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A study of a sample of Portuguese BDSM population and their perceptions of psychotherapists

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**A STUDY OF A SAMPLE OF PORTUGUESE BDSM POPULATION AND
THEIR PERCEPTIONS OF PSYCHOTHERAPISTS**

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ABSTRACT

The general objective of the present study is to analyze and interpret how Portuguese BDSM practitioners perceive others' reactions towards their sexual preferences. Specifically, we focus on understanding the perceptions BDSM practitioners have of psychotherapists, independently of having had professional contact with them. Additionally, we aim to assess how practitioners experience BDSM, both on a personal and relational level, as well as their stance on disclosure of their preferences to others and to psychotherapists. The methodology chosen for this study is based on a qualitative semi-structured questionnaire, seeded by quantitative elements, both in data collection and data analysis stages. Convenience sampling was used that included 88 participants. Several topics are approached, namely the characterization of the practices and experiences of BDSM practitioners, which allowed us to have a clearer view on the habits of the sample of the Portuguese BDSM population. The effect pathologization and stigma have on practitioners was also explored, as well as the experiences and attitudes of BDSM Portuguese practitioners towards psychotherapists. The results allowed to add to the literature information about the Portuguese BDSM community, namely regarding frequency of engagement in BDSM, the age of emergence of BDSM interests, most liked activities and the ones that are most practiced. The results also show that BDSM practitioners still suffer from stigma and discrimination, and from the harmful associations being made (e.g. association between BDSM and domestic violence and/or sexual pathologies), which impacts decision to disclose and romantic/intimate relationships. It was also made clear that many practitioners believe psychotherapists are not qualified to provide guidance in this area and may even react inappropriately, despite also recognizing psychotherapy as beneficial. Finally, this study may contribute positively to the exploration of the BDSM theme, particularly in terms of deepening the knowledge of factors associated with the BDSM phenomenon within the Portuguese population.

Keywords: BDSM; Stigma; Psychotherapists; Kinky; Sadomasochism

RESUMO

O objetivo geral do presente estudo é analisar e interpretar a forma como os praticantes de BDSM portugueses percebem as reações dos outros face às suas preferências sexuais. Especificamente, concentramo-nos em compreender as percepções que os praticantes de BDSM têm dos psicoterapeutas, independentemente de terem tido contato profissional com estes. Além disso, pretendemos avaliar como os praticantes vivenciam o BDSM, tanto a nível pessoal quanto relacional, bem como a sua postura sobre a divulgação das suas preferências a outras pessoas e aos psicoterapeutas. A metodologia escolhida para este estudo tem por base um questionário qualitativo semiestruturado, pontuado por elementos quantitativos, tanto na etapa de recolha como de análise de dados. Foi utilizada uma amostra por conveniência, envolvendo 88 participantes. Vários tópicos são abordados, nomeadamente a caracterização das práticas e experiências dos praticantes de BDSM, o que nos permite ter uma visão mais clara sobre os hábitos da amostra da população portuguesa de BDSM. O efeito que a patologização e o estigma têm nos profissionais também foi explorado, bem como as experiências e atitudes dos praticantes de BDSM portugueses em relação aos psicoterapeutas. Os resultados permitiram adicionar à literatura informação sobre a comunidade portuguesa de BDSM, nomeadamente no que se refere à frequência das práticas, à idade em que terão surgido os primeiros interesses BDSM, quais as atividades mais apreciadas e quais as mais praticadas. Os resultados também mostram que praticantes de BDSM ainda sofrem de estigma e discriminação, e de conotações prejudiciais associadas (por exemplo, associação entre BDSM e violência doméstica e/ou patologias sexuais), que impactam a decisão de divulgação de interesses e os relações amorosas/intimidade. Também ficou claro que muitos praticantes acreditam que os psicoterapeutas não estão qualificados para fornecer orientação nessa área e podem até reagir de forma inadequada, apesar de também reconhecerem a psicoterapia como benéfica. Por fim, este estudo pode contribuir positivamente para a exploração do tema BDSM, nomeadamente no sentido de aprofundar o conhecimento dos fatores associados ao fenómeno BDSM na população portuguesa.

Palavras-chave: BDSM; Estigma; Psicoterapeutas; Kinky; Sadomasoquismo

RÉSUMÉ

L'objectif général de ce travail est celui d'analyser et d'interpréter la manière dont les praticiens portugais de BDSM s'aperçoivent des réactions des autres envers leurs préférences sexuelles. Plus précisément, nous nous concentrons sur la compréhension des perceptions que les praticiens de BDSM ont des psychothérapeutes, indépendamment du fait d'avoir eu un contact professionnel avec eux. En outre, nous avons l'intention d'évaluer comment les praticiens vivent le BDSM, soit au niveau personnel et relationnel, soit en ce qui concerne leur position sur la divulgation de leurs préférences à d'autres personnes et psychothérapeutes. La méthodologie choisie pour cette étude est basée sur un questionnaire qualitatif semi-structuré, ponctué par des éléments quantitatifs, soit au moment de la collecte que de l'analyse des données. Un échantillon de convenance a été utilisé, impliquant 88 participants. Plusieurs sujets sont abordés, notamment la caractérisation des pratiques et des expériences des praticiens BDSM, ce qui nous permet d'avoir une vision plus claire sur les habitudes de l'échantillon de la population portugaise BDSM. L'effet de la pathologisation et de la stigmatisation sur les professionnels a également été étudié, ainsi que les expériences et les attitudes des praticiens portugais de BDSM par rapport aux psychothérapeutes. Les résultats ont permis d'ajouter à la littérature des informations sur la communauté BDSM portugaise, notamment en ce qui concerne la fréquence des pratiques, l'âge auquel les premiers intérêts BDSM sont apparus, les activités les plus appréciées et les plus pratiquées. Les résultats montrent également que les praticiens de BDSM souffrent toujours de la stigmatisation et de la discrimination, et des connotations néfastes associées (par exemple, association entre BDSM et violence domestique et/ou pathologies sexuelles), qui ont un impact sur la décision de divulguer des intérêts et les relations amoureuses / intimité. Il était également clair que de nombreux praticiens considèrent que les psychothérapeutes ne sont pas qualifiés pour fournir des conseils dans ce domaine et ils peuvent même réagir de manière inappropriée, bien qu'ils reconnaissent également la psychothérapie comme bénéfique. Finalement, cette étude peut contribuer positivement à l'exploration du thème BDSM, notamment pour approfondir la connaissance des facteurs associés au phénomène BDSM dans la population portugaise.

Mots-clés: BDSM; Stigmate; Psychothérapeutes; Kinky; Sadomasochisme

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I. INTRODUCTION

In this study, we will address the BDSM phenomenon within a sample of Portuguese participants.

Although the BDSM problematic has been extensively represented in fictional literature, with novels such as *Fifty Shades of Grey* (James, 2011), scientific research in this field, when compared to other sexual practices, is still quite scarce, particularly among the Portuguese population. Motivated by our future performance as professionals in the field of psychological counseling, potentially capable of working with this type of more specific audience, we directed our research to the relationship between BDSM practitioners and psychotherapists. The purpose of the study was to conduct an in-depth discussion on how BDSM practitioners perceive others' reactions towards their sexual preferences. More specifically, we focus on understanding BDSM practitioners' perceptions of psychotherapists, with or without former professional contact with them. In addition, we aim to explore how practitioners themselves explore BDSM, both on personal and relational levels, as well as their stance on disclosure of their preferences to others and to psychotherapists.

Once the objectives of our work were defined, we supported our research in seeking guidance for answers to the following three research questions: (i) how we can characterize the practices and how they are experienced by the Portuguese population in relation to the BDSM phenomenon; (ii) how do pathologization and stigma affect practitioners?; and (iii) what are the experiences and attitudes of BDSM Portuguese practitioners towards psychotherapists?

The literature review includes the characterization of BDSM and its inherent concepts, analyzing its definitions and principles, as well as its prevalence in some sectors of the population. To further elaborate on the BDSM world, the study incorporated qualitative and quantitative data both on practitioners and psychotherapists. More specifically, the research delved into practitioners' characteristics, the connection between BDSM and pathologization, and the way it affects practitioners in their perceptions of stigma and disclosure. Regarding psychotherapists, the literature review allowed for findings connected to prejudice and stigma on the side of clinicians, paving the way to the suggestion of a set of guidelines for practice.

To tackle the research topic, the methodology used a qualitative approach, intercalated by quantitative data, both at collection and analysis stages, using a semi-structured questionnaire.

Following the introduction, the next chapter approaches the literature review on the BDSM phenomenon. In the third chapter, the methodology that supports the empirical analysis is presented, together with the definition of the research questions and characterization of the data collection instrument. The methodological procedures regarding sampling, data collection and data analysis are explained. The fourth chapter is dedicated to the presentation and analysis of results, followed by a discussion chapter and a conclusion.

II. LITERATURE REVIEW

1. Characterization of BDSM and its concepts

The acronym BDSM is an abbreviation that stands for Bondage and Discipline (BD), Domination and Submission (DS), and Sadomasochism (SM). It is used as an umbrella term that encompasses the use of physical and/or psychological restraints and rules for punishment (BD) (Faccio, Casini, & Cipolletta, 2014; Hébert & Weaver, 2015), the negotiation and exchange of control between partners (DS), and inflicting and/or receiving of consensual pain on oneself or another person *for* the purpose of sexual satisfaction (SM; (Faccio et al., 2014). Inside the world of BDSM there is a multitude of terms that can be applied according to the participant's preferences, such as dominant/dom and submissive/sub/slave for DS practitioners, sadist and masochist for SM practitioners, and switcher for those who alternate between roles (Connolly, 2006; Wright, 2008).

Wiseman (1996) defines BDSM as including “the knowing use of psychological dominance and submission, and/or physical bondage, and/or pain, and/or related practices in a safe, legal, consensual manner in order for the participants to experience erotic arousal and/or personal growth.” (What is SM?, para 1). While BDSM is experienced by many people as an erotic activity that takes place within a sexual setting, not all BDSM practices involve sexual contact (Yost & Hunter, 2012). In this way, BDSM can range from an occasional sexual practice to a lifestyle (Kolmes, Stock, & Moser, 2006). In a study by Connolly (2006) 32% of 132 participants reported that BDSM made up less than half of their sexual activity, while 11.2% of participants indicated that they engaged exclusively in BDSM during sexual interactions. Some couples also engage in BDSM for the entirety of the relationship, meaning the practitioners are permanently in their role (Moser, 1989). In these cases, a code of conduct is established between the partners (Baumeister, 1988) regarding each partner's conditions and limits within the sexual encounters (Santtila, Sandnabba, Alison, & Nordling, 2002).

Concerning the prevalence of BDSM in the general population, few studies have been conducted. An American study reported that 10% of its population engaged in BDSM on at least an occasional basis (Masters, Johnson, & Kolodny, 1995, as cited in Faccio et al., 2014). More recently, an Australian study (Richters, de Visser, Rissel, Grulich, & Smith, 2008) reported that 1,8% of its 19,307 participants had engaged in BDSM during the

previous year, while a recent Belgian study reported that 48,6% of 1027 participants had performed at least one BDSM-related activity, with 12,5% of its total population indicating they practice BDSM on a regular basis (Holvoet et al., 2017). Other studies mentioned different intervals of incidence, such as Arndt, Foehl, and Good (1985), who reported the incidence of different fantasies in about 25-60% of its target population, while Joyal, Cossette, and Lapierre (2015) stated that about 30-60% of women in their study had had submissive fantasies.

BDSM relies heavily on consent, as deviation from establishment of consent may constitute sexual assault and/or rape and is therefore not regarded as BDSM (Weinberg, 2006). Following this line of thought, the sentences *Safe, Sane, Consensual, Risk-Aware Consensual Kink* and, more recently, *Caring, Communication, Consent, and Caution (4Cs)* (Williams, Thomas, Prior, & Christensen, 2014) highlight the importance of this feature, which is crucial regarding BDSM safety (Graham, Butler, McGraw, Cannes, & Smith, 2016; Moser & Kleinplatz, 2006; Weinberg, 2006), with members of the BDSM community singling out consent as an important part of the community role (Graham et al., 2016). Also, Graham et al. (2016) suggested that, being consent as a shared social value, the practice of negotiating consent and safety is observed by newer members of the community and thus internalized by them. Furthermore, advocacy groups have created the Consent Counts program (NCSF, 2013), which details recommendations regarding consent in BDSM relationships, such as viewing it as an ongoing negotiation focused on positive experiences instead of a one and only event that is only meant to stave off unwanted sexual advances (Graham et al., 2016). Graham et al. (2016) call on the social norms regarding consent within the BDSM community to be incorporated into more sex education approaches, namely the notions that consent can be withdrawn at any point and that it is part of a negotiation that focuses on continuous open communication.

According to Weinberg, Williams, and Moser (1984), the notion of SM embodies the following five markers: a) the appearance of domination and submission; b) role-playing; c) consensual agreement to enter the scene; d) a recognition and understanding by both parts that the activities constitute BDSM; and e) a sexual context, although, as mentioned above, not all participants view BDSM as inherently sexual. Jozifkova (2013) has also proposed components that distinguish BDSM practices from violent practices, stating that voluntariness, communication, the use of a safeword (a word that indicates desire to halt the activity), safe sex and the access to information about BDSM are key elements for this distinction. Moreover, Jozifkova (2013) draws a distinction between BDSM and abuse, and

characterizes a healthy BDSM relationship by the following conditions: a) absence of feelings of worthlessness, guilt or fear towards their partner; b) respect for the partner; c) the ability to tell apart the sex scene from real life, along with no psychological violence/manipulation; d) the absence of the failure and compensation cycle but stable behavior; e) no aggression or isolation from family and friends; and f) only a mild hierarchy disparity in everyday lives. Guidelines regarding the distinction between BDSM and abuse have been provided by Moser (2006) and NCSF (1998), while Shahbaz and Chirinos (2016) contributed a healthy BDSM behavior checklist.

2. The practitioners of BDSM

2.1. Characteristics

In terms of demographic characteristics, both Pascoal, Cardoso, and Henriques (2015) and Santtila et al. (2002) noticed their respondents were highly educated, mostly in committed and monogamous relationships. However, they point out this may be due to their use of the Internet for data collection. Furthermore, BDSM practitioners were found to have higher levels of income, as well as higher-ranking positions at work and practiced community service (Sandnabba, Santtila, Alison, & Nordling, 2002). Concerning sexual orientation, research shows that LGB people are more frequently involved in BDSM (Richters et al., 2008). Regarding gender specificity, research by Richters et al. (2008) found that male participants are more likely to engage in BDSM practices.

Additionally, Wismeijer and van Assen (2013) reported that BDSM practitioners were more extraverted, less neurotic, more open, less rejection sensitive yet less agreeable, as well as more conscientious, higher in subjective well-being, and more securely attached, in comparison to non-BDSM individuals. These results might be due to the high levels of trust and consent required in BDSM practices, making these individuals more self-aware and more proficient in communicating with their partner (Pillai-Friedman, Pollitt, & Castaldo, 2015). The findings by Wismeijer and van Assen (2013) present a favorable perspective of BDSM practitioners, which corroborates earlier findings, regarding increase in relationship closeness after a successful scene (Connolly, 2006; Richters et al., 2008; Sagarin, Cutler, Cutler, Lawler-Sagarin, & Matuszewich, 2009). On this same vein, BDSM practitioners

were found to not differ significantly from vanilla¹ people in regards to clinical psychopathology and severe personality pathology measures, having, however, higher-than-average levels of narcissism and nonspecific dissociative symptoms, which suggests that, despite slight differences in levels of functioning within the BDSM community, these most likely do not justify labelling the community as inherently “dysfunctional” (Connolly, 2006). Moreover, BDSM was linked to sexual openness instead of sexual issues and/or having been sexually coerced (Richters et al., 2008). Richters et al. (2008) also found that practitioners were more likely to be sexually diverse, with higher interest in sex and greater participation in less traditional sexual activities, with male BDSM players being significantly less likely to have high levels of psychological distress. Pascoal et al. (2015) corroborated this finding by reporting that there was no significant difference regarding levels of sexual functioning distress in women, and that men reported lower distress than their vanilla counterparts. Sandnabba et al. (2002) also found that kink-identified women were more likely to be more satisfied with their sex lives, while Pascoal et al. (2015) reported there was no difference in levels of sexual satisfaction. There is also evidence pointing at the relative good psychological health of those involved in BDSM activities (Moser & Levitt, 1987; Richters et al., 2008).

2.2. BDSM and pathologization

BDSM has long been pathologized, going back to Krafft-Ebbing’s medical model of classification for alternative sexualities in his book *Psychopathia Sexualis*, published in 1886 (Shahbaz & Chirinos, 2016) and Freud’s early work involving patients suffering from their BDSM interests (Weierstall & Giebel, 2017), which has molded early ideas of BDSM stigma. According to Pillai-Friedman et al. (2014), BDSM has also been considered to be unhealthy, abusive, and an indicative of past abuse (Kolmes et al., 2006), being traditionally pathologized by law enforcement and employers (Ridinger, 2006; White, 2006) and by feminists (Wright, 2006). Moreover, literature mentioned by Connolly (2006) suggests that BDSM practitioners would have higher levels of certain disorders, such as depression (Blum, 1988), obsessive-compulsion (e.g., Garma, 1945), posttraumatic stress disorder (e.g., Levy, 2000) and dissociation (Blizard, 2001; Howell, 1996), as well as developmental failures (Bychowski, 1959; Mollinger, 1982) and unresolved infantile conflicts (e.g., Blum, 1976), on top of being considered the root of a sexual deficiency that causes practitioners to need

¹ Vanilla is a term commonly used to refer to a lack of interest in BDSM

stronger stimuli to become aroused and/or to reach orgasm (Sandnabba et al., 2002; Weinberg, 1994). This pathologization extends itself to the legal system (Barker, Iantaffi, & Gupta, 2007). In a famous S/M case, a man was convicted for a whipping administered in a consensual S/M scene, although there was no complaining victim (Rubin, 1984). The court ruled that one may not consent to an assault or battery except in situations related to sports, while at the same time stating that “a normal person in full possession of his mental faculties does not freely consent to the use, upon himself, of force likely to produce great bodily injury.” (People v. Samuels, 250 Cal. App. 2d at 513–514, 58 Cal. Rptr. at 447, as cited in Rubin, 1984). Even though BDSM usually causes less severe injuries than those suffered during an average football game, the court ruled against the sanity of ability to give consent of BDSM practitioners (Rubin, 1984).

