

2020

The Relation Between Psychopathology and Unconventional Relationships

Alyssa T. Roberts
University of Central Florida



Part of the [Psychology Commons](#)

Find similar works at: <https://stars.library.ucf.edu/honorsthesis>

University of Central Florida Libraries <http://library.ucf.edu>

This Open Access is brought to you for free and open access by the UCF Theses and Dissertations at STARS. It has been accepted for inclusion in Honors Undergraduate Theses by an authorized administrator of STARS. For more information, please contact STARS@ucf.edu.

Recommended Citation

Roberts, Alyssa T., "The Relation Between Psychopathology and Unconventional Relationships" (2020). *Honors Undergraduate Theses*. 752.

<https://stars.library.ucf.edu/honorsthesis/752>



Showcase of Text, Archives, Research & Scholarship

THE RELATION BETWEEN PSYCHOPATHOLOGY AND
UNCONVENTIONAL RELATIONSHIPS

by

Alyssa Tatem Roberts

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Psychology in the College of Sciences
in the College of Sciences
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

Spring Term

2020

Abstract

The term “kink” refers to a community of people and a practice of sexual activities that engage in power exchanges with their partner(s), pain, and/or restraint in a myriad of different contexts, that may or may not occur in an overt sexual context (Meyer & Chen, 2019). “Kink” can be used interchangeably with the acronym BDSM, which stands for bondage, dominance/discipline, sadism/submission, masochism. The overall purpose of this study was to learn more about those who are part of the kink community. This research is important because the current literature on those who engage in kink is relatively small and more information is needed on this population. Findings from this study may help therapists working with kink-oriented clients in the form of more understanding and in the provision of better care. Findings from this study may also contribute to the reduction of stigma associated with this population. I sought to answer the following questions: (1) What is the prevalence of kink members in a young adult population? (2) Do kink members manifest symptoms of psychopathology more than non-kink individuals? And (3) Can interest in kink activities be predicted from variables related to psychopathology? Undergraduate students ($n = 159$; 110 females, 41 males, 2 trans, 2 “other”, 4 whom did not report their gender) completed questionnaires assessing: interest in kink, maladjustment (symptoms of depression, anxiety, and somatization), sadism, aggressiveness, antisocial behaviors, narcissism, histrionic behaviors, autonomous thinking, and empathy. Results indicated the following: Overall, there were no differences between members of the kink community versus non-kink members on study variables. Additional regression analyses revealed that those interested and open to kink activities tend to be autonomous (or independent) thinkers, less self-centered (i.e., narcissistic), and more concerned with ethics (e.g., obtaining consent for sex) than those not interested in kink activities. However, results also indicated that those interested in

kink tend to enjoy attention (i.e., engage in histrionic behaviors). All considered, the data suggest that more individuals are open to, and have engaged in, kink-related sexual activities compared to those who openly self-identify as members of the kink community. Moreover, many of those who are open to and/or have engaged in kink are not necessarily any more pathological with respect to their psychological adjustment compared to non-kink people. With the exception of liking attention, these results suggest that kink members are more independently minded (i.e., concern themselves less for how others think or view them), less self-centered in some aspects, and recognize the importance of ethics, presumably as it relates to obtaining consent for sexual activities with others. Discussions of these results are provided.

TABLE OF CONTENTS

Introduction.....	1
The Current Study	7
Methods.....	8
Participants	8
Materials.....	8
Demographics.....	8
Interest in Kink Scale	8
Brief Symptoms Inventory-18.....	9
Sadism	9
Aggressiveness.....	10
Antisocial Personality	10
Narcissism	10
Histrionics	11
Autonomy.....	11
Empathy	11
Marlowe-Crowne Social Desirability Scale–Short Form (M-C SDS-SF; Reynolds, 1982).....	12
Procedure	13
Results.....	14
Discussion.....	16
Appendix A.....	21
Kink Scale	21
Table 1.....	23
References.....	25

TABLE OF FIGURES

Table 1.....	23
--------------	----

Introduction

The term “kink” refers to a community of people and a practice of sexual activities that engage in power exchanges with their partner(s), pain, and/or restraint in a myriad of different contexts, that may or may not occur in an overt sexual context (Meyer & Chen, 2019). “Kink” can be used interchangeably with the acronym BDSM, which stands for bondage, dominance/discipline, sadism/submission, masochism. Another abbreviated term is commonly used within the BDSM community and in this paper; The term “D/s” or “D/s relationship” refers to a BDSM relationship between a dominant and a submissive person. These terms can be contrasted with the term “vanilla,” which refers to sexual activities that are within societal norms (Meyer & Chen, 2019). “Mainstream” sex generally refers to monogamous, romantic, heterosexual, and/or procreative (Luminais, 2012) sex. I note here that the term “vanilla” can have both neutral and negative connotation inside the BDSM community. The term “out” is used in multiple contexts for the kink community (“being outed,” “being out,” “coming out,” etc.) and should be interpreted similarly to its use in LGBTQ+ contexts.

