Kinky Is the New Gay: Counselling The "Sexually Deviant"

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Abstract

This Capstone explores the historical and modern treatment of sexually atypical individuals in mental health counselling spaces and explores possible improvements that can be made. Through a literature review it examines the historical attitudes, diagnoses, and treatment for homosexuality before moving to modern day ideas surrounding kinky sexual inclinations. Reported obstacles to care include counsellor bias, a lack of inclusive education, and societal misconceptions about kink. It then moves on to utilizing existing practices and guidelines, and the improvements in treatment of homosexuality, to create an action plan to fill gaps in the counselling treatment of kinky individuals. By proposing specific actions on a systemic and individual basis it hopes to aid counsellors in servicing sexually atypical individuals in a way that is both ethical and beneficial to the clients.

Keywords: sex education; kink; sex-positive; homosexuality; inclusivity

Dedication

I dedicate this capstone to all those who have helped me on the journey to this point in my academic career as I enter into the field towards which I have been working for the better part of my life. Thank you to my family who have cheered me on over the years and supported me in any way they were able. Thank you to my friends who have allowed me to take a step back from socializing and being as present in their lives so I can push through my education and who have been there as I cried, cheered, yelled, and danced my way through all of this. Thank you to those classmates who have become some of my closest friends as we struggled through all the ups and downs of this program together, I don't know how I would have made it without you. Thank you to all those 2SLGBTQIA+ individuals and the sexually atypical who have dared to be themselves and advocate for change in a world that has been against them, this is for you.

Table of Contents

Abstract **2**
Dedication **3**
Chapter 1: Introduction **5**
Problem Statement 7
Research Question 9
Theoretical/Conceptual Framework 9
Methodology 10
Contribution to the Field 11
Reflexivity/Positionality Statement 12
Outline of Upcoming Chapters 14
Chapter 2: Literature Review **16**
Historical Views Concerning Homosexual Identities 16
Attitudes and Sociocultural Context *17*
Diagnoses and Treatment *18*
Advancements in Counselling Homosexual Individuals 20
Updated Legislation and Diagnoses *20*
Current Attitudes and Treatment *21*
Is Kinky the New Gay? 22
Societal Misconceptions *23*
What the DSM-5 Dictates *24*
The Attitudes of Counselling Psychology *26*
Client Concerns and Suggestions *28*
Current Kink-Aware Counselling *29*
Chapter 3: Discussion and Applications **32**
Action Plan 34
Expanding Education and Competency Around Kink *34*
Seeking Out Organizations and Local Learning Opportunities *35*
Engaging in Personal Reflection About Biases *37*
Ethical Considerations 38
Limitations 40
Future Research 43
Personal Reflection 45
Conclusion 47
References **49**

Chapter 1: Introduction

Sex is not only an act reserved for reproduction, but one that can be enjoyed by almost all the animal kingdom. It is an act in which we, as humans, can participate in an almost infinite amount of ways. Sex is also considered a highly taboo topic in Western culture to the point that sexual health education in schools is a highly contentious topic, while at the same time sex is normalized and flaunted in advertisements and media all around us (Bialystok & Wright, 2017). So how do we deal with this difference between the normality and taboo? If everyone is expected to enjoy it but not talk about it, while also seeing it everywhere, what are we to do? When we start to dig more deeply, it becomes obvious that it is more acceptable to discuss some types of sex than others. For example, it is generally more acceptable to discuss sex between one man and one woman (especially if they are married and have a growing family) and their activities don't go outside the bounds of what may be considered "normal" sex acts like oral sex, manual sex of one another, and a few sex positions (New et al., 2021). There seems to be unspoken rules around how much we should talk about sex, who we should talk about it with, and what shouldn't be talked about at all.

The difficulty comes in when people go outside of those unspoken rules and don't adhere to being heterosexual, monogamous, or having "normal sex," and thus are considered sexually deviant in one way or another. The limitations of talking about sex and sexuality get even narrower around things like homosexuality or people engaging in kinky acts. "Kink"/"kinky" can be summed up as encompassing any sexual practices that do not fit into the broad social majority and can include an inclination towards practices such as BDSM (bondage, discipline, dominance/submission, sadism, masochism), fetishes, and role play, among many others, and sometimes also includes polyamorous relationship dynamics (New et al., 2021).

One may ask why—if the majority of individuals don't identify as kinky—should kinky be emphasized, or even included in, counselor education? The answer lies in the fact that counsellors should be able to work with a variety of minority identities, particularly since individuals who belong to minority (including those who identify as kinky) often experience additional levels of stress in a dominant society, which may lead to them needing more mental health care (Kisler & Lock, 2019). When looking into the prevalence of kinky interests, Brown et al. (2019) found that 40-70% of people have BDSM-related fantasies, and about 20% of individuals engage in BDSM practices. While there are many theories about why someone may be interested in different kinky fantasies and actions, the researchers found that these practices were most commonly further expression of a person expanding their sexuality. Given these statistics and trends in the increasing popularity of kink, as well as the still-present stigma and pathologization of these identities, it is important to consider kink when creating lessons and requirements for courses and materials about human sexuality for mental health professionals.

Mental health professionals like psychologists, counsellors, and therapists can offer important support to individuals who want to learn to safely explore these identities/inclinations and how to navigate the societal stigma placed upon them (Kisler & Lock, 2019). However, kink and kink counselling are very under-researched so it is difficult to find research aimed at assisting this community (Sprott et al., 2023). The limited research that is available revealed that kinky individuals experience a similar "coming out" process to that of non-heterosexual people, and often choose not to discuss their sex lives with medical/mental health professionals (Nichols & Fedor, 2017). This decision not to "come out" as kinky may not be because the individual does not need support in this area, but rather the person may have experienced stigma during previous therapy sessions, including misdiagnosis of personality disorders, requiring an end to their kink

behavior for continued therapy, and/or adding to internalized stigma against their kinks (Goerlich, 2023; Kolmes et al., 2006). This capstone paper will explore the history of counselling psychology's treatment of individuals considered to be "sexually deviant" to understand potential ways that mental health professionals (social workers, therapists, counsellors, etc.) could help kinky-identifying individuals feel safer and more welcomed when entering therapy spaces, as expressed by clients and counsellors in the field.

Problem Statement

Rather than being a safe space, the field of counselling, and psychology more generally, has been a mirror for broader societal views of sexual deviance by assigning judgment, morality, and stigma to those who live outside the bounds of what is considered acceptable and normal sex practices (Nevard, 2019). Historically, homosexuals were pathologized and prescribed treatments like conversion therapy, which were used to facilitate a change to becoming heterosexual (Drescher, 2015). While progress has been made in the pathologization of homosexual individuals and the purviews of treatment are more based in affirming identities rather than trying to change them, this affirmation and acceptance has not been extended to those who engage in sex acts—in particular kink—considered to be outside the acceptable norms (Sprott et al., 2023; Waldura et al., 2016). The added stigma experienced by kinky individuals has been found to result in mental and physical health issues, while misconceptions about kink being linked to psychopathology or a thinly-veiled propensity to abuse have been used against individuals in divorce and custody cases (Sprott et al., 2023). Both the Canadian Psychological Association's (CPA, 2017) *Canadian Code for Ethics for Psychologists* (4th ed.), in the sections pertaining to "Respect for The Dignity of Persons and People" and "Responsible Caring", as well as College of Alberta Psychologists' (CAP, 2022) *Standards of Practice*, in the sections on

"Competence" and "Diversity and Cultural Competency," emphasized a duty of care and the importance of continued growing competency to best serve clients of all backgrounds and identities. These ethical guidelines urge mental health professionals to set their personal biases aside, including those which go against societal norms and ideologies, in a quest to better serve the diverse populations of minority identities who sometimes struggle the most.