Although the study of Nordling, Sandnabba, and Santtila (2000) reported that their female participants with a history of sexual abuse were significantly more likely to engage in masochistic sexual behavior and that sexual abuse in childhood would be a contributory etiological factor, there are also studies that find no evidence that a BDSM orientation is caused by childhood sexual abuse (Jozifkova, 2013; Kleinplatz & Moser, 2004; Sandnabba et al., 2002), as well as studies that report little or no difference in attachment styles, childhood experiences, and psychological functioning when comparing respondents with controls (Richters et al., 2008; Sandnabba et al., 2002; Wismeijer & van Assen, 2013). In contrast to the legacy of Kraft-Ebbing, the first to write clinically about "sadism" and "masochism", the DSM-5 (American Psychiatric Association, 2013) only considers Fetishism, Sadism and Masochism as paraphilic disorders when there is malaise in the individual, potential risk to third parties and psychosocial difficulties (Quaresma, 2019).

Some authors provide a list of common BDSM myths. Barker et al. (2007, p. 122), for example, present a table demystifying common BDSM assumptions, such as “BDSM is all about pain” or “BDSM is on the same continuum of behavior as violent sadism and serial murder”. In *Table 1 Table 1 - Common assumptions about BDSM from Barker et al. (2007)*, the authors challenge the myths that are present in dominant discourses, in what can be guidelines to psychotherapists.

| Underlying assumption about BDSM | Challenges to dominant discourses |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| BDSM is all about pain | There may not be any pain involved. There are different kinds of pain |
| BDSM always takes place in couple relationships | Single people and those with multiple partners also engage in BDSM. It may not occur in the context of an ongoing relationship |

| | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BDSMers always assume fixed roles (top or bottom; dom or sub) | Many people switch roles within and/or between scenes |
| The top/dom has all the control | Bottoms/subs are often perceived as having more control and negotiations usually take place in any case |
| People who engage in BDSM have been abused or somehow damaged in their lives | There is no evidence that the incidence of abuse is any greater amongst BDSMers than the general population |
| BDSM is addictive and the start of a slippery slope into more extreme activities | There is no evidence that BDSM is any more addictive than any other behavior. Many experience an ebb and flow in their levels of BDSM activities and desire |
| BDSM is always about sex | BDSM may or may not take place in a sexual context/relationship |
| BDSM is on the same continuum of behavior as violent sadism and serial murder | BDSM relationships are no more likely to be abusive than any other. There is generally a strong emphasis on consent and safety in BDSM relationships, communities and literature |

Table 1 - Common assumptions about BDSM from Barker et al. (2007)

As pointed out by Langdridge & Barker (2008, as cited in Meeker, 2013), it is clear that studies have come to frame BDSM in a more accepting light, all the while steering professionals towards a more sex-friendly perspective of SM practitioners (Kleinplatz & Moser, 2006). As Pascoal et al. (2015) point out, researchers' interest in sexual minorities has gone from a criminal/psychopathological perspective that pathologizes nonconforming and non-genital modes of sexual expression, toward de-pathologizing nonnormative sexual practices, which in turn broadens clinical and research knowledge regarding BDSM. The emergence of *Risk Aware Consensual Kink* (RACK) makes it easier to bracket BDSM with dangerous sports rather than with psychopathologies, emphasizing awareness of potential risk accompanied by harm reduction strategies (Barker et al., 2007).

Despite the widespread notion that BDSM is unhealthy, various studies, such as Holvoet et al. (2017), report that a significant percentage of the population had engaged in BDSM at some point in their life, as mentioned above. The statistics regarding BDSM prevalence indicate that alternative sexualities appear to be relatively widespread, despite the stigma and biases that mischaracterize these sexualities as pathological, or exceedingly rare (Spratt, Randall, Davison, Cannon, & Witherspoon, 2017). Furthermore, evidence shows the BDSM community to be emotionally and psychologically well balanced, as well as socially well-adjusted (Weinberg, 2006), with more education than the general U. S. population (Weinberg, 1994), which suggests that BDSM might provide important psychological and social benefits (Williams, Prior, Alvarado, Thomas, & Christensen, 2016). These findings have led authors to conclude that BDSM is better classified as a leisure activity, instead of

being considered psychopathology (e.g., (Newmahr, 2010; Williams, 2009; D. J. Williams et al., 2016)).

2.3. Stigma

Nowadays, BDSM practitioners still report being discriminated against (Holvoet et al., 2017). Consequently, practitioners feel the need to hide their sexual preferences to protect themselves and others (Kelsey, Stiles, Spiller, & Diekhoff, 2013). According to Rubin (1984), modern western societies follow a hierarchical system of sexual value, with marital and reproductive heterosexuals at the top of the pyramid, and sadomasochists among the most despised sexual castes, where “sexuality that is ‘good’ and ‘normal’ (...) should not involve fetish objects, sex toys of any sort, or roles other than male and female” (p. 152), which can help to explain the stigma associated with BDSM.

The effects of stigma reach far and wide, negatively impacting social, economic, and individual outcomes (Link & Phelan, 2001). For example, according to Graham et al. (2016), stigmatization because of BDSM can affect employment discrimination (NCSF, 2011), suspended child support (Kleinplatz & Moser, 2006), and criminal charges (White, 2006). On top of this, engaging in BDSM can lead to significant distress, due to the social unacceptability surrounding it (Barker et al., 2007). Stigmatization causes individuals in kink-identified subcultures to construct their identities within the context of a deviant subculture, including negative societal judgements when doing so, which leads to shame, guilt, and self-hatred (Goffman, 1963). This results in these people doing what Goffman (1956) termed *impression management*, which consists of monitoring information about themselves as a coping strategy to manage their public persona and for improving interpersonal outcomes, using cover stories to pass as vanilla. This then influences how they are perceived and treated in social situations (e.g. Goffman, 1956). Another way to face social criticism is to reframe BDSM interests as something that has been present since childhood and so engaging in it is merely the individuals being true to themselves, as a way of deflecting the blame for their deviant preferences (Stiles & Clark, 2011).

In the study of Bezreh, Weinberg, and Edgar (2012), respondents reported being aware of fantasies or feelings which they later identified as SM-related when very young, with some respondents pinpointing this by age 10. These respondents described starting to feel shame about their interests when confronted with negative cues from their environments. Despite varying individual experiences, BDSM stigma was manifested through the

invisibility and marginalization of BDSM and the taboos that accompany it (Bezreh et al., 2012). Even if respondents feel good about their BDSM interests in the present, consideration of stigma regarding disclosure was ever-present (Bezreh et al., 2012). This was a source of isolation and stress, as respondents struggled between non-disclosure and disclosure, which involves its planning and enacting (Bezreh et al., 2012).

Stigma can also be reported in the context of therapy. Hoff and Sprott (2009) found a range of positive and negative experiences with psychotherapists and that the experience of stigma was sporadic and varied between participants in therapeutic contexts, ranging from no disclosure at all for the duration of the therapy and/or termination of therapy to neutral and even positive experiences after disclosure, with BDSM being treated merely as another characteristic of the client. The authors advise “willingness to let the client take lead initially in choosing the focus of therapy after disclosure” (Hoff & Sprott, 2009, p. 12). This fear of exposure is realistic, as kinky individuals may risk being fired or losing visitation and/or custody rights for their sexual preferences (Nichols, 2006).

Perhaps the most worrying manifestation of stigma towards BDSM is when it relates to psychotherapists. A study by Kolmes et al. (2006) found one third of its participants chose not to disclose their interest in BDSM lifestyle out of fear of their psychotherapists’ negative reaction, with about the same amount of cases of inadequate care from the therapist’s part as cases of sensitive or culturally aware care by the therapist upon disclosure.

2.4. Disclosure

On the topic of disclosure, Breslow, Evans, and Langley (1986) found that the majority of respondents had disclosed their interests to significant others, while a study by NCSF (1998, as cited by Wright, 2006) found that 70% of the sample was still closeted in some way. Despite this contradiction, many studies seem to indicate that a considerable amount (25-30%) of clients might not tell their therapist about their sexual preferences (Sprott & Randall, 2015, Weber, 2002, both as cited in Sprott et al., 2017). This nondisclosure is often supported by the therapist’s negative reaction (Hoff & Sprott, 2009; Kelsey et al., 2013; Kolmes et al., 2006) and by negative experiences from previous disclosures, which then leads to an active concealment of BDSM activities (Stiles & Clark, 2011). This presses the concern that many clients are not being fully truthful with their psychotherapists, which affects the quality of the therapeutic relationship, as well as the clients’ progress. Following this line of thought, Kolmes et al. (2006) found that, within their sample, 74.9% of the

participants felt the topic was not kink-related. However, 65.1% of these participants had disclosed to their psychotherapists their participation in BDSM, with the conclusion being that disclosure is used as a screening process through which clients evaluate whether this causes discomfort on the psychotherapists' part. Despite this, many participants choose not to disclose, as they found it too risky (Kolmes et al., 2006). Nonetheless, stigma experiences can vary from explicit judgment upon disclosure to acceptance within certain environments (Bezreh et al., 2012).

It is worthy of note that the majority of clients most likely will not be coming to therapy for reasons related to their sex lives and thus, for these clients, acceptance of BDSM may be shown by not urging clients to talk unnecessarily about their sexuality (Nichols, 2006). Beginners may look to their therapist's reaction as a seal of approval, which means clinicians must empathically reassure their clients that their interests are not pathological and provide information regarding its prevalence and possible resources (Nichols, 2006). It is important not to pressure clients into disclosing, instead inviting disclosure and informing them about its benefits and risks and potential resources, aiming to drive the client to make an informed decision (Bezreh et al., 2012).

Bezreh et al. (2012) pointed out reasons for disclosure, such as a desire to maintain a sense of integrity and talk about a relationship with friends, or as political activism, while reasons for non-disclosure include protection of self (subdivided into fear of effect on one's job, fear of its effect on friendships and/or family relationships, and concern with the stigma attached to the lifestyle) and the desire to protect the feelings of others (Stiles & Clark, 2011). However, it is important to note that not all people are interested in disclosing their BDSM preferences, as they do not identify them as a central component (Bezreh et al., 2012).

Regarding disclosure resources, it is useful to distinguish between disclosing to a partner and to a family member or friend, as the risks and level of 'appropriateness' differ. In disclosing to friends or family, most respondents were conflicted between the need to share and a desire to act appropriately (Bezreh et al., 2012). The data from this study (2012) indicates that many social norms and personal variables are considered regarding the decision to disclose, which can be quite challenging. For example, when considering disclosing to a therapist, practitioners often worry about being rebuffed and told they are sick, on top of the risk of therapy records being used against them in court (Bezreh et al., 2012) as, under earlier editions of the DSM, parents could lose their child or their custody rights due to involvement in BDSM activities (Kleinplatz & Moser, 2006; Wright, 2014).

On the other hand, many respondents mentioned the difficulty of disclosing to potential partners, talking about instances where partners refused to participate or learn about BDSM, on the grounds that BDSM was the opposite of a desirable relationship and that this interest would take over all other sexual activities (Bezreh et al., 2012). This often leads to practitioners using disclosure as a screening process when dating someone (Bezreh et al., 2012).

3. The psychotherapists

3.1. Stigma by clinicians

Even though nondistressing sexual sadism and/or masochism is no longer classified as a mental disorder in the DSM-5 (American Psychiatric Association, 2013), many clinicians seem unaware of this, which has the potential to harm their relationships with clients. The available research suggests that clinicians may lack accurate information of BDSM practices and are uncomfortable working with BDSM clients, therefore leading to unethical practices and inappropriate pathologization of BDSM activities (Ford & Hendrick, 2003; Lawrence & Love-Crowell, 2007). Some psychotherapists even demand their clients to stop BDSM activities to continue therapy, equating it with abuse and misrepresenting themselves as kink-aware despite lacking the necessary knowledge and training (Kolmes et al., 2006). The way psychotherapists perceive BDSM reflects the censure of society towards alternative sexualities on the basis of religious and moral grounds (Yost, 2010) and is influenced by literature describing BDSM as a channel through which one reprises scenes of sexual abuse that are still experienced as arousing (Nordling et al., 2000; Ross, 1997). Indeed, clinician bias against alternative sexualities has been frequently documented in the literature, along with corresponding poorer treatment outcomes (Hoff & Sprott, 2009; Kolmes et al., 2006; Kolmes & Witherspoon, 2012).

According to Ford and Hendrick (2003), clinicians expressed feeling more uneasy working with kink-identified clients than with those in same-sex relationships, despite the fact that it is estimated that the number of BDSM practitioners is comparable to those involved in same-sex activity, and so both groups can be expected to be encountered with the same frequency (Lawrence & Love-Crowell, 2007).

Another aspect to consider is the presence of microaggressions due to the stigma the clinicians might feel towards their clients. Despite the lack of microaggression literature for kink-identified individuals, it is known that these practices can create feelings of anger, sadness, and shame, mentally and emotionally exhausting their targets (Nadal, Skolnik, & Wong, 2012; Nadal et al., 2011). According to Kolmes and Witherspoon (2012), these behaviors may manifest through looks, gestures, offhand comments, and even tones, all of which may be very subtle and hard to notice (Sue et al., 2007). The perception clients have of therapist's microaggressions predict weaker therapeutic alliances, which in turn correlates with poorer treatment outcomes (Constantine, 2007; Owen et al., 2011; Sharf, Primavera, & Diener, 2010), making it imperative that clinicians avoid microaggressions and be prepared if they occur.

Kelsey et al. (2013) found that sociodemographic variables were predictive of attitudes regarding BDSM, as older psychotherapists accounted for a greater percentage of negative perceptions of BDSM and those with more liberal sociopolitical philosophies outlined more accepting views. On par with this, it was also found that self-perceived competence related significantly to attitudes (Kelsey et al., 2013). This finding was consistent with previous treatment recommendations regarding the acceptance of the client's sexuality (Kleinplatz & Moser, 2004; Nichols, 2006; Lawrence & Love-Crowell, 2007), meaning that psychotherapists with more accepting attitudes were more likely to rate themselves as competent to treat BDSM clients. However, it was worth noting that only 48% of clinicians rated themselves as being able to provide competent care, especially when contrasted with the 76% of psychotherapists that had seen a BDSM client (Kelsey et al., 2013).

However, as pointed out by Kelsey et al. (2013), stigmatizing experiences have been decreasing, despite negative reactions anticipated by BDSM practitioners (Kolmes et al., 2006; Stiles & Clark, 2011), as demonstrated by the majority (68%) of psychotherapists in the study who did not consider BDSM to be associated with psychopathology and/or dysfunctional relationships, despite not having had any formal training regarding BDSM. Overall, these psychotherapists' perspective aligned with recommendations that BDSM be considered as another client characteristic and not targeted for reduction without the client specifically saying that was the goal for treatment (Kleinplatz & Moser, 2004; Nichols, 2006; Kolmes et al., 2006; Lawrence & Love-Crowell, 2007).

3.2. Guidelines for practice

Although we must consider unacceptable the stigma and discrimination towards BDSM practitioners by clinicians, Miller and Byers (2009) point out that the majority of psychology programs do not supply much education regarding healthy sexuality and how to deal with sexual concerns on the client's part in their curriculum, internship trainings or even textbooks, leaving psychotherapists to self-study to develop their resources regarding this population (Kelsey et al., 2013).

Kolmes et al. (2006, p. 306) caution that:

Until BDSM practices and lifestyles are included routinely as part of the human sexuality component of training for all practitioners, and until the mental health profession begins to recognize BDSM individuals as a subculture requiring special knowledge, skills, and sensitivity, there remains the risk that psychotherapists may be providing services to BDSM individuals without ever having received appropriate study, training, or supervision.

Due to the gaps in research literature on BDSM sexualities, it becomes more critical to focus on clinicians' expertise and clients' values to permit an evidence-based approach to practice (Sprott et al., 2017). Despite this, a professional consensus concerning the care of BDSM practitioners is starting to form (Nichols, 2006; Shahbaz & Chirinos, 2016). In addition, research exploring the benefits of BDSM may add to the mainstream understanding and acceptance of BDSM and can furthermore inform sex educators, counselors, and psychotherapists of the best practices when working with kinky clients (Pillai-Friedman et al., 2014).

Kolmes and Weitzman (2010) detail the differences between kink-aware and kink-friendly psychotherapists. A kink-aware psychotherapist should be able to distinguish between BDSM and non-consensual abuse, as well as recognize BDSM as a normal part of the sexual spectrum, all the while using various resources, such as books and discussion groups, to educate themselves on the subject (Pillai-Friedman et al., 2014). Kink-aware psychotherapists understand the unique stresses related to avoidance of disclosure and explicitly welcome BDSM practitioners through their advertisement (Pillai-Friedman et al., 2014). Although kink-friendly psychotherapists may be open about the BDSM lifestyle, they might not be capable of guiding their clients through kink-specific issues, such as the coming-out process, disclosure to a non-kink-identified partner, negotiation of relationship boundaries, and the distinction of BDSM from abuse (Kolmes & Weitzman, 2010).

