

12-6-2018

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Repository Citation

Frank, K. (2018). Response to Commentaries. *Archives of Sexual Behavior* 1-9. Springer Nature.
<http://dx.doi.org/10.1007/s10508-018-1364-7>

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Response to Commentaries

Katherine Frank¹

Received: 23 October 2018 / Accepted: 28 November 2018
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I appreciate the Commentaries on my Target Article, “Rethinking Risk, Culture, and Intervention in Collective Sex Environments.” As my narrative overview of research on HIV/STI risk and collective sexual behavior was meant to promote conversation and suggest new lines of inquiry across disciplinary and theoretical paradigms, it was inspiring to read Commentaries that took that challenge seriously.

In the spirit of continuing the discussion, my response here will not address every issue raised in the Commentaries, but instead examine three interrelated issues emerging regarding collective sex environments—transgression and group dynamics, the appropriateness of interventions, and researcher positionality and reflexivity—as an opportunity to clarify certain points and look toward the future.

Collective Sex as Transgressive Group Behavior

In Frank (2013), I defined group sex as erotic or sexual activity that implicates more than two people and consists of various possible configurations of participants and observers. This definition focused on the possibility of witnesses and witnessing rather than particular sexual activities, sidestepping difficulties of defining “group” or “sex”—for example, deciding whether “blow jobs,” voyeurism, or erotic performances count as “sex” or participation. As that inquiry ranged across cultures and throughout history, this definition also allowed me to examine diverse rituals and practices without attributing any particular motivations or intent to participants, such as a search for pleasure. My analysis thus included instances of collective sexuality that ranged from recreational gatherings to obligatory tribal rituals, group rapes where victims did not consent or where even perpetrators felt coerced into participating, practices like

lainup in Papua New Guinea, fraternity hazing, mass rape in warfare, and so on.

In my Target Article (Frank, 2018), my focus narrowed to examining sexual health risks associated with locations where people gather for sexual or erotic activity, broadly conceptualized; that is, environments where individuals might witness or be witnessed in dyadic sex, consecutive sex with multiple partners, and/or group sexual activity, such as sex clubs, swingers’ clubs, bathhouses, parks, and private sex parties. Because I then realized that “group sex” had a more limited meaning in the public health literature, I began using the terms “collective sexuality” and “collective sex environments” to be more precise about the fact that participants could be engaged in a variety of social, sexual, and/or erotic behaviors in the settings of interest. The discussion in the Target Article was limited to recreational settings to make it most useful for scholars investigating the relationship between sexual health risk and the location of sex, as well as for reasons of space. Many of the characteristics of social organization discussed in Section II of my Target Article can also be found in non-recreational settings, however.

BDSM parties, venues, and conferences were included in both my book (Frank, 2013) and my Target Article, so it is not surprising that I agree with Sagarin, Lee, Erickson, Casey, and Pawirosetiko (2018) that accommodating BDSM is both possible and illuminating in analyses of collective sex. BDSM involves many of the same boundaries as sex, such as between self and other or between the inside and the outside of the body, that make witnessing and being witnessed in the activities meaningful. Further, BDSM also frequently centers on the physicality and display of areas of the body deemed sexual—breasts, nipples, buttocks, genitals—and involves the co-creation of intense, arguably intimate, experience that many people interpret as sexual or erotic (Frank, 2013). The need for practitioners to repeatedly point out that BDSM does *not* necessarily include sex is evidence of such interpretations among the general public. Sagarin et al. (2018) further point out that BDSM practitioners face stigma and discrimination similar to that faced by other collective sex participants and that BDSM

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parties, events, and conventions similarly share characteristics of other collective sex environments, which is certainly true.

At the same time, though, Sagarin et al. (2018) argued that BDSM environments differ from other collective sex environments for two primary reasons: Because BDSM does not necessarily involve “sex” and because the motivations for BDSM activities “extend beyond the sexual.” Although this claim does not ultimately change either of our assessments that BDSM environments should be included in the definition of collective sex, it does serve as an opportunity to return to part of my argument that may have been less evident in my Target Article than in my book (Frank, 2013): that is, all collective sex involves the possibility of witnessing and/or being witnessed in transgressive behavior, regardless of which sexual activities (if any) are engaged in. Across collective sex environments, one finds individuals who are not “having sex” or even planning to have sex at any given time, depending on one’s definition of sex; participants may also engage in a variety of erotic practices besides oral sex, anal sex, or vaginal sex. In public sex environments (PSEs) and swingers’ clubs, for example, some individuals spend long periods of time waiting or socializing; across environments, some individuals never engage in activity defined as “sexual” on any given visit. Thus, I do not see BDSM environments as distinct from other collective sex environments for this reason alone, although we could say that BDSM environments, outdoor PSEs, swingers’ clubs, and bathhouses with private rooms all lend themselves to different constellations of social and sexual/erotic activities that may or may not be of interest to researchers and public health officials. Nor do I see BDSM environments as distinct due to the diverse social motivations of participants, as *all* collective sex involves motivations that extend beyond the sexual and are socially meaningful. After all, collective sex is transgressive group behavior as well as sexual behavior. Some motivations are shared widely among collective sex participants, while other motivations are unique to particular enclaves. BDSM practitioners may share some non-sexual motivations with each other and with other collective sex participants, for example, such as a desire to achieve an altered state of consciousness by challenging physical or psychological limits (Newmahr, 2011). Sex-party attendees, whether MSM or MF, can also share non-sexual motivations with each other and with other collective sex participants, such as a desire for social connection or for a setting in which to use club drugs. Some contemporary collective sex participants may also share motivations with individuals engaged in leisure activities such as skydiving, rock climbing, or drag racing, courting novelty, adventure, and peak experiences.