While progress has been made, and is continuing to be made, in the areas of sexual orientation, there is still a lack of understanding and heavy stigma around individuals who identify as kinky (Nevard, 2019). Herbitter et al. (2021) observed that there is very little self-reported counsellor competence and comfortability in working with these individuals, and New et al. (2021) pointed to the fact that many kinky individuals experience great pause in accessing mental health care. With so few kinky individuals feeling comfortable coming out as kinky to mental health professionals and a general lack of research in this area, this disparity in care and the impact it has may be even greater than we can possibly know (Sprott et al., 2023). This capstone project seeks to demystify, and therefore destigmatize, these practices while also bringing light to this lapse in care in counselling psychology, thus taking one step toward helping kinky individuals. By bringing attention to an issue that may not even cross the mind of most counsellors in their day-to-day practice, I hope to make therapy a more welcoming and safe space for all who wish to—and need to—access care but are hesitant or fearful due to perceived stigma and lack of understanding. In addition to providing more insight into how psychology has historically treated those who have non-dominant sexual identities and highlighting the progress that has been made in these areas, this capstone project seeks to answer more contemporary questions.

Research Question

This research begins by asking: are there similarities in counselling psychology's past treatment of those who engage in same-sex relations and current treatment of kinky individuals? And how can the progress made in the treatment of those with homosexual identities be amended and extended to the treatment of kinky individuals?

Theoretical/Conceptual Framework

The conceptual framework for this capstone research project is based in social constructivism. I chose social constructivism because one key tenet of this framework is that the more successful the construction of a viewpoint, the easier it is to forget that it was constructed in the first place (Popescu-Sarry, 2024). Constructed viewpoints play a powerful role in discrimination against minority individuals when they are part of a group that has been identified as dangerous, outcast, wrong, immoral, or unnatural. I posit that this is exemplified by the cyclical nature of psychological diagnoses and societal outlooks on those considered to be sexually deviant. The category of sexual deviance—be it in relation to homosexuality or sexual proclivities and inclinations—has been constructed largely by old European standards brought to North America through colonization mingled with religious beliefs about morality (Tozer & McClanahan, 1999). This framework also works to emphasize that individuals categorized as such are then treated in a way that places them in a lower social position than their counterparts due to the idea that one is more natural or moral than the other (Popescu-Scarry, 2024). By extension, this lower standing adds to internalized stigma, as well as mistreatment by society and mental health practitioners, and does undue harm to the individuals through social, mental, and/or physical suffering (Sprott et al., 2023).

Accordingly, this capstone project also takes up this issue from a social justice lens influenced by a sex-positive framework. The tenets of a "sex-positive" framework were laid out by Williams et al. (2015) and include acknowledging that people have a variety of strengths in the context of their sexuality, that each person's sexuality is unique to them and wonderfully multi-faceted, encouraging open and honest communication, and working in accordance with personal and professional ethics with respect to discrimination, consent, and not doing harm. By taking this sex-positive approach, I hope to model acceptance, support, and justice for those who have been stigmatized and pathologized, not only by the field of counselling psychology, but by the larger society in Canada and the world. Within the sex-positive/social justice framework, this project will emphasize guidelines set by organizations such as the Kink Clinical Guidelines Project (2019). This framework also aligns with the social justice principles set forth by the Canadian Psychological Association (2017) in that it emphasizes that even people who exist outside of societal norms and standards of sex and sexuality deserve to be treated equally in therapeutic spaces and they will not be excluded from, or discriminated against by, counselling psychology.

Methodology

To gather information for this capstone research project, I used a mixed-methods narrative design that included quantitative, qualitative, and mixed-methods studies across various countries to highlight counselling psychology's mistreatment of people with alternative sex practices. Most sources included in the sections on homosexuality were largely focused on the experiences of homosexual males, since this subsection of the community has received the most attention throughout history regarding mental/medical care and stigma, and is also the demographic where the most progress has been made (Drescher, 2015). Search terms included

but were not limited to: “kink or kinky or BDSM,” “LGBT or homosexual,” “sex positivity,” “pathologization of sexual deviancy,” “societal views of kink,” and “counseling or counseling psychology or therapy.” Search engines included Google Scholar and City University’s online library database with special focus on psychology, occupational therapy, sociology, and other healthcare-related databases and journals. The sources for contemporary views and treatment of kinky individuals were primarily confined to articles published since 2016 to include the most accurate and up-to-date research. Articles on the historical treatment of those who engage in same-sex relations and some articles pertaining to frameworks and modalities go back as far as 1999 in order to get the most accurate tone and information to the time period being focused on, as well as to capture terminology used, treatments administered, and social commentary. Additionally, I reviewed the “suggested articles” categories on various journal websites as well as the references pages of the articles found to gain additional sources that I may not have found otherwise.

Contribution to the Field

Sex is an incredibly human experience and if people are to embrace themselves and engage in enjoyable, consensual sex, counselling psychology must work to destigmatize sexual diversity. I hope that this capstone will not only shed light on the fact that stigma and pathologization of sexual diversity is harmful, but also encourage clinicians to reflect on themselves, their biases, and their practices. For mental health practitioners to best serve our clientele, it is important to take the steps necessary to ethically serve clients who engage in diverse sexual and relational experiences. This capstone seeks to give hope to practitioners by highlighting the progress made in some areas of sexual diversity as an example of how we can continue to move forward and lead the rest of society to become more accepting and sex

positive. I hope to encourage mental health professionals to truly reflect on their life experience, biases, sense of morality, and own discomfort with different aspects of human sexuality to be able to move beyond these limitations and best serve their clients through gaining more competency, seeking out supervision, and breaking down the stigmas that have been placed on kink/kinky sexual and relational proclivities. Additionally, suggestions from guidelines for ethically helping kink clients are included as a means guiding self-reflection and giving tangible directions to clinicians who want to better serve this clientele.

Reflexivity/Positionality Statement

I consider myself to be an incredibly sex-positive individual, meaning that I believe sex can (and should) be a positive experience for any consenting person who wishes to have it. I keep that summarization broad so it widely encompasses a variety of acts and individuals while acknowledging that there are also people who have no interest in engaging in sexual acts as well as highlighting the importance of consent. I also identify as bisexual/queer, meaning I have romantic and sexual relationships with people of the same and different genders than my own. Being sex positive and identifying as part of the 2SLGBTQIA+ community (an abbreviation encompassing two-spirit, lesbian, gay, bisexual, queer, intersex, asexual, and other sexual orientations and gender identities) are major reasons why I was drawn to completing my capstone project related to sex and sexuality, and how these topics are under-represented in counselling psychology. I spent two years working in a store that sold a variety of sex toys, an experience that led me to become much more open to my own sexual exploration, but also understand the world of what others enjoy. The additional research, learning, self-reflection, and open-mindedness I exercised in each of these scenarios provided the motivation to bring this topic to the attention of more professionals in the field of counselling psychology.

Regarding my formal education experience, I am currently working to complete my master's in counselling degree. During my undergraduate degree, I majored in psychology and double minored in sociology and gender studies. I chose my undergraduate major and minors because they gave me the best access to courses on gender and human sexuality so that one day I could become a therapist specializing in sex and relationships. Additionally, I am halfway through completing a sexual health education certificate program to help me in my side business of creating online sexual health education courses that can be accessed by the general public. Finally, I am also completing a certificate program centered around being kink-aware and kink-positive within counselling and sex education practices. I was disappointed that my graduate education only had one course explicitly focused on human sexuality and the content was a review of what I had previously been taught or learned on my own. I acknowledge that not every mental health professional will specialize in sex or sexuality, but I believe they should have a working knowledge and continued competency in these areas, because sexuality is such a wide field that has so much stigma and taboo attached to it.

As I moved through the practicum process at CityU, I gained additional experience with, and passion for, these areas of focus in my own practice, and I plan to continue advancement in multiple areas of sex therapy. One of my practicum placements was with a publicly funded mental health facility that serves those affected by sexual violence, whether as a victim of sexual violence or a support person for someone else who has experienced sexual violence. This experience has been very valuable in shaping how I can assist clients struggling with being a victim of sexual violence and how it may shape their sexual identity. This work may also align more closely with what people commonly imagine when they think of why someone may be interested in receiving sex therapy, because frequently people believe that therapy is best suited

for those who have been traumatized in some way. I was lucky to have an additional practicum site more focused on broader sex and relationship counselling. In this placement I worked with couples struggling with a fading sex life, as well as individuals who discussed feeling stigmatized by their kinks, those with asexual identities, and many more. My sex-positivity, nonjudgment, and additional knowledge aided my clients in feeling comfortable disclosing to me and allowed me to offer them a safe space to explore what their sexuality is, and what it could look like. The field of sex therapy is vast and plentiful, and I consider myself incredibly fulfilled and passionate about my work in each of these contexts.

