmann & Sprott, 2012), and there is currently no consensus on which term best describes this minimally researched population. In this paper I will be introducing FTCPE to the literature as I believe it: (1) offers the most conceptual clarity to describe the population to those unfamiliar with the community, (2) uses language from the community to generate the term (Williams & Williams, 2022), and (3) creates an umbrella term under which the various labels and subtle differences in FTCPE practice can be contained. There remains a significant dearth of research on FTCPE practitioners (Cascalheria et al., 2022).

Historically, the practice of BDSM has been stigmatized as pathological, sexually deviant, and anti-feminist (Dworkin, 1974; Linden et al., 1982). Those who practice BDSM have faced various forms of marginalization by medical and mental health professionals as well as society at large, including discrimination, violence, loss of child custody, and loss of jobs and promotions as a result of their sexual activities being revealed (Klein & Moser, 2006; Wright, 2006). Therefore, concealment and/or disclosure of BDSM practice is a strategic decision for individuals involved in BDSM attempting to avoid stigma (Bezreh et al., 2012; Brown, 2010). As

[1] Following BDSM community conventions, Dominant roles are capitalized and submissive roles are not capitalized.

a subpopulation that is even less researched and understood, stigma may be even more prominent among full-time power exchange practitioners, whose relationships and identities may extend outside the bedroom into the public where they may face increased scrutiny and rejection (Cascalheria et al., 2022; Kaldera, 2010).

Recently, there has been increased research attention on BDSM practices and communities, including the demographics and personality characteristics of BDSM practitioners (e.g., Brown et al., 2020; Dahl et al., 2023; Holvoet et al., 2017), effects of BDSM activities (e.g., Sagarin et al., 2009; Wuyts & Morrens, 2022), and the function of BDSM communities (e.g., Graham et al., 2016). However, numerous blind spots remain in our understanding of BDSM practitioners' experiences. First, an over-emphasis on kink activities in research has resulted in synonymizing BDSM with individual sexual pleasure, which Hammack et al. (2019) argue delegitimizes BDSM relationships, in turn leading to a lack of focus in the literature on BDSM relationship structures and experiences. Biased researcher focus on kink activities and sexual practice has created gaps in our knowledge and understanding of the totality of the BDSM practitioner experience, which has negative conceptual and practical consequences for research and clinical practice (Cutler et al, 2020).

Additionally, although stigma is gaining attention across scientific disciplines, it is only recently that researchers have started exploring the unique experiences of stigma among the BDSM practitioner population (Hoff & Sprott, 2017; Ling et al, 2022). Stigma is a fundamental component necessary for understanding health and health disparities experienced by sexual minority populations (Hatzenbuehler et al., 2013; Meyer, 2003; Meyer & Frost, 2013). Although there is disagreement in the literature over whether BDSM practitioners represent a specific sexual minority or a broader subcultural category (see Identity section, in this chapter), secrecy

and concealment behaviors, both of which are engaged by sexual minorities to reduce incidence of stigma, are also used by BDSM practitioners to avoid shame and discrimination by dominant social groups (Brown, 2010). Given our understanding of the negative health consequences of stigma, including those related to shame and concealment, it is essential to deepen our knowledge of these topics to better understand and support the needs of the BDSM practitioner population.

Although there are many extant studies and theories that describe the experiences of stigma and its role in the lives of sexual minorities (Christie, 2021; Herek, 2009; Jackson et al., 2020; Mink et al., 2014; Meyer, 2003; Rostosky et al., 2022; Shangani et al., 2020), we currently have a limited understanding of the stigmatized experiences of BDSM practitioners – especially those in full-time consensual power exchange relationships – and the fundamental ways in which these experiences may differ from other stigmatized experiences. The purpose of the present study is to begin to rectify these gaps by using a descriptive phenomenological approach to describe and detail how stigma is experienced by BDSM practitioners in full-time power exchange relationships. The experiences described in this study showcased where, what, and how these stigmatized experiences occur for BDSM practitioners who engage in full-time consensual power exchanges.

Rationale for the Study

Prevalence and Breadth

People who casually engage in kinky behaviors consistent with BDSM (e.g., spanking, whipping, humiliation, degradation) and those who self-identify as BDSM practitioners and/or as a part of the BDSM community represent two overlapping but distinct populations (Sprott & Williams, 2019). In studies of the general population using non-probability sampling, roughly

45-60% of participants reported fantasies involving some sort of dominance and submission, and roughly 30% reported fantasies about whipping and spanking (Joyal et al., 2015; Jozifkova, 2018). In another non-probability sample of the general population in the Republic of Cyprus (*n* = 1,026), 70% of participants reported finding at least one aggressive or humiliating sexual act desirable, and roughly half reported desire for at least three acts (Apostolou & Khalil, 2019). In 2017, a nationally representative probability sample showed that 21.1% of U.S. adults reported some form of bondage in their regular sexual behaviors, 31.9% had engaged in spanking, and 15% had whipped or been whipped playfully in their lifetime (Herbenick et al., 2017).

Limited data exists that details the number of people who self-report BDSM and/or kink as a central part of their identity, sexuality, or community. A recent international study of 810 BDSM practitioners showed that BDSM is practiced globally by a demographically heterogenous group – in other words, BDSM is practiced by people all ages, genders, sexual orientations, socioeconomic statues, education levels, and relationship statuses (Westlake & Mahan, 2023). The researchers also found that motivations for practicing BDSM varied widely among participants (i.e. enjoyment, sex, BDSM needs, mental health, personal growth, and connection), and that demographic variables were generally poor predictors of motivation to engage in BDSM. Another study featuring a representative Belgian sample (*n* = 1,027) found that 46.8% of participants had experienced BDSM-related activities in their lifetime, 12.5% engaged in BDSM on a regular basis, and 7.6% identified as "BDSM practitioners" (Holvoet et al., 2017). Although helpful, these data do not provide a comprehensive understanding of the percentage of people who identify as BDSM practitioners. Moreover, it is difficult to identify samples that allow for the identification of subpopulations with BDSM populations, such as those who participate in full-time consensual power exchange relationships, although some research

suggests between 27.5-43% of BDSM practitioners have engaged in a 24/7 BDSM practice (Gemberling et al., 2015; Rogak & Connor, 2018). Although likely, it is unknown to what degree this subgroup would identify BDSM practice as a major part of their identity and/or sexuality.

The consensus one can garner from the current literature is that BDSM behavior is prevalent, but BDSM practitioners who indicate kink and BDSM as being fundamental to their identities, relationships, and sexuality represent a smaller and unique subculture, which itself may or may not include those who engage in full-time consensual power exchange (Kaldera, 2010; Sprott & Williams, 2019; Simula, 2019). The lack of data on the full-time consensual power exchange practitioners is not surprising given the histories of stigma and concealment that surround this population. Consequently, the lack of prevalence data also contributes to the continued lack of research in this area. One fundamental goal of the current study is to progress scientific and conceptual understanding of this community and their experiences of stigma to advance future research and practice.

Although there is a lack of prevalence data on BDSM practitioners, qualitative studies and ethnographic fieldwork suggest that BDSM communities exist around the world (further supported by Westlake & Mahan, 2023) and are found in every state and major city across the United States, from urban metropolises to rural communities (Kleinplatz & Moser, 2006; Moser & Kleinplatz, 2006). As Brown (2010, p. 8), describes, “they meet in flashy fetish clubs, calm family restaurants, library basements, and private homes. Like many subcultures, the BDSM subculture is prevalent almost everywhere, but typically goes unnoticed.” Although some evidence suggests that BDSM is a relatively homogenous group – white, highly educated, middle or upper-class professionals (Langdridge & Barker, 2007; Sandnabba et al., 2002;) – it should be understood that the majority of research utilizes data from Western participants (Turley, 2018),

and are thus subject to selection bias. For example, Sheff & Hammers (2011) found that the majority of attendees at BDSM events, conferences, meetings, and "play parties" were White, but this is likely reflective of the financial cost of accessing these environments, purchasing appropriate toys and clothes, and fears associated with navigating stigma related to intersecting identities (e.g., race, queerness, and kink) (Erickson et al., 2022; Turley, 2018).

Within its various overlapping subcultures, there is room for any sexual orientation, gender expression, body type, ability, or sexual inclination (Brown, 2010; Moser & Kleinplatz, 2006, Weinberg, 2006). Monogamy, polyamory, and many forms of consensual non-monogamy are common and accepted relationship structures within the BDSM community (Simula, 2019). The diversity is wide-ranging – leather daddies, littles (i.e., adults who role play as children), bikers, pups (i.e., adults who role play as dogs), professional sex workers, and many more can be found together sharing company in BDSM spaces (Brown, 2010). Dominant sociocultural expectations about race, age, sex, gender, and power can be replaced in favor of experimentation and indulgence in the pleasures of physical pain and/or deprivation, power exchange, and role-plays that can extend beyond the bedroom – behavioral protocols, dress codes, chore charts, and other hierarchies of power that are fundamentally consensual among all partners and/or players (Brown, 2010). The wealth of different identities is immense – Dominant, Master, Top, submissive, slave, bottom, switch, Owner, pet, Handler, pup, Daddy, Mommy, baby girl/boy, user, furniture, fetishists, vampire, and many more – and each of these identities adds further complexity to a given individual and their process of disclosure and lifestyle (Hébert & Weaver, 2015; Nichols, 2006; Rogak & Connor, 2018).

Identity

There is disagreement in the literature over whether BDSM practitioners constitute a sexual minority category, as it remains an open question whether sexuality lies at the core of BDSM (Faccio et al., 2020; Moser, 2016). The plurality of possible satisfactory outcomes BDSM practice can deliver suggests a transcendence above traditional sexual outcomes (e.g., genital stimulation, orgasm) into a more complex experience of pleasure, containing a wide range of non-normative erotic interests as well as positive emotion-arousing interests and behaviors (Moser & Kleinplatz, 2007; Simula, 2019). Some theorists regard BDSM practice as a form of "serious leisure" in that it represents a devotion to the development of specialized skills and resources for an activity with specific benefits that do not always include inherently sexual or orgasmic pleasure (Newmahr, 2010, p. 318). From this vantage point, time, effort, money, and a learned skillset are all needed to make an unusual, but not "deviant," hobby or practice come to life, much in the way some people commit themselves to extreme sports (e.g. motocross, sky diving; Stebbins, 2017). One study of 935 BDSM practitioners found that the majority of BDSM practice met the criteria for leisure, and most seemed to function primarily as serious leisure (Williams et al., 2016). Wignall and McCormack's (2017) work on "pup play" and Hébert and Weaver's (2015) exploration of dominant and submissive roles have both provided further evidence for the serious leisure theory by showcasing the time, effort, and funds poured into developing a BDSM identity and learning how to perform that identity well.

Whether serious leisure is a better conceptual framing for BDSM than sexual orientation, it is worth understanding that the origins of the modern BDSM community and our understanding of non-normative "kink" practices more broadly are deeply intertwined with the experiences and history of the queer community, suggesting kink and BDSM can also be

understood as expressions of queerness (Sprott et al., 2018; Sprott et al., 2021). Regardless of the appropriate categorization, BDSM requires social spaces wherein individuals can be initiated into its fundamental rules and behaviors (Simula, 2019), and any group of people who identify similar interests and exchange desire, information, and techniques to make their practices safer and more pleasurable constitute a unique subcultural community worthy of exploration (Silva et al., 2013; Weiss, 2011).

BDSM Stigma

Existing research has shown that members of the BDSM community report various experiences of stigma specifically related to their practice, including social shame, healthcare bias, and legal system bias (Bezreh et al., 2012; Hoff & Sprott, 2009; Waldura et al., 2016). In a general sample of Belgians, researchers found that 86% of participants maintained stigmatizing beliefs about BDSM practice (e.g., "I wouldn't want someone who practices BDSM looking over my children," "people with BDSM interests have psychological issues;" Schuerwegen et al., 2020). Another recent study found that general population samples stigmatize BDSM practitioners more than non-BDSM practicing gay and lesbian populations and heterosexual people in non-BDSM romantic relationships (Hansen-Brown & Jefferson, 2023). These findings suggest that the BDSM community could benefit from the development of theory, research, and clinical approaches that appropriately contextualize, conceptualize, and address the impacts of stigma for BDSM populations.

Although there are analogous stigma and stress processes for the BDSM populations and various sexual minority (e.g., gay, lesbian, bisexual) subpopulations, there are distinct processes and experiences of those engaged in consensual power exchange that are not readily captured by the prevailing theories describing stigma and health for sexual minority people. One of the

fundamental theoretical models for understanding disparities in health outcomes for sexual minorities is Minority Stress Theory (MST), which suggests that sexual minority groups have worse mental health outcomes due to the various forms of stigma and discrimination they experience because of their marginalized sexual identity and/or behavior (Meyer, 2003). While a good-intentioned researcher or clinician might seek to apply this framework to the experiences of BDSM practitioners, the current research on BDSM practitioner mental health suggests that they do not have worse mental health outcomes than their non-BDSM practicing heterosexual peers and generally appear to be well-adjusted psychologically and socially (Connolly, 2006; Cross & Matheson, 2008; Richters et al., 2008; Weinberg, 2006). When considered in the context of the previously cited work on BDSM practitioner stigma, we begin to see that BDSM practitioners may have distinct processes that are likely idiosyncratic from sexual minority populations in ways we have yet to fully understand.

Some researchers and clinicians have already identified this uniqueness and have offered their own sets of research-informed guidelines for psychotherapeutic clinical practice (see Shahbaz and Chirinos, 2016; Sprott et al. 2023), but extensive evidence-based guidance for community leaders or clinical practices does not exist. Most available work is based on the limited BDSM-specific literature and anecdotal clinical expertise from a variety of experts (Shahbaz and Chirinos, 2016; Sprott et al. 2023), and although it provides a helpful starting point, significantly more work is needed. There remains a dearth of research describing the specific lived experiences of stigma in kink and BDSM subcultures, especially among those engaged in full-time consensual power exchange relationships. Without these descriptions, there may be idiosyncratic elements of the experience of stigma among individuals in consensual

power exchange relationships that are overlooked or misunderstood. This could lead to less competent and potentially harmful practices in clinical settings.

The Current Study

The present study seeks to express the essence of stigmatized experiences among BDSM practitioners who engage in full-time consensual power exchange relationships and in what contexts this stigma is experienced. Given that this study is exploratory in nature, I used a descriptive phenomenological philosophical framework derived from Husserl's transcendental phenomenological framework (1913/ 2014) to guide the study in theory and method. The primary reason for using this form of qualitative inquiry was to ensure that the unique essence of the target experience is not overshadowed by existing theories or expectations stemming from previous research on people who engage in BDSM behavior and/or sexual minorities. Instead, I wanted to focus attention on the lived experiences of BDSM practitioners in FTCPE relationships and derive a sense of the fundamental essence of that experience through rich description. This also means that the only theoretical framework being used in this exploration is descriptive phenomenology (Giorgi, 2009; Moustakas, 1994)

The research questions for this study are: (1) What is the essential nature of stigma among BDSM practitioners engaged in consensual power exchange relationships? and (2) What are the contexts in which these experiences occur? These questions are considered the fundamental questions within a descriptive phenomenological framework (Moustakas, 1994). Answers to these questions will help to reveal the fundamental essence of the experience of FTCPE stigma. I used Girogi's (2009) five-step descriptive phenomenology process to guide this study's methodology, and found four major themes, each with a variety of subthemes: (1) Otherness, (2) Intracommunity Conflict and Intersectionality, (3) Concealment, and (4)

Resistance (see Table B3, Appendix B; Figure C1, Appendix C). The fundamental essence of FTCPE stigma was a continuum of experience between otherness and resistance across intercommunity and intracommunity settings, informed by complex concealment practices (see Figure C2; Appendix C). I hope that the information revealed about the fundamental essence of the stigmatized experiences of FTCPE practitioners can be used to deepen our understanding of the essential nature of stigma for the FTCPE and broader BDSM community as well as provide guidance for FTCPE and BDSM practitioner individuals, couples, community leaders, and mental health practitioners working with members of this unique subpopulation.

Literature Review

The purpose of the current study is to reveal the essence of stigma experienced by BDSM practitioners who engage in full-time consensual power exchange relationships. In the following chapter I will review the literature related to the constructs of interests. First, I will explore the sociological construct of stigma and its various conceptual components, starting with the foundational work of Erving Goffman (1963). In the following sections, I will explore the association between stigma and health disparities between groups, focusing on health disparities between sexual minorities and the general population. Next, I will discuss Minority Stress Theory (MST; Meyer, 2003) and lay out the possible pathways to health disparity defined by the theory. The remainder of the chapter will feature an extensive literature review of BDSM, beginning with BDSM history and an exploration of BDSM's stigmatized place in modern culture, followed by a review of the scientific literature on BDSM and stigma. The chapter concludes with a review of the minimal available literature on full-time power exchange relationships.

Stigma

Stigma is a construct explored across many disciplines, including psychology, sociology, anthropology, history, and political science, covering many instantiations within and between social locations and experiences, including race, class, gender, mental health, and more (Eylem et al., 2020; Markowitz & Syverson, 2021). In his foundational text on the subject, Goffman (1963) describes stigma as an undesirable characteristic or mark that is "deeply discrediting" to an individual, leading to a disqualification of that individual from social acceptance and a separation from normal society (p. 3). Crucially, Goffman argues that no attribute is inherently discrediting, but instead, that stigma is dependent upon the dominant expectations of a given

social context and the fervor with which they are upheld. In other words, stigma stems from negative beliefs about a characteristic inconsistent with the expected norms of a social group (Stafford & Scott, 1986). Individuals with a stigmatized status "possess (or are believed to possess) some attribute that conveys a social identity that is devalued in a particular social context" (Crocker et al., 1998, p. 505).

Mere difference is not enough to trigger stigma, as human characteristics vary widely between individuals and groups, even in the context of expected norms. Instead, the target attribute needs to be connected to negative stereotypes, and it is this relationship that can be defined as stigma (Jones et al., 1984). There are many reasons why a negative stereotype may be attributed to a specific attribute, but the context within which that process occurs is fundamentally social and often evolves within a social unit, which can be defined in many ways based on the situation (e.g. a society, a culture, a town, a school, a family, etc.; Crocker et al., 1998). Often, social group members accept labels that have been applied and codified within their social group without consideration or challenge, taking these labels for granted as "just the way things are," (Link & Phelan, 2001, p. 367) which in turn adds weight and momentum to stereotypes, resulting in greater stigma (Link & Phelan, 2001). Stigmatized individuals are further pushed outside mainstream norms and society, making the assignment and maintenance of negative stereotypes more likely (Morone, 1997). Within these environments, internalized stigma, or self-stigma, occurs when in-group members internalize and apply the prejudicial viewpoints enforced by social norms to themselves, often leading to negative psychosocial and behavioral outcomes (Corrigan & Watson, 2002). Often, in-group members will attempt to rebuke or disprove these stigmatizing stereotypes. An example of this is the phenomenon of "John Henryism," a high-effort, active coping style observed among Black Americans, which is

both a resource for reducing depression but also a risk factor for stress, anxiety, and related chronic illnesses, such as hypertension (Hudson et al., 2016; James, 1994; Robinson & Tobin, 2021).

Associates of minoritized groups (i.e. those who are affiliated with minoritized individuals but are not a part of the minority group itself, e.g. allies of gay and lesbian people) can also experience stigma. Courtesy stigma (Goffman, 1963) and later associative stigma (Mehta & Farina, 1988), refer to the direct experience of stigma by those associated with a minoritized induvial. For example, the family or friends of a minoritized individual may face ostracization due to their closeness to the targeted individual (e.g. a father being ostracized at church when it is revealed his son is gay). Affiliate stigma refers to the internalization of stigma among associates which affects their well-being, leading to outcomes like shame and low self-worth similar to those outcomes experienced by the minoritized person (Mak & Cheung, 2008; Shi et al., 2019). Using the same example, ostracized associates of a minoritized induvial may start to internalize negative beliefs about themselves (e.g. the ostracized father of a gay son thinking, “Maybe I am a bad father for raising a gay son”).

Link and Phelan (2001) further identified that stigma arises at three different levels of abstraction: (a) structural (e.g. laws), (b) interpersonal (e.g. victimization), and (c) individual (e.g. self-stigma). However, most of the research on outcomes related to stigma has focused on the mental health consequences of interpersonal and individual stigma (Major & O’Brien, 2005), with limited work being done identifying the mental health consequences of structural stigma, which includes societal-level conditions, cultural norms, and institutionalized policies and practices that limit the freedoms of minority populations (Hatzenbuehler & Link, 2014). Pachankis et al. (2021) explain that this is largely due to a lack of available datasets containing

information on varying forms of structural stigma across geographic locations which could be used to predict mental health outcomes. Similarly, very few datasets contain information from individuals who have moved across different contexts of structural stigma (e.g., migrants who have lived in multiple countries). As such, much of what we understand about stigma is shaped by how we have studied and

Components of Stigma: Goffman

Goffman defines three categories of stigma: *abominations of the body* (e.g., physical deformities), blemishes of individual character perceived as *weak of will* (e.g., mental illness, homosexuality, addiction, unemployment, and "unnatural passions" (p. 4)), and *tribal stigma* (e.g., nation, race, or religion). Link and Phelan (2001) extend these ideas by proposing that stigma is not only about a type of stereotyped attribute but the degree to which an individual is perceived to possess or display that attribute. Colorism (Charles, 2021) and stereotypes about gay affect (e.g. "gay-sounding" voices, see: Daniele et al., 2020; Fasoli et al., 2021) are both examples of stigmatized attributes that exist on a gradient, causing individuals who espouse or express these characteristics to a greater degree to experience more prejudice than others.

Goffman's ideas sparked extensive research and literature on the nature and consequences of stigma. Sociologists have specified the various components of stigma as labeling, stereotyping, separation, status loss, discrimination, and (later) emotional reaction, all of which are exerted when there are power differentials between the dominant and stigmatized group (Link & Phelan, 2001; Link et al., 2004). *Labeling* refers to the social selection process of identifying "differences that will matter," generally resulting in vast oversimplifications of group identity that are accepted at face value (Link & Phelan, 2001, p. 367). *Stereotyping* is the most salient component of stigma in the existing literature, referring to the generalization of attributes

related to a label (e.g. all "mental patients" are dangerous). Stereotypes allow for automatic and efficient categorization of individuals but perpetuate inaccurate and harmful information (Link & Phelan, 2001). The next component, *separation*, denotes a rift between the dominant and stigmatized – "us" and "them" – for which labeling and stereotyping are the rationale (Link & Phelan, 2001, p. 370; Morone, 1997).

Downstream of separation are status loss and discrimination, as experienced by the stigmatized individual. *Status loss* refers to how individuals are pushed down the social status hierarchy because of their stigmatized attribute(s) (Link & Phelan, 2001). Even in small groups of unacquainted people, stereotypes about race and gender influence the development of status hierarchies even when external status has no bearing on the assigned group task (Mullen et al., 1989). *Discrimination* can occur between individuals based on stereotypes associated with stigmatized characteristics (Major & O'Brien, 2005), or between individuals and institutions that impose structural disadvantages against specific groups defined by undesirable attributes (Carmicheal & Hamilton, 1967/1992). Discrimination leads to unfair and undesirable outcomes, such as job loss or denial of a promotion based purely on group identity. Lastly, *emotional reaction* refers to how stigmatization will likely be associated with feelings of anger, irritation, anxiety, pity, and fear of the "other" in the stigmatizer, and shame, embarrassment, fear, anger, and alienation in the stigmatized (Linket al., 2004).

The definitions of these components continue to evolve, with more recent work suggesting that stigma happens only to individuals, not groups, and only if there is labeling, negative stereotyping, linguistic separation (i.e. targeting someone by name), and power asymmetry (Andersen et al., 2022). Andersen et al. (2022) argue several points, including that (1) status loss is redundant with labeling and stereotyping, (2) discrimination is too imprecise of a

term to be meaningful, and (3) negative emotional reactions are not necessary for stigma to exist and have negative impacts. For example, if a gay man was fired from his job solely because his boss did not like his sexual orientation, he would not need to experience an internal negative emotional reaction to this situation for stigma to have occurred. This nuance of stigma is likely important to consider when researching minoritized groups who can mask their identities and have a well-documented history of concealment behaviors, such as BDSM practitioners (Bezreh et al., 2012).

Elsewhere, social psychologists have focused on identifying the ways in which devaluation resulting from various dimensions of stigma, including prejudice, discrimination, and stereotypes, result in worse interpersonal and economic outcomes for stigmatized individuals (Crocker & Major, 1989). The actual effect of stigma on individuals can vary widely, depending on several factors including the individual's group identification and sensitivity to discrimination (Branscombe et al., 1999; Major & O'Brien, 2005). In general, stigmatized individuals may experience compromises in their quality of life (Rosenfield, 1997), including increased helplessness, despondency, depression, as well as low self-worth and self-esteem (Abramson et al., 1989; Link et al., 1997; Wright et al., 2000). It is generally accepted that stigmatization can negatively impact individual well-being (Markowitz, 1998). However, as described above, these outcomes are context-dependent, and some researchers have come to radically different conclusions. For example, Crocker et al. (1994) suggested that stigmatization may lead to increased self-esteem as a righteous response to discrimination.

Goffman (1963) also identifies some stigmatized identities as "invisible" (e.g. sexual orientation, some illness or disability statuses, religious or political affiliations in certain contexts, etc.) and notes that attempts to conceal these identities or determine when and where it

is appropriate to disclose them can result in physical strain and stress. Fears of being misjudged or rejected by the group can lead to feelings of isolation and shame, and individuals with stigmatized identities will often try to avoid these outcomes by concealing their identities (Goffman, 1963; Stenger & Roulet, 2018). Unique actions taken by stigmatized individuals motivated by the desire to avoid stigma include: (1) *shamming*, or the bending of the truth to avoid disclosure (e.g. lying by omission, such as deliberately not identifying your partner's gender if you are in a same sex relationship), (2) *distance*, or the act of stepping away from social situations that might lead to or require someone to reveal or disclose some aspect of their stigmatized identity, and (3) *normification*, in which an individual with a stigmatized identity discloses some details about their stigmatized identity while intentionally attempting to present themselves as normal to downplay the importance of their stigmatized identity (Goffman, 1963; Woods, 1994). All three approaches have downsides – *shamming* forces the individual to maintain a lie or obfuscation indefinitely, creating confusion, self-doubt, low-self-esteem, and stress; *distance* can result in weak social ties which may impact many others areas of life, such as failing to establish the necessary intimate ties in workplace relationships to generate career benefits (Rumens, 2008); and *normification* requires the stigmatized individual to collude with existing prejudices, possibly increasing internalized stigma (for example, see Stenger & Roulet, 2018). Similar to sexual orientation, BDSM represents an invisible identity for most practitioners, and one that is incentivized to stay hidden (Simula, 2019; Weiss, 2006). As a result, there may be unique experiences of stigma in the BDSM community through which stigma does or does not impart health concerns.

Beyond Goffman: Categorical and Dimensional Frameworks of Stigma

Goffman's seminal work laid the groundwork for stigma research in social sciences; however, other researchers and theorists have sought to reconceptualize stigma in a variety of ways, adding depth and complexity to our understanding of the phenomenon. For example, Kurzba and Leary (2001) moved away from a focus on the devaluation of individual identity and toward a conceptualization of stigma grounded in evolutionary theory. The authors proposed that stigma is a psychological phenomenon selected for by natural selection that solves a variety of problems that stem from sociality. These cognitive adaptations include avoidance of high-risk/ poor social exchange partners, drive to cooperate with one's ingroup to achieve improved leverage and exploitation of competitive outgroups, and avoidance of contact with those who are more likely to carry communicable pathogens or parasites (Kurzba & Leary, 2001). Uniquely, this theory explains why stigma manifests in most, if not all, world cultures, and why members of a particular ingroup tend to agree on who is and is not stigmatized. The groups who effectively stigmatize others avoid the negative outcomes of being exploited or destroyed (by violence or disease) by another group. Beyond Goffman, it gives a more fundamental evolutionary explanation for stigma's role in solving domain-specific adaptive problems in a given environment.

In comparing research on conceptual models of stigma and prejudice, Phelan et al. (2008) found many commonalities that led them to a typology of the three functions of stigma and prejudice: (a) exploitation and/or domination meant to keep minority groups down (e.g., ideologies which perpetuate inequalities in worth, power, labor, etc.); (b) enforcement of social norms for force conformity, centralizing power around the dominant group (e.g., the labeling of homosexuality as deviant, social ostracization related to body size or smoking); and (c)

avoidance of disease (e.g., avoiding or ostracizing someone with physical deformities due to a disgust response rooted in fear of contracting disease), drawing on the work of Kurzba and Leary (2001).

The stereotype content model (Fiske et al., 2002) is another categorical model that utilizes perceptions of marginalized groups along dimensions of warmth and competence to define consistent stereotype categories. For example, people with disabilities may often be perceived as high in warmth and low in competence, leading to a more paternalistic form of stereotyping prejudice, whereas homeless people who use drugs may be perceived as low warmth and low competence, leading to greater contempt and avoidance.

Other authors have attempted to use dimensional conceptualization to identify how stigmas differ along various continua and the implications of those differences. Famously, Jones et al. (1984) developed a six-dimension model along which all stigmas vary – *concealability, course, disruptiveness, aesthetics, origin,* and *peril*.

Concealability is the degree to which a stigmatized attribute is visible to others. Although many studies have shown that concealable stigma status is associated with a variety of negative social and mental health outcomes including social isolation and increased negative affect (Chaudior et al., 2013), some other studies suggest benefits to "passing" as normal, including better self-reported mental health among gay men who did not disclose their sexual orientation to others (Pachankis et al., 2015) and better social adjustment among children with congenital heart disease versus those with facial scars, despite the fact that the children with heart disease had significantly greater functional limitations (Goldberg, 1974).

Course refers to the degree to which the stigma persists over time, and is likely a modifier of existing experiences of stigma. For example, increased length of unemployment has

been shown to be associated with increased negative bias toward an unemployed person (Clark et al, 2001). *Disruptiveness* refers to the degree to which a stigmatized status interferes with or obstructs the smoothness of social interactions, such as how the introduction of a person in a wheelchair in certain social situations may be unfamiliar and possibly destabilizing, especially for non-stigmatized individuals who do not know how to react due to a lack of knowledge (Helb et al., 2000). *Aesthetics* concerns the degree to which a stigmatized identity evokes disgust and is again associated with the work of Kurzba and Leary (2001) in that the disgust is theorized to be rooted in pathogen-detection. However, Jones et al. (1984) further theorized that this low-resolution system of pathogen-detection is likely overgeneralized to incorporate non-contagious physical traits, and further, dovetails with research on general attractiveness, which has shown that positive attitudes toward people are associated more greater reported physical attractiveness (Eagly et al., 1991). *Peril* refers to the potential threat posed by the stigmatized identity to others – for example, the belief that people with mental illness are dangerous and violent is strongly associated with negative attitudes toward this group (Feldman & Crandall, 2007). Similarly, the perception that a disease is threatening can create increased fear and perceptions of vulnerability among healthy people, resulting in social rejection, blaming, and more (e.g. COVID-19 stigma, see Yuan et al., 2021).

Lastly, the *origin* dimension, or onset controllability, concerns the degree to which the stigma is believed to be avoidable, in other words, to what degree the stigmatized factor was present at birth, caused by an accident, or deliberately chosen by the individual. Several studies have identified that stigmatized statuses thought to be uncontrollable (e.g., autism) are perceived with pity and met with helping, whereas those perceived to have been onset controllable are met with hostility (e.g., obesity) (Feldman & Crandall, 2007; Weiner et al., 1988). Interestingly,

uncontrollable onset explanations for stigma, such as biological explanations, have also been linked to increased internalized stigma and pessimism among individuals with mental illness (Lebowitz, 2014).

Pachankis et al. (2018) followed up on the work of Jones et al. (1984) by classifying where 93 different stigmas fit along each dimension, clustering them into groups in six-dimensional space, and then using this quantitative taxonomy of stigmas to link health outcomes to stigma-related mechanism. Clusters were made up of stigmas that shared various dimensional features. For example, cluster one stigmas, labeled as "Awkward" stigmas, were rated as highly visible (i.e. not *concealable*), having a persistent or worsening *course*, and being highly disruptive, but *aesthetically* innocuous, onset controllable (*origin*), and not *perilous*. Stigmas in this cluster included autism, facial scars, and mental retardation. Conversely, cluster three included those that were highly visible and persistent with low disruptiveness, unattractiveness, onset controllability, or peril, and was labeled "sociodemographic." Stigmas in this cluster were limited to racial/ ethnic minority and old age. Pachankis et al. (2018) argue that this quantitative taxonomy allows researchers to compare and contrast stigmatized statuses more easily and give the example of how Muslim stigma and transgendered stigma, though seemingly radically different experiences on the surface, actually cluster together in cluster five, "unappealing persistent," sharing dimensional features of greater visibility, disruptiveness, unappealing aesthetics, onset control, and peril. The authors argue that using this taxonomy would allow researchers to compare and collaborate across the greater field of stigma and health, leading to more unity and coherence in approaches to mitigating the health impacts of stigma (Jones et al., 2018).

Another unique contribution of this research is that it represents the first attempt to comprehensively assess the range and prevalence of stigmatized statuses in a general U.S. sample

of adults. Pachankis et al. (2018) found that 95% of participants endorsed at least one stigma, 90% endorsed more than one, and the average participant endorsed six stigmatized statues of the provided list of 93. The most endorsed statuses were obesity, low socioeconomic status, and mental illness. The authors expressed that this is only preliminary data requiring probability-based sampling to validate, but that the preliminary finding that the majority of Americans are impacted by various stigmas has significant implications for public health policy. Additionally, Pachankis et al. (2018) express hopefulness that this quantitative taxonomy could provide a useful empirical platform for intersectionality research.

Taken together, the definition of stigma has expanded to include components that account for the various vectors of unfair assumptions and treatment, as well as the various social, economic, and health implications that exist downstream of a devalued identity.

Stigma and Power

One critique of Goffman's (1963) theory of stigma is that the large body of work that stems from his impactful text focuses on the social cognitive work of understanding how individuals construct categories of beliefs and fold them into stereotypes (Link & Phelan, 2001). What a stigmatized attribute actually *is*, or what shapes them across time, is often left vague, as in Jones et al.'s (1984) conceptualization of stigma as a "mark" linking someone to undesirable characteristics. But why is that characteristic undesirable? While evolutionary theories described in the previous section give us a widescreen understanding of why ingroups and outgroups would exist at all among sapiens (Kurzba & Leary, 2001), there is a separate question about the structural forces that produce exclusion from social and/or economic life in nearer historical and future times. As Parker and Aggleton (2003, p. 15) argued after the turn of the century, the literature up to that point had not fully capture or consider the macro-level forces that shape

stigmatizing beliefs, such as wars, economic crises, and international conflicts, leading to what they argued was a tendency to understand stigma as, "…something *in* the person stigmatized, rather than as a designation that others attach *to* that individual." They go on to argue that conceptualizing stigma in this way limits intervention to formats such as teaching coping mechanisms to stigmatized people or increasing tolerance in non-stigmatized populations (Parker & Aggleton, 2003). The result of this is a likely stream of interventions that are useful in a short-term capacity, but do not address the primary issue at play – much like using a bucket to bail water out of a canoe with a hole in the bottom. Instead, Parker and Aggleton (2003) argue for a reframing of stigmatization as a mechanism which produces and reinforces *power* and *domination* – a component of the patterns of oppression that entrench social inequality (Marshall & Scott, 2009). Using this framing, we can focus more on how groups come to be socially excluded, thereby more accurately understanding issues of stigma and discrimination.

Michel Foucault wrote extensively about the relationships between culture, knowledge, and power around the same time as Goffman, though in a uniquely different European context. In his works, Foucault emphasized how the use of physical violence and coercion that typified historical regimes of centralized power had given way in the 20th century to subjectification through conformity (Foucault, 1977; Foucault, 1978). In this model, promoting awareness of "difference" (similar to Goffman's concept of deviance) allows regimes to define normal and abnormal, natural and unnatural, and so on. In Foucault's critique of authority – often associated with postmodernism, though he rejected the label – *culture* and *knowledge* are virtually indistinguishable concepts, as power allows one to define the shape of dominant culture and therefore what can be considered knowledge at any given historical time. In other words, knowledge will change over time, defined by power. Moreover, the cultural production of

difference/deviance is a key step in consolidating power – once we know what we "should" and "should not" be, we can struggle to attain ingroup status/power by conforming , and keep others out (Foucault, 1977; Foucault, 1978; Parker & Aggleton, 2003).

Pierre Bourdieu's work conceptualizes how these social systems of domination persist over time without generating strong resistance, and in some cases, seem to go unnoticed by those in society. Bourdieu (1984) argues that all cultural meanings and practices (i.e. knowledge) serve to reinforce dominant interests which maintain hierarchies and legitimize status inequalities in social structures. Cultural socialization then becomes the process by which individuals and groups are put into positions against one another to compete for status and resources. Similar to how Foucault believes in a historical evolution away from direct coercion and toward subjectification through conformity, Bourdieu (1984) describes the process of cultural socialization as one of being inducted into social system in which *symbolic power* imposes a view of the world that legitimizes existing hierarchies and incentivizes dominated individuals and groups to accept and work within socially unequal structures. Ongoing overwhelming exposure to the symbolic apparatus of powerful shapes marginalized peoples' understanding of values and worth in accordance with hegemony, thereby legitimizing the power structure in their minds and limiting their ability to resist the forces that discriminate against them.

Thus, under Bourdieu's (1984) conceptualization, stigma is not just about sensations of disgust or rejection stemming from awareness of difference, as one might assume reading Goffman (1963), but is instead a complex interaction deeply intertwined with social and structural inequalities, defined by the dominant discourse. Furthermore, this framework demystifies stigmatization as an abstract interaction and instead defines stigmatization as an action deployed by individuals and groups to legitimize their own dominant status within an

existing unequal social structure. Link and Phelan (2013) extend this concept by introducing the concept of *stigma power,* which is the capacity for to use stigma to keep people down, and suggested that stigma power is often most successfully employed when the stigma can be hidden or misrecognized.

During the analysis phase of the current study, it was important to consider the social structures within which the participants exist, including how the systems of power that surround them may have shaped their understanding and values related to relationship and sexuality, and they interact with, reinforce, and resist these stigmas.

Stigma Management

Stigmatized individuals enact a variety of strategies to manage the negative impacts of stigma. Using Goffman (1963) as their jumping-off point, many theorists and researchers have explored the ways in which stigmatized individuals attempt to manage the complexities of their stigma experiences. In particular, theorists and researchers have explored how those with stigmatized identities attempt to mitigate interpersonal (e.g., social exclusion) and intrapersonal (e.g., psychological distress) impacts of stigma (Slay & Smith, 2011), however other research has focused on other levels of influence, including institutional/ organizational, community, and government/ structural (Heijnders & Van Der Meij, 2006). Across the literature, researchers have found that people with stigmatized identities, from the illiterate (Adkins & Ozanne, 2004) to incarcerated individuals (Toyoki & Brown, 2014) and beyond, work hard to manage the impacts of stigma associated with their identities. There are a wide variety of strategies that stigmatized individuals employ to manage these impacts, including tactics to hide the identity, remove oneself from disapproving social spaces, create more positive / affirming social spaces, shift internal narratives about stigmatized identities toward positive framings, and more (Anspach,

1979; Snow & Anderson, 1987). In general, stigmatized individuals rely on multiple actively interwoven strategies to manage stigma across constantly changing social contexts (Toyoki & Brown, 2014). In their literature review focused on how individuals with HIV/ AIDS manage stigma associated with their illness, Heijnders and Van Der Meij (2006) describe this web of strategies by projecting them across various levels of influence and analysis. At the intrapersonal level, individuals might engage in various forms of counseling or self-help to reduce internalized stigma and increase self-esteem. At the interpersonal level, individuals might seek care and support from peer communities, outside communities, or professional care teams. At the organizational level, institutions may implement training and policy to help better support marginalized individuals or groups. At the community level, education, advocacy, and protest are all ways that a stigmatized individual and groups might seek to reduce or alter stigma directed at them. Finally, at the governmental/ structural level, stigmatized individuals and/or groups might seek out legal and policy interventions focused on securing more rights, thereby reducing structural stigma (e.g. securing same-sex marriage rights through the Supreme Court).

In their literature review of stigma management research, Zhang et al. (2021) identified six themes of stigma-management across a wide variety of research. First, *boundary management* refers to stigmatized individuals' attempts to create clear boundaries distinction between who does and does not belong to the stigmatized group (Link & Phelan, 2001), and in so doing create a clear sense of a safe haven from outside threats (Moon, 2012). With lines drawn, the ingroup environment becomes a defense space wherein individuals can protect themselves from further stigmatization by outsiders (Ashforth et al., 2017). Boundary management techniques reduce exposure to stigmatizing outgroups, protect key ingroup members, and enable easier access to and use of social supports (Hudson & Okhuyesen, 2009;

Tilcsik et al., 2015). Individuals that most benefit from boundary management are those whose stigmatized characteristics are more central to their identity and therefore are more likely to be excluded from the dominant society, leading to an increased need for a support group environment (Clair et al., 2016).

Inversely, *dilution* refers to the process of reducing or completely severing one's connections to the sources of stigma in their lives (Zhang et al., 2021). Rather than leaning into a stigmatized group with which one is associated, individuals might intentionally disconnect or otherwise distance themselves from a stigmatized group with which they are affiliated (Snow & Anderson, 1987). If the stigmatized variable is physical, individuals may change their physical appearance, such as altering weight, engaging in cosmetic surgery, or engaging in skin lightening as ways to reduce their association with a stigmatized group (Goffman, 1963; Levine & Schweitzer, 2015). Often, this stigma management strategy is invoked by individuals who are intent on avoiding social contamination by an existing stigmatized group, leading to reduced shame, avoidance of social sanctioning, and increased acceptance (Zhang et al., 2021).

Another category of strategies for managing stigma is *information management*, which encompasses a variety of methods of managing how information is disclosed about stigmatized factors (Zhang et al., 2021). When possible, stigmatized individuals may make attempts to actively conceal their identity and pass as a member of a dominant, non-stigmatized group (Clair et al., 2005). For example, LGB individuals often conceal their sexual orientation at work (Herek & Mclemore, 2013). When concealing, stigmatized individuals may send soft signals to others as to their hidden identity as a way of testing to see who can be trusted with that information, and who is likely to offer acceptance (Clair et al., 2005). The choice to conceal, or not, or how much

to conceal, can have a variety of effects on personal outcomes, including increases and or decreases in distress (Martinez et al., 2016; Toyoki & Brown, 2014).

Reconstruction is a strategy wherein stigmatized individuals endeavor to reshape values, meanings, or interpretations of stigma within the hearts and minds of others (Zhang et al., 2021). For example, there is a long history of people in the LGB community fighting to shift public opinion around same-sex relationships and same-sex marriages toward more a positive framing by refocusing, reframing, or rejects negative narratives about same-sex relationships (Klarman, 2013). These processes are not limited to minoritized individual identities. For instance, organic farming was highly stigmatized in Finland in the 1970s, efforts were taken by stakeholders in organic farming to reshape the public perception of organic farming as a profitable market category that served public interests, such as being better for the environment, leading to shifts in public opinion (Siltaoja et al., 2020). Some researchers have suggested that the process of reconstruction can result in improved sense of self among stigmatized individuals (Levine & Schweitzer, 2015), likely as a consequence of the effort expended in altering narratives about stigma that might otherwise be internalized by the stigmatized.

Emotion work refers to a similar strategy in which stigmatized individuals manipulate their own emotions or attempt to manipulate the emotions of others to resist the negative impacts of stigma and replace them with positive emotions (Hochschild, 1979). For example, sexual and gender minority communities tap into a variety of intrapersonal and interpersonal resources to increase pride, joy and resilience in their stigmatized identities (Edwards et al., 2023).

Finally, *cooptation* refers to a strategy some individuals employ in which they strategically manipulate their stigma to gain benefits from it (Goffman, 1963; Tyler, 2011). These manipulations can allow an individual to tactically increase attention or validation by identifying

the merit and distinctiveness of their stigma among neutral or potentially supportive audiences (Zhang et al., 2021). For example, individuals who have stigmatized jobs, such as exotic dancers or police officers, have been found to exaggerate certain aspects of expected stigmatized behavior as a way of signaling an acceptance, and even a celebration, of the distinctiveness of these stigmatized aspects of those jobs (Dick, 2005; Mavin & Grandy, 2013).

Health Disparities and Stigma

As research interest in the consequences of stigma has grown, stigma has been theorized to be a fundamental cause of health disparities between dominant and minoritized populations (Link & Phelan, 1995; 2010). Primarily, stigma has been linked to many other social determinants of health, including socioeconomic status, unemployment, and educational access and attainment, all of which are factors associated with long-term health outcomes, including morbidity and mortality (Williams & Mohammed, 2009). In short, if stigma (e.g., discriminatory treatment of minoritized individuals by officials, employers, etc.) contributes to lower economic success, unemployment, and lower educational attainment, which are in turn associated with worse overall health outcomes, then it is reasonable to assess the presence of stigma in a social context as one of the fundamental causes of those health outcome disparities. In recent years, concern about negative heath sequelae stemming from structural stigma has led to an increased interest in interventions which address health disparities at multiple levels to reduce the cascading impacts of stigma (Cook et al., 2014).

There are myriad other acute impacts of stigma on health outcomes through a variety of shared mechanisms, including limited access to structural resources (Hatzenbuehler, 2016) and social isolation (Pachankis, 2007). Members of minoritized groups who seek mental and physical health intervention often experience biases in the healthcare system based on their race, ethnicity,

or sexual orientation, resulting in suboptimal care (Smedley et al., 2003). A cross-sectional analysis of multiple waves of the Association of American Medical Colleges' Consumer Survey of Health Care Access showed that all groups had significantly more barriers to accessing health care when compared with White heterosexuals (Turpin et al., 2021). Some stigmatized individuals may avoid seeking care until they have reached a crisis, delaying diagnosis and limiting the effectiveness of available treatments. For example, using data from a nationally representative sample of health care consumers, Fish et al. (2021) found that gay/lesbian women had the lowest prevalence of health care utilization and the highest rates of delaying needed health care intervention or testing compared to their heterosexual counterparts. Some individuals from minority groups may avoid seeking care altogether over fears of being stereotyped, labeled, prejudiced, or simply ignored (Pescoslido et al., 2013). Additionally, the stress associated with stigma can lead to chronic mental health issues such as anxiety and depression, which in turn have indirect impacts on physical health (Major & O'Brien, 2005).

Health Disparities for Sexual Minorities

Evidence increasingly shows that sexual minority populations face significant disparities in physical health, mental health, and substance use outcomes when compared to their majority (i.e., heterosexual) counterparts (Lick et al., 2015; Plöderl & Tremblay, 2015; Operario et al., 2015; Wittgens et al., 2022). Some physical health disparities include increased risk factors for cancer (Case et al., 2004), disability (Fredriksen-Goldsen et al., 2013), and heart disease (Caceres al., 2017; Case et al., 2004; Farmer et al., 2013; Fredriksen-Goldsen et al., 2013), as well as disparities in obesity (Conron et al., 2010; Fredriksen-Goldsen et al., 2013), physical activity limitations (Conron et al., 2010), and overall low self-reported physical health (Liu et al., 2013). Chronic diseases such as diabetes and asthma also occur at higher rates among lesbian,

gay, and bisexual (LGB) people when compared to heterosexuals, although these may be a result of associations between sexual orientation and smoking and urbanicity (Conron et al., 2010). Sexual minority men also have an increased risk of contracting HIV and other sexually transmitted infections, and sexual minority women are more likely to contract Hepatitis C (Operario et al., 2015).

Regarding mental health, a recent meta-analysis of twenty-six population-based health studies found that lesbian women and gay men were 2.16 times more likely, and bisexual people 2.78 times more likely, to have mental disorders than heterosexuals (Wittgens et al., 2022). The results further specify that compared to heterosexual respondents, lesbian women and gay men were 1.97 times as likely to have depression, 2.24 times as likely to have anxiety disorders, and 2.89 times as likely to experience suicidality compared to heterosexuals; bisexual people were 2.70 times as likely to have depression, 2.87 times as likely to have anxiety disorders, and 4.81 times as likely to experience suicidality (Wittgens et al., 2022). Sexual minorities were also 2.5 times more likely to report lifetime suicide attempts than heterosexuals (King et al., 2008). Depression and anxiety disparities appear to be greatest around the ages of 20 and 24, suggesting stress from unique milestones such as “coming out,” which is common around this age, may play a role in mental health disparities (Rice et al., 2019).

Regarding substance use and misuse, research has suggested that sexual minorities are two to five times as likely to have a substance abuse disorder as heterosexuals (McCabe et al., 2009). In their meta-analysis, Wittgens et al. (2022) found that gay and lesbian people were 1.97 times as likely and bisexual people 1.50 times as likely to have an alcohol use disorder as their heterosexual peers. The odds of substance use among lesbian, gay, and bisexual youth were 190% higher than their heterosexual counterparts, with subgroups at substantially higher risk

(e.g., 340% for bisexual youth, 400% for female LGB youth) (Marshal et al., 2008). The magnitude of disparities also appears to vary across the life course, with the largest disparities in substance use occurring in early adulthood and again in midlife (Rice et al., 2019).

Taken together, there is extensive evidence of health disparities between heterosexual and sexual minority populations. In the next section, I discuss minority stress theory, the primary explanatory theory for pathways to health inequity for sexual minority populations. Given that this study will use a phenomenological approach, the purpose of this discussion is to not to assume that pre-existing frameworks of sexual minority stigma and disparity are relevant to the FTCPE community, but instead to ground our understanding of the landscape of sexual minority stigma and sexual minority health before we begin to explore similarities and differences associated with FTCPE practitioners.

Minority Stress Theory

Minority Stress Theory (MST) provides context for sexual orientation disparities in health that arise from stigma (Meyer, 2003). Meyer (2003) argues that sexual minorities' experiences of prejudice, maltreatment, harassment, discrimination, and victimization arise from heteronormative expectations in society that see non-heterosexuality as deviant. These experiences induce stress for sexual minority individuals that can cause an accrual of stress responses over time, which in turn leads to poorer mental and physical health outcomes (Meyer, 2003).

Though originally developed for LGB individuals, the application of the theory has expanded to other minority groups such as women, racial/ethnic minorities, and immigrants, and findings related to stress processes and outcomes within these groups often converge with findings for LGB groups. Some assumptions of MST include the idea that stressors are unique to

the minority population in question, chronic within the targeted sociocultural context, and based in social institutions, processes, and structures (Meyer, 2003). This means that even though the theory has been evaluated in multiple populations, we would expect unique stressors and processes for distinct groups who experience distinct forms of oppression (e.g., racism, sexism, heterosexism). For example, although often assessed in aggregate with sexual minority populations, gender minority (i.e., transgender and gender diverse) groups experience distinct stressors separate from cisgender lesbian, gay, and bisexual individuals (Hendricks & Testa, 2012), although the processes through which these distinct experience confer health risk are similarly theorized through this model.

MST is an extension of the fundamental cause and social causation hypothesis of minority health disparities, which suggests that minority health disparities are caused by problematic social situations linked to minority social identities (e.g., unequal socioeconomic status resulting from discrimination) rather than inherent groups differences (e.g., genetics) that make minorities more susceptible to health risks (Meyer, 2003). MST adds a step by suggesting that problematic social situations external to minority individuals create stress internally within minority individuals and that this stress, in turn, leads to health problems. External stressors are known as “distal stressors” and include prejudicial events such as discriminatory exclusion and violence. Internal stressors are known as “proximal stressors” and include constructs such as expectations of rejection, concealment, internalized homophobia, and more. Proximal stressors are unique in that they can act as both stressors and coping mechanisms. For example, identity concealment may be a way to cope with a distal stressor such as interpersonal discrimination, but efforts to conceal this identity can also lead to additional stressors, including hypervigilance (Pachankis et al., 2020).

The MST model is complex and conceptualized several causal pathways and moderators of those pathways. First, environmental circumstances contribute to general stressors, and general stressors, in turn, contribute to health outcomes. On a parallel pathway, one's minority status (which groups you do and do not belong to) leads to distal and proximal stressors, which in turn manifest poor health outcomes. Finally, an individual's minority identity is derived from their status, and this identity has direct impacts on the manifestations of proximal stressors (e.g., differences for gay vs. bisexual men), characteristics of the minority identity (e.g., prominence and integration), and available coping and emotional support. Identity characteristics moderate proximal stressors' impacts on health outcomes, whereas coping and social supports moderate the impacts of general, distal, and proximal stressors on health outcomes (Meyer, 2003).