To claim that collective sex is transgressive is not the same as pathologizing individuals who engage in it; nor does it mean that collective sexuality does not become personally or socially unremarkable in particular enclaves or historical moments. The meaning of collective sexuality in any given

locale can shift, as shown by Meunier, Escoffier, and Siegel (2018) for gay men in New York City or in my analysis of colonial encounters between Dutch missionaries and the Marind-anim of Papua New Guinea (Frank, 2013). Individuals or even communities can become desensitized and habituated; legal restrictions and penalties may be introduced, tempered, or eradicated. However, the widespread emotional and symbolic power of collective sex stems from the fact that it remains transgressive overall. Even though the notion of privacy is relative, the desire for some degree of privacy during sexual activity is widespread among humans. Sexual contact requires “boundary crossings”—both the boundaries of the body and the boundaries of the self—that are invested with intense psychic meaning and can arouse powerful emotions of disgust, shame, and guilt. It is in this sense that witnessing and being witnessed in sexual or erotic activity become socially transgressive across time and place; this is also why collective sexuality can be utilized as social control or violence.

The many coercive examples of collective sexuality seem far afield from what unfolds in the recreational environments of concern in the public health literature in some ways, yet in hindsight, including more discussion of this realm might have been productive in my Target Article. The same social and psychological dynamics that make some participants describe collective sex as exciting, transformative, or as generating feelings of belongingness also make it devastating under other circumstances such as group rape. It was not just “the ravages of AIDS” that “put an aura of fear and stigma around these environments that would be hard to shake” (Meunier et al., 2018), as collective sex environments have been perceived as powerful, and often dangerous to both individuals and society, long before modern times—whether in the language of health, sin or morality, primitive depravity, or excess. And although part of the reason collective sex environments are perceived negatively is certainly that they violate monogamy norms (Conley, Perry, Gusakova, & Piemonte, 2018; Moors, 2018), collective sex also breaks widespread taboos against exposure of the genitals, being witnessed in sexual activity, and contact with body fluids. Historically, collective sex appears no more quotidian in polygynous or polyandrous societies.

Although virtual settings are sometimes included as “venues” in the literature, I chose not to include them in my definition of collective sex. To me, the similarities in social organization across physical and virtual venues or the fact that the Internet or mobile technology is used for sex seeking seem less important than the group dynamics involved when people physically gather for transgressive purposes. Technology may be increasingly used to increase participants’ sense of physical, social, and psychological safety before, during, and/or after collective sexual activity—for example, by easing communication about sexual health and other issues, minimizing the necessity of onsite waiting times and preserving anonymity, or creating connections between participants—but

it cannot yet eradicate the emotional or social impact of engaging in collective sex. Whether it makes sense to include virtual environments alongside physical venues probably depends on one's research questions.

Will collective sex ever lose its transgressiveness due to technological innovation or widespread social change? Throughout history and across cultures, some groups engaged in collective sexual behavior regularly or periodically for various reasons. Collective sex has appeared as organized transgression in rituals and celebrations. In recent decades, recreational collective sex environments have proliferated for more privileged populations; for example, in response to excessive regulation and the harassment of brick-and-mortar sex venues, there has been growth in the number of membership-only sex parties in many locales. Tourist opportunities revolving around sex partying have increased for both MSM and MF; online networking opportunities for participants are abundant. But a practice can become widespread without becoming normative (adultery, for example), and a practice can have normative elements while remaining transgressive. Among the precolonial Marind-anim of Papua New Guinea, for example, collective sex was widely practiced. Although the data are scant, collective sexual behavior was intertwined with beliefs about fertility, reproduction, heredity, and property, and individuals described participation in periodic collective sex ceremonies in terms of “obligation,” expressing beliefs that refusal to participate would have negative social and physical repercussions. Participants who followed the “rules” were not pathologized until Dutch missionaries set out to eradicate their traditional ceremonies in the name of preventing sin and preserving health (Frank, 2013). Yet collective sex remained transgressive—viewed as emotionally and symbolically powerful, set in contrast to everyday sexual activity, condoned only among certain participants or under particular circumstances, fraught with social and individual dangers—before, during, and after these colonial encounters. Further, changing practices and beliefs in one segment of a population or one part of the world do not foretell widespread social acceptance. Just since April 2018, media stories have circulated about arrests in collective sex environments around the world: MF couples at a sex party in Pattaya, Thailand; MSM at parties and clubs in Indonesia, Cameroon, Malaysia, and Egypt. In July 2018, 13 men were arrested at the Pleasure Emporium in Hollywood, Florida, for masturbation and oral sex in cubicles onsite. Undercover police stings resulted in arrests after men were found engaging in “nefarious” acts in parks and public restrooms in Florida and Ohio. Even among frequent participants in collective sex, worry about exposure and stigma still affects social interactions with friends, coworkers, medical professionals, and others.