Outline of Upcoming Chapters

The second chapter of this capstone research project is the literature review, which takes a chronological approach to answering the research questions presented earlier. It starts by highlighting historical views and treatments of homosexual identities before leading into more contemporary views and treatments, while highlighting the progress that has been made and the steps that have been taken. Following this, more focus is placed on modern kink issues, breaking it down into the categories included in the most recent *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5,* text rev.; American Psychiatric Association, 2022), views of clinicians/therapists, and then concerns of clients who identify as belonging to the kink community. In the last subsection of the literature review, I highlight some of the progress currently being made and considerations that some professionals are using when working with kinky individuals and how mental health professionals can move forward. While the aim of this capstone project is to provide evidence of how the counselling community may be letting down kinky individuals, it is important to provide contextual knowledge of how this could reflect society's views, broader legislation, and psychiatry in order to enrich the suggestions for better

care within counselling psychology. Additionally, as mentioned, the lack of research on the relationship between kink clients and counselling psychology requires a broader scope to provide such feedback.

Chapter 3 focuses on discussing and more fully conceptualizing the information learned in the process of researching and writing this paper. I summarize the first two chapters, then explore the importance of the issues presented, present ideas for how we can continue to progress in these areas, and work to acknowledge the paper's limitations. Chapter 3 also includes discussion on cultural contexts and influences that must be considered when working with individuals who identify as kinky, how different cultural backgrounds can influence this decision and how it affects their life, as well as re-iterating the social stigma faced in sharing these proclivities with professionals and others in their life. Finally, I weigh in on how this process has impacted my own views, if any of my ideas have changed, and how I plan to move forward before ending with suggestions for any professionals who may come across this capstone project and want to better serve sexually diverse individuals in their own practice.

Chapter 2: Literature Review

Through this literature review, I seek to answer broad questions about how the field of counselling psychology is currently working to serve individuals who identify as kinky, and call attention to areas that can be improved. To do this, I first explore the history of how individuals who have been labelled as sexually deviant—namely those who identify as homosexual—have been treated and the progress made in this area. By highlighting the vast difference between historical views of homosexuality held by psychologists and therapists and more contemporary views, I seek to glean insight into how similar progress could be made in serving kink communities.

Additionally, this chapter provides answers from multiple perspectives about how kinky individuals view, and are viewed by, the field of counselling. To do this, I used sources that highlight the viewpoints of clients, counsellors, and those that speak to broader societal views about kink. This approach paints a fuller picture of the issues at hand and points to some similarities to these communities and the historic and current treatment for homosexuality. By highlighting each perspective and drawing these similarities, this chapter leads up to the discussion about how the same progress can be made with kink-identifying individuals, and why kink communities could be given more focus in counsellor education.

Historical Views Concerning Homosexual Identities

People who identify as part of the 2SLGBTQIA+ community have historically been treated as outcasts by broader society and have been pathologized by the field of psychology (Drescher, 2015). While the larger 2SLGBTQIA+ community is very complex and still faces various levels of discrimination and stigma, the main focus of this capstone is on homosexual individuals because according to Drescher, they are the most researched community and have

also seen the most progress in these areas. When reviewing historical views of homosexuality within the field of counselling psychology, it is important to consider the broader societal context and how they embolden one another to deepen an issue. By taking a social constructivist view, I acknowledge that the psychology community does not work in a vacuum and mental health professionals are both part of a broader society as well as hold their own perspectives and biases (Popescu-Sarry, 2024). If I were to only look at contemporary views pertaining to sexual deviance without considering the progress that has been made and is still being made, and the broader influence of sociocultural factors, my research would be limited and lacking in foundation. It is also an integral part of my argument that this type of pathologization and social outcast is not only an issue of opinion, but one that may endanger people and therefore do active harm by acknowledging the real outcomes and treatment of the individuals being pathologized.

Attitudes and Sociocultural Context

Until the mid-1960s, many individuals were arrested across Canada for engaging in homosexual acts, and homosexuality was only federally decriminalized in 1969 when Pierre Trudeau passed Bill C-150 (Rau, 2014). In the 1970s, Canada started seeing protests from the homosexual and transgender communities against discrimination, raids, limited rights, and overall hatred from larger society. It would be a great disservice to mention the historic treatment, and discrimination against, homosexuality without touching on the HIV/AIDS epidemic that started in the 1980s and the resulting further stigma against the gay community. Rau observed one example of this stigma—the gay blood ban by the Red Cross that still puts limits on men who have sex with men's ability to donate blood. After slowly granting same-sex couples rights since this era, Canada became the fourth country in the world to legalize same-sex marriage in 2005.

These different policies point to a broader public discourse that placed those who identified as homosexual not only on the outside, but also as a threat to the heterosexual norm. Moral panic has been directed against the broader 2SLGBTQIA+ community throughout the history of media in the Western world, meaning that the media has presented issues in a way that created fear of a minority class amongst the general public—for example, how the media historically gave attention to police raids of gay spaces to offer a sense of safety against the threat of the people frequenting these venues (Bain et al., 2020). Bain et al. noted that this method involved explicitly labelling a group as deviant, creating a clearer divide, and instilling a false need for safety from the targeted group. One popular way to instill this sense of moral panic against the 2SLGBTQIA+ community is centering the protection of children, their innocence, and their safety in the messaging against them (Stone, 2019). Stone emphasized how framing all gay men and transwomen (transgender people who were assigned male at birth but identify as women) as strangers who want to harm children to disallow gay men from being teachers and prevent transwomen from entering women's bathrooms was a clever way to stigmatize all of the 2SLGBTQIA+ community. According to Stone, this sense of panic on behalf of the innocence and safety of children made it easier to dehumanize gay and transgender individuals and reduced public backlash when it came to proposing legislation that was discriminatory and advocated against the human rights of the 2SLGBTQIA+ community.

Diagnoses and Treatment

Psychology's views on particular demographics do not operate in isolation, but rather reflect broader societal attitudes and discrimination against different minority groups (Drescher, 2015). The case of how counselling psychology, and psychology in general, viewed homosexuality regarding diagnosis and treatment is not an exception. From the 1800s to the late

1900s, psychologists and therapists had varying labels and beliefs surrounding homosexuality, including that it was unnatural, a sin, an arrest in sexual development, deviant, and downright pathological (Tozer & McClanahan, 1999). Drescher (2015) noted that the first version of the *DSM* listed “homosexuality” as a mental disorder in a sub-category of sociopathic personality disturbances and considered it to be a personality disorder. Given that it was officially considered a mental disorder, and society had deeply ingrained homophobia, there were also longstanding ideas about “treatment” for those diagnosed as “homosexual.” Different variations of conversion therapy were employed, which included, but were not limited to, vigorous physical activity, marriage of a homosexual man to a woman, religious camps that emphasized the godly standards of heterosexuality and the sinful nature of homosexuality, being in isolation with a woman for an extended period of time, and psychoanalysis (Tozer & McClanahan,1999). Tozer and McClanahan observed that the success rates of these methods of reorientation to heterosexuality were likely over-estimated and did not lead to a decrease in same-sex attraction by participants, even when they lowered the sexual interactions with same-sex individuals. The researchers also noted that while conversion therapy was used, it went against multiple ethical principles set forth by the governing bodies of therapists and psychologists surrounding competency, respecting the dignity and rights of individuals, and social responsibility due to the foundation of conversion therapy being based in the idea that homosexuality was morally wrong and that homosexual individuals must be changed to better fit in with the rest of society. The *DSM-II*’s continued classification of “homosexuality” as a personality disorder was met with harsh disapproval, which led to it being completely removed as an official diagnosis in a 1973 revision of the manual (Drescher, 2015). While this action was a large step in the progress of no longer

pathologizing homosexuality, it did not immediately erase homophobia from the counselling psychology community or wider society.

