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Becoming Myself: 
Authenticity as a Pathway 
Toward Well-Being for Sexual Minority Populations

In this article, the role of authenticity as a unique psychological strength of sexual minority people is discussed. The current literature suggests that authenticity is a protective factor for sexual minority individuals and, thus, this article aims to highlight the need to study further the psychological correlates of this variable. This article provides a review of the literature examining the role of variables such as internalized heterosexism, spirituality, self-compassion, and psychological flexibility in hindering or facilitating authenticity in sexual minority populations. Future directions and clinical implications for the development of evidence-based treatments for this population are discussed.

Keywords: sexual minority, authenticity, well-being, LGBT+

Introduction

Research on the mental health of lesbian, gay, bisexual, transgender, queer, and additional gender and sexuality diverse (LGBTQ+) people has largely used a deficit model, with a focus on the negative aspects of the LGBTQ+ experience. Studies have shown that sexual and gender minority individuals do face unique stressors related to their minority identity that result in increased rates of mental health concerns such as depression, anxiety, and risk of suicide (Lefevor et al., 2019; Meyer, 2003). At the same time, research also suggests that sexual and gender minority individuals have the ability to transform experiences of discrimination and oppression into resiliency and can, in fact, flourish in the face of minority stress (Szymanski & Gonzalez, 2020). In recent years, studies have emerged that highlight the positive aspects of the LGBTQ+ experience (Riggle et al., 2014). Out of these various dimensions, authenticity is most commonly reported by participants when asked what are the “positive things about being [LGB+]” (Riggle et al., 2008, p. 212). Furthermore, authenticity has also consistently been linked to greater psychological well-being among sexual minority individuals (Petrocchi et al., 2020; Rostosky et al., 2018). Therefore, through a review of the literature, this paper aims to capture how the unique experiences of sexual minority individuals make authenticity central to their well-being.

In doing so, this review aims to highlight one potential mechanism through which the well-being of sexual minority individuals can be supported, with the hope of contributing to the development of evidence-based treatments that are tailored to address LGB-specific concerns.

To better understand the role of authenticity in the well-being of sexual minority individuals, factors that both hinder and facilitate authenticity in this population need to be considered. For instance, one major barrier to authentic living faced by LGB+ individuals is the stigma associated with diverse sexual identities. In particular, the internalization of such stigma among LGB+ individuals can lead to concealment and shame toward one’s identity, which can consequently lead to lower authenticity and poorer quality of life (Fredrick et al., 2019). On the other hand, prior research suggests that there are factors that can counteract the negative effects of internalized stigma and bolster authenticity among LGB+ individuals, such as having a strong sense of spirituality (Lassiter & Mims, 2022), cultivating compassion (Beard et al., 2017), and having high psychological flexibility (Karakuş & Akbay, 2022).
Although research suggests that general compassion, as conceptualized in compassion-focused therapy, can support LGB+ well-being (Pepping et al., 2017; Petrocchi et al., 2016), this review focuses on self-compassion in particular due to the existing literature examining its association with authenticity. Taken together, this paper examines how the aforementioned factors, namely internalized stigma, spirituality, self-compassion, and psychological flexibility, can influence authenticity and, consequently, the psychological well-being of sexual minority individuals.

**Positive LGB+ Identity**

Navigating a heteronormative society as an LGB+ person comes with certain challenges as well as opportunities for growth (Riggle et al., 2014; Szymanski et al., 2017). The literature on positive LGB+ identity was born out of the need to study the strengths and resources that LGB+ individuals develop as a result of their unique circumstances. For instance, developing an LGB+ identity requires one to go through a process of questioning and reflecting on one’s sexual orientation, and then choosing to live in accordance with one’s “true self.” Consequently, LGB+ persons may develop a greater sense of authenticity and self-awareness in this process. Furthermore, within this process, LGB+ persons are likely to experience heterosexist oppression in the form of prejudice and discrimination, which can sensitize them to these issues and increase their commitment to social justice. In order to cope with the experiences of heterosexism, LGB+ persons may also seek support from other members of the community, which can additionally foster a greater sense of belongingness. Finally, within the context of romantic relationships, this sense of connectedness due to shared lived experiences can contribute to greater intimacy among same-sex partners. Thus, based on themes that emerged from qualitative data and subsequent factor analyses, Riggle et al. (2014) determined that authenticity, self-awareness, community, intimacy, and social justice best represent positive LGB+ identity.

Out of the different aspects of positive LGB+ identity, authenticity seems to be particularly salient in this population. In Riggle et al.’s (2008) qualitative study, they found that many LGB+ participants reported feeling a sense of freedom from gender norms, which allowed them to connect with their authentic selves. For instance, one participant from Riggle et al.’s study shared, “I can play (to some extent) by different rules in life (that is, I can be a strong, tough aggressive woman) because I have already broken a major one by being a lesbian” (p. 214). As the quote suggests, society often puts individuals socialized to be “men” and “women” in a box such that it restricts them from truly expressing themselves. However, since being non-heterosexual itself is a “violation” of the norm, LGB+ individuals gain the freedom to be their authentic selves in other aspects of life as well. Another participant from the study shared a similar sentiment, “Our relationship was ‘unconventional’ to start with, which has given us the opportunity to work on it with a lot of freedom [including] more sexual freedom” (p. 214). Thus, being LGB+ incidentally frees a person from societal expectations, especially as they relate to love, desire, gender, sexuality, and relationships, and allows sexual minority individuals to create their own definition of each of these terms for themselves.

The benefit of authentic living for LGB+ individuals has not only been supported by qualitative studies but quantitative studies as well. In a study conducted by Rostosky et al. (2018), the relationship between positive LGB+ identity and eudemonic well-being was examined using correlations and structural equation modeling. The six domains of eudemonic well-being in the study included positive relations with others, autonomy, personal growth, environmental mastery, self-acceptance, and purpose in life. Results indicated that as compared to the other positive identity variables, authenticity had the strongest correlations with all six domains of well-being, with Pearson’s r ranging from 29 to .44. Furthermore, after controlling for the other positive identity variables, authenticity was the only one that accounted for significant variance in all six well-being domains. Similarly, in the study conducted by Petrocchi et al. (2020), they found that while all the positive identity variables significantly correlated with psychological well-being, only authenticity significantly predicted psychological well-being after controlling for the other variables. These findings suggest that, perhaps, the relationship observed between the other positive identity variables and well-being can be explained by authenticity. For instance, it may be the case that self-awareness is positively associated with well-being because it allows individuals to gain greater insight into their genuine selves and, thus, fosters authenticity. Similarly, it may be the case that intimacy in relationships is positively associated with well-being because it allows individuals to be truly vulnerable and authentic with other people. All in all, these results suggest that authenticity can act as a significant pathway toward well-being for many LGB+ individuals.

When discussing authenticity within LGBTQ+ populations, it is important to note that it is different from constructs such as disclosure or concealment of one’s identity (Riggle et al., 2017). In other words, being authentic does not equate to coming out to one’s friends and family and not hiding one’s LGB+ identity from others. While authenticity includes an interpersonal aspect of being honest and genuine with others, it also includes an intrapersonal aspect which is not captured by the other two constructs. In particular, authenticity entails a feeling of comfort and peace with oneself and one’s identity such that one is able to be true to oneself and feel aligned with one’s values. Thus, an authentic person can look like someone who is true to themselves while also concealing their LGB+ identity to protect their safety and integrity.

The importance of distinguishing between authenticity and identity disclosure is highlighted by Riggle et al.’s (2017) study, in which they found that “outness” predicted higher levels of depressive symptoms, whereas authenticity predicted lower levels of depressive symptoms and stress. The results from this study point toward the need to understand the sociocultural context within which LGB+ individuals exist when studying authenticity. As a community that continues to face stigmatization and discrimination across the globe, LGB+ individuals often have to choose between “living their truth” and protecting themselves from physical and psychological harm (Levitt et al., 2016). Therefore, focusing on authenticity rather than “coming out” may provide greater insight into how to support the well-being of LGB+ individuals (Rostosky et al., 2018).