While BDSM/kink practitioners are generally considered to be a sexual anomaly, there are more individuals involved or interested in these unconventional practices than one might assume. According to Holvoet, Huys, Coppens, Seeuws, Goethals, and Morrens (2017) almost half of their participant sample they studied had engaged in activities associated with the BDSM community at least once (46.8%) whereas only 7.6% of the same population self-identified as a member of the BDSM community; moreover, 69% of the entire sample had BDSM-related fantasies. This same study indicated that 61.4% of their sample whom expressed interest in the BDSM community was aware of their proclivities before the age of 25. Breslow, Evans and

Langley (1985) corroborated this finding, with their study indicating that sado-masochistic interests generally appear in people's twenties, sometimes earlier. A study by Renaud and Byers (1999) found that 27.1% of men and women in their sample viewed being whipped or spanked favorably. Additionally, 72% of men and 59% of women reported having fantasies of being tied up, and 65% of men and 58% of women with fantasies of tying up someone else. Jozifkova and Flegr (2006) found that approximately half of their study participants were partial to unequal power dynamics with their sexual partner(s) and Richters, Visser, Rissel, Grulich and Smith (2007), as cited in Neef, Coppens, Huys, and Morrens, (2019) found that 2.2% of men in their sample and 1.3% of women in their sample had participated in kink related activities within the last twelve months.

With so many individuals having at least a private interest or fantasy in nonconventional sexual practices, why aren't the numbers for self-identified practitioners higher? One implication is that the BDSM community is made up of many already sexual minority groups. Approximately one-third of BDSM practitioners identify as non-heterosexual, which exceeds the 10% that identify as non-heterosexual in the general population (Neef, Coppens, Huys, & Morrens, 2019). In a study by Graham, Butler, McGraw, Cannes and Smith (2016), they found that only 17 out of 48 participants identified as heterosexual, with 30 identifying as non-heterosexual. Richters, Visser, Rissel, Grulich and Smith (2007) report that engaging in BDSM related activities was significantly higher in bisexual and gay men and women, and that they were both more likely to have had at least one bisexual experience in the past year. Thus, the fact that a large portion is made up of non-heterosexual individuals may be key to understanding part of the BDSM stigmatization.

There are a few other reasons why BDSM may be stigmatized. According to Yost (2009), attitudes toward BDSM include viewing BDSM as morally wrong, involving nonconsensual violence and the belief that BDSM-related behaviors carry over to other inappropriate aspects of life. Meeker (2013, 137) found that BDSM practitioners may experience rejection, ridicule and discrimination. As an example, Yost (2009) found that 30% of sado-masochistic women were refused or rejected from a variety of organized social groups; some practitioners are denied jobs, promotions, or leadership positions due to their BDSM orientation (Meeker, 2013). Further, Wright (2006) reports that those who engage in kink activities are more likely to lose custody of their children, face nonconsensual acts of violence and be wrongly diagnosed of a mental illness.

These outcomes may have a huge impact on the health and well-being of BDSM practitioners physically, mentally, and socially. To demonstrate this, one study relayed several incidents reported by BDSM practitioners who indicated that their therapists had deemed their BDSM interests to be unhealthy or abusive, or indicative of domestic abuse (Kolmes, Stock & Moser, 2006). Another study found that some therapists are unable to differentiate between BDSM activities and abuse (Neef, Coppens, Huys, & Morrens, 2019). According to Waldura, Arora, Randall, Farala and Sprott (2016), less than half of kink-oriented medical patients are out to their healthcare provider. Many BDSM practitioners simply hide their kink orientation, give alternative explanations for their activities, and sometimes delay necessary medical care, such as HIV testing (Waldura, Arora, Randall, Farala & Sprott, 2016). BDSM practitioners also face a more general and pervasive social stigma, which is the taboo associated with merely discussing BDSM itself (Bezreh, Weinberg & Edgar, 2012). For individuals in the kink community, developing relationships with others can be particularly stressful because they must decide if they should disclose their identities to others (Meeker, 2013). This is especially important in

sexual and/or romantic relationships, given that many BDSM practitioners consider being kinky as a part of their sexual orientation (Kolmes, Stock & Moser, 2006).

Undoubtedly, a large contributor to the stigmatization and pathologizing of BDSM is the prevalence of sexual violence which, to those not familiar with the inner-workings of the community, can often mirror actions present in D/s relationships. According to a survey by Breiding (2014), 19.3% of women and 1.7% of men had been victims of rape, and 43.9% of women and 23.4% of men having experienced other forms of sexual violence, respectively. With statistics such as these, it is easy to understand why BDSM practices might be feared and stigmatized by the general public. But an important distinction between BDSM and sexual violence or abuse needs to be made. Consent during sex is imperative and is what generally distinguishes BDSM from abuse or violence. In fact, BDSM practitioners often note that ongoing consent is the central focus of all activities (Dunkley & Brotto, 2019). The general consensus being that informed consent of all parties is what distinguishes BDSM from pathological practices like coercion, violence, and assault (Dunkley & Brotto, 2019). Safe, sane and consensual (SSC) and risk aware consensual kink (RACK) are two commonly used acronyms by the community to delineate whether one's play can be considered acceptable within the context of the community (Dunkley & Brotto, 2019). The community also emphasizes the importance of safewords and negotiation which both indicate the importance of informed, mutual, and ongoing consent during all play. These practices allow for all parties involved to have a fundamentally equal amount of respect and power, despite what the play may appear to show.