Advancements in Counselling Homosexual Individuals

Updated Legislation and Diagnoses

In many ways the progress made in the treatment of homosexuality by the field of psychology has been in tandem with the progress made in federal legislation. The American Psychological Association (APA, 2024), the authors of the *DSM*, and the CPA have released all multiple statements of support to non-heterosexual individuals that align with the changes in diagnosis as well as changes in federal legislation since 1975. One example that preceded Canadian legislation can be found in the APA's 2004 statement of support for same-sex marriage and admonishment against discrimination against homosexual individuals by psychologists (Paige, 2005). The CPA (2024) also put out a formal statement in support of "equality for lesbians, gay men, their relationships and their families" in 1996, which strongly opposed discrimination against these families in relation to spousal privileges and other areas.

While homosexuality was removed from the *DSM* in 1975, conversion therapy continued to be used and was only officially outlawed in Canada under *Bill C-4* in January 2022 with specific prohibitions against enrolling a child in conversion therapy, taking them to receive conversion therapy in a different country, and promoting, advertising, or taking any form of payment for delivering conversion therapy (Government of Canada, 2023). Preceding this legislation being passed, the CPA (2015) made a public statement against the use of conversion therapy for sexual orientation, which acknowledged the harm it can cause and the fluidity of sexuality across a lifetime.

While reviewing official statements, diagnoses and legislation can be a good indicator of progress made, it is important to also explore more practical and ground floor indicators surrounding social attitudes and the resulting treatment of clients in the field of counselling psychology. In the next section, I explore how these legislative and diagnostic changes have been translated and employed by counselling psychologists and society at large by taking a more intentional look at therapist and client experiences.

Current Attitudes and Treatment

When assessing contemporary attitudes and treatment methods, it can be helpful to look at clients who have overlapping, or intersecting, marginalized identities and their views and experiences of the care they have received. Arora et al.'s (2022) qualitative study with 12 individuals sought out to learn more about the therapy experiences of queer/transgender-identifying Black, Indigenous, and people of color (QTBIPOC) to get a clearer assessment of the progress the field has made, and what areas need improvement. By involving participants with the intersecting identities of being sexual and racial minorities, Arora et al. acknowledged that an individual's level of stress is compounded by having multiple minority identities. The researchers found that the most optimal therapy experiences centered around active dismantling of systemically oppressive forces by engaging in active listening and empathy, sometimes having some aspect of a shared identity, and therapists that validated their clients' identities and the systemic barriers while focusing on nontraditional healing. Arora et al. reported that barriers to feeling supported and truly helped in therapy included clients feeling hesitant to share about issues related to their minority identities with therapists who did not share those identities, and when therapists displayed their cultural ignorance by engaging in microaggressions or more overt aggression towards minority identities.

More broadly, Alessi et al. (2019) found that the LGBT (lesbian, gay, bisexual, and transgender) clients included in their quantitative study reported that having a positive therapeutic relationship with their therapist was a key mediating factor in increasing the impact of identity-affirming therapy on their mental well-being. Additionally, Pepping et al. (2018) found that therapists who participated in training on LGBT-affirming practice not only reported an increase in competency and skills after the training, but also lower levels of homo-negativity and trans-negativity. While self-reporting can be limited in accuracy when no other assessment is provided, this can still be seen as a shift in attitude and a marker of hope that comprehensive training can influence counsellors' attitudes and practices. Looking at these two articles together points to the importance of having continued competency regarding 2SLGBTQIA+ identities and the positive effect it can have on client well-being through decreased bias from the therapist and an increase in positive therapeutic relationships (Alessi et al., 2019; Pepping et al., 2018).

Is Kinky the New Gay?

While some may not consider identifying as kinky to be as inherent to one's identity as being gay, the varying levels of involvement in kink ranging from occasionally engaging in kinky acts within the context of sex to a full 24/7 lifestyle dynamic can mean that it may be inherent to a person's identity (Sprott et al., 2023). Additionally, Sprott and Benoit (2018) noted that being gay or being kinky are both considered to be sexually deviant and are stigmatized by a society that upholds values surrounding heterosexuality and traditional sex practices. As a result of this "sexually deviant" label and added stigma, kinky individuals also shared experiences of feeling like they have to come out to medical/mental health professionals and feeling deeply shamed/judged/pathologized by this; accordingly, they may not seek out the care they need due to fear of judgment or discontinuation of services being provided (Waldura et al., 2016). Both

homosexuality and varying paraphilias/kinks have been misidentified as personality disorders—first when “homosexuality” was listed as a personality disorder in early versions of the *DSM*, and now when paraphilias are included in a section of the *DSM*-5-*TR* and some kink identities are misdiagnosed as dissociative identity disorder and other personality disorders (Drescher, 2015; Goerlich, 2023). Sprott and Benoit (2018) also found a lot of intersections between the larger 2SLGBTQIA+ community and those who identify as kinky. According to Muzacz (2021), due to the normative assumptions of heterosexuality and repressed sexuality, those who fall outside those boundaries are at greater risk of falling victim to discrimination, violence, and stigma. For these reasons, ties can be made between the historic treatment of those who identify as homosexual and the current treatment of those who identify as kinky. It is hoped, then, that the counselling world can apply the advancements in destigmatizing and de-pathologizing homosexuality in moving forward in how it views and treats clients who identify as kinky.

Societal Misconceptions

Kink, and BDSM practices more specifically, have been framed as abusive, pathological, and deranged by those who are unfamiliar with the realities of the kink community (Muzacz, 2021). Ansara (2019) argued that the beliefs that kinky individuals are trying to use BDSM or other kink practices as an excuse to abuse others overlooks the importance of consent and aftercare in the kink community, and may lead individuals to believe that abuse is permissible in kink and then to use kink as a safeguard to excuse their abusive behavior. This tying of kink to abuse also negates the ties to spirituality and healing that can be present in kink.

Additionally, there is a common belief that kinks are only present in those who experienced childhood abuse and/or sexual trauma, which further stigmatizes and pathologizes kink practices and the individuals who engage in them (Sprott & Benoit, 2018). While some

studies found a small correlation between childhood abuse and kink, and some individuals use kink or BDSM titles to abuse partners, Sprott and Benoit reported that engaging in kink can have a myriad of positive outcomes. The researchers found that kink can be used to explore one's sexual orientation, increase intimacy, increase relational competency, and heal from trauma, grief, and shame while improving a person's view of themself. Counselling psychology's history of treating kink clients mirrors many of the stigmatizing myths around kinky individuals being deranged, traumatized, and abused/abusive through classifications of different disorders in the sexual health category of the *DSM-5-TR* and the resulting treatment of these individuals (New et al., 2021).

What the DSM-5 Dictates

While homosexuality was removed from the *DSM*'s list of possible diagnoses, varying pathologies for kink were introduced. Early versions of the *DSM* introduced sadism, masochism, fetishism, and other paraphilias as deviations from sexual development and stated that they were indicators of psychological dysfunction (Sill, 2023). Arguments have been made that the inclusion of these types of diagnoses were not based on the mental/emotional well-being of the individual, but rather due to the public opinion about the atypicality of these sexual inclinations (De Neef et al., 2019). Presently, one relatively small section of the *DSM-5-TR* (American Psychiatric Association, 2022) encompasses "Paraphilic Disorders." This section includes "Sexual Masochism Disorder," "Sexual Sadism Disorder," and "Pedophilic Disorder," among others. I mention the placement of these diagnoses to highlight the serious and potentially harmful nature of other paraphilias, like pedophilic disorder, being listed in the same section of the *DSM-5-TR*. While the diagnoses related to kinky inclinations do require a "clinically significant level of distress," the *DSM-5-TR* includes no guidelines for what meets the threshold

for being clinically significant. Clinicians who are not kink-aware or kink-informed may then use their own biases against their clients by diagnosing them as having a disorder, while ignoring that their clients' actions and kinks hinge on the acts being consensual (De Neef et al., 2019). In fact, this belief that kink is atypical goes against what De Neef et al. found to be prevalent rates of individuals with a variety of BDSM/kink-type fantasies. It is important to highlight what the current version of the *DSM-5-TR* includes as viable diagnoses and their inclusion criteria influences how mental health professionals may act when they encounter people with such proclivities.

