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BDSM, ACE scores, and Coping: Investigating BDSM practitioners

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BDSM, ACE SCORES, AND COPING: AN INVESTIGATION OF BDSM PRACTITIONERS

by

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Lay Summary

In this paper, we explore links between Bondage-Dominance-Submission-Masochism (BDSM), coping and adverse childhood experiences. These variables are measured under an assumption that regular BDSM practice result in adaptive emotional coping skills. Furthermore, in a sex positive contextual lens, we theorize that BDSM may be a healing tool for those with higher levels of adversity experienced in childhood.

Bondage-Dominance-Submission-Masochism (BDSM) includes a host of activities that range from power exchanges, role play, impact play, and the restriction of movement, amongst other practices (Garcia, 2023). Other activities may include wearing fetish outfits such as leather or latex, using sex toys, and tying with ropes. These practices can be performed under the context of sexual gratification for each practitioner, but do not necessarily involve penetration or other forms of sex, such as oral sex. Power exchanges, for example, are when a submissive partner may consent to obeying the dominant partner's requests. Impact play is a practice that involves a person being compliant in receiving painful stimuli, such as being spanked or being flogged. Additionally, some practitioners may be interested in being humiliated through degradation language or cuckolded by a partner. It can hardly be understated the various amounts of practices that are related to BDSM; it is a large umbrella of activities and can be colloquially known as kink or kinky behaviour.

One standard feature of BDSM is the types of identity roles one assumes in a BDSM scene. The roles include; the dominant (Domme or top), the person who acts as the rule enforcer, the one controlling the scene, or the person giving out pain. The submissive (sub or bottom), is the person who obeys the dominant, the person who receives pain, and typically the person who tends to be the focus of attention. Finally, there is a switch identity role, in which the person is

interested in either being a dominant or a submissive dependent on the context of a scene or partner.

Features of BDSM have become more mainstream through film and television (e.g. 50 *Shades of Grey*, Netflix's *Bonding*) and although aspects of BDSM have been represented in some pop culture, this does not mean that they are accurate representations of BDSM. Moreover, investigations of why people practice BDSM is becoming of greater interest to social scientists, (Abrams, Chronos, & Grdinic 2022; Cascalheira et al., 2021; Joyal 2018; Lecuona et al., 2024). Seemingly because of the growth in popularity in surface level representations, such as in media, there has been a matching interest via research to question and explore BDSM practices, for example kink of sadism and masochism (the nature of giving out pain and receiving pain).

Superficially BDSM behaviours may seem counterintuitive to becoming a more fulfilled and healthier person, however, more recent literature reviews have suggested that there are positive aspects of these behaviours. In a study by Andrieu et al., 2019, they expressed the shifting paradigm of BDSM as a deviant behaviour to a positive mechanism to relieve stress, improve mood, and lower depression (Andrieu et al., 2019). Additionally, they noted that informing healthcare workers of these practices can assist in understanding healthy versus unhealthy BDSM practice, e.g., when a practitioner's consent is not being honoured within a BDSM relationship (Andrieu et al., 2019).

Other research on the psychology of BDSM practitioners have focused their attention on the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and the label of Paraphilic Disorders, which are categorized as recurrent sexual interests of an atypical nature (Abrams et al., 2022; Cascalheira et al., 2021; Joyal 2018; Lecuona et al., 2024). The DSM-V lists Paraphilic Disorders as having eight separate conditions, including: exhibitionistic disorder, voyeuristic disorder, and fetishistic disorder (Fisher, 2023). This categorization within the DSM-V tend to be

features of BDSM, thus, BDSM practice could be seen as pathological or harmful. DSM-V defines the disordered criterion being met if the person acts paraphilic desires with unwilling persons or people who cannot consent (American Psychiatric Association, 2013), which is against practices in the BDSM community. Within the BDSM community consent and communication are usually important aspects of the practice. While research rightly examines *disordered* individuals, there can be missed opportunities to better understand people who do not fit into the DSM-V categorical system.

Questions have risen regarding the mental health of practitioners, that there may be childhood developmental issues within those who practice. Additionally, people who practice BDSM may have many unanswered questions as to why they may be drawn to such a lifestyle, leading to potential feelings of shame or guilt from engaging in non-mainstream sexual practices (Turley, 2024). Brown et al., (2020) suggested in a meta-analysis of BDSM that it is unlikely related to maladaptive attachment styles or childhood sexual assault. Although other researchers have suggested that sadism and masochism arise from childhood sexual abuse (Abrams et al., 2022), which makes conclusions about BDSM practitioners unclear.