Perhaps one of the biggest concerns of BDSM as a practice is whether the individuals making up the community are pathological or not. The short answer to this issue is that it appears that practitioners are no more mentally ill than the rest of the general population (Weierstall &

Giebel, 2017), but there are some concerning issues. There are some studies that indicate there may be a relatively higher rate of personality disorders/personality disorder traits, including borderline personality disorder (Frías, González, Palma & Farriols, 2017) and narcissism (Connolly, 2008) as well as having less agreeable personality traits (Neef, Coppens, Huys, & Morrens, 2019). Studies also show a higher prevalence of suicidal ideation compared to non-BDSM individuals (Neef, Coppens, Huys, & Morrens, 2019), with 37.4% of a sample of BDSM practitioners indicating that they had experienced suicidal ideation, compared to only 3.7% of the adult population in the U.S. (Brown, Roush, Mitchell, & Cukrowicz, 2017). Brown, Roush, Mitchell, & Cukrowicz, (2017) suggest that this correlation could be because the BDSM population is repeatedly exposed to physical and psychological pain, thus creating an acquired capability for suicide which directly parallels with the interpersonal theory of suicide. The interpersonal theory of suicide posits that feeling like a burden and a general lack of belonging, combined with feeling that these circumstances will not change can lead to self-harm or suicide (Brown, Roush, Mitchell, & Cukrowicz, 2017). It is worth considering that societal influence and views of BDSM could contribute to this lack of belonging, combined with the fact that a large portion of the BDSM community is made up of already sexually marginalized people. Bezreh, Weinberg and Edgar (2012) note that being sexually stigmatized is likely to make someone more vulnerable to suicide. Another important consideration is the fact that 8% of men and 23% of women in the BDSM community report having experienced childhood sexual abuse, compared to 3% of men and 8% of women in the general population (Neef, Coppens, Huys, & Morrens, 2019).

In conjunction with these negative aspects are some positive attributes associated with the mental health of the BDSM community. According to Klement, Sagrin, and Lee (2016), the

community has a generally lower tolerance for sexism and rape, compared to the general population. According to Wismeijer and Assen (2013), BDSM members assessed on the Big Five personality traits show lower level of neuroticism, higher levels of extroversion, and higher levels of both openness and conscientiousness. Regarding attachment styles in relationships, it was found that BDSM practitioners were less likely to be anxiously attached compared to a non-BDSM group. This same study also found that practitioners are less sensitive to rejection and have a lower need for approval compared to the non-BDSM participants. Neef, Coppens, Huys, & Morrens (2019), citing a study by Moser and Levitt (1987), reported a positive correlation between individual's integration into BDSM culture and their level of well-being. Further, Connolly (2008) reports that BDSM practitioners are no more likely to suffer from OCD, anxiety or depression than the general population.

The Current Study

The overall goal of this study is to learn more about those who are part of the kink-community. This research is important because the current literature on BDSM practitioners is relatively small and more information is needed on this population. Findings from this study may help therapists working with kink-oriented clients in the form of more understanding and in the provision of better care. Findings from this study may also contribute to the reduction of stigma associated with this population. I sought to answer the following questions: (1) What is the prevalence of kink members in a young adult population? (2) Do kink members manifest symptoms of psychopathology more than non-kink individuals? And (3) Can interest in kink activities be predicted from variables related to psychopathology?

These questions are exploratory in nature given the paucity of literature on this topic. In light of that, I anticipate that kink participants may manifest mildly higher symptoms of psychopathology (in depression) as well as narcissism compared to non-kink individuals given that some literature shows kink participants having higher levels of suicidal ideation and narcissistic traits.

Methods

Participants

Participants were 159 undergraduate students enrolled in various courses offered within the Department of Psychology at the university where this study took place. Regarding gender, 110 self-identified as female, 41 as male, 2 as trans, 2 as “other,” and 4 who did not report their gender. Regarding ethnicity, 60 self-identified as non-Hispanic White, 57 as Hispanic/Latino/as, 24 as African American, 11 as Asian American, and 7 as “Other.”

Materials

Demographics

All participants completed a scale assessing information about their demographic backgrounds, such as their age, gender, ethnicity, and class standing.

Interest in Kink Scale (IKS).

To assess participants’ interest in kink-related activities, the IKS was developed by the present author and the Chair of this project specifically for this study. Items for the IKS were modified statements taken from the *Sexual Opinion Survey* (SOS; Fisher, Byrne, White, & Kelley, 1988). The SOS contains 21 items and measures openness to sex and sexuality. Participants indicate their agreement with statements using a 7-point Likert-type scale, with response options ranging from “Strongly agree” to “Strongly disagree.” I selected 16 items from the SOS that were most amenable to modification. A sample item from the SOS was, “I think it would be entertaining to look at erotica (sexually explicit books, movies, etc.).” For the IKS it was changed to, “I think it would be entertaining to look at “kink-related” erotica (sexually explicit “kink-related” books, videos, etc.).” At the top of the IKS, a fairly detailed definition of “kink” is provided to ensure participants understood the behavior of focus measured by the

items. Also, at the end of the IKS, participants answered the following questions: (1) Have you ever participated in kink-related sexual activity? (yes/no). And (2) Do you consider yourself to be a member of the kink community? (yes/no). Based on the present sample of participants, the IKS demonstrated acceptable consistency (Cronbach alpha = .87). Appendix A shows the IKS.

Brief Symptoms Inventory-18

All participants completed the *Brief Symptoms Inventory-18* (BSI-18; Derogatis, 2000) is a shortened version of the 53-item BSI (Derogatis, 1993), which was originally based on the original 90-item *Symptom Checklist-90-Revised* (SCL-90-R Derogatis, 1994). The BSI-18 assesses three dimensions of psychological distress: somatization, depression, and anxiety. Participants respond to the questions using a 5-point Likert-type format corresponding to their level of agreement with the statements (0 = Not at All, to 5 = Extremely). A total score (the global severity index [GSI]) will be used as an index of overall psychological adjustment (Asner-Self, Schreiber, & Marotta, 2006). Total scores can range from zero to four, with higher scores reflective of less psychological adjustment. Based on the present sample of participants, the BSI-18 demonstrated acceptable consistency (Cronbach alpha = .94).