**Internalized Heterosexism and Authenticity**

Considering the psychological benefits of authenticity for LGB+ individuals, it is important to identify factors that can both hinder and facilitate it. Research suggests that internalized heterosexism, also referred to as internalized sexual stigma or internalized homonegativity, may be a factor that can prevent LGB+ individuals from being their authentic selves. According to the minority stress model formulated by Meyer (2003), the unique stressors faced by LGB+ individuals can be distal, as caused by external events, or proximal, as it relates to one’s subjective experience of these external events. According to this model, internalized heterosexism is a proximal stressor that refers to the internalization of negative attitudes and beliefs about LGB+ individuals. Furthermore, these negative attitudes and beliefs are not only directed at other LGB+ individuals but can also be directed at oneself. Thus, as expected, internalized heterosexism is linked to negative mental health outcomes among LGB+ individuals (Fredrick et al., 2019; Petrocchi et al., 2020). Research has also found that internalized heterosexism mediates the link between external forms of prejudice and discrimination, referred to as public stigma, and poorer well-being (Fredrick et al., 2019). Since internalized heterosexism relates to the negative internal processes associated with being LGB+, it seems pertinent to examine its association with authenticity.

Research suggests that one of the reasons internalized heterosexism is linked with psychological distress is because of the discrepancy between who one is and who one is expected to be as a result of rigid gender norms (Fredrick et al., 2019; Szymanski &
Carr, 2008). For instance, Szymanski and Carr (2008) examined the relationship between gender role conflict, internalized heterosexism, self-esteem, avoidant coping, and psychological distress in a sample of sexual minority men. The authors found that gender role conflict predicted internalized heterosexism, which predicted lower self-esteem, which in turn predicted psychological distress and avoidant coping. These findings suggest that the reason that sexual minority individuals may have negative attitudes toward their sexual identity, which ultimately impacts their mental health, may be because of their perceived violation of gender roles. It is possible that to minimize gender role conflict, LGB+ individuals with high internalized heterosexism attempt to conform to traditional gender roles, which compromises their sense of authenticity.

The negative association between internalized heterosexism and authenticity among LGB+ individuals has received validation from prior studies (Fredrick et al., 2019; Petrocchi et al., 2020). For instance, Petrocchi et al. (2020) examined the relationship between internalized sexual stigma, positive LGB+ identity, and self-criticism. Results indicated that out of all the positive identity variables, authenticity had the strongest negative correlation with internalized sexual stigma ($r = -.57$). The authors also found that self-criticism was significantly negatively correlated with authenticity and positively correlated with internalized sexual stigma. These findings suggest that, perhaps, internalized sexual stigma causes LGB+ individuals to harshly criticize themselves because of their sexuality, which causes feelings of shame, and ultimately makes it difficult for them to be authentic. Another study that looked at the relationship between stigma and authenticity was conducted by Fredrick et al. (2019), in which they examined whether authenticity mediated the relationship between internalized sexual stigma and quality of life. The results validated the hypothesized model such that lower internalized stigma was associated with greater authenticity and greater authenticity was associated with greater psychological, social/relational, and environmental quality of life. Furthermore, while authenticity was inversely related to internalized stigma, contrary to the authors’ hypothesis, it had a positive relationship with public stigma. The authors suggest that it is possible that the experience of facing external forms of stigma and prejudice requires LGB+ individuals to engage in a meaning-making process that allows them to reaffirm their identities. This explanation supports the research on positive LGB+ identity which suggests that authenticity is a strength that is unique to the LGB+ experience. However, it is important to note that while public stigma may predict greater authenticity, the internalization of the public stigma can be harmful and can have the opposite effect, such that it makes it difficult for LGB+ individuals to accept their identities.

### Spirituality and Authenticity

A potential source of support for LGB+ individuals as they navigate both distal and proximal stressors such as prejudice, discrimination, and internalized heterosexism is spirituality. While there exist multiple conceptualizations of spirituality in the literature, the most general definition of the construct is in terms of a connection with a transcendent or divine entity (Rosenkrantz et al., 2016). In the LGBTQ+ literature particularly, spirituality is also conceptualized as a boundaryless and fluid “union of masculine and feminine energy” (Lassiter & Mims, 2022, p. 3079).

While spirituality and religion are closely interconnected, it is important to distinguish between the two constructs, as they have distinct relationships with well-being among LGBTQ+ individuals. Religion, which emphasizes institutional beliefs and norms, can often be used as a weapon to propagate heterosexist views that can be harmful to the LGBTQ+ community (Lassiter et al., 2023). Consequently, LGB+ individuals often face rejection from religious family and community members, which, when combined with the internal conflict between one’s religious beliefs and one’s lived experiences, can lead to negative mental health outcomes such as depression, trauma, and even suicidality (Rosenkrantz et al., 2016). On the other hand, spirituality, which simply emphasizes the connection with the sacred, allows individuals to access feelings of unconditional love and acceptance. Thus, spirituality is associated with positive mental health outcomes among LGB+ individuals, such as lower levels of depression, higher self-esteem, and greater purpose in life (Lassiter et al., 2023).

The benefits of spirituality for LGB+ individuals have been examined in the form of both qualitative (Lassiter & Mims, 2022; Rosenkrantz et al., 2016) and quantitative studies (Lassiter et al., 2023). For instance, Rosenkrantz et al. (2016) asked 314 adults who identified as both LGBTQ+ and spiritual/religious to describe the positive aspects of their identities. The themes that emerged from this data included 1) greater feelings of love and acceptance, especially as it relates to their LGBTQ+ identity, 2) having a deeper sense of meaning and life purpose due to the unique struggles of navigating their LGBTQ+ identity, 3) having greater empathy and compassion for others and making an active effort to live in alignment with one’s values, 4) having enhanced relationships with others, including family members, romantic partners, and members of their communities, and finally 5) gaining strength from one’s spirituality to cope with stigma related to one’s LGBTQ+ identity.

The theme of love and acceptance that emerged from Rosenkrantz et al.’s (2016) study is particularly relevant to the link between spirituality and authenticity. Participants shared feeling supported by their spirituality in a way that allowed them to express their sexuality authentically. For instance, one participant shared, “One of the most important aspects I can take from my spiritual identity is that I was made by God in [their] image . . . In turn, I am not flawed, but perfectly made” (pp. 130-131). This quote shows how spirituality can help unlock a person’s capacity to love and accept themselves unconditionally, giving them the freedom to be themselves regardless of the expectations imposed on them by society. This point was further emphasized by another participant who shared, “Once I realized that God was 100% cool with my sexuality, it became . . . easier to come out to others . . . it’s hard to fear rejection from others when you know the God of the Universe has your back” (p. 131). Thus, one way in which spirituality may foster authenticity is by helping LGB+ individuals feel greater love and compassion toward themselves and their own identities.

The relationship between spirituality and self-compassion has also been validated empirically. Lassiter et al. (2023) conducted a longitudinal study with a sample of 697 sexual minority men to examine the relationship between spirituality, self-compassion, and anxiety. They found that self-compassion mediated the relationship between spirituality and anxiety such that an increase in spirituality predicted an increase in self-compassion, which in turn was negatively associated with anxiety at a 12-month follow-up. The direct association between spirituality and anxiety, however, was not significant. This finding supports the explanation that spirituality can support the mental health of LGB+ individuals by fostering greater self-compassion.