I will leave the speculation to others about whether collective sex will become normative or normalized, as my aim was not to make overarching predictions about the future. My argument

was that despite their associations with danger and disease, collective sex environments are not inherently dangerous or necessarily more dangerous than dyadic settings in terms of sexual health risks. Further, despite variation across and between types of environments, collective sex environments develop similarities in terms of spatial and sociosexual organization due to participants' needs for physical, social, psychological safety when engaging in transgressive behavior. Because of this, an inclusive analysis across time, place, type, and sexualities generates insights with theoretical and practical implications for how we think about the risk of recreational collective sex today.

Debating Interventions

Flowers and Frankis (2018) bemoaned the fact that I did not create a typology of collective sex environments and the people who use them, or build “firm foundations” upon which “to develop improved and more effective interventions which mitigate the range of potential risks that are related to collective sex—above and beyond those concerned with sexual ill-health alone.” As such, they believe that my argument “elicits a sense of pessimism and premature foreclosure with regard to intervention possibilities overall.” Yet to develop a typology would have been counter to my arguments that generalizations based on venue type are challenging due to differences in local regulations, user demographics, and a dynamic political, legal, economic, technological, and social context and that there is a theoretical need to establish, rather than assume, the relevant distinctiveness of non-normative sexual enclaves from each other and from the mainstream in terms of STI risk (Frank, 2018). Certainly, collective sex is distinct from dyadic sex by definition. But does this distinctiveness matter for HIV/STI transmission? Maybe, in some contexts. Maybe not. To understand exactly if and how collective sex relates to the transmission of STIs, we need to do far more than classify the environments in which individuals have sex.

Meunier et al.'s (2018) analysis of how the public health code in New York City forbidding sexual activity in commercial establishments impacts not only public health outreach at private parties, but also creates other forms of risks if sex-party organizers and venue staff “avoid calling police, paramedics, or the fire department when emergencies happen” is an example of how an understanding of context can begin to establish the distinctiveness of a particular collective sex environment. Dozens of sex parties take place in New York City every weekend, whether for gay-identified men, MSM, WSW, or MF, couples or singles, “high-risk” groups such as those discussed in Friedman, Mateu-Gelabert, and Sandoval (2011) or more privileged demographics. Whether “spontaneous,” commercial, or somewhere in-between, these parties have both similarities to, and differences from, the parties described by Meunier (2014, 2018) and from each other with regard to participants (sexual

orientations, race, class, HIV- or STI status, etc.), onsite activities, themes, amenities, and so on. If the use of collective sex environments alone increased one's HIV/STI risk, this would be the case across communities, sexualities, and venues—otherwise, the actual risk lies in something besides, or in conjunction with, collective sex. But collective sex environments turn out not to be inherently risky, or even necessarily riskier than private settings. And although venue-specific characteristics affect whether, where, and which sexual activities occur onsite, the minority of individuals engaging in risk behaviors (as defined by researchers) in collective sex environments also engage in risk behaviors elsewhere, including during dyadic sex. Defining collective sex a priori as risk behavior thus promotes misleading and stigmatizing perceptions of participants, as well as theoretical propositions that cannot be sustained.

Contrary to what Flowers and Frankis (2018) claimed, my suggestion is not to move toward “simpler theory” but toward theoretical consistency regardless of the theories employed. Instead of assuming that context matters, we should instead explore precisely *how* context matters for the issues under consideration. When thinking about sexual health, this requires attention to particularity at the location of sex—the onsite practices, structural and atmospheric characteristics, and site-specific norms of a sex club, party, PSE, etc.—but also requires expanding the conceptualization of context beyond the immediate location to account for geographical variation and a dynamic sociosexual landscape, as well as for who is having sex, their actual STI status, sexual practices, and network connections, and the other health and communication practices shaping their sexual encounters.