Sexual Minority Stigma

To fully understand MST, we need to understand the context within which stigma manifests for sexual minority populations. LGB and other queer-identified people were considered to have psychological disorders based on their sexual orientations until the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973 and tenth edition of the *International Classification of Diseases* (ICD) in 1990 (Kawa & Giordano, 2012). These guidelines were just one of many ways in which the homophobia and heterosexism of society were codified into institutions, the effects of which are still felt to this day. According to Gallup (2023), 71% of Americans felt that gay and lesbian marriages should be legal in 2022, up from 43% in 1977, and in 2021, 69% felt that gay and lesbian relationships were "morally acceptable," up from 40% in 2001 (Gallup, 2021). Although institutional guidelines and public attitudes have become more accepting over time, the impacts of the history of sexual minority stigma and the fact that approximately one-third of surveyed persons still believed that gay and

lesbian relationships should be illegal and/or were “morally wrong” sets the stage for the health disparities we continue to see today.

These changing attitudes are also reflected in the concomitant changes to laws and policies, although more so for some states relative to others. Currently, twenty-four states and Washington, D.C. have codified laws prohibiting employment discrimination based on sexual orientation, with six additional states prohibiting sexual orientation discrimination only for public employees (*State maps*, 2023). Similarly, twenty-three states and Washington, D.C. have codified laws prohibiting housing discrimination based on sexual orientation (*State maps*, 2023). There remain a handful of states that accept employment or housing discrimination complaints based on the *Bostock v. Clayton County* (2020) Supreme Court decision, which identified that sexual orientation and gender discrimination is illegal because sex discrimination (i.e., discrimination on the basis of gender) is already illegal under numerous existing federal statutes.

Existing research demonstrates disparities in employment and financial health conditions for stigmatized sexual minority groups which may need to be improved by new laws or policies. Sexual minority workers are more likely to experience workplace discrimination than the general working population, earn less, and work fewer hours (Allan et al., 2020; Bayrakdar & King, 2022; Waite et al., 2019). Moreover, precarious employment is almost three times higher among LGB workers compared to heterosexuals, and job satisfaction is significantly lower (Kinitz et al., 2023). Access to benefits, schedule predictability, job match, and many other variables of overall socioeconomic wellbeing are often tied to discrimination (Andrea et al., 2022). Regarding housing, studies have shown that housing providers are more likely to ignore rental inquiries from same-sex couples (Friedman et al., 2013) and more likely to quote higher prices for male same-sex couples (Levy et al., 2017) compared to heterosexual couples. In terms of

homeownership, about half of sexual minority adults own their own homes, compared to 70% of heterosexual adults (Conron, 2019), and studies have found that same-sex couples with similar profiles to heterosexual couples experience 3% to 8% lower approval rates for loans and higher interest and fees (Sun & Gao, 2019). Between the ages of eighteen and twenty-five, LGB people are 2.2 times more likely to experience homelessness than heterosexual peers (Morton et al., 2018) and are significantly overrepresented in the homeless youth population (Baams et al., 2019). This is related not only to housing discrimination, but family rejection (Ecker, 2016), which is a powerful external stressor for sexual minority youth.

Sexual minority individuals experience prejudice and discrimination in many other forms. In a survey of 2,590 Americans identified broadly as "men who have sex with men," large numbers of participants self-reported numerous forms of stigma, including verbal harassment (56.7%), fear of going in public (31.8%), family gossip (50%), family exclusion (31.1%), rejection from friend groups (28.2%), and being physically injured (18.8%) (Stahlman et al., 2016). Regarding violence, a 2016 report in the *New York Times* found that, based on FBI data, LGB and transgender individuals are more likely to experience hate crimes than any of other minority group in the United States (Park & Mykhyalyshyn, 2016).

Stigma and Outcomes

According to MST, these and other forms of stigma play a significant role in the health disparities of sexual minorities. In 2015, the American College of Physicians released a position paper labeling laws or policies which reinforced "marginalization, discrimination, social stigma, and rejection" of sexual minority individuals as harmful to the group's physical and mental health (Daniel & Butkus, 2015, p.135). Existing research supports their claim, including one study which found that LGB people living in states that did not have specific legal protections

for sexual minorities had substantially higher prevalence of multiple psychiatric disorders when compared to those that lived in states that did have these types of protections (Hatzenbeuhler, et al., 2009). Prior to the legalization of same-sex marriage in 2015, Hatzenbeuhler et al. (2010) used a natural experimental design and found that LGB people living in states which banned gay marriage had 250% higher likelihood of generalized anxiety disorder, 37% higher likelihood of mood disorders, and 42% higher likelihood of alcohol use disorders compared to those who lived in states that did not institute these bans. Moreover, an online study in 2015 of over 4,000 LGB and transgender people found that those living in states with more structural stigma were significantly more likely to engage in high-risk sexual behavior and significantly less likely to feel comfortable discussing their behavior or HIV protection with their primary care providers relative to those living in states with less structural stigma (Oldenburg et al., 2015).

Although research on the specific components of MST is challenging due to complexity of causal pathways and the ethical issues (Bharmal et al., 2015), some data does exist which supports our understanding of the impacts of distal and proximal stressors. In general, studies have specifically linked mental health problems among sexual and gender diverse individuals such as suicidal ideation, depression, and anxiety to the MST model (Plöderl & Tremblay, 2015; Semlyen et al., 2016). In terms of distal stressors, sexual minority individuals who experienced a discriminatory event in the last year were three times as likely to have a physical health problem compared to those who did not (Frost et al., 2015). Additionally, whether an individual experiences acceptance or rejection appears to have profound impacts on sexual minority youth development and health (Katz-Wise et al., 2016). A study of 117 LGB adults in Massachusetts found that those with supportive parents experienced better health outcomes compared to those with less supportive or rejecting parents, who in turn also exhibited higher risk behaviors such as

binge drinking, recent depression, and increases in lifetime illicit drug use (Rothman et al., 2012). Another study of 224 LGB adults found that those who experienced family rejection were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report higher levels of depression, and 3.4 times more likely to use illicit drugs (Ryan et al., 2009).

In terms of proximal stressors, internalized homophobia and homonegativity have been associated with greater relationship problems, both generally and within couples (Frost & Meyer, 2009). One meta-analysis of 31 studies showed that internalized homophobia among LGB people was positively associated with higher rates of depression and anxiety (Newcomb & Mustanski, 2010). Another study of 1,541 gay and bisexual men demonstrated that over two-thirds of the sample had experienced internalized homophobia when they realized they were attracted to men, but that those who resolved this internalized homophobia were significantly less likely to experience psychological distress, high stress, sexual compulsions, and intimate partner violence than those who retained high levels of internalized homophobia (Herrick et al., 2013). The researchers suggested that the development of resilience in response to this proximal stressor may help gay and bisexual men avoid health problems.

MST and BDSM

As noted previously, the limited existing research on health outcomes for BDSM practitioners seems to suggest that BDSM practitioners do not have worse mental health outcomes than those who do not practice BDSM and, in some cases, have better mental health outcomes (Connolly, 2006; Cross & Matheson, 2008; Wismeijer & van Assen, 2013). This research, however, remains nascent and does not account for differences between BDSM subgroups, such as casual players and those who practice full-time consensual power exchange (Sprott & Williams, 2019) – factors that might influence aspects of identity and experiences of

stigma. Moreover, given the lack of representative data that collects data on BDSM identity and practices, these studies are the least likely to represent the most vulnerable practitioners in the community. However, if it is true that BDSM practitioners have equal or better health outcomes than those who do not practice BDSM, then one of the primary assumptions of MST may not be met (i.e. that health outcomes for minoritized and subjugated groups are worse than those of majority, dominant groups) (Meyer, 2003). Although we observe that stigma occurs for BDSM practitioners (Wright, 2006), there is a paucity of data on their health – a necessary future research direction – and too little extant research describing their experiences of stigma to adequately apply MST to their experiences. This necessitates our exploration of stigma among BDSM practitioners in full-time consensual power exchange relationships with a qualitative evaluation of the nature of stigma.

Limited research has specifically explored the application of MST to the lives of BDSM practitioners, and some researchers have called for BDSM practitioners to receive scientific and empirical attention from within the MST framework (Rogak & Connor, 2018; Roush et al., 2017). A few examples of work utilizing MST components include Stiles & Clarke (2011), who explored the role of concealment among BDSM practitioners. They identified that some BDSM practitioners conceal to stave off discrimination, whereas others conceal as a way to distinguish themselves as a part of a secret subculture. Elsewhere, Wright (2006) wrote about cases of discrimination experienced by BDSM practitioners, describing a cycle of social rejection, including examples of job discrimination, child custody issues, and opposition to BDSM events, including instances of rejection by the mainstream LGB movement of the 1980s and 1990s that wanted to separate itself from the more extreme aesthetic of BDSM. In the next section, I will

provide an overview of BDSM including community history and what we know about BDSM, FTCPE, and associated experiences of stigma.

BDSM

Simultaneously vast, insular, provocative, and secretive, BDSM continues to be a complex construct to understand and study. To date, most research investigating BDSM has operated at the level of the broader BDSM umbrella, focusing on BDSM as a generalized identity or interest (Simula, 2019). As discussed previously, BDSM does represent a distinct minority social group, but the limited exploration of specific identities, roles, and practices underneath the BDSM umbrella appears to seriously limit our understanding of BDSM practice at both the macro and micro levels (Simula, 2019). Although the current study seeks to focus specifically on BDSM practitioners who engage in full-time consensual power exchange, there has been limited research on this topic area, which I will address later in this chapter. To form a comprehensive view of FTCPE, I will first cover what we know about BDSM practitioners and then discuss the limited knowledge of those engaged in full-time consensual power exchange.

BDSM History

The status quo of our knowledge about BDSM practitioners is reflective of the stigmatized social and clinical climate that has played a major role in shaping the BDSM world as we know it today. Although the BDSM community is held together conceptually by several dimensions, including the kinky expression of power exchange most prominently (Turley & Butt, 2015), it also true that the different expressions of BDSM underneath the umbrella descend from a variety of historical pathways and only began to cohere into a discrete sexual identity in the late 19th century as a result of the interaction between rapid social change and the proliferation the then-new social and psychological sciences (Kao, 2013; Weiss, 2015). The true

history of BDSM is scattered and fluid, and Kao (2013, p. 9) has argued that any attempt to organize the story of the subculture would be at once arbitrary – due to the heterogeneous nature of the subculture and its many components – and necessary, to "challenge and reorganize the hegemony of mainstream historical accounts." This "hegemony" of mainstream accounts has played a major role in the reducing of BDSM practitioners to a stigmatized monolith.

Practices we would associate with modern BDSM have existed throughout history in most cultures, including ritual flagellation, sexual spanking, and bondage (Weiss, 2015). Discussion of these concepts within a sexual framework is limited prior to the 17th century, but by the 18th century, activities such as whipping were a "well-known… sexual stimulant" in Western societies (Ellis 1905; Sisson, 2007, p. 13). By the 19th century, industrialization, urbanization, secularization, consumerism, and a rising middle and upper classes with more access to leisure time fostered the development of a more concrete subculture of BDSM-like behaviors, often occurring in semi-public brothels (Kao, 2013; Sisson, 2007). The development of these communities in Europe was powered by the circulation of pornography, pamphlets, and comics, often depicting flagellation and focusing on the erotic aesthetics of "soft media" like satin and fur (Weiss, 2015). Leather, rubber, metal, and other fetishized "hard media" materials as well as activities like crossdressing and elaborate role-playing found their way into brothels and pornography starting early in the 1900s (Bienvenu, 1998). These distribution networks expanded into the United States by the 1930s, circulating mostly by mail and featuring mostly heterosexual imagery (Weiss, 2015).

Concurrently, medical experts as well as researchers and theorists in the burgeoning fields of sociology, psychology, and sexology developed claims about atypical sexual practices that would come to define perceptions of BDSM in the general populations (Kao, 2015; Sisson, 2007;

Weiss, 2015). In his foundational sexology text *Psychopathia Sexualis*, sexologist Richard von Krafft-Ebing (1886/1999) generated classifications for heterosexual, homosexual, and bisexual sexual orientations alongside other categories of sexual desire and claimed that anything outside of the "natural sex" of heterosexuals required clinical treatment. In this text, Krafft-Ebing popularized the term "sadism" to describe,

> …the experience of sexually pleasurable sensations (including orgasm) that is produced by acts of cruelty and bodily punishment, either self-inflicted or witnessed in others, whether animals or human beings. It may also consist of an innate desire to humiliate, hurt, wound, or even destroy others in order to create sexual pleasure in oneself" (Krafft-Ebing, 1886/1999, p. 80)

Krafft-Ebing (1886/1999, 657) named sadism after the "notorious Marquis de Sade, whose obscene novels treat of lust and cruelty", including *Justine* (Sade, 1966/1791) and *120 Days of Sodom* (Sade, 1966/1904). Krafft-Ebing also popularized the counter term "masochism," this time derived from author Leopold von Sacher Masoch, whose novels, including *Venus in Furs* (Sacher-Masoch, 2008/1870), eroticized submission, humiliation, and pain (Weinberg, 2006). Krafft-Ebing describes masochism as,

> A peculiar perversion of the psychical *vita sexualis* [sexual life] in which the individual affected, in sexual feeling and thought, is controlled by the idea of being completely and unconditionally subject to the will of a person of the opposite sex; of being abused. This idea is colored by lustful feeling; the masochist lives in fancies, in which he creates situations of this kind and often attempts to realize them. (1886/1999, p. 131)

In his work, Krafft-Ebing identifies that horseplay, wrestling, and teasing (e.g. striking, biting) were all forms of healthy conduct between lovers before presenting a generous list of

cruel and inhumane behavior, including violence, lust-based murders, necrophilia, and sadism against children and animals as examples of sadism and masochism (1886/1999). No room is left in Krafft-Ebing's work for consensual displays of sadism and masochism – later collapsed into a single term of art, sadomasochism – nor is any separation delineated between the perceived deviancy of such practices and the deviancy of predatory pedophilia or other types of non-consensual sexual violence. Later work by psychoanalysts such as Sigmund Freud, Wilhelm Stekel, and Havelock Ellis furthered developed theories of sadomasochism, which limited its definition to troubling perversion and violent pathology (Weiss, 2015). In particular, Freud's *Three Essays on the Theory of Sexuality* (Freud, 1962/1905) widened the field of sexology by argued that sexuality could be considered separate from reproduction while simultaneously narrowing the field by reinforcing ideas that both sadomasochism and homosexuality were perversions requiring treatment.

Despite their age, these definitions continue to influence our social and clinical understanding of BDSM practices – disagreement over what can be considered appropriate sexual activity has led to the pathologization and/or criminalization of many forms of non-reproductive sexual enjoyment (Spinelli, 2006). Similar to LGB and other non-heterosexual sexual orientations – but much longer in coming – consensual practices associated with BDSM were considered universally pathological until the 2013 edition of the DSM, DSM-5 (American Psychiatric Association (APA), 2013a; Wright, 2018). Still, the DSM-5 separates "normative" sexual practices from "paraphilias" and identifies consensual paraphilias as "anomalous" (American Psychiatric Association, 2013a), perpetuating a stigmatization of these practices among clinicians and the general public. Moreover, many typical and consensual BDSM practices are illegal – for example, "impact" play, in which one partner strikes another with their

hands or other implements as a shared form of gratification (e.g., flogging) is technically illegal because a person cannot give consent to being physically assaulted (Haley, 2015; Schumann, 2018). In legal terms, impact is an issue of physical violence rather than sexual violence. Whereas a prosecutor must prove that one party did not consent to in a sexual assault or rape, there is no such standard in for battery because the act of causing physical harm is criminal in and of itself. This is why states require participants to be licensed to compete in combat sports such as boxing or mixed martial arts (e.g., Maryland State Athletic Commission, 2024).

Perhaps the most vexing component of this trend for BDSM practitioners is how it ignores how consent has evolved to become the primary organizing principle in the BDSM community (Barker, 2013; Wilkinson, 2009). Whereas many in the social sciences continued to develop theories of sadomasochism under the assumption it was pathological in the 1950s and 1960s, gay leather communities in Los Angeles, New York, Chicago, and San Franciso cropped up and formed the groundwork for safe community spaces where likeminded individuals could meet and explore their interests (Weiss, 2015). In the 1970s and 1980s, organizations such as The Eulenspiegel Society in New York, the Chicago Hellfire Club, and the Society of Janus in San Francisco began establishing codes of conduct and guidelines for consensual BDSM interaction, such as the use of safe words and aftercare (Kao, 2013; Weiss, 2015). Prior to the HIV/AIDs epidemic of the 1980s, these BDSM spaces were often pansexual in nature, though a period of separation occurred during the HIV/AIDs epidemic as it pushed gay men back toward the gay leather community due to fear of the disease (Kao, 2013; Sisson, 2007). In the early 1990s, transformations in information technology radically shifted community reach and connectivity via message boards, and eventually chatrooms, email lists, and Instant messaging (Weiss, 2015). The term BDSM likely arose within this context around this time, alongside institutions such as

the Leather Archives and Museum in Chicago and the Museum of Sex in New York City, both of which provided accessible public locations for learning and communicating with the BDSM community, as well as debunking myths (Kao, 2013). In 1997, the National Coalition for Sexual Freedom (NCSF) was formed, seeking to advocate for the rights of BDSM practitioners and other sexual minority groups.

Sisson (2007) argues that the current function of BDSM subculture is to establish a shared identity by providing community spaces, codes of conduct, shared symbols, mentorship, written and oral history of BDSM, and the proliferation of an overall interconnected, though fluid, sexual identity. Interestingly, the need for this unified identity connects back to the earlier point that mainstream narratives have played a role in reducing BDSM practitioners to a monolith; forced together by circumstance, the now monolithic BDSM community has developed an identity to protect anyone who might fit under their massive banner.

BDSM Consent Culture and Cultural Stigma

BDSM holds an uncertain place in the public discourse at this time, at once both a stigmatized sexual subculture and a highly visible, iconized, and even commercialized aesthetic with a significant presence in the mainstream (Kao, 2013). Atypical sexualities that divert from traditional expectations tend to face individual and systemic stigmatization but also draw voracious curiosity from the dominant group. According to Rubin (2011, p. 149), a social-sexual hierarchy exists in which (in order) married monogamous heterosexual, unmarried monogamous heterosexual couples, solitary sexual practice (i.e., masturbation), and long-term monogamous same-sex couples are more accepted, whereas promiscuous/non-monogamous heterosexuals, homosexuals, fetishists, sadomasochists, sex workers, and others who transgress typical boundaries are deemed more unacceptable.

Marginalized sexualities garner attention and interest among those more privileged and dominant in their roles and practices. For example, the practice of consensual non-monogamy (CNM) – in which partners arrange consensual extradyadic sexual and romantic relationships – runs counter to the normative expectation of monogamy in Western society (Conley, et al., 2013). However, CNM has been steadily gaining interest in the United States over time (Moors, 2017), with more than 20% of Americans and Canadians reporting engaging in CNM at some point in their lifetime (Fairbrother et al., 2019; Haupert et al., 2017). One recent study found that 17% of single Americans desire to engage in polyamory, a form of CNM focused on loving many people at once (Moors et al., 2021). Even so, people who engage in CNM have reported experiences of discrimination (Valadez et al., 2020), forced concealment (Pallotta-Chiarolli et al., 2013), unwarranted pathologization and bias by healthcare providers (Schechinger et al., 2018; Vaughan et al., 2019), and rejection by family members (Aguilar, 2013; Sheff, 2011). Consistent with the expectations of MST, experiences of CNM-related stigma have been positively associated with psychological distress (Mahar et al., 2022).

According to Rubin (2011), BDSM exists far down the social hierarchy, and although stigma may operate differently than LGB or CNM stigma, the BDSM story has many similar features to the story above. Although the prevalence of BDSM practice is hard to identify, with estimates ranging from 5% to 25% (Simula, 2019), existing research suggests that sexual fantasies about domination, sadomasochism, humiliation, and bondage are fairly common among adults (Apostolou & Khalil, 2019; Joyal & Carpentier, 2017; Joyal et al., 2015; Renaud & Byers, 1999). Interest in BDSM also appears to be increasingly common among college students (Boyd-Rogers et al., 2022; Williams et al., 2009), which may be related to adolescents' increased access to internet pornography (Peter & Valkenburg, 2006).

Concurrent with these trends, BDSM has become steadily more prominent in pop culture since the 1980s, though its presentation has been dubious (Sisson, 2007). Books like *Fifty Shades of Grey*, films like *Secretary* and *Exit to Eden*, music and music videos by Rihanna, Madonna, Nine Inch Nails, and Lady Gaga, and a list of myriad television shows including *Law and Order*, *Will and Grace*, *CSI*, and *Family Guy*, have taken the motifs and iconography of BDSM (e.g. black leather, whips, chains, power exchange) and put them in front of general, mainstream audiences (Simula, 2019; Sisson, 2007).

However, BDSM communities have long decried most mainstream depictions of BDSM practice for misrepresenting their culture, most notably by repeatedly depicting BDSM as nonconsensual violence only practiced by mentally ill people (Barker, 2013; Wilkinson, 2009). Although the practice of BDSM can appear aggressive, violent, or non-consensual to external audiences, consent, communication, and empathy for a partner's experiences are central tenets of BDSM culture (Barker, 2013; Hébert & Weaver, 2015; Simula, 2019), and the type of guidelines one might learn when entering a BDSM community space (Sisson, 2007). This includes frameworks like "Safe, Sane, Consensual" (SSC), "Risk-Aware Consensual Kink" (RACK), and most recently "Caring, Communication, Consent, and Caution" (4Cs), which are all models of consent that scaffold BDSM play and relationships in many BDSM spaces (Simula, 2019; Williams et al., 2014). In "Who is in Charge of an SM Scene?" (2007), a submissive writer using the name Sophia explains that although the outward appearance of a BDSM scene may be a Dominant inflicting their will on a submissive, the ground rules and limits for the specific scene were agreed upon in advance between the Dominant and the submissive partners. Thorough negotiation is considered a fundamental precursor to acceptable BDSM practice in a single BDSM scene or a full power exchange relationship (Langdridge & Barker, 2007; Moser &

Kleinplatz, 2007; Williams et al., 2014). Agreements should be explicit rather than tacit (Pitagora, 2013) and cover interests, health issues, hard limits (i.e., off-limits practices), and soft limits (i.e., areas of concern of which the Dominant should be aware and tread carefully) (Holt, 2016; Moser & Kleinplatz, 2007).

In a qualitative examination involving BDSM participants, scholars discovered that developing consent agreements serves as the initial "meaning-making" stage through which sadomasochistic activities evolve into a "game" perceived as ordinary, pleasurable, and secure by the individuals involved (Faccio et al., 2014, p. 760). Cutler (2003), in his set of interviews, similarly observed that those engaged in BDSM often utilize sadomasochistic "games" to foster stronger emotional connections within their relationships.

After that contract has been established, the submissive hands over control to their Dominant, whom they trust to remain within consented boundaries. Safe words are employed during the scene to give partners a tool to signal consent over the course of a scene (Pitagora, 2013). For example, the traffic light system allows a partner to indicate that they are good to continue (green light), need to slow down because something is too intense (yellow light), or to stop the scene and discuss (red light) (Dunkley & Brotto, 2020). These can be used at any time during a BDSM scene and are encouraged to be used by both tops and bottoms (Jozifkova, 2013; Sagarin et al., 2009).

Aftercare is another component of consensual play employed by some BDSM practitioners, in which certain procedures are followed to bring an individual (e.g. Dominant and/or submissive) back to a pre-play cognitive and emotional state and created space to discuss problems or misunderstandings that arose during the play (Holt, 2016; Pitagora, 2013). Many authors have argued that this culture of consent and mutual agreement is a primary factor

distinguishing BDSM from psychopathology (Connolly, 2006; Newmahr, 2011; Ortmann & Sprott, 2015) and coercive sex (Cross & Matheson, 2008; Martin et al., 2016; Yost, 2010).

Transgressing negotiated limits is a major indiscretion in the BDSM community (Moser & Kleinplatz, 2007), but the stereotype that BDSM practice is synonymous with sexual violence is a common stigmatizing narrative directed at BDSM practitioners (Wright, 2006). Consent violations, abuse, and other forms of sexual violence do occur in BDSM relationships, but only in the sense that they violate the same fundamental boundary present in any type of sexual relationship: mutual consent (Dunkley & Brotto, 2020). One online survey (n = 2,996) of self-reported members of "alt-sex" communities (i.e. BDSM, kink/leather, fetish, and CNM) held by the National Coalition for Sexual Freedom (NCSF, 2020) found that 25.5% of respondents had their consent violated in an alt-sex context. Approximately 35% of female respondents reported experiencing a consent violation in an alt-sex context, and approximately 18% of men. Notably, the most common form of non-consensual act was listed as no aftercare (22%) and involving other people without asking (21%), followed by unwanted touching of the genitals (19%), breasts (16%), and penetration without a condom (15%) (NCSF, 2020). The Centers for Disease Control reports that over half of women in the general population and approximately one-third of men have experienced sexual violence (CDC, 2022). Another study found that the prevalence of adult sexual assault is approximately 22% of women and 3.8% of men in the general population (Elliot et al., 2004). Although these numbers can help frame the rates of abuse in different populations and subpopulations, a direct comparison utilizing the same definitions of assault is needed to draw meaningful conclusions.

BDSM practice should be understood as phenomenologically different from ethically defective non-consensual sexual violence (Miller, 2022), and making this distinction is crucial to

undercutting the common misconception that they are equivalent. Some preliminary research supports this distinction between BDSM and coercive sexual behavior. One study used a cluster analysis to assess if individuals who endorsed sadomasochistic interests also endorsed coercive fantasies, and the researchers found that the coercive group showcased markedly different psychological profiles from those with elevated interest in sadomasochistic fantasies without coercion, active in sadomasochism without coercion, or not interested in sadomasochism or coercive fantasy (Martin et al., 2016). Some key differences included elevated levels of victim blaming and lower levels of empathetic concern (Martin et al., 2016). In another study comparing BDSM practitioners to non-BDSM practitioners, the groups did not differ on levels of hostile sexism or acceptance of sexual aggression, and the BDSM group had lower levels of benevolent sexism, rape myth acceptance, and victim blaming (Klement et al., 2017).

Two other studies attempted to differentiate people who endorse sadomasochistic practice from those endorsing coercive sex (i.e. sex offenders against adults) by exploring sexual arousal cues (Harris et al., 2012; Seto et al., 2012). Harris et al. (2012) found that sex offenders were best identified by their arousal reaction to the presence or absence of cues related to nonconsent (e.g. victim resistance and refusal). Seto et al. (2012) found that BDSM-identified men with interests in sadism were primarily aroused by violence and injury during sex rather than resistance and nonconsent. Together, the research suggests that the arousal of individuals who have engaged in coercive sex (e.g., rape) is linked to nonconsent, whereas sadists from the BDSM community have increased arousal to situations involving violence but not nonconsent.

Despite the clear differences between coercive sex and BDSM practice, stigmatization of BDSM practice continues to prevail in popular media (Simula, 2019). Weiss (2006, p.103) argues that the presentation of BDSM in popular culture secures, “the boundaries of

protected/privileged and policed/pathological sexualities," with BDSM representation usually limited to villainous characters or as the target of jokes. In her analysis, Weiss describes the increase in consumption of BDSM content as a mere window into transgressive and risky behavior for the privileged groups, writing, "Viewers do not want BDSM to be something acceptable (and normal) or something understandable (and pathological); they want BDSM to be somehow outside these systems of power and privilege, discipline and control" (2006, p. 122). She suggests that the public wants BDSM to excessive, extreme, and salacious, a dirty desire "just out of reach" (Weiss, 2006, p. 128), and her survey data confirmed that viewers became bored with BDSM when its presentation hued too closely to typical expectations of consensual sexual practice. This suggests that current representations of BDSM may play a dual role in bringing BDSM practice to the mainstream while also reifying the negative stereotypes that surround BDSM that continue to situate it as taboo.

BDSM and Stigma

BDSM Pathologization and Mental Health Stigma

Much of the stigma around BDSM practice is rooted in its pathologization by the mental health establishment, stemming back to Krafft-Ebing's Victorian-era categorizations limiting most sexual acts to forms of deviancy requiring clinical treatment (1886/1999). The result is a history of normative sex being defined by Western clinicians as an act between two heterosexual, monogamous, young, and abled-bodied individuals, generally for the purpose of procreation, and the development of terms like "paraphilia" to legitimize the stigmatization of behaviors presumed to be atypical (Kleinplatz & Moser, 2007). This intolerance of so-called "perversions," carried out through the medicalization of BDSM practice as pathological, incentivized lay people to also perceive BDSM as mental illness (Simula, 2019). As described above, the DSM-5 was the

first mainstream clinical manual to use criteria to separate paraphilia from paraphilic disorder, identifying that, "a paraphilia is a necessary but not a sufficient condition for having a paraphilic disorder, and a paraphilia by itself does not automatically justify or require clinical intervention" (APA, 2013a, pp. 817). Starting with the DSM-5, to be diagnosed with paraphilic disorder, an individual must:

> …feel personal distress about their interest, not merely distress resulting from society's disapproval; or have a sexual desire or behavior that involves another person's psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent. (APA, 2013b)

Whereas this shift should limit the inappropriate diagnosis of consensual BDSM practitioners, researchers such as Moser (2019) have expressed frustrations about these categories, citing arbitrary timespans for some criteria, incoherent definitions of distress, and an overall narrow view of what can be considered a normative sexual practice. The British Psychological Society has cited their own concerns about the misapplication of stigmatized labels to normal experiences and argued for the complete removal of non-criminal paraphilias from the DSM (2011).

Critically, several authors have cited the lack of empirical evidence linking BDSM practice with greater risk for mental health concerns (Sprott & Randall, 2017; Shindel & Moser, 2011). A national survey focusing on psychological distress among BDSM practitioners found no significant difference compared to those practicing "typical" sex (Richters et al., 2008). Additionally, a comparison between 904 BDSM practitioners and 434 non-BDSM participants highlighted higher levels of conscientiousness, openness to experience, extraversion, and subjective well-being among BDSM practitioners, alongside lower levels of neuroticism and

rejection sensitivity (Wismeijer & van Assen, 2013). The authors also found no significant difference in attachment styles between BDSM sub-groups and non-BDSM controls. As a result of these findings, Wismeijer & van Assen (2013) advocate for viewing BDSM through a recreational or serious leisure perspective rather than a psychopathological one, aligning with the argument made by Newmahr (2010). In another study, 32 self-identified BDSM practitioners were given seven common measures of psychopathology alongside a demographics questionnaire (Connolly, 2006). The findings revealed that compared to normative samples, BDSM practitioners exhibited lower levels of depression, anxiety, post-traumatic stress disorder, psychological sadism, psychological masochism, borderline pathology, and paranoia, with equal levels of obsessive-compulsive disorder and higher-than-average levels of non-specific dissociation symptoms and narcissism. Once again, the takeaway from Connolly's (2006) study is that BDSM practitioners did not appear to have overall worse mental health outcomes than representative samples.

In a related study, Cross and Matheson (2008) critiqued the accuracy of various academic models regarding the development of sadomasochism. These models include the psychopathological-medical model, psychoanalytic model, escape-from-self model, and the radical feminist argument, which portrays BDSM as inherently misogynistic. The researchers administered a comprehensive battery of psychological tests to 93 self-identified sadomasochists. Results from tests such as the Sexual Behaviors Inventory, Differential Personality Questionnaire, Eysenck Personality Inventory, Symptom Checklist-90, Rosenberg Self-Esteem Scale, Dissociative Experiences Scale, Social Personality Inventory, Feminist Attitudes Scale, and Spanos Attitudes Towards Women Scale did not support any of the tested academic models defining the development of sadomasochism as pathological. This calls into question the validity

of these more pathological models for explaining the nature of BDSM practice (Cross & Matheson, 2008).

Additionally, there is little support for the hypothesis that BDSM practice is a psychopathological reaction to past trauma, especially child sexual abuse. Although child sexual abuse was found to be more common among male and especially female BDSM practitioners compared to the general population (7.9% among BDSM males compared to 1-3% of the general population; 22.7% compared to 6-8% among general population females), the vast majority of BDSM practitioners in the sample (90.4%) reported no sexual abuse at all (Nordling et al., 2000). Thus, the finding provides little support for the theory that BDSM practice is a psychopathology stemming specifically from abuse. Another more recent study using a sample of kink-identified individuals found that childhood trauma did not significantly predict dominant or submissive sexual behaviors, suggesting that childhood trauma is not a common precipitant of BDSM interest (Hillier, 2019). Tallberg (2023) similarly found no association between scores on the Childhood Trauma Questionnaire and a measure of the frequency of BDSM practice.

That said, although the above studies have been cited extensively as evidence against pathological models for explaining BDSM practice, especially Connolly (2006) and Cross and Matheson (2008), most of these studies have small samples and may not be capturing the most vulnerable members of the BDSM population. The above evidence reduces stigma or the BDSM community by undercutting pathological narratives of BDSM behavior, however, our relative lack of mental health outcome data for this population may also reflect a failure to capture information that could help us understand how minority stress and other prejudice-based factors do negatively impact BDSM practitioners (see Discussion).

Larger scale studies are needed to better understand BDSM practitioner mental health outcomes, and care needs to be taken to separate those outcomes from pathologization of BDSM itself. Some preliminary larger-scale data has revealed there may be more to the story. Respondents to the 2016 National Kink Survey (n = 987) – which included American adults 18 years or older with kinky fantasies, desire or longing for kink behavior, and those who currently engaged in kink or fetish behavior – reported higher lifetime prevalence of anxiety, depression, bipolar disorder, post-traumatic stress disorder, and attempted suicide than national prevalence numbers in what the researchers called an "eyeball comparison" (Sprott & Randall, 2016). Concerns regarding the relationship between BDSM practice and suicidality have emerged elsewhere in the literature. Research based on survey data from 321 self-identified BDSM practitioners indicated a potential link between stigma-induced shame and guilt and suicidal ideation among practitioners (Roush et al., 2017). Moreover, male BDSM practitioners who self-identify may face an elevated suicide risk due to correlations between engagement in BDSM sexual behavior, specific components of suicide risk (such as fearlessness of death and pain tolerance), and prior suicide attempts (Brown et al., 2017).

Despite the overall lack of evidence supporting the idea that BDSM practitioners are significantly different from the general population in terms of psychopathology, BDSM practitioners continue to face various forms of clinical bias, including unwarranted pathology, countertransference reactions from clinicians, limited understanding of BDSM cultural norms by clinicians, and clinicians' inability to separate BDSM play from abuse (Dunkley & Brotto, 2018).

Although research is limited, there are a few studies that evidence experiences of stigma in clinical settings. The largest such study gathered survey and open-ended responses from 175 self-identified BDSM practitioners across 40 states in the United States, and researchers found

118 instances of inadequate care compared to 113 instances of satisfactory care (Kolmes et al., 2006). Reflecting on unsatisfactory experiences, BDSM practitioners cited various issues such as therapists lacking accurate information about BDSM, discomfort with the subject matter, utilization of unhelpful or unethical practices, or inappropriate pathologization. Non-disclosure of BDSM practice due to the expectation of stigmatization by a therapist was a common experience (Kolmes et al., 2006), reinforced by an earlier quantitative survey (Moser & Levitt, 1995). Reported biases in the Kolmes et al. (2006) study encompassed therapists expressing negative views about BDSM, demanding clients to cease BDSM activities as a condition for treatment continuation, mistaking BDSM for abusive behavior, requiring clients to educate them on BDSM matters, attributing BDSM interests to past family trauma, and falsely claiming to be knowledgeable about kink when they were not. In an internet-based survey, BDSM practitioners reported frequently needing to correct their therapist's misconceptions about BDSM (Kolmes, 2003). Another survey found that 32% of a sample of BDSM practitioners who utilized counseling services felt that the counselor had been insensitive to their sexual identity (Brame, 1999).

Elsewhere, in their content analysis of 32 BDSM-identified heterosexual couples and their experiences with therapy, Hoff and Sprott (2009) found descriptions of a variety of positive and negative therapeutic experiences and that stigma in therapy was sporadic and took several forms. Some of the impacts of "felt stigma" included clients feeling unsafe to disclose their BDSM practice to their therapists even after months of therapy, or after disclosure, clients experiencing discomfort at the therapists' insistence on defining their BDSM practice as immoral, wrong, or pathological, or spuriously connecting BDSM involvement to the client's presenting problem. Termination of therapy was also found to be a result of negative experiences

after disclosure, either initiated by the therapist (i.e. client abandonment) or by the client following stigmatizing therapist interactions.

Research on providers reveals that although therapists can expect to encounter BDSM practitioner clients approximately as often as they encounter LGB clients (Lawrence & Love-Crowell, 2008), therapists report being significantly more uncomfortable working with BDSM practitioner clients versus LGB and CNM clients (Ford & Hendrick, 2003). In one larger study of clinicians' attitudes toward BDSM, researchers found that although 76% of clinicians had worked with at least one BDSM practitioner, only 48% of clinicians perceived themselves to be competent to practice in this area (Kelsey et al., 2013). Most clinicians in this sample did not perceive BDSM practice as a benign variation in sexual interest, and nearly half were unsure if the clients they saw who practiced BDSM were psychologically healthy (Kelsey et al., 2013). This represents a significant problem for BDSM practitioners seeking mental health services, as unprepared clinicians may have a countertransference reaction to BDSM practitioner clients' disclosure of their identity, causing an intellectualization of the clinician's fear, disgust, or anxiety toward BDSM, which results in either the narrowing the focus of therapy to BDSM against the will of the client, or ignoring BDSM completely (Nichols, 2006).

One additional study showcases how this non-disclosure trend is present in medical care as well. Fewer than 40% of San Franciso Bay-area BDSM community members – one of the most notable kink and BDSM communities in the country – reported that they had not disclosed their sexual activity to their medical care providers, predominantly citing fear of stigma and misrepresentation (Waldura et al., 2016). Medical professionals in many states and contexts are required by law to report suspicious bruising or other injuries even if the patient has reported that the injury was from a consensual activity, indicating that fears of misrepresentation are not

baseless (Houry et al., 2002; Sachs, 2007). Despite these understandings of stigma, particularly in healthcare settings, there remains no research (to my knowledge) of the negative mental and physical health impacts of these experiences on BDSM practitioners.

BDSM and Social Stigma

The narrative of pathology extends beyond the clinical realm and into the beliefs of the general population (Hughes & Hammack, 2019; Nichols, 2006). As discussed in the Introduction, BDSM practice is highly stigmatized by the general public (Schuerwegen et al., 2020; Hansen-Brown & Jefferson, 2023). In addition to the fact that 86% of the Belgian sample self-reported agreement with at least one BDSM stigmatizing statement, only 14% did not agree with any BDSM stigmatizing statements, and 77% endorsed at least one discriminatory attitude (e.g., not wanting a BDSM practitioner as a neighbor) (Schuerwegen et al., 2020). In developing a scale measuring attitudes about sadomasochism, Yost (2010) used exploratory factor analysis on one sample (n = 215) and confirmatory factor analyses on a second sample (n = 258) to identify four unique categories of stigmatizing attitudes: (1) sadomasochism is socially and morally wrong, (2) sadomasochism is associated with non-consensual violence, (3) a lack of tolerance for sadomasochistic people, and (4) that dominant and submissive traits translate into real life beyond the domain of a BDSM scene (e.g. that a Dominant would be generally aggressive and controlling of others, or that a submissive would be overly passive).

Unsurprisingly, these attitudes bleed into laws as well. Legally, BDSM practice is not protected, and a number of cases have been prosecuted across the Western world in which BDSM practice was wrongly characterized as sexual assault or abuse (Bennett, 2013; Turely & Butt, 2015). Wright (2006) documented several cases of discrimination against BDSM practitioners, private parties, and organized BDSM community spaces. The various forms of

discrimination Wright (2006) documented included losing jobs, inheritances, custody of children (see also: Ridinger, 2006), and security clearances, as well as being targets of violence.

In the United States, Canada, and the United Kingdom, individuals cannot consent to assault or inflicting personal injuries, and therefore BDSM practice technically becomes a criminal act once the jurisdiction's legal threshold for bodily harm has been passed (Bennett, 2018). These types of legal definitions have been used to enact discriminatory action against people engaged in consensual acts, and to this day the legal status of BDSM practice in most countries is unclear (Holt, 2016). For example, in the U.S., consent to other forms of bodily harm, such as tattoo and piercing, surgery, and impact sports are protected from legal liability via legal licenses and other regulations (Bennett, 2018), yet BDSM remains in a grey area. In the past, a decision in a Canadian court distinguished BDSM from other activities with consensual injuries with the justification that BDSM holds no "social value" and thus met the criteria for pornographic obscenity instead (Olson, 2012; *R. v. Welch*, 1995). Conversely, a Canadian judge in 2004 explained that BDSM activities are a natural aspect of human sexuality, ruling videos containing BDSM were not to be considered legal as obscenity or violence (Barker et al., 2007). Famously, the "Spanner" trials, beginning in the United Kingdom in 1987, involved police investigations and raids into spaces used by men for same-sex sadomasochistic play (Beresford, 2016; White, 2006). The trials ended with the House of Lords ruling that consent was not a lawful legal defense for the several men accused of sexual assault and obscenity, leading to jail time, probation, fines, and more, which in turn fed reputational destruction for the accused (Beresford, 2016; White, 2006).

There is also some preliminary evidence of intracommunity stigma. Erickson et al. (2021) found that racial minority BDSM practitioners were 17 times more likely than their White

counterparts to feel fetishized (based on their race) at BDSM events and reported experiencing slurs and microaggressions.

Clearly, stigma surrounds BDSM practice at multiple levels – personal, societal, legal, medical. What is less understood is how this stigma is experienced by BDSM practitioners and what are considered by practitioners to be stressors, protective factors, or both. Although minimal, the existing research on BDSM practitioner stigma focuses on disclosure management, concealment, and internalized BDSM negativity, each of which are identified as common proximal stressors for sexual minorities within MST (Meyer, 2003).

Disclosure and Concealment.

Disclosure of BDSM practice refers to one's expression of their BDSM identity to others, either by choice or force, i.e. being "outed." Concealment refers to the process of concealing one's minoritized identity from the public, and is theorized to be both a stressor, in that one must hide their identity for fear of discrimination, as well as a protective factor, as concealment can be used to reduce incidence of discrimination (Meyer, 2003; Stiles & Clark, 2011). Notably, there is discussion in the literature surrounding the necessity of disclosure and concealment among BDSM practitioners, bringing up the question of when and where it is appropriate or necessary to discuss BDSM practice, although there is no consensus at this time (Bezreh et al., 2012; Meeker, 2013).

Little is known about how and when BDSM identities develop, which is a major limitation in understandings of disclosure and concealment. In an investigation into "how" BDSM identities develop involving 128 male and 144 female adult BDSM practitioners, researchers discovered that explanations provided by BDSM practitioners for the origins of their BDSM sexual preferences (using retrospective recall) were evenly divided between those who

believed that they were born with BDSM desires (i.e., essentialist) and those who believed they developed BDSM desires through social learning (i.e., constructionist) (Yost & Hunter, 2012). In an five year ethnographic study of 29 BDSM practitioners in Sweden, Carlström (2018) found that BDSM practitioners developed their identities over time in a complex, dynamic process of "becoming" comprising several steps with different pathways connecting fantasy, memory, action, and desire. One's beliefs about how their BDSM identity came to be may play an important role in disclosure and concealment management, but there remains a paucity of research exploring this question.

Regarding the question of "when" BDSM identities develop and/or are shared, Gemberling et al. (2015) determined that attraction to BDSM fantasies is realized by most BDSM practitioners in their late teens or early twenties, however behavior and the adoption of BDSM identity is often not adopted until the mid-twenties. In another recent study, Coppens et al. (2020) found that most participants in their study became aware of BDSM interests between the ages of 16 and 25, and most had already engaged in some BDSM activity by the age of 25. In an older study surveying members of a sadomasochism support group, Moser and Levitt (1987) had slightly different findings, showing that while 42% of participants "came out" between the ages of 11 and 24, 26% had a sadomasochistic experience by the age of 16, including 12% before the age of 10, and 26% "came out" before having a first sadomasochistic experience. Notably, 32% of the sample did not "come out" until they were 30 or older. These findings suggests that age of identification of BDSM interest and coming out may vary widely, although age cohort may play a major role in these differences, given the Moser and Levitt (1987) study is approximately 30 years older than the Gemberling et al. (2015) and Coppens et al. (2020) studies. Findings in another older study further support the idea that interest in BDSM can appear

at an early age, with one survey showing that 9.3% of a sample of BDSM practitioner from a Finnish BDSM club had an awareness of their sadomasochistic inclinations before the age of 10 (Sandnabba et al., 1999). In a recent, smaller study, most respondents reported being aware of BDSM-related fantasies or feelings by age 15 (Bezreh et al., 2012). It is important to point out that in addition to some of this data potentially being out-of-date with the current trends in BDSM culture, it was also sourced entirely from individuals who were already "out" to some degree, or the extent necessary to respond to recruitment materials for a studies of BDSM practitioners, meaning we know even less about those who choose to keep their BDSM interests concealed.

BDSM practitioners tend to be aware of the stigma that surrounds their community and fear being exposed to work, family, or friends because they likely do not have any form of tangible protection against discrimination (e.g. no legal protection for being fired because they engage in BDSM). For example, a popular Canadian radio host was allegedly fired after his participation in consensual BDSM was revealed, with corporate executives explaining to reporters that, "'…this type of sexual behavior was unbecoming of a prominent host…'" (Keenan, 2014). In one study, researchers found that negative disclosure or "coming out" experiences among their sample of BDSM practitioners (n = 67) were more common than positive disclosure experiences (Ling et al., 2022). That said, there were a wide variety of experiences cited in the study that differed depending on context, including work, friends, and family. In some cases, participants were fired or disowned, others found understanding and support. Additionally, some participants felt that their kink identities were more stigmatized than their other identities, including other sexual minority identities. Participants in this study also reported a variety of emotional experiences in response to stigmatizing incidents. These emotions

were largely negative but grew toward resilience as the respondents moved from hurt, fear, and feeling misunderstood when an incident occurred, into anxiety and regret during processing, and finally acceptance at the point of resolution (Ling et al., 2022).

In their widely cited study, Bezreh et al. (2012) found that BDSM practitioners felt judgement, invisibility, and marginalization stemming from negative cultural taboos about BDSM, resulting in self-judgement and shame during initial periods of awareness of BDSM interests. Even after personal acceptance was achieved, universal awareness of environmental stigma and the norm of silence surrounding disclosure meant that BDSM practitioners needed to engage in ongoing consideration of how stigma about their identities might affect them if they chose to disclose. Stress was found to be present for respondents in both planning and enacting disclosure, as well as preventing unwanted disclosure (i.e., concealment). Risk, motivation, and appropriateness were all major considerations for disclosure, and the calculations would change radically between the context of lovers and spouses versus family or friends. Bezreh et al. (2012) conclude that there is no singular pathway to disclosure, but that it can be a monumental and confusing task for some BDSM practitioners.

In a study of 63 BDSM participants, Damm et al. (2018) found that participants were most open to disclosing current romantic partners and least open to disclosing to family of origin and their workplace, as expected. Participants also identified a number of advantages and disadvantages to disclosure. Advantages included increased feelings of confidence, power, and liberation, being able to better support others and feeling better supported by others, having opportunities to educate others about BDSM, and better sex. Disadvantages included stress trying to explain or justify their BDSM interests, having assumptions made about their personality based on misconceptions about BDSM, and experiences of shame. In another study,

Brown et al. (2022) demonstrated evidence that BDSM disclosure may be protective against suicidal ideation by reducing feelings of thwarted belonginess among those who identify as sexual and gender minorities.

In another widely cited study, Stiles and Clark (2011) interviewed 73 BDSM practitioners with a focus specifically on concealment, rather than disclosure. The authors identify that concealment is a coping mechanism for managing stigma attached to BDSM, but that BDSM practitioners operate on multiple different levels of concealment. The most common form of concealment was "absolute concealment" (38%) in which no friends, family, or co-workers outside the lifestyle, and may limit the number of friends they have outside the lifestyle. "Thorough concealment" (25%) included those who would tell select close friends, but otherwise retain firm boundaries. "Scrupulous concealment" (11%) includes those who have disclosed only to select family members, "partial concealment" (18%) includes those who tell some friends and family, and "fractional concealment" (6%) includes those who only conceal to one or two select individuals, such as the very young or very old, to protect them. Lastly, only 1% of the sample identified as "open," meaning they would not conceal to anyone, whereas the final 8% of the sample included those who had been exposed or "outed" against their desire to remain in one of the other categories.

The main reasons that respondents concealed was to protect themselves from the impacts of stigma, protect others who might be confused or uncomfortable, or to enhance the ingroup cohesion and build excitement about BDSM activity (Stiles & Clark, 2011). Concealment strategies included hiding in plain sight (e.g. hiding symbols of dominance and submission in everyday jewelry), compartmentalizing public and private behavior (e.g. restricting BDSM practice to dungeons and other BDSM spaces), going out of sight (e.g. no crossover with public

persona, even using pseudonyms in BDSM spaces), and using cover stories. The authors conclude that secrecy is a basic human experience, and that BDSM practitioners who engage in concealment do so for a variety of reasons, including but not limited to stigma management and a way to make their practice special, sacred, and/or distinctive (Stiles & Clark, 2011).

Internalized Stigma.

Internalized stigma, or self-stigma, refers to a process whereby an individual endorses stereotypes about one or more stigmatized characteristics they hold, resulting in devaluation, marginalization, and shame toward themselves (Herek, 2007; Herek, et al., 2009; Livingston & Boyd, 2010). Moser (1999), working as a doctor and sex therapist, found that common issues expressed by patients who engaged in BDSM centered on internalized stigma, including asking questions like “Am I normal?,” whether their BDSM interests indicated pathology or criminal intent, and whether he could make their BDSM interests go away in lieu of a more mundane sexual lifestyle.

Despite internalized stigma being a common topic in literature, there are very few studies that directly examine this issue. In their study of self-stigma in 256 BDSM practitioners, Schuerwegen et al. (2020) found that during or after participation in BDSM-related activities, participants had at least once felt ashamed (55%), confused (46%), weird or divergent (45%), regretful (36%), and/ or guilty (33%). Crane (2022) found that internalized stigma about BDSM practice among BDSM practitioners was moderately positively associated with greater psychological distress, and that this correlation was commensurate, and in some cases stronger, than the same association found in other studies of sexual minority populations. Crane (2022) also found that relationship was not moderated by the centrality of participants BDSM identity.

The qualitative work of Damm et al. (2017) and Bezreh et al. (2012), found narratives related to shame, anxiety, and fear of negative reactions to their identity. The stereotypes that feed shame descended from societal expectations that most children learn in childhood (Herek et al., 2009), and therefore the internalization of these stereotypes likely starts before most BDSM practitioners ever realize the identity for themselves (Quinn & Earnshaw, 2011), making for a particularly insidious process. Because identification with one or more sexual minority groups may not develop until an individual is in their twenties, individuals may have to contend internally with the full weight of a negative belief structure gained throughout their life. Moser's (1999) finding is even more salient when we assume that some of participants believed that BDSM practice was sinful or representative of mental illness, only to find themselves aroused by those actions. Internalized stigma is strongly related to self-esteem, which in turn is correlated with many facets of psychological well-being (Herek et al., 2009), and this may in turn explain why Roush et al. (2017) found that shame was directly related to suicidal ideation about BDSM practitioners.

Again, there have been limited studies on the impacts of these experiences of stigma on BDSM practitioners. Most of the data presented in this chapter suggest that BDSM practitioners do not have worse mental health outcomes than their non-BDSM practicing peers, yet the above research presents a variety of BDSM-specific forms of stigma that do impact BDSM practitioners' quality of life. Future research should focus on identifying and/or describing specific components of BDSM stigma, including delineating different forms of stigma between BDSM subgroups, and then use those components to better survey and understand their impacts on health and relational outcomes for BDSM practitioners. Moreover, participants in most studies related to BDSM identity are predominantly White, heterosexual, and cisgender (Tatum

& Niedermeyer, 2021), signaling that more work is needed to understand the diverse intersectional experiences of BDSM practitioners.

Full-Time Consensual Power Exchange Relationships: 24/7 BDSM

As detailed previously, much of the literature reviewed so far has examined BDSM as a single monolithic group. Although an exploration of this content is necessary to grasp our current understanding of BDSM practitioners given the overall dearth of literature on the subject of BDSM, it is also important to understand that many layers of subgroups exist underneath the broad umbrella of BDSM practice. One of the most fundamental subdivisions is between those who practice BDSM casually for pleasure and those who extend their practice into a consensual full-time power exchange relationship, or 24/7 BDSM/total power exchange/authority transfer/etc. (Kaldera, 2010; Sprott & Williams, 2019). This division transcends many layers of the BDSM world – for instance, two sets of partners may enjoy engaging in a particular type of subcultural role play, such as a Master/slave dynamic, but one couple may do so only in the bedroom or at events, whereas another couple may integrate activities related to the power exchange into their everyday life on a permanent basis (i.e., 24/7; Brown, 2010; Dancer et al., 2006; Moser & Kleinplatz, 2006, Weinberg, 2006).