Against the maladaptive or childhood abuse narrative, BDSM could be a form of positive leisure and may be a feature of a broad sexual interests (Brown et al., 2020). Cascalheira et al., (2021) conducted a 20-person interview in which they noted positive themes amongst BDSM practitioners such as: redefining pain, liberation through relationships, and restructuring the self-concept (Cascalheira et al., 2021). This research seeks to see if there is a relationship to childhood developmental adversity and BDSM practice, to examine possible beneficial consequences of these practices, and serve as a guide for future research. A caveat must be noted: BDSM is not necessarily a causal behavioural reaction to childhood adversity but may be

more a tool used to heal from such adversity. BDSM practice, therefore, can be thought as a type of unofficial therapy tool under specific conditions.

As mentioned earlier, the discourse over whether BDSM is helpful or harmful to the practitioner is debated with differing viewpoints. To parse out the stereotype of maladaptive response to trauma, as suggested by Abrams et al., (2022) this research will study the relationship between adverse childhood experiences and BDSM. Previous research has examined the effects of childhood trauma, and it is well established that early childhood trauma leads to an increase in potential harm later in life such as substance use to cope with negative symptoms and dysregulation, or having more sexual partners to cope with negative symptoms and dysregulation (Espeleta et al., 2018). The Adverse Childhood Experience (ACE) score was developed in 1998 (Felitti et al., 1998) and showed that being exposed to 4 or more adverse experiences can lead to increased heart disease, cortisol resistance, and substance use as a form of coping (Petrucelli et al., 2019).

Research has focused on developmental childhood trauma and the outcomes for adults using various measures, such as the ACE scores, however, ACE scores have not been used as a factor for understanding BDSM membership. As noted previously, there has been a false belief that there are higher rates of individuals with early childhood trauma practicing BDSM (Lecuona et al., 2024), and other research has suggested that the number of BDSM practitioners – including those who fantasize about these behaviours – is larger than previously believed (Brown et al., 2022; Dahl et al., 2024), suggesting that this is a somewhat normalized practice. Other research has suggested that adverse childhood experiences are associated with sadomasochistic practices (Abrams et al., 2022).

Within understanding that those with higher ACE scores may have negative coping mechanisms such as substance use, this research focuses on how BDSM member's cope with stress. Coping is defined by Lazarus and Folkman (1984) as behavioural or cognitive responses to tolerate, master, or reduce the demands of stress (Lazarus & Folkman, 1984). The World Health Organization states that stress is, "a state of worry or mental tension caused by a difficult situation" and that "the way that we respond to stress can make a difference to our overall well-being" (WHO, 2023). To explore these subgroups Carver (1997) placed coping into two categories they called approach versus avoid. Approach coping would be related to more proactive stress management strategies, such as sharing the burden with others, or dealing with the problem situation with a perspective change. Avoid coping is related to denial or delayed stress management strategies such as drinking alcohol or ignoring stress, where the individual would not be addressing stressful situations directly.

In summary, higher ACE scores are predicted to be linked with higher avoidant coping scores and negative health symptoms, which previous research has supported. For example, Jebraeili et al., 2023, found that people living in Iran with higher ACE scores are more likely to engage in thrill seeking risky behaviour such as engaging in reckless driving or substance misuse, and the participants experienced more emotional distress. Other research has supported the notion that higher ACE scores correlated with depression symptoms, anxiety symptoms and somatic symptoms (Kerber et al., 2023). BDSM membership may be the key to understanding potential positive coping benefits in the face of childhood adversity.

This research seeks to determine if BDSM practices may in fact serve as a tool for increased emotional coping in those individuals who have experienced early trauma. Research has noted that childhood coping mechanisms during early development can later be maladaptive (Walsh et al., 2010), for example, emotional denial, self-blame, and substance use (Walsh et al.,

2010). To view BDSM as a mechanism of positive coping as a response to childhood adversity can be seen as *posttraumatic growth* (Tedeschi, 2021). Tedeschi (2021) coined the term posttraumatic growth to represent the positive changes within an individual despite past challenges and adversity. For example, the opportunity to understand one's personal growth through hardship and to appreciate the changes in one's life that resulted from the hardship (Tedeschi, 2021). This has been suggested by other BDSM researchers, that the practice applies to the resilience and growth of practitioners, in which they are attempting to understand themselves and the trauma they may have faced through BDSM (Cascalheira et al., 2021).