Another way in which spirituality may increase authenticity is through psychological flexibility, which is defined as the ability to stay connected to the present moment, being aware of one’s emotions without altering them, and acting in accordance with one’s values (Karakuş & Akbay, 2022). Lassiter and Mims (2022) conducted a qualitative study with 10 Black sexual minority men in which they asked them about the role spirituality plays in their lives. Out of the seven themes that emerged, three in particular are important to note: 1) emotional revelation, that is spiritual consciousness facilitating the recognition of emotions that are difficult to sit with, 2) emotional emancipation, that is spiritual consciousness facilitating the embodiment and expression of emotions without any judgment, and 3) emotional regulation, that is spiritual consciousness facilitating the increase of positive emotions and the decrease of negative emotions. These findings suggest that spirituality can help LGB+ individuals get in touch with parts of themselves that may otherwise be difficult to own. For instance, one participant from the
study shared, “If it were not for my spirituality, I would not know who I am... I would not know what I believed was the correct way to represent myself and to feel comfortable and to feel safe with myself” (p. 3086). Another participant shared, “My spirituality has allowed me to embrace my feelings, the whole spectrum, from the most wrathful, vengeful thing, to the most docile and sweet and most loving thing” (p. 3087). These quotes highlight how spirituality can free LGB+ individuals from the shackles of difficult emotions by allowing them to fully embrace their experiences.

Tied together, these findings suggest that spirituality can support the well-being of LGB+ individuals. More specifically, research suggests that spirituality may foster greater authenticity among LGB+ individuals by increasing their self-compassion and psychological flexibility. The following subsections will examine the relationship between self-compassion, psychological flexibility, and authenticity in greater detail.

Self-Compassion

Self-compassion, as defined by Neff (2003), is an attitude that entails being caring toward oneself during difficult times. It consists of three components, 1) self-kindness, which refers to being loving and non-judgmental toward oneself, 2) common humanity, which refers to recognizing that one is not alone in their experience of suffering, and 3) mindfulness, which refers to being aware of one’s experiences without overidentifying with them. There is extensive research outlining the benefits of self-compassion for adaptive psychological functioning (Chan et al., 2020). Research also suggests that self-compassion is a psychological resource that can help individuals cope with sexual minority stress (see Helminen et al., 2023 for a review). For instance, being self-compassionate can ease the coming out process by allowing LGB+ individuals to be more self-accepting regardless of the reaction of others (Beard et al., 2017). Thus, self-compassion can play an important role in the well-being of LGB+ individuals.

Self-compassion may be particularly helpful for LGB+ individuals because of its association with authenticity. The theoretical link between self-compassion and authenticity can be traced back to Carl Rogers’s conceptualization of optimal human functioning (Zhang et al., 2019). Rogers (1961) believed that for a person to be connected to their real self, which he referred to as congruence, they must receive unconditional love and affirmation, which he referred to as unconditional positive regard (UPC). According to Rogers, UPC communicates to a person that they have inherent worth and that they do not need to be someone they are not in order to receive love and acceptance. Similarly, self-compassion, which can be conceptualized as UPC directed toward oneself, can help a person recognize that they deserve love and compassion regardless of who they are, thus fostering greater authenticity.

The link between self-compassion and authenticity has also received empirical support (Zhang et al., 2019). Zhang et al. (2019) conducted a series of studies, ranging from cross-sectional to longitudinal and experimental, which showed that self-compassion can help foster authenticity. In one of their experimental studies, the researchers assigned 298 college students to either a self-compassion condition, a self-esteem condition, or a control condition. Participants across all conditions were asked to reflect on and journal about a personal weakness of theirs. Participants in the self-compassion condition received additional instructions to write about the weakness from a compassionate perspective whereas participants in the self-esteem condition were asked to write from the perspective of validating their positive qualities. Results indicated that participants in the self-compassion condition had higher self-reported authenticity as compared to the other two conditions. These findings suggest that self-compassion can be even more effective than self-esteem in helping individuals cultivate greater authenticity.

Research also supports the effectiveness of self-compassion in increasing authenticity among LGB+ individuals specifically. For instance, Beard et al. (2017) examined the relationship between self-compassion and gay identity development. Specifically, they studied whether self-compassion was related to pride, one of the later stages of gay identity development, and outness in a sample of 139 gay men. The authors distinguished between two kinds of pride: authentic and hubristic. Authentic pride is considered the more adaptive kind of pride in which attributes are made to internal and uncontrollable causes (e.g., I worked hard to achieve that), whereas hubristic pride is considered maladaptive as it is attributed to internal and uncontrollable causes (e.g., I did well because I am smart). The results from the study indicated that self-compassion was positively correlated with outness, authentic pride, and general well-being, and negatively correlated with hubristic pride and internalized sexual stigma. Furthermore, when controlling for the other variables such as outness and internalized sexual stigma, two components of self-compassion significantly predicted well-being in the sample: greater self-kindness and lower isolation. These findings suggest that being kind to oneself during difficult times and not feeling alone in one’s experiences can promote positive well-being among gay men. Furthermore, the benefits of self-compassion are associated with greater authentic pride in one’s identity as well as greater openness about one’s identity.

Self-compassion may also be associated with psychological flexibility, which refers to recognizing that one is not alone in their experience of suffering, and not feeling alone in one’s experiences can promote positive well-being among gay men. Furthermore, the benefits of self-compassion are associated with greater authentic pride in one’s identity as well as greater openness about one’s identity.

Psychological Flexibility

Psychological flexibility refers to the ability to experience situations as they are and respond to them in a way that aligns with one’s values. This construct has largely been studied within the context of acceptance and commitment therapy (ACT), a mindfulness- and acceptance-based treatment in which psychological flexibility is considered the mechanism of therapeutic change (Ramaci et al., 2019). Several studies suggest that psychological inflexibility is associated with negative mental health outcomes, such as depression, stress, anxiety, thought suppression, and substance abuse, while psychological flexibility is associated with positive well-being outcomes, including self-compassion (Doorley et al., 2020). Furthermore, the literature supports the efficacy of ACT in treating various mental health conditions, providing additional support for the benefits of psychological flexibility (Doorley et al., 2020).

An important characteristic of psychological flexibility is that it entails being in contact with one’s experiences and emotions without trying to control or modify them (Karakuş & Akbay, 2022). Thus, this trait may be particularly effective in helping people get connected to their authentic selves. Karakuş and Akbay (2022) conducted a study in which they examined the relationship between psychological flexibility, authenticity, life satisfaction, and alexithymia, which is an impairment in identifying one’s emotions, in a sample of 702 participants from Turkey. The researchers found that psychological flexibility mediated the relationship between alexithymia and authenticity such that alexithymia was associated with lower psychological flexibility, and lower psychological...
flexibility was, in turn, associated with lower authenticity. Furthermore, psychological flexibility similarly mediated the relationship between alexithymia and life satisfaction. These findings suggest that psychological flexibility is associated with greater recognition of one’s emotions, both positive and negative, which facilitates a stronger connection with one’s real self.

Within the context of the LGBTQ+ experience, psychological flexibility may manifest as greater fluidity in one’s gender or sexual identity. For instance, Higa et al. (2014) conducted a qualitative study with 68 LGBTQ+ youth, in which they examined the positive and negative factors that impact well-being in this population. One of the most common themes that emerged when considering the positive factors was the belief that the LGBTQ+ identity is flexible. One participant shared, “The thing that’s really cool about [being LGBTQ] is I’m a very independent person, and it gives me a sense of, not like standing out, but it gives me a sense of being unique and individual” (p. 673). As the quote suggests, being LGBTQ+ may offer individuals greater freedom to identify with what feels right to them. As discussed earlier, the context in which LGBTQ+ individuals discover themselves often falls outside of the structure created by rigid gender norms. This unique circumstance may allow sexual minority individuals to listen to their true selves rather than requiring them to modify their experiences to satisfy societal expectations. Thus, greater fluidity in one’s gender and sexual identity, a sign of psychological flexibility, may be another way in which greater authenticity is cultivated in this population.