Hereupon, clients who looked for professionals who are acquainted with BDSM² were often disappointed, with one individual mentioning poor boundaries when her therapist seemed more inclined to share personal stories about BDSM than to provide competent care, while another one implied that some psychotherapists may be using their sessions as a guide for finding BDSM partners (Kolmes et al., 2006). At the same time, confidentiality issues may compromise the treatment, as professionals who are acquainted with BDSM and identify as such might risk encountering clients while attending community events, when the relative size of BDSM communities and the limited resources available are taken into account (Kolmes et al., 2006). It is overly worrying that more than one respondent mentioned situations in which a therapist required their client to give up BDSM as a condition of treatment (Kolmes et al., 2006).

Notwithstanding, Pillai-Friedman et al. (2014) recommend a kink-friendly psychotherapist for those who are unable to find a kink-aware psychotherapist, as the former should have experience with other sexual minorities and be able to commit to not being judgmental towards the kinky client (Pillai-Friedman et al., 2014). According to Sprott et al. (2017), there are two levels to kinky aware therapy. The first level is Kink Knowledgeable Therapy, in which the therapist is acquainted with the aspects of sexual diversity but these are not the main focus of the problem, and the second is Kink Focused Therapy, in which the issue brought to therapy or its treatment focuses on aspects that are specific to kink identities (Sprott et al., 2017). However, it has also been mentioned that advertising care for BDSM clients can be potentially stigmatizing, as it would put off potential vanilla clients (Lawrence & Love-Crowell, 2007).

Regarding practical techniques, it is useful to look into provided guidelines. Aligned with this, Kelsey et al. (2013), based on Nichols' (2000, 2006) comparison between the gay and the BDSM community, which showed internalized shame regarding their sexual interests, argue that the guidelines used when working with LGBT clients can "provide a model for the types of research that may inform ethical and competent services with BDSM practitioners seeking psychotherapy" (p. 264). Along with this, it has been shown that LGBT youths who disclose their sexual orientation reap many benefits, such as higher psychological adjustment, increase of self-esteem, a sense of acceptance, and greater access

² The authors Kolmes et al. (2006) use the expression "kink aware" to refer to "professionals who consider themselves to be informed about the diversity of consensual, adult sexuality" (p. 306). However, according to the new definitions of kink-friendly and kink-aware by the same author later on (Kolmes & Weitzman, 2010), the phrase previously quoted is the definition for kink-friendly clinicians. Therefore, whenever Kolmes et al. (2006) mention "kink aware", I switch this expression for "professionals who are acquainted with BDSM".

to supportive communities (Savin-Williams, 2001). While we cannot assume the data presented before and the correlations shown between BDSM practitioners and LGBT people translates into the arena of BDSM disclosure, one can take inspiration from the LGBT awareness campaigns that combat isolation and shame. Hereupon, it can be useful to adapt existing disclosure/coming out advice (Bezreh et al., 2012), as the practice guidelines for working with LGBT clients provide specific standards of practice that acknowledge the potential existence of negative biases regarding sexual minority clients and how these can affect the quality of treatment.

On this same note, Kleinplatz and Moser (2004) summarized the suggestions given by experienced psychotherapists, as well as the Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients (American Psychological Association, 2012). These include not assuming that the issue is caused and/or related to BDSM, not trying to cure BDSM interests and assuring the clients their interests are normal, as well as validating any distress they might feel towards it. Furthermore, it is fundamental to consider how BDSM interests might affect relationships and work, as well as paying attention to countertransference³, in which case a therapist has the responsibility to educate himself, seek supervision and/or consultation or even refer them to another clinician (Kleinplatz & Moser, 2004). Thus, examining potential feelings of countertransference and promoting the client's self-determination is fundamental in providing effective care (Sprott et al., 2017).

Countertransference can occur when clinicians have little experience regarding BDSM as they might feel shock and/or disgust, and thus judge their patient based on this (Nichols, 2006). When the countertransference is intellectualized, the therapist may be certain that the client's behavior is self-destructive despite the lack of evidence ("When counselors find themselves believing that their clients' pathology is self-evident despite no concrete evidence of harm, it is fairly certain that countertransference is present" (Nichols, 2006, p. 286). Evidently, abuse in a BDSM relationship cannot be ignored. While Lawrence and Love-Crowell (2007) report that, usually, it is not difficult to distinguish between BDSM and abuse and that concern for dangerous BDSM practices is infrequent, Nichols (2006) notes that it may be difficult to detect the abovementioned distinction, particularly if the

³ The term countertransference includes the therapist's value system, subjective biases about their own and others' ethnicity, and theoretical beliefs and practice orientation (Perez-Foster, 1998). This concept can be applied to clinician's working with BDSM clients, as behaviors that are considered unhealthy (causing pain, receiving pain, submission, domination) are eroticized, thus becoming necessary for the therapist to confront his/her own value system, practice orientation, subjective biases about BDSM, and their subjective bias about their own sexuality (Pillai-Friedman et al., 2014).

activity involved bothers the psychotherapist and/or the client accuses the therapist of bias in a defensive attempt, and thus the author advises psychotherapists consult with more experienced colleagues.

It is of the utmost importance the therapist examines his/her countertransferential feelings when negative sexual behavior is suspected and use the criteria one would use in analyzing vanilla sexual behavior, focusing on the feelings of the client and whether it impacts the client's daily life (Nichols, 2006). For a therapist to be successful when working with kinky clients, they must be equipped to work through unexpected sexual feelings raised by their work with BDSM clients, cultivating an attitude of slightly detached "observation" of their feelings and respective reaction (Nichols, 2006). On this same line, Sprott et al. (2017) also advise psychotherapists to evaluate their assumptions regarding power dynamics and what constitutes a healthy relationship. Having said that, it is also possible that a clinician could unknowingly incite participation in BDSM, as countertransference can also evoke arousal (Nichols, 2006) or advocate for participation in BDSM when that is not the case (Lawrence & Love-Crowell, 2007).

Practitioners have listed the elements they feel can be helpful to their psychotherapists in providing effective care, such as having experience with the BDSM lifestyle and its complexities, and demonstrating acceptance of their clients (Kolmes et al., 2006; Hoff & Sprott, 2009). As for the experienced psychotherapists, they identified cultural competence, non-judgmental acceptance, adequate knowledge of BDSM, an avoidance of pathologizing of BDSM activities, and consulting with more experienced colleagues (Lawrence & Love-Crowell, 2007) as key components in working with this population.

Kink-specialized clinicians and data from various studies (Kolmes et al., 2006; Nichols, 2006; Shahbaz & Chirinos, 2016; Sprott et al., 2017) give a myriad of suggestions as to what competent care may encompass, such as knowledge of communities and resources the client can use, and knowledge of the core set of values within these communities, as well as the ability to distinguish between BDSM and abuse and knowledge about the dynamics of coming out and the stress this might impact on clients. It is also important that a clinician be able to perceive if the BDSM interests are merely a cultural background factor of the main focus or the issue brought to therapy (Hoff & Sprott, 2009), as this normalization of the client's interests empowers clients to focus on the concerns that brought them to therapy (Kleinplatz & Moser, 2004; Sprott et al., 2017). Lawrence and Love-Crowell (2007) found that BDSM is typically a background issue, with the most common being relationship concerns or shame associated with the practitioner's interests.

Kleinplatz and Moser (2004) point out that there is already much general education about BDSM. This includes the knowledge that an interest in BDSM can begin in childhood, that BDSM activities are wide ranging and there is evidence that participation in them is common, and that these activities may or may not involve pain. A prepared psychotherapist should have the destigmatizing facts on hand and be able to teach people about consent in general, and whether the client follows the guidelines of *Safe, Sane, and Consensual* (Kolmes et al., 2006; Kleinplatz & Moser, 2004). Furthermore, psychotherapists interested in providing treatment to kink-identified individuals should seek ongoing consultation with current researchers and colleagues in order to tackle their own countertransference and biases regarding BDSM behaviors as they arise (Kolmes et al., 2006), on top of consulting other resources, specifically through the adaptation of guideline practices for LGBT clients, as mentioned above (Spratt et al., 2017).

Some authors propose various suggestions regarding practice. Pillai-Friedman et al. (2014) suggest a three-prong approach, which includes Sexual Attitude Reassessments (SARS), independent reading, and skills development through supervision, to promote in-depth understanding on this field. The three prongs would be: desensitization and resensitization/experiential education, which would employ the use of sexually explicit films in order to trigger intense reactions that would then be explored to uncover feelings and attitudes about sexuality; knowledge-building/didactic education, which consists in selecting a reading list that aims to give participants a better understanding of BDSM, its diversity and its community; and skill development through supervision. In addition, the guidelines by Berry and Lezos (2017) for clinical sex therapy can be valuable for working with kink-identified individuals. They aim to match the client's expectations for therapy and how this meshes with the client's personal and relational priorities, including consideration for how these goals may change overtime, as well as analyzing how internalized stigma may impact them. According to the study by Berry and Lezos (2017) the permission-giving technique emerges as a client-affirmative clinical technique, which should encapsulate a critical and self-reflective stance on the therapist's part. Research has shown how affirmative therapy can help counteract stigmatizing experiences and harm to the client's self-esteem, as data indicates this may be a concern for some non-normative clients (Bigner & Wetchler, 2012; Rutter, 2012), as well as improving the conditions for more effective psychotherapy (Berry & Lezos, 2017).

On the other hand, Barker (2017) suggests reflexive work and reading on Gender, Sexual, and Relationship Diversity (GSRD), along with examining the dominant notions of gender,

sexuality, and relationships in the cultural context, as a means to understand GSRD. The author calls attention to the importance of considering the effect of stigma and discrimination in the lives of marginalized clients, while being aware of the power dynamics between client and clinician and one's own implicit biases as a way to counteract possible reinforcement of stigma. Psychotherapists who feel they lack the necessary expertise should refer their client to someone who does, when possible, as it is not appropriate for a client to be educating their therapist regarding their sexuality (Barker, 2017).

Ford and Hendrick (2003) suggested that sexuality should be included as part of the curriculum in general practicum training and internship training, as the Association of Psychology Postdoctoral and Internship Centers suggests that internship training be conducted in modules that allow trainees to learn about clinical issues that are similar and relevant to each other. Despite this absence, this study indicates that psychotherapists do encounter sexual values dilemmas in their work with clients but are able to recognize and handle them ethically. The following topics are suggested, based on the authors' experiences in teaching, training, and clinical practice (Ford & Hendrick, 2003, p. 86):

1. Introduction to Sexuality and Therapy: Introduces the importance of incorporating clients' sexuality into therapy and discusses how to introduce this topic in clinical work.
2. Sexual Attraction in Therapy: Deals with recognizing and addressing clients' sexual attraction to psychotherapists and psychotherapists' sexual attraction to clients.
3. Discussing Sex with Clients: Helps students understand how to facilitate exploration of this issue as part of therapy.
4. Sexual Preferences and Practices: Introduces the topic of sexual orientation as well as common sexual practices and problems encountered in therapy.
5. Effective Use of Sexual Transference in Therapy: Addresses the identification of sexual transference in therapy and focuses on ways in which to make effective therapeutic use of such transference as part of the treatment process.
6. Sex Therapy Methods and Techniques: Discusses methods of sex therapy as well as specific treatment protocols for the most common presented sexual problems.
7. Sexual Dysfunction: Continues the material of the previous session, addressing physical and psychological reasons for sexual problems as well as specific techniques matched to specific problems.
8. Nontraditional Sexual Practices: Discusses sexual practices that are less commonly addressed, such as sadomasochism, crossdressing, group sex, and open marriages.

Throughout this chapter we approached the BDSM phenomenon, exploring its characterization and concepts, analyzing its definitions and principles, as well as and its prevalence in some populations. More particularly, we tried to reflect on BDSM and pathologization and how it affects practitioners, and their perceptions of stigma and disclosure. In view of the prejudice cases evidenced by the literature review, we also explored stigma by clinicians and went over some guidelines for practice. Thus, the

conceptual framework outlined for this study sought to articulate the theoretical contributions that we consider most appropriate to describe, analyze and explore the world of BDSM practitioners and their perceptions of psychotherapists. It was conceived around the following ideas: characterization of BDSM practices, stigma and how it affects participants' desire to disclose and their personal and interpersonal experiences, as well as stigma by clinicians and its effect on practitioners' experiences and attitudes towards psychotherapists, further suggesting guidelines for practice.

In the next chapter, we will present the justification of the methodological strategy we considered in the development of the empirical part of our research.

III. MATERIALS AND METHODS

In this chapter we describe the methodological steps that supported the empirical work. In this sense, and in a first stage, we define the object, objectives and guiding questions of the research, characterize the methodology, and present the data collection instrument that we selected for the research. In a second phase, we indicate the methodological procedures assumed throughout the work, regarding the sample used and the collection and analysis of data.

1. Object and objective

The object defined for this study is the BDSM phenomenon. After thoughtful consideration, this purpose seemed to be beyond the scope of this dissertation. According to the literature review and despite the increasing representation of BDSM in mainstream media with novels such as *Fifty Shades of Grey* (James, 2011), the BDSM phenomenon remains largely unstudied within the Portuguese population, and thus warrants further discussion. This research was therefore circumscribed to Portuguese practitioners, aiming to understand their perspectives on the topic.

Based on the literature review, and within the study of the BDSM phenomenon, we set as an objective of the present study to analyze and interpret how Portuguese BDSM practitioners perceive others' reactions to their sexual preferences. Specifically, we focus on understanding the perceptions BDSM practitioners have of psychotherapists, independently of having had professional contact with them. We aim to perceive how practitioners experience BDSM, both on a personal and relational level, as well as their stance on disclosure and psychotherapists.

2. Research questions

The current investigation intends to deepen the knowledge related to the BDSM phenomenon, by giving voice to the participants. Thus, the first question is precisely how to characterize the practices of the Portuguese population in relation to the BDSM

phenomenon. This knowledge seems inseparable from the narratives of the participants' own experiences about the phenomenon. The literature, which prominently features various instances of stigma and/or pathologization, led to a second research question: how do pathologization and stigma affect practitioners? Based on the literature review, practitioners express deep concern towards disclosure of their preferences. This, coupled with evidence that BDSM practitioners can be stigmatized by psychotherapists, shows the importance of understanding the perception that practitioners have of psychotherapists and what kind of experiences, if any, they associate with them. This led to the third research question, that is precisely to understand the experiences and attitudes of BDSM Portuguese practitioners towards psychotherapists.

3. Method

Once different methodological techniques were contemplated, the option was for a qualitative methodology, intercalated by the occasional use of a quantitative approach, namely in the sociodemographic analysis and in the quantification of some elements that were considered fundamental for the understanding and contextualization of the phenomenon. This option was based on the intention of giving a voice to the population of our study (e.g. Chase, 2005), in a context in which there is little existing research on this theme, namely in the Portuguese case, and in the exploratory characterization of this lesser known population.

The qualitative method chosen for this study is also justified by the fact that our aim is to focus on the individuals and what they think, and therefore gain access to their perceptions, as well as ensuring their voice is heard. This can be achieved either through interviews or through semi-structured questionnaires. In the present study, we use a semi-structured questionnaire, built specifically for this purpose. The choice for this instrument was based on different reasons. First, the possibility of reaching a wide number of participants in a similar context and the exploratory nature of this study, which is intended to be as comprehensive as possible within the scope of a master's dissertation, were important contributors to this decision. Additionally, it was important to consider the issue of anonymity, by making the questionnaire self-reported, to give respondents a feeling of security regarding their personal information, which, according to several authors (e.g. Ghiglione & Matalon, 2001; Hill & Hill, 2008), may potentiate truthful responses to

sensitive questions. Furthermore, the opportunity to access closed groups of practitioners, possible only by mediated invitation, confirmed the option for the instrument used.

4. Instrument: questionnaire

One of the data collection methods mostly used in social sciences, is the questionnaire. In the case of a written survey, in which the information must be filled in by the respondent, the questionnaire has different advantages and disadvantages. Among the benefits of the questionnaire, one of them refers to its possibility of guaranteeing anonymity (Hill & Hill, 2008). Furthermore, the questionnaire presents a high level of adaptability to groups with a high number of respondents and the possibility of analyzing a wide number of variables, as well as the capacity to overcome obstacles related to the availability of respondents (Pardal & Correia, 1995). Standardization is also an advantage, in the sense that each question is asked in the same way to all respondents, without additional explanations, which ensures the comparability of responses (Ghiglione & Matalon, 2001).

Regarding the limits of the questionnaire, it is important to take into account the halo effect (in which the respondents seek to portray a certain image, in accordance to their perceptions of the researcher's expectations), as well as the fact that the use of a questionnaire might be more suitable to relatively homogeneous groups, unless the range of the questions covers all possible response situations (Ghiglione & Matalon, 2001; Hill & Hill, 2008).

Despite these limitations, the advantages that such an instrument has and its use in several studies regarding the BDSM thematic (e.g. Ambler et al., 2017; Wright, 2008), justified its use in this study. According to Ghiglione and Matalon (2001), the construction phase of the questionnaire is a crucial moment, as it should be designed so that it is understood by all respondents. The questionnaire elaborated for this research was based on the literature review and includes a combination of closed and open-ended researcher-created questions related to BDSM.

According to Ghiglione and Matalon (2001), a way to overcome the halo effect is by inducing the respondent to take longer to answer and to lose track of the whole, thus responding more faithfully. The same authors state that this can be achieved by alternating questions (mixing positive and negative items), by introducing short explanatory texts, and by alternating the themes of the questions and their format, as well as the type of response required. Following this rationale, the format of the questions alternated between questions of quantification, category questions, list questions, rating questions, and open-ended

questions.