In addition to kink being pathologized by having these diagnoses present in the *DSM-5-TR*, when clinicians are not kink-informed they may diagnosis a kink as something else entirely (Goerlich, 2023). When reviewing cases specific to role play involving different times in a person's development (baby/diapers, caregiver, little girl, etc.), Goerlich presented the case of "Ricky," who had an adult baby fetish and played a character by another name in this fantasy which was then attributed to dissociative identity disorder as a byproduct of seeing a non-kink-aware psychiatrist. Rather than treating it as another alter, by being kink-aware, Goerlich saw it as a fetish and was able to identify different needs and connect Ricky with resources and a community related to this fetish that led to a more individualized treatment plan and progress. While not every kinky individual will present with such a specific kink that is far out of the accepted norm and may not have a complex list of diagnoses, Ricky's case can serve as a reminder that pathologization can make things more difficult for both the client and clinician, and taking a kink-affirming stance can actually benefit both sides.

The Attitudes of Counselling Psychology

While many professionals in counselling psychology agree that sex and sexuality are a normal and healthy part of a person's life, many have also struggled to address general sexuality in their practices (Urry et al., 2019). Urry et al. found that some obstacles that kept practitioners from addressing sexuality with clients included beliefs around sexuality being a difficult topic to broach, positioning sexuality as an issue not directly related to their work or their client's problems, sexuality being low on the priority list of things to address, or believing it was not in their job description to discuss sexuality, while also believing sexuality could be better addressed with clients in mental health settings. These general feelings of discomfort, limits to competency in how to address sexuality, and the idea that it can be important, but not important enough to bring up with their clients, echo the broader societal sentiment that sexuality is normal and important but shouldn't be talked about. Since this seems to represent the view of many mental health professionals around even asking clients about their sexual health, we must then consider the added pressure and stigma that can occur towards clients who engage in non-traditional sex practices.

The pathologization of different kinks and the resulting stigma in therapeutic environments has influenced the care that many therapists feel comfortable in providing to clients who identify as part of the kink community to the point that "kink-aware therapists" market themselves as such to highlight that they are among the few comfortable serving the kink demographic (Herbitter et al., 2021). While over three quarters of the therapists in Kelsey et al.'s (2013) study reported having clients who identified as engaging in BDSM activities, less than half of the therapists reported feeling competent in this area and over half reported that BDSM practices were not addressed during their graduate education. Kelsey et al. also found that the

therapists who did report additional BDSM training self-reported higher levels of competency and comfort, and held more positive views of BDSM practices. A similar study by Meyer Stewart and Hepburn (2022) found that experience working with kink individuals was predictive of self-reported kink competency and more positive attitudes toward kink. The researchers highlighted that there are no clear requirements for counselors to obtain such training in their continued competency objectives. Such little formal education combined with high levels of societal stigma means that counsellors have frequently based their work with clients on misconceptions about the links between kink and trauma (Sprott et al., 2023).

There are typically two schools of thought when it comes to how kink is connected to trauma. The first is that many therapists believe that those who are into kink have these inclinations due to past trauma, while the other common belief is that it is traumatic to participate in kink (Ansara, 2019; Sprott et al., 2023). Counsellors who are not kink-aware may then look at the kink as something to be cured, and require their clients to terminate their involvement to continue therapy (Ansara, 2019). These therapists may also focus too heavily on the kink as the issue in unrelated discussions and have been said to approach their clients voyeuristically as an interesting case to observe rather than as someone who needs to be helped (Sprott et al., 2023). By oversimplifying the link to trauma and pathologizing the kink by working against it, these therapists are missing the possible curative elements of kink—giving power back to the client rather than retraumatizing them if trauma has occurred (Cascalheira et al., 2021). Additionally, non-kink-aware professionals may not understand the nuance of how participating in kink can be a way to explicitly go against systems of oppression for those with intersecting marginalized identities (such as sexual orientation or race) by challenging the societal norms and expectations within their kinky dynamics (Muzacz et al., 2023). Muzacz et al. observed that if clients are

required to cease involvement in kink activities, it may lead to them feeling further oppressed rather than the dominant narrative of "saving" them from their trauma or maladaptive coping. To gain a better understanding of how these clients are directly impacted and their subjective experiences of therapy, the next section reviews literature that emphasized the client perspective.

Client Concerns and Suggestions

When discussing whether professionals are able to acknowledge their own limitations, biases, and lack of understanding about sexuality, but more specifically kink proclivities, it is important to see how it translates to the client experience. New et al. (2021) found that members of the kink community often felt that therapy could be a helpful service but had a series of concerns in accessing suitable care as well as recommendations to make the field more accommodating. Participants in New et al.'s study strongly advocated for therapists to engage in in-depth sexuality education to safeguard clients from fearing stigma and from having to spend their sessions explaining different kinks and dynamics to their therapist before being able to address their own issues. A dominant concern shared with the researchers was related to having therapists incorrectly assume that all issues were related to their kinks, with a hyper-focus on that aspect of their sexuality, and clearly attributing all their kinks to some trauma that therapists assume they had experienced. New et al. reported that this was of specific concern when clients felt that their kink was seen as an issue to be solved and/or when they felt the therapists were attributing other issues in their sex/relationships to the kink when it was unrelated. Similar sentiments were echoed by participants in Lantto and Lundberg's (2022) qualitative Swedish study wherein individuals who identified as BDSM practitioners attended therapy and felt stigmatized and judged, and were made to be educators for some less kink-aware therapists. Meanwhile, Lantto and Lundberg also emphasized that client experiences with kink-aware

therapists were overall positive and included client-centered questions and collaboration between the therapist and client. The negative experiences and client concern also led to clients self-censoring as a risk-management strategy in some cases due to stigma and pathologization, but also the conflation of BDSM to abuse and self-harm by some professionals (Nevard, 2019). This phenomenon was exemplified by Waldura et al.'s (2016) study that asked kinky individuals about their experiences with the medical industry. Individuals shared that there were sometimes reasons that they needed different medical care related to their kinky activities, but that many did not feel safe disclosing their kinky inclinations to their doctor as they feared it may be conflated with intimate partner violence, even though they saw value in the individualized care that disclosure may afford them. While this study directly referenced physical medical care, the fear of conflation between kink and abuse has been shared by therapy clients as well (Ansara, 2019). Many of these negative experiences mentioned by clients in each study was often found to result from a lack of therapist experience and knowledge and beliefs in the dominating societal narratives about kink and BDSM practices, which then led to a lack of proper care for clients.

Current Kink-Aware Counselling

While the last section pointed to criticisms of the current treatment of kink clients in therapeutic settings, it is important to note that there are kink-aware professionals who are making steps to cater to kink clients. Lantto and Lundberg (2022) found that professionals who were comfortable discussing BDSM, were open to asking client-centered questions, had some competency before encountering the client, and were focused on normalizing BDSM rather than pathologizing it, provided overall positive experiences to their kink clients. Additionally, New et al. (2021) observed that when therapists did not identify as kinky themselves but had worked on gaining competency and comfortability and then marketed themselves as kink-aware or kink-

positive professionals, kink clients found them easier to trust and build a therapeutic relationship that aided in the overall therapy process. Cascalheira et al.'s (2021) research acknowledged potential connections to having some previous trauma, but also investigated how kink can be used therapeutically to help heal wounds from such trauma. Rather than being dirty, immoral, abusive, or harmful and worthy of concern, Cascalheira et al. found that kink helped create positive views of self, redefined pain, allowed clients to step into their own sense of power rather than victimhood, improved relationships, and centered pleasure while creating a sense of catharsis for the individual. This research not only provided clearer insight into the truly therapeutic properties of kink, but also encouraged mental health professionals to dig deeper into their own judgments and biases against kink in an effort to make a safer environment for kink-identifying clients.

Kink-aware therapists also made up the team that created the Kink Clinical Guidelines Project (2019), which laid out a list of 23 guidelines for working with kink clients that outlined foundational ethical knowledge and attitudes, framed kink within life-span development, and laid out assessment and intervention suggestions and professional education. The guidelines put a heavy emphasis on continued competency in kink, while also correcting common misconceptions about kink. For example, Guideline 9 outlined that clinicians should understand that being kink-aware includes knowing that kink experiences can lead to healing and personal growth. Additionally, the Kink Clinical Guidelines Project acknowledged the nuance of abuse, trauma, and kink by stating in Guideline 4 that kink is not always a response to trauma/abuse, while in Guideline 19 acknowledging that intimate partner violence can occur in tandem with kink activities or relationships. Sprott et al. (2023) added to the list of guidelines by further

breaking down each subsection and providing background information and suggestions on how therapists can incorporate the guidelines into their practice.