As discussed in the introduction, it is unknown how many people engage in full-time consensual power exchange, but some research has suggested that 27.5-43% of BDSM practitioners have engaged in full-time consensual power exchange behavior at some point (Gemberling et al., 2015; Rogak & Connor, 2018). According to Cascalheria et al. (2022), most research that addresses full-time consensual power exchange does so not as the focus of study, but as descriptive demographic variable within the wider target population of BDSM

practitioners (i.e., Rogak & Connor, 2018). In the following passages, I will describe what we know about BDSM power exchange, and research related to power exchange in relationships.

Power Exchange

Power and power exchange within a BDSM relationship represent a dense, multi-layered dynamic (Turley, 2018a). Although the term "power exchange" suggests unequal power within a relationship, there is a consensus among BDSM practitioners that power is shared equal between partners yet exchanged within the confines of an agreed upon scene, context, and/or timeline (Hébert & Weaver, 2015; Moser & Kleinplatz, 2007). In other words, both partners have power, and the Dominant retains control within a scene or dynamic (Turley, 2018a). BDSM submissives identify the degree of power they wish to exchange with the Dominant during consent negotiations, with the aim of ensuring all partners have a satisfying and fulfilling experience (Sophia, 2007). Additionally, sex and bondage are only a portion of the typical day in the life of a full-time consensual power exchange relationship, and during the negotiation process, submissives can establish autonomy over certain duties or aspects of their lives without disrupting the overall power hierarchy (Kaldera, 2010; Rinella, 2005). In essence, negotiation is the plane on which the basic building blocks of any scene or relationship are formed.

Although it may appear from the outside that the Dominant has all of the power in a relationship, most submissives do not relinquish all their power, even in a 24/7 agreement, and throughout the course of a scene or relationship the submissive often has opportunities to further negotiate (Turley, 2018a). Take, for instance, the fact that in a consensual scene a submissive will most likely have a safe word that can stop the scene immediately (Weiss, 2015), which Turley (2018, p. 194) describes as "arguably the greatest power of all." Adding to the complexity, this

power to negotiate from the bottom, even in the midst of a scene, must be balanced against the need for play to feel spontaneous, and therefore authentically erotic (Turley, 2018b).

This unique and complex blend of power dynamics undercuts some of the stigmatizing cultural notions of BDSM as being non-consensual (Barker, 2013; Simula, 2019), and the need to develop specifics for the safe operation of consensual power exchange also supports the theory of BDSM as a "serious leisure" activity (Newhmar, 2011). Dominants, for instance, face the challenge of pleasing themselves and their submissive(s) while also managing control, safety, and the exercise of power. As Turley (2018a) argues, a BDSM Dominant needs to develop good leadership skills grounded in care, as they are responsible for the welfare of all involved during the scene. The Dominant will need to develop the narrative and choose the activities and tools necessary for a scene, while maintaining awareness of the constraints (i.e., limits) defined by the submissive before the scene. This can include the highly nuanced and delicate task of pushing the limits of submissives who have previously identified a desire to be pushed.

On the other side, submissives find eroticism and comfort in relinquishing control, or as Turley (2018a) describes from her research, the perception of the removal of responsibility. Easton and Hardy (2011), in their educational manual on bottoming *The New Bottoming Book*, argue that individuality, strength and power do not necessarily need to be surrendered when bottoming, just reorganized and reoriented toward the roles of a sub and specifics of a cocreated fantasy with the Dominant. A wide range of potentially contradictory emotions can be experienced, including fear, empowerment, care, and more. One study by Baumeister (1988) found that some submissives, especially men who achieve high-status at work, enjoy adopting the submissive role to temporarily escape power and authority, abandoning high-level self-awareness to instead be forced to focus on managing reactions to immediate visceral physical

sensations, and by extension, experience "powerlessness." The shift from the cerebral to corporeal creates space for some to let go of the usual responsibilities of everyday life in the outside world and be reduced to a narrow focus on the Dominant (Turley, 2018a). Some researchers have identified empowered behaviors such as "badass bottoming" (Newmahr, 2011), where the submissive competes with themselves to go further than they've gone before, or with the Dominant to outlast their own physical or psychological limits, and "Dominant bottoming" (Moser & Kleinplatz, 2007), where the submissive directs their top how to use them to guide the scene. Although "submission" is not normally associated with terms like endurance, resilience, and strength, submissive partners tend to demonstrate these qualities through their eroticized experiences of pain, restriction, and other BDSM practices. Notably, feminist scholars have also argued that feminist ideals are sustained within full-time consensual power exchange hierarchy when women have consented to enter the arrangement (Ritchie & Barker, 2005).

An individual's preference may be to play the role of the Dominant or the submissive, but either role comes with a set of responsibilities which, through collaborating with the other partner/partners, generates and maintains the erotic framework of the scene or larger relational context (Turley, 2018b). Elevated or lowered status between partners is often signified by various symbolic behaviors, such as clothing choice, manners of speech, demeanor, and other ritualistic acts, such as the Dominant being clothed and a submissive being naked, or a Dominant placing a collar around the neck of the submissive to identify ownership (Turley, 2018a; Simula, 2019). All of these behaviors are in service of increasing the feeling of authentic power exchange between parties; however, different types of BDSM practitioners may seek different versions of this authentic power exchange (Turley, 2018a). For example, those who enjoy giving or receiving pain or intense physical stimulation (e.g., sadist and masochist) may or may not be the same

people who enjoy physically or psychologically restraining a partner or being restrained by their partner. Terminology like Dominant, submissive, Top, and bottom can give us a sense of who prefers to wield control versus who prefers to relinquish it, but the label(s) an individual takes on do not necessarily indicate interest in any particular behavior (Turley, 2018a).

Notably, consent is a primary distinguishing factor that separates full-time consensual power exchange from abuse (Carlström, 2017). Consent is generally an iterative process, drawing on SSC, RACK, or 4Cs to help a power exchange relationship evolve over time (Simula, 2019). Non-consensual power imbalances in relationships may lead to intimate partner violence, and although it is rare, this could happen in a full-time power exchange arrangement (Gemberling et al., 2015; Pitagora, 2016; Wismeijer & van Assen, 2013). In sum, the nature of BDSM power exchange is vast, varied, and ever evolving. No two experiences are the same, but the underlying expectation is an understanding of mutual respect for needs and boundaries.

Consensual Power Exchange Research

Full-time consensual power exchange was only identified within professional literature around the end of the 20th century (Moser, 1989). Since then, it has rarely been the focus of study for researchers interested in kink and BDSM. Cutler et al. (2020) sought to evaluate the long-standing argument within and outside of the BDSM community that long-term BDSM relationships were likely to fail due to the incompatibility of satisfying sadomasochism and romantic affection (Townsend, 2000/1972). Cutler et al. (2020) interviewed 33 top and bottom BDSM practitioners in 17 “long-term BDSM relationships,” including full-time (or 24/7) power exchanges, and found that participants felt power exchange facilitated partner bonding, provided a sense of security to partners often associated with deeply engrained rituals and protocols. Relationship values espoused by participants included transparency, communication, high

degrees of trust, focus on each other's happiness, and the co-construction of a shared reality to meet both partner's needs (Cutler et al., 2020). The authors concluded that long term BDSM relationships can be highly functional.

In 2022, Cascalheria et al. (2022) designed a study describing the experiences of full-time power exchange BDSM practitioners, referred to specifically as 24/7 BDSM practitioners in the study. In this small qualitative study, the researchers used "insider knowledge" (Taylor, 2011) to recruit four participants and applied an interpretive phenomenological framework to analyze their descriptions and contextualize them. The researchers found four superordinate themes and ten subordinate themes. The first theme was "routes toward 'the fundamentals,'" describing research performed by the participants that led to their discovery and eventual experiences with BDSM. "The fundamentals" were the basic pieces of knowledge that the participants felt one needed to engage in 24/7 BDSM (e.g., consent), and the subordinate themes (sexually explicit resources and kink-related experiences) were identified as the pathways or tools needed to learn those fundamentals. The second theme was "dynamic consent," which refers to the ever-evolving agreement between partners about the nature of their 24/7 BDSM. The ability to have consent evolve dynamically requires honesty from partners (the first subordinate theme) as well as what the researchers labeled "contextual communication," or an awareness of how your partner changes across time, scene, and situation. Ideally, dynamic consent creates a comfortable and rewarding container for the relationship. The third main theme was "full-on lifestyle," which refers to the participants feeling that kink permeated throughout their entire lives, supported by themes of "self-in-role" (i.e. that their BDSM role was category with a high degree of meaning to their sense of identity), "flexible rules" to manage real world demands, "shades of play" indicating undercurrents of power exchange even in normative encounters, and the intersection

of 24/7 with "polyamory." The final theme was "Practicalities," which refers to how the "full-on lifestyle" creates practical concerns for 24/7 BDSM players, which they navigate by balancing benefits and challenges, the two subordinate themes. The authors describe 24/7 BDSM as a socially constructed and consensual full-time adherence to kinky roles and behaviors that are not time-bound, and suggest that their findings support the conceptualization of BDSM as an erotic lifestyle based on the centrality of identity and presence of the theoretical components of leisure. With only four participants, the study is limited in presenting the variety of experiences withing 24/7 BDSM, but plays an important role in beginning to bring empirical evidence to the discussion of our understanding of full-time consensual power exchange.

Another study, by Dancer et al. (2006), provides a significant window into understandings of full-time power exchange by exploring the experiences of 146 self-identified 24/7 slaves in committed relationships. Among respondents, 99% indicated that they had rules to follow, 86% reported following rituals, and 67% cited discipline (i.e. punishment) as the most important ritual. Despite expectations that slaves would be expected to do usual household chores, the data showed that slaves were mostly responsible for menial tasks, and that some menial tasks were divide along stereotypical gender lines (e.g. 30% of female slaves took out the trash, versus 82% of male slaves). Moreover, slaves reported that although their roles never change, their "conduct modes" or "forms" will change depending on context, such as being at home, at the store, at work, or elsewhere (Dancer et al., 2006). Many of these choices were driven by simple demands of activities of daily living, but also by the perceived prejudice against an Owner-slave couple by society at large. As a result, 75% of male owners and 100% of female owners allowed their slaves to be out of their role under some conditions. These data reveal that

stigma does exist for full-time consensual power exchange relationships, but they do not describe it, which this study hopes to do.

There was a strong emphasis among participants on the ways in which the relationship structure was built to ensure the safety of the slave – 51% of participants reported having established boundaries and safe words with their Dominants, while many others expressed confidence in their Dominants' understanding of their limits and thus did not feel the need for additional safeguards beyond their consent agreement (Dancer et al., 2006). Furthermore, 88% of respondents expressed satisfaction or complete satisfaction with their current relationships, and 71% noted that their relationships were more fulfilling or significantly more fulfilling than when they initially began. Interestingly, 74% also reported that they had engaged in behavior during their relationship that "had seemed inconceivable at the start of the relationship" (Dancer et al., 2006, p. 91). Regarding the ability to leave the relationship, almost half the respondents indicated that they had had a previous owner, with 69% reporting they initiated their own release, 24% reporting their owner initiated the release, and 7% reporting mutual termination or not reporting at all. Again, these data further suggest the dynamic nature of consent in full-time power exchange relationships. Unfortunately, the researchers did not collect data from Dominants, leaving a large blind spot in their work.

Furthermore, I could not find any other empirical work exploring full-time consensual power exchange. As noted previously, most research has dealt with full-time power exchange as more of demographic category than the focus of research, but those studies can still provide some insight into understanding full-time power exchange. Rogak and Connor (2018) surveyed 163 BDSM practitioners about relationship satisfaction using the Revised Dyadic Adjustment Scale (RDAS). All participants were required to be in a committed relationship or marriage to

participate in the study. They were asked to indicate their level of involvement in BDSM, ranging from "Only in the Bedroom" to "I live the lifestyle 24/7" (Rogak & Connor, 2018, p. 459), commensurate with the options used on Fetlife.com, a leading BDSM community website. The mean RDAS score for this sample was 50.3 (SD = 7.2). According to Crane et al. (2000), RDAS scores 47 and below indicates relational distress. These findings suggest that the majority of BDSM practitioners in the sample scored above the RDAS cutoff for clinical relational distress. No gender differences were found. Although the authors cited inclusivity as a reason for not excluding participants based on reports of sexual orientation, this could also be seen as a limitation as it does not consider the potential influence of norms from other minority sexual cultures, such as LGB-related cultures, on relationship satisfaction. Additionally, a study of 58 top and bottom BDSM practitioners participating in many different sadomasochistic activities revealed that both sides reported increased relationship closeness after engaging in BDSM activities (Sagarin et al., 2009).

Hébert and Weaver (2015) conducted interviews with 21 self-identified adult Dominant and submissive BDSM practitioners to assess their perspectives on the advantages and hurdles of BDSM relationships. Participants outlined the general benefits of BDSM as encompassing "personal growth, enhanced romantic relationships, community, [and] psychological release." Submissives depicted Dominant partners as possessing qualities such as empathy, nurturing tendencies, a capacity for taking control, and being attentive and responsible (pg. 49). These insights correspond with established ideas regarding the significance of open communication and mutual empathy in fostering satisfaction within romantic relationships (Busby & Gardener, 2008; Fletcher et al., 2019; Gottman, 2023/1994; Kimmes et al., 2014). Notably, stigma was identified as a challenge or impediment in BDSM relationships by both Dominants and submissives.

The Current Study

BDSM represents a broad range of subpopulations with specific needs and experiences. One of the most fundamental subdivisions is between those who practice BDSM casually (e.g. "only in the bedroom" or at other regular or irregular interludes), and those who practice BDSM or consensual power exchange full-time (Sprott & Williams, 2019). Research on both groups has been sparse due to a number of issues including access and stigma, but some researchers have jumped to suggesting that MST be applied to research of BDSM practitioners given historical and present day stigma, as well as the BDSM community's shared similarities with other sexual minorities (Rogak & Connor, 2018; Roush et al., 2017). Although the literature review above has demonstrated that stigma toward BDSM practitioners does exist (Schuerwegen et al., 2020; Hansen-Brown & Jefferson, 2023) and does impact BDSM practitioner behavior (Kolmes et al., 2006), the literature also reveals that these experiences may not confer worse health outcomes for BDSM practitioners relative to non-BDSM practitioners in the same way other sexual minority groups experience health inequities (Connolly, 2006; Cross & Matheson, 2008; Richters et al., 2008; Weinberg, 2006; Wismeijer & van Assen, 2013), or that these pathways are different. This fact violates a core function of MST, which is to provide an explanation for why sexual minority groups have significant health disparities compared to their majority counterparts (Meyer, 2003). As such, before producing further quantitative work exploring BDSM broadly or full-time power exchange specifically within an MST framework, a more fundamental exploration of the subjective experiences of stigma among FTCPE practitioners is needed to understand its idiosyncrasies. The purpose of the current study is to explore the lived experience of stigma among FTCPE practitioners which is not represented in the literature, and in turn begin to generate a base from which our understanding of FTCPE and BDSM stigma can grow.

Methodology

Descriptive Phenomenology

To collect this data, I used a descriptive phenomenological framework. I collected in-depth, semi-structured, and face-to-face interviews with FTCPE practitioners about their lived experiences from which I derived fundamental meanings through descriptive phenomenological qualitative analysis (Creswell, 2013; Girogi, 2009). Unlike other forms of phenomenology and qualitative analysis, descriptive phenomenology eschews all preconceived notions, including all other theories (i.e., MST), in favor of listening to, understanding, and deriving essential meaning from pure descriptions of the lived experiences of the target population (Giorgi, 2009). This is a necessary step in the development of our understanding of FTCPE and stigma. As such, descriptive phenomenology is the sole theory guiding this research. In the following sections I provide a brief historical overview and explore the central philosophical tenets of Edmund Husserl's descriptive phenomenology (1913/2014). Following, I provide a description of the procedures used for this research.

History

Phenomenology is a multi-faceted philosophical movement concerned with the nature of consciousness and the investigation of reality through subjective lived experience (Sokolowski, 1999). Vagle (2014, p. 11-12) describes phenomenology as both a philosophy and a methodology, and even more broadly as "an encounter, a way of living, a craft." The word "phenomenon" is rooted in the Greek *phaenesthai*, meaning "to glare, show oneself, to appear" (Moustakas, 1994, p. 26). Although we generally describe phenomena broadly as any facts or situations which we observe to exist or to have happened (Merriam-Webster, n.d.), phenomenology concerns itself with the notion of conscious observation itself, and phenomena

as objects which emerge in our consciousness. Husserl argues that returning to the self and paying attention to "inner evidence" is a way to generate knowledge that is largely missed by other forms of scientific inquiry (Moustakas, 1994, p. 26).

Although earlier writing by Emmanuel Kant and George Hegel began the development of phenomenology in the eighteenth century, the movement is centered in the late nineteenth century and twentieth centuries (Moustakas, 1994). It was Husserl's mentor, German psychologist Franz Brentano, who initially rejected contemporary forms of idealism and psychology as overly abstract and instead sought to develop a more rigorous science of psychology by focusing on the descriptive study of mental acts, intentionality of consciousness, and intentional objects (Moran, 2000; Scruton, 1995). Although Brentano coined the term "descriptive phenomenology," it is Husserl who is considered to have started the phenomenological movement with his two-part publication of *Logical Investigations* in 1900 and 1901 (Sokolowski, 2000). Foundationally, he wanted to turn the study of human nature toward "the things themselves," in other words, to study descriptions of human experience directly, without judgement or prefabricated interpretation (Husserl, 1913/2014). This includes the eschewing of agreed-upon concepts about the world, such as pre-existing sociological theories, which would mask or distort the raw data of firsthand experiences. Husserl intended for this concept to extend beyond the sociological and psychological sciences and into all sciences, although he began with psychology.

The movement developed as a reaction to some of the popular metaphysical philosophies and scientific methodologies of the late 19th century which proposed psychologistic, physicalist, and materialist explanations for reality as well as positivist methodological approaches to developing knowledge (Dowling, 2007; Gallagher & Zahavi, 2021). These ideas formed much of

the backbone of positivist science, which operates on a belief in a "mind-, experience-, and theory- independent reality" which can be discerned through direct observation using various scientific tools (Gallagher & Zahavi, 2021, p.26). The foremost philosophers of phenomenology, including Husserl, Martin Heidegger, Maurice Merleau-Ponty, Jean-Paul Sartre, and others, argued that this ideal of a pure third-person objective scientific observation of the world was impossible, and that the proper foundation for philosophy needed to be in the study of consciousness and experience itself. Building in part on the prior work of Kant and his "transcendental idealism," though diverging in important ways, phenomenologists argue that rather than accept our cognitive comprehension of the world as a mere mirroring of a pre-existing reality, we must be critical of the nature of consciousness and therefore perspective itself (Gallagher & Zahavi, 2021, p.28). However, unlike pure subjectivist or post-modernist perspectives that might reject the existence of anything constituting an objective reality, phenomenology, similar to post-positivism, accepts the existence of external realities. But whereas post-positivist science would be mostly concerned with finding ways around the barrier of subjectivity to grasp as much of the objective reality as possible, phenomenology is uniquely concerned with the internal reality of subjective consciousness, thought, and experience itself.

Husserl considered his approach to be fundamentally empirical, but experientialist, meaning he perceived "lived experience" to be a data format, and not merely rationalist supposition (Giorgi, 2009). For example, rather than focusing on the mechanics of a ticking of clock in relation to time, one might pay attention instead to the individual's experience of the passage of time. As Albert Einstein was once quoted, "When you sit with a nice girl for two hours you think it's only a minute, but when you sit on a hot stove for a minute you think it's two hours" (New York Times, March 1929). He may have been speaking analogously about his

theory of relativity in this quote, but it reveals something basic to the notion of our conscious experience of phenomena as being central to our understanding of them. As another example: whereas a cognitive psychologist may try to understand the nature of an individual's perception of playing kickball from an objective third-person perspective (e.g., observing processes like brain functions and other functional mechanisms of the brain and body), the phenomenological approach is concerned with the individual's first-person experience (i.e., the meaning) of their perception of playing kickball (Gallagher & Zahavi, 2021, p.8).

Husserl believed that the true origin of knowledge is derived from experience, and that experience is represented by pure descriptions of perception (Moran, 2000). Methodologically, a phenomenologist would choose a rigorous set of steps to collect descriptions of pure experience and seek to isolate truth by examining the experience of individuals to reveal the essence of a phenomenon through emergent essential themes shared between lived experience (Giorgi, 2009). Before we can generate a set of descriptions of pure experience and analyze them to produce to essential meaning, we must first explore and understand the important components of Husserl's descriptive phenomenology, a necessary step in the context of this study as descriptive phenomenology is the sole guiding theory for the research.

Husserl's Philosophy of Descriptive Phenomenology

The three major tenets of descriptive phenomenology are *essence*, *intentionality*, and *reduction* (Giorgi, 2009). First, *essence* refers to the essential components or the "most invariable parts of the experience" of a phenomenon (Sadala & Adorna, 2002, p. 283). For example, when we look at a field we identify a basic endpoint (i.e., "fields" in general) on top of which the specific details of the field we are viewing are resting (e.g., presence or absence of grass, fences, animals). The underlying essence of a phenomenon is that which ties several related experiences

or perceptions together as a singular repeating phenomenon or set of phenomena (Sadala & Adorno, 2002).

Secondly, *intentionality* is the tenet of phenomenology by which we develop our perceptions (Sadala & Adorno, 2002). Husserl, in agreement with Brentano, argues that a characteristic feature of consciousness is intentionality, whereby consciousness is always directed toward objects or intentions; in other words, consciousness is "always a consciousness of something" (Smith, 2018). In his terminology, Husserl would define noesis as the intentional act of consciousness, and noema as the content toward which consciousness is directed (Husserl, 1913/2014). Examples of noesis and noema could include perceiving (noesis) a physical object (noema), imaging (noesis) a fictional scene (noema), remembering (noesis) a past event (noema), of even pondering (noesis) abstract philosophies (noema). Consciousness is always intentionally directed and if consciousness is not "consciousness of something," then the consciousness ceases to exist (Reynolds & Renaudie, 2022).

The essence of an external object can only be accessed by reviewing these conscious perceptions (i.e., experiences) individuals have of those objects. Husserl asserts that everything has an objective existence independent of ourselves, but subjectivity is generated when we discover the object, and we are bound to that subjectivity when we choose to pay attention to the object (Husserl, 1913/2014). Under the principle of intentionality, perception (and therefore experience) is the result of a mutual dependence between the act of consciousness and the object of consciousness. Thus, there is an inherent gap between the name we ascribe to our perception of the phenomenon and the external object itself, and a further linguistic barrier between individuals attempting to share each other's experience and determine the essence of a phenomenon (Girogi, 2009). For example, words like soul, inner child, and spirit are all terms

that have been used to describe identical phenomena, but these words and their meanings change over time within and between individuals and groups, to say nothing of barriers between different languages. The same is true for an object like "stigma," which is the focus of the current study. In short, our thinking is subjective and can overwhelm or obscure the essential truth of an object. If we want to discover the essential nature of objects, Husserl asserts we need to position ourselves differently.

This is where *reduction*, Husserl's third key tenet of descriptive phenomenology and crucial component for revealing essence, comes into play (Giorgi, 2009). Similar to other forms of qualitative research, descriptive phenomenology uses inductive reasoning to allow patterns to emerge from data rather than testing a specific theory or hypothesis (Creswell, 2013). In descriptive phenomenology, the phenomenologist will acknowledge and set aside existing beliefs, experiences, and knowledge of the target phenomenon and adopt an attitude of openness and reflexivity not dissimilar to the concept of *shoshin* or "beginners mind" in Zen Buddhism, and sometimes described as the researcher becoming a stranger in a strange land (Giorgi, 2009; Suzuki, 1970/2020).

Husserl termed the act of setting aside preconceived notions as epoché, or bracketing. When practicing epoché, no position whatsoever is meant to be taken on the subject in question, or as Moustakas (1994, p.84) writes, "nothing is determined in advance." Instead, the researcher is meant to stay present and focused on their own conscious experience and perceptions of the descriptions as indicators of knowledge, truth, and meaning (Moustakas, 1994). When the researcher becomes aware of their own preconceived notions and experiences related to the subject, they should let "the preconceptions and prejudgments enter and leave [the] mind freely" (Moerer-Urdahl, & Creswell, 2004). Over time, the researcher repeats this process of letting go

until there is a sense of closure on those memories and decision to set them aside in favor of immediate perception, self-identifying a move toward receptiveness (Moustakas, 1994). Husserl's contention is that the intentional suspension of preconceived awareness can potentially lead the viewer toward the essence of an object. Notably, despite the need to engage epoché in practice, Moustakas (1994) also identifies the importance of framing the subject of study within literature to set the stage for inquiry. As such, the function of the above Literature Review is to guide this research toward the necessary inquiry (i.e., what are the lived experiences of stigma among FTCPE practitioners), but not to cloud collected descriptions with pre-existing constructs. For example, although I did not incorporate MST into the data collection and analysis phases of this study, it was important to explore this concept in depth to shape the understanding of the problem and relevant questions.

Another notable component of descriptive phenomenology is the idea of horizon, a term Husserl used to describe the limits of our present conscious experience at any moment (Husserl, 1913/2014). The "right now" – for example, the reader intentionally directing their attention at this dissertation – is an experience that cannot be suspended or bracketed because the individual is currently inside of that experience, and thus suggests that our cognition has limitations. The horizon reflects those limits, and Husserl offers that all experience has horizons and nothing can ever be seen in its entirety, including a phenomenon of study, although it is possible to get close enough to generate useful a understanding of a phenomenon's essence (Moustakas, 1994).

Finally, interviewing is the most used form of data collection by phenomenologists. This is because individual experience is fundamental to the philosophical assumptions of phenomenology, and interviewing as a method follows logically from the theory (Giorgi, 2009; Wimpenny & Gass, 2000). Generally, interviewers will generate data by asking participants

about their experiences and then giving them extended space to respond (Holstein & Gubrium, 2003). Importantly, open-ended questions are used to generate descriptions (Colaizzi, 1978), and probing questions are used sparingly to help participants clarify or expand their descriptions, not to challenge or otherwise augment them (Wimpenny & Gass, 2000). According to Husserl, it is important to identify that the researcher is the instrument, and therefore, the researcher must have alignment with the philosophical approach of phenomenology to support the credibility of the study (Bevan, 2014; Golafshani, 2003). This is where Vagle's (2014) depiction of phenomenology as a way of a living or craft comes into play most strongly. Embracing epoché from before the data is collected until after analysis is completed can be challenging (Colaizzi, 1978). This is especially true during interviews, when the researcher must remain aware of their own actions to reduce the incidence of their intentionally or unintentionally impacting participants' responses in a way that shapes the data (Holstein & Gubrium, 2003; Patton, 2015). Additionally, generating a sampling method which casts a wide enough net to find enough participants with experience relevant to the phenomenon can be challenging (Creswell, 2013).

Methodological Approach for the Current Study

Following in Husserl's wake, there have been several evolutions in methodological processes for descriptive phenomenology. For the purposes of this study, I followed the model set forth by Giorgi (2009). This model provides a straightforward structure for generating and analyzing interview data from within a descriptive phenomenological framework.

Sample

The sample for this study consists of 19 adults over the age of 18 who identify as BDSM practitioners and are either currently in an FTCPE relationship of at least six months or have been in an FTCPE relationship in the past for at least six months. As described above, "BDSM

practitioner" can refer to a wide range of people who engage in various subgenres of alternative, fetish, or kink sexual and non-sexual practices (Turley & Butt, 2015). I am interested in the subgroup of people for whom dominance and submission is part of their daily relationship structure and not restricted to bedroom sexual play, as games of sexual domination are quite common interests in the bedroom, with more than half of men and women in various studies reporting fantasies of domination and/or submission (Apostolou & Khalil, 2019; Joyal et al., 2015). This research is specifically focused on the lived experiences of stigma faced by those for whom kinky power exchange is a fundamental part of their lives, relationships, and/or identities, and not on anyone who enjoys sexual domination or submission in the bedroom only. I have chosen to use the term full-time power exchange (FTCPE), rather than 24/7 BDSM, as I believe it is a more encompassing term that better defines the breadth of relationships I am studying. As described by Cutler et al. (2020, p.102), based on their interviews with BDSM practitioners in long-term BDSM relationships, "… of course there are dishes to wash and children to feed, but 24/7 means there is at least a background BDSM presence in their lives on an ongoing basis." In other words, the power exchange is a full-time arrangement, but stereotypical BDSM activity is not happening all day, every day. Therefore, I believe "full-time consensual power exchange" is a better universal semantic descriptor of the reality of the lifestyles I am investigating than "24/7 BDSM," although I made space for participants to self-label their relationship as "24/7 BDSM," "total power exchange," "authority transfer," "Master-slave," or any other label during intakes and interviews.

The rationale for including both those who are and/or have been in a full-time consensual power exchange BDSM relationship for at least six months is derived from our theoretical understanding of sexual identity development. Existing literature suggests that sexual identity

development is not dependent upon sexual behavior and is instead represented by internal milestones of self-revelation based on patterns of attraction and desire, leading to the potential self-application of a sexual minority label (Calzo et al., 2011; Cass, 1979; Floyd & Stein, 2002). For example, a celibate gay man and a sexually active gay man can both be gay if they have identified themselves as such, and both could share their experiences with anti-gay stigma. Though I am not prepared to make the claim that BDSM identity development follows the same types of milestones as LGB or other queer identities (although some have, see: Pitagora, 2016; Sprott & Hadock, 2017; Waldrua et al., 2016), for the purposes of this study, I do not want to put artificial boundaries on my definition of an FTCPE practitioner by suggesting you have to be *doing* a power exchange relationship at this moment in order to comment on experiences of stigma. In other words, someone who has found an Owner and lives full-time as a slave, and someone who formerly lived as a slave for at least six months but is now single again, can both add to the richness of description we are seeking in a descriptive phenomenological study. Following this logic, I also considered including those who identify as FTCPE practitioners but have not yet experienced a committed FTCPE relationship, but in conversation with my committee agreed that this might create too wide of a scope for the current project. This subgroup deserves to have their experiences explored as well, and hopefully the current study can help to shape future studies of those still looking for a FTCPE relationship.

I generated a sample size of 19 participants, which was within my expected range of 10 to 20 participants. Although Patton (2015) suggests that insights in qualitative research are dependent on the informational richness and cannot be beholden to a priori sample sizes, others have suggested that a sample size of 15-25 is usually sufficient for a phenomenological approach (Polkinghorne, 1989). There is a lot of variation in suggestions around sample size for

phenomenological research (Giorgi,2009; Guest et al., 2013), however, the general guideline is that sample size should be adequate to generate a richness of data such that the essence can be determined while also minimizing data redundancy (Erlandson et al., 1993). After setting the initial target of 10-20, I continually reviewed my need for further recruitment as I assessed whether I have sufficient data to capture the essence of the phenomenon, and decided I had reached a saturation point at 19 interviews. During the participant selection and data collection process, I also considered the demographics of the sample and gathered a set of participants with diverse experiences.

Recruitment

After receiving approval from the Institutional Review Board of the University of Maryland (protocol #2201176-1), I used a purposive sampling model to collect the participants for this study. The function of purposive sample is to "purposely seek both typical and divergent data to maximize the range of information obtained about the context" of the phenomenon (Erlandson et al., 1993, p. 148). Purposive sampling allowed me to ensure that all participants have some experience with the phenomenon of interest. The inclusion of people at various stages of power exchange relationships (including those who have exited such relationships) helped to maximize the collection of diverse data. Common and shared descriptions should help to reveal the overall essence of the phenomenon.

Purposive sampling was executed via targeted email advertisements for the study utilizing various existing listservs of BDSM practitioners. Contact emails were primarily those collected through in-person canvassing at three separate annual FTCPE conventions held in College Park, Maryland, as well as through an existing FTCPE community listserv. Some participants also came to the project through a snowball sampling method. The email

advertisement and eligibility intake form included an encouragement for recipients to share the recruitment email with their networks.

The participant recruitment materials included details about the study, how to sign up, and that participation is anonymized. I also offered a $25 financial reward for participants to increase their incentive to participate in the study in the form of a gift card that was sent to the participant after the interview.

Data Collection

First, participants completed an online eligibility survey (Qualtrics) asking about inclusion criteria (i.e., age, BDSM identity, FTCPE identification). Basic demographic information was also obtained from each participant via the eligibility survey, including gender, sexual orientation, ethnicity, U.S. state residence, and socioeconomic status.

Following the model set by Giorgi (2009), the interview questions focused heavily on participant descriptions. The study used a semi-structured interview guide with open-ended and probing questions meant to elicit descriptions of the phenomenon (Colaizzi, 1978; Wimpenny & Gass, 2000). The interview protocol (Appendix A) features open-ended questions establishing participant descriptions, followed by probes to thicken the descriptions. Notably, the primary type of question – and in some cases, the only type of question – in a descriptive phenomenological study is to ask the participant to give a description of their perception of the targeted experience (Giorgi, 2009). Given the complex nature of stigma, I drew on the concepts and research detailed in the Literature Review (e.g., Schuerwegen et al., 2020) to select a series of questions that ask for descriptions of both direct experience of FTCPE-specific stigma as well as descriptions of experiences that are strongly associated with what we know about BDSM and

sexual minority stigma, such as concealment and rejection (Appendix A). This added richness to the data.

A transcription of the interview protocol was used in each interview to assist with consistency. Per Giorgi (2009), the interviews were meant to be kept to one hour to try to retain focus primarily on the phenomenon of interest, however some interviews went over an hour due to the richness of experience being described. I kept a journal of field notes about each interview and maintained a reflexivity journal to collect ongoing information for bracketing, details about logistics, and any other insights (Guba & Lincoln, 2005).

Interviews were conducted over a video service, Zoom. The video service's recording software was used to generate the primary audio file and handheld recording devices were employed as back-ups. Confidentiality was maintained by assigning each recorded audio file and demographic data form with a number corresponding to the participants initials. One file with a master list of information connecting numbers and initials with participants information was kept on a password protected server with access only to me, with security maintained by the University of Maryand, College Park. Recorded audio was kept on an encrypted hard drive. The files on the handheld recording devices were wiped clean after the interviews were transferred to encrypted storage. I used a paid, encrypted artificial intelligence transcription service, Rev.com, to transcribe the interviews. I then read through the transcripts to check for transcription errors, clean the data for use in coding, and anonymize all identifying information to limit issues of explicit and deductive disclosure. Anonymized information included but was not limited to names, geographic locations, schools, places of employment, or specific events participants have attended, and important personal dates. All participants were offered the option of receiving the study results once the dissertation was completed.

Data Analysis

Data analysis in descriptive phenomenology is focused on the reduction of the data down into its essential units and then integrating those units into an invariant description of the experience which captures its ultimate essence (Sadala & Adorno, 2002). I used Giorgi's (2009) method of descriptive phenomenology to analyze the data I collected. Girogi's method builds on Husserl's (1913/2014) philosophical assumptions and methodological ideas to generate an "active strategy" of data analysis.

The first step in Giorgi's (2009, 2012) analysis method begins before data collection, with the researcher engaging in epoché, or bracketing. Here, I spent time detailing to myself my own preconceived notions about BDSM stigma, in journal format, before setting them aside (i.e., bracketing). There were a wide variety of expectations and assumptions that needed to be bracketed in this stage. For one, as an adult U.S. citizen I live in the same dominant discourse environment as my participants, and thus I am continually exposed to the same dominant discourse beliefs (and stereotypes) about BDSM and FTCPE practitioners. More uniquely, I have been involved in creating community connections with the FTCPE and BDSM communities for the last several years in the pursuit of my current and past research projects, which has given me deep anecdotal and observational insights into this community. Relatedly, my professional clinical work as a licensed couple and family therapist and certified sex therapist has led me into contact with many kinky power exchange practitioners, giving me even deeper insight into the lives and experiences of some members of this community. These various vectors of information have given me a wide variety of insights which inform, challenge, recontextualize, and in some cases reinforce dominant discourse stereotypes and expectations about the BDSM and FTCPE communities. My investment in this work has also led me to develop a degree of personal

attachment to the hopes, struggles, and needs of this community. Finally, my own identity and experiences – e.g. race, gender, sexuality, socioeconomic status, ability, sexual experiences, etc. – exists as a webbing connecting and informing my interpretation of all these external influences.

Thus, my first job in pursuing this current research project was to take all this experience and engage in an intentional process of bracketing, wherein I took time to write down these experiences in depth and then willingly chose to suspend them while interviewing community members and analyzing their data. I continually engaged the "craft" (Vagle, 2014, p. 11-12) of descriptive phenomenology by returning to the principle of epoché throughout the process of data collection and analysis, engaging a beginner's mind. Unlike models of phenomenology descending from Heidegger's hermeneutic phenomenology (e.g., Interpretive Phenomenological Analysis), which require the researcher to use their own perspective and relevant prior experiences as an aid throughout data analysis and interpretation, descriptive phenomenology is interested only in "the things themselves" (Husserl, 1913/2014), and the researcher's preconceptions are meant to be bracketed, not engaged (Sloan & Bowe, 2014). As such, a more comprehensive reflexivity statement beyond what was provided above is not included in the analysis as it would be considered irrelevant and disruptive to descriptive phenomenological inquiry.

To complete the analysis, I used the Computer-Assisted Qualitative Data Analysis Software (CAQDAS) MAXQDA. The subsequent steps of Giorgi's analytic method (2009, 2012) that I followed for my data analysis plan were:

1. Read, re-read, and re-listen to the whole description of the phenomenon provided by the participants to determine the gist of what is being said.

2. Constitute parts of the description by dividing the natural language of the document into “meaning units,” or meaningful chunks of information such as sentences or larger paragraphs. These meaning units are technically arbitrary and primarily meant to help break down the data into workable chunks. From these chunks, “significant statements,” or those that pertain directly to the investigated phenomenon, are identified.
3. Transform the data into “revelatory statements” by transforming the language of the meaning unit into new statements that reveal the main theme of what is being expressed in the data. The intent of this crucial step – what Giorgi (2009, 2012) refers to as the heart of the method – is to make the expressions of the participants more directly revelatory of the psychological or philosophical importance of what is being said, or the essence of what is being said. Here, the concept of “free imaginative variation,” or using one’s imagination to imagine other contexts within which the same idea could be true, is critical. The use of imaginative variation helped me draw the essence of the statement to the surface. For some units, transformation of statements occurred several times to break them down sufficiently and retain the intended meaning of the participants while also allowing them to become increasingly abstract. In MAXQDA, I used the paraphrase function to create revelatory statements for each meaning unit that I identified. Revelatory statements were written in the third person, describing the raw essence of what the participant is describing.
4. Identify essential structure by associating or “clustering” revelatory statements, finding concepts of statements that transcend their single unit, and then essentializing those into transcendent themes. In this stage, themes were written out, developed, and

finally combined into a simple, essential synopsis of the phenomenon. In order to complete this stage, I utilized the coding functions in MAXQDA to cluster meaning units/transformations into groupings, and then used memos extrapolate into my broader synopsis.

5. Finally, I returned to the raw data and used the essential structure to explain what was observed in the data. This is where I pulled out direct quotes to express the primary themes and essence of the experience in the Findings section of the dissertation.

As is the case with most qualitative work, data analysis is an ongoing process that intersects with data collection (Erland et al., 1993). As such, the first three interviews represented a pilot stage in which I reflected on data gathering and reshaped some questions as needed. Minimal changes were made to the protocol – a redundant question was removed, the order of some questions was changed to create a better flow relative to how participants seemed to be responding, and probe suggestions were added in key spots to help increase the richness of the interview. These interviews were included in the final dataset.

Scientific Rigor and Data Quality

Credibility, dependability, confirmability, and transferability are four main components of evidence trustworthiness, and therefore, scientific rigor in qualitative study (Lincoln & Guba, 2005). The use of reflexive memo writing to deepen insight, provide room for ongoing bracketing, and assist in methodological and analytical decision-making throughout the research process helps to establish credibility, dependability, and confirmability. For example, my ongoing field notes during data collection provide a paper trail showcasing my thinking throughout the process and evidence that the study was being carried out according to the philosophical assumptions of descriptive phenomenology. Credibility and transferability were further enhanced

by spending sufficient time with participants to gain trust and obtain thick descriptions of their experiences. This began before the study, when I took time to integrate myself into the community by attending FTCPE conferences and presenting on mental health topics to raise my credibility with the community itself, which in turn led to participants being comfortable to sign up to be emailed about future research. The substantial sample size (n = 19) provided further opportunities for thick and diverse descriptions, increasing credibility, confirmability, and transferability. Authenticity and researcher objectivity were also promoted by debriefing with dissertation co-chairs and committee members during the process, creating more credibility, dependability, and confirmability (Polit & Beck, 2012). Purposive sampling also promoted transferability by ensuring that all participants had experience with the phenomenon of study and could provide insight into experience of the phenomenon itself (Creswell, 2013).

Findings

The purpose of this study is to uncover the essence of stigma as experienced by BDSM practitioners who engage in FTCPE relationships. Given the minimal extant information about the lived experiences of the members of this community, it was important to start with this fundamental question about stigma to build a preliminary framework for understanding the lives and needs of FTCPE practitioners, which could be used in future research and clinical environments.

Using purposive sampling methods, 19 self-identified BDSM and FTCPE practitioners were recruited for inclusion in this study. After obtaining consent, participants were interviewed over Zoom video conferencing using a semi-structure in-depth interview protocol. Interviews were audio-recorded and transcribed verbatim using artificial intelligence software (Rev.com), before being reviewed, cleaned, and anonymized by the researcher. Giorgi's (2009, 2012) phenomenological method was used to guide data analysis for this study.

The following chapter presents demographic information about the participants and the major findings for the study. Emergent themes and subthemes will be displayed, and an exhaustive descriptive statement of the essence of the phenomenon will be provided at the end, which is a high-level summary of the analyzed data.

Characteristics of Participants

All 19 participants of the study were adults of 18 years or older who lived in the United States, self-identified as BDSM practitioners, and were either currently in an FTCPE relationship of at least six months or had been in the past for at least six months. The eligibility survey defined a BDSM practitioner as, "any individual who regularly participates in one or more BDSM practices (e.g., consensual power exchange, tying up a partner or being tied up by a

partner, impact play such as spanking or whipping, etc.), and/or self-identifies as a member of the BDSM community." The eligibility survey defined an FTCPE practitioner in the following manner:

> *Full-time consensual power exchange relationships*, also known as 24/7 BDSM (although you may call it something else in your own household), refer to relationships within which the power exchange exists on a functionally permanent basis without interruption. Dominants and submissives remain Dominants and submissives "outside of the bedroom," and find various ways to maintain their roles/identities through the activities of their daily lives. The consensual power exchange may be in the background or foreground of the relationship in different settings.

Participants were also asked to identify their principal role in an FTCPE relationship and had the option to identify as predominantly a Top/Dominant/Master/etc., predominantly a bottom/submissive/slave/etc., predominantly a switch (i.e., someone who switches power roles), or to write in something else. In this sample, nine participants identified as predominantly bottom/submissive/slave/etc. (47.37%), 8 participants identified as predominantly Top/Dominant/Master/etc. (42.11%), one participant identified as predominantly switch (5.26%), and one participant wrote "Depends (non-switch)" (5.26%) and further clarified that in one relationship, he was "owned by Goddess" whereas in another relationship he was "Daddy to babygirl." One participant who identified as predominantly a bottom/submissive/slave/etc. further clarified in the comment box that she identified as a "slave with permission to own." Moreover, some participants revealed in their interviews that they experimented with alternate roles, often in earlier periods of their lives. This suggests there may be a fluid nature to FTCPE identities across time and contexts for some individuals, not unlike conceptualizations of sexual

orientation as a fluid continuum that have received some empirical support (Diamond, 2021; Epstein et al., 2012). It may also suggest that the act of power exchange is more fundamental to some individual's relationship needs than the specific role. Participants were instructed to select the role category that best described them or write in one that did. Throughout the rest of the Findings section, when referring to participants' FTCPE roles, I will use the shorthand terms Dominant, submissive, or switch, as well as a specified term in the rare cases where participants did not select into any of the three main categories. These shorthand terms should be understood to reflect the participants' self-selected primary role category at the time of the interviews, and not their specific identity label or all possible descriptions of them over time. These terms do not reflect the specific title each participant might use in a specific context, relationship, or play scene (e.g., Master vs Dominant vs Daddy). Participants' specific role labels can be found on Table B1 (Appendix B), if they were provided by the participant.

The eligibility survey also collected demographic data about participant age, gender, sexual orientation, race/ethnicity, income level, and state of residence (see Table B1 in Appendix B). The ages of participants ranged from 35 to 80, with the mean age of 56, a median age of 58, and a mode of 43. Regarding gender, eight (42.11%) participants identified as female/woman, eight (42.11%) identified as male/man, two (10.53%) identified as transgender masculine/man, and one (5.26%) identified as non-binary/genderqueer/gender non-conforming. Participants expressed a variety of sexual orientations – six (31.58%) participants identified as straight, four (21.05%) identified as pansexual, two (10.53%) as gay, two (10.53%) as bisexual, two (10.53%) as queer, one (5.26%) as androsexual, one (5.26%) as demisexual, and one (5.26%) participant who did not select a sexual orientation label and instead centralized their power exchange experience by writing, "kinky, D/s role matters more than biology or gender to me."

The sample had 14 White participants (73.68%), two Black/African American participants (10.53%), two multi-ethnic participants who both identified with both Black/African American and Hispanic/Latine ethnicities (and one who further identified with American Indian/Alaskan Native and "Afro-Indigenous" ethnicities), and finally one (5.26%) Asian participant who specified that she was from South Korea but was adopted and raised as a baby by a White family.

Incomes ranged among participants from the $10,000-19,999 per year category up to the $200,000-$249,000 category. Four (21.05%) participants reported making between $50,000-$59,999 per year, three (15.79%) reported making $150,000 to $199,999, and one (5.26%) reported making between $200,000 and $249,000. Six (31.58%) participants reported making between $50,000 and $99,999, with the largest cluster of four participants making $50,000 to $59,999. Six (31.58%) participants reported making less than $50,000 per year, of which the largest cluster of three participants reported making less than $29,999. Finally, one participant preferred not to share his income.

Geographically, four (21.05%) participants were from New York, three (15.79%) from Virginia, two (10.53%) from Maryland, two (10.53%) from Texas, and the remaining eight participants came from different states including Arizona, Idaho, Indiana, Louisiana, Massachusetts, Missouri, South Carolina, and Washington.

Thematic Overview

After analysis, 1,453 meaning units were identified and imaginatively transformed following Giorgi's (2009, 2012) five-step method. The purpose of these transformations was to objectively describe the fundamental subjective experience of *what it was like* to encounter stigma as an FTCPE practitioner. These transformations, or "revelatory statements," helped to

reveal essential components, or the essential constituent parts of, the target experience. Imaginative variation was used in this process to inspect and imaginatively vary elements of these constituent parts to help identify the difference between the essential and non-essential and/or idiosyncratic constituents. During this process, themes began to emerge, and through further writing and development, I was able to cluster revelatory statements together into themes and sub-themes which define the general essential structure of the experience of stigma among FTCPE practitioners. Table B2 (Appendix B) provides selected examples of raw data meaning units, their transformations, and their thematic and sub-thematic category grouping.

The major thematic categories that emerged from the analysis were (see Figure C1, Appendix C): (1) *Otherness* between FTCPE practitioners and the outside "vanilla" world, (2) *Intracommunity Intersectional conflict*, (3) *Concealment* of FTCPE identity, and (4) *Resistance* coping of FTCPE stigma. Sub-themes of Otherness include experiences of: (a) disapproval/ shaming, (b) expectation of rejection, (c) internalized shame, and (d) systems (family and healthcare stigma). Major theme 2, *Intracommunity Intersectional Conflict*, can be conceptualized as an extension of the systems subtheme of Major Theme 1, in that it contains participants' descriptions of rich and complex experiences of othering felt within the FTCPE community, divided into the following subthemes: (a) intracommunity intersectional otherness, (b) intracommunity stigma of FTCPE/BDSM practices (e.g., roles, kinks), (c) alternate minority affiliation intracommunity stigma toward FTCPE, and (d) other identity stigma being more salient than FTCPE and/or BDSM. *Concealment* is subdivided into two subthemes, hard concealment and soft concealment. Finally, sub-themes of *Resistance* for FTCPE practitioners were: (a) Hard and soft concealment, (b) projecting strength, (c) minimization, (d) providing education, and (e) systems (FTCPE community, family and healthcare supports). All four

primary thematic categories were experienced by all participants, but certain sub-themes were experienced more by some participants than others, and some were only experienced by a subgroup of the participants. For example, although intracommunity stigma was a theme across all interviews, only racial minority participants spoke about intracommunity racial stigma. FTCPE stigma was defined by a continuum of experience between otherness and resistance, both of which in turn have a complex multidirectional interaction with concealment. A visualization of this continuum is presented in Figure C2 (Appendix C). Table B2 (Appendix B) provides examples of how themes and subthemes of intercommunity and intracommunity otherness often overlapped with themes and subthemes of resistance and concealment within the same experience of FTCPE stigma.

Additionally, it is important to note that distinctions between FTCPE stigma and BDSM stigma were often hard to parse in the data, as all participants in the study were both FTCPE and BDSM practitioners. Given that a common alternative term for FTCPE is 24/7 BDSM, and the fact that these overlapping communities share many of the same community spaces, experiences, and stigmas, it is reasonable to understand FTCPE as a subculture within BDSM. To help understand these findings, a useful rule of thumb is to consider that all FTCPE practitioners in this study are also BDSM practitioners, while recognizing that not all BDSM practitioners engage in FTCPE. Therefore, readers should consider how the full-time or 24/7 element of FTCPE practitioners' power exchanges uniquely shapes their experiences of stigma, relative to other types of BDSM practitioners who only practice power exchange "in the bedroom" or in event spaces. When appropriate, the findings will reflect any specific differences in experiences between FTCPE and BDSM-only practitioners, and this topic will be explored at greater length in the Discussion. As a side note, I am not prepared to argue that this rule of thumb is universally

true, and there currently is no research quantifying the overlap of the two categories. However, the rule of thumb is true in the current sample based on selection criteria and considered when interpreting the findings.

Major Theme 1: Otherness

For FTCPE practitioners, there is an awareness of a clear divide between themselves and the vanilla world. As P7 (68, white, bisexual, submissive) describes, “I know my neighbors and we say hello and stuff, we go to dinner with them once in a while, but we don't talk about BDSM and most probably 90% of our friends are within the community.” Although each participant has a different degree of connection to their FTCPE and vanilla worlds, the overall sentiment is that there is a separation between these two worlds, and this separation is often highlighted by various lived experiences of stigma. When that separation is present of mind, either through direct disapproval or shaming by others, or through internal mechanisms such as expectation of rejection or internalized shame, participants feelings of being misunderstood, alone, and unwanted increased, as did their anxious vigilance of further disapproval or harm. These are some of the experiences which define otherness.

Subtheme 1.A: Disapproval and Shaming

By far the most common experience of stigma among FTCPE practitioners was some form of indicated disapproval or shaming by individuals in the vanilla world. Notably, two participants did not report experiences of disapproval or shaming for unique reasons related to their stigma coping strategies. P19 (43, male, White, straight, Dominant) completely conceals his identity (i.e., hard concealment, see Major Theme 3: Concealment) due to fears of losing his job and facing disapproval from his largely conservative vanilla community in Idaho. As a result, he did not report any occasions in which someone from the vanilla world disapproved or shamed

him directly for his behavior because he doesn't find himself in situations where anyone from the vanilla world knows about this identity. Conversely, P1 (80, male, White, straight, role depends on situation but he is not a switch) expressed that he engages very minimally with the vanilla community not out of fear, but out of boredom with their lifestyle and interests, and went on to explain that even if he did face disapproval or shaming, he might not pick up on these social cues due to his neurodivergence.

Every other participant in the sample expressed more than one experience with disapproval or shame from a non-FTCPE person in the vanilla world, leading to negative emotional or social consequences. Most often, participants were accused of either being an abuser (if they were Dominant) or being abused (if they were a submissive). Often, accusations directed at submissives apparently good-natured in intention, with accusers expressing a desire to help someone they believed was in danger. P12 (53, female, White, pansexual, submissive) described an incident in a restaurant that alerted her and her Dominant partner that their behaviors could be perceived as abusive:

> "…[my Dominant] had a rule for me that I was not allowed to speak to the wait staff. That was his job. And so they would look at me and they would say, "is everything okay?" And I would just look at [my Dominant]. And one time we had a waitress – I went to go to the bathroom and she followed me in and she's like, "are you being abused?" And I was like, "what?" Because I wasn't allowed to speak to her. And then at that moment I was like, oh my God, our protocol is interfering with vanilla people and that's not okay. And so we had to have a real talk about that. How does that look to vanillas? It could look like he's human trafficking. And I did not want him arrested for that.