Since it is not possible or desirable to avoid the use of some more technical terms, we tried to use simple words and a clear syntax. As pointed out by Wengraf (2001), it is important that the researcher is up to date with the terms used by the target population. Thus, terms such as vanilla, kink, kink-aware, and kink-friendly were used. In addition, a definition for these more technical terms was also included in the questionnaire, to reach practitioners who might not be aware of the formal terminology. As argued by Ghiglione and Matalon (2001), it is relevant to apply a pre-test to assess whether the questionnaire is applicable. This includes evaluating whether the questions are understandable, clear, and, in the case of closed questions, if they include all options of response, as well as assessing the questions' ambiguity or offensiveness (Hill & Hill, 2008). Thus, the pre-test version was applied to a smaller sample of elements of the target population (n=3). Such procedure, together with the participants' feedback, allowed for the detection and correction of problems and/or concerns, which were then incorporated into the final questionnaire.

According to this rationale, the questions fell into the following broad categories: 1) Characterization of BDSM practices; 2) Personal experiences; 3) Interpersonal experiences; and 4) Experiences and attitudes towards psychotherapists. It also includes a first part on sociodemographic characteristics. The final questionnaire consists of 52 questions, some of which are accessible through filter questions.

The initial part of the questionnaire contains, in addition to the formal identification of the institution and the researcher, a short introductory text on the objectives of the investigation, a brief explanation of concepts, an indication of who can participate and how, a brief explanation of why respondents should participate in the study, some indications about the possibility of withdrawal after having started filling out the questionnaire, a small indicative paragraph about whether the participants feel any discomfort with the topic, an indication of the estimated time to complete the questionnaire, and the guarantee of confidentiality and anonymity of the submitted responses. This initial part also includes indications on the possibility of disseminating the final results of the study (in this case respondents are invited to leave an email address), as well as the researcher's institutional contact (if the respondent considers having any queries). This first page of the questionnaire does not give access to the following parts without respondents having (i) agreed to collaborate in the investigation by ticking a mandatory informed consent; (ii) confirmed they are BDSM practitioners, Portuguese and above 18 years old.

The questionnaire is developed according to *Table 2*.

| Thematic block | Aim of the block | Type of questions | N° of issues involved |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------|
| Sociodemographic data | Gain information about sociodemographic data | 1 quantification question 5 category questions | 6 |
| Characterization of BDSM practices | Gain knowledge about how practitioners experience BDSM and about some characteristics of their practices | 5 quantification questions 10 category questions 1 list question 3 open-ended questions | 19 |
| Personal experiences | Gain knowledge about how practitioners perceive their BDSM experiences | 1 category question 3 list questions 2 rating questions 1 open-ended question | 7 |
| Interpersonal experiences | Gain knowledge about practitioners' interpersonal experiences, including questions about their attitudes and/or experiences in contexts of sharing their BDSM interests | 2 category questions 1 list question 7 open questions | 10 |
| Experiences and attitudes towards psychotherapists | Gain knowledge about how practitioners relate to psychotherapists and their perception and/or experience with them | 5 category questions 1 list question 4 open-ended questions | 10 |

Table 2 - Questionnaire structure

A printed version of the final model of the questionnaire is annexed (Annex 1).

The questionnaire was created using Google docs, which subsequently allowed the data to be saved in an Excel file (minimizing any data entry errors), converted directly into an SPSS file, to optimize the analysis of quantitative data.

5. Procedures

5.1. Sample selection

Since it is not possible to know universe of BDSM practitioners and, therefore, to select a sample resorting to probability techniques, we opted for non-probability ones. Furthermore, as widely mentioned in this research, it is not our intention to statistically generalize the conclusions to the BDSM Portuguese population; instead, the purpose is to promote a closer acquaintance with this segment through their own perceptions. Amongst the possible non-probability sampling techniques, one widely used in exploratory studies that proves to be effective in collecting qualitative data is convenience sampling. This technique involves selecting subjects because they are more accessible/more convenient.

In line with previous studies that have used BDSM-related groups as well as other social networking sites to recruit participants involved in BDSM (Ambler et al., 2017; Zambelli, 2017), this research opted for a similar approach. To achieve this requirement, the study was published online in BDSM-related groups and forums on social networking websites, specifically Facebook, Fetlife, and Discord. To set boundaries for the study (Creswell & Creswell, 2017), the criteria for eligibility was the involvement in BDSM activities and being a Portuguese citizen with 18 years old or plus, living in Portugal.

5.2. Data collection

To carry out convenience sampling, we started by identifying groups of BDSM practitioners who could provide us with privileged contact with a large group of individuals, such as Fetlife and Discord. To achieve this, the data was collected through posting a link to the questionnaire on a website called Fetlife, on Facebook, as well as on an application called Discord, from the 12nd May 2020 to the 19th July 2020. Through the website Fetlife, we joined several Portuguese groups where we also published our questionnaire, to extend our reach. It was also through this website that we were able to gain access to an invite-only BDSM forum on Discord. After negotiating with the responsible moderators, we were able to reach and obtain responses from members of that forum who wished to join our study.

5.3. Data analysis

Due to the distinct nature of certain variables (e.g. demographics) and to the need of quantification of some elements that we considered fundamental for the understanding and contextualization of the BDSM phenomenon, we carried out different treatments of the collected data. The program IBM Corp. (2019) was used to analyze the quantitative data, while qualitative data was analyzed using the principles of content analysis.

About the treatment of quantitative information, and within the scope of statistical analysis, descriptive techniques were used to synthesize the information contained in the collected data using frequency tables and graphs.

One of the problems that occurs in empirical research, when using individuals as sources of information, is being conscious that the responses are affected by a certain number of biases, resulting from the awareness that the subjects have of being observed. A non-obstructive technique, such as content analysis, aims to alleviate the stated biases. Thus, the content analysis methodology was employed, according to the meaning units, insofar as it

was considered that what was said by the participants reflected their experiences (Bardin, 1977; Erlingsson & Brysiewicz, 2017). In methodological terms, the data relative to the responses was compiled and grouped into content analysis categories, resulting from the interaction between the empirical material collected from the questionnaires, the aim and goals defined for this study, and the literature review. In this perspective, the inclusion of a segment in a category presupposes the detection of indicators related to this same category. This structure, dialectical and flexible, made it possible to include new categories and subcategories and readjust them whenever necessary. Following the proposals of Miles, Huberman, and Saldana (2014), their strategy for the treatment of the data, which involves data reduction, was used.

Before the initial phase of the analysis, to guarantee anonymity, each respondent was associated with a random number. Following this, in the initial phase of the analysis (the familiarization of the data by the researchers), two different types of responses were found: shorter and more direct responses, and longer and more complex responses. We considered our meaning unit (a section of text that conveys a single central meaning) as a word, for the shorter answers, and as a phrase and/or paragraph, for the more complex answers, and we defined a category as a key term that indicates the central meaning of the concept to be learned. The organization of the data was structured hierarchically into different levels of analysis. The first level consisted of categorizing the various meaning units within the data set, which meant that, in each category, the meaning units identified by a set of common elements among them are included. We seek to arrive at an interpretative analysis of the answers given by the respondents in each open-ended question, placing each answer in the appropriate category or categories.

A step-by-step approach was followed to build the system of categories deriving from the qualitative data (Erlingsson & Brysiewicz, 2017). The process was applied to all questions that provide qualitative information.

First, we started with a general reading of the responses to acquire a global perception. Then, the interpretation followed a four-level approach, as shown in *Figure 1*.

Level A - Information collection and organization (simple record of responses provided in open questions)

Level A1 – Familiarization with the data (reading and understanding the responses given)

Level B – Creation of categories (based on the responses provided in the previous level)

Level C - Grouping and reduction of categories (grouping of similar and compatible categories obtained in phase B; consequent reduction and reorganization of categories)

Level D – Comprehensive definition of the reduced categories

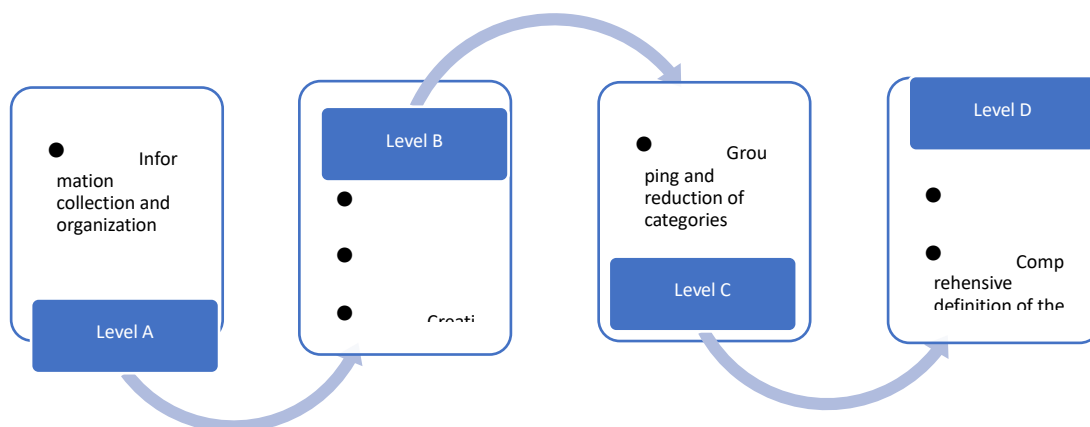


Figure 1 – Qualitative data analysis process

In the process of structuring the categories, the following criteria were considered (Bardin, 1977; Moraes, 1999): validity and relevance, exhaustiveness and inclusiveness, homogeneity, mutually exclusive, and consistency and objectivity. A table with content analysis categories can be found in Annex 2.

6. Participants

Eighty-eight individuals participated in this study, with 46,6% female participants and 53,4% male participants, ranging from 18 to 62 years old, according to *Table 3*. Many participants identified as being of the male gender (52.3%), with 3.4% identifying as being non-binary/genderqueer and the rest as being of the female gender (44.3%). More than half of the sample identified as heterosexual (59.1%), followed by bisexual (26.1%), with some participants identifying as pansexual (9.1%), homosexual (3.4%), and heteroflexible (2.3%).

| Distribution of the sample according to age range | | | | | |
|---------------------------------------------------|-------------|-------------|-------------|-----------|---------|
| 18-25 years | 26-35 years | 36-45 years | 46-55 years | +55 years | Total |
| 29,5 % | 31,8 % | 21,6 % | 13,6 % | 3,4 % | 100,0 % |

Table 3 – Age range of the sample

Regarding education, 81.8% of the sample had a bachelor's degree or higher and the majority (80.7%) lived in urban areas. Ninety-two percent of the respondents practiced BDSM at the time they filled out the questionnaire.

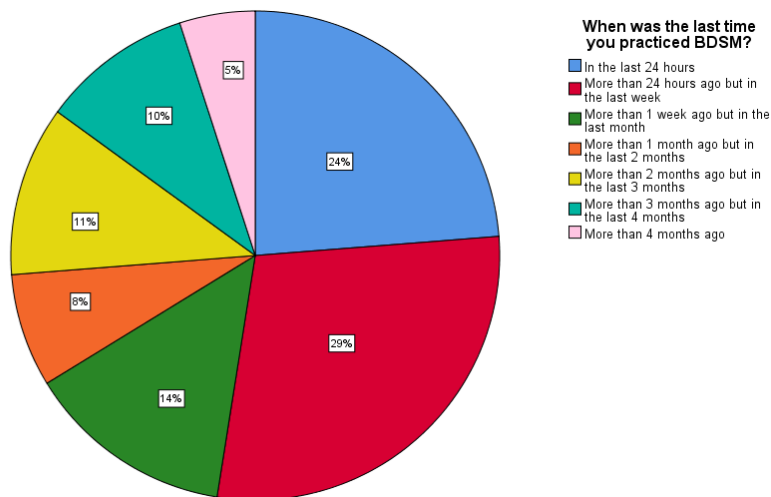


Figure 2 - When was the last time you practiced BDSM?

We emphasize that about half of the respondents (49%) claim to have practiced BDSM within the previous week of having completed the questionnaire *Figure 2*.

Summarizing, in the present chapter we analyzed and specified the object and the objectives of this work and synthesized the research questions. Regarding the methodological options, we explained and justified the method, the use of a questionnaire in data collection, as well as other methodological procedures (sample selection, data collection and data analysis) that we choose to use in the study. Finally, we described the participants that were involved in our research.

In the following chapter, the data obtained will be presented and analyzed, according to the methodology described here.

IV. PRESENTATION AND ANALYSIS OF RESULTS

1. Characterization of BDSM/Kinky practices

Most respondents (65.9%) practice BDSM within the scope of one or more than one stable relationship, with 15.9% having resorted to professional dominants and/or submissives.

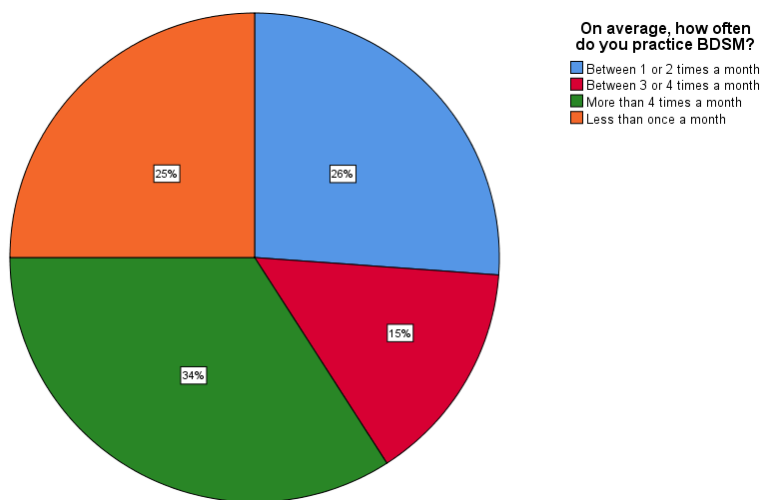


Figure 3 - Average of BDSM practices

More than half of the participants (58%) practiced BDSM exclusively in person, with 37.5% referring to practicing online as well, and only 4.5% practiced BDSM exclusively online. It is also worth mentioning that the data collection happened during the pandemic of SARS-CoV-2, specifically during the declaration of state of calamity in Portugal, which signified restricted mobility and social confinement. This may have had implications for this data, to the extent that people may have come to have more online practices.

Figure 3 shows that about half (51%) of respondents practice BDSM with a frequency of up to 2 times a month and that the other half (49%) practices more than twice a month.

Regarding most liked BDSM activities, of the 82 people that responded, 68 different practices emerged, out of a total of 349 responses, considering each respondent could reply with up to 5 practices. Of these responses, the most liked by more than half of the respondents were impact play (63%) and bondage (62%). Around a third of participants enjoyed humiliation (35%) and domination (30%), while submission (17%) and pet play (12%) were also significant choices, as well as breath play (11%).

About the activities in which participants are most frequently involved in, 68 practices emerged, in a total of 298 responses from 82 respondents, considering each respondent could reply with up to 5 practices. Of these responses, impact play was practiced by more than half of the participants (68%), followed by bondage (45%), as well as humiliation (26%) and domination (23%), which were practiced by roughly a fourth of respondents. Submission (11%), pet play (11%) and wax play (9%) were also relatively common. Respondents assume the role of submissive (44.3%), dominant (28.4%), and switcher (22.7%).

Table 4 provides relevant information about the age groups during which the participants realized that their sexual interests were different, and that they constituted BDSM, as well as the age at which they had their first experience.

| | Infancy (6-12yo) Freq (%) | Adolescence (13-17yo) Freq (%) | Young Adult (18-25yo) Freq (%) | Adult (+25yo) Freq (%) |
|----------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------------|---------------------------------------|
| Realize that the sexual interests were different from those of most people | 13 (15.3) | 35 (41.2) | 28 (32.9) | 9 (10.6) |
| Know that these interests constituted what is called BDSM/Kinky | 2 (2.4) | 19 (22.4) | 43 (50.6) | 21 (24.7) |
| First BDSM/Kinky experience | 4 (4.7) | 9 (10.6) | 47 (55.3) | 25 (29.4) |

Table 4 - Relevant age groups

Regarding the age group in which the participants indicated that they started to practice BDSM on a regular basis, 5.7% stated that they started regular BDSM activities at 16 and 17 years old, with approximately half (47.1%) starting to practice regularly between 18 and 25 years old, with the remaining distribution being 34.5% between 26 and 35 years old, and 8% between 36 and 45 years old. This means that a non-negligible percentage of participants firstly discovered they had different sexual interests during their infancy, which seems to suggest that BDSM may be an intrinsic part of the self.

Regarding how the respondents felt about their interests when they first discovered them, we obtained 38 initial categories that were later grouped into 20 categories. In the grouping between positive, negative, and neutral feelings, negative feelings prevailed (55%). The category of *Non normativity* was present (“...senti-me diferente e que não seria compreendido por ninguém”, R22), as was the feeling of *Confusion* (“...ainda não compreendia as implicações”, R37) or the sentiment of *Fear* (“receosa de que pudessem indiciar uma perturbação mental”, R19). Despite the negative feelings, positive feelings (25%) were also mentioned, such as *Comfort* (“...foi bastante libertador, divertido e confortável”, R70), and *Autoacceptance* (“senti que comecei uma nova vida mais próxima

da minha essência”, R24). It was interesting the appearance of categories such as *Ambivalence* (“...por um lado era interessante ter um lado secreto por outro algum receio de o revelar a grande parte das pessoas que conhecia”, R27), which further alludes to the fear of disclosure, very pervasive among BDSM practitioners.

A great majority of respondents (90.9%) consider that there exists a BDSM community, online or offline, but only slightly more than half (52.4%) of the participants say they feel integrated in that same community, which is consistent with the percentage of respondents who meet with other practitioners (52.3%). Almost all respondents (97.7%) consider BDSM to be an integral part of their sexual identity.