Clinical Implications and Future Directions

Overall, as reviewed in this paper, research suggests that authenticity is a key protective factor for LGBTQ+ well-being. Authenticity can be compromised among sexual minority individuals who have high levels of internalized heterosexism due to self-criticism and shame toward one’s identity. Having a strong sense of spirituality, on the other hand, may be one way to counteract the negative effects of internalized stigma among LGBTQ+ individuals by promoting self-compassion and psychological flexibility. While studies have examined the link between authenticity and the aforementioned variables individually, these variables have yet to be studied together in a unified model. Based on the theoretical foundation provided in this review, future research should consider empirically examining factors such as internalized heterosexism, spirituality, self-compassion, and psychological flexibility that can foster or hinder authenticity in LGBTQ+ individuals.

The findings from such research would have important implications for the development of evidence-based treatments for sexual minority individuals. To date, LGBTQ-affirmative treatments have mostly focused on helping clients cope with minority stress by addressing factors such as shame, self-criticism, internalized heterosexism, and other forms of stigma-related stress (Pachankis, 2018; Petrocchi et al., 2016). Given the research on the role of authenticity in the well-being of LGBTQ+ individuals, clinicians might consider reconceptualizing the target of their treatments. While a major goal of the treatment may still be to address minority stress, an additional goal may be to help clients develop resilience and inner strength by allowing them to cultivate greater authenticity. As reviewed in this paper, this may be done by using techniques that nurture clients’ spirituality, help them cultivate self-compassion, and increase their psychological flexibility.

LGBTQ-affirmative compassion-focused therapy (CFT) is one type of treatment that focuses on helping sexual minority clients cultivate greater compassion (Pepping et al., 2017; Petrocchi et al., 2016). The goal of CFT is to help clients get connected with their “compassionate self” and shift from a threat system to a contentment and safety system (Petrocchi et al., 2016). While self-compassion is a prominent aspect of CFT, the treatment model emphasizes fostering compassion in general, which includes being able to receive and give compassion to others. Considering the association between self-compassion and authenticity found in the literature, future research should also examine the role of general compassion in helping LGBTQ+ individuals cultivate authenticity. Lastly, the focus of this review was on factors that contribute to the psychological well-being of LGBTQ+ individuals. However, research suggests that authenticity can also contribute to other aspects of well-being, such as sexual and relational well-being. For instance, studies have found that authenticity is negatively associated with sexual compulsivity and that self-hate is positively associated with risky sexual behavior among sexual minority adults (Ballard & Oswald, 2022; Nappa et al., 2022). Furthermore, another study found that authenticity was related to greater feelings of belongingness among Latinx LGBTQ+ youth (Gonzalez et al., 2022). Future studies should expand on this line of research and explore how cultivating authenticity can help sexual minority individuals in different aspects of their well-being.

Conclusion

The aim of this review was to increase our understanding of the role of authenticity in the psychological well-being of sexual minority populations. The current literature suggests that authenticity may be a unique psychological strength that sexual minority individuals develop as a result of navigating their sexual minority identity within a heteronormative sociocultural context. While growing up, sexual minority individuals are required to make meaning out of the unique experience of confronting desires that deviate from the societal norm. The realization that their own existence challenges societal norms may empower sexual minority people to trust their inner compass to guide them through life, allowing them to come closer to their authentic selves.

References


Kink and BDSM Awareness in Sex Offense Treatment

There has been a recent movement to adopt a sex-positive framework into all areas of psychological practice, including research, practice, supervision, and education/training in psychology. However, incorporating a sex-positive approach to sex offense treatment has rarely been discussed. As clinicians move to more humanistic and rehabilitative approaches, sex-positivity should be considered. The current article will outline a case study of a client mandated for sex offense treatment who expressed interest in BDSM with his new partner and his therapist’s reactions to this information. Discussion for clinical training and supports for clinicians doing sex offense treatment will be offered.

Keywords: BDSM, kink, sexuality, sexual offending, sex offense treatment, sex-positivity

Introduction

There has been a recent movement to adopt a sex-positive framework in all areas of psychological practice, including research, clinical practice, supervision, and education/training in psychology. Although there is no widely accepted definition of sex-positivity (Kaplan, 2014), sex-positivity has previously been described as an individual or group emphasis of openness, nonjudgmental attitudes, freedom, and liberation from sex-negative attitudes and paradigms, which celebrates diverse sex expressions, practices, and identities (Cruz et al., 2017; Donaghue, 2015; Williams et al., 2013). A sex-positive framework incorporates inclusiveness and diversity in approaches to sexuality, as it integrates feminist, multicultural, queer, transgender, postmodern, and social justice theoretical models in examining sexuality and sexual behaviors (Brickman & Willoughby, 2017; Burns et al., 2017a; Mosher, 2017). The framework also expands the notion that sexual diversity includes sexual behaviors and identities (Burnes et al., 2017b) and emphasizes exploring sexual desire as normative and creative (Williams et al., 2013). Moreover, sex-positivity as a theoretical framework acknowledges and embraces pleasure, freedom, and diversity (Williams et al., 2015a; 2015b). Burns and colleagues (2017b) note psychologists without sex-positive training “may inadvertently harm clients with diverse sexual expressions by failing to value their sexuality” (p. 505). In sum, sex-positivity is essential to providing ethical, culturally responsive care (Alexander, 2019).

Scholars have remarked that a sex-positive approach can help resolve social problems associated with sexuality, including sexual offending (Williams et al., 2013). Sex offense-specific treatment centers accountability and aims to reduce the likelihood of re-offense. How might a sex-positive framework be applied to sex offense treatment? The present conceptual article examined a sex-positive approach to sex offense treatment. A modified case study will be included, which inspired the present article.

Sex Offense Treatment

Historically, sex offense treatment operated from a purely punitive framework centered around accountability for harm caused by the person. However, aggressive and confrontational treatment approaches can increase resistance and reduce positive treatment outcomes (Fernandez, 2006). Scholars have argued that rehabilitation should be centered on a humanistic and human rights framework (Birgden, 2008; Birgden & Cuocolo, 2011; Ward & Birgden, 2007). It has been posited that wellness should drive rehabilitation efforts, risk management, and victim safety (Ward & Fisher, 2006). Increased evidence supports programs that adhere to a risk-need-responsivity (RNR) approach (Hanson et al., 2009). According to this approach, the highest-intensity treatment should be offered to the highest-risk offenders (risk principle). Treatment should also target criminogenic need factors (needs principle), which involves addressing potentially changeable characteristics with a demonstrated relationship with recidivism. The responsivity principle is incorporated through offering treatment and risk management to maximize the likelihood that the individual benefits (i.e., a person’s abilities and motivation).

Ward and Birgden (2007) developed a model for rehabilitation, the Good Lives Model (GLM), that centers on well-being (i.e., personal security, basic needs, equality) and freedom (i.e., personal freedom, social recognition). Birgden and Cucollo (2011) note, “Treatment should balance risk management and offender autonomy and in doing so address approach goals that increase desirable outcomes (what the community wants from offenders as rights violators) and avoidance goals that decrease undesirable outcomes (what offenders want for themselves as rights holders)” (p. 307). GLM has been suggested as a framework for healthy human func-
tioning (Purvis et al., 2013) and aligns with sex-positivity. Eleven primary goods have been suggested, including 1) Life (healthy living), 2) Knowledge (being informed about matters important to self), 3) Excellence in Play (hobbies and having fun); 4) Excellence in Work (mastery experiences); 5) Agency (having independence and autonomy); 6) Inner Peace (freedom from stress and emotional turmoil); 7) Relatedness (intimate, romantic, and familial relationships); 8) Community (feeling of connection to a broader social group); 9) Spirituality (having meaning and purpose in life); 10) Pleasure (happiness, feeling good); and 11) Creativity (ability to express oneself through alternative means). According to the GLM framework, offending is viewed as a flawed attempt to achieve these primary goods (Ward et al., 2012).