Though intended as helpful, P12's experience of being cornered in the bathroom caused increased feelings of being misunderstood and a spike in anxious vigilance. The concern that this could happen again, or be worse, forced her and her Dominant to change their social behavior by increasing their concealment. This increased the sense that P12 and partner did not fit into accepted social norms, increasing their sense of otherness.

When directed at a Dominant, these types of interactions take on a more accusatory and negative tone and can create potentially dangerous situations. P17 (80, male, White, straight, Dominant) describes these types of situations as causing feelings of, "fear and hurt… momentarily a loss of a sense of safety in that moment, not knowing how this is going to turn out because there was a threat of calling the cops." P17 went on to describe a situation in which the police were called while he and his slave ate at a pizza shop due to suspicions of abuse/violence:

> So [slave's name] is in my lap, my friends across the table, and I'm sitting here and there's an empty chair on my right and I've told [slave's name] to put her arms behind her back; I say, "wrist" and the wrist goes behind, part of our protocol. And I'm sitting, we're having this conversation, and all of a sudden I notice somebody shows up and this policeman turns the table around, sits down and straddles next to the table next to us. And [slave's name], who's really smart, just pulls the wrist around and puts it right in front, on the table. And there was a check-in, and he checked us out and we discovered that what had happened is somebody had reported… somebody had been kidnapped across the opposite side of town. And one of the patrons had gone home and told their mother, who called the cops… I had a moment of fear.

P17's experience left him feeling misunderstood by society and fearful of how his differences could result in experiencing harm. Even when trying to enjoy a common social

activity, P17 was forced to confront his otherness in a visceral manner, without provocation. Participants' otherness can sneak up on them, throttling them out of comfort and into a forced awareness of the gap between their values and those of the vanilla world.

Some submissives described experiences with more accusatory and negative tones being directed at them, despite the apparent assumption being levied against them that they are victims of abuse. These often took the form of the participant being labeled as a sex freak, slut, or pathologized as mentally ill for wanting to submit. P9 (40, female, multi-racial/ethnic, demisexual, submissive) described a falling out with a friend that made her feel misunderstood and judged:

> I had a friend – past tense – who just couldn't grasp the concepts and would kind of diminish my relationships about it and that wasn't the reason we stopped being friends, but that was certainly a contributing factor… she was just really judgmental. She's like, "that doesn't sound safe. I don't think you really know what you're doing. That doesn't sound like you should be doing that. You're not honoring your body and you're not doing what's right, et cetera, et cetera."

Being forced to explain herself reinforced P9's awareness of her otherness, and having those explanations fall on the deaf ears of friends only adds to the awareness that P9 is not accepted into the world she thought she could inhabit.

P18 (37, female, Asian, straight, submissive) tried to describe her newly found self-awareness regarding her interest in BDSM and FTCPE to a former partner and faced extensive shaming and pathologizing:

> They were like, "All of this stuff is abusive." And then going into the physical abuse of it and the emotional/ psychological and then just saying how all of it is wrong, and BDSM

> is a hobby, not a lifestyle. So, very much all of these preconceived notions about everything, all of the stereotypical: "I hear BDSM, and I think chains, whips, and abuse…" basically is what they were thinking and seeing. It was just so frustrating to me. Oh god, what was this? Something was said and it was about "needing to grow up," something related to, "instead of just facing my problems like a normal person… something about, "dicks in my ass and swallowing cum." So it was just like, "okay, thanks."

Dominants also experienced these types of disapproving accusations and pathologizing. P16 (43, transgender man, White, pansexual, Dominant) details hearing this often in his life, in many cases resulting in losing friends:

> Yeah, I mean, I have had negative experiences. Mostly people are just like, "wow, that's fucked up." But a lot of the people that I tell that end up saying that, like [earlier partner], when they say, "wow, that's messed up," or, "wow, that's gross." Or, "Why would you want to do that?" Or, "That's wrong."

Often, vanilla narratives about FTCPE and BDSM as abusive or pathological stemmed from participants' acquaintances lacking education about FTCPE and BDSM or having found misinformation. P5 (58, male, White, gay, submissive) describe a situation in which he faced accusations of being abused that began when his sister:

> …started doing research on the web about Master/slave. And of course, that's where she came up with the, "I'm chained to the wall naked and that's how I do everything." And it's like, well, no, that's fantasy and that's not reality. That's not how it works. But she never wanted to hear that.

Religious beliefs were also a common source of disapproval, reported by nine of the 19 participants. In some cases, the doctrine of the participants' religion was a form of indirect disapproval and shaming, as in the case of P3 (60, female, White, androsexual, Dominant), who described growing up in and living as an adult in a variety of Christian denominations, which she now calls "religious crap." Reflecting on the beliefs of those denominations as they relate to FTCPE and BDSM, P3 expressed:

> They all teach that [the] whole thing is wrong. If anything: the man should be in charge. That kind of nonsense… Any kind of sexual thing that is not related to having children is frowned upon or it's only with your husband and only regular sex according to them; what they count as 'regular sex.'

This doctrine shamed P3 into delaying experimenting with FTCPE and BDSM for decades, and when she did decide to engage authentically with these needs, she ended up choosing to leave the disapproving religion because she did not fit in. In other words, the feeling of otherness pushed P3 to choose to leave her own religious community.

Other participants faced more direct religious disapproval. P15 (58, transgender male, White, pansexual, Dominant) describes direct attacks from his religious community that resulted in him being threatened and eventually prevented from presenting at some conferences:

> Three or four years after my first book… that's when I started getting the hate mail and the death threats. Largely from people in my religious community who are more conservative than me… And then some people in the wider religious community, in the more conservative end, who don't like me, have started rumors of me supposedly violating someone's consent somewhere, somehow in some way. There's never any

> details… I know where they came from. They came from my religious community who don't like me.

Summarizing her global experience of the impacts of religious disapproval of BDSM and FTCPE, P13 (54, nonbinary/genderqueer/gender nonconforming with she/her pronouns, White, kink-focused sexual orientation, Dominant), describes how disapproving religious and broader social forces have made community spaces less accessible and safe:

> The United States has become more divided along political lines, but there's also this rise in what I'm going to call performative Christianity. I identify as a Christian, but this performative Christianity is where you feel that you must tell other people how to live their lives. And that has resulted in a lot of kink organizations just going away. And that was only aided with the pandemic because now suddenly you don't feel safe getting together. And there used to be a lot more conferences and conventions. They've disappeared so much.

Several participants experienced the loss of these spaces firsthand. P13 went on to explain that the BDSM interest group she joined at the university she attended, "…had a problem that came up in the form of three hyper-conservative students who started to attack it. And so we moved from campus to our apartment for our meetings." Similarly, P7 (68, white, bisexual, submissive) describes an incident in which an entire convention was shut down due to the disapproval of vanilla people:

> This was in Alabama actually - we would schedule play sessions in a hotel and I think the guy in charge didn't totally tell the hotel what we were doing. And somebody in the hotel found out and complained, and we immediately had to evacuate before anything like the police or anything happened, we probably folded up equipment and moved out of there

faster than you can think. I mean, we were gone in minutes because it was not accepted that we were having BDSM sexual play in their hotel.

Whereas some experiences may create a sense of otherness between the individual and the vanilla world, P7's experience suggests that otherness can be felt even when you find community, such as in situations where that community then gets shoved out of public spaces.

Disapproval and shaming exists across a variety of interpersonal contexts, and whether it stems from general ignorance, misinformation, or religious beliefs, appears to have tangible impacts on the emotional well-being and social experiences of FTCPE practitioners.

Subtheme 1.B: Expectation of Rejection

Nearly all participants reported experiencing fearful expectation of hate, rejection, disapproval/shaming, job loss, legal repercussions, and/or violence as a result of the threat of their identities being revealed to people in the general population. During the analysis phase, the term *expectation of rejection* – a term for a proximal stressor for minority individuals who anticipate rejection for their identity (Meyer, 2003) – became the most useful label to apply to this subtheme.

Even participants who expressed that they no longer felt much of this anticipatory fear were able to reflect on times when they did worry about the repercussions of their identity coming to light. For example, P6 (72, male with it/its pronouns, White, gay, submissive) cited variables such as wealth, insulation from the outside vanilla world, and self-confidence as reasons that it[2] did not experience this anticipatory fear anymore. However, it did identify the concern it experienced when writing a letter to its family coming out as a slave, recalling, "It feared at first that there was going to be a lot of non-support and it still sent the letter anyway,

[2] In addition to identifying as using it/its pronouns, P6 also spoke in the third person during their interview and referred to itself using the it/its pronouns

but there was more support than not." This quote is useful in that it helps to identify this subtheme as an internal lived experience of anticipatory fear that does not have to have a direct basis in interaction, unlike *Subtheme 1.A*, which specifies lived experiences of external disapproval. In its experience with sending a coming out letter to its family, P6 experienced both an internal anticipatory fear of being disapproved of (i.e., expectation of rejection), as well as a mixture of approval and disapproval from family after the letter was received.

Some elements of expectation of rejection were common across many of the interviews. First, expectation of rejection appears to be closely associated with hard and soft forms of concealment (see Major Theme 3: Concealment) in this population, as evidenced by the close relationship between the participants' stated experience of anticipatory fear and then immediate need to respond to that fear with coping, usually via concealment. Additionally, many experiences of expectation of rejection are associated with participants' expectations of lack of acceptance due to the assumed ideologies of the geographic regions in which they live. These elements of expectation of rejection can be seen in P18's (37, female, Asian, straight, submissive) depiction of her anticipatory fears of disclosing her FTCPE identity in her local community:

> I feel like with certain things, the area is relatively conservative and I feel like I don't want to deal with the judgment, potentially. And I don't mean going out in a leather harness and doing whatever in the street, but I just mean even if it's something minor and then having just random folks in the area kind of… if they knew or heard somehow, I feel like it would be relatively negative. I don't feel like it would be looked upon with an open mind here as much.

P18 expects that those in her community would have a significant enough negative reaction to her lifestyle that she feels as though it is unsafe to be open, and this puts an additional burden of otherness on her as she moves through public spaces aware of the difference she is forced to hide.

Expectation of rejection can also take on more visceral forms. P17 (80, male, White, straight, Dominant) described his first attempt at coming out as letting out, "a dark secret." Having read psychology textbooks in the 1960s to try to better understand himself, P17 was convinced that his interest in BDSM, which would eventually evolve into FTCPE, was deviant (see Subtheme 1.C: Internalized Stigma), and that sharing this with anyone would lead to extremely negative outcomes. Staying up late into the night to experiment with psychedelic mushrooms with two friends, P17 found out that his anticipatory fear, though valid, may have been misplaced:

> I finally blurred out, "well, I'm into bondage." I remember kind of being, you know, not looking… but they kept pestering me wanting to know what my dark secret was… the irony was to discover that what I thought I was so ashamed and horrible about me if people ever found out, was totally missed as anything of importance by these two women. And that literally shifted me by a few degrees and where I was going. And that was a liberation moment that took me a couple of years to work through. And so little by little I would come out.

P17 was harboring a sense of otherness creating fear and internalized negativity for many years, disrupting his ability to live comfortably and authentically as himself out of fear that this otherness would be made public.

Reflecting on the experience of managing multiple intersecting stigmas, P15 (58, transgender male, White, pansexual, Dominant) describes himself and his partners as “multiple axis offenders,” meaning their identities offend the conservative dominant discourse of their local community on multiple axes, and leading him to assume expressing their FTCPE identities would only be met with hate:

> You've got not just one thing that the conservative people would hate. You've got eight. And when you're up that high, it's like any one of them almost doesn't matter. It's like: nevermind. It's like: our lives are so different, so incredibly different from those of our neighbors. It's not like, “oh, we're different because we're queer, or, oh, we're different because we're poly.” Single axis offenders make a big fucking deal. Somebody who has one or two axes of offense, they make a huge fucking deal. Oh my God, my axes of offense that separate me from the ordinary people? When you're up to seven or eight, we're queer, we're trans, we're pagan, we're poly, we're BDSM practitioners, we do M/s, and we're disabled. And… you get that far and it's like your life is so far removed from theirs, you may as well be an alien on another planet. And at that point, as far as most people are concerned, we are capable of anything; of any evil in the world. We are capable of it. And so the Trumper neighbors, I mean, they wouldn't even be able to get past the queer and the trans and the poly. They would stop listening at that point. And if we said, “yes, we do kinky sex and everything,” “well, you probably also sacrifice children.” It's like: that is so far off their radar that as far as they're concerned, we're probably murdering people in the back, burying them in the swamp.

Though his fears are not misplaced given his personal experiences, it is clear that P15 shapes his life in part around his awareness that he will never be accepted in mainstream society

due to many intersecting layers of otherness, with his kink identity being both the furthest down the ladder of social acceptability, but also possibly the least of his worries because of his additional identities. Furthermore, evidencing this subtheme's connection to geography and coping through concealment, P15 summarizes his experience of intersectional expectation of rejection simply, "I live rurally, but I don't talk about it. I mean, we're all out as queer, we're all out as pagan, and we leave it at that. I just don't think anyone would understand. We don't give it a chance."

Expectation of rejection has tangible consequences for the BDSM, FTCPE, and other sexual and gender minority communities. For example, P8 (46, female, White, bisexual, switch) explains how the widespread expectation of rejection experienced in her southern community led to a collapse of the only public community safe space for not just FTCPE, but all sexual and gender minorities:

> I live in central Louisiana. Welcome to the Bible Belt where: we had one LGBT bar in town that they made it for about a year and a half and then they got shut down because there were so many people who were afraid to come out that they couldn't support it, which was sad because now our community has zero for anybody who's of that lifestyle, we're back hiding in spaces again.

In recognizing the fundamental sensation of otherness in her area, P8 sought community to establish a place to feel seen and understood. Ironically, although her expectation of rejection motivated her to find a space like the local LGBT bar, her experience of the bar closing hinged on other potential patrons' expectation of rejection causing them to be too afraid to be seen publicly entering the space. Whereas some people feel the otherness and may seek solutions that involve finding togetherness in a community of the othered, different people may try to solve

that otherness by avoiding it. Here, avoiding otherness caused a safe space for sexual minority people to close, which likely only increased feelings of otherness by removing a space for community meeting space. The sadness and frustration P8's expressed here shows the far reaching consequences of expectations of rejection.

Subtheme 1.C: Internalized Shame

Almost all participants reported lived experiences of internalized stigma about their BDSM and FTCPE interests and the shame associated with that internalized stigma. Some forms of this internalization are seemingly benign but reveal deeply rooted beliefs that police sex and sexuality. For example, in recalling his initial discovery of his interest in kink, P10 (43, male, Black/African American, pansexual, Dominant) described how he and his friends initially discovered their shared sexual interests during long road trips, "Men, we talk… and things came up. And the conversation of doing what we called 'freaky things' then came up and come to find out, out of the four of us, the three of us kind of liked the same stations and did a lot of kinky stuff." Though described as a moment of connection, P10 also understood that the necessity to label the practices as "freaky things" was likely related to internalized negative judgments about those practices.

Several participants spoke to this experience of being concurrently aware that they were interested in FTCPE and BDSM and that it is considered deviant. As P3 (60, female, White, androsexual, Dominant) described in her history, "I knew I was always interested in it and then I realized that, 'oh, it's wrong' because everybody teaches you it's wrong." P3 went on to say, "I would say forced to believe that it was wrong." For P3 and others, the experience of internalized stigma was one of falling in line with what your vanilla community told you was right and wrong, appropriate and deviant. This is connected to broader experiences of sexual socialization,

which not only enforces heteronormative sexual standards, but also standards of sexual practice and pleasure (Rubin, 2011). Sexual socialization may inform stigma associated with both sexual orientation, gender, and practice, which suggests that experiences of stigma related to these domains may operate in similar ways.

For some participants, this awareness that their interests might be considered deviant turned them internalized pathology, as with P12 (53, female, White, pansexual, submissive) who recalled:

> I liked things that people normally go away from, and I like giving pain now, and it excites me. It makes me happy. And then you go through this phase of, “oh my God, am I like a psychopath?” I actually went to a psychiatrist and a therapist for a while and talked about it and talked about my conflict, which for a Gen X-er because I am in that age group is extremely hard. We didn't do that, but I felt like if I didn't, something was going to be wrong with me.

P4 (59, female, White, queer, submissive) described the parallels between various identities, suggesting that her experience of internalized stigma about her interest in becoming a slave paralleled that of managing internalized stigma around her sexual orientation:

> I was ashamed of some of the kinks. Some of the things that sort of turned me on I didn't give voice to, even with the partner I was with, because I was like, “that's not going to be okay.” … There were other things in the back of my head, it's like, “I'd like to try” and it's like, “no, that might be one step too far.” So there was some of that. And for a while I struggled. It was the same struggle I had with being gay. “Why am I not normal? Why can't I feel the way these people talk about I'm supposed to feel?”

The above quote encompasses the questioning and uncertainty about the validity of kinky needs and desires at the core of internalized stigma – a felt sense of otherness, in this case perpetually reinforced by P4's insecure intrusive thoughts, which themselves were handed to her through sexual socialization.

Interestingly, although the process of internalizing stigma seems similar between Dominants and submissives, the notion of *why* someone should be ashamed of their kinks appears to have different meaning depending on the power role a person inhabits in the relationship. Regarding internalized stigma associated with submission, P4 continued:

> And it was the same with some of the kinks. I wanted to be in service. I wanted to serve someone, but I was a little afraid to say that to some people because they expected me… "you're a cop, you're a medic. You should be the Dominant one." And it's like, "well, I am a Dominant personality. Don't get me wrong. I choose to serve because that's where I feel more called to."

P4's shame associated with wanting to become a slave was connected to specific expectations around why – based on her professional identities, among other things – she should want to dominate rather than serve, leading to an internal struggle questioning why she could not be the way everyone else wanted her to be. As P4 says, "There were times where I just didn't talk about the fact that I thought about being a slave, because of course, no. It is one thing to be a bottom and play, but you shouldn't want to be a slave."

Whereas P4 felt shame around wanting to submit to the service of others as a submissive, some Dominant participants described shame around their desire for control, identifying an internalized stigma that there must be something seriously wrong with them for wanting to dominate others. P16 (43, transgender man, White, pansexual, Dominant) described periods of:

> Guilt just because I remember going through a space of, “is there something wrong with me for wanting all of these things, for wanting so much of X, so much of this for me, wanting so much control, wanting so much power?” And maybe a little bit of shame too, just surrounding that around the need, the innate need for it. Like, “What's wrong with me that I need this? Why can't I just interact with somebody like a normal person or a regular person?”

While P4 felt pressure to not be a submissive – perhaps because it is seen as a weakness, violating American values of self-determination and freedom – P16 internalized counter social messaging warning that wanting to be in control and have power over others also violates those values related to self-determination and freedom. Ironically, most participants identified that the experience of wanting to engage in FTCPE was grounded in a desire to express their completely free and authentic selves, and to do so in whichever role with the freely given consent of the other party. These goals seem to align with values around freedom and self-determination, yet the participants internalized messages that they can have freedom, *just not in this way*.

P15 (58, transgender male, White, pansexual, Dominant) described similar experiences of internalized stigma associated with his desire to dominate that he still feels to this day. In this case, his extensive history of work in the feminist movement continues to foment doubt about the validity of his FTCPE identity:

> And then I got into, also, I was heavily involved in the nonviolence movement, in radical feminist movement. That was through the eighties and into the early nineties. And politically, this was not okay. Nothing about this was okay. I mean, I lived through the Andrea Dworkin period when you weren't supposed to do any of this, it was all bad. And so I absorbed a fair amount of that. I absorbed a fair amount. And so from my point of

> view, every sexual fantasy I had was evil and certainly politically evil, politically incorrect.

For P15, even social movements that ostensibly seek to embody the fullest extent of Western ideals of freedom through liberationist politics still fell short of allowing for his consensual desires to be included under the banner of liberation. Unsurprisingly, an individual caught between these forces may begin to wonder if they belong anywhere at all.

Going further back than the 1980s, P17's (80, male, White, straight, Dominant) internalized stigma developed in response to his search for information about himself in the 1960s and 70s. He explained that, "In college, I began to worry about my urges and I sought out [the university] and within walking distance was a mental health center." Living in a more repressive time with less access to information or community, P17 was forced to align with the limited knowledge on hand, which served to create significant self-stigma:

> Between that experience and finding out, getting into the library stacks, into the reserved areas and reading literature… I found out I'm supposed to be this pervert – that was in the literature. This goes back to your stigma question: I did become very ashamed of myself. I didn't put this into words, this is just total attitude.

Finally, internalized negativity about sex in general can also play a role in developing internalized stigma around FTCPE. P12 (53, female, White, pansexual, submissive) describes an impactful incident at the intersection of sexuality, development, and religion:

> I went to church camp and they were talking about sex and how wrong it was, and I was like, "why is it so wrong when I'm having these fantasies of this man taking me?" And I think that was the biggest moment. I can remember sitting in the pew and I wanted out of there. I was almost literally shaking because I was like, "I must be this horrible human

> being for thinking these things." And no one ever told me it was okay to have fantasy. They didn't talk about that in church. You're going to have these fantasies and they're going to happen, and that's normal. That's part of normal human sexuality. I thought I was this evil person who deserved punishment from God and I didn't. I was just being normal.

P17 and P12 were both victims of a lack of alternative perspectives or education on the topic of sexuality, leaving both to conclude that their internal awareness of what they needed must be wrong, or deviant, and that they did not belong in society unless that could be rectified through reduction or destruction of those needs. This led them down the path of loneliness, insecurity, and otherness.

Subtheme 1.D: Systems (Family and Healthcare Stigma)

Throughout all 19 interviews, it became clear that FTCPE practitioners have complicated relationships with two key social systems, family of origin and healthcare. Participants often had multiple complex experiences with these systems, sometimes as supports (see Major Theme 4: Resistance), and other times as key sources of stigma. In both cases, the violation of FTCPE participants' hopes and expectations that these important systems be fundamentally supportive exacerbated experiences of disapproval and shaming in uniquely impactful ways, reinforcing otherness.

Family

For a few participants, family of origin was either entirely supportive or entirely stigmatizing, but most participants spoke to more complex experiences in which, for example, certain family members were more supportive than others, became supportive on different time scales, and/or were never made aware of the participant FTCPE identity because of the participant's rejection sensitivity. If, when, and how disclosure happens with family seems

dependent on a variety of factors including participants' extant experiences of stigma and the availability or strength of coping mechanisms, which will be explored more in the Discussion section.

For many participants, their family of origin environment is a key plane on which stigma is experienced. By definition, families are among the closest relationships people have in their lives, or at the very least, we are socialized to expect that our families of origin be close, supportive, and understanding (Nichols & Davis, 2017). Thus, it follows that rejection from one's family of origin could be a powerful source of othering among FTCPE practitioners. The shape of this stigma differed between those whose families were immediately unaccepting, those whose families believed their stigmatizing responses were helping their child/sibling/etc. escape a bad situation (i.e., abuse, mental health crisis), and those whose families were never given the chance to respond because the participant's rejection sensitivity led them to fully conceal their behavior.

P3 (60, female, White, androsexual, Dominant) experienced each of these types of interactions across her family system, and each interaction created different feelings for her:

> It depends on which… [of] the family members that are doing it because they're concerned and trying to understand and giving me a clue, "Hey, this could happen." Them I don't have as big a problem with as the ones that just are determined that this is what this person wants. They're determining that I'm just going into an abusive situation and that I'm wrong.

P3 has some family members who are acting from a place of benevolence by trying to offer alternate possible perspectives rather than outright rejection, and these are conversations she is willing to have because she does not feel as outright rejected. Meanwhile, those who have

determined without conversation that she is experiencing abuse make her angry and push her away. Regarding her eldest son, P3 did not tell him anything about any aspect of her lifestyle due to concerns about how he might react, including a fear that if he did find out he would restrict access to her grandchildren:

> My older son does not know my husband is trans. He doesn't like gay people. He doesn't like trans people. I don't know where he got this. And now I find out he hates black people. He hates everybody. So anybody that would be on the Black Lives Matter and the LBGTQ, he's against. I think he's going to jump on the Trump wagon. Scary. It's bad… He took his father and made him not be able to see the grandkids ever for many, many years. So, I know that if I told him something that he didn't like, I could be taken out of their life. It's just the way he is.

P3's awareness of her son's viewpoints and politics limit her sense of safety to be authentic within her family unit, shaping her actions toward avoidance and concealment through the sensation of otherness.

Families of origin that were more immediately unaccepting created hostile environments that rejected or pushed participants away. P16 (43, transgender man, White, pansexual, Dominant) experienced having cousins overhear a conversation with his slave and immediately have them say, "yeah, okay, well, we're not going to associate anymore." Recalling the event, P16 explained:

> So there was an overhearing of that conversation and they were like, "what is this?" And I'm like, "oh, well, sorry. I didn't think you were going to hear us having this conversation, but this is our agreed upon relationship. This is the relationship that they signed up for. I have permission to speak to them this way. They've given consent for me

> to speak to them this way." And they were just like, "yeah, no, no, that doesn't set well with us. That doesn't sound… that's not okay with us." And I remember saying, "but this is consensual," and that didn't seem to matter. So…

Families of origin where a member was trying to help could also create hostile environments despite their assumedly well-intentioned goals. A cousin of P2 (35, female, Multi-ethnic, queer, submissive) outed her as a FTCPE practitioner to older members of her family from whom she had intended to stay concealed due to their age and her perception that they would not be able to understand. Below, P2 discusses, "posts about a great weekend I had," which was previously explained to mean she was at a BDSM event:

> It was a cousin who had me on Instagram and they had seen my posts about a great weekend that I had and then went to my godmother and told her that I was in an abusive relationship… So when she hit me up, I was completely shocked that she even remembered that conversation and she was like, "what is this that I hear that you're in an abusive relationship is [Master] abusing you and we don't know about it?" And I'm like, "what is going on?" I didn't know what was going on and then I didn't even know the cousin who said it, but I started to dig. Who is this cousin? Who is this person? And I learned that she was having full-blown conversations, many conversations with my godmother about how I was living and how they thought of what was going on.

This cousin may have been trying to help P2 escape what they believed to be an abusive situation by outing P2 to elders in her family of origin, but only served to create an experience of increased fear, anger, ostracization, and the requirement for P2 to attempt to educate her family to recreate security lost through forced disclosure. Despite the many ways in which P2 reported

aligning strongly with her family and culture of origin, this was a place where her additional identity as a slave resulted in experiences of otherness within her family.

Participants who do not communicate their identities to their families faced a lack of support in emotional and relationship troubles as well as an increased burden in maintaining secrecy. However, they tended to identify that this cost was worth the benefit. In P19's (43, male, White, straight, Dominant) words, discussing the limited amount of time he sees his mom already and the fraught history of their relationship, "it's just easier for me to not open that can of worms." Voicing a similar sentiment, P14 (64, female, White, straight, submissive) described an awareness of her parents strict religiously informed protocols and came to a clear conclusion about not disclosing her identity to her parents to avoid rejection: "It's one of those: I don't need to have to argue for justifying what I'm doing in my life. So it's kind of like, fine. We just won't have those discussions."

Losing support or facing stigma from family for any of the reasons above creates sadness and tension for FTCPE practitioners in this study, increasing otherness. When describing hospitalization for serious health issues, P5 (58, male, White, gay, submissive) discussed his positive feelings about the support he received from his chosen FTCPE family, while reflecting negatively on pain caused by his family of origin not showing up for him, saying:

> My bio family was not *ever*… my sister came to visit me in the hospital once the entire time I was there. And yeah, that hurts. And it's hard knowing that the rest of family isn't that accepting; that I have to be very guarded with them.

Whereas many participants shared experiences that were temporally close to when they began to label themselves as BDSM practitioners, a few were able to discuss how early life socialization within family of origin created early experiences of stigmatization specific to power

exchange. P16 (43, transgender man, White, pansexual, Dominant) described a story in which his father punished him for kinky play, stigmatizing the action, and how this shaped his perception of himself going forward:

> I actually got caught in a situation where I was having one of these play sessions with another person, another child, and so we were caught in the midst of this, and my father was incredibly upset by this scenario and he was delivering a spanking afterwards as my punishment. And I remember the whole time thinking, "this is wrong. I'm not wrong for wanting to be doing the things that I'm doing." So in my head I'm thinking, "I'm not wrong, but you're punishing me and that feels wrong." And then also that I was receiving that physical punishment the whole time thinking, I'm never going to let anybody touch me like this.

P16's experience speaks not only to the power of families to shape participants relationship to sexuality and kink, but the long-lasting effects of these systemic messages from childhood. The trend toward feeling wrong, out of place, and *other* finds its roots in these early life conflicts between authentic expressions of desire and family socialization.

Several participants came to a recognition of their FTCPE identity later in life, leading to disclosure issues with contemporary romantic partners. In many cases, vanilla partners reacted with frustration, fear, and disgust, creating a stigmatizing experience for FTCPE practitioners. P6 (72, male with it/its pronouns, White, gay, submissive) was in a vanilla relationship with a partner for several decades, and in describing that experience, it said:

> …during the vanilla relationship, its ex knew about its wants and needs and was horrified by it. He was an ex Roman Catholic priest. And so we did some BDSM a grand total of one time, probably in the early nineties [on vacation]. But that was it."

P6's experience with showcasing its truer self to its partner ended in its partner expressing disgust and rejection. Later, when P6 confirmed it would be continuing on with the slave lifestyle, it broke up with its partner, which it described as, "fraught," including that its partner:

> …did insist that it not talk to anybody in the village. This was in an English village at all, because he was ashamed, he was embarrassed. It sort of understood that. So it agreed to do it, although it shouldn't have done that, but it did because technically [P6] was in the wrong because [P6] left him.

In a few cases, family of origin stigma was felt vicariously by participants through their partner. P13 (54, nonbinary/genderqueer/gender nonconforming with she/her pronouns, White, kink-focused sexual orientation, Dominant) described an incident in which her slave's family visited and expressed significant negativity and rejection of their kinky lifestyle, leading P13 and her slave to emotionally cut ties with that part of the extended family:

> Let me tell you, it is an experience to be in your own home where you've shared a meal with people, people that you have been for a few years kind of treating as your in-laws turn to you and say, "we will never accept this." And I reacted to that by then. That's it. You are no longer in the in-law category. In my mind, you are a thing he has to deal with and I am here to help him deal with you, but you are not anything that is concern of mine at this point.

P13 and her slave cutting ties is a protective act meant to mitigate the negative impacts of family rejection. Interestingly, it is not the case that cutting ties will lessen the literal fact of rejection – rather, it may solidify that separation – but the reaction to separate from the stigmatizing force of family of origin reveals how finding ways to detach from sources of

othering is a component of the experience of stigma, as well as a mechanism for creating safety. These forms of self-empowering, forthright acts of resistance against stigmatizing forces are explored further in Major Theme 4: Resistance.

Healthcare

Stigmatizing healthcare experiences were prevalent across FTCPE participant experiences. Although participants had many positive experiences with therapists and doctors (see Major Theme 4: Resistance), experiences with healthcare providers constituted a large subset of impactful negative experiences. Like their family systems, FTCPE practitioners wanted their experiences with healthcare to be supportive but often found their doctors and therapists to present as much stigmatizing ignorance or direct prejudice toward FTCPE and/or BDSM as any other vanilla individual they might encounter. The authority and power these healthcare clinicians held over participants increased harm due to the violation of clinical trust and lack of positive clinical outcomes. Feeling unable to access understanding and non-pathologizing healthcare increases otherness.

With physicians, several participants expressed concerns that visible artifacts such as consensually inflicted bruises would be considered abuse and trigger conflict with doctors, if not a police investigation into abuse or assault. These types of experiences manifested mostly as anticipatory fear (i.e., Subtheme 1.B: Expectation of Rejection) that impacted participants' willingness to be open with doctors, which was in turn detrimental to care for some participants. As P7 (68, white, bisexual, submissive) described about his concealment of his identity from his doctor: "So I want her medical opinion and I respect her medical opinion, and I don't want her thinking of me as weird or strange or whatever. So I just protect her from that."

This concealment could also lead to negative impacts on participants' lives, as with P4 (59, female, White, queer, submissive), who had to alter her sexual habits to keep her identity secret from her doctor:

> I'd have to tell my partner, "I've got a gynecological appointment in four weeks, so we're going to have to be careful that there aren't strap marks and fingerprint bruising." And while I enjoy engaging in some rough sex, I really would not like to have to have the same explanation to this doctor every time I go in there. So if we could dial that back for just a little bit.

Here, P4's sensation of otherness is increased by not only because she is expecting rejection and feeling forced to change her sexual practices to as not to trigger that rejection with her doctor, but also because she is aware of the fact that other people who do not engage in FTCPE or BDSM play do not have to navigate their healthcare relationships in this way. Her understanding of the situation deepens her sense of otherness.

For participants that did disclose their identities or behaviors, there were experiences of disapproval and shaming (i.e., Subtheme 1.A: Disapproval and Shaming). P9 (40, female, multi-racial/ethnic, demisexual, submissive) had a particularly stigmatizing interaction with a physician who had strong negative beliefs about the visible signs of the participant's recent BDSM play:

> The next day was a physical, and this was a fairly new doctor - I go to the VA, so it's a whole other beast - And she's like, "well, I don't know. It just seems like you had a really large object in your throat." I was like, "oh, yeah." And I described what happened, and she was horrified, and I was like, "it was okay. It was consensual. I'm not wounded, I'm

> not upset. It's not a bad thing, just letting you know." And she was like, "I'm going to write in your file."

P9 described feelings of resentment and defensiveness, reflecting on the parallels between not being listened to by healthcare professionals as a BDSM practitioner and not being listened to by healthcare professionals as a woman of color. As a result, multiple layers of otherness were triggered by her conflict with the healthcare system.

Working with therapists also represented a variety of challenges for participants, often stemming from therapists' lack of awareness or education about kink, BDSM, and/or FTCPE. For example, some participants experienced their therapists becoming over-focused on the novelty of the client's kinky identity and losing track of the participant's presenting problems, as P9 describes:

> Here's the thing about therapists: if they are not kink aware, they will become fixated on that. And it will be about, "well, how does that feel?" And what are you doing and how did you get here? And I'm like, "this part of my life is good. We don't need to talk about, I need to tell you how I felt when I was five years old and abandoned in the parking lot. That's what I need to talk about." You know what I mean? That's what I need to talk about, but it just becomes this centerpiece.

P9 goes on describe how this experience can feel dehumanizing and unsupportive:

> I just think that when people are uneducated and you come up, you become this study, you become an actual study. And so, it takes away from the therapy or whatever it is that you're doing, and you become a science project.

In many situations like what P9 experienced, participants decided to leave these therapists to seek out options they felt could be more supportive, though many identified that

finding a kink aware therapist can be extremely challenging. In other words, FTCPE practitioners experienced poor clinical outcomes due to the fetishization of their identities by mental health clinicians and struggled to find replacement support. Lacking anywhere to go where they can feel supported, their sense of otherness is reinforced by a system which either directly or tacitly rejects them.

Another variation of this type of interaction happened for some participants who felt that therapists falsely represented themselves as kink friendly or kink aware. Shahbaz and Chirinos (2016) have previously defined *kink friendly* clinicians as those who are open to validating the identities and practices of kink practitioners, and *kink aware* clinicians as those who are both validating and knowledgeable about kink practices and norms. As P16 (43, transgender man, White, pansexual, Dominant) describes, he asked a therapist if she would be able to work with his FTCPE and polyamorous relationship, and she said it would be fine, only to find out that she was uncomfortable with the topic and unable to manage that discomfort, scuttling hopes of positive therapeutic outcomes and increasing otherness:

> Number one, she never said anything overtly, but I just got the feeling every time I tried to talk about something that was very related to my dynamic or something I was struggling with in terms of that, it just seemed like she would pivot us to a different… pivot us to somewhere else. So, it was never anything overt. But yeah, I just got the feeling that wasn't something that she was really, truly comfortable dealing with. And so I ended up leaving her and going to somebody else.

Other participants found themselves in situations with therapists that were more directly pathologizing and confrontational. P11 (65, male, Black/African American, straight, Dominant) described the pain and frustration of trying to find a therapist that could be a good match for him

based on his gender and race, only to have his kink identity become a source of direct stigmatization, with the therapist pathologizing P11 as sadist and misogynist:

> I went to a therapist. He was a psychologist; he was a black male. I wanted a black male psychologist because I'm a black male and I figured we'd have more in common that he could understand certain things and certain perspectives, but he didn't understand kink at all. And there were times when he would make comments and then… the struggle.
>
> "So you must really hate women."
>
> "Excuse me? What do you mean I hate women? I love women. I respect women. I advocate for women. As a cop, one of the things that set me off is domestic violence. I'm an advocate for women."
>
> Then one day during the session, he had said something like, "I really feel sorry for you."
>
> I said, "excuse me?"
>
> "No, nothing, nothing, nothing. No."

P11's therapist directly rejected him and his lifestyle, causing P11 to have to leave therapy. In trying to find a therapist like himself, P11 only found more rejection, increasing his sense of otherness because of his FTCPE identity. Despite these types of interactions, P11 and others returned for multiple sessions for lack of an immediate alternative, further exposing them to harm. P12 (53, female, White, pansexual, submissive) described a similar situation:

> I had one therapist that was horrible, and I actually ended up calling her supervisor because she wasn't getting the whole lifestyle and she didn't want to get it. She just kept calling it abuse. And I'm like, "I'm not being abused. I'm consenting to this."

P12 gave the stigmatizing therapist multiple chances under the assumption that her trauma response may have led her to misinterpret the therapist's words, and that the therapist deserved some deference as an expert, but the multiple interactions only created more harm:

> After I was raped, she told me that I deserved it. And I actually went to two sessions with her to make sure… I thought, "well, maybe in my trauma I heard her wrong," and I need to go back to her and really listen. And when she said it the second time, I was like, I'm done. No, I did not deserve this. I said no. I told [my rapist] no, he still did it. That's rape in any sense of the form.

Limited access to healthcare options, perception of her own mental health symptomology, and the power of the therapist as an authority figure on mental health symptomology all played a role in P12's continued harmful interactions. As P12 describes, finding good therapists is extremely challenging, as she has experienced that their background will play a major role in whether they will help or harm an FTCPE practitioner:

> Coming out to the therapist is probably the hardest if they don't list that as a specialty because you don't know how they're going to react. A lot of people have, especially in the Midwest, have hangups of, "we're very religious" or "we're called the Bible Belt."

In summary, many FTCPE practitioners experience otherness associated with their FTCPE and BDSM practitioner identities and face unique outcomes when that otherness is activated in key social systems of family of origin and healthcare. I found this same theme in a third key social system, community. However, the wide array of intersecting identities creating unique experiences of otherness were so complex that they demanded they own theme, which is reported in the following section.

Major Theme 2: Intracommunity Conflict and Intersectionality

When initially asked in the interviews about their experiences of stigma and/or discrimination as FTCPE practitioners, most participants unexpectedly responded by first discussing their experiences of *intracommunity stigma* within the FTCPE and broader BDSM communities. In this context, intracommunity stigma refers to how FTCPE participants experienced stigmatizing reactions from other FTCPE and BDSM practitioner community members about their other minoritized identities, creating a unique extension of otherness inside the participants' ingroup. The most salient intracommunity stigmas were those associated with FTCPE practitioner participants' race, gender, ability (including age and body stigma), and their FTCPE or BDSM practices. Notably, experiences of intracommunity stigma related to sexual orientation were only reported by one participant, P4 (59, female, White, queer, submissive). The possible implications of this finding will be discussed in the Discussion.

These experiences of intracommunity stigma were then connected to the broader set of FTCPE practitioners' intersectional experiences. Participants detailed how their FTCPE identities were stigmatized by members of their other minority group affiliations, creating a unique sensation of otherness between minority groups. Finally, participants who experienced several intersecting stigmas related to their identities relayed that their experiences of FTCPE stigma were generally less salient in the vanilla world than the stigmas related to their other minoritized identities.

Subtheme 2.A: Intracommunity Intersectional Otherness

The study participants identified multiple different identities, dominant and minoritized, that intersected with their FTCPE identity. Participants with multiple minoritized identities spoke extensively about how stigmas associated with these identities would often show up in FTCPE and BDSM community spaces, despite the irony that the FTCPE and BDSM communities tend

to brand themselves as being among the most accepting and forward-thinking. P8 (46, female, White, bisexual, switch) described her experience of the impacts of this type of discord:

> If you can't get an acceptance of each other within, how are you going to basically, for lack of better terms, fight together to deal with the vanilla people? Fight isn't the right word, but… Fight with the vanilla people isn't the right word, but the cohesion to manage them, so to speak.

P8 recognized the need for group cohesion within the FTCPE community, but also recognized that stigmatization exists between members of the FTCPE community, limiting the community's ability to effectively organize, and increasing intracommunity otherness.

Race

All racial minority participants in the sample reported extensive experiences with a variety of forms of intracommunity racial stigma such as diminution, dehumanization, and fetishization, as well as internalized stigma about engaging in power exchange despite historical oppression narratives, especially of BIPOC people. Navigating these experiences and navigating their impacts can be a challenge, as P2 (35, female, Multi-ethnic, queer, submissive) describes:

> …it's emotionally tasking to talk about the discrimination that our people face within the kink and leather scene. And for me, it's like we are misfits. Why are we doing this? We are misfits and a marginalized group on our own. Why are we marginalizing even more? It doesn't make any damn sense to me.

Importantly, P2's tone in this moment was partially sarcastic and self-deprecating, which reinforces the point that for the majority of people who are not FTCPE practitioners of color, it would seem irrational to engage with a lifestyle that invites even more opportunity for stigma. P2 understands that living authentically as her slave self despite her existing marginalized identity as

a woman of color puts her in a category where in addition to the everyday racial discrimination she faces in the vanilla world, she also faces: (a) racial stigmatization and fetishization within the FTCPE world, and (b) unsolicited interrogation of the rationality of her identity from those around her, both in her FTCPE community and racial minority community. Altogether, experiences create an idiosyncratic experience of otherness at the intersection of race and FTCPE identity.

For P9 (40, female, multi-racial/ethnic, demisexual, submissive), the intracommunity experiences of nonconsensual racial fetishization and dehumanization by White community members often starts in the initial conversation:

> For me personally, I have engaged with people on [Fetlife] who have messaged me and they're like, "I want to n-word this" off the bat… I was engaging with someone and we were negotiating a theme, and they were like, "well, is it okay if I call you the n-word, and this that and the third, and the n-word bitch?" And I was like, "why would…? that doesn't make sense."

Despite the FTCPE and BDSM communities' focus on consent, P9 has repeatedly experienced violations of that consent centered around racial fetishization and unsolicited nonconsensual race play rhetoric, as depicted above. This leads to confusion and frustration at P9's forced awareness of her otherness in a community where, based on the principles of consent, she assumed she might be safer from this behavior than in the vanilla world. Although she did not detail specific behaviors, P9 expressed that the behavior of White people at in-person kink events has also created a visceral discomfort for her:

> I try to go to BIPOC events more than anything else. Call it reverse racism, call it whatever the hell you want. I don't care. But just the entitlement of white folks in spaces

> just makes me uncomfortable and… I can't be myself if I don't feel comfortable. My shoulders are up, I'm on guard, I'm looking out.

When in kink spaces with White people, P9's sensation of otherness builds into an embodied physiological reaction. P9 goes on to describe her experience of engaging in kink with White people as one that brings up too many internalized tensions to be comfortable or ethical:

> There's always an underlying charge of race play, whether you consent to it or intentional or not when you're engaging with a white person, especially in public. And so, I just don't do it, especially as a submissive. If it's reversed – and honestly, I don't have a say in other people's lives – but it's more permissible for me to see the reverse then to have any kind of ethnic person bottoming because of the historical context there. But even that I'm not a fan of, I just don't like it because it also kind of feels like revenge. So none of it feels good in my skin.

For P9, the work of navigating these racial forces involves trying to balance risk, ethical kink play, and her biases:

> I have these internal biases. Maybe we could do this. You are capital R, for risk. And so because of that and being in the military, you see the racism, it's rampant in a lot of places, and it's just not a good headspace. BDSM for me is a safe space, and I have to seek what makes me feel safe. White people don't make me feel safe. And it would be an unkindness to engage with someone and have a nervous breakdown while they're, like, flogging me.

P11 (65, male, Black/African American, straight, Dominant) expressed similar experiences of having his limits be ignored by people who wanted to engage in racial play, but from the perspective of a Dominant:

> Even in this lifestyle, there's racial tension. There's the fetishization of black men. That's the whole BBC [big black cock] thing. I've gotten unsolicited requests from people, even though in Fetlife my profile specifically says: I don't do the queen of spades thing. I don't do BBC, I don't do race play. But I've gotten people who just contact me anyway and then they get upset when I tell them, can you read my profile?

Unlike P9, P11 does engage in kink relations with White women, but has experienced complex racial dynamics in those interactions. One White partner, who P11 recalls identified as a "brat" – a type of submissive that enjoys being forced to do things more than simply told – was having a conflict with P11, which resulted in the following uncomfortable scenario:

> I said, "I'm going to go out and take a walk," and she blocked the door to prevent me from leaving. I said, "listen, you got to get out of my way." So I grabbed her by her arms to move to the side, and she started screaming, "he's hitting me, he's hitting me." And the whole idea, I said, "why would you do something like that? Why would you put me in that type of situation?" And that told me how she thought about me because she just didn't care that she was putting me in a dangerous situation for me.

For P11, this incident brought up reflections of violence against Black men spurned by White women, such as the lynching of Emett Till (Tyson, 2017) and identifying for him that these themes of racism were alive within the FTCPE community. The fear and frustration brought on by this incident reinforced P11's sense of racial otherness in the community and need to carefully consider and navigate interracial FTCPE relationships in a manner unlike his White Dominant peers.

P9 (40, female, multi-racial/ethnic, demisexual, submissive) also provided insight into how racial stigma is not limited to private relationships or play spaces, describing a situation at a

kink convention where a female BIPOC Master was facing ridicule from a White male attendee sitting near P9:

> The whole class was just little bits, and this was just like the cherry on top. So by the time you're done with the microaggressions, you don't have that energy. I was so frustrated. My blackity black leather sister was frustrated and we were texting back and forth the whole time because it was just so vile… It's microaggressive in that if [the presenter] was to say or address him or confront him, it would look like [the presenter] was the aggressor… So, there is no winning for her in this situation. "Oh, you're so sensitive. He was just giving you a compliment. He was just making an observation."

In this case, the rage, powerlessness, and hopelessness brought up by the situation reinforced feelings of otherness for P9 within the FTCPE community space, as she assumed that her actions to correct the racist microaggression of another attendee would only lead to more conflict and rejection.

Experiences of internalized stigma regarding the validity of BIPOC FTCPE identities were also discussed among the participants. P11 (65, male, Black/African American, straight, Dominant) discussed his internal struggle to accept Black women in subservient roles:

> I know that in the beginning for me, it was difficult for me to even conceptualize having a black woman as a submissive because my grandmother, my mother, they were all these basically Dominant women. It was difficult for me to, and then with all the things that black women have to endure in this society, it was difficult for me to picture a black woman as submissive. I felt that I would be doing them a disservice.

This exact type of thinking exemplifies what P2 (35, female, Multi-ethnic, queer, submissive) describes wrestling with in identifying as a slave, especially when the option to be a Dominant and reverse historical inequity is available:

> But telling my women of color that I am now identifying as a slave, that I now understand the depth of my surrender to another, the reverence that I pay to another… is extremely difficult. The word has so much behind it, it carries so much. And it took me years to even understand, after identifying as a slave, the difference between what my ancestors had no choice in and what I choose to walk in. The enslaved had no choice. This slave has a choice from the beginning to the end. Whether I give up my authority completely or not, that is my choice. And really explaining that to them, really understanding that myself, learning that myself was such a journey, such a journey. And then having to explain it to someone else was probably the hardest thing in the world. The hardest thing in the world.

Both P11 and P2 expressed extended experiences of struggle between parts of themselves – on the one hand, parts associated with their race telling them to stand against oppressive narratives, and on the other hand, parts associated with their kink identities telling them that engaging with consensual power exchange is itself a form of freedom. The internal struggle to reconcile these forces appears to generate increased feelings of otherness, as the parties feel like they do not belong on either side.

P2 also spoke to the unique experience of colorism within the kink community, which extends from the concept of internalized stigma. Colorism is a common form of racism that is often expressed within minority groups and focuses on the perception that people of darker and lighter skin tones have more or less power, privilege, and/or ownership of the identity. P2

reported experiencing rejection for being too light-skinned by some of the Black members of her kink community, representing a unique dual layer of intracommunity stigma:

> I experienced more shame in the kink community, especially when I was walking in my power as a black woman. Racially, I experienced more shame from my Black people, my BIPOC community telling me, "I understand how you as a Latina identifies as a Black woman, but let me tell you how that's not it."
>
> I remember… there was one time when someone who I knew, very well known in the community told me, "I know how you identify as a Black woman. Let me tell you how that's not." And I felt shame.

P2's experiences of shame fed into more negative impacts on her wellbeing:

> So I really had to sit with my then-anger and really understand where was my frustration coming from and why was I shaming myself for saying who I am? And then folks saying that's not who I am. Are you going to let someone else tell you who you are? I really faced it in the kink community.

Only one White participant spoke to their experience of intracommunity racial stigma. P16 (43, transgender man, White, pansexual, Dominant), who is polyamorous, indicated that the challenging experience of adding his new submissive partner to his polycule has been made more challenging by racial concerns:

> It's complicated by the fact that there are racial politics and stuff at play too, because this partner is African American. I got that confusion going on.

More than the specific details of P16's experience, what is revealing about this quote is the fact that P16 was the only White participant to consider race in their discussion of FTCPE stigma, or in how racial stigma could impact his relationships. This reveals a counterpoint to the

experiences of the racial minority members of the sample detailed in this section. The general lack of discussion around race suggests that those who do not experience racial stigma may be unaware of the role they play in racial stigma, or its impacts on their community.

Gender

Similar to the findings related to intracommunity racial stigma, several participants expressed experiencing a variety of traditional gender discrimination in FTCPE and BDSM community settings. The participants who discussed gender stigma identified as either female, non-binary/genderqueer/gender non-conforming, or transgender male. The majority of the stigmatization described reflected traditional misogynist tropes experienced through the prism of FTCPE or BDSM practice. The participants who discussed gender were hyper-aware of the typical misogynist expectations that men would be dominant and women submissive in relationships and found themselves wrestling with those stigmas internally and externally. P12 (53, female, White, pansexual, submissive) has been a submissive for most of her life but switched to being a Dominant within the year before our interview. From this perspective, she was able to speak to the challenges not only of leading as a female but for men to follow. In her experience, the typical misogynist constructs cut both ways, causing both men and women to struggle against misogynist internalized stigma:

> Female-led relationships are very difficult because we have some social constructs. And when I'm talking with a potential slave, a lot of times these men have these ideas like, “I want to serve, but it's not okay.” And I'm like, “Why?” And I kind of just break it down. I'm like, “That's a social construct… I absolutely want you to serve me.” And I think for men slaves, it's seen as, “Oh, they're meek and weak…” It is also this, “Oh, he's not leading the relationship.”

In P12's experience, not wanting to ascribe to typical gendered expectations of power in relationships created feelings of loneliness and internalized negativity, leaving people nowhere to go and reinforcing otherness.

Messages about gender and power came from both the vanilla and BDSM worlds. As a trans man, P16 (43, transgender man, White, pansexual, Dominant) described feeling internal and external pressure when he was younger to be a submissive because he was socialized as female, and felt that was the role he needed to fulfil on account of his gender:

> I am trans, so I was socialized as female. And so as I came into my teenage years and that female sexuality space, I definitely had experiences that involved me being on the side of less power in relationships. And again, very much places where I knew that I was not comfortable. I participated in things because I felt like that's what I needed to do in order to get needs met and whatnot. But again, that was kind of, "this is not really a space for me."

In P16's story, his sense of power in relationships was defined by society at large and then reinforced upon entering the BDSM world. The pressure to perform as expected created internal conflict and stress for P16, who through self-exploration and rejection of norms began to accept the need to transition into a power role. This transition, as well as his gender transition, involved being forced to accept a greater degree of othernesse within the FTCPE community.