Chapter 3: Discussion and Applications

This chapter will further elaborate the findings of Chapter 2, as well as offer suggestions on how positive changes can be made and end with personal reflections on my own process of researching and writing this capstone project. Looking at the history of how society—and counselling psychology—has treated homosexuality and the progress has provided valuable insight into how we could make similar advancements in the treatment of kinky individuals. The journey away from being stigmatized and pathologized has not been short or easy for any marginalized identities, but the fact that "homosexual" is no longer a diagnosis in the *DSM* and conversion therapy has been outlawed in Canada shows that progress can, in fact, be made (Drescher, 2015; Government of Canada, 2023). As noted in Chapter 2, it seems like including different kinks and consensual sexual inclinations in the *DSM-5-TR* serves a similar purpose to the inclusion of homosexuality in early versions—that is, to further "other" these kinky individuals and to allow for discrimination and bias under the guise of protecting the individuals and society as a whole (Drescher, 2015; Sprott et al., 2023). Kink clients who are seeking care are looking for their therapists to develop a better understanding/competency around kink/kinky and investigate their own personal biases in order to better serve their kink clients (Lantto & Lundberg, 2021; New et al., 2021). While the research on kink and trauma has been slowly expanded in recent years, additional areas of research could include studying the effect of kink on relationships, societal stigma's impact on self-reporting kinky inclinations, how the media's representations of kink are shaping general opinion on kink, as well as some more actionable steps that could be taken in counselling psychology to expand upon the guiding principle put forward by the Kink Clinical Guidelines Project (2019).

As has been discovered, and may be widely understood already, none of these acts of discrimination nor the acts of change can occur without acknowledging the context of societal views, legislation, and what is considered to be the dominant norm. The criminalization of homosexual acts and the *DSM* diagnosis of "homosexuality" as a personality disorder happened in a very similar time, when many religious and conservative values were being upheld (Drescher, 2015). Pepping et al. (2018) observed that progress was not made in these areas until there was a great uprising in centering diversity and equality for all from the general population, which then encouraged changes in policy and in the psychological treatment of gay individuals. Outside of becoming more accepting of diversity and equality, some changes have been made in tandem with the adoption of a more sex-positive framework overall by working to incorporate sex-positivity in the layout of a clinician's space, how a practice/clinician markets themself, the further education in which they enroll, and throughout the entire intake and therapy process (Williams et al., 2015). Williams et al. noted that appreciating diverse sexual orientations and proclivities as strengths to be celebrated rather than as deviant behaviors that need to be corrected has allowed many 2SLGBTQIA+, but more specifically homosexual individuals, to live happier and more fulfilled lives that are true to who they are. By continuing in this spirit of sex-positivity, encouraging personal fulfillment in unique expressions of sexuality, and allowing people to operate in a way that is safe for themselves and others, we can continue to dismantle some of the oppression and discrimination faced by those who identify with inclinations or lifestyles currently defined as sexually deviant. This applies to how kinky individuals are treated in the field of counselling psychology, but also more broadly to how they are treated by society at large.

Action Plan

Expanding Education and Competency Around Kink

One of the main obstacles to caring for kinky clients highlighted by both professionals in the field and clients seeking care was the idea that professionals have limited competency and comfortability in these areas (Herbitter et al., 2021; Meyer Stewart & Hepburn, 2022; Nevard, 2019; New et al., 2021). A solution to overcome this issue that seems deceptively simple is providing mandatory comprehensive education to all mental health professionals in these areas so they can feel more competent and comfortable helping clients and starting conversations around kink. While courses like this do exist, they are not a mandatory part of any counselling psychology program, and most programs have low requirements for training related to human sexuality. Counselling programs could take guidance from the Kink Informed Certificate program by Sexual Health Alliance (2024) and include instruction on consent, stigma, cultural influences, the possible spiritual aspect of kink, assisting clients in coming out, as well as safe kink practices and commonly used terminology. I encourage regulatory bodies to introduce required human sexuality courses in all undergraduate psychology programs, similar to how different cultural/diversity courses are now required. If the more compulsory general human sexuality topics were introduced earlier in the quest to become a Registered Psychologist or other mental health professional designations, regulatory bodies and schools providing Master's level education could work on the assumption that students had a working knowledge of human sexuality topics and introduce more of the nuance related to kink and other similar sexual health topics. This would then provide students with more opportunity to reflect on, and possibly dismantle, some of their internal biases against people who engage in non-traditional sex dynamics. Not only would this extended sex education help therapists when working with clients

who are openly identify as kinky, but it could also aid in offering a safer environment to clients with more typical sex concerns, since the therapist would be more comfortable discussing sex in general.

If we go a step lower than governing bodies and look at the schools offering Master's level education in counselling psychology, there are several things that could be done to better serve their students. While practicing sex therapists are not as common as other therapists and therefore may not be readily available to teach an entire graduate-level course, an effort should be made to offer training to instructors who are not sex therapists. This might include expanding the school's network of connections in the industry so that instructors could bring in guest lecturers such as sex therapists, relationship therapists, sex workers, kink practitioners, 2SLGBTQIA+ community leaders, and other individuals who work within, or in tandem with, these industries. This would allow students an opportunity to speak to those working directly in areas related to human sexuality beyond the basics, to reflect on their preconceived ideas and biases about individuals like sex workers and the industry, and have modern examples to carry forward into the care they provide their clients. Assignments could include requiring students to research more niche areas of sexuality, and reflect on their assumptions going in and what they've learned, which could then be presented to the rest of the class.

Seeking Out Organizations and Local Learning Opportunities

These suggestions would help in the education of future professionals, but what about those who already have their degrees and are working within registered roles? Amendments to continuing education requirements by various governing bodies could be one change made at the systemic level, but that doesn't help those who want to make individual changes now. While courses are available, such as the one I am taking focused on becoming more kink competent,

this training is often expensive and therefore may not be as accessible; rather, it gets added to the long list of trainings the therapist hopes to one day be able to afford and make time for. Accordingly, a more accessible and affordable way to access professionals in this domain is for practicing clinicians to follow sex educators within, and outside of, the counselling psychology field, watch their lectures, take their workshops, and follow their social media accounts.

One additional practical suggestion for therapists wanting to broaden their understanding is to consider resources, clubs, and organizations focused on kink, poly, or 2SLGBTQIA+ communities. Lots of these groups will hold information sessions, low-cost workshops, and welcome people who do not identify as part of their community to respectfully listen and learn. Examples of these resources in the Edmonton area include The Travelling Tickle Trunk, Confidence X Courses online, the Queer and Trans Health Collective, Sexpletive, HIV Edmonton, Edmonton O Society, and more. A common sentiment I have heard from organizations of which I have been part, or visited, is not to approach them as an outsider seeking to voyeuristically research a weird way of living, holding yourself above them, or to come in with a long list of exhausting questions. They welcome visitors who are truly there to learn, ask occasional respectful questions, and participate in some capacity, whether through conversation or by jumping into demonstrations and workshops. Individuals running workshops and seminars would be a much better resource for personal education than relying on clients to provide the basics of the kinks or poly dynamics in which they are involved. This approach would give mental health professionals a foundation of information about the general communities and knowledge of what questions would be appropriate to ask a client to better understand what it looks like for them as an individual.