Of the respondents, 46% consider BDSM as a set of practices, 37.9 consider it a lifestyle, and 9.1% consider it both as a set of practices and a lifestyle. Within the category “Others”, two people mentioned that BDSM is part of their sexual identity.

2. Personal experiences

All the respondents questioned indicated they feel good when participating in BDSM practices. Emotions felt before the practice of BDSM activities are mostly positive [joy (78.4%), euphoria (60.2%), satisfaction (69.3%)], with only 12.5% of respondents saying they feel fear. In addition, of the emotions mentioned in the “Other option” category, we highlight the indication of anxiety (14.8%) and sexual arousal (4.5%).

Of the emotions felt during the practice of BDSM activities, a high percentage of respondents referred feeling satisfaction (84.1%) and euphoria (68.2%) as the main positive emotions, while 14.8% indicate feeling fear (14,8%) and anger (3.4%) as the main negative emotions. Of the other emotions mentioned, the respondents focus mainly on adrenaline (2.3%) and sexual arousal (3.4%).

Pertaining to the question about the emotions felt after the engagement in BDSM activities, most respondents (94.3%) cite feeling satisfied and 68.2% mention feeling joy, while 10.2% express feelings of sadness, with most of the other emotions focusing on feelings of intimacy, peace, and fulfillment.

A great majority of participants (88.7%) consider that BDSM practices contribute to their psychological well-being.

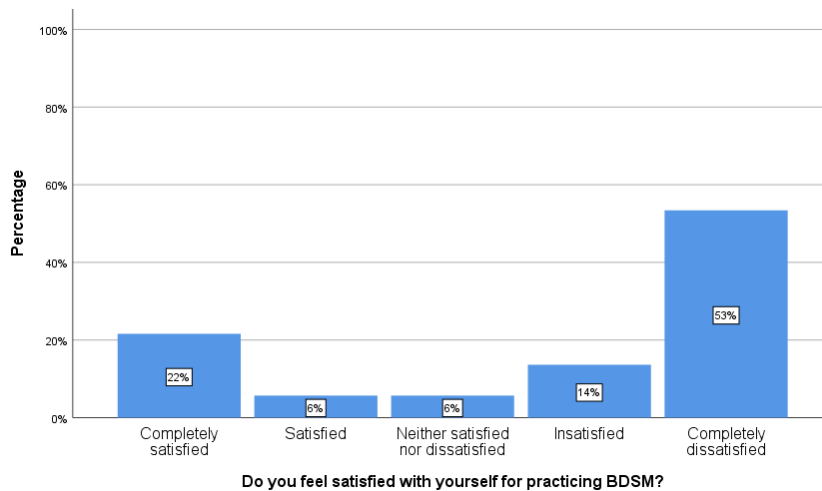


Figure 4 - Do you feel satisfied with yourself for practicing BDSM?

More than half of the respondents (53%) say they feel “completely dissatisfied” with themselves because they practice BDSM (Figure 4). However, the discrepancy observed in this question, compared to previous questions, may be due to halo effects, since the previous question used an opposite Likert scale.

Sixty-eight initial categories emerged when the participants were asked how they would describe their BDSM experiences, which were then grouped into 15 categories. Respondents emphasized their experiences as *Therapeutic* (“o complemento da minha felicidade”, R20; “...entendo-o como uma terapia, não é apenas sexual”, R13) and *Transcendent* (“...sinto que consigo explorar não só a sexualidade, mas um estado mental diferente”, R23). Particularly interesting is the fact that some respondents refer to a mixture of valences with responses such as “positivas e interessantes no geral, mas com algumas más experiências” (R53) and “enriquecedoras e aliviantes. Por vezes tóxicas” (R35). The experiences are also described as *Respectful* and *Affectionate* (“...existe acima de tudo, na maioria dos casos, muito respeito e afeto pelas pessoas que ali se entregam”, R32) and capable of contributing to a *Connection with partner* (...exigem uma grande confiança entre quem as pratica”, R75; “...trazem uma ligação mais intensa..., R52). Feelings of well-being (“...ajudam a sentir-me...em sintonia comigo mesma”, R9) and notion of BDSM as a way of life (“No meu caso não considero que sejam experiências, mas sim uma forma de estar, sentir e viver diária”, R22) were also mentioned. In addition, we call attention to the idea exposed by respondent 8, that alludes to the fact that BDSM is just an expression of his/her personality (“...Em vez de ser apenas sexo, quero poder impor a minha personalidade nisso”).

3. Interpersonal experiences

Participants were asked whether they had ever experienced difficulties in establishing romantic/intimate relationships due to their BDSM preferences. From this question resulted 26 initial categories that were later grouped into 11 categories. A significant part of the respondents (36%) reported not feeling difficulties in establishing romantic/intimate relationships due to their preferences. Of those who reported feeling difficulty, the prevalence of the category *Sexual incompatibility* is notorious (“...se a outra pessoa não tiver kinks ou fetiches compatíveis com os meus, é algo que me faz considerar a relação” R10; “sim, no meu primeiro relacionamento sério existiu essa dissonância sexual”, R18). Among those who experienced difficulties, the *Rejection of the BDSM component* is a present feeling (“sim, ao pedir para usar o strap-on disse-me que isso era coisa de gay e a relação terminou ali, R25), as was the *Dissatisfaction due to lack of a BDSM component* (“...sempre me senti insatisfeita por o BDSM não fazer parte dos meus anteriores relacionamentos”, R22; “...ao não praticar certos atos bdsm/kinky, a relação sexual e de intimidade para mim, é bastante fraca”, R26). In line with this, the category *BDSM component as essential* is also referred (“...não sou feliz sem praticar “, R15; “...senti-me longe da minha realização pessoal. Do que me faz ser feliz. Foi uma relação incompleta”, R11). Respondent 4 touches upon the idea of BDSM as a unhealthy vice (“sim, muitas vezes é visto como querendo "corromper" a outra pessoa ou como sendo "viciada" em sexo”). It should be noted that some respondents said they did not experience difficulties because they hide their preferences (“não, porque acabo por viver na clandestinidade”, R37).

About the question of whether being a practitioner/enjoying BDSM had ever caused conflict in their romantic/intimate relationships, 18 initial categories were discovered, that were later grouped into 13 categories. As in the previous question, a significant part of the respondents (59%) reported that being a practitioner/enjoying BDSM had never originated conflicts in their relationships. Of those who responded that there were conflicts, we highlight the category *Incompatibility of sexual tastes* (“sim. A outra pessoa pode tentar esforçar. Mas ou se é kinky e se sente isso, ou não resulta...”, R18). The categories *Judgment* and *Termination of relationship* were also referred. Respondent 8 alludes to this by stating “sim, acharam-me estranha e pensavam que me estava a prostituir”, as did respondent 15 (“sim, duas relações em que encontrava investido emocionalmente, terminaram após abordar as minhas preferências ...”). The *Loss of sexual and romantic interest* is manifested by

respondent 3 (“sim. As minhas relações “baunilha” foram marcadas por uma perda de interesse sexual e amoroso que, em retrospectiva, deriva de necessidades não satisfeitas na relação”). BDSM often involves more than one relationship, which in itself can cause conflict with a partner, as respondent 4 states (“Sim, numa primeira relação com uma pessoa não praticante, houve conflitos por manter relações BDSM fora da relação (com o conhecimento de todos, sem traição”). Respondent 7 also referred to a disrespect of limits as a source of conflict (“Sim, nos casos em que o meu parceiro da altura não respeitou os meus limites (por assumir que BDSM é sobre quebrar limites”), belief that further perpetuates harmful notions against BDSM practitioners.

Eighty-one-point eight percent of the participants in our sample had revealed their sexual preferences to someone. Of those who chose to reveal their preferences, 70.5% revealed them to a friend(s), 12.5% to a family member(s) and 39.8% to another person(s), in a non-exclusive way. This means that almost all (72 in 88) revealed their sexual preferences to someone, which can lead us to conclude that, despite the stigma, and these practices be considered taboo, participants share them with someone. The fact that most of them do it with friends and not with family members, can be revealing that the fear of sanction is mitigated when dealing with peer relationships, which in principle are more horizontal.

Regarding the reactions of the people to which the participants disclosed their preferences, emerged 29 initial categories that were later grouped into 13 categories. This question came up because of a filter question, so only those who answered that they had revealed their preferences (81.8%) had access. While for a small percentage of participants (6%) the revelation provoked no reaction (“praticamente todas reagiram com indiferença, mas esclareceram que essa não era a sua “praia”, R8), for others the reaction was quite positive (46%) (“...quase na totalidade, houve uma reação positiva...”, R56). However, several types of reactions can be experienced by the same person (“há vários tipos de reação: a excitação e curiosidade de algumas, aversão e preconceito (preocupação até) doutras, indiferença também, nalguns casos”, R31). The category *Curiosity* was also prevalent.

Participants then responded as to how the reaction made them feel, totalizing 37 initial categories that were organized into positive (65%), neutral (14%) and negative (22%). This question followed on from the previous question, so only those who had revealed their preferences (81.8%) answered. Most of the categories identified were positive (“aceite e tranquila. É bom saber que não somos os únicos com preferências diferentes”, R4; “Feliz por me sentir confortável ao partilhar algo tao íntimo”, R53). Positive answers such as “aliviada por não ter de manter segredos e ter a aprovação sem julgamento das minhas

amigas "baunilha" (R11) highlight the importance of social approval and its role in the decision to disclose. In addition, respondent 60 ("...foi possível explicar o que sentia a pessoas que não estavam tão nesse mundo. E foi bom encontrar pessoas com os mesmos gostos que faziam parte do meu círculo") shows us how disclosure that is well accepted can bring people together. Negative reactions to this question included feelings of *Being evaluated* and *Judgment* ("Como se estivesse a ser avaliada/julgada", R26) and of *Sadness* ("triste, mas considero que a reação era de esperar", R35).

A significant percentage (62.5%) of respondents indicate that, despite having already revealed their preferences to someone, they do not want to (further) reveal their preferences to anyone else. Regarding the main concerns participants have with a possible disclosure, we obtained 54 initial categories that were later grouped into 25 categories. Concern with *Prejudice* and *Judgment* was preponderant ("Preconceitos e julgamentos morais", R13), as was concerns about the *Impact of disclosure on a social, familial and professional level* ("Sei que tenho muito mais a perder no seio familiar, social e profissional, que a ganhar", R33). The categories *Aversion* and *Negative consequences for the relationship* were also present ("repulsa e afastamento da pessoa em questão", R41), as well as the category of *Being seen as different* ("... considerarem que não sou normal ou equilibrado psicologicamente", R71). In addition, responses such as "Deturpação e utilização vingativa" (R32), which falls under the category *Vindictive use*, and "Existe sempre a preocupação de a pessoa a quem me revelo possa revelar a minha intimidade a terceiros" (R67), which falls under the category *Exposure*, highlight very serious issues, which should be further taken into account. However, despite these valid concerns, there still was a significant percentage of the sample who had previously revealed their preferences to someone, which further solidifies the notion that disclosure helps to maintain a sense of integrity, as mentioned by Bezreh et al. (2012).

When asked whether they consider BDSM practitioners to be stigmatized and why, participants responded with 65 initial categories, which were later grouped into 17 categories. The responses that mentioned the categories *Failure to conform to normative sexuality standards* were notorious ("Tudo o que saia do "normal" é alvo de estigma", R56). Categories such as *Association with mental/psychological problems* ("...os estereótipos são de pessoas com traumas ou problemas mentais.", R63), *Association with sexual pathologies* ("associam à pedofilia certas práticas feitas entre 2 adultos com consentimento", R7), and *Association with domestic violence* ("O BDSM é muitas vezes confundido com violência doméstica e isso faz com que as pessoas sintam pena de nós",

R65) were also mentioned as a possible reason for stigmatization. We highlight the category *Association with coercion* (“sim, talvez decorrente de uma percepção que o bdsm se reduz a praticas violentas, não consensuais e que poderão pôr em causa a integridade física e psicológica da pessoa...”, R43). Respondent 1 raises interesting points when he/she states that “é uma prática ainda pouco popularizada na sociedade especialmente em faixas etárias superiores e que constitui um tabu”, as it touches on how BDSM is viewed as a tabu practice, namely among older age groups. Moreover, BDSM practitioners can be seen as someone with an immoral code of conduct (“algumas pessoas possam pensar que praticar BDSM ou ser Kinky seja sinónimo de pessoas com um código de valores morais e éticos bastante flexível”, R4).

Most participants (67%) say they have never felt stigmatized, whilst the rest (33%) detailed the experience of stigmatization they considered most striking, with a total of 30 initial categories. Subsequently, these same categories were then grouped into 13 categories, from which the categories of *Association with mental pathology* (“Quando comecei a tentar contar isso a uma namorada minha, ela disse que era tudo uma "cambada de anormais"”, R23) and *Being the target of negative comments* stand out (“a vizinha da minha dominadora foi bater à porta para me chamar nomes diminuidores porque deve ter ouvido algo do que se estava a passar, e agora sempre que vou lá e passo por essa vizinha ela fica a fazer comentários muito desagradáveis”, R1). The categories *Association with sex work* (“ser associada automaticamente a pro-domme”. R20) and *Association with danger* (“...achou que eu não tinha noção do perigo...”, R13) were also mentioned. It was particularly interesting the fact mentioned by respondent 21 that *Moral judgment* may even come from other BDSM practitioners (“meu parceiro, também kinky, menozizar algumas preferências minhas como se [fossem] menos dignas”).

4. Experiences and attitudes towards psychotherapists

In this question the answers are sensibly balanced between the respondents who have already sought a psychotherapist at least once (48.8%), and those who have never sought it out (*Figure 5*).

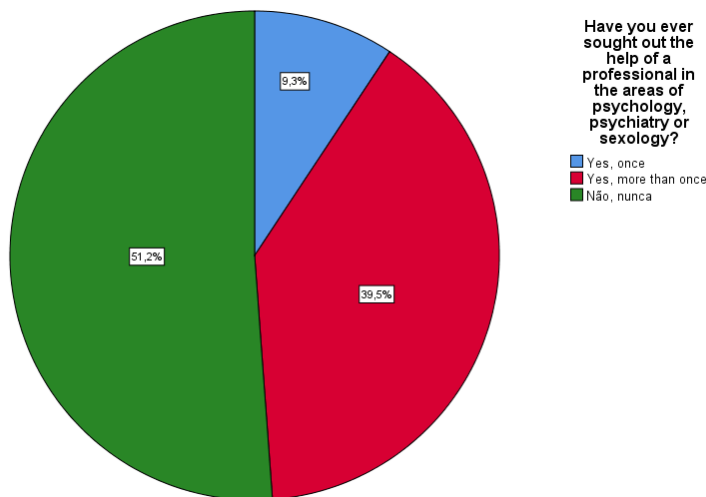


Figure 5 - Have you ever sought out the help of a psychotherapist?

Of those who had already sought out clinical help, 95.5% looked for a psychologist, 38.1% searched for a psychiatrist and 11.9% asked for a sexologist, non-exclusively. Of these participants, 90.5% reported that the reason for seeking a psychotherapist was not related to BDSM. At the same time, only 47.6% of the participants revealed their preferences to their psychotherapist. When asked why they chose to disclose, participants responded according to 17 initial categories, which were later grouped into 10 categories. The main reasons for disclosure were *Contextualization* (“porque era necessário mencionar o meu parceiro e a natureza da nossa relação”, R4) and *Intrinsic to the nature of the person* (“...porque faz parte de mim”, R11). It was also interesting that disclosure to a psychotherapist can serve different purposes, such as a way to explore gender identity (“Estava relacionado com a exploração de identidade de género que se iniciou na prática de BDSM/Kink”, R15), and a way to ensure a healthy BDSM practice (“um olhar e opinião distantes são sempre importantes para perceber se o que pratico é ou não saudável”, R7).

In the following filter question (What was the psychotherapist's attitude towards this revelation?) we obtained 21 initial categories (later grouped into 11 categories), from which *Acceptance* (40%) (“normalíssima – de plena aceitação e não estranheza”, R8) is the most prevalent category. We also highlight the category *Pathologization* (15%) (“Psiquiatra reagiu mal, disse que era perigoso e receitou medicação para baixar a libido”, R6; “Péssima: interpretações Freudianas, aconselhamento de filmes pouco “didáticos ou tranquilizadores”, R2). It is worth noting that, even when reactions were of acceptance, there could still be some stigma present (“Foram compreensivos. A terapeuta sexual recomendou um bdsm mais “branco”/soft”, R7).

When asked to evaluate the psychotherapist's reaction, participants answered according to 9 initial categories, which were subsequently grouped into 4 positive categories (*Correct; Encouraging; Positive; Professional*), 1 neutral (*Normal*), and 4 negative categories (*Conservative; Criminal; Incompetence; Terrible*). It should be noted that most respondents considered the reaction *Positive* (45%). In the *Criminal* category, we highlight respondent 6, when he says "Do psiquiatra acho que foi ... crime".

From the participants who did not seek out a professional in these areas, when asked whether they have ever considered doing so, 25% of participants answered affirmatively. Regarding the reason why they had not looked for a psychotherapist, 8 initial categories were revealed, later grouped into *Related to BDSM* and *Not related to BDSM*, with 7 of the 11 respondents reporting that their reason for not seeing a psychotherapist was not related to BDSM ("encontrei muito material online sobre a área e gostei de pesquisar por conta própria", R3; "questões financeiras", R1). Among those whose reasons were *Related to BDSM*, respondents mentioned lack of courage ("Falta de coragem", R8), fear of disclosure ("Por receio da revelação", R10), and perception that professionals lack BDSM knowledge ("Os atuais profissionais, e conheço vários, não tem conhecimento suficiente sobre o meio BDSM para poderem ajudar...", R4). When questioned if they would consider seeking out a psychotherapist if they were to have problems related to BDSM in the future, 76.1% of all respondents stated that they would. Along with this, roughly the same percentage (78.4%) considers that psychotherapy can be important for BDSM practitioners, regardless of having already had personal experience with it.