Avoidance and approach goals differ based on the client’s participation in treatment and motivation to evade behaviors versus motivation to achieve goals (Mann et al., 2004). An example of an avoidance goal could be “My goal is to avoid risky behaviors,” whereas an approach goal would be “I want to engage in healthy behaviors.” Our case study will discuss how psychologists may need to navigate adopting a rehabilitative, humanistic, and sex-positive approach to sex offense treatment while keeping with state practice and ethical guidelines. Harkins et al. (2012) found no differences in attrition, nor the treatment efficacy rates between individuals in a community-based sex offense treatment program among those provided GLM compared to those in RNR. Although some research has suggested that GLM adds little to the RNR (Andrews et al., 2011), it does offer a strength-based and humanistic approach to sex offense treatment.

Examinin recidivism (i.e., re-offending or relapse) rates among individuals who sexually offend has been a traditional marker of treatment efficacy. Lussier et al. (2023) conducted a meta-analysis involving 50,000 individuals with sexual offence and found that the mean of the pooled base rate of sexual recidivism was .14 (95% confidence interval = .13 to .15). For those who have been in treatment, in Gannon and colleagues’ (2019) meta-analyses of over 55,000 individuals, they found that treatment was associated with reductions in recidivism, both general and offense-specific recidivism.

Although there is great variability in factors that contribute to an individual’s likelihood of recidivism, these data suggest the importance of treatment, particularly empirically informed treatment, in reducing the likelihood of re-offending.

Case Study

The case presented in this article occurred in the state of Colorado. In Colorado, the Sex Offender Management Board (SOMB) updates and standardizes the evaluation, treatment, and assessment of those who have committed sexually abusive behaviors. These standards are called the “SOMB Standards and Guidelines” and are updated regularly. Community safety is cited as the highest priority in treating those who have committed sexually abusive behaviors (Colorado SOMB, 2022). The SOMB cites sixteen total guiding principles for evaluating, treating, and managing those who have committed sexually abusive behaviors. Other guiding principles are focused on the safety and interests of victims, victims’ families, and potential victims; the fact that clients are capable of change; the fact that the risk level of an individual committing a new offense can increase or decrease; and that treatment, evaluation, and management should be guided by empirical evidence for best practices.

In Colorado sex offense treatment, progress is monitored and overseen by the Community Supervision Team (CST). The CST includes a client’s therapist, the treatment team (i.e., other group and individual therapists at an agency), the client’s parole or probation officer, others in supervisory roles (i.e., case managers, victim advocates), and the client. The goal of the CST is to ensure community safety and focus on rehabilitation of clients. The CST has access to client progress reports, polygraph results, assessment results, treatment goals and plans, and historical records (including arrest reports, court documents, and all other collateral documents that may be involved in the case). This level of oversight and access to very intimate details of the client’s sessions can lead to the furthering of the CST’s power differential over the client inherent in supervising forensic-involved clients.

Regarding further oversight and supervision of clients, Colorado routinely uses polygraph results to manage the behavior of individuals with sex offenses in the community, including to elicit disclosure about behaviors that may indicate an increased risk of sexual recidivism (Lin et al., 2022). In these polygraphs, a wide range of questions regarding sexual behaviors are typically asked, focusing on engaging in coercive, forced, and/or violent behaviors. The following case study raises the issues of whether some BDSM behaviors might be read as coercive or violent despite there being consent. To be a sex-positive clinician, it would be necessary to examine what behaviors the clinician would want the polygraph to capture, while also incorporating knowledge of BDSM/kink behaviors.

Brandon, a 42-year-old white male, has been attending mandated outpatient sex offense treatment for six years in Colorado. He was previously convicted of two counts of felony Contributing to the Delinquency of a Minor and served 10 years in prison for his offense. Brandon was 19 years old and attending college at the time of his offense. The victim was a 17-year-old girl who was also a first-year college student and an acquaintance of Brandon. Before this offense, he did not have a criminal record. In outpatient treatment, he accepted accountability for his offense early and complied with all his risk management requirements, including drug screens and regular polygraph tests. His risk assessment and psychosocial evaluation, which included a Static-99R (i.e., the most used risk assessment tool for individuals in the United States, Canada, and Australia; Hanson et al., 2003), placed him in the moderate-low risk category. His static risk factors (i.e., historical risk factors, including those related to the index/current offense) were for his status offense, being young, having not lived with a partner for two years, for a total score of 3. Individuals with this risk score have been found to sexually recidivate at 4.6% to 9.6% after five years. Three years ago, Brandon entered a relationship with a woman with whom he is now cohabiting. As a condition of his therapy contract, he must disclose any intimate relationships to his therapist, disclose his sex offense history to his partner, and have a conjoint therapy session to verify the disclosure of his offense history. In treatment, individuals typically complete a sexual history packet where they must detail problematic or risky sexual behaviors they have engaged in for their sexual history polygraph to confirm what they have disclosed. Further, the packet also asks about any attitudes towards sex or sexual interests that may increase their risk for re-offense. Brandon and his partner appropriately complied with each of these conditions of treatment. In a group session focused on relapse prevention strategies, Brandon casually mentioned that he and his partner engaged in BDSM/kink, primarily consisting of consensual choking and bondage by rope. During a CST meeting, one of Brandon’s co-therapists remarked that they were uncomfortable with Brandon and his partner appropriately engaged in BDSM/kink behaviors. As previously noted, polygraph questions can be added to assess whether a person is honest about engaging in risky or problematic sexual behaviors.