Further, my review of the literature did not suggest building “firm foundations” (Flowers & Frankis, 2018) from which to intervene in collective sex because it instead led me to question the practice of onsite intervention. Gatekeeping, spatial segmentation and progression, and behavioral norms emerge to help collective sex participants manage exposure and ascertain others' intentions and consent. At least some individuals engaged in behavior that is defined as risky thus use these patterns of spatial and social organization to ignore or evade outreach attempts. Onsite interventions may also be stigmatizing, given that most participants are not engaging in sexual risk-taking onsite or elsewhere. For those intractable few, the calculated or “conscious” risk-takers intending to engage in certain activities regardless of setting, onsite interventions may also be perceived as condescending. This position is not pessimistic with regard to intervention possibilities *overall*, however, as off-site interventions can be conducted in social venues or online that do not reinforce an inaccurate (and in many ways, dangerous) perception of collective sex as inherently riskier than dyadic, domestic sex. My argument does not even foreclose the possibility of onsite interventions when actual rather than assumed risks exist, especially if those interventions are

developed in dialogue with the population being intervened on. Whether such onsite interventions are appropriate, however, is an empirical question that can be investigated in any given setting.

Other Commentaries agreed that collective sex environments are not inherently risky, but suggest that there may still be risk factors that are *unique* to collective sex. A better understanding of group dynamics in collective sex environments, pushing beyond the long-standing interest in identification processes, interaction patterns, and onsite norms, may certainly be illuminating. Meunier et al. (2018), for example, grant that “collective sex is not inherently riskier than dyadic sex in private and that collective sex events are typically not the right place or time to conduct health interventions.” Yet they also call for continued research and intervention in collective sex environments due to the fact that “even if the rates of HIV infection were the same in all contexts, this would not mean that there are no factors leading to risk-taking, or competencies required to prevent it that are unique to collective sex environments.” They point out that collective sex is not simply a sequence of dyadic sexual encounters and that much remains to be understood about how group psychological processes influence behavior, negotiations, and perceptions of risk in these recreational settings. Theoretical approaches that highlight the group behavioral and psychological components of collective sex environments may be revealing, they suggest; researchers might explore how crowd behavior, social contagion, deindividuation, and threshold effects affect people's behaviors and perceptions of risk onsite and afterward.

In a similar spirit of shifting course, other commentaries also reinforced the importance of studying collective sex as group behavior in future research. Arguing that “sexually transmitted infection risk is not the only risk with which we should be concerned when it comes to collective sex,” Lehmler (2018) suggested using social psychological concepts, such as the bystander effect, diffusion of responsibility, and social facilitation, to delve deeper into the issue of how consent is negotiated in collective sex environments. Giami (2018) discussed group processes of vigilance and exclusion as these pertain to researchers as well as participants in collective sex environments. Sagarin et al. (2018) noted that BDSM practitioners do not necessarily choose scene partners based on gender or sexual orientation; as some research points to similar contextual flexibility in lifestyle settings among both men and women in terms of sexual partners and activities, this might be interesting to explore comparatively (Harviainen & Frank, 2016). Group dynamics and identification processes may have protective effects as well; identifying as a swinger, for example, as opposed to engaging in similar behavior without identifying as a swinger, is associated with more condom use (Spauwen, Niekamp, Hoebe, & Dukers-Muijers, 2018). Social psychological concepts emerging from studies of group

dynamics, especially those concerned with power and control, are more regularly applied in studies of coercive or violent collective sex but could be quite productive when applied to recreational collective sex as well.

Similarly, exploring the competencies that make some collective sex environments safer than others could be instructive for thinking about both collective and dyadic settings. One of those competencies, for example, is communication about sexual health. As there can be a striking difference in how information is shared and how negotiations unfold between MF, WSW, and MSM participants and across types of collective sex environments, comparative research might shed light on how communication about sexual health and other important issues can be promoted more efficiently and comfortably, regardless of setting. Verbal, non-verbal, and technologically assisted communication strategies may appeal to different participants; certain approaches may be better suited for particular environments depending on structural and atmospheric characteristics as well as how power relations affect negotiations onsite. Across both dyadic settings and collective sex environments, condom use can become symbolic of participants' relationships with each other; precisely how the existence (or perceived existence) of love and trust between participants affects health protective practices and engenders more—or less—effective communication about sexual health might be examined comparatively.

Some risk-reduction practices shared within collective sex environments can mitigate the STI transmission risks of any sexual contact. Hand-washing before digital penetration, for example, is good hygiene, whether practiced in either dyadic or collective settings; using Listerine instead of toothbrushing immediately before or after oral sex may have protective factors when it comes to STIs regardless of where one has sex. Understanding the proper use and cleaning of sex toys is important anywhere sex toys are used—including at home, alone.

Another potentially unique area of competency is with regard to consent practices. Sagarin et al. (2018), for example, provided insights as to how multiple physical and psychological risks are negotiated by BDSM practitioners during scenes, including the risk of HIV/STI transmission. Mechanisms, norms, rules, and principles—such as explicit negotiation, affirmative consent, and the principles of “risk-aware consensual kink” and “personal responsibility, informed consensual kink”—were developed within the BDSM community to mitigate risk. As such, they face “less resistance than rules imposed by outside authorities” and emphasize personal responsibility for weighing the trade-offs of decisions.