The final question (What do you think is the perception that people who practice BDSM/kinky have about psychotherapy professionals in general?) 48 initial categories came to light, which were later grouped into 12 categories. Of these, it is worth noting that practitioners think that psychotherapists suffer from *Lack of information/training on the topic* ("acham que [os psicoterapeutas] não sabem do assunto para poderem ajudar", R63; "Conhecendo pessoalmente vários psicoterapeutas e sexólogos, e já tendo abordado estes temas em ambientes informais, sei que há uma grande falta de conhecimento sobre o meio e as práticas BDSM em Portugal (e na Europa), pois estas práticas são ignoradas durante os estudos", R16) and admit *Fear of condemnation and/or pathologization* ("têm medo de ser julgados, tanto os BDSMers como os psicoterapeutas são pessoas com os mesmos preconceitos", R29). Moreover, respondent 36 falls under the category *Ambivalence between utility and lack of comprehension* when he/she states that "a maioria acha que [os psicoterapeutas] são úteis e acredita que existem bom profissionais, mas existe

preocupação em encontrar quem não estigmatize, e que, mais do que isso, compreenda. Acho que há a percepção que não são muitos os que compreendem” which seems to further highlight the struggle between finding a kink-friendly therapist who does not stigmatize and a kink-aware therapist, who understands their issues and is properly qualified to treat them, as mentioned in the literature review. However, participants also emphasize that BDSM practitioners have the *Same perception as the general population* (“semelhante à generalidade das pessoas”, R50). We also consider interesting the emergence of the category *Useful and valued profession* (“Acho que é visto como uma profissão importante para a área, pois pode ser necessário recorrer aos mesmos para aceitar essa parte de si próprio ou para definir os seus limites psicológicos sobre a matéria ou outros conflitos interiores/exteriores que possam surgir desta prática”, R1).

In the next chapter, the results will be discussed, in accordance with the literature review.

V. DISCUSSION

The first research question is how to characterize the practices of the BDSM Portuguese population, as well as their own narratives and experiences about the phenomenon.

The results revealed that most participants had a bachelor's degree or higher, and practiced BDSM within the scope of one or more than one stable relationship, which corroborates the research conducted both by Pascoal et al. (2015) and Santtila et al. (2002). According to Richters et al. (2008), who found that male participants are more likely to engage in BDSM practices, we also had mostly male participants in our study. However, this only indicates that there were more men than women answering the questionnaire, because, as already mentioned, the sample is not representative.

Concerning sexual orientation, although more than half of the sample identified as heterosexual (59.1%), a significant percentage (40.9%) was non-heterosexual, with more than 25% of the sample identifying as bisexual. Although we cannot strictly corroborate the finding by Richters et al. (2008) that LGB people were more frequently involved in BDSM, we can state that they were a significant part of our sample.

In the study of Bezreh et al. (2012), respondents reported being aware of fantasies or feelings which they later identified as SM-related when very young, with some respondents pinpointing this by the age of 10. Accordingly, the present study reports that most participants realized that their sexual interests were different from those of most people during adolescence, but only identified them as BDSM-related at a later age, during young adulthood. At this time, many respondents reported having felt negatively about their interests and afraid to embrace them, which is consistent with the findings of Bezreh et al. (2012).

According to Kolmes et al. (2006), BDSM can range from an occasional sexual practice to a lifestyle. A significant portion of the current sample considers BDSM as a set of practices, while a slightly smaller portion considers it a lifestyle. However, almost all respondents consider BDSM as an integral part of their sexual identity.

Furthermore, the data obtained also allowed us to understand certain habits of this sample of the Portuguese BDSM population, such as its periodicity, with about a third of respondents practicing BDSM on a weekly basis, a higher percentage than the 12.5% reported by Holvoet et al. (2017), as well as the prevalence of the role assumed by the participants, with a slight submissive predominance.

Moreover, most of our sample reported that the first BDSM experience was throughout the young adulthood phase, coinciding with the phase during which participants indicated that they had started to practice BDSM on a regular basis.

We also found that more than half of the respondents enjoyed and practiced impact play and bondage most often, among many other practices. All participants stated that they felt good when participating in BDSM, with mainly positive emotions throughout their engagement in these activities. The overwhelming majority of participants consider that BDSM practices contribute to their psychological well-being, despite the existence of a marked stigma towards BDSM preferences, according to both the questionnaire and Holvoet et al. (2017). This, coupled with the fact that some participants brand BDSM as therapeutic for them, seems to suggest that BDSM does not contribute to significantly more sexual distress and may even improve it, as found by Pascoal et al. (2015), whose study reports that there was no significant difference regarding levels of sexual functioning distress in women, and that men reported lower distress than their vanilla counterparts. Moreover, the responses given seem to corroborate authors who consider that BDSM is better classified as a leisure activity, instead of being considered psychopathology (e.g., Newmahr, 2010; Williams, 2009; Williams et al., 2016).

The second research question refers to how pathologization and stigma affect practitioners. In the present study, when asked how they would describe their BDSM experiences, participants referred how BDSM contributed to their connection with their partners, and to knowing more about them. These results might be due to the high levels of trust and consent required in BDSM practices, making these individuals more self-aware and more proficient in communicating with their significant other (Pillai-Friedman et al., 2015). Simultaneously, participants refer to feelings of well-being, transcendence, therapeutic, and describe them as respectful and affectionate. This result is surprisingly against the social representations of BDSM, which stereotype it as something negative, that makes people feel bad and where partners do not respect each other. Which also leads us to think of the common BDSM myths identified by some authors, including Barker et al. (2007), when they point out the notion that “BDSM is on the same continuum of behavior as violent sadism and is all about pain” as a myth.

On the other hand, however, many respondents mentioned rejection by their partners and refusal to participate in BDSM activities as concerns within the context of a relationship, as in the study by Bezreh et al. (2012), which also mentioned the difficulty of disclosing to potential partners, on the grounds that BDSM was the opposite of a desirable relationship.

These findings may point to unhappiness and sexual dissatisfaction for the respondents, as, according to the questionnaire, many referred to BDSM as intrinsic to their nature and as an essential component of a relationship. Furthermore, reasons for disclosure can include a desire to maintain a sense of integrity, which means balancing various social norms and personal variables, which often leads to participants using disclosure as a screening process when dating someone, which can be quite challenging (Bezreh et al., 2012).

Based on the literature review, practitioners express deep concern towards disclosure of their preferences. According to the data, a significant percentage of respondents indicate that, besides those who might have already revealed their preferences to someone, they do not want to (further) reveal their preferences. This, coupled with the idea that some respondents stated that they did not experience difficulties in their relationships because they hid their preferences, leads our findings to corroborate those of Kelsey et al. (2013) and Goffman (1956), as practitioners may feel the need to hide their sexual preferences to protect themselves and others, as well as monitoring information about themselves as a coping strategy, using cover stories to pass as vanilla, respectively. In addition, stigmatization can cause individuals in kink-identified subcultures to construct their identities within the context of a deviant subculture, including negative societal judgements when doing so, which leads to shame, guilt, and self-hatred (Goffman, 1963).

Furthermore, the data obtained also highlighted the main concerns respondents had regarding a possible disclosure, mainly being victims of prejudice and judgment and the impact disclosure could have on their social, family, and professional lives. This is in line with findings by (Holvoet et al., 2017; Kelsey et al., 2013), as BDSM practitioners still report being discriminated against and feeling the need to hide their sexual preferences to protect themselves and others, which, in turn, becomes a source of isolation and stress (Bezreh et al., 2012). Despite this, many participants said they have never felt stigmatized. However, when asked why they thought BDSM practitioners were stigmatized, many mentioned association with psychological problems, as well as sexual pathologies. This fact is particularly interesting since, even though they do not feel stigmatized, practitioners have the perception that there is, in fact, an association, which is in accordance with many studies listed by Connolly (2006). In line with this, the prevalence of the association between BDSM and psychological pathologies is heavily influenced by Krafft-Ebbing's XIX century medical model of classification for alternative sexualities as cited in (Shahbaz & Chirinos, 2016). Freud's early work involving patients suffering from their BDSM interests (Weierstall & Giebel, 2017) has also molded early ideas of BDSM stigma that still

persist to this day. The fact that sexual sadism and/or masochism are no longer classified as a mental disorder in the DSM-5 (American Psychiatric Association, 2013) is a signifier of the change in perspective, albeit recent.

The third research question is meant to understand the experiences and attitudes of BDSM Portuguese practitioners towards psychotherapists.

Similarly to Hoff and Sprott (2009), the present study found a range of positive and negative experiences with psychotherapists, with many respondents reporting a positive reaction of their psychotherapist to this revelation. As Kolmes et al. (2006) reported, most of the sample stated that the reason they sought out psychotherapists was not related to BDSM. Similarly, a significant percentage had revealed their preferences to their psychotherapist (Kolmes et al., 2006), which, in our case, was mostly for contextualization and because they felt it “was part of them”. However, it must be emphasized that more than half of the participants chose not to disclose, an even higher value than the percentage (25-30%) mentioned in the literature review (Sprott & Randall, 2015, Weber, 2002, both cited in Sprott et al., 2017). This may be related to studies that indicate that practitioners often worry about being rebuffed and told they are sick when disclosing to a therapist (e.g. Bezreh et al., 2012). Similarly, respondents may choose not to disclose for fear of their psychotherapists’ negative reaction (Hoff & Sprott, 2009; Kelsey et al., 2013; Kolmes et al., 2006), which in turn affects the quality of the therapeutic relationship.

Moreover, roughly the same percentage of our sample stated that they would seek out a psychotherapist if needed, and that psychotherapy can be important for BDSM practitioners, regardless of having already had personal experience with it. Many respondents seem to think that most psychotherapists are not properly equipped to deal with themes related to BDSM, which is in line with the notion pointed out by Miller and Byers (2009) that the majority of psychology programs do not supply much education regarding sexual concerns, leaving psychotherapists to self-study and development of their own resources regarding this population (Kelsey et al., 2013). Other respondents choose not to seek out these professionals, as they fear being stigmatized by them.

In the following chapter, conclusions will be drawn.

VI. CONCLUDING REMARKS

In this final part, we intend to present the main conclusions and contributions from this research, as well as the limitations that must be observed for an adequate analysis of the results. Some suggestions for the development of possible future studies will also be indicated.

As a starting point, we revisit the objectives of the research: to analyze and interpret how Portuguese BDSM practitioners perceive others' reactions to their sexual preferences, and to understand the perceptions BDSM practitioners have of psychotherapists, independently of having had professional contact with them.

In this way, the research questions focused on the characterization of the practices and experiences of BDSM practitioners. The effect pathologization and stigma have on practitioners was also explored, as well as the experiences and attitudes of BDSM Portuguese practitioners towards psychotherapists.

The methodology used a qualitative approach by means of a researcher-created semi-structured questionnaire, intercalated by quantitative data, both at collection and analysis phases.

The study was in line with the research objectives as it allowed us to have a clearer view of the habits of the sample of the Portuguese BDSM population. Moreover, the pathologization and stigma seemed to have a negative impact on practitioners, namely in terms of disclosure, even if it seems to be decreasing. Stigma and pathology affect practitioners especially in terms of romantic/intimate relationships. It should be noted that a third of the sample state they had felt stigmatized because of their preferences, even though more than half of the participants said they did not. Regarding the third research question, almost half of the sample sought psychotherapists, mostly for reasons unrelated to BDSM. In cases in which participants decided to disclose to their psychotherapists, it was notorious that there were still some cases of an inappropriate and, to some extent, criminal response, even though most of the psychotherapist did not react badly. However, it is also worth mentioning that, when asked about the perception that BDSM practitioners have about psychotherapy professionals in general, 13% of participants believed that clinicians lacked the proper knowledge and/or specific training.

The study also allowed to add to the literature information about the Portuguese BDSM community: corroborating information regarding the age of emergence of BDSM interests,

and of the first experiences with it; our study also found that BDSM can range from an occasional practice to a lifestyle, with the majority of our sample considering BDSM as an integral part of their sexual identity; and confirming that the notion of feeling stigmatized is still very much present.

We must also mention the limitations of the present study, such as the sampling technique used, as it does not allow for inferences, and the instrument chosen, a questionnaire, as it does not fully allow to contextualize the responses given nor enables to deepen our knowledge regarding each participant and their respective answers. Moreover, it would be beneficial to approach the psychotherapists' point of view, which went beyond the scope of the current study. Thus, suggestions for future research could include widen the sample, to obtain a more representative portrait of the target population, as well as conduct a study focused on psychotherapists and their experiences and perceptions. In addition, future approaches could include more fieldwork, namely with interviews, to give voice to the target population, focusing more closely on their experiences. At one point during the questionnaire, more than half of the respondents stated that they felt "completely dissatisfied" with themselves due to their BDSM practice. This response directly contradicts previous responses and thus could be an interesting issue to further develop and so, a jumping off point for further research.

Finally, this study may contribute positively to the exploration of the BDSM theme, particularly in terms of deepening the knowledge of factors associated with the BDSM phenomenon within the Portuguese population and in terms of guidelines for practice of psychotherapists.

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VIII. ANNEXES

Annex 1. Questionnaire

Ser BDSMer/Kinky: Experiências e atitudes

PROJETO DE INVESTIGAÇÃO:

A presente investigação realiza-se no âmbito do Mestrado Integrado em Psicologia da Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto da estudante Laura Godinho, sob a orientação da Professora Doutora Alexandra Oliveira.

OBJETIVOS DA INVESTIGAÇÃO:

Este trabalho pretende conhecer as experiências e as atitudes de praticantes de BDSM/kinky. Em específico, pretende conhecer as perspetivas de praticantes portugueses de BDSM/kinky em relação às suas experiências pessoais e interpessoais, designadamente a sua atitude em relação a psicoterapeutas.

EXPLICAÇÃO DE CONCEITOS:

No âmbito desta investigação, definimos os termos que se seguem como:

- **BDSM:** É um acrónimo para bondage e disciplina, dominação e submissão e sadismo e masoquismo. Este acrónimo tem sido usado para descrever um conjunto de práticas que incluem a restrição física, os jogos de poder, os jogos de papel (role playing), os jogos sensoriais, a provocação de dor ou a receção de dor. Com o termo BDSMer referimo-nos às pessoas que praticam este género de atividades;

- **KINKY:** É uma palavra da língua inglesa, que tem sido usada em português, e que se refere a um conjunto de práticas, conceitos ou fantasias sexuais não usuais, incluindo as mencionadas na nota anterior e o fetichismo, entre outras;

- **PSICOTERAPEUTAS:** São os profissionais da área da saúde mental, sejam psicólogos, psiquiatras ou sexólogos.

QUEM PODE PARTICIPAR?

Pessoas portuguesas com um mínimo de 18 anos de idade que sejam praticantes de BDSM/kinky.

COMO PARTICIPAR?

Se aceitar participar neste estudo, ser-lhe-ão colocados conjuntos de questões relacionados com BDSM/kinky. Também lhe será pedido que forneça alguns dados sociodemográficos.

PORQUE DEVO PARTICIPAR?

A sua colaboração é muito importante porque a informação que nos fornecer vai ajudar-nos a compreender o fenómeno da prática de BDSM/kinky e as relações dos praticantes, designadamente com psicoterapeutas. Ao ouvir os praticantes de BDSM/kinky na primeira pessoa poderemos obter uma imagem correta de como perspetivam e vivem as suas experiências para lá das imagens estereotipadas que existem em relação a estas atividades e os seus praticantes.

POSSO DESISTIR DEPOIS DE TER COMEÇADO A RESPONDER?

A participação neste estudo é completamente voluntária pelo que pode desistir em qualquer momento, sendo que para tal basta fechar o separador onde está a responder ao questionário.

PODEREI SENTIR-ME DESCONFORTÁVEL AO RESPONDER A ESTE QUESTIONÁRIO?

Neste questionário vai encontrar perguntas que dizem respeito à sua vida sexual e/ou íntima. Se achar que isso o/a vai fazer sentir desconfortável, pondere não participar.

DURAÇÃO DO QUESTIONÁRIO:

O preenchimento do questionário demorará aproximadamente 20 minutos.

CONFIDENCIALIDADE E ANONIMATO:

Em nenhum momento lhe será pedido qualquer dado que o/a possa identificar. Todas as informações recolhidas serão guardadas numa base de dados confidencial a que apenas as investigadoras terão acesso. Sendo as duas únicas pessoas com acesso à informação recolhida, são responsáveis pelo seu tratamento e proteção e comprometem-se a respeitar e a salvaguardar a privacidade das suas respostas, assegurar a proteção dos seus dados pessoais e respeitar as normas e orientações nacionais e europeias aplicáveis ao seu tratamento e armazenamento. Os dados recolhidos destinam-se exclusivamente a este projeto e serão tratados em conjunto com as respostas de outros participantes. O registo do endereço IP será apagado.

RESULTADOS DO ESTUDO:

Caso deseje conhecer os resultados deste estudo pode deixar um email de contacto no fim do questionário. Enviar-lhe-emos os resultados logo que estejam disponíveis.

CONTACTO PARA O CASO DE TER DÚVIDAS:

Caso tenha alguma dúvida, pode contactar por email Laura Godinho: up201505933@fpce.up.pt.

CONSENTIMENTO INFORMADO:

Tendo lido a informação apresentada, se aceitar colaborar na investigação, queira, por favor, assinalar abaixo

Declaro ter lido e compreendido a informação que me foi fornecida e que aceito participar neste estudo. *

Sim/Não

Sou praticante de BDSM/kinky, sou português/portuguesa e sou maior de idade. *

Sim/Não

DADOS SOCIODEMOGRÁFICOS

Antes de iniciar o questionário, queríamos pedir-lhe que responda de forma sincera, sendo o mais fiel possível às suas experiências. Não há respostas certas, nem erradas. Todas as respostas são válidas.