Sadism

All participants completed the *Assessment of Sadistic Personality* scale—short form (ASP—sf; Plouffe, Saklofske, & Smith, 2017). This scale consists of 9 items designed to measure respondents' manifestation of sadistic tendencies. Participants indicate their level of agreement to statements using a 5-point Likert-type scale with response options ranging from 1 (strongly agree) to 5 (strongly disagree). A total score is obtained by averaging the responses. Thus, scores could range from 1 to 5, with higher scores reflective of more sadistic tendencies. Based on the present sample of participants, the ASP demonstrated acceptable consistency (Cronbach alpha = .76).

Aggressiveness.

To measure aggressiveness, participants completed the *Aggression Questionnaire-Short Form* (AQ-sf) (Buss & Warren, 2000). The shortened version of AQ consists of the first 15 items of the original 34-item version and was designed to measure the degree to which respondents endorse statements about their levels of aggressiveness. Items are responded to using a 5-point Likert-type scale, with response options ranging from 1 (“Not At All Like Me”) to 5 (“Completely Like Me”). A total score is obtained by averaging the responses. Thus, scores could range from 1 to 5, with higher scores indicating more aggressiveness. Based on the present sample of participants, the AQ-sf demonstrated acceptable consistency (Cronbach alpha = .88).

Antisocial Personality

Participants completed the *Antisocial* subscale of the *Personality Assessment Inventory* (PAI-A; Morey, 2007). This scale consists of 12 items and was designed to measure the degree to which respondents endorse statements about behaving antisocially. Items are responded to using a 4-point Likert-type scale, with response options ranging from 1 (False) to 4 (Very True). A total score is obtained by averaging the responses. Thus, scores could range from 1 to 4, with higher scores indicating more antisocial tendencies. Based on the present sample of participants, the PAI-A demonstrated acceptable consistency (Cronbach alpha = .78).

Narcissism

All participants completed the *Narcissism* subscale of the *Short Dark Triad* (SD3; Jones & Paulhus, 2014). This scale consists of 9 items designed to measure respondents’ manifestation of narcissistic tendencies. Participants indicate their level of agreement to statements using a 5-point Likert-type scale with response options ranging from 1 (Disagree Strongly) to 5 (Agree Strongly). Three items are reversed-scored. A total score is obtained by averaging the responses.

Thus, scores could range from 1 to 5, with higher scores reflective of more narcissistic tendencies. Based on the present sample of participants, the Narcissism scale demonstrated marginally acceptable consistency (Cronbach alpha = .66).

Histrionics

All participants completed the *Brief Histrionic Personality Scale* (BHPS; Ferguson & Negy, 2014). The BHPS is an 11-item scale designed to measure symptoms or characteristics of the histrionic personality. Participants indicate their level of agreement to statements using a 4-point Likert-type scale with response options ranging from 1 (Never True) to 4 (Always True). A total score is obtained by averaging the responses. Thus, scores could range from 1 to 4, with higher scores reflective of more symptoms of a histrionic personality. Based on the present sample of participants, the BHPS demonstrated acceptable consistency (Cronbach alpha = .77).

Autonomy

All participants completed the *Autonomy* subscale of the *Psychological Well-Being Scale* (PWB-Aut; Ryff, 1989). This scale consists of 14 items designed to measure respondents' ability to resist social pressure and to think independently. Participants indicate their level of agreement to statements using a 6-point Likert-type scale with response options ranging from 1 (Strongly Disagree) to 6 (Strongly Agree). A total score is obtained by averaging the responses. Thus, scores could range from 1 to 6, with higher scores reflective of higher levels of autonomous thinking. Based on the present sample of participants, the PWB-Aut demonstrated acceptable consistency (Cronbach alpha = .86).

Empathy

To assess empathy, all participants completed the *Interpersonal Reactivity Index* (IRI; Davis, 1980; 1983). For this study, only the 7 items forming the Empathy-Concern (EC) subscale

will be used because they were deemed to be most relevant to this study's focus. The EC subscale measures the tendency to experience feelings of warmth, compassion, and concern for other people. Respondents report their endorsement of the statements using a 5-point Likert-type scale, with response options ranging from 1 ("Does Not Describe Me Well") to 7 ("Describes Me Very Well"). A total score is obtained by averaging the responses. Thus, scores could range from 1 to 7, with higher scores reflecting higher levels of empathy. Based on the present sample of participants, the IRI demonstrated acceptable consistency (Cronbach alpha = .85).

Marlowe-Crowne Social Desirability Scale–Short Form (M-C SDS-SF; Reynolds, 1982)

Social desirability (participants' need to be perceived in a positive light) was measured with the 13-item M-C SDS-SF. This scale is a True-False abbreviated version of the M-C SDS (Reynolds, 1982). A sample item is "No matter who I'm talking to, I'm always a good listener." Higher scores reflect a greater tendency to respond to test items in a socially desirable manner. Based on the present sample of participants, the M-C SDS-SF demonstrated acceptable consistency (Cronbach alpha = .75).