Yet, given that onsite consent violations do occur across collective sex environments, along with a notable lack of research on the issue, Lehmiller (2018) contended that my review, as well as much other writing on the subject, prematurely characterized “collective sex environments as unique places where everyone cares about consent and understands how to obtain it.” Future

research, he suggested, might explore whether there actually are “enhanced” consent practices in collective sex environments relative to sex that takes place elsewhere; if so, understanding how such practices are developed, conveyed, and learned, and which environmental features or social dynamics promote or inhibit consent in particular settings, would be productive.

Lehmiller's point is well-taken. Coming on the heels of a project where I ended up focusing more on coercion and violence than I had ever imagined, the recreational collective sex environments investigated in the Target Article did indeed seem to me to uniquely emphasize consent. At the very least, individuals can be assumed to be present of their own volition at a sex party, for example, even if being present does not imply overarching consent to activities onsite. Another reason that these environments seemed so unique to me is probably due to the fact that I spent the most time onsite in MF environments. Given the dangers women still face when negotiating (or refusing) sex around the world, MF lifestyle settings seem to offer opportunities for women to choose or reject recreational sex partners and to negotiate and engage in collective sexual activity that sometimes seems unparalleled, even if imperfect. That said, consent is admittedly a sticky issue, given that negotiations unfolding onsite are still situated within much wider cultural, political, historical, economic, legal, and other power relations. An Argentinean woman I spoke with said she participated in the lifestyle because “all men cheat in South America,” and this was an opportunity for her to “hold onto her man” in a situation where she was disadvantaged (Frank, 2007). American lifestyle couples emphasize honesty, sexual pleasure, and equality of the sexes in sexual appetite and opportunity, but still, worries about (primarily) women being coerced into participation influence public perceptions and swingers' negotiation practices (Harviainen & Frank, 2016). Both the broader systems of power relations influencing sex seeking and the onsite strategies used by participants to manage unwanted advances, touches, or more aggressive violations could productively be explored across types of collective sex environments.

Researcher Positionality and Reflexivity

Moors (2018) and Conley et al. (2018) concur that collective sex environments should not be labeled inherently riskier than other places where people have sex, and probe the issue of researcher bias. Before intervening on others, these Commentaries suggest, we would do well to examine ourselves. After all, the belief that collective sex is inherently risky has been challenged over the years from a variety of positions, but persists nonetheless. Moors (2018) links “the inaccurate risk association between collective sex and the spread of HIV/STIs,” at least in part, to a broad sociopolitical system that idealizes monogamy. Looking through a “rose-tinted lens of monogamy,” researchers can unintentionally design studies

and interpret results in ways that defend monogamy “even in the face of evidence that supports other types of relationships as viable options,” and overestimate or overgeneralize the health risks associated with collective sex. Similarly, Conley et al. (2018) add that “society’s aversion to anything non-monogamous” influences both public perceptions of, and public health officials’ messages about, sex and STDs. The attribution of risk to collective sex environments *per se*,” they write, “is a logical fallacy”; if collective sex environments seem like a “nightmare” to public health researchers, this may be a result of cultural stigma and bias against non-monogamy rather than actual health risk. They further argue that “precautions should be taken by researchers and public health professionals while undertaking this work to address their own biases,” even suggesting that “politically charged issues such as sexuality should be subject to guidelines and regulations that allow researchers to home in on actual risky behavior.” Although it might be difficult to standardize a set of guidelines that would work across disciplines, this is certainly an intriguing idea.

Some fields already expect a degree of self-examination on the part of researchers. Drawing on feminist praxis, Moors (2018) proposed that researchers both drop expectations of finding a universal sexual experience and “engage in critical self-examination regarding their research practices and (potential) pro-monogamy bias.” Researchers should “*question* how we ask our *research questions*” and how we interpret our results. In anthropology and other fields where the critique of ethnography has had an influence, such a practice of reflexivity is also well established. Reflexivity requires social scientists to analyze ourselves as well as those we are studying—asking, how are my questions, methods, values, and goals in this research influenced by my positionality and the social world around me? Each of us is a particular race, class, gender, and sexuality; these social positions, along with our characteristics and beliefs, impact our ability to access certain field sites as well as our perceptions, interpretations, and interactions with others. Reflexivity also implies ongoing consideration of our own motivations and emotional responses during research as a means to guide theoretical, methodological, and analytical decisions. Although reflexivity is more expected of qualitative researchers, it is just as important in quantitative research (although there may not be a place to discuss the process in published work).