Idade *

Sexo atribuído à nascença *

Feminino

Masculino

Identidade de Género *

Masculina

Feminina

Não-binário/Genderqueer

Outra:

Orientação sexual *

Heterossexual

Homossexual

Bissexual

Panssexual

Assexual

Outra:

Escolaridade *

Ensino Básico

Ensino Secundário

Licenciatura

Mestrado

Doutoramento

Zona de Residência *

Urbana

Rural

Semi-urbana

CARACTERIZAÇÃO DAS PRÁTICAS BDSM/KINKY

A seguinte secção consiste num conjunto de perguntas sobre o modo como experiencia o BDSM/kinky e algumas características das suas práticas. Escolha as opções que acha que melhor o/a descrevem.

Atualmente, pratica BDSM/Kinky?

Sim

Não

Quando foi a última vez que praticou algo no âmbito do BDSM/Kinky?

Responda em dias, meses ou anos

Em que âmbito relacional pratica?

Indique as opções que considere que se aplicam a si

No âmbito de uma ou mais do que uma relação estável

No âmbito de uma ou mais do que uma relação casual

Recorre ou já recorreu a dominadoras/es ou submissos/as profissionais?

Sim

Não

Em que contexto pratica?

Online

Presencial

Ambas

Em média, com que periodicidade tem práticas de BDSM/kinky?

Menos do que 1 vez por mês

Entre 1 a 2 vezes por mês

Entre 3 a 4 vezes por mês

Mais do que 4 vezes por mês

Quais são as práticas de que mais gosta?

Indique até 5, sem preocupação com a sua hierarquia

Quais as práticas nas quais se envolve com mais frequência?

Indique até 5, sem preocupação com a sua hierarquia

Qual o papel que habitualmente assume?

Chama-se switcher à pessoa que alterna entre o papel de dominador/a e o papel de submisso/a

Submisso/a

Dominador/a

Switcher

Não se aplica

Com que idade se apercebeu que os seus interesses sexuais eram diferentes dos da maioria das pessoas?

Com que idade soube que esses interesses constituíam o que se designa por BDSM/kinky?

Como se sentiu perante os seus interesses nessa altura?

Com que idade teve a sua primeira experiência BDSM/kinky?

Com que idade começou a praticar BDSM/kinky de forma regular?

Caso considere que nunca começou a praticar BDSM/Kinky de forma regular, responda “Não aplicável”

Considera que existe uma comunidade BDSM/kinky? (online ou presencial)

Sim

Não

Não sei

Considera-se integrado nessa comunidade?

Sim

Não

Reúne-se com outros praticantes BDSM/kinky?

Sim

Não

Considera BDSM/kinky uma parte integrante da sua identidade sexual?

Sim

Não

Considera BDSM/kinky um conjunto de práticas ou um estilo de vida?

Indique a opção que acha que melhor o/a descreve

Conjunto de práticas

Estilo de vida

Não sei

Outra:

EXPERIÊNCIAS PESSOAIS

As próximas perguntas dizem respeito à forma como vivencia as suas experiências de BDSM/Kinky. Responda da forma mais honesta possível.

Há pessoas que se sentem bem ao participar em práticas BDSM/kinky e outras que se sentem mal. No seu caso, em geral, o que acha que traduz melhor a sua experiência?

Sinto-me bem

Sinto-me mal

Antes de participar numa sessão que sabe que irá envolver atividades BDSM/kinky, que emoções costuma sentir?

Indique as opções que considera mais fiéis às suas experiências

Alegria

Satisfação

Paixão

Euforia

Afeto

Tristeza

Insatisfação

Aversão

Medo

Raiva

Outra:

Durante a prática de atividades BDSM/kinky, que emoções costuma sentir?

Indique as opções que considera mais fiéis às suas experiências

Alegria

Satisfação

Paixão

Euforia

Afeto

Tristeza

Insatisfação

Aversão

Medo

Raiva

Outra:

Após praticar atividades BDSM/kinky, que emoções costuma sentir?

Indique as opções que considera mais fiéis às suas experiências

Alegria

Satisfação

Paixão

Euforia

Afeto

Tristeza

Insatisfação

Aversão

Medo

Raiva

Outra:

Classifique a seguinte afirmação: As práticas de BDSM/Kinky contribuem para o meu bem-estar psicológico

1 - Discordo totalmente

2

3

4

5 - Concordo totalmente

Sente-se satisfeito/a consigo próprio/a pelo facto de praticar BDSM/kinky?

1 - Completamente satisfeito

2

3

4

5 - Completamente insatisfeito

Em geral, como descreveria as suas experiências de BDSM/Kinky?

EXPERIÊNCIAS INTERPESSOAIS

Esta secção centra-se nas suas experiências interpessoais, incluindo questões sobre as suas atitudes e/ou experiências em contextos de partilha dos seus interesses BDSM/kinky. Responda de modo a ser o mais fiel possível às suas experiências.

Sente ou alguma vez sentiu dificuldades em estabelecer relações amorosas/de intimidade devido às suas preferências BDSM/kinky?

No caso de responder "sim", descreva essa experiência ou a experiência que considera mais marcante/significativa.

Ser praticante/gostar de BDSM/kinky alguma vez originou conflitos nas suas relações amorosas e/ou de intimidade?

No caso de responder "sim", descreva essa experiência ou a experiência que considera mais marcante/significativa.

Já, alguma vez, revelou as suas preferências BDSM/Kinky a alguém?

Sim, a amigo/a(s)

Sim, a familiar/familiares

Sim, a outra(s) pessoa(s)

Não

Quando fez essa revelação, qual foi a reação dessa(s) pessoa(s)?

Como é que essa reação o/a fez sentir?

Gostaria de revelar as suas preferências a alguém?

No caso de ter respondido que já revelou a alguém, há mais alguém a quem gostaria de revelar?

Sim

Não

Quais as principais preocupações que tem com uma possível revelação?

Considera que as pessoas que praticam BDSM/kinky são estigmatizadas? Porquê?

Definimos aqui estigma como uma marca ou um rótulo negativo que é colocado sobre uma pessoa ou grupo de pessoas. Das pessoas que são alvo de estigma diz-se que são estigmatizadas. A estigmatização implica discriminação, descrédito, estereotipagem, exclusão

No seu caso, alguma vez se sentiu estigmatizado/a devido às suas preferências BDSM/kinky?

Sim

Não

No que respeita a estigmatização, relate essa experiência ou a experiência que considera mais marcante/significativa.

EXPERIÊNCIAS E ATITUDES EM RELAÇÃO A PSICOTERAPEUTAS

As perguntas que se seguem relacionam-se com psicoterapeutas e a sua percepção e/ou experiência com os mesmos. Responda da forma que seja mais congruente com as suas experiências.

Já alguma vez procurou a ajuda de um profissional das áreas da psicologia, psiquiatria ou sexologia?

Sim, uma vez

Sim, mais do que uma vez

Não, nunca

Que tipo de especialista/s procurou?

Psicólogo/a

Psiquiatra

Sexólogo/a

O motivo (ou os motivos) que o/a levou a procurar esse(s) profissional(ais) estava relacionado com o BDSM/Kinky?

No caso de ter procurado mais do que uma vez um profissional de saúde mental, alguma dessas vezes o motivo esteve relacionado com o BDSM/Kinky?

Sim

Não

Divulgou os seus interesses BDSM/kinky ao psicoterapeuta?

Sim

Não

Porque divulgou?

Qual a atitude do psicoterapeuta perante esta revelação?

Como é que avalia essa atitude?

Alguma vez considerou procurar?

Porque não o fez?

Se, no futuro, vier a ter problemas relacionados com BDSM/kinky, consideraria recorrer a um psicoterapeuta?

Sim

Não

Independentemente de já ter consultado algum/a psicoterapeuta(s), acha que a psicoterapia pode ser importante para praticantes BDSM/kinky?

Sim

Não

Qual acha que é a perceção que as pessoas praticantes de BDSM/kinky têm sobre os profissionais da psicoterapia em geral?

FIM DO QUESTIONÁRIO

Obrigada pela sua disponibilidade e colaboração!

Se pretender que lhe enviemos os resultados do estudo, por favor, deixe o seu e-mail

Annex 2. Content analysis categories

1) How did you feel about your interests at the time you realized they constituted BDSM?

| Grouped categories | Description | Response examples |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Positive (n=5) | This category includes the following positive feelings: Comfort; Enthusiasm; Feeling of freedom; Happiness; Self-acceptance | “...exigem uma grande confiança entre quem as pratica”, R75; “...trazem uma ligação mais intensa...”, R52) |
| Neutral (n=4) | This category includes the following neutral feelings: Ambivalence; Confusion; Curiosity; Surprise | “Curiosa, intrigada”, R21; “ambivalente, por um lado era interessante ter um lado secreto...”, R27 |
| Negative (n=11) | This category includes the following negative feelings: Discomfort; Guilt; Fear; Frustration; Insecurity; Lost; Non-normativity; Obsession; Repression; Shame; Strangeness | “Inadaptada”, R61; “...senti que tinha que esconder das pessoas que rodeavam...”, R48 |

2) In general, how would you describe your BDSM/Kinky experiences?

| Grouped categories | Description | Response examples |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Affectionate | This category includes all concepts related to affection | “...existe acima de tudo, na maioria dos casos, muito respeito e afeto pelas pessoas que ali se entregam”, R32 |
| Connection with partner | This category includes all concepts related to partner attachment | “...exigem uma grande confiança entre quem as pratica”, R75; “...trazem uma ligação mais intensa...”, R52 |
| Enthusiastic | This category includes all concepts related to intense and eager enjoyment | “entusiasmantes”, R16 |
| Fun | This category includes all concepts related to liveliness | “divertidas, exciting, sexys”, R6 |
| Good | This category includes all initial categories that involve concepts depicting various degrees of “good” | “incríveis e nunca são iguais”, R12 |
| In tune with self | This category includes all concepts related to being in tune with yourself | “enriquecedoras para mim e para a minha relação”, R56 |
| Innovative | This category includes all concepts related to newness | “Em constante alteração e modificação”, R43 |
| Learning | This category includes all concepts related to self-knowledge and discovery | “auto-conhecimento e descoberta”, R36 |
| Negative | This category includes all concepts related to negative experiences | “Por vezes tóxicas”, R35 |
| Normal | This category includes all responses that allude to normality | “Normais dentro das práticas BDSM”, R77 |
| Pleasurable | This category includes all concepts related to pleasure | “maneira alternativa de ter e dar prazer sexual”, R57 |
| Satisfactory | This category includes all concepts related to adequacy | “Satisfatórias, adequadas a minha identidade sexual”, R1 |
| Therapeutic | This category includes all concepts related to contribution to personal happiness, self-esteem, well-being, and emotional balance | “...entendo-o como uma terapia, não é apenas sexual”, R13 |

| | | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Transcendent | This category includes all concepts related to sublime experiences that allow to reach a different mental state | ("...sinto que consigo explorar não só a sexualidade, mas um estado mental diferente", R23) |
| Others | Includes the following categories: Challenging; Non-sexual in nature; Sporadic; Exotic; Essential for sexuality; Exploratory, Insufficient; Intense; Interesting; Little adventurous; Sadistic; Soft; Respectful; Exciting; Complementary to intimacy | "Essenciais para a minha sexualidade", R46 "Pouco aventureiras", R74 "Complementares à intimidade", R80 |

3) Have you ever experienced difficulties in establishing romantic/intimate relationships due to your BDSM/kinky preferences?

| Grouped categories | Description | Response examples |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BDSM component as essential | This category includes all responses related to viewing BDSM as essential | "...não sou feliz sem praticar", R15 "...senti-me longe da minha realização pessoal. Do que me faz ser feliz. Foi uma relação incompleta", R11 |
| BDSM seen as desire for corruption/sexual addiction | This category includes all responses related to BDSM being seen having a desire for corruption and/or sexual addiction | "sim, muitas vezes é visto como querendo "corromper" a outra pessoa ou como sendo "viciada" em sexo", R4 |
| Communication difficulty regarding BDSM practices | This category includes all responses related to difficulties in communication regarding BDSM practices | "Quando conheço uma mulher fora do meio BDSM com quem poderei vir a ter uma relação amorosa, existem dúvidas fundamentais que não posso perguntar diretamente", R2 |
| Difficulty in establishing romantic relationships with non-BDSM people | This category includes all responses related to difficulties in establishing romantic relationships with vanilla individuals | "Sim, tenho dificuldade em estabelecer relações amorosas com pessoas não BDSM", R28 |
| Dissatisfaction with the lack of BDSM component | This category includes all responses related to dissatisfaction with the lack of BDSM component | "...sempre me senti insatisfeita por o BDSM não fazer parte dos meus anteriores relacionamentos", R22 "...ao não praticar certos atos bdsm/kinky, a relação sexual e de intimidade para mim, é bastante fraca", R26 |
| Fear of rejection of the BDSM component | This category includes all responses related to fear of rejection of the BDSM component | "receio de introduzir o tema e ser rejeitado", R15 |
| Inadequacy and long-term withdrawal from intimacy | This category includes all responses related to inadequate intimacy and its consequences | "...uma diferença tão grande em algo tão íntimo provoca a longo prazo uma desadequação na intimidade...", R23 |
| Misunderstanding/ignorance on the part of possible partners | This category includes all responses related to incomprehension and lack of knowledge on the part of possible partners | "Sim, no caso em que potenciais parceiros amorosos não compreendem ou sentem receio pelas práticas kinky", R5 |
| Rejection of the BDSM component | This category includes all responses related to rejection of the BDSM component | "sim, ao pedir para usar o strap-on disse-me que isso era coisa de gay e a relação terminou ali, R25 |
| Sexual incompatibility | This category includes all responses related to sexual incompatibility | "...se a outra pessoa não tiver kinks ou fetiches compatíveis com os meus, é algo que me faz considerar a relação", R10 "sim, no meu primeiro relacionamento sério existiu essa dissonância sexual", R18 |
| Unavailability to experience/know more, on the part of possible partners | This category includes all responses related to unwillingness to experience and/or know more about BDSM, on the part of possible partners | "...houve um enorme desinvestimento da minha parte a partir do momento que descobri que não só não faziam certas práticas, mas que também não estado dispostos a experimentar", R20 |

4) Has being a practitioner/enjoying BDSM/kinky ever caused conflicts in your romantic/intimate relationships?

| Grouped categories | Description | Response examples |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Breach of limits | This category includes all conflicts stemming from disrespect of limits | “Sim, nos casos em que o meu parceiro da altura não respeitou os meus limites (por assumir que BDSM é sobre quebrar limites)”, R7 |
| Conflict about keeping BDSM relationships out of the relationship | This category includes all conflicts stemming from keeping BDSM relationships outside of the relationship | “Sim, numa primeira relação com uma pessoa não praticante, houve conflitos por manter relações BDSM fora da relação (com o conhecimento de todos, sem traição)”, R4 |
| Difficulty finding sexual partners | This category includes all conflicts stemming from the difficulty in finding sexual partners | “...pessoas que amamos são poucas a juntar a uma Domme que é algo tão raro como um unicórnio resulta numa enorme improbabilidade”, R13 |
| Difficulty in establishing romantic relationships with non-BDSM people | This category includes all conflicts stemming from the difficulty in establishing romantic relationships with vanilla individuals | “Sim, tenho dificuldade em estabelecer relações amorosas com pessoas não BDSM”, R21 |
| End of relationship | This category includes all conflicts that caused the ending of relationships | “sim, duas relações em que encontrava investido emocionalmente, terminaram após abordar as minhas preferências ...”, R15 |
| Experimentation can lead to conflicts | This category includes all conflicts stemming from experimentation | “Experimentar e tentar descobrir pode originar situações desconfortáveis”, R2 |
| Frustration | This category includes all conflicts stemming from frustration | “Apenas alguma frustração pela falta de vontade da outra pessoa”, R6 |
| Incapacity of physical relationship | This category includes all conflicts stemming from incapacity of having a physical relationship | “Sim, incapacidade de relacionamento físico”, R10 |
| Incompatibility of sexual tastes | This category includes all conflicts stemming from incompatibility of sexual tastes | (“sim. A outra pessoa pode tentar esforçar. Mas ou se é kinky e se sente isso, ou não resulta...”, R18) |
| Loss of sexual and romantic interest | This category includes all conflicts stemming from loss of sexual and romantic interest | (“sim. As minhas relações “baunilha” foram marcadas por uma perda de interesse sexual e amoroso que, em retrospectiva, deriva de necessidades não satisfeitas na relação”, R3) |
| Moral judgment | This category includes all conflicts stemming from moral judgment | “sim, acharam-me estranha e pensavam que me estava a prostituir”, R8 |
| Partner refusal to participate | This category includes all conflicts stemming from a potential partner’s refusal to participate | “sim mas só em passadas (não queriam participar em nada)...”, R5 |
| Personal dissatisfaction | This category includes all conflicts stemming from personal dissatisfaction | “...e eu me sentir insatisfeita”, R17 |

5) When you made this revelation, what was the reaction of the person?