Engaging in Personal Reflection About Biases

While personal reflection, learning the basics of what different kinks are, and learning about the communities are all helpful steps, it also needs to be done in a way that does not contribute to further stigmatizing or pathologizing kinky individuals. Some well-meaning clinicians and researchers may find sources that frame kink and BDSM practices within the context of trauma and abuse and go on to believe it is an issue requiring treatment (New et al., 2021). Rather than seeing kink/BDSM as symptoms of trauma or abuse, clinicians should be able to take a step back and look at examples of how kink practices can be widely curative and help in recovery from abuse when practiced safely and consensually (Cascalheira et al., 2021). Being open to ideas that go against previously widely held beliefs and client perspectives is an integral part of becoming a professional who can competently serve their clients. Once a professional takes steps to become more competent and comfortable in serving their kinky clientele, they could then take steps to ensure that these types of clients were aware that they will feel safe and welcomed in the space. A very practical way of doing this would be for a therapist to look up the Kink Guidelines Project (2019) and start to find ways to work their guidelines into one's individual practice. The project has set forth principles that address dismantling one's prejudices and misconceptions about kink, creating kink-informed assessment protocols for domestic violence, and committing to continued education and supervision, among others. Ways that a therapist can incorporate these ideals and guidelines into their marketing and physical space could include: a) sharing that they are kink-friendly on their social media platforms, b) collaborating with and advertising at different local organizations that host events for sexually diverse individuals, c) openly advocating for human rights regarding sexual diversity, d) obtaining and posting various certifications and trainings, and 5) having 2SLGBTQIA+ pride

flags in the office. If a counselor or office is planning on taking any of these steps to show that they offer a safe environment, they must also actively engage in continued competency and reflect on their biases, as the field of sex and kink continues to change and grow, and it is important that therapists not become stagnant in their position if they want to continue to offer proper care to their clients.

Ethical Considerations

Mental health professionals operate under a myriad of different governing bodies which all have their own guidelines and standards of practice surrounding what constitutes the foundation of working in a way that is considered to be ethical. For the sake of efficiency, as well as to highlight the governing bodies under which I will be working, I will focus on the Canadian Psychological Association's (CPA, 2017) *Canadian Code of Ethics for Psychologists* (4th ed.) and the College of Alberta Psychologists's (CAP, 2022) *Standards of Practice*. Other provinces and designations may have different ideals and standards. Accordingly, I encourage individuals to reference their own governing bodies to ensure they are in alignment with their own designations.

The first area I would like to highlight is represented in both the CPA (2017) and CAP (2022) guidelines—diversity and non-discrimination. Subsections I.9 and I.10 in the CPA *Code of Ethics* dictate that Canadian psychologists must "not practice, condone, facilitate, or collaborate with any form of unjust discrimination" and "act to correct practices that are unjustly discriminatory." Similarly, subsection 19.1 of CAP's *Standards of Practice* (2023) states "a psychologist respects the fundamental and inalienable rights/dignity of all persons and peoples." While diversity in sexual proclivities are not protected identities such as race, gender, or sexual orientation, respecting the consensual and enjoyable ways that people engage in sexual dynamics

could fall under respecting the rights and dignity of all peoples. Discrimination against kinky individuals has occurred through means of pathologization, the furthering of social stigma, ignorance, microaggressions, moral assumptions, and the consistent conflation of kink with trauma and abuse (Nevard, 2019; Sheff, 2020). Much of these discriminatory practices could be remedied to some degree by engaging in different steps of the aforementioned action plan, starting by acting again in accordance with ethical guidelines by continuing to grow competency in understanding what constitutes kink and kinky.

Subsections II.6-II.12 of the CPA (2017) *Code of Ethics* outline that as part of the broader discussion of General Caring, psychologists must continue to engage in up-to-date research methodologies, interventions, techniques and their limitations, seek supervision in areas in which they don't feel competent, and be in a continuous state of self-reflection and dismantling of personal biases. Meanwhile, Section 4 of the CAP (2022) *Standards of Practice* explores similar sentiments of expanding competency, engaging with professionals who are more skilled in areas one wishes to learn more about, addressing biases, and keeping up to date with research trends and interventions. These guidelines work in tandem with the frameworks surrounding diversity and being able to adequately serve the populations with whom a therapist is working. Both CPA (2017) and CAP (2022) state that while a psychologist can expand competency in areas in which they wish to work, but in which they are not currently seeing clients, if they do start having clients with specific concerns, it is then the psychologist's duty to expand their competence in that area and/or refer the client to other professionals who hold that competency. With only a limited number of professionals reporting that they feel competent and comfortable with working in the area of kinky sex, this seems to be additional evidence that more clinicians need to take the

initiative to expand their competency in these areas so that clients have somewhere to go when being referred to other professionals (Kisler & Lock, 2019; Meyer Stewart & Hepburn, 2022).

As mentioned, deepened competency in a given area can also lead to more comfortability and less bias or stigma against individuals who identify with the area of study (Meyer Stewart & Hepburn, 2022). The final general guiding principle that I would like to discuss in tandem with serving diverse clientele and continued competency is the standard regarding objectivity and lack of bias. Rather than working independently, these three ideals overlap and enhance one another to ensure that clients are receiving the best level of care a professional can provide. The CPA (2017) speaks to objectivity/lack of bias by outlining the importance for psychologists to evaluate their own experiences and attitudes, as well as communicate accurately and objectively when explaining different topics or findings to their clients. While the CAP (2022) does not have a section specifically dedicated to lack of bias, it is mentioned in the section on diversity and competency, and the CAP additionally outlines standards suggesting that psychologists should withhold opinions that are outside their competency and expertise or that may have implications for a person's rights or interests without substantial evidence. If a clinician is unable to meet these ethical standards outlined by CAP and CPA, they are obligated to refer the client to a clinician who can meet their needs. While none of these guidelines and standards specifically mention serving niche communities, such as people who identify as kinky, they could be factors when determining what actions need to be taken if a psychologist does encounter such a client or wishes to start advertising their practice as one that is welcoming to kinky individuals.

Limitations

There are limitations to be considered, both with the process of developing this capstone project, and regarding the proposed action plan and concepts presented. While objectivity and

lack of bias have been discussed extensively, there is no way to be completely objective as a human being dealing with other human beings—something that is reflected by my passion for these topics and my choice to engage in this research. My own passion for and interest in the topic fuels my drive to advocate for more competent care for kinky individuals, and can cloud my views of those who may disagree with this standpoint. While I did my best to seek out research that both agreed with and challenged my position, my own lack of complete objectivity undoubtedly influenced the process of finding and selecting references. While this does not discredit my work and the suggestions I have made, I would be remiss not to acknowledge it.

Additionally, this project was limited by the fact that kink is a more niche and stigmatized topic, which meant there were limited modern and relevant studies. This required me to branch out to sources from a variety of countries including the United States (Meyer Stewart & Hepburn, 2022; New et al., 2021), Sweden (Lantto & Lundberg, 2022),the United Kingdom (Nevard, 2019), and Australia (Ansara, 2020) because limiting to studies that were completed in Canada would have narrowed the available research too much. To expand on this limitation, it is important to acknowledge that the research found comprised predominantly qualitative studies with smaller sample sizes; very few quantitative studies were available. The qualitative studies may have been more fully supported by studies involving wider participant samples. Small sample sizes can also mean that not all demographics, such as race, gender, sexual orientation, and socioeconomic class, were equally represented in the data. Beyond small sample sizes and limited research, the research found had a lot of general overlap and seemed to focus either on kink as a very broad-stroke field or was hyper-specific to a small niche within the kink community, thereby further limiting the available research. The world of kink does have some broad similarities when it comes to certain ethical standpoints, such as the need for consent and

aftercare, but it also has so many subcommunities that are hard to cover in one work, as was the case for this project. The final limitation of this capstone project centers on the availability of sources about specific sub-topics included in this paper. While historical and modern articles on the treatment of homosexual individuals have become much easier to find in recent years and I was able to find more articles on kinky inclinations and counselling than I expected, this number was still low and few of the studies suggested specific therapy outcomes surrounding kink stigma.

There are also limitations to be considered with respect to my proposed action plan and suggestions for individuals, therapy spaces, school administrators, and governing bodies. While it would be ideal for every individual to address their biases and obtain additional competency in the areas of kink, there are many obstacles such as limited time, finances, and emotional capacity to focus energy into a very specific area of care. There are so many training courses on a wide range of topics, modalities, specializations, interventions, and clientele that it’s impossible to become competent in every area a client may present with. If a person does want and has the ability to engage in continued competency in these areas, there are also very limited opportunities presented to work with kinky clients so this is an additional obstacle. This is why I suggest that sexual diversity becomes more fully integrated into the education programs required to become a mental healthcare provider, a change that would require agreement by both governing bodies and academic institutions on multiple levels.