Giambi (2018) provided an opportunity to think about this issue in his discussion of the work of Welzer-Lang, who has conducted 10 years of research and intervention in swingers’ clubs, saunas, and private parties. Welzer-Lang expresses “unsympathetic” views of swinging, including negative attitudes toward male swingers and beliefs that women in swinging are dominated by men; however, at Cap d’Agde, an estate in southern France frequented by MF swingers, he presents himself onsite as an agent of HIV prevention. Giambi writes

that Welzer-Lang’s intervention “often provokes aggressive and questioning reactions from participants, suggesting that his presence reminds people about risks they would rather ignore.” Another interpretation of participants’ reactions at Cap d’Agde, however, might be that they are responding to Welzer-Lang’s condescension and unsympathetic views rather than engaging in denial. Perhaps some participants are “ignoring” STI risk, but probably many others have evaluated their risk and are making decisions according to their own assessments. If STI and HIV rates among visitors to Cap d’Agde are similar to those among other self- or researcher-identified swinger samples in Europe, the risks may not even be particularly concerning to participants. As individuals who are accustomed to being stigmatized can make initial determinations about someone’s intent and beliefs simply from the questions being asked, the aggressive and questioning reactions might result from the character of onsite interactions. Some participants might also be familiar with his interpretations of their practices and beliefs in his published work. Although I cannot comment on Welzer-Lang’s interactions beyond the details that Giambi (2018) provided, I occasionally encountered researchers or outreach workers onsite both while working in strip clubs and when attending MF lifestyle events who read me only as a participant rather than also as a colleague. I began to dread these onsite interactions because, too often, these individuals had not examined how their questions revealed their preexisting beliefs and expectations about sex work (“Do you use drugs or alcohol to make the work bearable?”) (Egan & Frank, 2005) or swinging (“What about *disease*?”). Certainly, there is nothing wrong with asking questions about the negative repercussions of sexual behavior, or in implementing interventions to increase the physical or emotional well-being of participants engaged in particular activities, sexual or otherwise. But we might also question why particular risks seem so pressing and how our view of the landscape depends on where we stand.

Much intellectual effort has gone into trying to characterize researchers’ engagement with the communities they study, often using static terminology to indicate the degree or type of involvement: for example, observer/partial observer/participant; observing participant/participant observer; “full”/“partial”/“non-participatory”; peripheral/active/full membership; etc. Yet, none of these characterizations are appropriate for describing every situation, especially when the distinction between insider and outsider is not straightforward (Frank, 2015). Further, while claims to immersion, participation, or insider status might have historically imbued a researcher’s findings with authenticity or have been used to challenge their objectivity, contemporary “field” sites often overlap with one’s everyday world in complicated ways. But the focus on whether or how much a researcher participates can overwhelm consideration of other aspects of the process, anyway. While researching swinging, for

example, I was initially confused to find some academics and journalists reporting that they witnessed “barebacking” when visiting swingers’ clubs. This observation did not fit with my experiences as a participant, as an observer at lifestyle events, or what I had learned interviewing swingers, which was that barebackers tended to be stigmatized. Upon reflection, though, I realized that my perspective affected my interpretations of the behavior *as I perceived it*. When I saw condomless intercourse in a club or at a party, I did not see barebacking but sex between primary partners. Similar to married or committed couples more generally in the USA, lifestyle couples do not refer to condomless sex with a spouse (or primary partner) as “barebacking,” “unsafe,” or even “unprotected”—it is simply expected. Condomless sex between primary partners at clubs and events was also a way to demonstrate commitment and the specialness of that relationship in front of others. Even though many swingers’ clubs post rules requiring condom use during intercourse, condoms are not generally expected between partners who do not use them elsewhere. Unconsciously, I had interpreted the behavior based on an assumption of a primary relationship between the individuals involved rather than as evidence of a public health debacle. Although this interpretation was a consequence of being an insider to the lifestyle, it would have been as problematic as assuming that an act of condomless sex was barebacking if I had been studying sexual risk-taking at the time. Bias is not inherent to one’s level of participation or position as an insider, outsider, or a combination of both, but emerges when positionality remains unexplored.

Giambi’s (2018) commentary concluded with a few questions: “is it better to feel sympathy or antipathy toward the people and situations observed to produce good research? Does sympathy more than empathy have the potential to produce good research?” Although I appreciate the question, I am not sure that “good research” is ultimately rooted in empathy, sympathy, antipathy, apathy, or any other emotional state vis-à-vis the people or places being studied—although good interventions might be. Good research derives from the *practice* of doing good research—evaluating the literature, critically examining theoretical approaches, choosing appropriate methods for one’s contexts and questions, implementing the project, skillfully collecting and analyzing data, but also being reflexive about one’s positionality and one’s investment in the topic, erotic or otherwise.

A literature review, narrative or otherwise, is itself a reflexive practice on a different scale. An inclusive analysis of collective sex environments across sexualities, time periods, and geographic locale has obvious limitations; at the same time, though, it has the potential to illuminate blind spots and inconsistencies that can arise after years of a more narrow focus. An inclusive perspective can bring into relief the importance of considering political economy over more post-modern indicators of group difference (style, self-identity),

for example. When the MF literature is discussed alongside that on MSM or gay men, it becomes easier to see the different research trajectories that have evolved due to disciplinary idiosyncrasies, theoretical preoccupations, or historical factors that impact the questions that researchers ask. Meunier et al. (2018), for example, pointed out that “although the literature on heterosexual swingers has often looked at how couples negotiate committed relationships and collective sex (de Visser & McDonald, 2007; Harviainen & Frank, 2016), little has been done in the same vein for gay men.” On the other hand, the MF swinger literature repeatedly tackles questions about jealousy and power relationships between men and women, while barely acknowledging how physical environments or atmospheric influences shape sexual practices.