| Grouped categories | Description | Response examples |
|--------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Acceptance | This category includes all reactions related to being accepted | “Aceitaram bem...”, R7 |
| Comprehension | This category includes all reactions related to understanding | “...compreensão do outro [lado]”, R62 |
| Confusion | This category includes all reactions related to feeling confused | “algumas ficaram confusas...”, R25 |
| Curiosity | This category includes all reactions related to feeling curious | “curiosidade em descobrir mais sobre BDSM/Kinky”, R21 |
| Embarrassment | This category includes all reactions related to feeling embarrassed | “...constrangida...”, R45 |
| Incomprehension | This category includes all reactions related to being misunderstood | “...alguma incapacidade de compreender”, R17 |
| Indifference | This category includes all reactions related to indifference | “praticamente todas reagiram com indiferença, mas esclareceram que essa não era a sua “praia”, R8 |
| Positive | This category includes all responses related to positive reactions | “...quase na totalidade, houve uma reação positiva...”, R56 |
| Prejudice | This category includes all reactions related to prejudice | “...preconceito...”, R31 |
| Rejection | This category includes all reactions related to rejection | “rejeição inicial”, R26 |
| Shock | This category includes all reactions related to shock | “...Desde choque...”, R64” |
| Surprise | This category includes all reactions related to surprise | “espanto...”, R15 |
| Others | This category includes all reactions related to fun, excitement, and distrust | “divertida”, R50 “...desconfiança”, R18 |

6) How did that reaction make you feel?

| Grouped categories | Description | Response examples |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Positive | This category includes the following positive reactions: Accepted; Relieved; Supported; Good; With more self-esteem; Understood; Confident; Comfortable; Happy; Different, but special; Happy; Legitimate; Freed; Closer to people; Less judged; Great; Proud; Powerful; Accomplished; Recognized; Pleased; Safe; Having approval; Tranquil | “Aceite e tranquila E bom saber que não somos os único com preferências diferentes, R4 “aliviada por não ter que manter segredos e ter a aprovação sem julgamento das minhas amigas "baunilha", R11 “Sentimento de alívio”, R16 |
| Neutral | This category includes the following neutral reactions: Neutral; Normal; Indifferent; Interested in explaining BDSMK; Surprise | “Interessado em explicar o que é BDSMK”, R18 “...neutro...”, R42 |
| Negative | This category includes the following negative reactions: Distressed; Sorry; Defensive posture; Little support; Judged; Sensation of evaluation/judgment; Feeling different; Sad | “Um pouco julgada. Defensiva...”, R54 “Pouco apoiada”, R15 |

7) What are the main concerns you have about a possible disclosure?

| Grouped categories | Description | Response examples |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Aversion/disgust | This category includes all concerns related to strong dislike | “repulsa e afastamento da pessoa em questão”, R41 |
| Being seen as different | This category includes all concerns related to being seen as different | “...considerarem que não sou normal ou equilibrado psicologicamente”, R71 |
| Comfort level of the other person | This category includes all concerns related to the openness of the other person | “Só revelo se souber que há abertura da outra parte”, R7 |
| Communication difficulties | This category includes all concerns related to difficulties in communication | “Conflitos de comunicação, não perceberem o tema que estou a abordar nem os porquês”, R20 |
| Devaluation | This category includes all concerns related to being devaluated | “ou que menosprezem a importância que isso tem para mim...”, R18 |
| Disappointment | This category includes all concerns related to disappointment | “desilusão da pessoa...”, R45 |
| Exposure | This category includes all concerns related to fears of exposure | “Existe sempre a preocupação de a pessoa a quem me revelo possa revelar a minha intimidade a terceiros”, R67 |
| Discrimination | This category includes all concerns related to discrimination | “...discriminação por outros”, R2 |
| Disrespect | This category includes all concerns related to feeling disrespected | “não respeitar...”, R42 |
| Fear of the unknown | This category includes all concerns related to fear of the unknown | “...medo do desconhecido”, R78 |
| “Have something to lose” | This category includes all concerns related to “having something to lose” | “Não tenho nada a ganhar só a perder”, R38 |
| Impact on social, family, and professional level | This category includes all concerns related to the effect on social, family, and professional lives | “Sei que tenho muito mais a perder no seio familiar, social e profissional, que a ganhar”, R33 |
| Incompatibility | This category includes all concerns related to incompatibility | “que não seja kinky o suficiente ou que seja kinky demais...”, R68 |
| Incomprehension | This category includes all concerns related to incomprehension | “a não compreensão...”, R79 |
| Judgment | This category includes all concerns related to being judged | “Preconceitos e julgamentos morais”, R13 |
| Labeling | This category includes all concerns related to being labelled | “rotulagem...”, R50 |
| Lack of information | This category includes all concerns related to lack of information | “a falta de informação por parte da pessoa que ouve a revelação”, R55 |
| Misrepresentation | This category includes all concerns related to misrepresentation | “deturpação...”, R32 |
| Negative consequences for the relationship | This category includes all concerns related to negative consequences for the relationship | “repulsa e afastamento da pessoa em questão”, R41 |
| Objectification | This category includes all concerns related to objectification | “...objetificação”, R56 |
| Prejudice | This category includes all concerns related to prejudice | “Preconceitos e julgamentos morais”, R13 |
| Rejection | This category includes all concerns related to rejection | “rejeição e kink-shaming”, R76 |
| Shame | This category includes all concerns related to shame | “Em alguns dos fetiches mais específicos há sempre mais vergonha porque a outra pessoa não irá entender de todo”, R17 |
| Social acceptance | This category includes all concerns related to being accepted socially | “aceitação social”, R29 |
| Vindictive use | This category includes all concerns related to vindictive use | “Deturpação e utilização vingativa”, R32 |

8) Do you consider that people who practice BDSM/kinky are stigmatized? Why?

| Grouped categories | Description | Response examples |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Association with behavioral deviations | This category includes all responses related to association with behavioral deviations | “sim, associadas a desvios comportamentais”, R54 |
| Association with coercion | This category includes all responses related to association with coercion | “sim, talvez decorrente de uma percepção que o bdsm se reduz a praticas violentas, não consensuais e que poderão pôr em causa a integridade física e psicológica da pessoa...”, R43 |
| Association with domestic violence | This category includes all responses related to association with domestic violence | “O BDSM é muitas vezes confundido com violência doméstica e isso faz com que as pessoas sintam pena de nós”, R65 |
| Association with mental/psychological problems | This category includes all responses related to association with mental/psychological problems | “...os estereótipos são de pessoas com traumas ou problemas mentais.”, R63 |
| Association with sexual pathologies | This category includes all responses related to association with sexual pathologies | “associam à pedofilia certas práticas feitas entre 2 adultos com consentimento”, R7 |
| Association with sexual promiscuity and irresponsibility | This category includes all responses related to association with sexual promiscuity and irresponsibility | “...Existe também o estigma associado à promiscuidade e irresponsabilidade sexual”, R50 |
| Conservative society | This category includes all responses related to the effects of being part of a conservative society | “...Penso que vivemos numa sociedade conservadora e esta temática saia fora do "normal"...”, R62 |
| Failure to conform to normative sexuality standards | This category includes all responses related to failure to conform to normative sexuality standards | “Tudo o que saia do "normal" é alvo de estigma”, R56) |
| Incomprehension | This category includes all responses related to incomprehension | “...não é toda a gente que compreende alguém que sente prazer com a dor...”, R29 |
| Labeling | This category includes all responses related to being labelled | “Sim, porque são rotuladas com esse gosto, e esse rotulo vai estar sempre lá para as pessoas “normais””, R2 |
| Lack of acceptance | This category includes all responses related to lack of acceptance | “Sim, não há aceitação alguma para lá do que é mainstream”, R25 |
| Lack of information | This category includes all responses related to lack of information | “Sim. Porque há muita desinformação...”, R29 |
| Moral judgment | This category includes all responses related to moral judgement | “Talvez algumas pessoas possam pensar que praticar BDSM ou ser Kinky seja sinónimo de pessoas com um código de valores morais e éticos bastante flexível”, R4 |
| Shame | This category includes all responses related to being shame | “...e vergonha...”, R37 |
| Stereotyping | This category includes all responses related to being stereotyped | “Estereotipagem...”, R21 |
| Taboo practices | This category includes all responses related to seeing BDSM as a taboo practice | “é uma prática ainda pouco popularizada na sociedade especialmente em faixas etárias superiores e que constitui um tabu”, R1 |
| Others | This category includes the following categories: Challenging gender roles; Stigmatization based on the most extreme practices; Due to psychological complexity; Penalty; Romanticization of practices | “Sim. Devido não só à romantização das práticas através de filmes...”, R50 “...Muitas vezes a estigmatização de um grupo baseia-se no que é observado nos extremos...”, R64 |

9) Regarding stigmatization, report the experience which you consider most striking/significant

| Grouped categories | Description | Response examples |
|---------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Association with danger | This category includes all experiences related to association with danger | "...achou que eu não tinha noção do perigo...", R13 |
| Association with mental pathology | This category includes all experiences related to association with mental pathology | "Quando comecei a tentar contar isso a uma namorada minha, ela disse que era tudo uma "cambada de anormais"", R23 |
| Association with past problems | This category includes all experiences related to association with past problems | "Acharem que a minha preferência sexual deriva do meu passado", R22 |
| Association with sex work | This category includes all experiences related to association with sex work | "ser associada automaticamente a pro-domme", R20 |
| Aversion | This category includes all experiences related to strong dislike | "...as reações que já obtive por parte de pessoas à cerca do assunto, abordando de forma casual, são de alguma aversão...", R19 |
| Being the target of negative comments | This category includes all experiences related to being the target of negative comments | "a vizinha da minha dominadora foi bater à porta para me chamar nomes diminuidores porque deve ter ouvido algo do que se estava a passar, e agora sempre que vou lá e passo por essa vizinha ela fica a fazer comentários muito desagradáveis", R1 |
| Devaluation | This category includes all experiences related to devaluation | "desvalorização", R18 |
| Fear of exposure | This category includes all experiences related to fear of exposure | "...tenho sempre receio que algum familiar "descubra"...", R5 |
| Loss of friendship | This category includes all experiences related to loss of friendship | "ter perdido muitas amizades de mulheres por terem medo da minha sexualidade e das minhas preferências...", R4 |
| Moral judgment | This category includes all experiences related to moral judgment | "meu parceiro, também kinky, menorizar algumas preferências minhas como se [fossem] menos dignas", R21 |
| Rejection | This category includes all experiences related to rejection | "namorada não aceitou", R10 |
| Rejection in dating apps | This category includes all experiences related to rejection in dating apps | "Interações em aplicações de encontros conseguem ser difíceis quando se menciona gosto ou interesse em bdsm/kink", R25 |
| Shock | This category includes all experiences related to shock | "A minha irmã mais velha, que tem 4 anos a mais que eu, ficou em choque quando lhe contei...", R13 |
| Verbal aggression | This category includes all experiences related to verbal aggression | "...a vizinha da minha dominadora foi bater a porta para me chamar nomes diminuidores...", R1 |

10) Why did you disclose your preferences to the psychotherapist?

| Grouped categories | Description | Response examples |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Association with the exploration of gender identity | This category includes all reasons related to association with the exploration of gender identity | “Estava relacionado com a exploração de identidade de género que se iniciou na prática de BDSM/Kink”, R15 |
| Beginning of BDSM practice | This category includes all reasons related to having initiated BDSM practices | “Porque apanhou uma fase em que descobri o Fetlife e comecei a tentar explorar o BDSM”, R5 |
| Contextualization | This category includes all reasons related to contextualization | “porque era necessário mencionar o meu parceiro e a natureza da nossa relação”, R4 |
| Friendship with the psychotherapist | This category includes all reasons related to being friends with the psychotherapist | “...divulguei, porque da relação profissional passámos para uma relação de amizade...”, R1 |
| Honesty when asked about sexual issues | This category includes all reasons related to honesty when asked about sexual issues | “Porque me foram diretamente perguntadas questões relacionadas com fantasias sexuais”, R2 |
| Intrinsic to the nature of the person | This category includes all reasons related to perceiving BDSM as intrinsic to the nature of the person | “...porque faz parte de mim”, R11 |
| Relevance of these issues in the person's life | This category includes all reasons related to relevance of these issues in the person's life | “...revelei a maior parte da informação da minha vida que era relevante...”, R3 |
| Sincerity | This category includes all reasons related to sincerity | “sinceridade será a base da terapia”, R19 |
| To realize whether the practice is healthy or not | This category includes all reasons related to wanting to know if what he/she practices is healthy | “um olhar e opinião distantes são sempre importantes para perceber se o que pratico é ou não saudável”, R7 |
| When BDSM started to prevent vanilla sex | This category includes all reasons related to hindrance of vanilla sex | “quando me começou a impedir sequer de efetuar sexo baunilha”, R9 |

11) What was the psychotherapist's reaction towards this revelation?

| Grouped categories | Description | Response examples |
|-----------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Acceptance | This category includes all reactions related to acceptance | “...de plena aceitação e não estranheza”, R8 |
| Devaluation | This category includes all reactions related to devaluation | “de desvalorização”, R18 |
| Judgment of practices considered "hard" | This category includes all reactions related to judgment of practices considered "hard" | “Foram compreensivos. A terapeuta sexual recomendou um bdsm mais “branco”/soft”, R7 |
| Lack of knowledge | This category includes all reactions related to lack of knowledge | “de desconhecimento”, R13 |
| Male sexism | This category includes all reactions related to male sexism | “...um foi machista”, R11 |
| Naturalness | This category includes all reactions branded “natural” | “natural...”, R19 |
| Neutrality | This category includes all reactions related to neutrality | “não manifestou qualquer diferença em relação a outras "revelações" ou informações sobre mim e a minha vida”, R20 |
| Pathologization | This category includes all reactions related to pathologization | “Psiquiatra reagiu mal, disse que era perigoso e receitou medicação para baixar a libido”, R6 |

| | | |
|--------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| | | “Péssima: interpretações Freudianas, aconselhamento de filmes pouco “didáticos ou tranquilizadores”, R2 |
| Professional | This category includes all reactions related to being professional | “professional”, R15 |
| Surprise | This category includes all reactions related to being surprised | “um pouco surpreendida...”, R5 |

12) How do you evaluate that reaction?

| Grouped categories | Description | Response examples |
|--------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Positive | This category includes the following positive reactions: Correct; Encouraging; Positive; Professional | “extremamente positiva”, R4 “encorajadora”, R12 |
| Neutral | This category includes the following neutral reaction: Normal | “normal, não prejudicou o acompanhamento”, R5 |
| Negative | This category includes the following negative reactions: Conservative; Criminal; Incompetence; Terrible | “do psiquiatra acho que foi ... crime”, R6 “conservadora”, R11 |

13) Why didn't you look for a psychotherapist?

| Grouped categories | Description | Response examples |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Not related to BDSM | This category includes all responses not related to BDSM: Used the help of friends; Felt no need; Financial issues; Self-education; Because he/she did not like to talk | “encontrei muito material online sobre a área e gostei de pesquisar por conta própria”, R3 “questões financeiras”, R1 |
| Related to BDSM | This category includes all responses related to BDSM: Fear of disclosure; Lack of courage; Consideration that professionals lack sufficient knowledge about BDSMK | "Falta de coragem", R8 "Por receio da revelação", R10 “Os atuais profissionais, e conheço vários, não tem conhecimento suficiente sobre o meio BDSMK para poderem ajudar...”, R4 |

14) What do you think is the perception that people who practice BDSM/kinky have about psychotherapy professionals in general?

| Grouped categories | Description | Response examples |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ambivalence between utility and lack of understanding | This category includes all perceptions related to ambivalence between utility and lack of understanding | “a maioria acha que [os psicoterapeutas] são úteis e acredita que existem bom profissionais, mas existe preocupação em encontrar quem não estigmatize, e que, mais do que isso, compreenda. Acho que há a percepção que não são muitos os que compreendem”, R36 |
| Fear of condemnation and/or pathologization | This category includes all perceptions related to fear of condemnation and/or pathologization | “têm medo de ser julgados, tanto os BDSMers como os psicoterapeutas são pessoas com os mesmos preconceitos”, R29 |
| Indifferent | This category includes all perceptions related to indifference | “indiferente”, R45 |
| It depends on the person/personal experience | This category includes all responses stating that it depends on personal experience | “Depende da pessoa. Há quem recorra e há quem não recorra, como qualquer cidadão comum...”, R27 |

| | | |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lack of information/training on the topic | This category includes all perceptions related to the psychotherapist's lack of information/training on the topic | “acham que [os psicoterapeutas] não sabem do assunto para poderem ajudar”, R63 “Conhecendo pessoalmente vários psicoterapeutas e sexólogos, e já tendo abordado estes temas em ambientes informais, sei que há uma grande falta de conhecimento sobre o meio e as práticas BDSMK em Portugal (e na Europa), pois estas práticas são ignoradas durante os estudos”, R16 |
| Mistrust | This category includes all perceptions related to mistrust | “desconfiança”, R17 |
| Negative perception about therapists | This category includes all perceptions related to negative perception about therapists | “Má. Ameaçadora. Pouco compreensiva”, R23 |
| Psychotherapists as people able to help | This category includes all perceptions related to seeing psychotherapists as people that are able to help | “São pessoas que ajudam na procura de respostas”, R49 |
| Psychotherapy seen as beneficial | This category includes all perceptions related to seeing psychotherapy as beneficial | “...mas a maioria dos que conheço tem uma perceção positiva sobre a ajuda que um psicoterapeuta pode fornecer...”, R20 |
| Same perception as the general population | This category includes all responses alluding to BDSM practitioners having the same perception of psychotherapists as the general population | “semelhante à generalidade das pessoas”, R50 |
| "That there are good and bad therapists" | This category includes all perceptions related to the notion "that there are good and bad therapists" | “que há bons e maus psicoterapeutas...”, R13 |
| Useful and valued profession | This category includes all perceptions related to seeing psychotherapy as a useful and valued profession | “Acho que é visto como uma profissão importante para a área, pois pode ser necessário recorrer aos mesmos para aceitar essa parte de si próprio ou para definir os seus limites psicológicos sobre a matéria ou outros conflitos interiores/exteriores que possam surgir desta prática”, R1 |