Procedure

Participants were recruited from various courses offered in the Psychology Department with the permission of the course Instructor (note: General Psychology courses were not included due to the Psychology Department policies at the university where this study took place). Participants were told about the general nature of the study (it pertained to a type of interest and activity known as “kink”) and were invited to obtain a set of questionnaires to be completed outside of class. They were instructed verbally and on the first page of the questionnaires to not write their names on any of the questionnaires to maintain anonymity. They were asked to return the questionnaires the following week to the course instructor who had them place their questionnaires in a large envelope in any order of insertion and printed their names on a separate sheet of paper in order to receive extra credit points toward their respective course grade. Participation was voluntary. Students electing not to complete the questionnaires were provided an alternative means for obtaining extra credit points.

Results

Table 1 shows the means and standard deviations on study variables for kink versus non-kink participants. One purpose of this study was to estimate the prevalence of kink members among a non-random sample of young adults. The current sample consisted of 159 participants. Among them, 25 reported identifying as a member of the kink community, representing 15.7% of the sample. It bears noting that many participants reporting having engaged in sexual activities that would qualify as kink, yet did not identify as a kink member. Specifically, 86 participants reported engagement with kink activities. Assuming 25 of those 86 were individuals who had identified as kink members, that indicates that 61 of the 159 participants (86 minus 25, representing 38.3%) reported having participated in kink sexual activities.

I had expected that those who identified as part of the kink community would manifest higher levels of psychopathology compared to those who did not identify with the kink community. To test this, I conducted a one-way analysis of covariance (ANCOVA). The independent variable (IV) = kink membership status (kink vs. non-kink). The dependent variables (DVs) = scores on the Interest in Kink scale (KinkTOT), symptoms of maladjustment (BSI), sadism, aggressiveness, antisocial behaviors, narcissism, histrionic behaviors, autonomous thinking, and empathy. Social desirability was treated as a covariate. Overall, there was not a significant effect associated with kink membership status on the DVs (using Wilks' Lambda, $F[9, 145] = 1.81, ns$).

To examine the relations between interest in kink and study variables, I elected to perform a standard multiple regression. This allowed for treating interest in kink as a continuous variable (unlike the ANCOVA above which compared kink members with non-kink members in a dichotomous manner). Predictor variables were all study variables; the criterion was interest in

kink (i.e., scores on kinkTOT). Social desirability was forced entered into the equation. Taken together, the variables significantly predicted kinkTOT (*Multiple* $R^2 = .23$, $F [8, 146] = 4.72$, $p < .001$). The individual predictor variables that achieved significance were: sadism ($\beta = .20$, $t = 1.99$, $p < .05$), antisocial behaviors ($\beta = -.25$, $t = -2.23$, $p < .05$), narcissism ($\beta = -.35$, $t = -3.94$, $p < .001$), histrionic behaviors ($\beta = .40$, $t = 4.08$, $p < .001$), autonomous thinking ($\beta = .32$, $t = 4.03$, $p < .001$), and empathy ($\beta = .18$, $t = 2.17$, $p < .05$).

To further distill the findings from the standard multiple regression, I elected to conduct a stepwise multiple regression to clarify the significant variables for predicting interest in kink. The predictor and criterion variables remained the same as in the standard multiple regression above. Social desirability was forced entered into the analysis at step zero.

With autonomous thinking in the equation, $R^2 = .07$, $F (2, 153) = 5.64$, $p < .01$. After step two, with narcissism added to the prediction of kinkTOT by autonomous thinking, $R^2 = .10$, $F (3, 152) = 5.33$, $p < .01$. Adding narcissism to the equation resulted in a significant increase in R^2 (R^2 change = $.03$, $p < .05$). After step three, with histrionic behaviors added to the prediction of kinkTOT by autonomous thinking and narcissism, $R^2 = .16$, $F (4, 151) = 7.34$, $p < .001$. Adding histrionic behaviors to the equation resulted in a significant increase in R^2 (R^2 change = $.06$, $p < .01$). Finally, after step four, with antisocial behaviors added to the prediction of kinkTOT by autonomous thinking, narcissism, and histrionic behaviors, $R^2 = .19$, $F (5, 150) = 7.00$, $p < .001$. Adding antisocial behaviors to the equation resulted in a significant increase in R^2 (R^2 change = $.03$, $p < .05$). Adding the other variables did not result in a significant increase in R^2 .

Discussion

For this study, a non-random sample of undergraduate students anonymously answered questionnaires assessing: interest in kink, maladjustment, sadism, aggressiveness, antisocial behaviors, narcissism, histrionic behaviors, autonomous thinking, and empathy. I sought to answer (1) What is the prevalence of kink members in a non-random young adult population? (2) Do kink members manifest symptoms of psychopathology more than non-kink individuals? And (3) Can interest in kink activities be predicted from variables related to psychopathology? The results yielded no significant effect associated with kink membership status on the study variables. Also, an initial regression analysis showed that sadism, antisocial behaviors, narcissism, histrionic behaviors, autonomous thinking and empathy collectively predicted interest in kink, whereas a stepwise regression analysis further clarified the significance of the aforementioned variables as predictors of an interest in kink.