Misogyny manifested tangibly in FTCPE and BDSM community settings in varied ways for participants. As P8 (46, female, White, bisexual, switch) describes:

> When you go to the larger-scale events, it's frustrating that, bluntly, so much of the misogyny still exists. Because you would think after all this time that some of that would've started to fade, that people would have seen enough women in positions of

> power in both vanilla and kink situations that some of that would've started to fade, but apparently not.

Many participants discussed stories of their experiences of misogyny. P13 (54, nonbinary/genderqueer/gender nonconforming with she/her pronouns, White, kink-focused sexual orientation, Dominant) described a general sense of being out of place as someone who is presents female in a group setting for Dominants:

> But when you get together with women who identify as being on the top position - and I'm being inclusive here with women, to include everyone who might identify that way or be identified that way – just… stories come out like this feeling that you don't quite fit in that space. You're feeling like you're a little bit of a token or an oddity.

P13 went on to express that, beyond internalized gender stigma, her experience of this feeling "you don't quite fit" appears to be at least partially structurally imposed, with event coordinators favoring traditional power relationships or highly binary gender presentations:

> It's more subtle now than that, and it tends to happen that there just are not as many women invited to events that are not in the submissive role. It is far more rare to have a lesbian couple or a female led male submissive couple who are the guest speakers at an event or who will run for titles or who are teaching classes. A lot of times the ones who are approached and who do show up tend to embrace more the high femme look or they go the complete opposite and are very masculine in their look, very butch.

Finally, P13, like many of the participants who discussed gender, described direct experiences of misogyny in Dominant spaces, disregarding her identity and agency and othering her into a category she did not select for herself:

> Yeah, early on in organizations, it was not uncommon to have a top man kind of sidle up next to you and say, “well, you just need a good man. You realize you're actually on the bottom where you're actually submissive.”
>
> One was more subtle than that, and he said, “there's nothing I like more than seeing a woman on her knees.”

Whereas P13 suggested these experiences had become less common in FTCPE and BDSM spaces, other participants suggested these experiences were still typical. P12 (53, female, White, pansexual, submissive) described facing misogynist rejection in a group for Dominants:

> So I went to a Dom-only meeting. I walked in, I was the only female, and I could immediately sense there was some tension with some of the people, and I was like, “what's that about? I'm a dom.” And at the break, one of them came up to me and said, “why are you here?” And I said, “this is a Dom conversation, and I thought it would be good for me to come to this.” And he's like, “I don't understand. And I was like, I'm sorry, I don't understand what you're telling me.” And basically he kind of fumbled around and then basically said, “well, you're a female. You should be with the fem doms.” Well, I am a fem one. I didn't know there was a separate group. And I asked him, I said, “is this a gender only group? Did I mess up? Did I come to a men's only situation or a male identified situation?” And he said, “no.” And I said, “okay, so why can't I be here?” And he had no answer for that. And that's where I kind of felt it. And I was like, because I'm female and I identify as female and I am a fem and I dress fem.

Here, P12 was forced to defend her existence in a space that was ostensibly open to her, yet the strains of misogyny forced her into a corner where she felt othered by the members of the

male members of meeting, forcing her to need to engage resistance by standing up to the rejection (see Major Theme 4: Resistance).

As a female switch, P8 (46, female, White, bisexual, switch) has spent time in community spaces designated for Dominants and submissives, identified her rejection in Dominant spaces as being directly related to being female:

> You'll see a lot of conversations at Master circles where they talk about female Masters and every female in the damn room gets pissy about it because it is that moment of: we happen to be female, but that does not make us less of a master than you are. And it's that moment of, “you won't treat us equally until you stop making a difference, until you stop making the differentiation.” And there's big arguments about it because it's, yes, we understand, but you don't talk about male Masters, you just call them Masters. When you talk about female Masters, you call us female Masters, so you're trying to make that designation and that's not okay. And that's where a lot of the divide comes, and you'll hear the same thing in slave circle, but it's less predominant there

Although most of the discussion of gender stigma centered on misogyny, P13 (54, nonbinary/genderqueer/gender nonconforming with she/her pronouns, White, kink-focused sexual orientation, Dominant) did identify that her male submissive does occasionally experience disapproval for not following masculine stereotypes, which causes hurt:

> It affects my slave more intensely. He takes it very personally. If someone says he's not “like a man” or he's “not a good slave,” which I don't know why anyone would say these things about him, but that affects him.

Lastly, P16 (43, transgender man, White, pansexual, Dominant) describes how being in gender transition from female to male resulted in him experiencing disapproval and rejection on the basis of gender across both dominant gender domains:

> There was just some weird gender interactions; not being really accepted by the hetero-male dominance, but also being very different from the feminine Doms doing their thing. And so there was definitely kind of this and that. The whole weird-gendered space, I feel like that continued for quite a while until I was really settled in my transition. Of course, I can't say for sure how much of that might've been due to my own internal struggle? I'm sure it was in part due to the internal struggle, but I definitely felt some difficulty being accepted in hetero male spaces.

These interactions tended to be signals of disapproval by way of subtle and unsubtle social rejection:

> I've had a few different interactions where I would go up to a group of people like two or three other male doms or tops or whatever, and just even trying to just participate in regular conversation. It's just that whole thing where you come in and it's obvious you're interrupting and not being welcomed into the conversation.

In the end, until his transition was complete, and most people read him as male, P16 was trapped in gender limbo, which reinforces the notion of the dominance of typical gender barriers within the atypical setting of FTCPE and BDSM communities:

> My experience is really unique because it's like, okay: when I had kind of an androgynous presenting form when I was early in transition and really wanting to be accepted into male spaces, I felt like I still wasn't welcome there. Then I finally fully

> come into my maleness and male presentation, and then it's, “get out of the female spaces,” even though I have the lived female experience. It's very weird.

In vanilla society, one’s gender engenders many assumptions about power, especially in how it is expressed within intimate relationships. Despite the inherently transgressive nature of FTCPE and BDSM as lifestyles that challenge norms associated with power, gender, and sexuality (Rubin, 2011), the above findings reveal that members of the FTCPE community experience gendered stigma within the community, shaping experiences of otherness in spaces that ostensibly allow for any type of consensual relationship. Whether manifesting as internalized self-censoring or external gender stigma, typica gender stereotypes about power hold power over the experiences of FTCPE practitioners. This further showcases how FTCPE stigma is shaped in part by intersectional identity and operates within the community.

Ability, Body, & Age

FTCPE participants described intracommunity experiences of ability, body, and age stigma, often in the form of social or sexual exclusion, leading to sensations of otherness. Ability, body, and age were all connected by the way in which they represent embodied physical or mental health attributes that were perceived, interpreted negatively, and rejected by others. These variables were often related to one another. For example, P6 (72, male with it/its pronouns, White, gay, submissive) identifies being left out of the majority of exciting sexual opportunities at a weekend BDSM event due to its age and body:

> One guy did take it into a room and fuck it, but that was it. There was no other interest at all. And that hurt in a way, but of course it's 72, it's a fat old man, who the hell wants it? But that sort of thing… if it were 25 and handsome, of course it’d probably have been unable to walk by the end of the weekend.

Participants reported feeling ignored, hurt, and lonely from these experiences of rejection. P5 (58, male, White, gay, submissive) described a similar experience of encountering body negativity when he was more overweight:

> When I was a lot heavier than I am now, it was more that I didn't fit in with the physical aspect of what the BDSM community expected. They expect to see the slim, in leather, good looking slaves. And when you're someone a little bit on the heavier side, and when I was younger, it was: nobody wanted to play with me, nobody wanted to do anything. Nobody. It was just kind of that extra person that was there.

P5's experience of being unwanted because of physical appearance led to low self-esteem and loneliness – his experience of standing to the side, not being invited into a scene is a visceral depiction of what otherness can look like within the community. P5 also described experiences of rejection associated with a disability that blunts feelings of pain:

> A lot of people don't play with me, or won't play with me because of that. Because it takes a lot to get me somewhere. I mean, do I enjoy it to a point? Yes. But it takes a lot to get me to really open up and be vulnerable in that position because I don't feel it. I don't feel you can come up and smack me as hard as you want. I don't feel it. And that's hard and people don't like that. And I do feel rejected to a point of they don't want to play with me because of that.

Some disability-related experiences discussed by participants were less tactile and more interpersonal. P19 (43, male, White, straight, Dominant) identified as being neurodivergent and explained that this can sometimes lead to interactions with others that unintentionally feel standoffish or distant, leading to stigmatizing intracommunity interactions:

> I have lost quite a few friends from different aspects of the BDSM and power exchange circles because of that… the most recent one was actually thought was a close friend and we were hosting an event and as being hosts, we're in host mode and so we're going around, we're trying to talk to as many people as we can have conversations and because this person showed up and we didn't go straight to interacting with them and really didn't go and spend a lot of time with them, they felt slighted, started writing stories in their head and the next day left the group chat and then later unfriended us.

Subtheme 2.B: Intracommunity FTCPE/BDSM Practices Stigma

Participants reported stigmatizing experiences from other FTCPE or BDSM practitioners in their communities for their power roles or how they practiced FTCPE or BDSM. Similar to how misogynist narratives led some kink practitioners to gatekeep certain roles on the basis of gender (see Subtheme 2.A: Intracommunity Intersectional Otherness), stigma experiences in this category were also interpreted as disapproval or gatekeeping. However, these stigmas weren't simply instantiations of external stigmas intersecting identities. Instead, these stigmas stemmed from idiosyncratic beliefs held by some members of the community regarding how FTCPE and BDSM practices *ought to be* carried out. These norms or expectations were informed by a variety of possible forces, including a commitment to FTCPE/ BDSM community history, striving for community cohesion and power, and sociocultural influences from FTCPE/BDSM practitioners other intersecting identities (see Discussion).

Notably, although the lines are often blurred between FTCPE and BDSM communities because they share so many fundamental attributes and community spaces, several participants identified a cultural divide between groups who mainly practice BDSM (e.g., sexual play in the bedroom incorporating BDSM activities) and those who practice FTCPE, and that the differences

in beliefs and practices between these groups can lead to stigmatizing divisions. P15 (58, transgender male, White, pansexual, Dominant) explained this using a geographic comparison, citing how the division is more severe where he lives in New England versus further south:

> [Although] M/s is seen as in the BDSM demographic, M/s is not always but often seen as too politically incorrect. And so mostly the power exchange people either keep to themselves if they don't do BDSM or they hang out at MAST. And the MAST up here is very strong and very tight-knit and extremely, extremely positive. Now it's kind of a community stigma in that way, which you don't find other places. It's much more of a gradation when you say, go to Virginia or something like that.

Although BDSM is the largest umbrella, P15's perspective reveals how divisions between those who practice power exchange full time and those who only practice for play can lead to feelings of otherness when attempting to share spaces.

The interviews revealed that there is also stigma specifically between members of the FTCPE community related to practices, with some FTCPE practitioners gatekeeping what is and is not appropriate consensual power exchange. P13 (54, nonbinary/genderqueer/gender nonconforming with she/her pronouns, White, kink-focused sexual orientation, Dominant) described how interactions with FTCPE gatekeepers can feel confrontational:

> I think probably the biggest negativity I've ever gotten is actually within the kink community. When you live this 24/7, you may find a lot of people who also do it and are also really friendly and nice and supportive. But you can also find people who do this, who believe that their way is the only way it should be done. And they can give you grief. They can say nasty things. They can flat out just tell you to your face that this isn't the right way to do things.

In other words, intracommunity otherness is enacted when someone like P13 believes they are engaging in FTCPE, but other FTCPE practitioners confront her to express that her approach is incorrect. In these situations, intracommunity gatekeepers are attempting to limit access to intangibles like FTCPE identity by ridiculing the consensual power exchange of someone like P13 and demanding they enact FTCPE in ways akin to the gatekeepers. Interestingly, there are social mores, such as those associated with consent and risk-awareness (Simula, 2019; Williams et al., 2014) which act as guiding principles for the FTCPE and BDSM communities, but the experienced expressed in these interviews suggest that some FTCPE practitioners can pervert the mechanism of guiding principles into structural impositions, which disrupts the cohesion of the community by othering those who do not fully ascribe to FTCPE gatekeepers' principles. Notably, some theorists have argued that these sorts of structural impositions negatively impact the BDSM community by instantiating the types of social power structures around right and wrong sexuality that BDSM fundamentally resists (see Discussion; Downing, 2007; Halperin, 2002; Parchev & Langdridge, 2018).

For example, P14 (64, female, White, straight, submissive) described experiencing pressure from the FTCPE community to change her and her Dominant's relationship protocols to better fit expected norms and be more visibly dominant and submissive:

> So is there a perception from other people in terms of, well, "they're not very demonstrative, kinky-wise," kind of thing, and… we've determined, well, that's a you problem because this is our relationship and we have to be comfortable between the two of us on what we're doing… It's like, why should I change my dynamic just to make you happy, just to make you comfortable? We are not doing it.

In this case, P14 resisted these impositions, but not before experiencing a sense of otherness between herself and the FTCPE community. Her way of enacting FTCPE with her Dominant partner created feelings of isolation and disapproval.

Participants also spoke about how each power role had expectations attached to them, coming from variety of sources, and that navigating these roles could be complex. As P11 (65, male, Black/African American, straight, Dominant) put it, “This community [FTCPE and BDSM collectively] can be really judgmental about everything.”

When asked to clarify, P11 went on to describe the, “old Master/slave community… who are quote-unquote traditionalists. ‘Well, okay, your slave has to be this, slave has to be that…’” P11 also described an instance in which his slave was “cornered” by two other slaves from this tradition who, “were talking to [my slave] about how she should serve me in a particular way. And she went in the room to cry. I didn't know this until later on.”

In exploring these recollections, P11 expressed feelings of frustration and anger stemming from the pressure applied by these types of stigmatizing gatekeepers:

> So there's always those type of things: “What's your skillset?” “Who are you to call yourself a master?” “Oh, well, there should be a criteria for master.”… Okay. Who makes you the arbiter of that? Who says you are qualified to do that? When it comes down to leather, “Oh, well, leather is this and leather is that.”

Aligning with the theorists cited above (see Discussion; Downing, 2007; Halperin, 2002; Parchev & Langdridge, 2018), P11 further identified these experiences as being antithetical to the fundamental project of both the FTCPE and broader BDSM lifestyle as forms of rebellion by instantiating the same processes of stigmatizing differences that already exists in the vanilla world:

> And it's like, doesn't it bother you that a culture that was developed by people who were rebelling against the conventions of society and the rules of society should not make up a whole other set of rules that people should abide by? Does that make sense to you?

Despite the promise of freedom to be authentically yourself within the FTCPE community, these participants found themselves contending with typical processes of contending with gatekeepers who sought to stigmatize their individual experience and impose an order based on in- and outgroup values.

In a similar vein, although P8 (46, female, White, bisexual, switch) was the only participant who clearly identified as a switch, she was quick to point out that she experiences a stigma around being a switch in the FTCPE and broader BDSM communities in which the existence of switches is often denied by those who have binary identities (e.g., Dominant or submissive):

> The shame of it, honestly for me, on a couple of occasions I have been told by people, "Well, switches don't exist. Well, you're really one or the other. You just need to pick; you haven't found the right person yet." And that's that moment of, "Well, I'm not really ashamed that I'm both, but it's that moment of, well, you telling me why are you judging me for wanting to be both?" And it's difficult because once you've been perceived in one role, people will often have difficulty dealing with seeing you in the other… If you talk to almost anybody who you talk to who's a switch [they] will tell you there is definitively a stigma towards being a switch, scarily.

Though most participants did not go into detail about specific divisive or stigmatized practices, P2 (35, female, Multi-ethnic, queer, submissive) did discuss how her choice to use cannabis during BDSM play (FTCPE or not) has been stigmatized. Risk-Aware Consensual Kink

practices most often stigmatize the use of any substances (e.g., alcohol, stimulants) during BDSM play due to the increased risk of harm when engaging in BDSM practices while under the influence. P2 has been stigmatized for using cannabis before scenes and has struggled to give voice to an alternate perspective on the possible uses of cannabis in BDSM versus what is discussed in the dominant BDSM discourse:

> I faced a lot of ridicule. Being under the influence of any kind and consenting to anything is something we don't do… it's still really looked down on in the kink spaces. And I really had to face a lot of folks who did not want a scene with me because before a scene, I was smoking a blunt… and I had to face folks who didn't understand my need to medicate… I have PTSD and I have ADHD. So these things affect my every day, they affect my learning, they affect my intake of information. And cannabis has really become something that western medicine is not, I don't feel drugged. I feel like I can move in spaces, and I really had to educate folks on what it is for me to smoke, to be able to be functionable. And it's a stigma. It's still a stigma to this day that folks are still trying to understand why are we using cannabis in a scene.

Notably, this experience reveals the complexities underneath the surface of these types of disputes. In this example, a neurodiverse Black/Latine woman is attempting to explain to peers in her BDSM/FTCPE community how her experience of using cannabis during BDSM play differs from the long-standing dominant discourse around the risks of substance use during BDSM play (e.g., substance use may interfere with consent, which is a fundamental standard of ethical practice across FTCPE/BDSM communities).

Subtheme 2.C: Intracommunity Stigma Toward FTCPE/BDSM in Alternate Minority Groups Affiliations

Some participants expressed experiences of disapproval and rejection from other minority groups to which they belong. Whereas previous subthemes focused on the experiences of intracommunity stigma felt within the FTCPE and BDSM communities, this subtheme describes the experiences of FTCPE/BDSM practitioners who faced intracommunity stigma in their other minority identity groups. Otherness may be at its most intense when participants felt rejection or disapproval across several of their minority subgroup affiliations. The most notable examples of this comes in conflicts described between FTCPE and queer spaces. Both transgender male participants had significant negative experiences of rejection within the queer community. P16 (43, transgender man, White, pansexual, Dominant) identified a situation in which he wanted to go to represent FTCPE and leather at pride with his kinky polycule. P16 described a feeling of loneliness and hope associated with the idea of being represented at his local Pride event:

> Before Pride this year, I had read this really long article that somebody had written a while back about why leather belongs at Pride and stuff, and it really resonated with me. And I thought, here I am out here feeling very isolated from this part of my community, and maybe part of the reason why I'm isolated is because I don't allow myself to be as visible as I should? Maybe if I was more visible, maybe I would attract others to me who are interested in the same thing?

P16's thought process reveals multiple layers of internal stigma happening at once, featuring both a recognition of the otherness he feels as a result of his expectation of rejection, as well as a concurrent sense of resistance in his sudden desire to increase his visibility in the local queer community (see Major Theme 4: Resistance). However, when P16 connected with Pride

organization about this interest, he got a chilly response, which led to him feeling uncomfortable about going to Pride with his kinky polycule and representing M/s and Leather:

> I reached out to a few people who were in the community who were part of the organizational structure of the event and stuff, and I was just like, "Hey, I was thinking about this, but I don't want to bring myself and my family out in this way if it's not going to be safe for us to do that." And I mean, nobody said no, but nobody said yes either. So we did not ultimately go, which was kind of sad. It was just kind of like… the reception was very, "we are not really sure we want that here. We're not going to tell you no, because we don't want you to say we told you no, but we're not going to say yes either. We're not going to be welcoming."

Thus, in addition to his expectation of rejection and sense of resistance, P16 also faced othering through external disapproval of his desire to be seen in public as a part of the queer community. As suggested before, this leaves P16 with few places to go – between intersectional stigma felt within the community (see Subtheme 2.A: Intracommunity Intersectional Otherness) and in the queer community, otherness is at its peak when P16 feels he has nowhere to go that is truly secure from stigma.

P15 (58, transgender male, White, pansexual, Dominant) reported experiences of more direct rejection from some parts of the queer community as a result of FTCPE. In one story, after being invited to speak about disability at queer conference at Harvard University, P15 was removed from the conference because of his FTCPE identity:

> They called back and said, "Never mind, we can't have you." And I said, "Well, why not?" And they said, "Well, we found out you do this Master/ slave stuff and we don't approve of that." And this was a queer conference at Harvard, but no Master/ slave stuff.

> And I said, “I'm going to talk to you about disability. I'm not even going to be mentioning Master/ slave stuff. That's what we will be talking about, not to have strobe lights in your dungeon, that kind of thing.” But nope, they felt that it was too… that it was not okay. That I would, I don't know, attempt to enslave the audience or something. I'm not sure.

P15 further specifies how the people he struggles the most with are not the conservatives who reject him based on just one of two of his identities, but the politically progressive types with whom he generally agrees, but whose ethics conflict with the FTCPE lifestyle, leading to similar intracommunity conflict described in the Harvard example above:

> Where the M/s problem comes in is with the politically correct people, with the politically correct people who have one or two, maybe three axes of offense, but are really uptight about BDSM and about… I mean, I lived through the eighties. There was a huge, huge stigma about BDSM at that time. Less so now, but that was the massive… the remnants, the stink of that still lasts. And that is to a lot of the people whose politics, I actually do respect, what [full time slave] and I do is wrong. It's a plain wrong and it's some sort of sort of, what's a good way to put it? [unintelligible] … because it could turn back the clock to a less free time.

Clear examples of these types of alternate minority identity intracommunity stigma toward FTCPE and BDSM were less prevalent in other experiences. For example, BIPOC participants spoke about experiences of stigma from their families (see Major Theme 1: Self-Other Stigma), with whom they share another minority identity. However, these experiences were not discussed with the same attention to irony as those described above between FTCPE/BDSM and queer communities.

Subtheme 2.D: Other Identity Stigma More Salient than FTCPE or BDSM Stigma

One final subtheme related to participants' intersectional stigma experiences is that most participants with multiple minority identities experienced the stigmatization of their other minority identities as being more salient in their everyday lives than the stigmatization associated with their FTCPE identity. This experience covered a variety of other identities including race, sexual orientation, nonmonogamy, and physical appearance, among others. P4 (59, female, White, queer, submissive) expressed experiencing stigmatization of her various identities on a regular basis, with her FTCPE identity rarely being salient because it is the least visible:

> I get more hassle from the vanilla community for being a heavyset dyke looking woman, and they have no concept of who I am outside of that. So they don't really have any grounds to bully on that. So they bully on what they can. The ones who are dead sent on being a bully will find whatever it is. They don't like my haircut. They don't like how I dress… If I park in a handicap spot… I've heard people, "Well, you don't need that," or, "If you lose weight, you wouldn't have that problem. You wouldn't have to have a handicap permit and all."

For P8 (46, female, White, bisexual, switch), a different variety of everyday stigmas were more salient than those associated with her FTCPE identity:

> I've experienced people basically looking at me and judging me for who I was my entire life. This is obviously not my natural hair color. I am a redhead. Naturally, the stigmatism that goes with that alone, they call us temperamental, they call us this, they call it all the things that go with that. It has been something I've been hit with my whole life. And then I basically decided that I was going to become tattooed as hell, which is another level of people look at you like, "Well, what's wrong with that person?"

In P8's experience, these stigmas follow her everywhere she goes, and the visibility makes them more salient in her day-to-day life than kink behavior that might largely happen behind closed doors.

Participants with polyamorous relationships identified experiencing stigmatized reactions to being ethically non-monogamous that felt more salient than any stigma about FTCPE. As P9 (40, female, multi-racial/ethnic, demisexual, submissive) described:

> I think poly is even more controversial because it's the act of loving many. So, my last partner, my last Master who I was under consideration, had two other partners, full-time, living with him in his house. And so when I introduced him to my little cousin who's basically my sister, she's like, her levels of confusion were like, "what the hell?" And she's like, "you do whatever you want, but that?"

Again, visibility was a key factor in determining how much stigma a given identity might draw. Participants with minoritized racial identities also expressed experiencing the need to deal with racial stigma more often than FTCPE stigma. As P2 (35, female, Multi-ethnic, queer, submissive) described:

> The discrimination I faced was not because I was a kink person, but because I was an Afro-Latina in the kitchen. So, it hasn't shown up yet. I don't think my boss, my big boss, knows that I'm in the kink community, but if they do find out, I can educate them.

Interestingly, the visibility of P2's race makes it the easier target for stigma, and the concealment of her FTCPE identity at work makes it a non-target. As above, it seems expectations of rejection are incentivizing P2 to conceal her FTCPE identity, and the result is a sensation of greater salience of racial stigma in her lived experience. Interestingly, her experience of FTCPE stigma in this case evidences her sense of *resistance* in that she reports it

might be easier to deal with by educating anyone who did not understand it (see Subtheme 4.C: Providing Education).

As a final note on this subtheme, the experience of straight participants further reveals how FTCPE identities appear to be less stigmatized than minority sexual orientations. For example, when P17 (80, male, White, straight, Dominant), who identifies as straight, needed permission from his parents to get mental health support for his concerns about his kink preferences, his father revealed he was relieved to hear this was not about his son's sexual orientation:

> And so I met with him and, "What's going on?" and talked a little about it. I don't remember the details about it. And his relief was, "Oh, thank God I thought you were gay." And his perception of being a gay man at that period of history was that it was a really difficult path.

When P11 (65, male, Black/African American, straight, Dominant) described his kink interests to his mother, she expressed a similar satisfaction that he was straight rather than gay:

> Before I came out as kinky, I have two younger sisters. One of 'em came out as gay. The other came out as bi. So when my mom found out I was kinky, her thing was, "well, at least I know I'll have grandchildren."

Otherness is a primary component of FTCPE stigma, however, this subtheme reveals that despite the presence intracommunity and intercommunity FTCPE disapproval and shaming, as well as expectations of rejection, and internalized kink negativity, many participants' experiences of stigma FTCPE stigma were secondary, tertiary, or beyond relative to any other stigma resulting from identities that were more visible to the vanilla world. Moreover, these other experiences of stigma may also have greater salience given that they arise within the FTCPE

community (e.g., intracommunity racial fetishization, see Subtheme 2.A: Intracommunity Intersectional Otherness).

Major Theme 3: Concealment

Concealment, or the choice to hide one's identity as an FTCPE practitioner from public view, was a multidimensional mechanism of both stigma and stigma coping. The experience of concealment was described by all participants as a necessity for managing the possible incidence of stigma, but for many, this need to engage in concealment was itself a mechanism for creating the feeling of otherness and placelessness in the dominant discourse. Participant descriptions revealed a complex tapestry of choices and considerations far from the simple binary choice of being publicly "out" or not. Instead, concealment operated in degrees, with some participants describing a complete concealment of their FTCPE identity from the public world (i.e., *hard concealment*), whereas others described a spectrum of concealment that shifted based on a wide variety of professional, family, lifestyle, philosophical, and safety factors (i.e., *soft concealment*). Across both formats, participants experienced increased feelings of physical and social security at the cost of authenticity and sense of belongingness in the world. To further complicate these descriptions, some concealment was motivated by beliefs about ethical kink practices rather than as a response to experienced or expected stigmatization. Depending on the interpretation in any given incident, an FTPCE practitioner might express their acts of concealment as an experience of stigma, a radical act of resistance grounded in kink ethics, or as a truly neutral experience indistinguishable from the limited degree to which it is socially acceptable for any vanilla individual to discuss the details of their relational power dynamics and sexual interactions.

Subtheme 3.A: Hard Concealment

Hard concealment refers to a pattern of behavior in which a participant fully hides their FTCPE identity from public view. For most participants, this experience involved removing any identifying clothing, jewelry, or other marks of FTCPE involvement, and/or not discussing their lifestyle or relationship structure with people in their vanilla community. When asked if he has ever encountered stigma about his FTCPE or BDSM identity from the vanilla community, P19 (43, male, White, straight, Dominant) said the following:

> As far as the BDSM and power exchange, though, like you said earlier, I try to keep that private and only in the spaces that I know are safe… I am generally very careful about mixing my world's. Yeah. And really all the BDSM either happens behind closed doors at home or in a play space that I know is filled with other people who are knowledgeable and understanding of the lifestyle.

For P19, navigating hard concealment is a daily practice that involves effort in building up and maintaining an inauthentic persona, and he wishes he did not have to hard conceal:

> For me to survive working around the people that I live around, I have to become some other person. It's not that I'm a foreign concept. I very easily can code switch, but it would be lovely if I didn't have to, if I just had to show up as the same person everywhere that I went instead of an altered version of that.

P19's comment that he is a not a "foreign concept" is a reference to his previously stated awareness that his other identities allow him to fit in in his state. Doing so is a matter of survival for P19, who fears the potentially significant negative repercussions of his identity being revealed. P19 identified that crafting a persona that falls in line with local expectations requires constant vigilance to maintain:

> I know that I have a parking pass that has to hang on my rear-view mirror. Anytime I go to a public event, I have to pull that and the one for my wife's work out. And sometimes we're at a public venue and we're all at a bar, but if somebody happens to be sitting too close and here's something that is indicative – I know that I do when I'm talking in these groups – I usually, unless we're at the one LGBTQ bar, I am always very quiet. Even though my partner, she's like, "Nobody can hear you. You don't have to whisper."

The burden of constantly carrying this persona weighs heavily on P19, reminding him daily of his otherness, while concurrently providing some modicum of agency in protecting himself from the harm he fears from the vanilla community.

P18 (37, female, Asian, straight, submissive) described feelings of loneliness and self-doubt in her kink identity when asked how it feels to have to pretend that the FTCPE part of her identity doesn't exist when she engages in hard concealment:

> Oh, I hate it personally. I feel like for me, I hate it the most because I know I'm not doing anything wrong. And the fact that I feel like I need to lie about something to cover something up or conceal it or disguise it as something else makes me feel like I am doing something wrong.

Like P19, P18 relied on hard concealment for safety but was angry and dissatisfied with the fact that she felt she had must maintain the ruse to create security in vanilla environments. However, P18 went a step further by also suggesting that hard concealment also increases her sensation of internalized stigma because of the cognitive dissonance – if there really is nothing wrong with her, why does it feel so important to her that she conceal this identity from the judgmental vanilla world?

P18 went on to describe how moments of forced inauthenticity can happen out of the blue, with little time to prepare, causing panic. In one situation, her roommate saw her opening a package with an "impact implement" – an object used in spanking, flogging, or other types of play in which one partner hits another consensually – and she felt a rush of fear when he asked what it was:

> He saw what it was, and I made up this whole thing about what it was and what I was going to be using it for because, so I was like, "Oh, yeah, no, it's because when I get a mosquito bite on my back and I can't reach it and I can't reach it, well, and then if I slap it just like when you're slapping a mosquito bite on your hand. So that's what I got and that's what I mean, that's what this is." So, because I don't want to hear, "Oh my God, you're doing all the things with the chains and the whips and everything. I knew it. I knew it."

In the above examples, hard concealment was motivated by anticipatory fear of disapproval, rejection, or other social harms (see Subtheme 1.B: Expectation of Rejection). However, another common motivation for hard concealment was the fear of professional repercussions, especially job loss. Several participants described signing morality clauses or becoming aware of implicit company/ agency culture that signaled their identities would not be accepted if revealed.

P7 (68, white, bisexual, submissive) worked as a government contractor for several decades and stated bluntly that if his employer found out you were a BDSM practitioner, or gay, "You'll get fired because you're a security risk." P7 explained the contractor/government reasoning – that someone who is into BDSM or FTCPE could be more easily blackmailed or

compromised – before indicating that his fear of facing these consequences, and his subsequent decision to hard conceal, limited his professional growth:

> For example, the highest level of security clearance requires a full, they call it a full poly, and that means you have to explain and open up all of your lifestyle. And I stayed away from that, and it dampened my career a little bit. I could have probably been gotten involved in more projects and promotions had I gone for the full poly, but I wasn't willing to expose my BDSM world to that situation.

This unique form of othering is self-imposed based on expectations of rejection, yet had significant implications for the participant's livelihood. In not feeling like he could comfortably seek a higher position in his agency, P7's felt his otherness daily within his workplace through the restrictions of this stigma.

P12 (53, female, White, pansexual, submissive) discussed similar experiences with her job, as well as secondhand awareness of FTCPE/BDSM practitioners losing their jobs over their identities, prompting more fear and otherness:

> So one, I have a moral cause in my contract with my employer. I work for the state of Missouri so I could lose my job, and that is very real. I have had a friend who's lost their job because they were found on Fetlife by their employer. Now what their employer was doing on Fetlife, I have questions about.

For some, hard concealment is a lifestyle choice. For others the choice hard concealment is more context dependent. For example, P10 (43, male, Black/African American, pansexual, Dominant) described how he hard conceals in his home neighborhood, but when he travels out of town he doesn't care what people thinks and will go out to publicly places in FTCPE identifying apparel:

> I've gotten weird looks in Maryland and in New Jersey when I went to a weekend reunion because then I really didn't care. So I had my kilt on, I had my vest on, and I'm going to Walmart, I'm going to fucking 7-11, and I really didn't care. I'd get the looks, but I didn't care. Here? [Home city] is weird. We have our goths, we have our leather folk, but there's just a certain thing for me doing it home, doing it around my house, it's like, okay, you don't need to know what goes on in my house and then what I do when I leave the house, so I don't show it… When I come [out of town], I let that guard down, if you will. I don't let it dictate how people see me. They don't know me. They don't see me every day coming in and out of the house.

P10 has drawn a line in the sand – at home, he hard conceals his identity, and away from home, anonymity allows him to feel sufficiently safe to express his authentic self. In other words, whereas at home he hard conceals his FTCPE self from his identity, the anonymity provided in other states allows him to conceal his identity in service of letting the FCPE parts of himself manifest. This final example begins to cross over in the next subtheme, where the boundaries of concealment become less rigid and more malleable to changing social contexts, moods, and ethics.

Subtheme 3.B: Soft Concealment

Soft concealment is an umbrella term for a spectrum of concealment behaviors which participants used to modulate the degree to which they were disclosing their identities in public settings. Unlike hard concealment, which was described as a mostly static state with ambiguous utility (i.e., concurrently increasing sensations of stigma and coping), soft concealment is a fluid experience within which participants could make dynamic discretionary choices based on a variety of intrapersonal and personal factors. Because of this, soft concealment is a doubly

ambiguous state in which the discretion to conceal and the outcome of that concealment are uncertainty.

P3 (60, female, White, androsexual, Dominant) summed up the discretionary balancing act of soft concealment succinctly by saying, “I don't hide it. I won't bring it out and blatantly be ridiculous.” When asked to elaborate on this dichotomy, P3 suggested that when people see her and ask her about her lifestyle, she is going to “give it to them.” However, it would be “blatantly ridiculous” to tell a “group of people in an elevator and make everyone have to hear it that didn’t ask the question.” Elaborating on the same question, P6 (72, male with it/its pronouns, White, gay, submissive) expressed a similar sentiment about its experience of managing disclosure to other:

> Well, first it wants to say that if someone asked it about it, it would tell them. It's not going to hide it. Just discretion is the better part of valor. It just doesn't bring it up unless something is said that sort of indicates that this person might be sympatico.

Unlike hard concealment, in which participants would never tell anyone about their FTCPE identity outside of a community space, or intentionally signal their affiliation, participants engaged in soft concealment were constantly taking the temperature of social situations to determine how open they wanted to behave, as P6 described above, or making informed choices about apparel, symbols, and/or FTCPE paraphernalia they might want to wear in public. Again, speaking to the ambiguous nature of soft concealment, P10 (43, male, Black/African American, pansexual, Dominant) described how he and his slave both do, and do not, present their identity in public via their clothing:

> It's not like we walk around with master and slave on our chest, but we do. For my slave, her backpack says “property of,” but because of her hair, not a lot of people see it. So, it's

> like, okay; but vanilla people? They don't know what we do. Again, I don't walk around with master on my chest, but like I said, I do walk around with Master/slave because I have a Master/slave patch on my vest.

P10 and his slave both wear outfits, patches, and other paraphernalia that signal their connection, but in P10's experience these choices are subtle enough that they ride the line between not drawing attention to their dynamic while also giving them some of the benefits of proudly displaying the details of their leather house. Using discretion to choose what to disclose and when is a process of navigating otherness, but ambiguously, the very fact of the existence of this chore as a response to the pressures of the vanilla world further creates a sense of otherness.

P2 (35, female, Multi-ethnic, queer, submissive) extrapolated on this idea in her own experience, describing what it is like to manage visible public identity disclosures:

> I think when I started to gain that understanding of secrets versus privacy, I really started to understand about how I want to walk, with how I want to love. I'm an out loud person, but I'm not standing in the corner screaming. I may wear it around my neck. I may sport my vest. I may ask what my Master needs of me, or call him "Master" in public, but I'm not out here telling folks what that means unless you ask. It takes an ask.

Most participants engaged in soft concealment explained, like P7 (68, white, bisexual, submissive), that their experience had been that most vanilla people either do not register or do not care about the identity markers on display:

> Every now and then somebody might notice my chain and say, oh, I like your chain. They don't say it's a collar. And pretty much people don't call things a collar outside of the community, but you can tell when people do understand what it is. And that's just being friendly.

Another common thread in the experience of soft concealment was the use of vague, or "good enough," descriptors of participants' power exchange relationship. As it turns out, there are a variety of ways to describe FTCPE relationships that draw attention away from what is traditionally stigmatized and toward a general conceptualization that can be more palatable to others. Participants used these tools for a variety of reasons – sometimes to soften the blow, other times because this vagueness was the action that best fit their ethical framework. For example, P12 (53, female, White, pansexual, submissive) and other participants used analogies to other types of common relationship structures to avoid talking about stigmatized FTCPE and BDSM terminology, and found that this was a fairly successful approach for giving some details, but not all:

> So the best way that I explain it to people, it's like living in 1950s household. I defer to him for all the decisions, and I make sure that when he makes that decision, it's as if it was mine, even if I disagree with him. People tend to be okay with that for some reason. I think there's this idealistic, the 1950s were the ideal age or whatever, which they weren't. We all know that, but so people tend to be okay with that. It's just the whole "master" thing that they don't like, right? Because the whole slave / master thing.

In this situation, P12 felt the ambiguity of resistance and otherness – both empowered by her ability to manage the narrative and create more safety for herself while also keenly aware of the otherness that coul be easily triggered by saying the wrong thing about her lifestyle. Some use this tactic as a starting point to a broader conversation. P18 (37, female, Asian, straight, submissive) wanted to come out to her friends as an FTCPE submissive, but worried that saying she was in a Dominant/submissive relationship would be overwhelming and trigger rejection. Instead, she decided to approach "bottom up," only coming to use FTCPE language later on:

> I started with: what I need in relationships and what I'm getting out of this power exchange. It was a lot of, “I'm being helped with my accountability with my goals and my challenges,” to “how I'm challenging myself for growth,” and then little things like my ADHD brain and taking out my contacts at night or all the little things. Then from there started working my way up with, “This is a power exchange type relationship,” and then going into the umbrella of, “so it's Dominant/submissive,” and they were shocked to find out that I was an s-type because they would've sworn up and down that I'd be a leader type.

By far, the most common motivator identified by participants for soft concealment was their concern about the consent, or lack thereof, of the people in the vanilla world around them. Consent is the fundamental component of BDSM and FTCPE relationships, and the participants who discussed soft concealment often discussed extending their consent protocols to the unaware vanilla world around them. Many participants expressed concern that acting out or even discussing FTCPE behavior in public settings could violate the consent of vanilla bystanders who may not want to see or hear this behavior. The spectrum of behavior discussed by participants ran the gamut from walking a partner on a leash in public to more benign activities like a submissive waiting for their Dominant to eat before they began eating, or even just discussing power exchange matters in a restaurant. As P5 (59, female, White, queer, submissive) explained, “one of our household rules was that you didn't frighten the villagers.” In other words, P5’s experience of ethical kink behavior included considering the needs of people who were, a) not involved in explicit consent discussions about scenes and protocols, and b) likely to be impacted, even indirectly, by the behavior (e.g., standing on a public street corner as FTCPE practitioners walk by). When asked to elaborate, P5 explained:

> You have to be respectful. I want them to respect my rights and my belief systems. Therefore I need to not stand in their face with this. That's not any more appropriate than them trying to tell me I shouldn't be who I am, but I don't need you to have to have a conversation with little Johnny because he was overhearing us discussing whips and chains and calling somebody master.

Again, P3 summarize this concept of consent very succinctly:

> I don't want to make other people uncomfortable. I also don't want to have to explain myself every time I go somewhere. But I think it's more other people being uncomfortable. I don't think it's me being uncomfortable because I don't care what people think.

Some participants provided other motivations for soft concealment, but no other significant trends emerged besides avoiding stigma and not violating the unstated consent of the vanilla community. As P9 (40, female, multi-racial/ethnic, demisexual, submissive) identified, “it's not that I'm hiding or anything, it's just that 1) I don't want to have to go through the whole thing, and 2) you didn't ask.”

Overall, participants’ descriptions of their lived experiences revealed that concealment was a complex process that could be hard (i.e., complete) or soft (i.e., flexible, dynamic) and was often described by participants as being the result of vigilance stemming from external and internal experiences of otherness. As with other forms of sexual identity concealment (Meyer, 2003), FTCPE practitioners experienced concealment as both a coping mechanism and a source of stigmatization.

Major Theme 4: Resistance

FTCPE practitioners described resistance as a primary component of their experience of stigma. *Resistance* was defined by attitudes of confidence, self-worth, pride, and belonging that fed into specific strategies of resistance to reject otherness and give oneself permission to live an authentically kinky life. The strategies of resistance were the projection of strength toward discriminatory situations or individuals, internal minimization of stigmatizing experiences, and provision education to mitigate ignorance. Additional systemic mechanisms for reinforcing resistant attitudes and strategies included supportive experiences with family and healthcare, as well as FTCPE community access and support.

All participants either preemptively managed expected stigma or responded to extant stigma through resistance. Across the sample, there was a palpable expression of confidence in the attitude of resistance, whether participants were describing their experiences with projecting, minimizing, or educating. Resistance was enacted internally and externally, in intercommunity and intracommunity settings. Participants indicated that even marginal support from systems significantly improved their felt sense of confidence in the face of stigma. Given that otherness was also experienced both internally and externally, in intercommunity and intracommunity settings, otherness and resistance were shown to interact along a continuum of FTCPE stigma experience. An experience of otherness sets the stage for resistance, but strategies of resistance can also invite more otherness.

There was also an overarching sense throughout the interviews that many participants felt the strain of being a *minority of one* in various settings. Having nowhere left to go to escape otherness in intercommunity and intracommunity settings, some FTCPE practitioners' only remaining choices were to either make their identities increasingly invisible (i.e., through

concealment) or plant a flag of resistance and create a space for themselves. The participants who followed the path of resistance often expressed the greatest attitudes of self-confidence and righteous indignation, and were most likely to carry out strategies of resistance.

Subtheme 4.A: Projecting Strength

When confronted with prejudice or rejection from vanilla outsiders, a majority of participants had a gear they could shift into to push back against bullies. By *projecting strength*, participants used their confidence to control situations and manage themselves, their friends and family, and their attackers. This strategy might be described as the opposite of a concealment strategies, in that instead of limiting their visibility in the outside world, participants would defiantly express their identities or exert their right to be their authentic selves. Some previous research on sexual minority experiences of concealment have labeled disclosure as its opposite (Schrimshaw et al., 2013). However, the current findings are exploring the lived experience of stigma, and while in a theoretical sense the choice to conceal or disclose identity are mechanically opposite, concealment and resistance as lived by FTCPE practitioners represented alternative and synchronous attitudes of the same stigma experience – one which retreats to safety, and another than leaps into the breach. Participants could concurrently enact both attitudes, sometimes within the same stigmatizing event depending on the situation, although it was also common for participants to enact one attitude at a time.

Describing what it feels like to stand up to would-be attackers, P5 (59, female, White, queer, submissive) indicated a sense of power and duty to protect herself and her kinky friends and family, especially those that do not have the same luxury of outness as she does:

> It's like a wolf at the door kind of a thing for me. This is my pack and you're not going to come past me. I'm the sergeant at arms at this place. You ran into the wrong one. And it

> just wasn't going to happen. Maybe it's the old law enforcement officer in me. It's like, "Oh, no, no, no, we're, that's not what we're doing right now."

Here, P5 is doing the work of planting her flag, betraying no interest in backing down from the predations of stigmatizing agents directed at her or her chosen family. P5 gives up the ability to hide her identity in exchange for the power to define her identity proudly and block the encroaching disapproval of outsiders.

P6 (72, male with it/its pronouns, White, gay, submissive) identified a similar experience of confident resistance to stigma, in its case framed more as an overarching attitude of disregard for those that might seek to hurt it: "If they don't like it, fuck 'em… It's none of their business." When it encounters criticism, P6 varies its manner of resistance to meet the needs of the situation:

> It depends on what they say, where the criticism comes from. If it's just bigotry, it's like who cares. If they actually have something that worries them, that they think could be unhealthy or something that, then it tries to assure them that that is not the case. What you're thinking is happening is not the case. And they said, "Well, I could never do that." And I said, "Great, don't." Just like gay marriage – if you don't want a gay marriage, don't have one. It's easy. Don't like abortions? Don't have one. Pretty straightforward.

P6's take on this issue, in part, has the flavor of the American ideological adherence to their First Amendment rights to speech and religion, and the implications of how one ought to live in a society that allows such freedoms – you can live your life in your way on your land, and I will do it my way over here. This brings up the question of what factors might influence an FTCPE practitioner's interest or ability to confidently enact these types of values, such as national or cultural background, or socioeconomic status. Similar to how P5's outness made it

easier for her to project strength, P6 indicated that its ability to project strength is connected to its material comfort:

> The big things, the Maslow's hierarchy things have never been threatened because it can afford to take care of itself at this point. Now, all this may end in 10 years, but at this point it can still do that. It thinks that might be part of it. It's very privileged. It knows how privileged it is. Incredibly privileged.

In other word, social location may predict who can project strength, or how strength can be projected, within a given context. Having independent financial security allows P6 to pursue more confident projections of strength.

Another implication in P6's words is that projecting strength puts an FTCPE practitioner under greater social scrutiny, further reinforcing the ways in which it is an alternative to the concealment attitude. Those who choose to project strength and confidently disclose their identities are choosing to embrace their otherness and thus must have support and resources in place to manage the increased opportunity for stigmatization. Perhaps unsurprisingly, the participants who evidenced the most significant projection of strength were also those with the fewest meaningful ties to the vanilla world.

P1 (80, male, White, straight, role depends on situation but he is not a switch) described having barely any reliance on any people or social institutions in the vanilla world, and therefore expressed little concern about anyone who might disapprove of his lifestyle. P1 has completed embraced the reality he has been othered into. In his own words, "Well, it's hard to hurt me. I'm pretty well insulated. I work for myself and I have independent resources. So there's not a lot. I'm privileged and protected in that sense."

Much of what defines *projecting strength* and helps it to work as a coping mechanism is its presentation, such as tone, volume, and presence. As P11 (65, male, Black/African American, straight, Dominant) identified, “having that presence that's a little more intimidating comes in handy too, because people don't just roll up on you like that.”

When she initially came out to people about her FTCPE identity, P8 (46, female, White, bisexual, switch) had to stand up to disapproval with confidence to maintain control and comfort in her life, and presence was key:

> I forget what came out. I forget what came out initially, but something came out initially and people questioned me about it and everybody looked at me like, “Well, ew, why would you do that?” I'm like, “Because it's fun. It's fun and it's not hurting anybody, so why not?”

What does not translate into the above transcript of the interview is the tone P8 was using when describing this incident – she is not asking her attackers a genuine, curious question about why she ought not engage in FTCPE but is instead engaging a forceful attitude against stigmatizing disapproval in the form of a rhetorical question. The following quote, in which she summarizes her experiences of surviving vanilla disapproval as a sexual outsider in Louisiana, better captures the tone of the moment, “Part of being any level of “sexually different”’ in a small town is being confident in your damn self and not giving a shit what other people think of you.”

This attitude and those of other participants in the study are the visceral embodiment of the theme of resistance. It is a positive and confident tone invoking pride and belonging but one that is often propelled by some degree of anger or frustration at being rejected by the system. In order to resist the crushing wave of othering, FTCPE practitioners need to work hard to convince

themselves and others of their right to exist in their own space in their own way, and their voices are thus defined by affirmative indignation.

Sometimes strength was projected in healthcare or professional environments. P9 (40, female, multi-racial/ethnic, demisexual, submissive) went to the hospital after a night of playing, saying, “I was throat fucked with a massive dildo, and so my throat was killing me.” At the hospital, a young doctor was disturbed by what she saw, leading to a conflict in which P9 stood up for herself despite multiple layers of intersecting stigmas (i.e., FTCPE, race, gender):

> I described what happened, and she was horrified and I was like, “It was okay. It was consensual. I'm not wounded; I'm not upset. It's not a bad thing, just letting you know.” And she was like, “I'm going to write in your file.” And I was, “You can write whatever you want in my file. It was a consensual thing that happened between two consenting adults. And as you see, I'm fully fine. I'm functioning, my throat works. I'm still here. My brain is fine. I'm still good.”

Not every moment of projecting strength happened in the face of direct stigmatization. Sometimes, it was important to project that strength in private as a response to threats. P15 (58, transgender male, White, pansexual, Dominant) who has received death threats from religious conservatives since becoming a published author, enacted the confident swagger of projecting strength when faced with the news that yet another zealot was trying to stigmatize him, despite that person not being present:

> [A woman] mentioned on her blog that she was consulting me about some spiritual stuff. And somebody came, one of the leaders of one of the more conservative religious groups came back and said to her, “How could he possibly talk to this known sex pervert?” And he told me and I said, “Famous sex pervert? Thank you very much.”

As a form of resistance, *projecting strength* is not only an action/coping mechanism that participants carried out in response to stimuli but a key feature of the overall attitude of resistance that FTCPE practitioners enact. This was especially true for those who had more fully synthesized their identities into their daily lives, becoming less dependent on the pressures of dominant social expectations and more willing to reject them in response to being rejected. P1 gave a concise and powerful description of the experience of projecting strength as an overall attitude, and in the process, laid down a challenge to anyone that might seek to harm his world-renowned kinky leather family: “You're going to have to have brass balls to fuck with us.”

Subtheme 4.B: Minimization

For all the strength that was projected by the majority of participants, there was a related theme of minimization of stigmatized experiences. When asked explicitly, most participants said they did not believe they had experienced stigma or discrimination associated with their FTCPE identity or could not recall. Ironically, these are the very same participants whose experiences of contribute to the findings presented in the current study (see Major Theme 1 & 2). Some participants stated that they had not experienced much FTCPE stigma and later rescinded that claim as further interviewing caused them to remember instances of FTCPE stigma. Others would say they had not experienced FTCPE-based stigma only to contradict that statement at some other point in the interview. Some participants went so far as to apologize that they did not have enough to offer in terms of examples of stigma, suggesting they believed stigma was something other than the many types of experiences described in the previous sections of the Findings.

For example, when asked about experiences of FTCPE discrimination, P9 (40, female, multi-racial/ethnic, demisexual, submissive), who described a number of complex stigmatized

interactions elsewhere in the interview, replied initially with, “Discriminated against? I dunno if I have been discriminated against for that…”

When asked about negative interactions and rejection from the vanilla world, P8’s (46, female, White, bisexual, switch) immediate reaction was to identify herself as lucky to have not received much harassment, while also minimizing some of her own experience by suggesting the type of rejection she has encountered is expected and universal:

> From that perspective, I've been relatively super lucky. I've not dealt with a lot of that because of how I proceed through life, so to speak. A lot of rejection from that side of it for me comes with specific… this person is not interested versus this whole thing is being rejected. Even in the vanilla world, people reject people. It's just life.

P8’s downplaying of FTCPE stigma by universalizing it as no different from the rejection that all people face in all walks of life is a curious form of resistance, in that she is not only resisting feeling othered by rejecting the notion that she has faced much stigma, but also rejecting the sense that she faces unique oppression. Not ruminating on or identifying with label of “stigma” is form of resistance against feeling outcast, othered, or oppressed.

Identifying your experiences as being consistent with the “stigma” label requires one to accept their own diminution in the dominant discourse, and many participants like P8 may simply, and quite functionally, resist these labels. For example, when asked about negative interactions with the vanilla world, P14 (64, female, White, straight, submissive) could not recall any interactions that crossed a threshold into stigma, while simultaneously naming an interaction that some others have identified as shaming/ disapproval (see Subtheme 1.A), “I can't think of anything that strikes me as negative in that aspect. I mean, sometimes we have had vanilla friends say, ‘you guys are weird…’”

When asked specifically about FTCPE discrimination, P14 said, “No, I've never felt discriminated against for that.” Despite this claim, P14, like other participants, voiced experiences of family and religious shaming/disapproval, expectation of rejection, concealment practices, and more. Similar to Subtheme 4.A: Projecting Strength, much of this theme exists in the tone of these responses, with participants expressing the genuine experience that they had not been victims, at least not significantly, or this form of discrimination.

Minimization highlights the ambiguity inherent to much of the experience of FTCPE stigma. The rejection of the stigma label allows some FTCPE practitioners to resist feeling like victims, but the resistance attitude of minimization also may reduce self-awareness and increase opportunities for subtle prejudices to increase. Therefore, minimization may be internally protective as a coping strategy, but reduce self-awareness and increase external risks.