In summary, there has been divided research regarding of the role of BDSM and the mental health of those who practice. Through the various studies, questions whether BDSM practice is adaptative or maladaptive, normal or abnormal, have been debated and discussed throughout the psychological community. The DSM-V may have encouraged stereotypes about BDSM practitioners that may create a stigmatized or medicalized view of practitioners. Some research has suggested there are more negative attachment styles or traumatized people who practice, while others suggest that it may be a healthy and normal practice (Abrams et al., 2022; Lecuona et al., 2024). This research hopes to expand on the discourse; do BDSM practitioners have higher approach coping styles than non-BDSM practitioners, and are there any relationships between higher ACE scores and BDSM practice?

Methods & Measures

Participants and Procedures

A total of $N = 192$ participants were recruited through a Western Canadian college, and a community sample using various social media platforms and websites such as FetLife, an internet forum for the BDSM community. Additionally, snowball sampling was also encouraged to obtain a wide sample of BDSM and non-BDSM participants. Participants' ages ranged from

18 to 64, the average age of participants was in the category of 25-34. The study was completed as an online survey, through Qualtrics, and the study was approved by the institution's research ethics board. To start the survey participants read the consent form which vaguely outlined the study's purpose to ensure unbiased responses. Necessary information was provided to allow for informed consent and voluntary withdrawal, according to research ethics standards, however, all steps were taken to ensure the anonymity of all participants. Data was audited before analysis to remove incomplete information, participants who failed to complete 80% of the survey were omitted $n=6$, which left the final sample $N=186$. Demographic details are posted in the figure below. (see Table 1).

Table 1

Study Demographics

Gender			Age			Ethnicity			Sexual orientation			Education		
	n	%		n	%		n	%		n	%		n	%
Man	53	28.3	18-24	76	40.6	Arab	3	1.6	Asexual/ Aromantic	8	4.3	Some high school	2	1.1
Woman	119	63.3	25-34	55	29.4	Asian	46	24.6	Bisexual	42	22.5	High school	10	5.3
Third/ Non- binary	14	7.5	35-44	31	16.6	Black	2	1.1	Gay/ Lesbian	12	6.4	Some college/ university	124	66.3
			44-54	21	11.3	First Nations	3	1.6	Hetero- sexual	101	54.0	Under- graduate	34	18.2
			55-64	3	1.6	Hispanic	10	5.3	Pansexual	18	9.6	Graduate Degree	16	8.6
						Mixed race	17	9.1	Prefer not to say	34	8.6			
						Pacific Islander	1	0.5						
						White	100	53.5						
						Prefer not to say	4	2.1						

Childhood Trauma

The Adverse Childhood Experience (ACE) questionnaire (Felitti et al., 1998) has 10 questions exploring a present or not present binary response. Adverse experiences within the

scale relate to physical abuse (or witnessing physical abuse), emotional abuse, and sexual abuse under the age of 18. Alongside the abuse factors, there are household dysfunction factors included as well, such as living with a parent with a mental illness or a parent with substance use issues. High ACE scores indicate higher exposure to childhood adversity.

Coping Styles

Brief-Coping Orientations to Problems Experienced scale (brief-COPE, Carver, 1997) is an index that includes 28 items measuring the frequency of use of certain strategies (1 = *not at all*, 4 = *doing a lot*) an individual may use to cope with stressors. The 28 questions can be organized into two different coping styles: approach coping (16 questions) versus avoidant coping (12 questions). For example, approach-focused coping measures are as follows: I've been getting emotional support from others. An example of avoidant coping measures is as follows: I've been using addictive behaviours or substances to make myself feel better.

Symptom Check

The Brief Symptom Inventory 18 (BSI-18, Derogatis, 2001) asks questions related to mental health symptoms. There are three categories in the BSI-18: anxiety symptoms, depression symptoms and somatic symptoms. The scale includes, (0 = *not at all*, 4 = *extremely*) within the period of the last seven days (Derogatis, 2001).

BDSM Questions

At the beginning of the study participants were asked if they participate in BDSM. If participants answered "yes" to participating in BDSM, other demographic questions were asked about what role (dominant, submissive, and switch) they assume in their BDSM practice, how often they practice, and if they attend clubs, workshops, or events. At the end of the survey, one

open-ended question was asked to probe participants feelings around practicing BDSM to develop further research.