Discussion

The client in this scenario holds two stigmatized identities: that of a “sex offender” and someone who has an interest in BDSM/kink. Treatment of sexually abusive behaviors can have a paternalistic outlook on the sexual lives of those in treatment. According to Birks (2021), paternalistic attitudes in forensic-involved treatment can look like “morally justified method[s] of punishing an offender for [their] wrongdoing” (p. 35). Specific paternalistic attitudes in these cases include the Community Supervision Team knowing...
very intimate details about clients’ sex lives. Clinicians question clients about their masturbation habits, what they masturbate to, and the clients’ sex lives with their partners. Treatment teams must approve of new partners before any sexual activity takes place. This includes the potential partner attending an individual session with the client to ensure that they have been informed of the client’s sexual offending and ensuring the client has prosocial support. Due to these hurdles, some clients even give up searching for a partner, break up with their current partners, or even stop all sexual activities while in treatment. Discussing sexual activities does not stay in the room with the therapist. Due to the need for the Community Supervision Teams to agree regarding the treatment and supervision of clients, questions regarding the sexual activities of clients (and, by extension, their partners) may end up on routine or special polygraphs (thereby, the polygraph examiner will be privy to this information), be discussed by the treatment team, and the parole or probation officer. This large group of individuals would be privy to intimate knowledge of the sexual activities of clients and their partners. With mandated treatment, therapists have a lot of power over clients regarding their behavior, including sexual behavior. The shame continues to be a shame, taboo, and stigma toward sex and sexuality despite it being a part of many people’s lives. Historically and presently, BDSM has been pathologized publicly and within research (Taylor & Ussher, 2001). Individuals who engage in BDSM have lost custody of their children, their jobs, and housing due to their sexual practices (Dunkley & Brotto, 2018). Kink-involved communities have largely been viewed as non-normative, and negative societal implications have been attributed to them (Blount et al., 2017; Kelsey et al., 2013). The DSM-5 made efforts to depathologize kink behaviors by emphasizing consent as the key differentiator between consensually enacted paraphilias and non-consensual paraphilic disorders (American Psychiatric Association, 2013; Pitagora, 2016). Kink-involvement is a relatively normative area of sexual expression and numerous studies have now documented that individuals who engage in BDSM are often psychologically and socially well-adjusted and not dissimilar to individuals who do not engage in BDSM (Connolly, 2006; Cross & Matheson, 2006; Richters et al., 2006; Weinberg, 2006). In fact, Lehmiller (2018) found that BDSM is one of the most common types of sexual fantasies. Further, participants have described BDSM as spiritual, transcendent, transformative, therapeutic, and healing (Lindemann, 2011; Sprott & Hadcock, 2018). We recommend that clinicians who engage in sex offense evaluation and treatment have education, training, or continuing education on BDSM and kink culture to learn more about the practices and community. The critical element in distinguishing BDSM from abuse or coercive sex is consent (Dunkley & Brotto, 2020; Taylor & Ussher, 2001; Weinberg, 2006). It is essential to examine the use of consent in kink communities. The kink community upholds communication, safety, and consent as values one must abide by before and after a BDSM encounter (Sprott & Hadcock, 2018). Williams and colleagues (2014) introduced the Caring, Communication, Consent, and Caution (4Cs) framework for BDSM negotiation and education. Additional frameworks include the Safe, Sane, Consensual (SSC) and the Risk Aware Consensual Kink (RACK) approach; however, the SSC framework has received notable critiques for the least aspects of the model. Further, what may seem “sane” to one person may not be “safe” (Simula, 2019). Within the kink community, any non-consensual acts would be considered assault (Dunkley & Brotto, 2018; Freeburg & McNaughton, 2017). Wright et al. (2022) note that “Alt-sex attitudes towards consent suggest that participation in alt-sex communities may act as a protective factor against sexual assault when compared to the general population” (p. 3). However, consent violations within kink communities can occur (Bowling et al., 2022a; 2022b; Dunkley & Brotto, 2020; Wright et al., 2022). According to a 2015 survey conducted by the National Coalition for Sexual Freedom (NCSF), nearly a third (29%) of participants reported that pre-negotiated limits and/or safe words had been violated (NCSF, 2015). In Wright et al.’s (2022) study of consent violations in alt-sex communities, 26% of their sample reported violations of their consent in an alt-sex context, and 24% reported nonconsensual touching in an alt-sex context. More than half (55.4%) of these experiences involved behaviors consistent with sexual assault. Clinicians must still have a case-by-case approach to evaluation and treatment. As noted previously, some individuals who engage in BDSM violate boundaries. Further, if aspects of Brandon’s consensual sexual activity align with the details of his offense, concerns regarding relapse are also warranted. Therefore, examining these factors with Brandon and his partner during their required conjoint treatment sessions would be important.

Therapist Dynamics

Considering the therapist’s characteristics and the therapist-client relationship in this case study is important. To incorporate a sex-positive framework into the clinical and counseling psychology fields, an analysis of the current state of graduate education and clinical and postgraduate training is warranted. It is possible students’ knowledge of sex is not as comprehensive as many might assume. Only 26 states mandate sex education and HIV education, and only 18 states mandate that when such sex education is required, the program material must be medically accurate (Guttmacher Institute, 2022). Sexuality training in clinical and counseling psychology programs remains scarce. Many graduate psychology programs do not have a human sexuality course requirement (American Psychological Association, 2006; Burnes et al., 2017b). Practitioners may harbor their own biases, myths, shame, and stereotypes about sexuality and normative sexual behaviors. Further, they might be uncomfortable discussing sex and using sexual language (Cruz et al., 2017). Thus, Brandon’s therapist may lack knowledge about BDSM and kink behaviors. Given the state of graduate education, therapists need to explore their potential reactions and biases. Post-graduate training or continuing education in sex-positivity may be warranted to fill gaps in the current graduate school curriculum (Miller & Byers, 2009), and consultation, perhaps with the Community Supervision Team, is warranted.

To no surprise, providing sex offense treatment is arduous work and can be taxing on clinicians. Clinicians must repeatedly hear the stories of sexual abuse perpetration from their clients and through review of clinical and legal records. Nearly half of therapists who provide sex offense treatment have reported clinically significant trauma symptoms because of vicarious traumatization from their work in treating individuals who have committed sexual offenses (Steed & Bicknell, 2001; Way et al., 2004). Additionally, studies have found anywhere from 9% to 75% of service providers have been victims of abuse, including sexual abuse (Ennis & Horne, 2003; Jeglic et al., 2022; Kadambi & Truscott, 2003; Moulden & Firestone, 2007; Way et al., 2004). Jeglic et al. (2022) described commonly reported experiences and reactions of those working with individuals who sexually offend. Clinicians reported re-experiencing distressing content from sessions, hypervigilance about the safety of themselves and their children, and having their work negatively affect their sexual lives. Participants also reported countertransference characteristics, albeit infrequent, such as being angry at their client, having retributive fantasies about their client, or experiencing arousal and attraction to their clients. Given these findings, we believe it is important for clinicians in sex offense treatment to have regular supervision and consultation to address these feelings as they arise, including countertransference. Community Supervision Teams should provide a space to discuss and address countertransference or potential countertransference. In the case study, Brandon’s therapist did not believe he should engage in BDSM and decided to add these behaviors to the polygraph if Brandon did engage in them.

Most psychotherapists have limited, stigmatizing, and inaccurate information concerning individuals who engage in BDSM, may be uncomfortable working with such clients, employ unhelp-
ful practices, or inappropriately pathologize their clients (Lawrence & Love-Crowell, 2007). Many psychology training programs do not provide much education on kink culture and alternative sexualities (Kelsey et al., 2013; Weitzman, 2006; Williams & Sprott, 2022). However, most clinicians in clinical practice will see a client from the kink/BDSM community at some point in their career. Kelsey et al. (2013) surveyed 766 psychotherapists and revealed that 76% reported having treated at least one client who engaged in BDSM, with an average of 6.7 clients reporting BDSM involvement. Sixty-four percent of their participants reported no training in working with BDSM individuals in graduate school. Sex-positive psychologists should strive not to further exacerbate the myths and stereotypes regarding the kink community. According to Burns et al. (2017b), a sex-positive psychologist “would be able to not only avoid exacerbating this distress by inadvertently reinforcing this cultural stigma but would also be able to help normalize such desires and help clients to explore their potential strengths” (p. 478). Kolmes and Weitzman (2010) note, “A therapist who is kink-aware recognizes BDSM-play as a normal part of the sexual spectrum and is able to distinguish healthy BDSM play from non-consensual abuse” (Kolmes & Weitzman, 2010, p. 2). Clinicians working with this population are encouraged to seek information describing BDSM practices (see Dunkley & Brotto, 2018). Pillai-Friedman and Castaldo (2015) discuss the notion of professionals addressing their biases or cultural countertransference when working with kink-involved individuals. Given the therapist’s initial concerns, perhaps the therapist could have discussed their client’s engagement in kink during individual sessions or re-visit having another conjoint session with the client and their partner to discuss how they plan on navigating consent in their relationship and BDSM scenes.

Conclusion

Sex offense treatment balances and centers both accountability and public safety. Therapists must consider how to balance public safety by examining the power and control they may have over a client’s life in mandated treatment. A sex-positive framework can help guide how we balance this nuance. Further, it is important to examine ethical considerations in this case study. The American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (EPPCC, known as the Ethics Code) states that psychologists should work within their bounds of competence, relying on their training, education, supervised and professional experiences, and consultation (APA, 2017). As noted earlier, one of the Colorado SOMB guiding principles is that clients are capable of change; therefore, clients may be able to engage in healthy, consensual sexual behaviors. In sum, we hope this case study emphasizes the need for an individualized approach to sex offense treatment that incorporates sex-positive and humanistic frameworks.