In my Target Article, I challenged the tendency to assume, rather than establish, the distinctiveness of non-normative sexual enclaves from the mainstream in terms of STI risk on theoretical grounds. Yet, during the lengthy writing process, I began to think that perhaps the issue can be framed in terms of responsibility as well. Certainly, some researchers do indeed believe that chemsex, swinging, the use of PSEs, or the proliferation of sex parties will have dire consequences with regard to public health. But are there also times when professional considerations become entangled with perceptions of risk? Scholars who study sexuality are sometimes questioned more incessantly about their motivations for their research than those who choose less controversial topics, whether these conversations make it into their published work or not. As Giambi (2018) points out, when researchers study sexuality, especially transgressive sexuality, “the stigma they experience from society in general intensifies and can even come from sexologists studying more traditional subject areas.” Fears of stigma in academia can influence a researcher’s methodological and analytical decisions, such as whether to limit certain kinds of involvement or where to focus one’s analysis (Frank, 2015). The politics of sexuality can also shape the roles perceived as available to researchers due to gender or sexual orientation, as well as the questions and arguments that are perceived as acceptable.

Rhetorical strategies can also affect how risk is linked to certain populations. Emphasizing the risk of collective sex in an academic article or grant proposal may be an accepted, and even expected, way to justify one’s past, present, and future research. Not only are there more journal publications addressing the negative aspects of sexuality than the positive aspects (Arakawa, Flanders, Hatfield, & Heck, 2013), but tying one’s research to HIV/STI risk is also a potential path to generating funding, whether through statistical correlations or the mobilization of public concern (Race, 2017). Putting forth hypotheses about the implications of collective sex at the end of an article that stretch just beyond the data may even strengthen one’s appeal—after all, these are just suggestions for future inquiry. However, it is worth asking

ourselves whether such rhetorical moves are worth further stigmatizing participants; it may even be worth asking ourselves if such rhetorical moves are ethical, even if customary. Is it right to state that “cruising venues are a context that fosters engagement in unprotected sex” (Gama et al., 2017, p. 7) if there are no data presented in the article on whether the unprotected sex that was reported in a cross-sectional study actually occurred in cruising venues? Is it right to suggest that swingers may potentially “act as an STI transmission bridge to the entire population” (Dukers-Muijers, Niekamp, Brouwers, & Hoebe, 2010) based on a clinic sample that is seeking treatment for STIs? Neither study requires such a claim to contribute to the literature or present a coherent argument. Both claims, however, maintain stereotypical views of collective sex.

And what about responsibility with regard to citation practices? I offered a few problematic examples in my article, but such examples abound in the literature on collective sex. As an example from the swinging literature, O’Byrne and Watts (2011) reported that swingers in their study rarely used condoms for oral sex (as is the norm among heterosexuals more generally). Yet then, they stated that “the fact that syphilis can be transmitted via unprotected oral sex and unprotected oral sex was frequently reported in this study could help to explain the elevated rates of syphilis that previous researchers have attributed to groups of swingers (see Simms et al., 2005)” (p. 95). Yet, Simms et al. merely refer to an isolated cluster of infections in a heterosexual sex club in the UK that was traced to a member who had sex with a commercial sex worker in Warsaw, Poland (p. 222)—they did not use this incidence to argue that “groups of swingers” have elevated rates of syphilis. In fact, they attributed syphilis infection to “factors including travel abroad, commercial sex work (CSW), and illicit drug use” (p. 224). Elsewhere, Niekamp, Mercken, Hoebe, and Dukers-Muijers (2013) were cited to support claims about heightened STI risk among swingers (see, e.g., Kimberly & Hans, 2017), yet the article did not actually support such a claim; rather, they used “the example of swingers” to illustrate “how the network analysis of sexual affiliation networks could be useful for STI prevention.” Niekamp et al. explicitly stated that complete network data were not collected from the clinic sample, that actual sexual networks were not established, and that “the actual spread of an STI was not studied, i.e., STI test results were not used in the analysis” (pp. 234–235). Vaillancourt and Few-Demo (2014) were cited by both Kimberly and Hans (2017) and Mercer (2017) to support claims that only a minority of swingers used condoms regularly or consistently, even though it was a study on relational dynamics in swinging that presents no data on condom use patterns.

What is going on here?