As seen when investigating the historical treatment of homosexual individuals, progress can be made, although it took decades to make small steps, which was both an arduous and intense process (Drescher, 2015). When a stigma or taboo is so deeply entrenched in the society in which a psychologist operates, it takes a lot of teamwork, time, and effort to make change at

the systemic level. Certain allowances also have to be made for those who are limited by their cultural, religious, and/or spiritual belief systems. Such topics would need to be presented in a way that made room for those who have strict lifestyle ideals to be able to educate themselves or refer out, and in a way that doesn't position them against their clientele. While allowances should be made, I would also challenge those who think that an opt-out option should be available to consider what precedent this may set for other cultures, beliefs, religions, and identities not included in the education of future mental health professionals. I am not saying that psychologists should be a perfect fit for every client base, but rather that psychologists need a base level competency that does not add to the client's internalized stigma or level of discrimination. While is not an impossible task, it does mean that the number of individuals in the field demanding changes in the education about human sexuality of all types for mental health professionals would have to grow exponentially and work together to make it happen. We have seen it happen with the progress made in the treatment of homosexuality being changed from conversion therapy for a personality disorder to care that affirms a person's sexual orientation and the resulting positive outcomes for the gay community (Drescher, 2015).

Future Research

I eagerly await future research on aiding kinky-identifying clients in the context of counselling psychology. One direction this could take is by further exploring the topics of counsellor bias and client experience, as started by Meyer Stewart and Hepburn (2022) and New et al. (2019). If areas of bias and client experience are expanded in more concrete ways and at a larger scale, we could continue to see a wider image of the obstacles involved in offering confident and competent care and then work to find ways to remove the barriers. This could include using existing ethical guideline frameworks when working with kinky clients to build

actionable interventions and practices for those clients who have a therapeutic need to address their kinks, the stigma and discrimination surrounding them, and how it may tie into their sexuality or lifestyle as a whole (Sprott et al., 2023). The area of research on bias and stigma against kink/BDSM in counselling psychology could be enriched by investigating how counsellors feel about themselves if they have kinky inclinations, how they think the field views these practices, and how that may be projected onto how they present themselves in a professional industry, how they market their practice, and the effects this could have on their clients by means of countertransference. Accordingly, a further area of research would focus on how clinicians/professionals who identify as kinky or who deviate from the sexual norm navigate the smaller kink communities while also working as therapists in the mental health industry, including maintaining two personas, running into clients at kink events, or even how they market themselves in those kink community spaces.

The dismantling of stigma and misconceptions would also be aided by research that reframes the narrative that kink is a trauma response that needs to be treated or cured (Nevard, 2018). This research could explore the concept of kink as a way to heal oneself and expand one's connection with their self and others (Cascalheira et al., 2021). One area that could be expanded and extended with larger sample sizes is the work done by Ansara (2019) surrounding kink/BDSM as a therapeutic treatment for trauma. This would need to be balanced by finding ways to acknowledge that consent violations, abuse, and coercion can occur in the kink community and that it takes a nuanced and educated viewpoint to be able to recognize the key differences (The Kink Guidelines Project, 2019). Beyond that, future research could include further development of trauma-informed kink trainings for counsellors/psychologists in tandem

with surveying the changes in perception and competency by taking the lead of the LGBT-affirmative training studied by Pepping et al. (2018).

Personal Reflection

The process of researching and writing this capstone project has been very interesting. A lot of what I found was in line with my expectations, but some was more surprising. As has been mentioned, I went into this project anecdotally believing that these areas were underrepresented in counselling psychology, and had some knowledge about the barriers to proper care and about the discrimination that the 2SLGBTQIA+ community has historically faced. These beliefs were largely supported as it was difficult to find recent and applicable research about kink and counselling psychology. While I did have the basic knowledge in the areas I set out to study, the ways that it was deepened were occasionally surprising and/or unsettling. For example, while I knew that homosexuality was at one point a diagnosis that was treated with conversion therapy, I did not know that it was originally classed as a personality disorder (Drescher, 2015). This new information added an extra level to my understanding of the dire mistreatment of homosexuality by counselling psychology and gave a clearer image of how religion and societal opinion has profoundly impacted the ways in which different identities and traits have been (and continue to be) interpreted by psychologists.

When it came to finding sources that centered the treatment of kinky individuals, again, some ideas were confirmed and other information was more surprising. I knew that as a person who identifies as sex-positive and who does a lot of research on sex and sexuality, I am not representative of most psychology professionals. I also knew that I would have to continuously check on my biases throughout this process. I was pleasantly surprised by the number of sources I was able to find that discussed the psychology of kink, and how kink individuals could be

better served by psychologists, as well as how few of the recent sources pathologized kink or painted it negatively. When it came to kink being conflated with trauma, I had some previous knowledge of this school of thought and was disappointed that it is still a common way of thinking, but I was pleased to find that progress is being made and that some researchers are even investigating how kink can be therapeutic in cases of trauma.

At times I found myself rolling my eyes or exasperated by the attitudes of professionals in the industry and how heavily they still carried their own bias or discomfort around kink. In those moments, I had to pause and remind myself that these professionals are humans who were raised, and continue to live, in a society that holds a lot of stigma and taboo around sexuality, but especially around atypical sexuality. I also reminded myself of how hard I have worked to fight these biases and seek out my own education in these areas. Rather than judging those who have not received a more comprehensive education in the areas of sex and sexuality, I shifted my focus towards using this as more evidence about to why human sexuality needs to be set up by the systems in place rather than put behind steep paywalls and hidden in the corners of the psychology continuing education world—especially considering that professionals in the study by Meyer Stewart and Hepburn (2022) stated that the lack of education and competency was their biggest barrier in feeling confident serving kink clients.

Overall, while I am still a fierce advocate for being more accommodating to those with niche and atypical identities and sexual proclivities, I also acknowledge that Canadian society is a little more slow-moving in this area. I acknowledge that there has been a lot of progress made since the 1970s, which deserves to be celebrated. While it is not yet truly highlighted in required education for counselling psychologists, there are increasing options for those who want to increase their competency in becoming more kink-aware. Furthermore, not every therapist will

have clients that identify with any of these identities and proclivities and certain cultural or religious beliefs may further limit these conversations on both sides. Rather than blame anyone for the belief system in which they were raised, I hope that this capstone has opened their mind to the possibility that we, as a community, could be doing better for ourselves and our clients. Further, I hope that it might encourage some professionals to look into taking a course or two to expand their knowledge and confront their own biases. There is, and will continue to be, great nuance at the intersections of a client's identity meeting a mental health professional's identity, and I hope that this project has given some motivation to start those conversations. I truly believe that by becoming more sex-positive, kink-aware, and kink-affirming as a field of study and in practice, we would be able to better serve our clients while similarly allowing professionals in the field to feel freer and more accepted in their own identities and proclivities.

Conclusion

If psychologists are to move forward in our treatment of people with atypical sexual and relational practices and proclivities, such as kinky individuals, we can take a lesson from the past. We can look at the progress that has been made, and is continuing to be made, in the treatment of homosexuality as an example of what is possible when people's dignity and rights are respected and celebrated. Homosexuality is no longer a psychological diagnosis, conversion therapy is no longer legal in Canada, and homosexuality is more largely accepted with counselling becoming more focused on affirming identities and dealing with outside stigma (Drescher, 2015). This change did not happen quickly or easily, as Drescher noted, but through a gradual shift in attitude, continuing competency on an individual and systemic level, changing legislation that went against human rights, and turning away from stigmatization and toward affirming care practices. We can take this progress and apply it to the care of kinky individuals

by following many of the same steps at both an individual professional level and on a systemic basis by working to change the world of counselling. Individual psychologists can start by reflecting on our own biases and experiences, continuing to grow our competency in affirming practices, following guidelines set by leaders in kink care and advocacy, advocating for equal care/rallying against discriminatory practices, and using referrals and supervision when appropriate. Systemically, the world of psychology could start by requiring more comprehensive sexual health education at earlier stages of counsellors' education, re-analyzing how the *DSM* frames sexual atypicality, and adopting more kink-affirming ideals on a broader scale. Sex is a largely universal experience for the entire animal kingdom, and sexual pleasure should be enjoyed by any human who wishes to engage in it in ways that are safe and consensual for all involved. This should not apply only to those who adhere to the normative standards of what sex "should" include but also to those who identify as kinky. If we continue to work together to dismantle stigma, I believe this can be achieved.

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