References


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Richters, J., de Visser, R., Rissell, C., & Smith, A. (2006). Sexual practices at last heterosexual encounter and occurrence of or-


“Best Sex He’d Ever Had!”: A Qualitative Analysis of “Most Amazing” Pegging Experiences

“Pegging”—the sexual practice among heterosexual couples of cis-women/females anally penetrating (e.g., with strap-on devices, sex toys, etc.) cis-men/males—has not been examined by academic researchers. The present qualitative study focuses on the most “special” or “amazing” (optimal) experiences associated with pegging as described by those (N=15) who engage regularly in such practices. Findings show that context and timing are often important for exemplary pegging experiences. Furthermore, optimal pegging experiences tend to be associated with newness and novelty, a deep connection with partners, higher levels of psychosexual arousal and fulfillment, and increased pleasurable sensation. Some implications of these findings are also highlighted.

Keywords: anal sex, leisure, optimal experience, pegging

Introduction

Academic research on anal sex practices has typically focused on gay men’s experiences (Allan, 2016; Branfman et al., 2018). Conversely, relatively few studies have explored heterosexual anal intercourse (HAI) (i.e., Fahs, et al., 2015; McBride & Fortenberry, 2010; Molinares et al., 2017; Pickles et al., 2023). Reasons for engaging in anal sex, though stigmatized, include pleasing one’s partner, being religious (anal sex may be viewed by some participants as not counting, technically, as legitimate sex), curiosity, and personal pleasure (Fahs, et al., 2015; McBride, 2019; McBride & Fortenberry, 2010; Molinares et al., 2017, Pickles et al., 2023).

Scholars have observed that sexual practices are socially constructed, gendered, and follow social scripts (e.g., Diorio, 2016; Fahs, et al., 2015; Gagnon Simon, 1973), thus people may commonly assume that males are penetrative while females are receptive in HAI (see Pickles et al., 2023). However, “pegging” is a relatively recent term that describes a consensual sexual practice wherein heterosexual cis-women/females anally penetrate (e.g., with strap-on devices, sex toys) heterosexual cis-men/males, whereby the dynamics of HAI largely are reversed (Williams et al., 2023). Although male anoreceptive penetration among heterosexual partners can be a form of consensual kink (BDSM) wherein the female is in the more dominant role while the male yields control (see Pitagora, 2019), pegging can be understood as a unique practice (Williams et al., in press). To date, academic research on pegging is almost nonexistent (for exceptions, see Aguilar, 2017; Williams et al., in press).

The present study is a subset of a larger qualitative study (N=17) that we conducted on if and how pegging might be leisure (Williams et al., 2023). Those findings revealed that pegging is associated with intense physical pleasure, shared mutual pleasure with partners, increased intimacy and relationship growth among couples, and a sense of connection for those involved in communities (such as FetLife) that support pegging practices. Furthermore, pegging was, in most cases, found to be mostly (but not entirely) casual leisure in the form(s) of sensory stimulation, play, passive entertainment (when viewing sexually explicit materials with partners to increase arousal), pleasurable aerobic activity (for peggers), and relaxation (for peggees). Thus, pegging as a form of leisure appears to have several health-promoting benefits for those who enjoy it.

Present Study

The present study is an analysis of pegging participants’ descriptions of particular pegging experiences that were special and memorable. Indeed, optimal leisure experiences, including those known as “flow” (Csikszentmihalyi, 1990), may be particularly therapeutic in various ways, given the potential to improve life satisfaction while increasing the salience of specific health mechanisms, such as supporting coping, eliciting positive affective responses, facilitating social / relationship bonding, and / or enhancing subjective meaning (see Fancourt et al., 2021). Indeed, optimal leisure experiences are an important component of overall life satisfaction and happiness (Walker, Kleiber, & Mannell, 2019). Thus, the purpose of the present study was to explore characteristics of special experiences associated with pegging as preferred leisure.
Methods

Study Design, Sampling, and Participants

Prior to participant recruitment and data collection, this study was approved by the Institutional Review Board of the second author. Both authors have extensive training and experience in the use of qualitative methods and analysis. This study utilized a flexible, constructivist grounded theory approach (Charmaz, 2000) as a strategy to gain an understanding of participants’ meanings (Schwandt, 2000). Participants were recruited via our existing alternative sexuality community networks in the western United States and Canada, and our sampling method was a combination of snowball and convenience approaches.

Participants (N=15) were considered based on pegging being a regular and frequent part of their sexual activity repertoires. About half (n=8) of the participants were peggers (cis-women/females) while the rest (n=7) were peggees (cis-men/males). The majority of participants were 30 years or older (range=21-67 years), and half of the sample reported being in polyamorous relationships. Four of the men identified as heterosexual, while one identified as heteroflexible, another as bisexual, and one more as queer, but there was not a dominant sexual identity reported among women—heterosexual, heteroflexible, bisexual, queer, and pansexual were all reported. Regarding race, seven identified as White, six participants identified as Bi-racial, and two identified as Black. Most of the participants reported having at least a four-year university degree or higher, and most stated they did not belong to any religion.

All interviews were scheduled and conducted by the second author. Participants were asked to describe a particularly special or amazing pegging experience they had enjoyed, and follow up questions were asked in order to gain clarification and/or more description, as needed. Interviews were recorded and transcribed verbatim.

Data Analysis Procedure

Interviews were disaggregated and analyzed using open, line-by-line coding (Charmaz, 2000) in order to identify manifest content and basic patterns in the data. We then carefully explored and considered these codes and patterns within specific associated contexts in order to uncover latent content (Berg, 1995). By doing so, it was possible to identify common emergent themes and gain a sense of the meanings of optimal experiences as described by participants.

Results

This study found that special and amazing pegging experiences were associated with multiple characteristics that tended to co-occur: (a) particular timing and context, (b) being a new experience, (c) deep connection and intimacy with partners, (d) extraordinary sensory pleasure, and (e) unusually high arousal and desire.

Timing and Context

Special experiences were often, though certainly not always, connected to particular timing and context. For example, some participants reported that their very first pegging experiences were their most memorable and enjoyable, particularly among peggees. One male participant reported, “I think it’s the first one (time), and it was the moment when I guess she most deeply penetrated me while looking in my eyes.” Another male participant recalled of the first time he and his wife engaged in pegging, “For us, that time, it was wonderful. It built up to a great orgasm, and we both just felt wonderful.” Similarly, a female participant recalled the anticipation of her first time pegging her partner. She noted:

What stands out in my mind was really the first time. The first time putting on the harness, the first time figuring out how to slowly ease into him, watching his reactions as I gently thrust back and forth watching him surrender to me. (It was) just an absolutely amazing experience!

For others, their most special experiences were part of special occasions or personal celebrations with partners, such as birthdays or anniversaries. One participant explained:

My girlfriend and I were on a date, and it was really special. It was like our anniversary, and it was like National Women’s Day... We went out to a fancy restaurant in New York, and we hadn’t been to New York for awhile because she was working a lot. It was just a really special day. So, afterwards we went home, and the whole night she was wearing the strap-on all night... It was a special night.

Whether planned (most cases) or spontaneous, optimal pegging experiences were described by the sample as something new and exciting.

New Experience

Pegging was a new experience for those who reported their first time was also the most memorable. However, other participants also explained diverse new experiences that were not their first times pegging. For example, a female participant reported:

We were with another couple and they were kooky. So, they were into anything that we really threw out there to explore together. So, we decided that we were going to, um, same bed, take each other’s husbands. And so, we did that... She was pegging my husband and I was taking her husband.

Another female participant described the satisfaction of a new, “beautiful” experience that involved helping a friend explore anal sex:

My friend used to tell me that she would never do anal stuff. So, I was actually there when she had anal for the first time with a friend of ours. And, she comes up to me when she’s done and she goes, “Thank you. I was finally able to have anal and I never thought that would happen. And, it didn’t hurt... This was fun and I want to do it again... Now I can get closer to my husband because now he wants to do anal.”

Doing something new and exciting can be a refreshing change from their everyday routine sex. Similarly, these new experiences opened a door to deep connection and intimacy for participants.