Regarding prevalence of kink participants, my results are consistent with those of previous studies, such as the studies by Holvoet et al. (2017), Jozifkova and Flegr (2006), and Renaud and Byers (1999), in that there are more individuals who, though not identifying clearly as being a member of the kink community, report having engaged in kink sexual activity in various degrees. Among the present sample, 38.3% of the participants reported engaging in kink activities with another person(s). Moreover 15.7% self-identified as being a part of the kink community. In a study by Holvoet et al. (2017), almost half of their participant sample had engaged in kink (BDSM) activities at least once and 69% of their sample population had kink-related fantasies (only 7.6% of their sample self-identified as a part of the kink community). Additionally, a study by Jozifkova and Flegr (2006) found that almost half of their sample enjoyed unequal power dynamics with their sexual partners (a common kink activity), and a

study by Renaud and Byers (1999) found that well over half of their sample had fantasies of being tied up or tying someone else up. The findings from those studies, alongside the present results, suggest that many people engage in kink-related sexual activities despite not identifying themselves as kink members. Moreover, more people apparently engage in kink-types of sexual activity than, perhaps, what might be assumed by the general community. A smaller portion of people (perhaps 10-15%) openly embrace an identity linking them to membership of the kink community

The second question I sought to answer was: Do kink members manifest symptoms of psychopathology more than non-kink individuals? My initial expectation was that those who were members of the kink community would experience higher rates of psychopathology, specifically relating to symptoms of depression and narcissism. This expectation was based on previous literature indicating that those who identify as a part of the kink community experience increased rates of suicidal ideation and higher rates of traits relating to personality disorders, such as narcissism. For example, a study by Neef, Coppens, Huys and Morrens (2019) found 37.4% of a population of kink (BDSM) practitioners experienced suicidal ideation, while only 3.7% of the U.S. adult population reported experiencing suicidal ideation. Connolly (2008) also indicates that there were higher rates of narcissistic traits within their BDSM sample. However, contrary to what I had predicted, my results did not support what I had expected. Specifically, kink membership status was not significantly associated with any of the study variables, including narcissism and maladjustment. On one hand, the current results might suggest that kink members are no more maladjusted psychologically than the general population. However, given the unique sample in my study (college students who may still be in the process for forming their

identities), it is premature to make such a conclusion based on this study. Larger socio-epidemiological studies on a national scale would better inform this matter.

My results revealed that sadism, antisocial behaviors, narcissism, histrionic behaviors, autonomous thinking and empathy conjointly predicted interest and openness to kink-types of sexual activities. Specifically, results indicated that those with higher levels of histrionic behaviors, autonomous thinking and empathy are more likely to have an interest in kink behaviors. Additionally, those with lower levels of sadism, antisocial behaviors and narcissism are also more likely to have an interest in kink. These findings present a mixed picture of the image of those interested in kink. On one hand, the results can be interpreted as kink, or semi-kink individuals, enjoy attention, but are not necessarily self-centered (i.e., narcissistic). They also may ignore conventional norms and think for themselves (thus explaining their higher scores on the autonomy measure), and be more aware and sensitive to consent for sexual activity (thus, explaining their lower antisocial scores and higher scores on empathy). Their lower scores on narcissism and higher scores on empathy are somewhat consistent with kink members' concern for the well-being of their partners during sexual activity. Their relatively lower level of sadism is more difficult to interpret. Indeed, a component of kink (or BDSM) involves sadism or its counterpart, masochism. The results for sadism as related to those with an interest in kink revealed that the majority of kink members are female (N=16; 70%), and on average, female kink members scored higher on the sadism scale than the male kink members. Thus, gender does not appear to explain the counterintuitive sadism findings between kink members and non-kink members (it was initially believed that with a higher number of females in the sample, that female kink members would be less sadistic than male kink members, but, that was not the case). Additional research is required to clarify these latter findings.

This research is important because of the plethora of literature currently existing on the BDSM or kink population. More attention ought to be paid to kink members, including those engaging in kink who might not necessarily identify as members, in order to learn more about them. Such information may be useful for helping with the physical and mental health treatment of the kink community. Previous literature indicates that those who identify as a part of the kink or BDSM community perceive that they are stigmatized, not just in society but by healthcare workers (Waldura, Arora, Randall, Farala & Sprott, 2016). Waldura et al. found that less than half of kink-oriented patients seeking medical care are open to their physicians about their life style and out of fear of disapproval, many offer alternative explanations for injuries they had incurred during kink activities. Additionally, there are cases in which kink members are essentially chastised by the helping profession for their kink behavior. For example, Kolmes, Stock and Moser (2006) relayed several reports from self-identified kink practitioners who had been told by their therapist that their kink interests and activities were unhealthy, abusive or even indicative of domestic abuse. Moreover, Neef, Coppens, Huys and Morrens (2019) found that some therapists are not able to differentiate between consensual kink activities versus physical abuse. These previous findings suggest that kink individuals' concerns of being pejoratively labeled are well-founded. It is hoped that as we learn more about the varied lives of kink individuals, including that their psychological adjustment may not differ dramatically compared to non-kink people, the higher the likelihood that they may experience less social stigma. They also might be treated with more respect in the offices of medical doctors and psychotherapists.

More research should be done on the kink or BDSM community. Future research efforts should clarify the actual ratio between those who self-identify as a kink member versus those with an interest in kink but do not identify as part of that group. As one example for such

research, is it the case that if stigma did not exist to those engaging in kink, more kink participants might “come out” and publicly identify as a kink member? Perhaps face-to-face interviews might illuminate why a person might or might not choose to identify as a part of the community. Future research could also focus on the understanding of perceived versus actual stigmatization within their mental and medical healthcare clinical relationships. This type of research could include clinicians’ and physicians’ self-reported experiences with kink-oriented patients as well as kink-oriented patients’ own experiences.