The data collected will be analyzed using SPSS version 28, ANOVA analysis was used to compare BDSM to non-BDSM groups coping mechanisms. Additionally, the data will be used to better understand demographic trends and BDSM identities, sexual identities, age, and other demographic aspects.

Results

Using a 2 x 4 ANOVA analysis, we determined that the most frequent practitioner BDSM group, $n=19$ (a few times per month), predicted an approach coping style, when compared to the other groups, including the non-BDSM group, $n=110$, rarely practicing, $n=34$ (a few times per year) group, and the sometimes, $n=23$ (every few months) group. The statistics were as follows: $F(2, 182) 3.92, p=.022$, partial Eta $^2=.041$ using Bonferroni to control for error. A Post hoc analysis of the groups determined that non-BDSM group versus frequent BDSM activity had a mean difference of 6.2 $SE= 2.10$ sig. .022, $CI .57-11.75$. Additionally, the rarely practice BDSM group versus frequent group had a mean difference of 6.7 $SE= 2.42$ sig. .037 $CI .25-13.14$ (see figure 1). All assumptions of homogeneity were met.

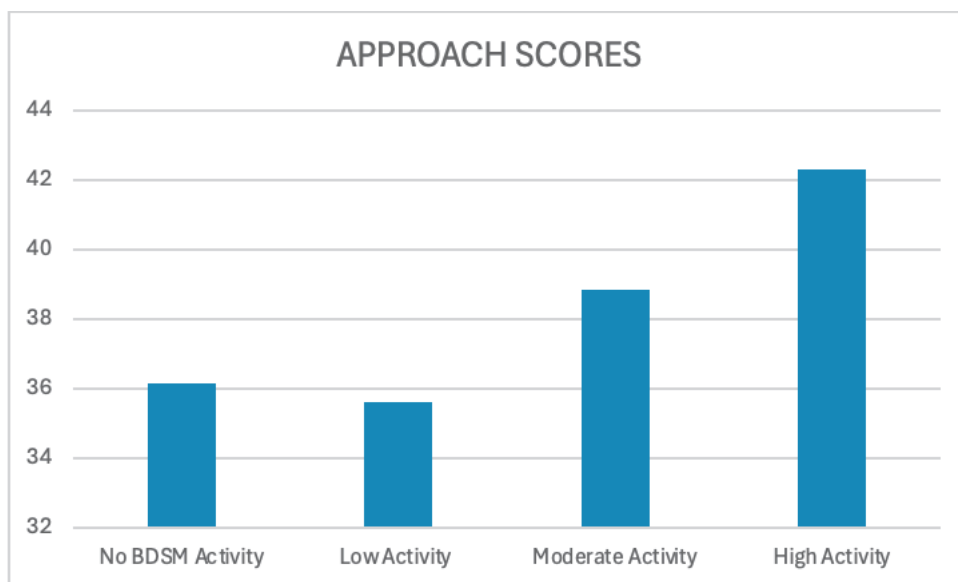


Figure 1. Mean difference between the four frequency conditions.

Additionally using a 2 x 4 ANOVA analysis of the avoid coping style, there were no statistically significant results between the four conditions of frequency of practice. The statistics were as follows: $F(2,182) = 1.39$, sig. .251. This supports the hypothesis that there are potential benefits to practicing BDSM as opposed to negative outcomes from practicing. When using ANOVA analysis to compare the BDSM group and non-BDSM group for higher ACE scores, there was no statistically significant difference between BDSM practitioners and non-practitioners, with the statistics as follows: $F(1,184) = 2.53$, sig. .114. This supports previous literature claiming that there is no confirmatory evidence of correlation between BDSM and trauma.

BDSM Open-Ended Question

At the end of the survey participants were asked to describe how BDSM positively affected their lives outside of the practice. This question was asked in hopes of developing additional themes to better understand how individuals feel about their practice for future research. For example, one participant stated, "it allows me to explore my sensory needs in a safe

environment. It has also boosted my confidence and self-worth." A recurring theme of confidence came up in several written responses as well as self-esteem, trust, and an exploration of self, "[BDSM] allows me to explore curiosities, comfort zones, and become more comfortable with setting boundaries. This has a positive impact on my relationships, understanding myself, and helps me feel more self-assured." Some other themes involved boundary setting, relationship growth, relaxation, and exploring control mechanisms. One participant mentioned, "it serves as a creative outlet, satisfies a need for human connection, gives me something to look forward to in an otherwise largely uneventful day-to-day existence. It provides a sense of focus, structure, presence in the world and in myself. And it gives me a sense of confidence and achievement and demands a dedication and proactiveness that I don't always exercise elsewhere in my life."