Deep Connection with Partner

Virtually all participants spoke of the increased intimacy they felt with their partners during special pegging experiences. One female participant stated that there are so many special pegging experiences and emphasized that there is “so much intimacy!” Another female spoke of the “very deep intimate relationship” with her partner.

A male participant recalled a moment of being deeply penetrated by his female partner—“(It) was kind of a breathtaking moment. It was obviously exciting, but I also felt a heightened connection, and then also I felt all the fears and apprehensions kind of wash away at that moment.” Another participant shared, “It was just a very fluid kind of thing. There were no worries. It was very romantic. It was very introspective. We were into each other, and it was a very loving moment, and there were no worries.” Another summarized that, “The physical pleasure and emotional closeness... all met or exceeded my expectations.” It is not surprising that deep connection and intimacy were key features reflected in participants’ descriptions of special pegging experiences, given that couples must communicate honestly with each other and negotiate social stigma commonly associated with pegging.
Increased Sensory Pleasure

Not surprisingly, extreme sensory pleasure, particularly for peggees, was a common theme in special experiences. A male participant explained how over several months of anal play, his partner gradually increased his ability to receive larger objects until she was able to regularly peg him, which was unusually stimulating and highly pleasurable. At the same time, peggers enjoyed providing such experiences to their partners. A female participant recalled a special experience that she particularly enjoyed:

We have a sex swing, so putting my partner in that and tying his hands and legs to the chains of the swing... It involved a lot more than just the pegging... just a lot of sensuality and a lot of sensation... It allowed me to be able to really penetrate well because the way the swing was, and I had on the right shoes, and the right height. Everything was perfect. It was like the stars aligned. It felt really good... Being able to stand between his legs just allowed me to play with his penis and bring him to completion. It was a 10 (out of 10).

Interestingly, the above case was rare in that it described optimal mechanics of their pegging experience, which was particularly important for her pleasure and special experience.

Exceptionally High Arousal and Desire

Descriptions reflecting exceptionally high psychosexual arousal and desire were present in many accounts of special experiences by both peggers and peggees. A male participant shared:

So, I remember she (partner) had a lot of pornography. She was really into it, and I came out... Then lying on the bed, she used the lubricant and got me all opened up and ready to go. She was supposed to use the smaller one (anal toy), but then she said that she wanted to use the bigger one. That like, that was a desire... I’m interested in pleasing, and so if that’s what she wants, then that’s what you get.

A female participant explained that her special experience, unlike those of many in the sample, was spontaneous rather than planned. She shared:

... This was a more spontaneous pegging and it was very, very intense. I remember just how much he enjoyed it... It was getting late at night. We don’t (sic) have time to do pegging, but we both really wanted to, and so we ended up doing it. I remember at the end, it was like, that was the best sex he’d ever had!”

Of course, arousal and desire are at the core of most, if not all, pleasurable sexual experiences, though the levels of arousal and desire were apparently much higher than participants’ typical pegging experiences. Spontaneous experiences, particularly, are likely to occur based on exceptionally high arousal and desire.

Discussion

Previous research has shown that a high percentage of Americans fantasize about novel, adventurous, erotic experiences, and that many have fantasies at one time or another that may involve pegging (Lehmiller, 2018). Pegging is associated with intense physical pleasure, shared mutual pleasure with partner(s), increased intimacy and relationship growth, and a sense of connection with others who enjoy participation in this activity (Williams et al., in press). It may be an important form of sensory stimulation, play, social engagement (with partner(s), and passive entertainment for those who enjoy it, thus having important restorative benefits (Williams et al., in press). The present study, which focused on particularly special pegging experiences for those who enjoy pegging, found that timing and context, new experiences, deep connection and intimacy with partners, intense physical sensation, and exceptionally high arousal and desire were inherent to optimal experiences.

Findings herein are consistent with the broader research on optimal sexual experience (i.e., Kleinplatz, 2006; Kleinplatz et al., 2013; Kleinplatz & Menard, 2007), which seems to be remarkably similar across diverse groups, including sexual minorities and older adults, despite many academics and clinicians focusing on group differences (Kleinplatz et al., 2013). Indeed, the ingredients of optimal sexual experience appear to be being present, authenticity, intense emotional connection, sexual and erotic intimacy, communication, and transcendence (Kleinplatz & Menard, 2007). Research shows that couples can move toward having optimal sexual experiences by working on important broader relationship components, such as communication, trust, and a willingness to be vulnerable with each other (Kleinplat & al., 2018)—which components have been shown to be present among couples who regularly engage in pegging (Williams et al., in press). Because of the intense cultural stigma associated with pegging, healthy relationship dynamics that reflect authenticity, acceptance, communication, and a willingness to be vulnerable may be especially important for those who try pegging. Research has also found that great sex, more generally, occurs when arousal levels and desire are extremely high and couples are willing to try new experiences (Kleinplat, 2006). This also seems to be true of the best pegging experiences.

The opportunity and ability to have desired and highly rewarding sexual experiences falls within recent conceptualizations of sexual health, which is an important dimension of overall health and wellbeing (Satcher et al., 2015; Williams & Thomas, 2023; World Health Organization, 2017). Of course, optimal sexual experiences are human experiences, and highly rewarding personal experiences have long been recognized by humanistic and existential scholars as being important for overall happiness and life enjoyment (see Burt & Gonzalez, 2021). The realization that highly enjoyable sexual experiences can contribute to overall life satisfaction and happiness deserves more attention.

Conclusion

A positive sexuality approach recognizes, among other things, that sexual desires, preferences, and identities are diverse, that sexuality is an important part of happiness and wellbeing, and that people are valued as fellow human beings (Williams et al., 2015). Given the long history of sex-negativity within modern western cultures, only recently have scholars and clinicians begun to approach diverse sexual practices from a more open, curious perspective. To date, the topic of pegging has largely eluded serious academic and professional attention. However, this topic and many other alternative sexual practices warrant further scholarly attention, given the potentially significant benefits to those who choose to participate.

References


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Submission Guidelines

We invite the submission of original manuscripts on any topics relevant to positive sexuality. We encourage submissions from diverse epistemological perspectives, and we welcome a wide range of quantitative and qualitative methodological approaches, as well as theoretical and conceptual essays. Alongside the work of scholars and students, we are interested in contributions from community, clinical, and other nonacademic professionals, especially contributions that help strengthen the connection between the study and practice of positive sexuality.

While the Journal of Positive Sexuality has a preference for shorter manuscripts (2,000–3,000 words), longer manuscripts up to 10,000 words will be considered. In preparation for submission, authors should observe the following guidelines:

- Manuscripts should have a clear sex-positive focus.
- Given the diverse readership of the journal, authors should write in a straight-forward and non-technical manner, avoiding jargon when possible. Manuscripts should be written such that they can be easily understood by scholars and professionals outside of one’s own field or discipline.
- Manuscripts should be written in a style consistent with the latest edition of the Publication Manual of the American Psychological Association (APA). Please include DOIs for all references when available. Instead of endnotes, please use footnotes when necessary.

New submissions should be emailed to submissions@journalofpositivesexuality.org, and should include the following Microsoft Word attachments:

- A title page, including: (1) the title of the manuscript; (2) names, institutional affiliations, and contact information for each author; (3) the word count of the main manuscript; (4) a statement certifying that the submission has not been previously published and/or is not currently under review elsewhere; (5) any pertinent information about the approval or regulatory process for human subjects research; (6) any acknowledgements that the authors would like to include for publication.
- A fully-blinded manuscript, including: (1) the title of the manuscript; (2) a brief abstract, 100 words or less; (3) the body of the manuscript; (4) references
- Tables or figures can be submitted in separate files in either Microsoft Word or Microsoft Excel format, or embedded in the manuscript. If tables or figures are being submitted separately, please provide the preferred location as a reference note within the manuscript.

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