Subtheme 4.C: Providing Education

Providing education about the FTCPE lifestyle to the vanilla community was another key coping mechanism grounded in resistance. Whereas some participants identified themselves as educators who would give talks, workshops, and panels to the FTCPE, BDSM, and vanilla communities, most participants found themselves offering education in impromptu interactions with family, friends, and/or strangers. Choosing to provide education was at times protective and/or liberatory for participants, functioning as a bulwark against the immediate and long-term negative impacts of harmful myths or misunderstandings about the FTCPE lifestyle. For example, education was provided to create more safety for the FTCPE practitioners in their immediate surroundings. P11 (65, male, Black/African American, straight, Dominant) described how problems often begin with myths about FTCPE or BDSM that he feels called to dispel:

> It's one of the things where people's minds go to the extreme immediately when you say certain things. And sometimes you got to reel 'em back in like, “Oh, wait, wait, wait, wait. Everybody's not like that. I don't know who you know, but this is how it is here.”

P11 went on to describe how he provided this education to inquisitive coworkers who felt this lifestyle might be problematic by pointing out how similar his practices might be to their own:

> I explained to them, for example, like I said earlier, I believe that most people have hierarchical relationships that aren't discussed. I believe that people do things that are kinky, but they don't consider them kinky. You pull hair, you bite, you hold somebody down, you press somebody against the wall. All those things have elements of BDSM. A lot of people don't think of it as that because the taboo involved with that. And I think that with people I worked with that knew me as a person, it was easier for them to accept my lifestyle because I explained it to them without any reservation.

P11’s attempts at education were grounded in an effort to resist othering by drawing meaningful connections between his experiences and those of his vanilla peers. This is an approach seen again and again in the interviews – FTCPE participants would embrace that they exist in a different category of sexuality from the vanilla community but attempt to diminish barriers by inviting vanilla peers to reconsider their preconceived notions of the differences between BDSM and vanilla play and reframe toward a holistic understanding of the similarities across sexualities. Doing the work of resisting harmful mythologies about FTCPE and BDSM bolstered FTCPE practitioners’ confidence in their identities as well.

P2’s (35, female, Multi-ethnic, queer, submissive) process of providing education to vanilla outsiders took a similar approach of creating connections between FTCPE and vanilla

practices and relationship expectations, but focused on broad concepts like love and reverence rather than the more playfully aggressive details discussed by P11:

> If you have a question, I'll answer it. Because then that's your mind wanting to understand more. And when that time comes, I move from a space of education. I'm not talking to you about the whips, the chains, the this, the that. I know you're not going to understand. I speak to you about consent, about choice, about freedom, about living differently, about love and being loved, reverence and service, and community. And when they look at it this way, they really don't give me negative feedback. They're just kind of like, "Oh, I understand that, but it's not for me." And I'm like, "Granted, it's not for everyone, which is why it's a choice. It's not something that's demanded upon you to live a specific way."

Even in situations with potentially aggressive outsiders, participants used education to manage the situations. P3 (60, female, White, androsexual, Dominant) described how she would find common ground with aggressors, even if she had to invoke constitutional freedom of religion with combative parties:

> I defend it if it's a person being belligerent, but while I'm defending it, I do try to educate people and make them understand at least the concept that, "if you want these rights, then that person has that right." Because I will use what they already know. If I know they're religious or they've already said that they have a certain thing they like, I'll say, "Well, you like that, but I don't like that, it isn't my thing." So should I go around and say, "You shouldn't be allowed to do that because I don't believe it or I don't like it?" What happens if, let's say, you're Christian and somebody takes over and they're Muslim. So from now on, because I'm Muslim and I don't like Christian, you're not allowed to do it anymore? That's basically what you're telling people; because you don't understand it or you don't

like it, you're not allowed to do it. It's not harming you, it's not affecting you in any way. What I do in my bedroom doesn't affect you.

Again, P3 is drawing comparisons to close to the gap between vanilla and FTCPE sexualities, but in this case is invoking the constitutional rights to free speech and religion she shares with her vanilla peers as a way to resist stigmatizing divisions. This educational tactic doesn't bother with making connections between sexual practices but instead invites vanilla outsiders to simply respect the rights both parties have as Americans. This quote is also a good example of how the feeling of affirmative indignation flows through the experience of resistance – P3 was calm and collected, but her words have a certain among of *bite* showcasing that she is not a pushover and has self-worth and permission to exist as she sees fit within the sociocultural and legal system.

In other situations, practitioners provided education with the hope that dispelling a myth today might both help them immediately and save another member of the FTCPE or BDSM community from facing this same stigma in the future. P8 (46, female, White, bisexual, switch) expressed a sense of duty to provide this education:

I feel there are points that I really should. There have been a few situations where I'm like, I probably should make this person feel a little uncomfortable just so they learn something and maybe they're not judgmental to somebody else.

P8 also voiced that choosing to educate also makes her feel more empowered as an FTCPE practitioner:

No, I'm glad they're asking it because I'm glad to be able to share the value of the power exchange relationship and how it helps me find myself. It helps me open up to myself. And by being open with both the top and the bottom, I've grown, and I've overcome

> difficulties and challenges within myself, and I appreciate that type of relationship, the power exchange relationship. And so, if I can share that with someone, I really… I enjoy that.

In stigmatizing moments, P8 identified with her own feelings of liberation and the work that it took to build this liberation. Expanding this to others not only reinforces her liberation, but also builds community and pays her fortune forward.

In other cases, participants described having decided to become educators, not only to dispel myths among vanilla populations, but also to help other kinky people find themselves by learning about FTCPE. Similar to the experiences described above, P15 (58, transgender male, White, pansexual, Dominant) also described a sense of duty to his community to take on this role when others could not because they need to hard conceal:

> So unlike other people, we have the privilege of being able to be out and talk about this. So we do it for those people who can't do it, and we do it under our real names just because we can. And so that's the purpose that we render. We talk about this stuff for the people who can't be out.

P15's stance further informs us of the lived experience of resisting stigmatizing discourses. When possible, FTCPE participants embrace the othering in lieu of embracing their authenticity – living completely as your kinky self means disapproval cannot harm you as much, and unlike those who avoid that harm via hard concealment, those who avoid harm via resistance can become confident soap boxes that speak for others who must remain silent.

Subtheme 4.D: Systems (Family, Healthcare, Community)

Just as the key systems of family, healthcare, and community were sources of stigma for participants (see Subtheme 1.D for family and healthcare; Major Theme 2: Intracommunity

Conflict and Intersectionality and for FTCPE community), these same systems were also important sources of support for participants. In many cases, participants had both stigmatizing and supportive experiences within the same domains, such as some hostile and some accepting family members, some negative healthcare experiences and some positive, and so forth. What was clear throughout all the interviews was that having supportive systems was highly valuable to participants.

Family

Families are complex environments that participants often had to navigate carefully. Many participants faced hostility and stigmatizing reactions about their FTCPE identities from family or suffered from anticipatory fear about such reactions (see Major Theme 1: Otherness). Moreover, to manage these experiences, some participants engaged in varying degrees of concealment (see Major Theme 3: Concealment). However, families could also be key sources of support, often without needing to do much beyond giving participants minimal respect and wishing that they stay safe. In many cases, participants felt that it was not necessarily important for their families to understand FTCPE, as long as they could be generally supportive and loving. As P3 (60, female, White, androsexual, Dominant) describes:

> My family really doesn't give me a hard time as long as I'm not being harmed and as long as I'm happy, that's all they want. So I do have the support of my family; not that they understand it, but they support me in what I want to do.

P5's (59, female, White, queer, submissive) parents came to a similar conclusion, not trying to understand but to at least be generally supportive of P5's health and safety. This and the above example ride a line between being supportive and rejecting, but both participants seemed

to appreciate their family's willingness to come this far, rather than outright reject them, and experienced it as supportive. As P5 described:

> My mom… I kind of waited until my mom asked questions and we developed what I called a double-knock policy. I will answer that question if you really want me to, but I don't think you want that answer. So if you knock again, you need to understand, I'm going to answer what you ask. So, there were times where she got to the place where it's like, "Are you safe? Are you happy? Good. I don't really want to know anymore." My parents had a lot more trouble with the fact that I liked women than they ever had, that I might be kinky.

P5's experiences suggests that coexisting with boundaries around the discussion of kink can be a functional way of maintaining family connection and feeling supported. As P6 (72, male with it/its pronouns, White, gay, submissive) confirms, in its experience, a little bit of this supportive attitude goes a long way in making it feel comforted, confident, and more secure:

> Well, it's more like, "we know you. We love you. We think you're a little bit weird, maybe a little bit crazy, but hey, if it works for you, what the hell?" That's sort of the feeling it's always gotten.

Later in the interview, P6 extrapolated this idea by providing specific examples of those small, valuable moments of support:

> Even its sister saying, "I love you, [P6 name]. I don't care. It doesn't matter to me as long as you're happy." Little things like that. Its brother was like, "Oh yeah, you're doing that. All right, enjoy." That's supportive. And when it came out of the closet as a gay man, [its brother] was like, "All right. I kind of wondered," and promptly hooked me up with one of his friends. I mean, that's supportive. And the whole slave thing, it had to explain it to

> him. He wanted to know. But as soon as it did, then he was like, “Hey, that's fine. Go for it.”

Though limited in scope, these small moments signaled to P6 that these people had its best interest at heart, even if they did not understand its desires. For P6, this was a sufficient amount of support to not feel rejected, even if the behavior was not fully understood or accepted.

Other participants had outright supportive family members with whom they can have open conversations. P11’s (65, male, Black/African American, straight, Dominant) sister has been directly supportive, creating an opportunity for him to be able to talk about the specifics of his life with her:

> My sister's been supportive of me. We had a stained relationship for a while, but that was because of family things. But she's been very supportive of me and my lifestyle and even I can even talk to her about issues, having my relationships and we have great conversations.

Perhaps unsurprisingly, being able to speak about his close relationships and process with his family has been positive for P11, likely because this is the kind of base-level support he expect within a healthily functioning family system not divided by stigma.

P13’s (54, nonbinary/genderqueer/gender nonconforming with she/her pronouns, White, kink-focused sexual orientation, Dominant) slave’s sister plays a similar role in their lives, but needed to see the relationship first-hand to really “get it,” and then became a source of support:

> He has a sister. And she was… when he told her, her immediate reaction was she was horrified, and that was because she had all the stereotypes about how these relationships are abusive. But then when she actually came to visit him and saw how he was and saw

how he was around us, she was like, “this is good for you. You've made a good choice for you.” And so she and her wife are totally on board with us.

Although some family members will never be able to engage acceptance or extend support to FTCPE practitioners, those that provide even a small amount of support and care can become significant sources of resistance for their family member.

Healthcare

Although interactions with doctors and therapists in healthcare settings could often be fraught due to the stigmatizing behavior of the providers (see Subtheme 1.D), supportive experiences with doctors and therapists were common among participants and were key sources of coping. Due to the common stereotype that any kink, BDSM, or FTCPE behavior is inherently abusive or disordered, many participants feared negative interactions with providers; at the same time, a positive interaction with providers could have twice the value, in the sense that it was both non-discriminatory and a generally helpful interaction with a practitioner.

To help ensure a positive experience with providers, several participants described the importance of disclosing to their providers upfront that they engaged in BDSM play and/or FTCPE. For example, although it took time, P9 (40, female, multi-racial/ethnic, demisexual, submissive) developed a system for checking to see if a provider would be able to affirm her lifestyle, and if not, she moved on:

Then as maturity comes, you understand better. And I do, I ask if they're kink-aware, and then I say why and where I'm at, and if they have issues that they need to be upfront so that we can part ways with before we begin our relationship.

Crucially, P9 identifies that developing the skill of disclosing her identity to providers upfront came with time. P9 needed to develop an understanding of herself as a kinky person, and

through trial and error, come to realization that disclosure was an important step in finding a good practitioner match. This suggests that many newer FTCPE practitioners may struggle with managing healthcare interactions.

P5 (59, female, White, queer, submissive) also discovered her voice with healthcare professionals, and realized through trial and error and talking with her peers that she could project strength (Subtheme 4.B) with doctors, rather than conceal (Subtheme 4.C) to achieve the desired outcome of finding appropriate care:

> I could walk in and have a more frank discussion with a doctor; you can't buffalo me that easy. So as I got going into it more and more and talking with other people in the lifestyle who've had to face the same or similar things, it's like just have the conversation! It's like: oh yeah, I guess I can? And you work for me, so this is a job interview and I need to know if you're going to be able to do the job I need you to do.

P12 (53, female, White, pansexual, submissive) identified that it was helpful for providers, especially therapists, to signal their kink-awareness during introductions as well:

> I'm always appreciative of when I speak with a therapist in their introduction to me, they say, “I have experience with alternative lifestyles,” or “while I may not be an expert, I can help you.” It's just part of their natural introduction.

For P12 and other participants, therapists findings ways to signal that they are kink aware creates a sense of safety and openness upfront that allows them to express themselves more authentically in session.

Participants identified a variety of supportive moments with both medical doctors and therapists. Regarding doctors, positive experiences were more often described by submissive participants who were more likely to have physical signs of BDSM play on their bodies, and

therefore, a higher chance that a doctor might accuse them of experiencing abuse or engaging in self-harm. Positive experiences were often as simple as the doctor not negatively labeling the participant's behavior, such as P5's (58, male, White, gay, submissive) experience with seeing a doctor after receiving a caning that unexpectedly left significant markings due to his diabetes:

> I found it accepting that in a case like this, that it was a health risk that he treated it. He didn't yell at me or chew me out or anything like that. It wasn't a, "Well, you shouldn't do this and you shouldn't do that and you shouldn't be doing this and you shouldn't be getting involved in that." And there was none of that. It was, "Okay, here it is."

P8 (46, female, White, bisexual, switch) described a similar situation and her great appreciation of the provider's straightforward demeanor and accepting attitude:

> In terms of the kink stuff, I think the first person I actually talked to that about was my OB because I came in one point and I had a bruise on my thigh and I get a little rough shit happens and I was like, no, this happened. This was consensual. Doc's like: "I know people who do this shit. You're fine. Just when you come in, communicate that this happened consensually so I don't think something bad happened." I'm like, cool.

Overall, participants experiences with doctors could be positive even if the doctor was only kink friendly and not kink aware (Shahbaz & Chirinos, 2016). A passing knowledge of BDSM was sufficient for doctors to express acceptance of participants' behaviors as consensual and created space for doctors to focus on clients physical health needs.

Participants experiences with therapists were generally more complex than those with doctors due to the complexity of therapeutic joining, as P12 (53, female, White, pansexual, submissive) described:

> I think it is the type of relationship. I think it's also the expectation that because in the past we have been arrested, we've lost our children, we've lost jobs. So it's a little bit more because it's a heart matter. It's not, “let me take your temperature,” it's emotions. There's some expectation on our part.

When participants found therapists that understood FTCPE they felt acknowledged, supported, and relaxed. P11 (65, male, Black/African American, straight, Dominant), who faced intense stigma with some of his therapists (see Subtheme 1.D) also described the delight of finding therapist he could trust and with whom he could discuss FTCPE:

> The therapist I had after her was really good. She was really understanding. She knew about the lifestyle, and I had a good rapport with her before I came down here. And I came down here, took me months to find a therapist, and then the first one I had was… but the second one I have, the one I still continue to see now, is understanding of the lifestyle. And we have open conversations about it, and I don't feel any stigma involved. She speaks to me regularly about it, so I appreciate that.

P16 (43, transgender man, White, pansexual, Dominant) identified a similar delight in having a therapist that could get into the weeds with him about the intricacies of his FTCPE family system:

> My new therapist, she's amazing. And when I say new, I've actually been seeing her for years. But my therapist is pretty amazing, very open. She has seen my household manual, she's seen my contracts, she sees, I share with her all aspects of the things that I do and she is incredibly open. And in fact, I don't know, just seems overall curious about things and just very willing to go through the process with me there.

Perhaps unsurprisingly, P16 appreciates that his therapist does not pass judgement and shows genuine interest in the complexities of his FTCPE dynamic. Positive regard and genuine interest are among the bare minimum of expectations for efficacious clinical practice, and it is notable that many participants felt even getting these supports from their therapists had been challenging.

Additionally, a few participants described taking on the role of educator for their therapists when the therapist fell short of kink-awareness. Among the few participants who discussed this, there was no consistent experience of this as negative or positive. Some participants felt that having to educate their therapists was disruptive to therapy. Describing challenging experiences with therapists, P12 (53, female, White, pansexual, submissive) explained:

> Some of it has been some experiences that I've had with therapists who didn't have a clue what the lifestyle was about, and the information that some of them had was very, very wrong. And I've had to be the educator, and when you're trying to seek therapy, that's not what you want to do with a therapist.

P12 did not appreciate having to use her own therapy time to provide education and dispel myths. For someone like P12, this turns therapy into a place that feels less safe because it forces her to engage *resistance* to protect herself from the therapist (i.e., project strength, provide education) rather than experience the therapist as s source of reinforcement.

Other participants seemed to appreciate being able to spread positive education about FTCPE with their therapists, such as P16 (43, transgender man, White, pansexual, Dominant), who values the sharing attitude with his therapist:

> I mean, my therapist, like I said, is absolutely amazing. She's always willing to take any information. She wants to have all of the information that I am willing to share with her, and she's doing her own research, and I can tell she's doing her own research based on some of the things she comes back to me with. And she'll even say to me sometimes at the end of a session when we're finishing up, she'll be like, "I have another client who is struggling with X. Do you have any books or sites or is there anything that you could recommend?" So I think that's kind of interesting. We have a give and take thing there.

In P16's case, he experienced educating his therapist as a chance to further express his authentic self in therapy and possibly help other FTCPE or BDSM practitioners by assisting his clinician in becoming more kink aware. Unlike the previous example with P12, the opportunity to provide education about FTCPE in therapy was experienced by P16 as identity reinforcement and therefore an extension of resistance that felt positive.

Although there doesn't appear to be a consistent narrative, finding a kink-friendly or kink-aware therapist is clearly a priority for participants that sought mental health support, and participants' openness to providing education to therapist may be associated with a variety of factors. Overall, nonjudgemental medical providers and kink aware therapists provided reinforcement for FTCPE practitioner resistance.

FTCPE Community

The FTCPE community could be a source of intersectional stigma for participants (see Major Theme 2: Intracommunity Conflict and Intersectionality), however all participants discussed the variety of ways in which the FTCPE community itself was a major site of resistance and coping in their lives. This coping occurred via two major mechanisms: first

through participants' discovery of the community, and second through the ongoing support of the FTCPE community in participants' lives.

Discovery of the FTCPE community was often mixed between personal introductions by community insiders and online research of BDSM and FTCPE topics, often through chatrooms in the early days of the internet, and more recently through the use of FetLife.com. These experiences were often participants first encounters with a community that embodies resistance against the forces of othering that many participants were familiar with having to manage on their own.

Early interactions with FTCPE or BDSM community insiders were life-changing events for many participants that helped them escape from the negative impacts of stigma. P2 (35, female, Multi-ethnic, queer, submissive) described how meeting an insider helped her to discover herself and stop self-harming:

> I was 18 years old and I had met someone who introduced me to pain at the time. I was a self-mutilator who had a sense of control over that and I did it in an unhealthy space and this person happened to introduce me to pain and that release that comes from the endorphins in a very healthy setting. So meeting this person was absolutely life-changing. And they introduced me to BDSM and I'm like, "what's BDSM? Like what? There's actually people who are into what I'm doing?" As a sense of relief. And she's like, "yeah, there's a lot of people doing it." And she slowly introduced me to FetLife. I started attending smaller events and I started to meet people.

For P2, finding community was a key moment in discovering there were ways to enact resistance that was not self-destructive. Trying to manage the weight of otherness alone was

leading to negative behavioral outcomes, and the invitation in the community offered P2 insight into the resistance within her that could offset that otherness.

Prior to the internet, these insider connections may have been the only way to find community. As P15 (58, transgender male, White, pansexual, Dominant) describes, after many of years of believing his sexual fantasies were "evil" at the intersection of both the sex-negative dominant conservative discourse and the feminist alternatives, P15 was relieved to be invited into a world where his needs were understood:

> I met my wife of 27 years who is a trans-woman and was kinky. And she took me to a play party at a science fiction convention and I was absolutely… this is back in the days of ASB, of Alt sex bondage, when they used to have a SB had play parties at science fiction conventions because the people at the dungeons, it was too expensive and they were too conservative. And I was hooked. I was absolutely hooked.

Participants with other minoritized identities described how powerful it was to meet a community insider with whom they shared an identity. As P10 (43, male, Black/African American, pansexual, Dominant) explained, seeing someone of his racial identity represented in FTCPE was instrumental in him finding his authentic self, free of stigmatizing barriers:

> That weekend, seeing other black males who were masters and leathermen, that coincided for me. I was like, "Holy shit. Okay, that's, that's dope." So seeing them going through the positions, and I was so shook that weekend. At one point I was in the courtyard smoking and I see them coming out and [conference presenter, black male Dominant] came to the table. I was standing up smoking and I'm like, starstruck, basically. I'm like, fuck. So I started to pick my cup up and walk away. He was like, "No, no, no, don't leave. You can stay." …that was a highlight for me and what sparked it for me; of what M/s is,

> what our power exchange is, what hierarchy is, what the life is, what leather is. And from there, I was hooked.

P10's experience not only shows the value of connecting with insiders to increase resistance of dominant cultural sexual values, but also how finding someone who shared his racial background gave him permission to resist / challenge stereotypes associated with race in and outside of the community. The result is an experience where his sensations of otherness were reigned in by his concurrent experience of resistance to that otherness.

Online forums, libraries, chatrooms, and social sites were also a key source of information, community discovery, and coping for many participants. According to some participants, online BDSM and FTCPE communities date back to the earliest days of the internet in the 1980s. P12 (53, female, White, pansexual, submissive) describes her experiences with first discovering that the community existed and the relief that came over her:

> I was kind of naive and so I did a bunch of research online at the time, and I came across a site called Castle Realm, and it was a marvelous site. I wish it was still up because it gave perspective from both the Dominant and the submissive side on this beautiful relationship. I never got to meet the creators, but as I read more and more into that website, I felt like, "Oh my God, I'm not this freak that has this fantasy that's been going in my head since I was seven. This is like… other people have this and look, there's a whole website about it." So this was probably back in 1985 when I went across the website.

Again, access to minimal information about the FTCPE and BDSM community gave participants the permission they needed to resist previously internalized otherness. Participants told these types of stories again and again, often describing a journey from seeking out

pornographic BDSM material to seeking out further information about the community and eventually finding the relevant forums and social sites. As P7 (43, transgender man, White, pansexual, Dominant) explained:

> A lot of it had been just BDSM porn kind of things, and I did get involved with Collar Me, which was a BDSM linking kind of dating site, and so I talked to a number of people there. I never really, I don't think I ever, no, I never met anyone actually through Collar Me, but that was where I first started learning more about it.

Many participants learned about FTCPE and BDSM from virtual resources and communities long before they ventured into finding in-person communities. P19 (43, male, White, straight, Dominant) and his wife both sought out different virtual resources to meet their needs for exploration and expand their frame of reference beyond *50 Shades of Gray*:

> She's very big into Tumblr and I was very big into Reddit and being able to read other people's experiences and understand what this lifestyle really is as opposed to… the only framework that I had really had at the beginning was *50 Shades of Gray*, which I've never read, but I understand the concept of it and that it's really seen as abusive. So, it was difficult to conceptualize until I started getting experience or seeing people or reading other people's experiences and having a frame of mind change around what the whole purpose or the reasoning why and how you do this is a lot more respectful and consensual than what I was led to believe in the beginning.

P19 and his wife would join FetLife later when they felt ready to find the FTCPE and BDSM communities close to them:

> We didn't join FetLife until early 2019 I think because it was something that we both were reading independently that if you are really going to grow, you need to meet your

> local community and actually get out and meet people that are doing this. And so that was the draw for that is we get into Fetlife. That was, but we spent a couple of years just doing things on our own, flying by with the little information we had.

Once they found the FTCPE community, participants also expressed the high value of the community as a source of support and coping. Participants described the FTCPE and BDSM communities as places they could go to feel secure and live authentically, perhaps more than any other context in their lives, creating decreased feelings of otherness. As P2 (35, female, Multi-ethnic, queer, submissive) described, coming back to a city with a thriving kinky community was invigorating and validating:

> That's when I moved back to New York City and I started to reestablish myself from CT to New York City. And what that felt like was… really alive. There is a no sleep zone in New York City. And when it comes to the kink community, at the time prior to COVID, there was something going on every damn weekend. Every weekend, there was something going on differently, whether it was a class at TES [The Eulenspiegel Society], whether it was TES Fest happening up in Jersey, whether it was people having classes at Purple Passion, visiting different events hosted by different organizations that are out here. I was very much trying to be as present as possible without being the center of attention.

P2 went on to describe how her kinky communities, intersecting with each other and the vanilla world, are all sources of affirmation and validation of her kinky self, directly resisting any forces that might diminish her sense of agency as a BIPOC woman in FTCPE:

> There has been support not only in my leather and BDSM journey, but outside of that. I have chosen family, leather family that exist in both my worlds, and know all of my life,

> who really help me just remind me of who I am. When you find that moment that you don't remember it; because that happens, there are moments where you're going to forget who you are. And because I deal with so much mentally and I throw so much on my plate to keep myself really busy, I need that push and that comes in an outpour and all I have to do is send a text message. “I need someone!” I have been part of amazing panels where I have been able to hit topics that I've been dying to be part of, like the BIPOC scene in the leather and kink spaces, like Latinas who surrender; BIPOC, women who lead relationships. And it's been everything.

P3 (60, female, White, androsexual, Dominant) expressed how supportive the FTCPE community was in not only helping her find this identity, but also enacting it. P3 and her submissive moved to Maryland with limited FTCPE experience or social supports, but a local Master let them stay in his home, acting as host, guide, and mentor:

> So when I moved, I was kind of scared. I'd never had a submissive by myself with no support. And it was nice having a master in the house, not that he did a lot, but if I didn't understand or I needed help, I could go to him and at least ask a question. So I did have the support, which was, I can tell you helpful that year, the first year. I guess we lived in the house about nine months. So it was nice having that extra person to bounce things off of and get the help from. So I had support there.

Interaction with the FTCPE community allowed participants to continually reaffirm their identities and find support, insight, and care as they navigated challenges. P14 (64, female, White, straight, submissive) described how joining an FTCPE women’s group gave her the opportunity to gain insight about the lifestyle from other women, in essence becoming a platform for resistance:

> So last year I went through [M/s training program] and that was very supportive. There was a group of women that went through that with me, and we very much bonded together in terms of shared experiences. Some were similar, some were not. But there was that same… as we were all building dynamics at different points in terms of, "yes, I remember when I went through that," or "this is how we ended up doing." …

Identifying what it feels like to have found his chosen family in FTCPE, P5 (58, male, White, gay, submissive) described an experience of affection, affirmation, and attentiveness to one another's needs, forming a bulwark against negative outside forces:

> Our family has been very close knit. We take care of each other. And that's one thing that I like about Master's Leather family that we have now. I mean we're coming up this year we're bringing two more people into our family and that brings us to 22, I think, 21 or 22 members of our family. But we are extremely close knit. We take care of each other and we look out for each other. If there's something going on, we all know about it and we all take care of that person.

Although the FTCPE community could be a source of intracommunity othering (see Major Theme 2), it was concurrently a primary source of resistance. By engaging with the community, FTCPE practitioners can learn how to enact FTCPE practice and give themselves permission to be their kinky authentic selves. The affirmation and reinforcement provided by the community can help FTPCE practitioners resist stigmatizing dominant cultural forces.

Statement of the Essence of the Phenomenon

FTCPE stigma was characterized by dynamically entangled experiences of otherness and resistance in both intercommunity and intracommunity settings. The continuum of experience between otherness and resistance was reinforced through ambiguous interpersonal and

intrapersonal mechanisms. FTCPE practitioners' pervasive awareness of societal disapproval led to a sensation of non-belonging (i.e. otherness) and a constant demand to identify strategies for safely navigating social spaces, especially in family, healthcare, and community settings. Participants' vigilance for disapproval was associated with expectations of rejection and internalized shame about FTCPE and/or BDSM identity, reinforcing internal "othered" feelings of being misunderstood, alone, and unwanted. Although practitioners would seek out opportunities in the FTCPE and BDSM communities to enact their authentic identities through kinky play, partners, and culture, they often encountered further "othering" from disapproving intracommunity peers. These intracommunity conflicts were most pronounced at intersections of identity where existing prejudices from mainstream society persist, particularly those relate to race, gender, and body/ability. Additionally, some intracommunity conflicts centered on FTCPE and BDSM practice itself.

In conjunction with otherness, FTCPE practitioners responded to discrimination by adopting attitudes and strategies of resistance. Resistance was defined by attitudes of confidence, self-worth, pride, and/or a sense of belonging, which in turn fueled strategies of resistance such as projecting strength and identity confidence in social settings, internal minimization of their sense of the impact of stigma, and providing education to dispel misconceptions about FTCPE and BDSM among outsiders. Practitioners sought support in the same key environments where they experienced stigma—family, healthcare, and community—finding that even minimal understanding and validation significantly improved their sense of safety, support, and dignity. Additionally, complex and multidimensional concealment practices were employed to mitigate otherness. Resistance and concealment strategies functioned in tandem within the continuum of otherness and resistance, each enacted situationally and ambiguously linked to both increases

and decreases in experiences of otherness and resistance. Overall, the experience of FTCPE stigma was defined by an ongoing navigation of the otherness and resistance continuum in key intercommunity and intracommunity systems.

Discussion

The purpose of the current study was to explore and describe the experiences of stigma among FTCPE practitioners. Using a descriptive phenomenological method (Giorgi, 2009; 2012), 19 self-identified practitioners of FTCPE completed semi-structured interviews in which they were asked to describe their lived experiences of stigma as it relates to their FTCPE identities. Four major themes and 14 subthemes of the experience of FTCPE stigma were identified. The study contributes significantly to the field of kink research by being one of the only studies to investigate the experiences of FTCPE practitioners, who represent a distinct subgroup at the far end of the landscape of erotic practice (Ortmann & Sprott, 2012). Additionally, by using descriptive phenomenology structured qualitative approach, the findings advance the kink literature by providing the first comprehensive description the essence of stigma as experienced by the FTCPE community, including the identification of the interplay between otherness and the resistance as well as the role of intracommunity identity conflict as a source of stigma. It was further revealed that although FTCPE can occur in any context and requires FTCPE practitioner vigilance, family, healthcare, and the FTCPE community were the key contexts of these experiences. These findings will in turn help researchers, clinicians, and community leaders in their future efforts to study, support, and organize for the community.

This chapter begins with a concise overview of the findings that emerged from the data analysis. These findings are then discussed, and the meanings of the major themes and subthemes explored, using the descriptive phenomenological method as the basis for analysis. Although I engaged in bracketing of personal assumptions through ongoing reflection during the analytic process, these assumptions are re-examined and incorporated into the discussion of how the findings fit into the current FTCPE and BDSM literature. This chapter also discusses of how

the findings might contribute to clinical considerations for healthcare providers working with FTCPE practitioners and BDSM practitioners more broadly. Limitations of this research are discussed from within the phenomenological paradigm. At the end of the chapter, suggestions for future research based on the findings are included.

Overview of the Findings

The experiences of nineteen FTCPE practitioners who had been in a full-time power exchange relationship for at least six months were explored to uncover descriptions of the phenomenon of FTCPE practitioner stigma. I used a descriptive phenomenological methodology, which holds that individual experiences are core sources of information from which we can develop essential knowledge about the world. I considered each participant as living in their own lifeworld, and therefore fundamentally an expert on their own experience and the phenomenon therein. Therefore, any adult FTCPE practitioner in a full-time power exchange relationship for at least six months could be considered an expert on some aspects of the FTCPE stigma experience. Participants were interviewed, leading to rich descriptions of the phenomenon.

The descriptive phenomenological method is an approach that can be used to uncover the essence of minimally understood phenomena. By applying this method to the FTCPE population, researchers can better understand the unique complexities of the FTCPE experience, which has garnered limited empirical attention (Cascalheria et al., 2022). It is important to gather these data to begin exploring the real-life experiences of FTCPE practitioners, which can in turn be used to disrupt negative stereotypes, guide research and clinical interventions, and affirm the experiences of the community.

These interviews were analyzed by transforming meaning units into their fundamental psychological meaning and then coding these components to generate themes. The process of

imaginative variation was engaged to continually reduce the data down to the details that describe the fundamental essence of the experience of FTCPE stigma. Data analysis of the interviews revealed four major themes – otherness, intracommunity intersectional conflict, concealment, and resistance – and each theme had several emergent subthemes. The fundamental essence of FTCPE stigma was a continuum of experience between otherness and resistance across intercommunity and intracommunity settings, which were entangled with concealment practices linked to both increases and decreases in experiences of otherness and resistance.

Major Theme 1: Otherness emerged from descriptions of stigmatizing interactions between FTCPE practitioners and the outside vanilla world, as well as descriptions of internalized fear and negativity about encountering these types of stigmas. Otherness can be understood as a fundamental overarching sensation felt across all participants facing FTCPE stigma. The subthemes of otherness were disapproving and shaming, rejection sensitivity, internalized stigma and shame, and influential systems where stigma occurred, specifically family and healthcare. Community would have been the third influential system, but the details of this experience were so complex that they warranted their own major theme. *Major Theme 2: Intracommunity Conflict and Intersectionality* encompasses expansive descriptions of intersectional stigma felt by FTCPE practitioners from within their communities. The four subthemes of this stigma were intracommunity intersectional stigma, intracommunity FTCPE/ BDSM practice stigma, intracommunity stigma toward FTCPE/BDSM in alternate minority group affiliation, and other identity stigma more salient then FTCPE or BDSM stigma. *Major Theme 3: Concealment* contained descriptions of the complex and multidimensional experience of identity concealment among FTCPE practitioners as both a source of otherness and coping. The two subthemes were soft and hard concealment. Finally, *Major Theme 4: Resistance*

emerged from participants' descriptions of the various tools and mechanisms used to manage FTCPE-related stigma. Like otherness, resistance was a fundamental overarching component of the experience FTCPE stigma. The subthemes for this section included projecting strength, minimization, providing education, and influential systems of resistance reinforcement, which were the same systems that were key sources of stigma for FTCPE practitioners – family, healthcare, and FTCPE community. Below, these themes will be discussed in separate sections, however, it should be emphasized that all themes and subthemes are heavily intertwined and efforts will be made throughout the discussion to showcase the essence of this larger interconnected experience described by participants.

Otherness

The findings indicated that FTCPE practitioners encountered various stigmatizing experiences that placed them at odds with the expectations of the vanilla world, creating a sense of otherness. When participants speak about the "vanilla world," they are generally referring to the system of hegemonic heteronormativity, heterosexism, motonormativity, amatonormativity, and norms associated with power, pleasure, and pain that create a boundary between acceptable and unacceptable expressions of sexuality. FTCPE and BDSM fall outside of these boundaries, creating the opportunity for mockery, shunning, discrimination, and othering (Meeker, 2013). Similar to how the participants in the current study experienced otherness alongside fear, hurt, and feeling misunderstood, previous research exploring narratives of stigma among BDSM and CNM practitioners found that hurt, fear, and feeling misunderstood were common emotional reactions to stigmatizing interactions (Ling et al., 2022).

It is important to delineate the complex association between FTCPE and BDSM stigma that revealed itself in the data. As described in the introduction and literature review, FTCPE and

BDSM share a close relationship in which FTCPE can be understood in most cases, but not all, to be an intensive, full-time extension of the power exchange agreements that defines much, but not all, of BDSM. Again, it should also be clarified that not all BDSM experiences center power exchange, though it is a dominant dimension of BDSM and the key component of FTCPE (Vivid et al., 2020). FTCPE practices have many names and variations, including total power exchange (TPE), 24/7 BDSM, authority transfer, and more (Cascalheria et al., 2022; Kaldera, 2010). Overall, these labels refer to practices in which partners engage in power exchange on a functionally permanent basis (Kaldera, 2010), and there is currently no consensus in the literature as to what label will be used to define these practices. In this paper I chose to introduce FTCPE as an umbrella term to define the population as it provides conceptual clarity to those unfamiliar with the community (see Introduction).

Ortmann and Sprott (2012) define FTCPE (using the term *total power exchange*, or TPE) as being located at the extreme end of the erotic scale, where almost every waking moment is driven by symbols and images that are rooted in the power exchange. Some theorists have argued that even as BDSM has achieved greater medical, legislative, and cultural acceptance in recent decades, FTCPE (or TPE, or 24/7 BDSM) still oversteps the boundaries of legitimacy due to an apparent lack of compliance with dominant conceptualizations of consent and eroticism and unwarranted associations with abuse, exploitation, and sadism (Parchev, 2023). However, the participants in the current study often did not express much difference in their experiences of othering related to BDSM and FTCPE. Most expressed cognitive awareness of the difference between BDSM and FTCPE, and some even named specific instances of stigma where friends or family could accept erotic BDSM play but rejected the FTCPE expression. Still, participants mainly summed their stigmatized experiences of BDSM and FTCPE together in their

overarching experience of otherness. Thus, even as BDSM culture experiences further – and often dubious – inclusion in a modern cultural landscape that increasingly promotes hedonism and sexual pleasure (Parchev, 2023; Weiss, 2011), the lived experiences of BDSM practitioners navigating that cultural landscape are still suffused with stigma. Within that landscape, FTCPE practitioners may experience greater impacts from BDSM stigma than their non-FTCPE kinky peers because they are siloed at Ortmann and Sprott's (2012) "extreme end" of the erotic practice scale. They are prime targets for stigmatization around all forms of power exchange because their approach still violates dominant expectations of sexual health and safety (Parchev, 2023).

For example, P5 had family members who disapproved of his long-term slavery (i.e. FTCPE) and expressed disapproval of impact play (BDSM, e.g. whipping, flogging). Both experiences fed into a generalized feeling of otherness about his kinky identity. Across the study, FTCPE practitioners made few distinctions between the otherness they felt as a result of the disapproval and shaming about FTCPE-specific practices versus BDSM practices, indicating the close overlap of these identities and the possible conclusion that the experience of stigma sums across many vectors to a single experience of otherness. However, these distinctions were also contextual – for example, some participants in more urban environments with access to a broader array of subcultures described conflict between their FTCPE group and other groups that were only focused on BDSM play, whereas other participants in more rural areas found solidarity among the limited number of local FTCPE and BDSM practitioners. Although all participants in this study identified as both FTCPE and BDSM practitioners, these overlapping communities have a complex intersectional relationship that may differ from practitioner to practitioner. Additionally, the degree of otherness felt by participants may increase or decrease relative to their association with FTCPE and BDSM and their sociocultural context. Future research could

explore the experiences of FTCPE practitioners who do not engage in any acute BDSM play, although this subgroup, if it exists, may be very hard to find.

The findings also revealed that some stigmatizing experiences were external, such as facing disapproval and shaming by friends, family, institutions, and strangers, whereas other forms of stigma occurred internally, such as expectation of rejection and internalized shame about FTCPE or BDSM. This dichotomy is consistent with the concept of distal (external) and proximal (internal) stressors defined in MST by Meyer (2003). This suggests that there may be significant similarities between the stigma experiences of FTCPE practitioners and other sexual minorities, who report myriad stigma experiences and health consequences consistent with the tenants of MST (Frost et al., 2015; Frost & Meyer, 2009; Herrick et al., 2013; Katz-Wise et al., 2016; Newcomb & Mustanski, 2010; Plöderl & Tremblay, 2015; Rothman et al., 2012; Semlyen et al., 2016). I will discuss the implications of experiences of external and internal otherness revealed in the study in the next two sub sections.

External Otherness: Disapproval and Shaming

Many common forms of distal stigma experienced by other sexual minorities, such as verbal harassment, fear of going out in public, family gossip and exclusion, rejection by friends, and healthcare stigma (Layland et al., 2020; Parker, et al., 2018; Stahlman, et al., 2016) were also common among FTCPE practitioners in the current study. Participants experienced a wide various disapproving and shaming behaviors from friends, family, and strangers that increased their sense of being "other." The wide-ranging vectors of these disapprovals are not surprising given the widespread stigmatization of all BDSM practice in the general public (Schuerwegen et al., 2020; Hansen-Brown & Jefferson, 2023). The descriptions provided by the participants in the current study reveal that beside general sex negativity and stringent religious views on sex,

disapproval and shaming were often uniquely centered around the accusation that participants were being abused, or were abusers themselves, and were often accused of mental health pathology or of simply being "weird." These experiences align with the empirical literature, which suggests that among the most common myths held by the general public about BDSM or FTCPE is the belief that sadomasochistic play is non-consensual and only practiced by deviants or the mentally ill (Barker, 2013; Wilkinson, 2009; Yost, 2010). These myths are supported historically by a misguided mental healthcare system and a mass media machine that often seeks to appropriate misunderstood minority identities for use as deviants and deplorables in its stories (Simula, 2019). Feeling misunderstood can be uncomfortable in any social environment, but when the misunderstanding can lead to accusations of non-consensual behavior or abuse – which in turn can invite law enforcement or legal intervention – it is not surprising that participants in the current study often felt fearful and alone when othered via these forms of disapproval.

Stigma experiences differed for participants depending on what role/position they took on in their power exchange dynamic. Dominants were more likely to face accusations of being defectively aggressive or controlling, whereas submissives were more likely to face accusations of weakness for wanting to submit. Putting this in the context of the abuse stereotypes discussed above, Dominants faced accusations of being abusers whereas submissives faced accusations of being abused. Comparatively, labels in other sexual minority groups also carry the weight of unique stereotypes, expectations, and stigmas, such as sexual position labels (i.e. top, bottom, verse) in the gay community (Moskowitz & Roloff, 2017). This suggests that, like other sexual minority groups, FTCPE stigma operates differently depending on where an individual fits into the social smorgasbord of their sexual minority group. As will be discussed below, these experiences are further shaped by the influence of participants' other intersecting identities.

Accusations of abuse often manifested as attempts by family, friends, religious community members, or strangers to help participants escape or abandon a dangerous or unhealthy situation. Notably, participants' experiences with what they assumed to be benevolently intended disapproval mirrors the experiences of other sexual minorities, some of whom have been pressed toward such dubious resources as sexual orientation conversation therapy, which is associated with negative mental and emotional health outcomes (Dromer et al., 2022). However, the unique perspective that FTCPE practitioners are abused, or abusers, is tightly tied to the power exchange behavior characteristics that define FTCPE and BDSM practice en masse, and therefore it makes sense that they represent such a large portion of the disapproval experience. To the best of my knowledge, there remains no research on the possible health impacts of disapproval and shaming on FTCPE or BDSM practitioners. However, the current findings suggest that this type of disapproval is a major contributor to feeling misunderstood, rejected, and therefore, othered.

More than negative words and hurt feelings, the findings in the current study also revealed that disapproval has led to dangerous social situations involving law enforcement or the loss of safe spaces for kink play, such as P17's encounter with the police stemming from unfounded suspicions he had kidnapped his submissive, or P7's description of how the kink convention he was attending was shut down due to the complaints of other guests at the same hotel. Creating, maintaining, and protecting safe public spaces has long been a concern for sexual minority communities (Cooper & Pullen, 2010; Sanschargin, 2011), and the disapproval of FTCPE practitioners appears to impact their safety in public places as well. For P17 and others, these moments brought their felt sense of otherness into visceral focus.

Even so, direct physical violence was non-existent in the experiences described by the participants. Although physical violence (Stahlman, et al., 2016) and hate crimes (Park & Mykhyalyshn, 2016) are common experiences of stigma among sexual minority individuals in the United States, the stigma experiences described by FTCPE practitioners included no physical violence, and only one participant – who happens to be a public figure with a career focused on supporting FTCPE – could name a specific hate crime in the form of mailed death threats.

This discrepancy in the experiences of stigmatized violence between FTCPE practitioners and other sexual minorities is likely associated with the variety of coping mechanisms participants used to protect themselves from negative interactions, including concealment and resistance. Hard and soft concealment practices (see Concealment, below) were engaged by participants across the sample to manage their identities, hiding them either entirely or in part. The result of concealment could be a limitation of the violence FTCPE practitioners might encounter because their FTCPE identity is concealable. Conversely, some participants projected strength outward by confidently expressing their identity rather than concealing it, which might keep potential attackers away from them, or nullify their attacks. For example, when confronted by an attacker who expressed disgust and disapproval with P8's practices, P8 replied in a bright, self-confident tone, saying, "It's fun and it's not hurting anybody, so why not?"

This confidence was present throughout many of the interviews and may align with how other sexual minorities create resilience to stigma through the projection of confidence and strength in their identity. Previous research has shown that group identification, expressions of group value, and finding purpose and meaning in identity are all factors associated with stigma resilience and resistance among sexual minority individuals (Biswas et al., 2023; Yip & Chan, 2022).

It is also possible that FTCPE and BDSM draw less violence because they are less visible and therefore less intensely scrutinized in the dominant cultural discourse than identities related to sexual orientation, race, and gender. Although FTCPE and BDSM are highly stigmatized, their prominence in mainstream media and pornographic depictions therein showcase a subculture that is perhaps more titillating than genuinely threatening to the vanilla public (Rubin, 2011; Simula, 2019; Weiss, 2006). It is important to note here that fetishization of stigmatized minority groups does occur and is a complex social phenomenon in which members of a minority group are concurrently discriminated against and sexually or otherwise fetishized by other groups. Examples include the sexual fetishization of Asian women's bodies (Pires, 2024), the objectification of men of color by other men within the gay community (Stacey & Forbes, 2022), and the sexual objectification of transgender and nonbinary people by majority cisgender men and women (Anzani et al., 2021). It is possible that BDSM practitioners are similarly secretly objectified or fetishized. Some participants in the study complained about the vanilla stereotype that slaves are "mindless," suggesting this concept is worth exploring.

In the specific case of FTCPE and BDSM, it is also possible that practitioners experience less violence overall because the kink subculture exists across both dominant and marginalized groups. FTCPE and BDSM can be practiced by poor, queer, Black, transgender people or wealthy, heterosexual, White, cisgender people. The fact that it is not singularly linked with any existing dominant or marginalized identity with a history of oppression suggests that stigma and violence would have to be directed at the community based on widespread disapproval of BDSM and FTCPE practices. However, 45-70% of the general population has reported fantasies involving some sort of dominance and submission (Apostolou & Khalil, 2019; Joyal & Carpentier, 2017; Joyal et al., 2015; Jozifkova, 2018; Renaud & Byers, 1999), and 21.1% of U.S.

adults reported some form of bondage in their regular sexual behaviors (Herbenick et al., 2017). These data suggests that broad curiosity and openness to kinky play may play a role in reducing violence against BDSM and FTCPE practitioners. Therefore, FTCPE and/or BDSM stigma may operate in their own unique categories of stigma, further refining our understanding of why there are no experiences of violence arose in the data. Future research could focus on discriminating the components of vanilla people's experiences of FTCPE and BDSM.

Internal: Expectation of Rejection and Internalized Stigma and Shame

In addition to shaming and disapproval, participants described extensive experiences with expectation of rejection and internalized shame. Both experiences could operate in tandem, often informing one another, but not all participants experienced both forms of internalizing. Expectation of rejection was defined by participants' anticipatory fears of facing rejection, hate, disapproval/shaming, job loss, legal repercussions, and/or violence from family, friends, professionals, or strangers. Internalized shame was defined as participants' descriptions of times in their lives when they wondered if there was something "wrong" with them for wanting what they wanted.

In some cases, expectation of rejection was developed as a reaction to genuine threats. For example, P8, P7, and P19 discussed how workplace culture and professional morality clauses scared them away from being able to express their identities during their careers. In many other cases, participants may have developed expectations of rejection at the intersection of growing up in a FTCPE-negative society (Simula, 2019) that also has a history of violence against other sexual minorities (Stahlman, et al., 2016), and through hearing secondhand stories of FTCPE victimization. Feinstein (2019) has argued that vicarious experiences of rejection might increase sexual minority individuals' rejection sensitivity. Although I could not find any research

exploring these topics among FTCPE and/or BDSM practitioners, participants' narratives about fear of disclosing their identities are common in the current study's findings, which suggest that these mechanisms may play a role in the development of expectation of rejection in FTCPE practitioners. Many participants discussed how growing up in social environments that either stigmatized FTCPE and BDSM (Simula, 2019), or simply made it invisible, fueled concerns among participants that there was something wrong with them and/or that other people would reject them. Importantly, expectations of rejection among sexual minorities is associated with negative mental health outcomes such as depression (Hatzenbuehler et al., 2008), and this likely has similar impacts for FTCPE and BDSM practitioners.

Participants reported that these anticipatory fears often motivated them to engage in coping mechanisms, especially hard and soft concealment, to avoid anticipated negative interactions. This vigilance, and participants' descriptions of its impact on their daily lives and stress, are consistent with Meyer's (2003) depiction of vigilance as a key component of proximal minority stress in which sexual minority individuals try to avoid feared possible negative events. Existing research supports the idea that expectations of rejection and rejection sensitivity may explain the association between minority stress and health outcomes for sexual minority subgroups (Feinstein, 2019; Hatzenbuehler, 2009). However, current research on health outcomes for BDSM practitioners suggests that BDSM practitioners do not have worse health outcomes than their vanilla peers (Connolly, 2006; Cross & Matheson, 2008; Richters et al., 2008; Weinberg, 2006). These findings have been widely cited by researchers and community leaders as support for the argument that BDSM practitioners should not be unfairly pathologized just because their practices diverge from socially accepted norms (Sprott & Randall, 2017; Shindel & Moser, 2011; Simula, 2019).

The above reflects an interesting dichotomy in which the current study provides qualitative evidence of distal and proximal minority stressors per MST, but the existing BDSM literature does not suggest that the negative mental health outcomes for which MST was developed to explain are as prominent for FTCPE or BDSM practitioners. This is interesting because it suggests that applying MST to the BDSM or FTCPE community may require additional research and conceptualization.

There are several important considerations to explore regarding past research on BDSM practitioner mental health. First, however, it also worth acknowledging that discussing the topic of BDSM practitioner mental health outcomes is a delicate issue due to the history of unwarranted BDSM pathologization (Schechinger et al., 2018; Vaughan et al., 2019). In making critiques of prior research, I do not intend to bend the BDSM literature back toward pathologization, but instead toward a future where we can affirm BDSM culture and practices while also using research to delineate the true effects of minority stress on this population. Per MST, it can both be true that BDSM practice itself is not pathological, and that the stigmas described in this study do impact mental health outcomes. At this time we do not have enough data on BDSM practitioner mental health outcomes and we may lack appropriate theoretical tools to understand how this sexual minority differs from other.

For one, the studies that are most often cited as evidence of BDSM practitioners' relatively typical mental health outcomes had small samples – Cross and Matheson (2008) surveyed 93 BDSM practitioners and Connolly (2006) only surveyed 32 BDSM practitioners. Although their survey protocols were extensive and provided useful insights that can disrupt pathologizing narratives, it could not be argued that these are the large-scale studies we need to confidently make broad generalizations about the mental health of BDSM practitioners.

Although preliminary, one study with a larger sample size (n = 987) found links between BDSM practitioners and various negative mental health outcomes including anxiety, depression, bipolar disorder, and suicidal ideation (Sprott & Randall, 2016). In a sample of 321 self-identified BDSM practitioners, Roush et al. (2017) found associations between stigma-induced shame and guilt and suicidal ideation. Together, these studies suggest there is much more to understand about the basics of BDSM practitioner mental health outcomes.

Moreover, it is also possible that sampling bias or a misunderstanding of the subgroups within the BDSM populations has resulted in past researchers failing to measure the community members who suffer most significantly from negative mental health outcomes related to minority stress. Like the limitations of the current study (see Limitations), previous studies on mental health outcomes most likely captured responses from the practitioners who were more well-established in their identity, had more baseline confidence, and therefore were more likely to respond to surveys and present with more positive mental health outcomes. Relatedly, there has not been a study I could find the specifically tested the mental health outcomes of FTCPE individuals compared to their vanilla or non-FTCPE BDSM counterparts. These issues may be skewing our understanding of mental health outcomes for BDSM practitioners.

Without further explorations into these associations, it will be challenging to determine if, for instance, resistance moderates the relationship between minority stress and mental health outcomes in the FTCPE and/or BDSM communities in as-of-yet undiscovered ways. Moreover, specifics of the lived experience of BDSM and FTCPE as an identity may need to be conceptualized differently in MST. For instance, some practitioners' of BDSM may not see their BDSM practice as central to their identity, whereas many FTCPE practitioners do. Thus, separate explorations of MST between BDSM subgroups may help to delineate the differences between

different types of BDSM practitioners and other sexual orientation subgroups. Additionally, some BDSM and FTCPE practitioners experience concealment as an ethical choice rather than purely as a stigma-avoidance mechanism, and this may alter or disrupt expected mediation and moderation pathways in the MST model. Further exploration is needed to understand this potentially paradoxical experience.