This study was not without its limitations. College students may not represent the larger, non-college population; as such, it is difficult to generalize the present findings to kink people from the general, non-college community. It deserves mentioning that the current cohort of U.S. college students are more diverse than previous generations of college students and arguably are more concerned with notions of inclusiveness and diversity itself compared to previous cohorts. Because of that, the present sample of college students may actually have overstated their interest in kink-related sexual activities in order to affirm their acceptance of varied life-styles and identities. Moreover, even for college students, the size of my sample was rather small, thus calling into further questioning the generalizability of my findings to even college students across the nation.

Appendix A

Kink Scale

“Kink” (or “kinkiness”) refers to non-conventional sexual practices, concepts or fantasies. Thus “kink” is a colloquial term for uncommon sexual behavior. The term "kink" may include a range of sexual practices ranging from relatively harmless sex play to sexual objectification and certain paraphilias. The term "kink" may include fantasies and behaviors associated with “BDSM” (bondage, discipline, sadism, and masochism), leather-related activities, and a variety of “fetishes.”

Please respond to each item as honestly as you can. There is no right or wrong answers, and your answers will be completely confidential. Circle the most appropriate number for each question.

1. I think it would be entertaining to look at “kink-related” erotica (sexually explicit “kink-related” books, videos, etc.)

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

2. “Kink-related” erotica (sexually explicit “kink-related” books, videos, etc.) is obviously abnormal and people should not try to describe it as anything else.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

3. Engaging in some type of “kink-related” sex would be an exciting experience.

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

4. If I found out that a close friend of mine were into “kink,” it would bother me.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

5. If people thought I was interested in “kink,” I would be embarrassed.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

6. Engaging in “kink-related” sex is an entertaining idea to me.

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

7. I personally find that thinking about various types of “kink” sexual behavior to be arousing.

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

8. Thoughts that I might have “kink-related” interests or tendencies wouldn’t worry me at all.

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

9. Almost all “kink-related” sexual activity turns me off.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

10. It would be emotionally upsetting to me to see someone engaged in any type of “kink-related” sex.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

11. Watching someone engaged in some type of “kink” act would be very exciting.

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

12. I would not enjoy seeing an erotic, “kink-explicit” video.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

13. Manipulating my genitals while fantasizing about “kink-related” sex acts probably would be an arousing experience.

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

14. I am curious about “kink-related” sexual acts and behaviors.

Strongly Agree 7 6 5 4 3 2 1 Strongly Disagree

15. The thought of having long term sexual relations with someone who is into “kink” is troubling to me.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

Have you ever participated in kink-related sexual activity? Yes No

Do you consider yourself to be a member of the kink community? Yes No

Table 1

Means and Standard Deviations of Study Variables as a Function of Kink Status (N = 159)

	KINK MEMBERSHIP STATUS	
	Kink (n = 25)	non-Kink (n = 134)
Age Mean (SD)	20.48 (1.68)	21.00 (3.34)
<i>Study Variables^a</i>		
Interest in Kink scale	6.23 (0.76)	5.14 (1.37)
Psychological Adjustment ^b	1.35 (1.10)	1.15 (0.85)
Sadism ^c	2.14 (0.81)	1.94 (0.57)
Aggressiveness ^d	2.17 (0.82)	2.02 (0.67)
Antisocial behaviors ^e	2.24 (0.53)	1.99 (0.47)
Narcissism ^f	3.03 (0.52)	3.00 (0.62)
Histrionic behaviors ^g	2.28 (0.43)	2.15 (0.52)
Autonomy ^h	4.37 (0.71)	4.17 (0.76)
Empathy ⁱ	4.03 (0.70)	4.06 (0.74)
Social Desirability ^j	2.80 (0.62)	3.03 (0.58)

Notes:

^a All *ps* > .05.

^b Psychological adjustment measured by the Brief Symptoms Inventory-18 (BSI-18; Derogatis, 2000).

^c Sadism measured by the *Assessment of Sadistic Personality* scale—short form (ASP—sf; Plouffe, Saklofske, & Smith, 2017).

^d Aggressiveness measured by the *Aggression Questionnaire-Short Form* (AQ-sf) (Buss & Warren, 2000).

^e Antisocial behaviors measured by the *Personality Assessment Inventory* (PAI-A; Morey, 2007).

^f Narcissism measured by the *Narcissism* subscale of the *Short Dark Triad* (SD3; Jones & Paulhus, 2014).

^g Histrionic behaviors measured by complete the *Brief Histrionic Personality Scale* (BHPS; Ferguson & Negy, 2014).

^h Autonomy measured by the *Psychological Well-Being Scale* (PWB-Aut; Ryff, 1989).

ⁱ Empathy measured by the *Interpersonal Reactivity Index* (IRI; Davis, 1980; 1983).

^j Social desirability measured by the *Marlowe-Crowne Social Desirability Scale–Short Form* (M-C SDS-SF; Reynolds, 1982).