Discussion

Future Directions and Limitations

During the early stages of the research, our hypothesis was set to a two-group comparison of BDSM versus non-BDSM individuals. Then during the statistical analysis portion, it became apparent that how often participants practiced BDSM mattered to the dependent variable of approach coping, this shows that benefits of approach coping can be expected for more serious practitioners. Whereas individuals who rarely practiced (a few times a year) or who do not practice BDSM at all, do not score higher on the approach coping scale. This suggests that casual BDSM practitioners do not gain as much positive approach coping skills as individuals who practice often, the conception of BDSM membership must be carefully considered when designing more research. Additionally, there was no data supporting the difference between the avoid coping style and the four conditions, solidifying the hypothesis of beneficial and a potential therapeutic nature of practicing BDSM. If the avoid coping was statistically significant

between the four conditions this may have muddled the hypothesis that BDSM could lead to beneficial coping mechanisms.

Future research could define BDSM membership through several conditions such as frequency of practice, knowledge of consent, and communication skills. However, with more rigid BDSM membership contingencies, this could lead to confounding positive variables such as building community through BDSM and learning a new skill, these aspects could also lead to approach coping mechanisms. This may make researching the positive benefits of serious BDSM practitioners harder to tease apart, due to the multi-factor variables that may increase emotional well-being. Another important aspect for future research to explore is to better define what positive effects may come from practicing BDSM besides emotional coping, for example studying self-esteem or confidence within those who practice more frequently. Future studies could prioritize measuring multiple factors of positive effects through qualitative theme analysis which can enrich the direction of the study.

Regarding the hypothesis on adverse childhood experiences, this study adds to previous literature and meta-analysis that BDSM may be a normal practice that is not populated by traumatized individuals. Many different BDSM studies have highlighted that there is a lack of evidence to support the idea that there are more traumatized people practicing BDSM (Brown et al., 2022, Cascalheira et al., 2021; Joyal 2018; Lecuona et al., 2024). This study aimed to add further evidence to support a destigmatization of the "traumatized BDSM practitioner" stereotype. However, if future research wants to understand if there are emotional benefits or posttraumatic growth regarding individuals who experienced higher levels of childhood adversity, inclusion criteria could be set to look at individuals with higher reported ACE scores versus lower reported ACE scores.

In reviewing the open-ended questions, setting boundaries and confidence building were mentioned several times, as well as conquering fear and developing trust. Future research could explore interpersonal relationship development between regular practicing dominant and submissive pairs. For example, trusting the dominant partner to respect the submissives requests of consent may help establish confidence in other relationships outside of BDSM practice. Future studies could also prioritize understanding aspects of mindfulness with pain tolerance. It can hardly be understated the unlimited directions that future BDSM research could attend when analyzing BDSM under a lens of positive an adaptive mechanism for healing.

Some limitations may include a biased sample due to the snowball sampling technique, like minded individuals may have shared the survey creating an unbalanced sample. Moreover, the non-BDSM sample mainly came from the western Canadian college of undergraduate students, which is only a reflection of a small portion of a population. A more robust sample may provide a clearer picture of difference between BDSM and non-BDSM population, the sample of BDSM participants was slightly smaller. Furthermore, the sample had mostly white/Caucasian participants (53.5%) who were college educated (66.3%), having a more diverse collection of participants may better reflect the overall population. However, exploration into who practices BDSM may have implications of individual privilege or acceptance of sexuality that may not be present in diverse communities.

Conclusion

This study was interested in seeing if people who practice BDSM have more emotional approach coping mechanisms compared to a non-BDSM group, this difference was observed within the most frequent practicing BDSM group. This signals that there are benefits to practicing BDSM when people practice more often. The study was also interested understanding if there are normal levels of developmental trauma via ACE scores within a BDSM versus non-

BDSM population, this was reflected in the study as well, meaning that people who practice BDSM do not predict childhood trauma. This aspect of the hypothesis is supported in many other research studies on the topic of developmental trauma and BDSM. Finally, while using a sex positive lens, BDSM may have positive qualities that benefit the practitioner, further dissection of adaptive emotional skills development can be explored to better understand these features.

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