These considerations extend to FTCPE practitioners' experiences of internalized stigma and shame as well. As with expectations of rejection, internalized stigma is an expected component of proximal stress for sexual minority individuals (Meyer, 2003) and has been shown to be associated with negative mental health outcomes among sexual minority individuals (Gibbs & Goldbach, 2015; Newcomb & Mustanski, 2010), including depression (Yolaç & Meriç, 2021) and suicidal ideation (Michaels et al., 2016). Yet, a dearth of evidence remains suggesting worse negative mental health outcomes for FTCPE and BDSM practitioners versus their vanilla counterparts. Again, further research and reconceptualization of the pathway between this minority stressor and mental health outcomes is needed to better understand the differences between what we know about the BDSM community and other sexual minority populations (see above). For example, resistance strategies specific to the BDSM or FTCPE community may mitigate adverse mental health outcomes by reducing internalized stigma in some unique way. If this were true, and if future research could uncover these pathways, it is possible that these mechanisms could be reformatted for other sexual minority groups to help them reduce adverse health outcomes.

Almost all participants in the study described experiences of internalized stigma or shame about their identity, although most had grown out of that period of their lives. This change over time suggests there is a developmental pathway for FTCPE practitioners to build tools for coping

with stigma and synthesizing identity, similar to the Cass model (1979) for LGB people. For example, P3 described a variety of negative influences, including her family and religious community, which led to her believing there was something wrong with her for a long time. P17 feared he was a sexual deviant, possibly insane, based on information he gathered from professional psychology literature in the 1960s and 1970s. In general, these dominant cultural narratives about FTCPE and BDSM stopped participants from exploring their identities until later in life, when for a variety of reasons participants conquered these internal barriers to begin expressing their more authentic selves. This may represent a part of the pathway toward synthesis, although it may operate differently among younger FTCPE practitioners whose experiences were not captured in this sample.

Intracommunity Conflict and Intersectionality

During the interview phase of the study, participants were asked to discuss experiences of stigma associated with their FTCPE identity, and most participants began their answers by discussing their experiences of *intracommunity stigma*, or stigma directed at them by other members of the FTCPE or BDSM communities based on their other marginalized identities or disapproval of their kink practices. Although it was unexpected that this type of stigma would be named first, rather than experiences of othering with the vanilla world, I engaged the phenomenological process of epoché, or bracketing, to approach these responses without preconceived notions of what the responses meant, and instead let the descriptions speak to "the things themselves" (Husserl, 1913/2014). In doing so, I was able to collect rich descriptions of the participants' unique experiences of intracommunity stigma and discrimination as an FTCPE practitioner. In practice, this involved asking the initial question in the semi-structured interview protocol (see Appendix A), and then engaging a stance of genuine curiosity, probing for

examples of stories, events, emotions, and other aspects of their lived experience, while avoiding making theoretical interpretations of the meaning of those events or asking the participants to provide their perceptual interpretations of the meaning hindsight. This is crucial in descriptive phenomenology as the focus is on the raw conscious experience of the phenomena in question and not on developing theory or interpretations, which could be explored with other methodologies.

The result is the revelation that participants' various intersecting identities necessarily shaped their experiences of stigma, and thus, should be understood as a key feature of the essence of FTCPE stigma. That is, how practitioners' intersecting identities alter what is stigmatized, how, where, and by whom, and what this feels like as a practitioner. Furthermore, a key plane on which this intersectional stigma occurs is within the FTCPE community, as participants regularly experienced stigma from other FTCPE practitioners related to their other minoritized identities and their FTCPE and BDSM practices. The lived experience of these interactions is one of conflict between the perceived acceptance of one's group and the feeling of otherness from within that ingroup.

For example, P2 is a multi-ethnic woman with Black and Latina heritage who spoke at length in her interview about how her decision to live as a slave is often seen by others from within the prism of her race and gender. Although stigma around the choice to submit was prevalent across many different FTCPE practitioners of different races and genders, the shaming P2 faced from within the FTCPE community often centered on the discomfort other people of color had with a woman of color choosing to submit despite histories of racial (and gender) oppression. As a result, at peak moments of stigmatization, P2 struggled to find a place where she was not the "other," even among peers. All five racial minority participants in the study

described similar challenges of navigating the relationship between their authentic desires as FTCPE practitioners and the judgement of others about the validity of those desires based on their race. Further questioning revealed that these considerations extend outside into participants' interactions with the vanilla world, suggesting that all participants' experience of FTCPE stigma was shaped to some degree by the relationship between their FTCPE identity and their other identities.

These findings connect to the concept of *intersectionality*, a term coined by Kimberlé Williams Crenshaw (1989) to describe an understanding of human beings as being shaped by the interactions between forces of power and oppression that arise from their intersecting social locations (e.g., identities). The theory suggests that human lives cannot be understood through the accounting of any single category of identity, such as race, gender or socioeconomic status, because each identity experience informs the other, creating a multi-dimensional and constantly changing framework subject to privilege and oppression, which Collins (1990) refers as the Matrix of Oppression. Returning to the work of Foucault (1977), regimes define knowledge through control of cultural norms, and thus it should be understood that both interpersonal and structural forces shape the power positioning of different identities in a given cultural landscape. Intersectionality supports this idea by suggesting that intersecting identities can produce varying degrees of simultaneous privilege and oppression across varying times and contexts, depending on the dominant cultural power in that context (Collins, 1990). The complex experience of intersectionality has been depicted as the final product of a rich, blended batter of lived experiences forming a unique individual baked good (Bowleg, 2013), the thousands of lenses that make up a fly's compound eye (Weber, 2007), and the dynamic interplay between reflections in a kaleidoscope (Easteal, 2002).

The findings in the current study align with the intersectional conceptualization that each participant represents a unique kaleidoscope of experience, blending privilege and oppression. Although intersectionality allows for groupings of people to be considered at varying levels of abstraction, a logical conclusion of intersectionality might be the necessity to also consider when and where we as individuals become a *minority of one* whose unique intersections can leave one feeling singularly alone. Whereas Delgado (2011) has argued that subdividing intersectionality to this extreme can shatter its coherence as a tool and lead to a paralysis of critical work, I believe it is important to identify individual's lived experience as a *minority of one*, depending on context. Conceptually, there is a difference between large scale critical analysis and intervention (Gillborn, 2015) and analysis and intervention at the acute level of individual lived experiences. Tangibly, these categories overlap in complex ways, and both group and *minority of one* considerations are useful to incorporate at the policy and clinical levels. On the one hand, it may be paralyzing at the policy level to attend to the infinite possible differences or subdivisions inherent to a group (Delgado, 2011), making policy impossible to write or functionally administer. However, it has often been necessary and in some cases revolutionary to consider at the policy level both the rights of the individual and the needs of marginalized groups to redress oppression. Consider how the First Amendment of the United States Constitution is a policy that protects free speech as an individual right (U.S. Const. amend. I), and how later policy changes directly (e.g., various Amendments to the Bill of Rights) and indirectly (e.g., Civil Rights Act of 1964, 1964) granted these individual freedoms to groups that previously could not fully take advantage of those rights (e.g., African American/Black Americans). Thus, group and *minority of one* considerations can meaningfully shape societal intervention.

Meanwhile, at the level of individual interventions (e.g., psychotherapy, intracommunity settings, spiritual settings), it is important to explore the complete intersections of an individual's life and its meanings – often attending to one's feelings of total aloneness and existential grief – to generate effective individual growth and change. Within that individual work, there is also high value in exploring the solidarity of experiences between people with several overlapping identities, also in service of positive outcomes. Group and *minority of one* considerations can meaningfully shape individual interventions.

P2 and P9, both multi-ethnic BIPOC women who identify as predominantly submissive, reported finding solace, connection, and resilience with other kinky BIPOC women. Together they have much understanding to share. However, P2 and P9 also expressed experiences of conflict and stigmatization with some BIPOC women, and even BIPOC kinky women, who felt that their desire to submit and serve was problematic. In other words, some identity variables in some contexts might be a point of connection, whereas in other contexts they may sources of stigma. P2 and P9 remain individuals for whom solidarity on the basis of identity can be supportive, while also benefiting from space to explore their idiosyncratic lived experiences as individuals.

Between the disapproval of the outside vanilla world and intracommunity othering within the FTCPE and BDSM communities, many practitioners' unique blend of identities leaves them as a *minority of one* in some contexts, contending with an otherness defined by abject loneliness and a feeling of being misunderstood. In the data, this occurred in specific time-bounded settings, such as when P8 was confronted as the only female switch in a room full of dominant men at a convention, or more globally and unbounded, as P5 experienced trying to navigate the idiosyncrasies of stigma associated with his body and later disabilities in kink spaces. Disability,

in particular, has been highlighted as an identity that faces a lot of stigmatization which can feed significantly into the *minority of one* experience, as each disability is a unique experience creating idiosyncratic needs, starting as early as birth, developing at the family level, and often resulting in social invisibility (Watermeyer & Görgens, 2014). Moreover, intersections of race, gender, culture, and socioeconomic status will only further subdivide these already idiosyncratic experiences (Watermeyer et al., 2018).

Therefore, whereas the findings clearly revealed that participants had similar experiences of intercommunity stigma associated with the disapproval and rejection of FTCPE and BDSM by those in the dominant vanilla sexual culture, participants' different identities shaped the nature of intercommunity disapproval and carried that disapproval over into intracommunity settings, where many participants experienced significant stigmatization. Whether participants experienced a stigmatizing event at the level of their group identity or as a minority of one depended on context-specific variables.

For instance, P11's (65, male, Black/African American, straight, Dominant) experiences of racism and racial fetishization within the FTCPE community were in part defined by the intersection of his gender and FTCPE role, as both the sexual objectification and accusations of aggression he faced from other FTCPE practitioners were inextricably linked to racist stereotypes that Black men are aggressive (Robinson-Perez, 2024). This experience aligns with previous research which found that people of color were 17 times more likely than their White peers to feel fetishized at a BDSM event and tended to field a variety of slurs and microaggressions (Erickson et al., 2021). Relatedly, P11 also discussed the danger he felt when a vanilla person would accuse him of being an abuser, as this accusation would coincide with social stereotypes about the aggression of Black men and put him in further danger. In his

interview, it was clear that P11 had experienced race-based intracommunity stigma as both an awareness of his group identity and in some situations experienced himself as the minority of one.

P8 (46, female, White, bisexual, switch) did not describe any intracommunity stigma associated with racism – perhaps because she is White and therefore in the dominant cultural category in the U.S. – but did describe often feeling rejected in intracommunity group meeting spaces intended for Dominants because she is a woman, and therefore violating the gendered stereotype that women ought to be in submissive roles. Again, one aspect of this experience was P8's awareness of gender-based disapproval shared by women in dominant spaces, and another concurrent experience was her singular aloneness in this specific group setting, confronted by disapproving men.

Additionally, both transgender men in the study, P16 (43, transgender man, White, pansexual, Dominant) and P15 (58, transgender male, White, pansexual, Dominant), described the unique experience of feeling intracommunity rejection based on gender. P16 described feeling pressured to engage in submissive play when he presented as a woman because the gendered expectation was that women would be submissive. However, as a man he now feels rejected from spaces predominantly for FTCPE women despite his past experiences, while also sometimes feeling outcast from FTCPE spaces intended for men because of his transgender identity. Again, ingrained dominant discourse gender stereotypes shape the experiences of acceptance and rejection within the FTCPE community. In P16's life, he shared the experience of gendered rejection with women, men, and transgender people, while also having a unique *minority of one* experience all his own.

As a side note, these expectations of male and female power pervaded many participants' experiences of FTCPE stigma – men wanting to dominate was not as stigmatized in or outside the FTCPE community as men wanting to submit, and women wanting to submit was not as stigmatized in or outside the FTCPE community as women wanting to dominate. When P18 (37, female, Asian, straight, submissive) described her thoughts on possibly disclosing her submissive identity to her father, she suggested that he would more easily accept the idea that she was submitting to a man because of its similarity to his 1950s-informed understand of how power should be distributed between men and women in heterosexual relationships.

Overall, what the descriptions of these experiences reveal is that understanding the essence of the experience of stigma among FTCPE practitioners requires us to also understand the intersection of identities shaping those experiences, or perhaps more simply, that intersectionality is a core dimension of the essence of FTCPE stigma. Recently, the intersectional lens has been incorporated into research exploring the stigma experiences of other sexual minorities (Sadika et al., 2020). Some researchers focused on kink and BDSM have begun to explore the experiences of kink among subgroups, especially Black women (Beveney, 2023; Malone et al., 2024), Asian American women (Ha, 2019), sexual minorities (Speciale & Khambatta, 2020; Winter-Gray & Hayfield, 2021), and sexual minorities with disabilities (Kattari, 2015), often finding narratives of discrimination and objectification. Other researchers have compared differences in experience based on intersecting identity categories, such as class and education (Sheff & Hammers, 2011). Perhaps unsurprisingly, these investigations have revealed many unique experiences across the landscape of BDSM, and further exploration of intersections will increase our awareness of the intricacies of these experiences and implications for research, clinical work, and policy.

Notably, whereas race, gender, and ability were all common sources of stigma for FTCPE practitioners, only one participant identified intracommunity stigma associated with their sexual orientation. This may be because FTCPE practitioners must work hard to accept their own stigmatized sexualities, and in doing so, develop greater openness and acceptance of other forms of sexual diversity. The fact that so many participants still experienced intracommunity stigma and discrimination associated with their other non-sexual minority identities suggests that this process of destigmatization may not extend to destigmatizing attitudes toward other minority identities. In other words, separate destigmatizing work may need to be done across identity categories for individuals to increase their openness to different identities in different domains. Even spaces that are designed with the intent of creating safety and support for marginalized groups appear to not be immune to the prevailing prejudices of society. Future researchers should take this into account when designing work that focuses on stigma to extract the complex overlapping patterns of stigma that arise within and between stigmatized groups and the dominant discourse.

Relatedly, the findings showcased how disapproval of FTCPE and BDSM was present in participants' other minority group affiliations (see: Subtheme 2.C: Intracommunity stigma toward FTCPE/ BDSM in Alternate Minority Group Affiliations). No participants' descriptions suggested that one's group status as a racial minority led to less stigmatization of FTCPE practices – for example, participants' descriptions of familial disapproval of FTCPE or BDSM appeared across races, ethnicities, and socioeconomic statuses. Rather than create solidarity between oppressed groups, the unique influences of family of origin cultural beliefs about gender and power, histories of racial oppression, socioeconomic status, and more appeared to generate a variety of unique flavors of FTCPE stigma. FTCPE acceptance was not based on any notion of

shared allyship among diverse minority groups. This suggests that marginality does not equate to shared solidarity, and future researchers could explore questions about the roots of this stigma, or, to what degree rejection of FTCPE and BDSM by one marginalized ingroup is associated with that groups' customs and beliefs versus those of the dominant discourse into which they may be assimilated.

For example, even though there was minimal reported sexual orientation stigma within the FTCPE community, the findings suggested that there may be FTCPE and BDSM stigma in other sexual minority communities. Both P16 and P15 discussed various experiences of rejection of their FTCPE identities (and BDSM more broadly) by feminist organizations, queer organizations, and Pride events. Despite such institutions apparent dedication to sex and gender equality, P16 and P15 did not always find that these organizations could extend that same acceptance to FTCPE or BDSM. Previous authors have discussed how kink and BDSM have been excluded from LGB organizations attempting to assimilate with the dominant culture (Wright, 2006), reaffirming the intersectional concept that everyone has varying degrees of privilege and oppressions that shifts across contexts (Collins, 1990). These unique intersections could be rich areas of study for future researchers interested in understanding phenomena such as resistance, resilience, and otherness, as it suggests that marginalized groups seeking liberation within the paradigms of dominant culture may at times be at cross-purposes. Modern social justice and liberation movements often focus on creating collective identity between various marginalized groups as a way of generating radical resilience and organize larger actions (Anderson-Nathe et a., 2018; DeFilippis, 2018; *Racial Justice is the Key to LGBTQ+ Liberation,* 2022). However, collective identity as an approach faces complications including clashes within and between groups, such as the well-documented conflicts within LGB movements over

whether to embrace assimilation or liberation as a primary strategy for gaining rights and freedoms (Rimmerman, 2015), or between-group rejection of BDSM practitioners by LGBTQ groups (Wright, 2006). This type of stigma was experienced by P16 shortly before the interview when it was strongly implied by his local Pride committee that his FTCPE family not come to Pride events showcasing their FTCPE identities. Exploring these intersections and roadblocks may be challenging and delicate work in a world focused on collective action, but understanding the interactions between these groups, as well as the unique experiences of individuals and groups that have both identities, could be crucial to conceptualizing new pathways of resistance.

Participants with multiple minority identities also described their experience of FTCPE stigma as being less salient than those of their other identities. P15 referred to his various intersecting minority identities as "axes of offense," and suggested that those who would reject him for being kinky would have rejected him for being queer, trans, and polyamorous long before they got close enough to him to find out about his kink identity, and in general he found stigmas associated with those other axes to be more salient in his life. Similarly, P5 (59, female, White, queer, submissive) indicated that she gets more "hassle" from the vanilla world for her sexual orientation, disability, and body weight than anything associated with her kink identity. All of the participants with racial minority identities also suggested that stigma associated with race was more prominent in their lives. Again, this may be associated with the concealability of FTCPE versus race.

Interestingly, in their exploration of narratives of stigma among BDSM and CNM practitioners, Ling et al. (2022) found that some practitioners believed their kink identity was more stigmatized than their other identities. In some ways this aligns with P15's conceptualization of the "axes of offenses," in that kink is conceptualized as furthest from the

norm, but the narratives of the lived experience of this stigma by P15 and many other participants put kink as among the least salient in their lives. There may be some distinction between the perception of how stigmatized FTCPE or BDSM behavior is in the dominant discourse and how likely participants are to experience firsthand stigmatization. Further exploration of this phenomenon could help to illuminate this relationship. Previously discussed variables such as kink's place in the public discourse and FTCPE practitioners' propensity to conceal their kink identities likely play a role in why these stigmas are not as prominent in FTCPE practitioners' descriptions of their experiences, even if they also agree with Rubin (2011) that kink is far down the hierarchy of acceptable sexuality.

Finally, intersectionality may also be key in understanding participants' descriptions of intracommunity stigma toward different FTCPE and BDSM practices (see *Subtheme B: Intracommunity FTCPE/BDSM Practices Stigma*). At a glance, one might assume that FTCPE practitioners would not want to disapprove of or shame one another's interests, as a matter of practicality and solidarity. In fact, the concept of "don't yuck their yum," which translates as, "your kink is not my kink, and that's ok," is a widely held tenet of the kink world meant to invoke acceptance and solidarity (Goerlich, 2024; Greenberg, 2023). Even so, the findings in the current study suggest that FTCPE practitioners often face judgement and stigmatization of their practices from other community members. First, some of this can be attributed to generational differences (e.g., the old guard Master/slave community referenced by P11 vs. younger FTCPE practitioners) or philosophical difference between micro subcultures within the FTCPE community (e.g., disagreements about the boundaries of consent in vanilla public spaces evidenced in the Findings), both of which represent different types of identities that would fit within the kaleidoscope of intersectionality. Additionally, these differences may be associated

with stigmas connected to historically oppressed identities. The stigmatization of P2's cannabis use during BDSM play is an interesting case example, as stigma around cannabis use is one that transcends the FTCPE community and often disproportionately impacts communities of color (Reid, 2023). As described by P2, her cannabis use during BDSM play is associated with both the management of neurodivergence and cultural conceptions of spirituality rooted in her racial identity and culture of origin. But the use of substances during BDSM play is highly stigmatized due to its possible impacts on the player's ability to consent, which is a core tenet of kink (Goerlich, 2024; Greenberg, 2023). Thus, intersections of race, ability, and FTCPE have shaped P2's unique experience of intracommunity stigma among FTCPE practitioners.

Concealment

All 19 participants in the study discussed their complex and multidimensional approach to concealment, or the degree to which participants felt they needed to obscure their identity from public view. The process of concealment revealed itself as an experience of balancing a vast tapestry of influences which could both protect against stigma and create feelings of otherness. In other words, concealment intensified vigilance among FTCPE practitioners, leading to discomfort, but the safety gained in that concealment was also relieving.

In the development of his theoretical model of stigma, Goffman (1963) offered the concept of *impression management*, and described it as a process by which people try to control how they are perceived by others. Not all people are motivated to manage their identities – for example, P1 (80, male, White, straight, role depends on situation but he is not a switch) described himself as disconnected from the vanilla world and uncaring about what they thought about him – but those who are motivated to manage their impressions are influenced by a variety of factors including the norms of their social context, the roles they occupy in that context, the

values of the other people whose perceptions are of concern in that context, how they believe they are being perceived, and the desirable and undesirable parts of their own self-concepts that they seek to express or retract from public view (Goffman, 1963; Leary, 2001).

Concealment of one's stigmatized attributes as a form of impression management can be a paradoxical endeavor, as it is often enacted as a coping strategy to avoid the negative consequences of stigma, yet the act of hiding one's authentic self can backfire and create the negative stress outcomes the individual was trying to avoid (Miller & Major, 2000; Pachankis et al., 2020). Meyer (2003) described concealment as one of the most common coping strategies for sexual minorities, and as a result, one of the most common minority stressors. Concealment is a complex and cognitively burdensome process that leads to hypervigilance as one constantly monitors themselves to avoid feared discrimination by maintain secrecy – at the extreme, this burden can become a "private hell" (pp. 220, Smart and Wegner, 2000).

In the current study, sociocultural positioning, desire for authenticity, family of origin concerns, professional/career concerns, divergent partner needs, perceptions of ethical kink, and many other threads informed the degree to which an FTCPE practitioner felt they needed to conceal or disclose their identity to manage stigma, and in return, the degree of concealment they chose was itself a potential source of stigma. The styles of concealment broke down into those who engaged in hard concealment, or the complete concealment of their FTCPE identity from the outside world, and soft concealment, which refers to a spectrum of concealment behaviors that modulate based on context. These styles of concealment share conceptual similarity with the multiple levels of concealment described by Stiles and Clark (2011) in their work with 73 BDSM practitioners. In that study, the authors identified "absolute concealment" as a style of concealment in which no one outside of the BDSM community has any awareness of a

practitioner's kink identity, which is very similar to the current study's concept of hard concealment. However, whereas Stiles and Clark (2011) go on to define a variety of static concealment types, such as "thorough concealment" where only select friends are told or "partial concealment" where select friends and family are told, the current findings suggest that concealment may be more fluid and context dependent among FTCPE practitioners. Therefore, soft concealment is offered as a fluid state in which FTCPE practitioners make context-dependent choices about concealment which can change with time and place. Soft concealment is closely associated with the concept of "conduct modes/forms," which are ways of enacting FTCPE that dynamically shift based on context (i.e., at home versus at the grocery store) reported by self-identified slaves in a previous study (Dancer et al., 2006).

Both hard and soft concealment styles brought forth a variety of stigma coping and stigma producing experiences. For example, P19 (43, male, White, straight, Dominant) described his hard concealment practices as necessary for his survival due to his job and location, identifying that not doing so could result in losing his livelihood. However, P19 described how maintaining an "inauthentic" existence filled with distress about not being able to live authentically and anxiety about accidentally being revealed. Thus, concealment is both a source of coping and a source of stress, and possible reductions in psychological well-being for P19. Notably, P19 was one of several participants who reported fearing job loss as a major contributor to engaging concealment, which is consistent with the minimal existing literature detailing the negative impacts of BDSM identity disclosure on job loss (Klein & Moser, 2006; Wright, 2006).

Elsewhere, P10's (43, male, Black/ African American, pansexual, Dominant) experiences reflected a soft concealment approach, in which certain contexts (i.e., public places out of state versus his home neighborhood) incited him to different degrees of concealment. At home, he

engages in hard concealment, not want to wear his leather gear on the street in his neighborhood, but out of town he had no problem with walking around in public in the same gear. Additionally, P10 and his partner might wear patches or other paraphernalia that distinguish them as FTCPE practitioners, but only if someone in public is initiated enough into BDSM to know what they were looking at. P10 described this as riding a line between showcasing their pride in their leather house and staying safe from facing stigma by outsiders. Importantly, the fact they must ride this line at all, as opposed to living completely authentically as themselves in public, is itself a component of the experience of stigma. The choice to modulate their degree of disclosure is directly informed by internalized stigma and their fears of disapproval, rejection, and possible violence. P10's risk tolerance is perhaps higher than P19, and their social contexts are vastly different, yet both still face this fundamental question of when and how to disclose and the apparent anxiety associated with trying to navigate it. This creates a sensation of ambiguity around concealment as both crutch and switch, support and stigma, across varying contexts and styles.

Another unique wrinkle in FTCPE practitioners' narratives about concealment was that in addition to being motivated by past experiences of stigma – including disapproval and shaming, expectations of rejection, and internalized stigma – many participants, especially those who engaged in soft concealment, were also concerned with the consent of the vanilla people who might see them in public. Again, consent is a fundamental component of BDSM and FTCPE practice, so it follows that many FTCPE practitioners would extend their concerns about consent to those around them (Barker, 2013; Hébert & Weaver, 2015; Simula, 2019). Whereas outness and the expression of pride are often framed as key drivers of reducing internalized homophobia, battling shame, and increasing support for LGBTQ+ identities broadly (Dyer, 2024), the current

findings suggest that FTCPE practitioners consider the consent of those who are not kinky to be exposed, or not, to their kink behavior as a crucial point of ethical concern. As P5 (59, female, White, queer, submissive) described, many FTCPE practitioners feel it is important to not "scare the villagers" and protect them from having their consent violated by seeing people engaged in kink attire, behavior, or conversations. This was not universal, however – whereas some participants discussed not wanting families in restaurants to overhear their discussions of power exchange protocols or other kinky issues if they had not consented to hearing it, other participants freely engaged in protocols in public settings and did not worry much about what other people thought. Again, we find ambiguity in the experience of concealment driven by ethics of consent; participants did not always know when their ethics-based concealment was an extension of their authentic kinky values versus a subtle enactment of internalized hegemonic heteronormative expectations squashing their desire for behavioral authenticity. This ambiguity could be a source of stigmatized stress both intrapersonally (i.e., expectations of rejection, internalized stigma) and interpersonally (e.g., conflict with other FTCPE practitioners, including one's partner, around decisions relating to outness). Outness conflicts between partners are common sources of stress and interpersonal conflict in same-sex couples (Green & Mitchell, 2015), so it stands to reason these types of concerns may impact FTCPE relationships as well, although the power dynamics may result in their impacts being instantiated differently.

Minimal research has explored BDSM practitioner concealment practices, or their associations with mental and/or relational health outcomes, and I could not find any extant research which explored these questions for the FTCPE subculture. One qualitative dissertation (Brown, 2010) found similar narratives related to concealment among BDSM practitioners, some

of whom were FTCPE practitioners, but I could not find any larger scale studies that looked at this topic.

The complexity of FTCPE concealment experiences is reflected in existing research on concealment among other sexual minorities. For example, previous research on LGB experiences of concealment revealed that outness (i.e., the degree to which an LGB person is publicly identified with their LGB identity) is associated with increased negative mental health symptomology, and even though this might suggest that concealment would improve these outcomes, higher concealment was found to be associated with lower psychological well-being and greater depressive symptoms, and authenticity was found to be significantly associated higher psychological well-being, lower depressive symptoms, and lower levels of perceived stress (Riggle, et al., 2017). Researchers who performed a meta-analysis exploring findings related to the association between sexual orientation concealment and mental health found a small positive association between sexual orientation concealment and internalizing mental health problems (e.g., depression, anxiety, problematic eating) and found that his association was larger among studies where the sample had lack of any open behavior (Pachankis et al., 2020), which is a concept consistent with hard concealment in the current study. Although the current research on BDSM practitioners does not suggest that they have worse mental health outcomes than their vanilla peers (Schuerwegen et al., 2020; Hansen-Brown & Jefferson, 2023), the experiences reported by participants such as P19 (i.e.; fear of losing job and being a pariah, loneliness) and P8 (i.e., anxiety, depression) suggest there could be more to this story, especially given what we know about the complexity of concealment among sexual minorities. As discussed in the previous section, further exploration of unique pathways of resistance and resilience among FTCPE and BDSM practitioners, as well as new research exploring the mental

health outcomes of more hard concealed practitioners such as P19 and P18, could reveal more about whether or not negative mental health outcomes are mitigated for FTCPE and BDSM practitioners, and through what mechanisms they are mitigated (e.g., mediation, moderation effects).

Connecting to my previous comments on sampling in the BDSM literature, one thing to consider is whether the limited extant studies on BDSM practitioner mental health have effectively captured the experiences and health outcomes of the members of the BDSM community who are engaging in hard concealment (or even significant soft concealment). I also could not find any quantitative studies in which psychological well-being and mental health outcomes were compared to degrees of concealment – in other words, it could be that even though BDSM practitioner mental health outcomes are not worse than their vanilla peers, their degree of outness, authenticity, and/or concealment may still be associated with their mental health outcomes. It is possible that future research into this area could find that the associations among these factors and mental health outcomes among BDSM or FTCPE practitioners are reflective of the findings associated with sexual orientation.

The relationship between these factors could also be moderated by FTCPE practitioners' ethical concerns – in other words, perhaps some FTCPE practitioners feel less distress about concealment when the choice to conceal is motivated by their ethical concern about not exposing vanilla people to kinky behavior against their will, versus concealing out of fear of being stigmatized.

Resistance

The findings revealed resistance as a component of the experience of stigma that coexists along a continuum with otherness. Resistance is composed of: (1) overarching *attitudes* of

confidence, self-worth, pride, and belonging which support righteous indignation against cultural forces that would try to diminish and other FTCPE practitioners, and (2) an array of specific interrelated *strategies* that turn attitude into action for managing experiences of otherness. In the findings, otherness and resistance constantly interacted internally and externally, in intercommunity and intracommunity settings, creating a continuum of experience that defines FTCPE stigma. Experiences of otherness invited the need for resistance, but greater resistance invited increased opportunity to experience otherness (see Figure C2). As a theme, resistance is an attitude and approach to living that both reacts to felt stigma and may invite stigma through increased minority visibility.

Additionally, resistance strategies were synchronous with concealment strategies, and both were enacted dynamically across different situations and contexts. Whereas concealment strategies were used by FTCPE and BDSM practitioners to mitigate their association with kink to reduce the experience of otherness, resistance strategies were displays confidence in the validity of FTCPE identity that mitigated otherness through the projection of strength, minimization of stigma experience, and providing of education to others. However, the line between these constructs can be diffuse. In certain settings, concealment may also be considered an act of resistance – for example, P19's choice to fully conceal his identity in his disapproving hometown resists the social forces that might destroy his family and livelihood. For conceptual clarity, the subthemes of Major Theme 4: Resistance are separate from the subthemes of Major Theme 3: Concealment.

In sociological and psychological literature, resistance is an intricate and multidimensional construct that has been used to describe a wide variety of actions and behaviors enacted at individual, collective, and institutional levels of human social life and across settings

as varied as families, workplaces, and political systems. Fundamentally, the phenomenon of resistance requires physical or symbolic opposition by an ingroup or individual to an outgroup or another individual with some power over the ingroup, but there is disagreement in the literature as to whether or not this resistance must be consciously intended by the ingroup and/or recognized by the outgroup (Hollander & Einwohner, 2004; Vollhardt et al., 2020).

Power and subjectivity rest at the core of resistance, and one's theoretical understanding of power shapes what can be considered resistance (Raby, 2005). Modernist theorists often conceptualize power in binary terms: power is an abstract "object" that dominant groups wield against their subordinates, and that subordinates may either submit to or attempt to resist and seize. Under this conceptual framing, resistance is oppositional and is defined by collective (e.g. rallies), heroic (e.g., refusing to stand for the National Anthem), or appropriative (e.g., warping symbols of dominant culture) actions aimed at disrupting or gaining the upper hand in power games (Raby, 2005). In the context of FTCPE/BDSM, an example of this form of resistance would include opening a BDSM club in a major city, such as The Crucible, a kink club and 501(c)7 non-profit that operates publicly in the shadow of the United States Capitol building in Washington, D.C. (http://www.the-crucible.com/). Alternatively, post-modernist theorists follow Foucault (1978) is conceptualizing power as a *relation* rather than as something that is held by one side or another. Therefore, power is concurrently exercised and resisted from innumerable points and perspectives, meaning that domination and resistance are inherently fragmented constructs containing pieces of one another (Sharp et al., 2000). Due to this conceptualization of power as transitory and fragmented, the post-modernist position on resistance allows for a diverse array of resistant actions that can be engaged to varying degrees of investment by actors with varying degrees of oppression and privilege, including linguistic methods (e.g., re-

appropriating hateful speech), disidentification (e.g., redeploying stereotypical symbols disruptively, such as dressing as a fairy at a gay pride parade), altering discourses (e.g., altering dominant narratives with new ideas), or bodily liberation (e.g., taboo sexual experimentation, tattooing) (Raby, 2005). An example of this type of resistance in the context of BDSM would be to use a phrase like "freaky sex" as a term of empowerment or endearment within one's community (Greenberg, 2023). In the current study, participants showcased both forms of resistance, between heroic confrontations with disapproving clinicians in medical and mental health settings (see P9's experience in Subtheme 1.D: Systems) and private explorations of subversive relationship practices (see P19's experience accessing the FTCPE community through internet forums and social websites in Subtheme 4.D: Systems). These acts of resistance also appear to be consistent with the concept of *reconstruction* from the stigma management literature, which Zhang et al. (2021) argue is form of stigma management that involves changing the feelings and opinions, or the hearts and minds, of outgroup members.

Much of the existing research on resistance has emphasized the modernist conceptualization of resistance as overt, organized, collective, and/or material ingroup action, with significantly less attention paid to individual's covert everyday actions and psychological forms of resistance more attuned to the post-modern conceptualization (Vollhardt et la., 2020). In their literature review and typology, "overt resistance" was found by Hollander & Einwohner (2004) to be the only type of resistance universally agreed upon by scholars to qualify as resistance, and unsurprisingly, it dominates the literature. More recently, theorists have pushed back against the trend in mainstream sociology and psychology to implicitly legitimize overt resistances such as marches, protests, and boycotts while delegitimizing covert everyday efforts undertaken by those in significantly more oppressive social conditions (Rosales & Langhout,

2020). Opening the scope of resistance can create more opportunities for researchers and clinicians to challenge the minimization of resistance efforts by non-dominant minority group members and better understand how they navigate marginalization. This could be crucial in understanding the interplay between strategies of resistance and concealment among FTCPE practitioners, especially those who are forced to engage in hard concealment because they inhabit "tight" spaces of oppression (Rosales & Langhout, 2020).

Relatedly, some attention has been paid to the complex benefits and costs of resistance. Scott (1990) identified that members of non-dominant minority groups often feel alienation from the dominant group and/or culture and develop "hidden transcripts" of anonymous everyday acts of resistance against the majority outgroup. The social resistance framework developed by Factor et al. (2011) suggests that both everyday resistance (Scott, 1990) and pressure among individuals in non-dominant minority groups to not embrace attitudes and behaviors of the dominant culture (e.g., to not "act white", see Fordham, & Ogbu, 1986) can impact the physical, mental, and behavioral health outcomes of the non-dominant minority group. The rejection of societal norms as an act of resistance against the dominant culture may result in: (1) the rejection of health standards perceived as being associated with the dominant group, such as good eating, exercise, and sleep habits, and (2) the rejection of behaviors associated with local laws that are grounded in principles of public health, such as speed limits and age restrictions on alcohol consumption. Here, resistance is a double-edged sword for marginalized individuals who are compelled by the forces of liberation to reject patterns of behavior that in turn directly impact health. More recently, Livingstone et al. (2024) further expanded on these ideas by proposing five dilemmas of resistance that arise when possible pathways toward material gain for the marginalized ingroup threaten to erode core features of the ingroup identity, leading to internal conflict. The dilemmas

focus on the complexity ingroups face in attempting to: (1) define their culture in a way that sufficiently ties the ingroup together, for example, by building a national identity around a language, (2) leave enough room in that definition for upward social mobilization, and (3) not become so diffuse that the ingroup social identity is lost through assimilation. Although future research will need to explore the possible ambiguity of resistance at the collective action level for the FTCPE community, the ambiguity of everyday lived experiences of resistance among FTCPE practitioners is present in the descriptions provided in the current study.

Little is known about how resistance may operate in FTCPE and BDSM communities as a component of the stigma. BDSM has been conceptualized as a form of political resistance against hegemonic conceptions of sexuality (Parchev & Langdridge, 2018). As discussed, BDSM has been the subject of considerable criticism and unwarranted pathologization in cultural, medical, and legal contexts (Langdridge & Barker, 2013; Simula, 2019). Foucault (1997) looked to BDSM as an exemplar of resistance to hegemonic conceptions of sexuality being intrinsically linked to genitalia. Specifically, he cited sadomasochism (a component of BDSM, often centered in the literature before BDSM became the primary term) as an alternate form of community and relationality that provided a new infrastructure for erotic self-determination that could replace or upend dominant, and limiting, philosophies of sexuality. Rubin (2011), arguing against the feminist rejection of sadomasochism, further identified sadomasochistic activity as a form of resistance to a hegemonic hierarchical structure of sexual meaning which centers genital sexuality, the reduction of sexuality to reproductive objectives, and sex as a private, non-public behavior and experience. BDSM in turn offers opportunities for new identities and practices that break the chains of these internalized heteronormative sexual identities.

As awareness of BDSM has grown in the public consciousness, some have argued that the BDSM community must resist the urge to institutionalize arbitrary mainstream sexual principles of sexual health and safety to prove themselves as non-pathological to the vanilla world (Parchev & Langdridge, 2018). Instead of sacrificing their potential for resistance and radical challenges to sexual norms by instantiating new regulations that mirror the sexual theology of the mainstream (Downing, 2007; Halperin, 2002), the BDSM community can use their focus on consent and sexual health to construct a flexible and evolving ethical infrastructure that allows a broad range of reflective transgressive activity rather than blind devotion to sub-cultural expectations (Weiss, 2011).

The works of these theorists are focused on BDSM practice itself as resistance, aligning with the post-modern conceptualizations of power and resistance wherein private subversive behavior resists hegemony (Raby, 2005). I could only find one study that explored this form of resistance. The study was an ethnography of a BDSM community in Texas which showcases how the community uses BDSM practice and play to promote reprogramming of community members' internalization of hegemonic denigration and sexual repression toward more authentic performances of identity (Luminais, 2012). In the Texas ethnography, the practice of BDSM allows practitioners to unwind their heteronormative socialization around sexuality gathered by merely existing in the current dominant social discourse. The findings of the current study offer something new by providing a tantalizing view into the daily lived experience of FTCPE practitioners' resistance against hegemonic conceptions of sexuality as they manifest in the form of stigma. These FTCPE practitioners described their experiences of and responses to stigmatization fueled by sexual hegemony, both between their community and the vanilla world, and between members of their own community. As explored in Major Theme 2: Intracommunity

Conflict and Intersectionality, the hegemonic structures that shape their acts of resistance are not only sexual, but those related to race, gender, body/ability, and all other intersecting identities. As a phenomenological study, I explored the essence of this multidimensional experience of stigma, revealing the attitude of resistance as an experience of confidence, self-worth, pride, and belonging that works in tandem with tangible externalized acts of resistance against otherness.

All three mechanisms (i.e. subthemes) of resistance were enacted both preemptively and reactively. For example, P1 (80, male, White, straight, role depends on situation but he is not a switch) described engaging in regular speaking engagements to spread knowledge about FTCPE, ideally preemptively reducing ambient stigma around kink. Conversely, P3 (60, female, White, androsexual, Dominant) described several interactions in which she pushed back against harmful stereotypes to reduce stigma happening in real time. In either case, the participants were projecting strength (i.e. confidence in their identities) alongside providing education to reframe misinformation. When asked about stigma, many participants enacted a stance that minimized their experience of stigma, perhaps as a mechanism of self-confidence or empowerment.

Though empowering and protective, resistance also increases the potential for social scrutiny and othering by putting FTCPE practitioners on stage, unconcealed. Therefore, in the same way that concealment is a strategy that reduces the incidence of stigma while inciting internal stigma through the burden of vigilance, resistance can also be an ambiguous strategy that reduces stigma by defending against disapproval and reinforcing self-confidence, while increasing the chance of stigma through heightened visibility of the participants' stigmatized identity. Interestingly, participants used both strategies to varying degrees, often concurrently, by making complex and context-informed decisions about how to navigate any given situation. As with concealment, personal attributes such as socioeconomic status would inform these

decisions. Those with little to lose in the vanilla world – for example, those who have sufficiently siloed themselves inside the kink community and those who can financially afford to ignore stigma – were the participants who more often discussed projecting strength and confronting stigmatization head on through acts of resistance. Those with little to lose were also more likely to engage in minimization, which reinforced narratives that they were safe from harm. Despite all its experiences of disapproval, shaming, and internalized shame, P6 (72, male with it/its pronouns, White, gay, submissive) still expressed a narrative that it had not faced much stigma in his life. This narrative appears to allow it to believe in its own freewill and relative lack of injury, which is empowering.

Regarding the relationship between strategies of resistance and concealment: Research on sexual minorities have conceptualized concealment and disclosure as being opposite poles of the same spectrum (Schrimshaw et al., 2013). However, while disclosure could certainly be a component of a strategy of resistance as revealed in these data, the findings represent resistance strategies as going beyond identity disclosure and centering the active righting of falsehoods about FTCPE identity and the act of *living* FTCPE. Rather than place concealment and resistance strategies on a zero-sum scale with one another, I invite readers to conceptualize them as too separate spectrums which interact and inform each other in intricate ways within the experience of FTCPE stigma. One spectrum would represent the relationship between *concealment* and *disclosure*, and the other between *resistance* and *surrender*, the latter component of which was only minimally explored in the findings – for example, P19 feeling forced to acquiesce to the demands of his disapproving local community by remaining under hard concealment. Future research could explore the interplay between these spectrums in the lived experiences of FTCPE practitioners. It is premature at this time to conclude that the relationships between the various

stressors and coping mechanisms FTCPE and BDSM practitioners engage are directly reflective of those experienced by other sexual minorities. In return, the current study may help scholars of sexual minority stigma to experiment with a new conceptualization of stigma that includes attitudes and strategies of resistance.

The finding that resistance is a primary component of the experience of stigma among FTCPE practitioners is in line with current trends in reconceptualizing stigma, oppression, and resilience for sexual minorities. Robinson and Schmitz (2021) have argued resistance represents a fresh paradigm for sexual minorities to challenge and change oppressive structures. They make the case that resistance has often been conflated with resilience, which limits the utility of both concepts. Whereas *resilience* evokes attitudes and strategies that help sexual minorities endure oppression and assimilate safely into the dominant culture, *resistance* evokes a powerful rejection of hegemonic structures and a demand to dismantle and rebuild them. Therefore, resistance represents an active stance that promotes change. Some researchers have shown that this resistant stance can lead to positive effects on overall wellbeing for sexual minorities. For instance, Schmitz et al. (2019) found that LGBTQ Latinx young adults who educated themselves on health-related concerns, structural oppression, and sexual minority dynamics were able to develop strong attitudes of health autonomy, resist cultural stigma associated with their intersecting identities, and use activism to promote health among their community. Similarly, sexual minority youth engage resistance in school settings by becoming educators for classmates, faculty, and administrators about sexual minority issues through the creation of counter spaces like the Gay-Straight Alliance. These actions can disrupt oppressively heteronormative social climates and provide community, solidarity, and support (Grace & Wells, 2009; Theriault, 2014). These types of interactions reflect overt strategies of resistance (Hollander & Einwohner, 2004;

Vollhardt et al., 2020; Raby, 2020), which come with increased risks. For instance, research exploring experiences of homelessness among sexual minority youth reveals a host of overt resistance strategies, including "going off" (i.e., talking back to aggressors) as a way to resist interlocking oppressions (e.g., homophobia, racism, classicism) and refuse to be made invisible (Robinson, 2020). However, these actions can also result in unintended consequences, especially when sexual minority youth resistance encounters police intervention, which could lead to arrest, warrants, charges, criminal punishment, and violence (Dwyer, 2011; Dwyer, 2012; Robinson, 2020). As shown in the findings, resistance strategies utilized among the FTCPE population can also increase their potential for prejudice. When P17 tried to engage in power exchange openly in public with his submissive he was surveilled and confronted by police under suspicion he had kidnapped her, increasing his experience of the threat of violence as well as feelings of worry and hypervigilance.

Covert and psychological efforts are also a component of the landscape of sexual minority resistance. For instance, sexual minority individuals may engage counternarratives that allow them to self-define their identity and create connections with other sexual minority individuals, embracing fluidity and countering heteronormativity by resisting assimilation internally and finding community support externally (Robertson, 2019; Wagaman, 2016). Again, FTCPE practitioners in the current study described similar experiences of resistance, such as when P14 joined a community meeting group composed of other submissive women to help her align internally with her authentic identity and find support externally despite the normative relationship expectations that surround her in the dominant discourse.

Relatedly, there has been a recent explosion in interest in the academic community around the concept of "queer joy," a popular term for "ways of being" among queer and

transgender people (i.e. trans joy) that invites them to reject anti-queer rhetoric in the current sociopolitical climate by engaging internal and communal experiences of belongingness, empowerment, and liberation (p. 5, Wright & Burkholder, 2024). Responding to its rise in popularity online as a slogan for advocacy and merchandising, researchers and theorists have argued that queer joy can be understood as an embodied affective experience that invites anti-hegemonic forms of relationality (Wright & Falek, 2024), a pedagogy (Wright et al., 2024), and as a community advocacy (Burkholder & Wright, 2024). Wright and Burkholder (2024) ground their conceptualization of queer joy in Audre Lorde's theory of "the erotic" as a holistic force that transcends sexuality and, when expressed, challenges hegemonic structural oppression (1978). As such, queer joy can be understood in part as a form of sociopolitical resistance like that of BDSM practice (Parchev & Langdridge, 2018; Rubin, 2011), in that enacting this joy through action is itself a rejection of forces of structural oppression, and an invitation to imagine just futures in which queer people can connect to their full personal capacities and power (Wright & Burkholder, 2024). By engaging queer joy, individuals can build solidarities and confront existing social orders (Belcourt, 2020) which suggest that only those communities that align with conventional gender and sexual norms have the right to joy. Instead, these acts of resistance build worlds of abundance for historically marginalized queer people (Zaino et al., 2023). As a form of resistance, queer joy can be enacted in overt ways that align with modernist conceptions of power (e.g., parades, demonstrations) or in covert ways that align with post-modern conceptions of power (e.g., disidentification and reappropriation of stereotypes, pursuing subversive discourses, sexual exploration) (Raby, 2005).

Currently, much of the literature on queer joy is theoretical (Wright & Burkholder, 2024), alongside a host of qualitative studies that investigate intersectional experiences such as queer

joy and race (Denis et al., 2025), queer joy and age generations (Nicholas et al., 2024), and queer joy and disability (Ingram & Jacobsen, 2024). Many of the themes collected in these narratives center feelings of freedom, liberation, and positivity that come from individuals eschewing societal expectations and living how they see fit (Bowleg, 2013; Brooks et al., 2022). Such narratives were present in the current interviews, and future studies may want to explore *kinky joy* from the FTCPE and/or BDSM perspective, which may be related to existing concepts like "subspace," in which submissives enter desired altered states of consciousness through BDSM practice (Moser & Kleinplatz, 2007; Simula, 2019). In the current study, many participants spoke to the joy of finding themselves through kink. During its interview, P6 discussed the life-changing experience of spending weeks at a Master/slave training retreat where it was so overwhelmed by the erotic and interpersonal joys of servitude that it felt truly alive for the first time in decades. This led to a fundamental alteration in its life course toward authenticity and full-time consensual slavery. Similarly, P10 described breaking down into happy tears the first time he witnessed Black men and women engaging in FTCPE, having stumbled into a community that reflected an authentic need within himself. "Kinky joy" was not a target of the current phenomenological investigation, but given the relationship between sexual minority resistance and joy, future investigations of FTCPE/BDSM joy, the relationship between FTCPE/BDSM resistance and joy, and comparisons between different sexual minority group experiences of resistance and joy could be very revealing.

Finally, the descriptive phenomenological method was effective in uncovering resistance as a key component of how FTCPE practitioners experience stigma. In other qualitative methodologies less focused on subjective experiences, resistance – especially the attitude of resistance – may have been overlooked or conceptualized mechanically as a component of

coping strategies that respond to stigma, rather than a continuum of experience between resistance and otherness. However, by gathering the lived experiences of FTCPE practitioners using Giorgi's (2009) method, I was able to identify the intrinsic connection between the othering and resistance as a continuum of felt experience of FTCPE stigma, often occurring in tandem and influencing one another. Resistance represents an important contribution to the development of our understanding of FTCPE practitioner experiences of stigma.

Key Systems: Family, Healthcare, and Community

Like anyone else, FTCPE practitioners exist across multiple intertwining systems of influence that interact in myriad ways to create a variety of outcomes (Bronfenbrenner, 1979). Throughout the data analysis, three systems – family, healthcare, and community – revealed themselves as key contexts of FTCPE stigma and sources of both otherness and resistance within the experience of FTCPE stigma. Phenomenologically, I observed that the experience of these systems and the experiences of otherness and resistance were intertwined. For instance, a narrative of familial rejection that produced an experience of othering is concurrently a description of the FTCPE practitioner's experience of their family system and stigma. It was nearly impossible to discuss the lived experience of FTCPE stigma without discussing the lived experience of engaging with these systems. Below I discuss some takeaways from across the three systems.

Family

Participants in the current study had extensive and complex narratives of family acceptance, rejection, and uncertainty. They alternately feared rejection from their families or resisted the family members who stigmatized them, such as P9 (40, female, multi-racial/ethnic, demisexual, submissive), who worked to both soft conceal her identity from her mother and

grandmother to promote connection while also projecting strength against a cousin who outed P9 against her will. As traditional sources of support, many participants desired to have close relationships with their families but also understood that in many cases their lifestyle might be too hard for their family to understand. As a result, participants were often forced to accept undesirable boundaries with family, navigate ambiguous boundaries, or fully conceal or cut-off from family members. At the same time, participants that did receive support from family expressed immense gratitude, even when the support was small, suggesting that even small amounts of validation or acceptance from key members of FTCPE practitioners' lives could be incredibly impactful.

Despite this, minimal research has yet explored the relationships between FTCPE or BDSM practitioners and their families. Given that families are often core sources of social learning about sexuality, gender, and relationship power dynamics (Kuvalanka et al., 2013; Young & Seedall, 2024), collecting FTCPE practitioner narratives about their relationships with their families of origin could be extremely valuable for understanding how FTCPE practitioners develop their identities and experience stigma. For example, Ha (2019) found that the sporadic, informal, and/or incidental discussions of sexuality within Asian American families was perceived by female Asian American BDSM practitioners to be a major contributor to their hiding of their sexual identity. However, there are limited studies that explore these concepts further within the kink community.

Research into the relationship between sexual minority stigma and family has revealed strong associations between family support (or rejection) and a variety of minority stressors, such as sexual identity-based discrimination, harassment, and violence (Worthern & Jones, 2023) and internalized homonegativity and sexual stigma (Lin et al., 2022; Pistella et al., 2016), as well as

mental health outcomes, such as depression (Wang et al., 2022). In a systemic scoping review of sexual stigma and mental health of older LGB adults, the researchers found that many studies stressed the importance of strong family connections in decreasing self-stigma and anxiety symptoms, while also indicating that half of the qualitative studies reviewed found families were a main source of felt stigma via rejection (Ribeiro-Gonçalves et al., 2024). The alternating descriptions of conflict, support, and uncertainty in the current study detail the lived experience of trying to navigate a similar minefield, suggesting that family of origin can be a powerful source of resistance by validating FTCPE practitioner identity or a powerful instigator of stigma.

Healthcare

Healthcare is a critical system to which all people need access, but a history of unwarranted pathologization of FTCPE and BDSM practices has created a complex and often untrusting relationship between healthcare providers and BDSM practitioners (Sprott & Randall, 2017; Shindel & Moser, 2011). Because of the power of clinicians to impact the lives of clients, medical doctors and especially therapists can play a role in radically increasing feelings of otherness, misunderstanding, and fear, or they can be a reinforcement in resisting the onslaught of external and internalized stigma experienced by FTCPE practitioners. Throughout the interviews, participants described the uncertainty of accessing medical and mental healthcare, never knowing if a provider will offer supportive or stigmatizing responses to their needs. Some participants would attempt to conceal their identities, whereas others would enact resistance by confronting providers upfront about trying to establish if they were sufficiently kink aware, or kink friendly, to provide support. Participants' willingness and ability to establish their kink identity with providers could be connected to their FTCPE roles – for instance, Dominants often reported not needing to come out to medical doctors because unlike submissives they would not

have many physical signs of their BDSM. This connects with prior research suggesting almost half of BDSM practitioners may not disclose their identities to medical providers (Waldura et al., 2016), although there are very limited studies on the intersection of FTCPE or BDSM identity and medical care. Additionally, intersecting identities such as race and socioeconomic status might shape healthcare access and therefore one's perception of how much they should reveal if it meant risking losing access to care.