References

- Asner-Self, K. K., Schreiber, J. B., & Marotta, S. A. (2006). A cross-cultural analysis of the Brief Symptom Inventory—18. *Cultural Diversity and Ethnic Minority Psychology, 12*, 367-375.
- Bezreh, T., Weinberg, T., & Edgar, T. (2012) BDSM Disclosure and Stigma Management: Identifying Opportunities for Sex Education. *American Journal of Sexuality Education, 7*, 37-61.
- Breiding, M. (2014). Prevalence and Characteristics of Sexual Violence, Stalking and Intimate Partner Violence Victimization –National Intimate Partner and Sexual Violence Survey. *US National Library of Medicine: National Institutes of Health, 6*, 1-18.
- Brown, S., Roush, J., Mitchell, S., & Cukrowicz, K. (2017). Suicide Risk Among BDSM Practitioners: The Role of Acquired Capability for Suicide. *Journal of Clinical Psychology, 73*, 1642-1654.
- Buss, A. H., & Warren, W. L. (2000). *Aggression questionnaire manual*. Los Angeles: Western Psychological Services.
- Connolly, P. (2008). Psychological Functioning of Bondage/Domination/Sado-Masochism (BDSM) Practitioners. *Journal of Psychology & Human Sexuality, 18*, 79-120.
- Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology, 10*, 85.
- Derogatis, L. R. (1993). *Brief Symptom Inventory: Administration, scoring, and procedures manual*. Minneapolis, MN: National Computer Systems.

- Derogatis, L.R. (1994). *SCL-90-R: Administration, scoring, and procedures manual (3rd ed.)*. Minneapolis, MN: National Computer Systems.
- Derogatis, L. R. (2000). *Brief Symptoms Inventory (BSI) 18 Administration, Scoring, and Procedures Manual*. Minneapolis, MN: National Computer Systems.
- Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*, 113-126.
- Dunkley, C., & Brotto, L. (2019). The Role of Consent in the Context of BDSM. *Sexual Abuse: A Journal of Research and Treatment, 1-22*.
- Ferguson, C. J., & Negy, C. (2014). Development of a brief screening questionnaire for histrionic personality symptoms. *Personality and Individual Differences, 66*, 124-127.
- Frias, A., Gonzalez, L., Palma, C., & Farriols, N. (2017). Is There a Relationship Between Borderline Personality Disorder and Sexual Masochism in Women? *Archives of Sexual Behavior, 46*, 747-754.
- Graham, B., Butler, S., McGraw, R., Cannes, S., & Smith, J. (2016). Member Perspectives on the Role of BDSM Communities. *Journal of Sex Research, 53*, 895-909.
- Holovoet, L., Huys, W., Coppens, V., Seeuws, J., Goethals, K., & Morrens, M. (2017). Fifty shades of Belgian gray: the prevalence of BDSM-related fantasies and activities in the general population. *The Journal of Sexual Medicine, 17*, 1152-1159.
- Jones, D. N., & Paulhus, D. L. (2014). Introducing the Short Dark Triad (SD3): A brief measure of dark personality traits. *Assessment, 21*, 28-41.

- Jozifkova, E., & Flegr, J. (2006). Dominance, submissivity (and homosexuality) in general population. Testing of evolutionary hypothesis of sadomasochism by internet-trap-method. *Neuroendocrinology Letters*, 27, 711-718.
- Klement, K., Sagrin, B., & Lee, E. (2016). Participating in a Culture of Consent May Be Associated With Lower Rape-Supportive Beliefs. *The Journal of Sex Research*, 54, 130-134.
- Kolmes, K., Stock, W., & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality*, 50, 301-324.
- Luminais, M. N. (2012). *In the habit of being kinky: Practice and resistance in a BDSM community, Texas, USA* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global.
- Meeker, C. (2013). *“Learning the Ropes” : An Exploration of BDSM Stigma, Identity Disclosure, and Workplace Socialization*.
- Meyer, C. & Chen, H. (2019). Vanilla and Kink: Power and Communication in Marriages with a BDSM-identifying partner. *Sexuality and Culture*, 23, 774-792.
- Morey, L. C. (2007). *The Personality Assessment Inventory*. Los Angeles: Western Psychological Services.
- Neef, N., Coppens, V., Huys, W., & Morrens, M. (2019). Bondage-Discipline, Dominance-Submission and Sadomasochism (BDSM) From an Integrative Biopsychosocial Perspective: A Systematic Review. *The Journal of Sexual Medicine*, 7, 129-144.

- Plouffe, R. A., Saklofske, D. H., & Smith, M., M. (2017). The Assessment of Sadistic Personality: Preliminary psychometric evidence for a new measure. *Personality and Individual Differences, 104*, 166-171.
- Renaud, C., & Byers, E. (1999). Exploring the frequency, diversity, and context of university students' positive and negative sexual cognitions. *The Canadian Journal of Human Sexuality, 8*.
- Reynolds, W. M. (1982). Development of reliable and valid short-forms of the Marlow-Crowne Social Desirability Scale. *Journal of Clinical Psychology, 39*, 119-125.
- Richters, J., Grulich, A., Visser, R., Smith, A., & Rissel, C. (2007). Sex in Australia: Autoerotic, esoteric and other sexual practices engaged in by a representative sample of adults. *Australian and New Zealand Journal of Public Health, 27*, 180-190.
- Rushton, J.P., Chrisjohn, R. D., & Fekken, G. C. (1981). The altruistic personality and the self-report altruism scale. *Personality and Individual Differences, 2*, 293-302.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069-1081.
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics (5th ed.)*. Boston: Allyn & Bacon.
- Waldura, J., Arora, I., Randall, A., Farala, J., & Sprott, R. (2016). *The Journal of Sexual Medicine, 13*, 1918-1929.
- Wismeijer, A., & Assen, M. (2013). Psychological Characteristics of BDSM Practitioners. *The Journal of Sexual Medicine, 10*, 1943-1953.

Wright, S. (2006). Discrimination of SM-identified individuals. *Journal of Homosexuality*, 50, 217-231.

Yost, M. (2009). Development and Validation of the Attitudes about Sadomasochism Scale. *The Journal of Sex Research*, 47, 79-91.