Participant experiences ranged from negligent rejection creating a feeling of othering and aloneness – such as P11's (65, male, Black/African American, straight, Dominant) therapist demeaning him by telling P11 he felt sorry for him – to expansive support and collaboration – such as P16's (43, transgender man, White, pansexual, Dominant) therapist reading his house manual and getting into the weeds to discuss the complexities of his power exchange.

The spectra of these findings align with the extant studies of BDSM practitioner experiences in clinical settings, which found extensive examples of inadequate care (e.g., therapist discomfort with kink, confusing BDSM with abuse, unethical practices to dissuade BDSM practitioners away from kink, inappropriate pathologization) and adequate care (e.g., having a well-informed kink-aware therapist, therapists open to learning more about kink, therapists promoting consent) (Kolmes et al., 2006). Similar to Hoff and Sprott's (2009) findings, participants in the current sample described experiences of feeling unsafe, misunderstood, pathologized, and othered by stigmatizing therapist reactions to the disclosure of kink identity.

Knowing the possible dangers of healthcare stigmatization, FTCPE practitioners' experience of engaging with the healthcare system is one of hypervigilance, uncertainty, and otherness, suffused with ambiguity around the cost/ benefit analysis of disclosing one's kink identity to achieve the best care. When doctors or therapists are supportive, understanding, and

collaborative, they become powerful collaborators for staging resistance against internal and external stigma. Practical implications for healthcare providers derived from the lived experiences described in this research are provided later in this chapter.

Community

Participant narratives about the high value of the FTCPE community align with prior research which has revealed that the BDSM community performs a variety of functions for their members, including providing social and emotional support, creating spaces for leisure and sexual expression, friendship, education, and developing social networks that can legitimize subcultures and maintain BDSM cultural histories and practices (Graham et al., 2016; Křivánková, 2024). These communities exist both in-person and online, and virtual ports of call allow for self-realization even among those who cannot or do not want to access in-person community. Preliminary research on BDSM community connectedness has found that community connectedness moderates the relationship between childhood abuse and depression (Friedman, 2024). In a study of BDSM and CNM practitioners' narratives around navigating stigma, Ling et al. (2022) found that respondents highly valued access to an insider community where they could seek support, find safety, and gain education about the lifestyle. FTCPE practitioners in the current study identified repeatedly that the FTCPE community was often the safest place for them to go to find support for their lifestyle and fuel their resistance.

Like family and healthcare, participants also indicated that they often felt stigmatized by other members of the FTCPE and BDSM communities. There remains limited research exploring or even identifying intracommunity conflict or stigmatization in FTCPE or BDSM communities, and by detailing the lived experiences of that phenomenon, the current research offers novel insight and demands further exploration. Graham et al. (2016) explored BDSM community

members' perspectives on the role of BDSM community in their lives, and while most of the categories were positive, participants also identified the community as a source of interpersonal conflict, drama, intercommunal political conflict, and intracommunal judgement. Relatedly, Ling et al. (2022) found that BDSM practitioners felt it was critically important for the BDSM community to regulate itself and its members to reduce harm, especially from those who might abuse the vulnerabilities of other members.

There is limited data on the experience of these interactions and thus there is no direct indication that these participants felt stigmatized in these conflicts. However, the experiences described in the current study offer insight into the lived experience of intracommunity conflict and reveal that stigmatization is felt inside the community and likely in these conflicts. I could not find research comparing the impacts of intersecting identities on intracommunity stigma or othering. The closest existing research I could find explores the intersectional experiences of kink from a variety of intersectional perspectives including race, sexual orientation, gender, and ability (Beveney, 2023; Kattari, 2015; Malone et al., 2024; Speciale & Khambatta, 2020; Winter-Gray & Hayfield, 2021). Summarizing broadly, the findings in these studies show associations between minority identity and stigmatization within the BDSM community, such as assumptions of inferiority or experiences of microaggressions among kinky people of color (Beveney, 2023), as well as extensive experiences of strength, healing, empowerment, and liberation found by within the BDSM community by a variety of people with marginalized identities (Kattari, 2015; Malone et al., 2024; Speciale & Khambatta, 2020). In sum, the current findings reinforce previous research which suggests that the BDSM community plays a vital role in creating avenues for resistance and coping, while also providing first look into the role communities may play as sources of stigma at the intersection of other layers of identity.

Implications for Clinical Practice

Taking a phenomenological approach to this research allowed me to step back from my various identities and preconceived notions of BDSM and FTCPE to try to capture and absorb descriptions of FTCPE practitioners' experiences of stigma from a blank slate. Through the process of epoché, or bracketing, I practiced setting aside intuitions and engaging in a beginner's mind to achieve that blank slate (Giorgi, 2009; Suzuki, 1970/2020). One of my identities which was hardest to set aside – alongside its concomitant set of intuitions – was my professional identity as a therapist, specifically a Licensed Clinical Marriage and Family Therapist and Certified Sex Therapist. This was challenging first because the format of unstructured interviews is so familiar to the experience of individual therapy, and therefore the lived experience of performing the interviews drew on my therapeutic skills. Additionally, beginner's mind is a tool I often use in therapy to center client experiences and help clients collaboratively learn to practice mindfulness, and therefore, although the skill was familiar and accessible to me for the research, the skill itself ironically further reminded me of my therapist self.

Second, because interactions with healthcare were such common sources of othering and resistance, I was consistently goaded into considering my role as a therapist and my interactions with both FTCPE, BDSM, and vanilla clients. Finally, the descriptions of FTCPE stigma experiences I gathered offered extremely rich data that I felt could be valuable for clinicians to be able to provide a better standard of care, especially since the healthcare literature has so far failed to address the needs of the BDSM community and it's subcultures to the extent that it has other sexual minorities (Wilsey et al., 2021). As a result, I chose to include a section which briefly discusses a variety of clinical implications for working with FTCPE and BDSM clientele. Hopefully the stories in the Findings chapter and the implications described below can help to

further expand existing guidelines for working with BDSM practitioners (e.g., Sprott et al., 2023). As a side note, Wilsey et al. (2021) did not find any extant research exploring the competency of medical healthcare providers to work with the BDSM community, but many of the existing guidelines for therapists can certainly provide a starting point for medical providers.

First and foremost, it is critical that clinicians who work with FTCPE clients increase their FTCPE and general BDSM cultural competency, responsiveness, and humility by learning about FTCPE and BDSM culture and normative practices. All available research on BDSM practitioners' experiences of therapy suggest that clinicians who do not know anything about BDSM put their BDSM clients at risk for increased marginalization, unwarranted pathologization, and harm (Hoff & Sprott, 2009; Kolmes et al., 2006; Moser & Levitt, 1996). Beyond avoiding harm, having knowledge of the lifestyle and norms of FTCPE and BDSM aligns with the fundamental therapeutic goal of providing clients with a functional and secure space to explore the intricacies of their lives and relationships. As P16 (43, transgender man, White, pansexual, Dominant) described, the thing that made his therapy experience so powerful was his therapist's willingness to learn more about FTCPE, understand and validate the idiosyncrasies of P16's relationship hierarchy, and be able to collaboratively problem solve in that client's sandbox.

Achieving this level of competency is a complicated task – although manuals and guidelines aimed at therapists exist (Goerlich, 2023; Sprott et al., 2023), and many books on the general topics of FTCPE and BDSM are available, there are currently no competency measures for clinicians to measure this change (Wilsey et al., 2021). Berman and Fish (2024) developed a scale to measure perceived counselor competency for working with BDSM practitioners, and prior work by Berman (2020) found that at least three hours of BDSM specific training was

associated with great perceived competency scores. This may be a good benchmark for introductory exposure to BDSM and FTCPE in university training programs or continuing education credit courses. However, perceived competence is not the same construct as competency, and I could not find any research that specifically explored competency or provided guidelines unique to FTCPE practitioners. For now, therapists who want to increase their competency should read Sprott et al. (2023) and are encouraged to explore books on the topic of kink-aware therapy (Goerlich, 2023; Shahbaz & Chirinos, 2016) and non-clinical manuals designed for people who want to learn how to practice BDSM (Easton & Hardy, 2003a; 2003b; Easton & Liszt, 2000) or FTCPE (Baldwin, 2004) (note: the books cited here are well-regarded texts within the BDSM and FTCPE community).

Despite this focus on building cultural competency to be able to validate client identities and work within their lifestyles, sometimes providing ethical and efficacious therapy requires a therapist to not center the kink practitioner's identity. In the current study, participants not only described experiences of feeling othered because their therapists were unaware of BDSM or FTCPE practices, but also because their therapists were over-emphasizing the role of the BDSM or FTCPE in their presenting problems. This same balancing act has been showcased in existing research on BDSM practitioner experiences with mental healthcare (Hoff & Sprott, 2009; Kolmes et al., 2006; Moser & Levitt, 1996) and has also been identified as problem for other sexual minorities seeking mental health support (Green & Mitchell, 2015).

Best practices are to center client experiences of their kink identity and collaborate with them on identifying the degree to which their identity plays a role in the presenting problem (Dunkley & Brotto, 2018; Sprott et al., 2023), while leaving room for the clinician to use their intuition to explore how the presenting problem may or may not be related to their sexual

identity even if the client has not made the connection. Clinicians should be prepared to dive into the complex experiences of power exchange dynamics while concurrently being ready to set FTCPE or BDSM aside when the client wants to explore other topics. If a clinician finds this challenging then they may want to consider doing separate self-of-the-therapist work/supervision to interrogate the parts of themselves that are reactive to this aspect of their client's identity (Timm & Blow, 1999). As I say to supervisees on this subject, put in the work to be ready to talk about any and all possible kinks, but *do not fetishize your clients' fetishes.*

Next, it should be understood by clinicians that, like any other minority group, FTCPE and BDSM practitioners do not represent a monolithic, singular experience. In fact, as evidenced in the current study, FTCPE and BDSM are two separate but linked subcultures whose needs may or may not align depending on context. Moreover, the descriptions of FTCPE stigma gathered in this study strongly reinforce the notion that FTCPE practitioners' experiences of stigma are intrinsically linked with all their intersecting identities. For instance, the disapproval a Dominant receives may differ significantly from that of a submissives – as showcased extensively in the findings, Dominants are more likely to be accused of being abusers whereas submissives are more likely to be accused of being victims of abuse. Even on this one axis of identity, we can see that the fundamental sense of otherness that defined participants' experiences of FTCPE stigma was modified by their identity. Further, the findings showcased how all other identities, especially marginalized categories such as race, gender, and body/ ability, impact the specific experiences of otherness and resistance that define FTCPE stigma. Clinicians must consider these factors when conceptualizing their cases, understanding that each client will have a different balance of otherness and resistance, and that their identities inform these differences.

Based on the experiences described in the study, here is a brief overview of possible considerations: (1) intercommunity and intracommunity disapproval or shame directed at people of color, especially Black Americans, for taking on subservient roles despite histories of systemic oppression, (2) racial fetishization of people of color in Dominant or submissive roles, (3) disapproval or shame associated with FTCPE practitioners taking on power roles that break with expected gender norms, (e.g., submissive males and Dominant females), (4) complex internal and external experiences of gender and power roles for transgender clients, including changes, conflicts, and stigmas that occur at different points in transition, (5) feelings of intracommunity exclusion based on ability, age, and body size, and (6) the complex intermingling of all of the above identities and more, or in the words of P15 (58, transgender male, White, pansexual, Dominant), transgressing "multiple axes of offence."

When working with FTCPE clients, clinicians should also pay close attention to the relationship between projecting strength and minimization, two key intertwined components of resistance. In the findings, participants showcased resistance by reacting confidently to external threats or disapproval, such as rejecting the rejection imposed on them by standing up to attackers through expressions of will. Empowerment has long been understood as a potential goal of psychotherapy and one of the nine main categories of helpful events in psychotherapy (Mack, 1994; Timulak, 2007). However, FTCPE practitioners also tended to minimize the impact of stigmatizing interactions on their experience, either through rejecting the labeling of stigma outright, or by not connecting lived experiences of othering or resistance to the concept of stigma. These acts of minimization were protective in that they allowed the participant to feel more empowered and less marginalized by establishing a narrative in which they did not meet the threshold for the stigma label. This was explicitly named by many participants who felt that

their kink identities were less salient than their other marginalized identities. In therapy, however, this minimization could manifest as avoidance, which can be disruptive to therapeutic progress and challenging to navigate in clinicians (Beutler et al., 2011; Newman, 1994).

Crucially, it is not the function of this commentary to suggest that all FTCPE practitioners are stigmatized and need the help of the clinician to recognize it, as this would just be reinstating old patterns of clinicians using their authority to impose narratives of otherness on a minority population. Instead, the purpose of this commentary is to reinforce the idea that clinicians should engage in collaboration with their clients – use their language and narratives to assess their perspective on their experiences, incorporate an understanding of FTCPE culture and intersectionality into the conceptualization of the client's presenting problem, and finally, when relevant, use the therapeutic alliance to create opportunities to challenge clients to consider they may be engaging in avoidance of discussions that require exploration of their kink practices. This is not functionally different from how a clinician might work with vanilla clients, but the challenge comes in any given clinician's relative lack of FTCPE or BDSM cultural competency (i.e. knowledge, skills, & attitudes toward FTCPE/ BDSM), and the cultural humility needed to collaboratively synthesize that knowledge into ethical and efficacious practice alongside the client.

Finally, given the finding that FTCPE stigma is deeply intertwined with FTCPE practitioner experiences of family, healthcare, and FTCPE community, clinicians should take special care to assess clients' relationships with these systems in their lives. As most family therapists know, a functioning understanding of the family and social systems impacting clients' lives is fundamental to providing effective care (Nichols & Davis, 2017). An in-depth assessment of clients' histories and experiences with family, healthcare, and the FTCPE community will be

crucial as starting point for gaining a more complete understanding of how clients' FTCPE identities developed and what stigma they have encountered or continue to experience. Additionally, since minimization of stigma (Subtheme 4.B: Minimization) may be a theme in FTCPE practitioners' therapy, the assessment of key systems can act as an indirect assessment of stigma due to the intrinsic intertwining of FTCPE stigma across contexts, as displayed in these data. As I experienced in collecting these data, many participants reported never experiencing FTCPE or BDSM-related stigma when asked directly. However, exploring experiences related to FTCPE or BDSM identity within family, healthcare, or community invoked narratives of stigma in those settings.

It is my hope that the findings presented in this study, and the clinical considerations raised above, will continue to reduce negative healthcare experiences for FTCPE and BDSM practitioners. That healthcare is a system ostensibly designed to heal suffering and "do no harm" (https://www.health.harvard.edu/blog/first-do-no-harm-201510138421) is what makes the threat of these stigmatizing interactions so much more impactful and the need for change immediate. Given the history of FTCPE and BDSM stigmatization in healthcare, particularly in my own field of psychotherapy, it is crucial that we continue to evolve and find better ways to serve this underserved community.

Limitations

Although the present study provides several key insights into the experiences of stigma among FTCPE practitioners and represents a uniquely comprehensive qualitative exploration of this topic, several limitations of the study must be acknowledged and future directions must be considered.

First, the sample was drawn primarily from individuals who were attending in-person FTCPE conventions, leading to potential issues with sampling bias. A few participants were reached through snowball sampling; however, they also indicated their attendance at FTCPE-focused social clubs or other conventions. As a result, the current findings may not fully capture the experience of FTCPE stigma because the lived experiences of those who remain fully concealed have not been explored or described. Some participants in the sample were fully concealed from the vanilla world either currently (P19) or in the past (P7), but they still engage with the local FTCPE community or were comfortable expressing themselves more openly out of their hometown (e.g., P10). Many participants had histories of hard concealment that they reflected on in their interviews but, given that they now represent a subgroup within FTCPE who are more authentic and outgoing, their recollections of the lived experience of that stigma may suffer from recall bias, obscuring the nature and impact of those experiences. One place in which this was evident was in experiences coded under Subtheme 4.B: Minimization, as participants in the current sample were often quick to dismiss or downplay stigma as a function of building or maintaining self-esteem and resistance. The descriptions of those FTCPE practitioners who experience significantly heightened stigma and concealment that they do not engage in public or community events were not collected, and these lived experiences may differ substantially from those in the sample. The very same experiences minimized by this sample may be maximized, or even catastrophized, by FTCPE practitioners under total hard concealment. Thus, we cannot generalize the findings to those hard concealed FTCPE practitioners. Even if the themes of stigma are the same for among those who are more outgoing and those who are completed hard concealed, the lived experience of those themes among fully concealed practitioners might be

different – for instance, the felt emotional impact of family or healthcare disapproval may be stronger, and expectations of rejection may operate in different and unique ways.

Notably, the sample was also skewed older, with the youngest participant being 34, and the mean participant age of 56. Age may be associated with outness and self-esteem, as older participants have had more time to navigate discovering and enacting their identities. However, younger generations may find it easier to develop their FTCPE identities due to changes in public awareness and social acceptance of BDSM, a process similar to the generational differences in age of coming out observed among other sexual minority groups, with successive generations coming out earlier in age than prior generations, on average (Bishop et al., 2020; Hall et al., 2021).

Similarly, there is the further possibility of a self-selection bias among FTCPE practitioners at the convention who agreed to take part in the study. Those with more extreme opinions and experiences, such as high levels of resistance and strong awareness of and/or activist motives to redress oppression, may be overrepresented in the sample and skewing the data. This is a common problem in qualitative data (Creswell & Poth, 2018) and should inform the interpretation of the current study. Given the dearth of prevalence studies on the overall population characteristics of the BDSM community, it hard to know what proportion the current sample represents of the convention-going FTCPE community, what proportion of the convention-going FTCPE community represent the overall FTCPE community, and what proportion of the FTCPE community represents of the broader BDSM community. Lacking in this knowledge, it is not clear from a statistical perspective what portion of lived experiences in the FTCPE and BDSM community these findings reflect, therefore limiting generalization.

Another potential area of limitation for the current research is that I did not utilize member checks to review the findings. As a result, it is possible that some interpretations of the lived experienced described by the participants may not fully accurately reflect their intended meanings, especially given the centrality of individual meaning making among FTCPE and BDSM practitioners experimenting with atypical power structures in their relationships (Rubin, 2011; Weiss, 2006). This is one feature of the current form of the study that may limit my ability to confirm credibility (Guba & Lincoln, 2005). However, it should be noted that member checks are not a standard practice in Giorgi's (2009) five step methodology that was used for this study, and therefore not a requirement to achieve methodological rigor. Other steps, including extensive field and analytic memo writing to trace the steps of my thought process, collaboration and debriefing with supervisors on defining concepts, and spending extensive time with the participants and their interviews to develop rich descriptions contribute to credibility, dependability, and confirmability. The adherence to Giorgi's (2009) method also enhances transparency and replicability by providing a structured, stepwise process that is absent in some other forms of phenomenology. Although the opportunity to complete member checks was unavailable due to logistical constraints at the time of this writing, it would be possible to return to the data and complete member checks before submitting this work for publication.

Lastly, it is worthwhile to briefly explore the possible limitations of descriptive phenomenology as the theoretical approach for this research. The approach prioritizes rich descriptions of experience but does not engage as intentionally with broader structural, institutional, or sociological factors. Whereas this study has given deep insight into the FTCPE practitioners subjective experiences associated with stigma, it does not systemically analyze external phenomena such as legal and workplace discrimination, or media representation of

FTCPE/BDSM, nor does it incorporate the experiences or perspectives of those who might be disapproving of FTCPE practitioners, including family and healthcare workers. The findings do not integrate a broader sociobiological or critical analysis that can help us more comprehensively understand how stigma is constructed and perpetuated. Although this was not the study's goal, it should be understood that the lived experiences alone only reveal one subjective dimension of the complex phenomenon of FTCPE stigma.

Moreover, some readers familiar with alternate forms of phenomenology such as Heidegger's hermeneutic phenomenology (e.g. Interpretive Phenomenological Analysis) may take issue with the specific philosophy of Husserl's approach and the contrivances of this methodological approach (Gallagher & Zahavi, 2021; Giorgi, 2009). In particular, whereas the descriptive phenomenological approach asks researchers to engage the practice of epoché and intentionally set to the side researcher identity and preconceived notions of the topic at hand to attempt to unveil the fundamental essence of the experience, the interpretive approach derived from Heidegger suggests that there is no way for a researcher to see beyond their cultural/identity blinders, and thus develops an alternate methodology for managing those forces including more collaboration with multiple researchers.

In terms of limitations, I agree that approaching this project from a descriptive phenomenological perspective may have produced results that are different from the interpretive phenomenological approach. Therefore, additional aspects of the essence of the experience of FTCPE stigma may not have been revealed.

However, I do not believe that this approach and its contrivances are fundamentally weaker than other approaches that use different contrivances, standing on the principle that each methodology functions differently and reveals different components of truth (Creswell & Poth,

2018). In this study, descriptive phenomenological analysis (Giorgi, 2009) allowed me to remain focused on faithful descriptions of participants' subjective realities to derive the essence of their experience, rather than impose external interpretations or frameworks, as seen in other forms of interpretive phenomenology that often encourage the researcher to impose their perspectives. With a population as misunderstood and under researched as the FTCPE and BDSM community, Giorgi's (2009) methodology is designed to limit the degree to which participant voices are reinterpreted through the mainstream lenses.

Additionally, I believe that epoché is a fundamental strength of this approach, not a weakness, as it provides a systemized approach to learning and practicing the rigorous art of bracketing preconceptions. We have biases that guide us in life – including those that directed me to choose this research topic – but as a methodology there is much to be learned in practicing the art of sidelining those notions while collecting data and analyzing data, both from our research subjects and from ourselves. Aligning with Husserl, I believe this is a practice that can be learned, enacted, and used to great effect by researchers as a methodology, even if it has limitations and imperfections. I do not agree with Heidegger's position that is beyond our capacity as humans to identify our biases and intentionally set them aside for a while – otherwise, there would be limited reasons to do any research at all.

Future Directions

There are many steps future researchers could take to begin to address the shortfalls in the literature and extend the findings of this study. First, a paper to formally establish FTCPE as the primary term for this BDSM subpopulation could systemically explore the existing nomenclature and propose the utility of FTCPE as the primary umbrella term for the subpopulation. The current range of academic and non-academic literature is fractured due to the

wide variety of naming conventions (e.g., 24/7 BDSM, total power exchange or TPE, authority transfer; Cascalheria et al., 2022; Kaldera, 2010; Ortmann & Sprott, 2012). Establishing a unifying term could be beneficial to the BDSM literature in that it would increase consistency, clarity, and standardization of research on this subpopulation while reducing ambiguity and confusion. As a common naming convention and framework, FTCPE would help researchers better understand each other's work, collaborate more effectively, and support continuity in the scientific record, while still honoring the experiences, ethics, and language of full-time consensual power exchange practitioners.

Comprehensive prevalence studies to map the demographic landscape of BDSM and FTCPE practitioners is a necessary step that would help ground researchers interested in this population and their experiences. With this information, future research on FTCPE stigma could better identify specific subgroups and begin to delineate between unique experiences within and between BDSM and FTCPE subgroups by matching qualitative research designs to statistically defined subgroups. This would be especially important for helping us begin to understand what proportion of the FTCPE community is represented by the outgoing practitioners who go to conventions versus those that are completely hard concealed, or generally less forthcoming. Understanding these population statistics would help us to retroactively understand where the current findings fit within a potential spectrum of stigma experiences among FTCPE practitioners.

Given that the current findings elucidate how intersecting identities are a key feature shaping the experience of FTCPE-related stigma, future researchers may sample specific intersectional subgroups shown to be important in the current findings, such as race, gender, and body/ability. Additionally, these studies could be further separated by FTCPE role (e.g.,

Dominant, submissive, switch, etc.), and other approaches could utilize a compare and contrast model to determine the degree of overlap between experiences of stigma. For example, it would be interesting to compare the experiences of FTCPE stigma among Black male submissives and Black female submissives. The current findings also showed that while racial minority FTCPE practitioners were highly aware of racism within the FTCPE community, only one White practitioner discussed the intersection of race and stigma. Thus, a study specifically exploring White FTCPE practitioner's awareness, experiences, and/or perceptions of intracommunity racism could help reveal more about how these mechanisms operate within the community. Another interesting consideration that came from the current research was the idea that FTCPE and BDSM practitioners do not feel supported by other sexual minority groups, especially activist groups such as LGBTQ+ Pride. This could be another area of rich comparative exploration of values and stigma, providing insight into the aligned and misaligned needs of various sexual minority subcultures and deepening our awareness of the landscape inhabited by those who exist in both groups.

Future researchers could break with descriptive phenomenology and approach these intersectional identity features from different qualitative perspectives. For instance, an interpretive phenomenological approach could invite researchers to incorporate intersectional theory into their analysis, and a grounded theory approach could allow researchers to begin to develop a theory of FTCPE stigma that accounts for intersectional differences (Creswell & Poth, 2018). It would also be interesting to explore experiences of identity development among FTCPE practitioners using a descriptive phenomenological approach or develop a theory of identity development among FTCPE practitioners using grounded theory, as identity development narratives may offer additional insight into experiences of stigma and individuals' resistance to

it. Similarly, researchers could pursue qualitative analysis of FTCPE practitioners' experiences of otherness and resistance in family of origin, healthcare, and community settings to expand our awareness of these crucial spaces. It may also be interesting to explore FTCPE stigma from the perspective of the vanilla majority by getting firsthand accounts of their experiences of FTCPE and any prejudices they may have.

As researchers gain more knowledge of the basic experiences of stigma among FTCPE practitioners, they may want to incorporate different methods to expand our understanding of FTCPE stigma. One approach would be to examine changes in stigma perception using longitudinal study designs that can capture lived experiences of stigma across the life span, or over the course of identity development. Additionally, mixed-methods approaches could allow researchers to combine quantitative and qualitative data about stigma experiences, potentially increasing the generalizability of findings by expanding their breadth through stastistical significance while also expanding depth with through the contextual nuance of qualitative data (Creswell & Creswell, 2023). This process can help researchers better triangulate their findings and therefore improve generalizability to the population. For example, a mixed-methods approaches could be used to more closely examine minimization by collecting FTCPE practitioners' narratives about stigma while also collecting large scale measurements of stigma minimization, stigma experiences, and physical and mental health outcomes.

It is important to once again mention the delicate nature of the conversation around physical and mental health outcomes and the FTCPE/BDSM population. Much of the literature up to this point has been focused on dismantling long-standing beliefs that FTCPE and BDSM are pathological (Moser, 2019), and the work in this regard is ongoing. Given the findings of the current research and our understanding of the associations between sexual minority stigma and

health outcomes, I want to again encourage future researchers to use an MST framework to explore negative health outcomes that may result from the stigma FTCPE and BDSM practitioners face (Meyer, 2003), and note the distinction between that work, which would support the needs of this misunderstood and under-researched group, and work that pathologizes FTCPE and BDSM practitioners.

The experiences described in three of the main themes in this study – otherness, resistance, and concealment – provide a strong starting point for developing scales that can measure these variables. Future researchers and clinicians may find it beneficial to have testable measurements of these concepts to measure against other variables or track client progress. Scale development could involve a process of confirmatory factor analysis that would allow us to develop subscales based on the subthemes revealed in the current study and determine if the subscales found in the current study (e.g., resistance and subscales projecting strength, minimization, and providing education) hold together when developed in a scale. These community specific scales could be adapted across the BDSM landscape if they are found to be useful.

The current findings could be used to help professionals develop more comprehensive and empirically informed guides for providing ethical care to FTCPE practitioners. Hearing FTCPE practitioners describe their experience, in their own words, may create an impactful experience for clinicians. The findings themselves may be a useful document for revealing information about FTCPE practitioner lifestyles and experiences of stigma, which can help clinicians improve their cultural competency related to FTCPE and BDSM (Berman, 2020). Beyond this, future researchers could create and test evidence-based guidelines and continuing education trainings and programs for clinicians who want to improve their competence with

FTCPE and BDSM. As a final note, policy experts may be able to use this document and the lived experiences described within as a reference for future work on policy implications for FTCPE and BDSM practitioners in legal contexts, especially as it relates to navigating abuse allegations, parental rights, domestic violence, and workplace discrimination.

Conclusion

This study aimed to examine the lived experiences of stigma among FTCPE practitioners. Using Giorgi's (2009) methodology for descriptive phenomenological analysis, I collected 19 FTCPE practitioners' descriptions of their lived experiences of stigma and reduced these descriptions down to their fundamental essence. The findings revealed that FTCPE stigma was characterized by the interplay between experiences of otherness and resistance along a continuum and across key intercommunity and intracommunity systems. Sources of otherness and resistance were often ambiguous and complex to navigate, both in terms of process (e.g. concealment and resistance strategies) or context (e.g. family, healthcare, community). Additionally, the influences of FTCPE role identity (e.g. Dominant or submissive) and other intersecting identities (e.g. race, gender, and body/ability) proved to be fundamental shapers of the experience of stigma among FTCPE practitioners.

These findings represent the first phenomenological study of experiences of stigma among FTCPE practitioners and contribute to the growing body of literature around FTCPE and BDSM which challenges pathologizing narratives about members of this subculture by centering their voices. The study contributes to our understanding of the unique experiences of this population, especially in how it conceptualizes the experience of stigma as an evolving interaction between sensations of otherness and resistance rather than separating these concepts into stigma and coping. Moreover, the study contributes to our understanding of how FTCPE

practitioners engage internal and external attitudes and strategies of resistance against encroaching experiences of otherness, and how the prevailing stigmas of society (on the basis of race, gender, etc.) are present in community spaces and contribute to feelings of otherness among FTCPE practitioners. It was also revealed that experiences of stigma against participants' other marginalized identities were more salient than experiences of stigma against their FTCPE and BDSM identities, and that stigma against FTCPE and BDSM existed in other marginalized communities. These findings raise interesting questions about the possible mechanisms of stigma between marginalized groups and between marginalized and dominant groups. Family, healthcare, and community were identified as key contexts within which otherness and resistance were reinforced, creating ambiguity for FTCPE practitioners. Identity concealment was revealed to be a complex and multidimensional process defined by two predominant styles, which I introduced as hard (e.g., full) and soft (e.g., dynamic/discretionary) concealment. Concealment strategies, along with strategies of resistance, could both reduce and reinforce otherness. Implications for clinical practice were provided to help clinicians conceptualize these findings. Future researchers could reinforce or expand guidelines for clinical practice with FTCPE and BDSM healthcare consumers. The study also contributes to the BDSM academic literature by identifying FTCPE, or full-time consensual power exchange, as a useful clarifying umbrella term for the potpourri of labels used across the literature today, including TPE, 24/7 BDSM, authority transfer, and more.

Although the study provides rich qualitative insights, there are limitations in that the sample was derived predominantly from more outgoing FTCPE practitioners who are willing to be seen publicly at an FTCPE convention. Thus, additional experiences of FTCPE stigma by those under more complete concealment, or those who are less extroverted, may have yet to be

revealed, and different intersectional categories may offer further nuance. By using the systemized approach of Giorgi's (2009) descriptive phenomenology, the current study provides a replicable structure for future researchers who want to investigate the lived experiences of various intersectional subgroups within the FTCPE and broader BDSM communities. Furthermore, future researchers should endeavor to create improved prevalence studies of BDSM and FTCPE to create a better map of the territories of BDSM experience which can then be used to target specific subgroups for exploratory qualitative work. Longitudinal and mixed-methods approaches could also be used to clarify the Findings of the current study, and future researchers may want to use grounded theory or other qualitative approaches to begin developing concrete theories of FTCPE stigma. Researchers should understand that de-pathologizing FTCPE and BDSM is synonymous with investigating stigma-based negative physical and mental health outcomes.

This research represents an important step toward demystifying FTCPE by elevating the experiences of the practitioners themselves, in turn providing an additional avenue of resistance. By expanding on these findings, future researchers can continue to shed light on the lived experiences of FTCPE and BDSM practitioners, fostering greater academic, clinical, and societal awareness and acceptance of consensual power exchange.

Appendix A: Interview Protocol

Protocol for BDSM Stigma Interview using Descriptive Phenomenology

Supporting Document: Draft Protocol for BDSM Full-Time Consensual Power Exchange Interview using Descriptive Phenomenology

Intro: *Thank you for agreeing to be a part of this series of interviews. I'm going to ask some questions regarding your experiences as a [BDSM practitioner, or however they specifically identified themselves] who is in a full-time consensual power exchange relationship, or has been in the past. I encourage you, in your responses, to give as much detail or description as you feel is necessary to give me a sense of your experience. I may ask follow-up questions if I need more clarity or want to dig deeper into a topic. The interview should take about 45-60 minutes, and you can opt to pause or stop the interview at any time. Do you have any questions for me?*

1. Tell me about the experiences that led you to pursue power exchange relationships, starting from your earliest awareness of interests in kinky play and power exchange relationships.
    a. **Probe:** Who did you have to come out to, if anyone, and what were those experiences like? – professionals too
    b. **Probe:** Please describe any experiences of judgment or rejection that you faced during this time.
    c. **Probe:** How central to your identity?
2. Please describe the experience of engaging in your first power exchange relationship.
    a. **Probe**: What was the emotional experience of this relationship? How did it impact your experience of your identity?
3. Describe for me your experience of living in [US city/town] as a BDSM practitioner who engages in power exchange relationships.
    a. BDSM community opportunities vs. between you and vanilla world

   b. **Probe…** for descriptions of specific events related to the experience if broad answer is given.
   c. **Probe**: What did you experience emotionally, physically, mentally?

4. Can you describe any experiences in which your BDSM or power exchange interests led to negative experiences with the vanilla world?
   a. **Probe:** for differences between BDSM play (i.e. BDSM activities) and engaging in power exchange in relationships.
5. Can you describe for me a specific instance or instances where you felt discriminated against due to your involvement in BDSM and/or power exchange dynamics?
   a. **Probe:** Can you describe any experiences of feeling bullied, intimidated, or socially excluded because of your BDSM activities and/or power exchange identity?
   b. **Probe**: Recount the details of the experience in as much detail as possible
   c. **Probe**: race, age, gender, ability, other identities w/in bdsm spaces
6. Can you describe an instance or instances in which you felt compelled to conceal your involvement in BDSM due to social judgments or stigma?
   a. **Probe:** Thoughts, behaviors, actions involved in concealment.
   b. **Probe:** Reflecting on occasions of disclosure.
   c. **Probe:** How free do you feel to share you BDSM preference with others (outside the BDSM community) should you feel the need?
7. Can you describe for me any other specific strategies or approaches you employ to navigate, manage, or avoid bullying, intimidation, or exclusion associated with your involvement in BDSM power exchange?

   a. **Probe …** for specific instance or instances where you used these strategies.
   b. **Probe…** what have been your experiences using these strategies?
   c. Use the phrase “discriminated against” or “faced discrimination” if needed

8. Can you tell me about a time, if any, when you experienced shame, confusion, regret, or guilt related to your interests in BDSM or power exchange?
   a. **Probe:** Where were you, what did you experience emotionally, physically, mentally?
   b. **Probe:** “weird” or “divergent” as alternate related terms
9. Can you tell me about an experience of rejection and/or judgement you’ve faced based on your BDSM or power exchange practice?
   a. **Probe:** Where were you, what did you experience emotionally, physically, mentally?
10. Can you describe experiences of support (or lack thereof) from your familial/ friend/ professional(s)/ other support systems in your life since you began engaging in power exchange relationships?

Appendix B: Tables

Table B1: Participant Demographics

Participant Demographics

Participant	Predominant FTCPE Role-type	FTCPE Role-type details	Age	Race/ Ethnicity	Sexual Orientation	Gender	Income	State
P1	Depends (non-switch)	Owned by Goddess, Daddy to baby girl	80	White	Straight	Male/man	100,000 – 149,999	Texas
P2	submissive	Slave with permission to own	35	Multi-Ethnic	Queer	Female/woman	50,000 – 59,999	New York
P3	Dominant		60	White	Androsexual	Female/woman	50,000 – 59,999	Maryland
P5	submissive	slave	59	White	Queer	Female/woman	50,000 – 59,999	Texas
P5	submissive		58	White	Gay	Male/man	20,000 – 29,999	Virginia
P6	submissive	slave	72	White	Gay	Male/man	150,000 – 199,999	Washington
P7	submissive		68	White	Bisexual	Male/man	80,000 – 89,999	Virginia
P8	switch		46	White	Bisexual	Female/woman	50,000 – 59,999	Louisiana
P9	submissive		40	Multi-Ethnic	Demisexual	Female/woman	30,000 – 39,999	New York
P10	Dominant	Master	43	Black or African American	Pansexual	Male/man	60,000 – 69,999	New York
P11	Dominant		65	Black or African American	Straight	Male/man	20,000 – 29,999	South Carolina
P12	submissive		53	White	Pansexual	Female/woman	40,000 – 49,999	Missouri
P13	Dominant	Dominant Sadist	54	White	kinky	Nonbinary/ genderqueer/ gender non-conforming	100,000 – 149,999	Indiana
P14	submissive	submissive and slave	64	White	Straight	Female/woman	200,000 – 249,999	Virginia

P15	Dominant		58	White	Pansexual	Transgender masculine/ man	10,000 – 19,999	Massachusetts
P16	Dominant		43	White	Pansexual	Transgender masculine/ man	150,000 – 199,999	New York
P17	Dominant	Master	80	White	Straight	Male/man	Not reported	Arizona
P18	submissive	slave	37	Asian	Straight	Female/woman	90,000 – 99,999	Maryland
P19	Dominant	Owner	43	White	Straight	Male/man	150,000 – 199,999	Idaho

Table B2: Selected Examples of Significant Statements, Revelatory Statements/Transformations, and Theme Clusters

Participant	Meaning Unit	Revelatory Statements (Transformations)	Subtheme(s)	Major Theme
P16	Yeah, I mean, I have had negative experiences. Mostly people are just like, “wow, that's fucked up.” But a lot of the people that I tell that end up saying that, like [earlier partner], when they say, “wow, that's messed up,” or, “wow, that's gross.” Or, “Why would you want to do that?” Or, “That's wrong.”	P16 has been labeled/othered by most vanilla people to whom he has disclosed his identity as an FTCPE practitioner.	Subtheme 1.A: Disapproval/ Shaming	Major Theme 1: Otherness
P18	I feel like with certain things, the area is relatively conservative and I feel like I don't want to deal with the judgment, potentially. And I don't mean going out in a leather harness and doing whatever in the street, but I just mean even if it's something minor and then having just random folks in the area kind of… if they knew or heard somehow, I feel like it would be relatively negative. I don't feel like it would be looked upon with an open mind here as much.	P18 assumes that if she were to come out even a little bit she would face judgement and rejection in the conservative area in which she lives, She totally conceals her FTCPE identity to protect herself from that outcome.	Subtheme 1.B: Expectation of Rejection Subtheme 3.A: Hard Concealment	Major Theme 1: Otherness Major Theme 3: Concealment
P12	I liked things that people normally go away from, and I like giving pain now, and it excites me. It makes me happy. And then you go through this phase of,	P12 believed that she must be deviant/insane if she liked FTCPE and BDSM because of the ways in which it	Subtheme 1.B: Expectation of Rejection Subtheme 1.B: Internalized Shame	Major Theme 1: Otherness Major Theme 4: Resistance

	“oh my God, am I like a psychopath?” I actually went to a psychiatrist and a therapist for a while and talked about it and talked about my conflict, which for a Gen X-er because I am in that age group is extremely hard. We didn't do that, but I felt like if I didn't, something was going to be wrong with me.	transgresses societal expectations engrained within her. She had to battle through expectation of ridicule and rejection to seek help to see if something was wrong with her.	Subtheme 4.D: Systems	
P13	Let me tell you, it is an experience to be in your own home where you've shared a meal with people, people that you have been for a few years kind of treating as your in-laws turn to you and say, “we will never accept this.” And I reacted to that by then. That's it. You are no longer in the in-law category. In my mind, you are a thing he has to deal with and I am here to help him deal with you, but you are not anything that is concern of mine at this point.	P13's partner's parents vcally disapproved of their lifestyle and P13 chose to cut them out of her life.	Subtheme 1.D: Systems Subtheme 4.1: Projecting Strength	Major Theme 1: Otherness Major Theme 4: Resistance
P11	Even in this lifestyle, there's racial tension. There's the fetishization of black men. That's the whole BBC [big black cock] thing. I've gotten unsolicited requests from people, even though in Fetlife my profile specifically says: I don't do the queen of spades thing. I don't do BBC, I don't do race play. But I've gotten people who just	P11 experiences racism within the FTCPE and BDSM communities, including being fetishized despite saying clearly up front he has no interest in that type of play.	Subtheme 2.A: Intracommunity Intersectional Otherness Subtheme 2.B: Intracommunity FTCPE/BDSM Practices Stigma	Major Theme 2: Intracommunity Conflict and Intersectionality

	contact me anyway and then they get upset when I tell them, can you read my profile?			
P2	The discrimination I faced was not because I was a kink person, but because I was an Afro-Latina in the kitchen. So, it hasn't shown up yet. I don't think my boss, my big boss, knows that I'm in the kink community, but if they do find out, I can educate them.	P2's experience with racial stigma has more salient than her kink identity. She also feels confident about being able to educate others about her kink identity if it were to come up at work.	Subtheme 2.D: Other Identity Stigma More Salient than FTCPE or BDSM Stigma Subtheme 4.C: Providing Education	Major Theme 2: Intracommunity Conflict and Intersectionality Major Theme 4: Resistance
P19	For me to survive working around the people that I live around, I have to become some other person. It's not that I'm a foreign concept. I very easily can code switch, but it would be lovely if I didn't have to, if I just had to show up as the same person everywhere that I went instead of an altered version of that.	P19 has create a fake persona to "survive" in a red [republican majority] state where he assumes everyone around him will reject/other him. His concealment is an act of resistance, enacted with the attitude of resistance.	Subtheme 1.B: Expectation of Rejection Subtheme 3.A: Hard Concealment Subtheme 4.1: Projecting Strength	Major Theme 1: Otherness Major Theme 3: Concealment Major Theme 4: Resistance
P10	It's not like we walk around with master and slave on our chest, but we do. For my slave, her backpack says “property of,” but because of her hair, not a lot of people see it. So, it's like, okay; but vanilla people? They don't know what we do. Again, I don't walk around with master on my chest, but like I said, I do walk around with Master/slave because I have a Master/slave patch on my vest.	P10 and his slave use non-obvious public displays of their kink relationship	Subtheme 3.B: Soft Concealment	Major Theme 3: Concealment

P9	I described what happened, and she was horrified and I was like, “It was okay. It was consensual. I'm not wounded; I'm not upset. It's not a bad thing, just letting you know.” And she was like, “I'm going to write in your file.” And I was, “You can write whatever you want in my file. It was a consensual thing that happened between two consenting adults. And as you see, I'm fully fine. I'm functioning, my throat works. I'm still here. My brain is fine. I'm still good.”	P9 had a medical professional judge her masochism and threaten to report her behavior. P9 stood up for herself and rejected the medical professional in return.	Subtheme 1.A: Disapproval/ Shaming Subtheme 1.D: Systems Subtheme 4.A: Projecting Strength	Major Theme 1: Otherness Major Theme 4: Resistance
P14	So last year I went through [M/s training program] and that was very supportive. There was a group of women that went through that with me, and we very much bonded together in terms of shared experiences. Some were similar, some were not. But there was that same… as we were all building dynamics at different points in terms of, “yes, I remember when I went through that,” or “this is how we ended up doing.”	P14 has gotten a lot of value out having her kink community to lean on for support including perspective on aging and maintaining dynamics	Subtheme 4.D: Systems [Community]	Major Theme 4: Resistance

Table B3: Code Summary Table

Theme	Subtheme	Definition
Major Theme 1: Otherness	Subtheme 1.A: Disapproval and Shaming	Experiences of criticism, accusations of abuse or mental illness, and rejection by members of the vanilla world, sometimes threatening or resulting in violence or expulsion, and associated with sensations of sadness, harm, insecurity, and aloneness
	Subtheme 1.B: Expectation of Rejection	Fear and vigilance, or hypervigilance, about presumed future rejection, disapproval, shaming, or violence, based on past experiences or awareness of FTCPE and BDSM stigma
	Subtheme 1.C: Internalized Shame	Internalized negative beliefs about kink/BDSM/FTCPE learned through socialization, or from past disapproval/shaming; internally held beliefs that one's kink identity is deviant, wrong, evil, or abusive; connected to feelings of loneliness, insecurity, and low self-worth
	Subtheme 1.D: Systems (Family and Healthcare Stigma)	Key systems in which otherness is reinforced including rejecting/disapproving families and healthcare professionals; FTCPE community is also a place where otherness is reinforced, but this is explored in Major Theme 2
Major Theme 2: Intracommunity & Intersectional Conflict	Subtheme 2.A: Intracommunity Intersectional Otherness	Intracommunity otherness associated with key demographics (i.e., race, gender, and body/ability) experienced as disapproving/shaming by intracommunity peers enacting prejudices associated with oppressed identities
	Subtheme 2.B: Intracommunity FTCPE/BDSM Practices Stigma	Otherness associated with BDSM practice enacted through disapproving/shaming interactions with intracommunity peers
	Subtheme 2.C: Intracommunity Stigma Toward FTCPE/BDSM in Alternate Minority Groups Affiliations	Disapproval and shaming of FTCPE and BDSM by members of FTCPE practitioners' other minority groups; limited solidarity between marginalized groups
	Subtheme 2.D: Other Identity Stigma More Salient than FTCPE or BDSM Stigma	The experience of FTCPE and BDSM disapproval/shaming, and associated negative emotions, as being less salient than stigma associated with other marginalized identities

Major Theme 3: Concealment	Subtheme 3.A: Hard Concealment	A pattern of behavior in which a practitioner fully hides their FTCPE identity from public view to decrease otherness. For most participants, this experience involved removing any identifying clothing, jewelry, or other marks of FTCPE involvement, and/or not discussing their lifestyle or relationship structure with people in their vanilla community. Hard concealment can also increase FTPCE practitioner otherness via increased vigilance, stress, and inauthenticity
	Subtheme 3.B: Soft Concealment	A spectrum of concealment behaviors used to modulate the degree to which practitioners disclose their identities in public settings. Defined by a fluid experience within which practitioners make dynamic discretionary choices based on a variety of intrapersonal and personal factors. Like hard concealment, soft concealment can also increase FTPCE practitioner otherness via increased vigilance, stress, and inauthenticity
Major Theme 4: Resistance	Subtheme 4.A: Projecting Strength	Defiant, self-confident expressions of self-worth and identity pride in the face of prejudice used to control situations and manage self, friends and family, and attackers
	Subtheme 4.B: Minimization	Dismissal, rejection, unawareness, or reported forgetfulness of stigmatizing experiences reinforcing feelings of empowerment and autonomy
	Subtheme 4.C: Providing Education	Offering education in structured or impromptu interactions with family, friends, and/or strangers. It can be protective and/or liberatory, functioning as a bulwark against the immediate and long-term negative impacts of harmful myths or misunderstandings about the FTCPE lifestyle
	Subtheme 4.D: Systems (Family, Healthcare, Community)	Key systems in which resistance is reinforced through support, understanding, and care from families, healthcare professionals, and the FTCPE community

Appendix C: Figures

Figure C1: Main Themes and Subthemes

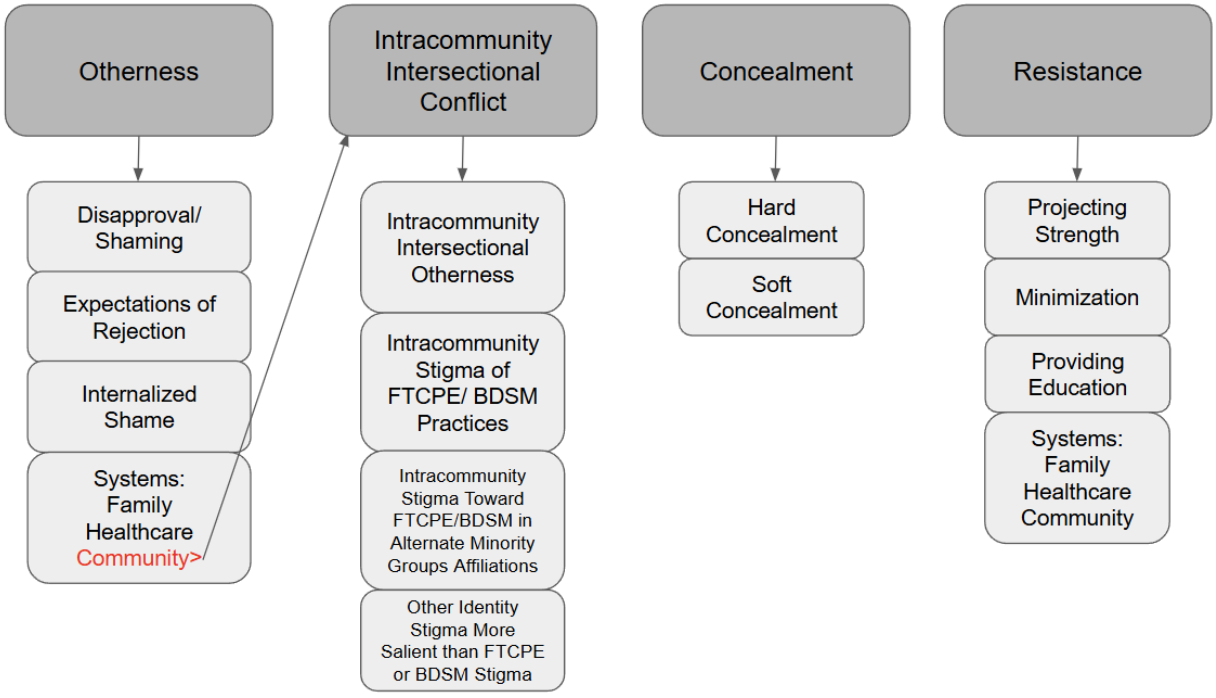
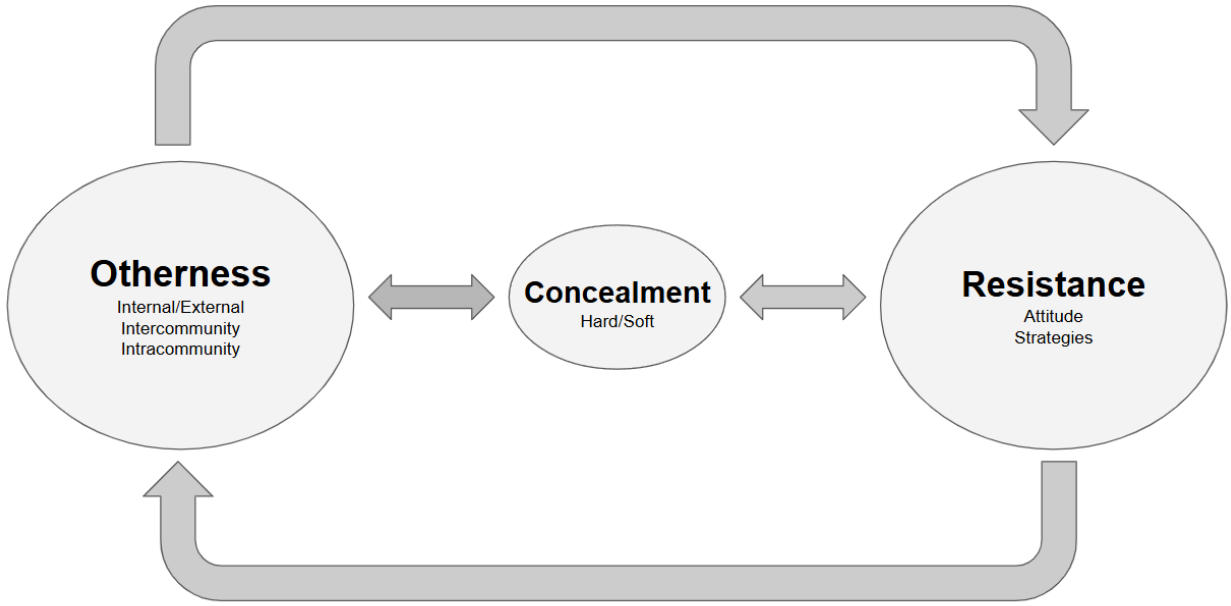


Figure C2: Otherness and Resistance Continuum of FTCPE Stigma



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