Scandals have brought peer review and academic publishing under scrutiny in recent years. Although some of the

problem can be traced to deliberate fraud or manipulation, other issues arise that might be seen as part of the process. Academics are expected to publish frequently in addition to meeting other demands on their time for teaching, service, and student supervision. When reading the literature or carrying out a peer review, how often do we actually have time to track down an author’s citations? But when we do not either track down those citations or know the literature by heart, errors and misrepresentations can easily become embedded in published research, whether in the natural sciences, quantitative social sciences, or qualitative social sciences (Lieberman & Schatzberg, 2018). Scholars may be even less likely to challenge statements that conform to stereotypical versions of reality.

References

- Arakawa, D. R., Flanders, C. E., Hatfield, E., & Heck, R. (2013). Positive psychology: What impact has it had on sex research publication trends? *Sexuality and Culture*, 17(2), 305–320.
- Conley, T. D., Perry, M., Gusakova, S., & Piemonte, J. L. (2018). Monogamous halo effects: The stigma of non-monogamy within collective sex environments [Commentary]. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1213-8>.
- de Visser, R., & McDonald, D. (2007). Swings and roundabouts: Management of jealousy in heterosexual ‘swinging’ couples. *British Journal of Social Psychology*, 46(2), 459–476.
- Dukers-Muijers, N. H., Niekamp, A. M., Brouwers, E. E., & Hoebe, C. J. (2010). Older and swinging; need to identify hidden and emerging risk groups at STI clinics. *Sexually Transmitted Infections*, 86(4), 315–317.
- Egan, R. D., & Frank, K. (2005). Attempts at a feminist and interdisciplinary conversation about strip clubs. *Deviant Behavior*, 26(4), 297–320.
- Flowers, P., & Frankis, J. (2018). Imagining interventions for collective sex environments [Commentary]. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1222-7>.
- Frank, K. (2007). Playcouples in paradise: Touristic sexuality and lifestyle travel. In M. Padilla, M. B. Padilla, J. S. Hirsch, M. Munoz-Laboy, R. G. Parker, & R. Sember (Eds.), *Love and globalization: Transformations of intimacy in the contemporary world* (pp. 163–185). Nashville, TN: Vanderbilt University Press.
- Frank, K. (2013). *Plays well in groups: A journey through the world of group sex*. Lanham, MD: Rowman & Littlefield Publishers.
- Frank, K. (2015). Observational methods in the study of human sexuality. In J. DeLamater & R. Plante (Eds.), *Handbook of sexualities* (pp. 123–146). Berlin: Springer.
- Frank, K. (2018). Rethinking risk, culture, and intervention in collective sex environments. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1153-3>.
- Friedman, S. R., Mateu-Gelabert, P., & Sandoval, M. (2011). Group sex events amongst non-gay drug users: An understudied risk environment. *International Journal of Drug Policy*, 22(1), 1–8.
- Gama, A., Abecasis, A., Pingarilho, M., Mendão, L., Martins, M. O., Barros, H., & Dias, S. (2017). Cruising venues as a context for HIV risky behavior among men who have sex with men. *Archives of Sexual Behavior*, 46(4), 1061–1068.
- Giami, A. (2018). Collective sex in public: Where is the observer? [Commentary]. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1243-2>.

- Harviainen, J. T., & Frank, K. (2016). Group sex as play. *Games and Culture: A Journal of Interactive Media*. <https://doi.org/10.1177/1555412016659835>.
- Kimberly, C., & Hans, J. D. (2017). From fantasy to reality: A grounded theory of experiences in the swinging lifestyle. *Archives of Sexual Behavior*, *46*(3), 789–799.
- Lehmiller, J. J. (2018). The importance of studying consent and consent violations in collective sex environments [Commentary]. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1238-z>.
- Lieberman, H., & Schatzberg, E. (2018). A failure of academic quality control: The technology of orgasm. *Journal of Positive Sexuality*, *4*(2), 24–47.
- Mercer, C. H. (2017). Swinging: If you do not ask you may not find, but you need to. *Sexually Transmitted Infections*, *93*, 381–382.
- Meunier, E. (2014). No attitude, no standing around: The organization of social and sexual interaction at a gay male private sex party in New York city. *Archives of Sexual Behavior*, *43*(4), 685–695.
- Meunier, É. (2018). Social interaction and safer sex at sex parties: Collective and individual norms at gay group sex venues in NYC. *Sexuality Research and Social Policy*, *15*, 329–341. <https://doi.org/10.1007/s13178-017-0300-2>.
- Meunier, É., Escoffier, J., & Siegel, K. (2018). Rethinking risks and interventions beyond HIV: The importance of contextualizing collective sex [Commentary]. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1214-7>.
- Moors, A. C. (2018). Moving past the rose-tinted lens of monogamy: Onward with critical self-examination and (sexually) healthy science [Commentary]. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1215-6>.
- Newmahr, S. (2011). *Playing on the edge: Sadomasochism, risk, and intimacy*. Bloomington: Indiana University Press.
- Niekamp, A. M., Mercken, L. A., Hoebe, C. J., & Dukers-Muijters, N. H. (2013). A sexual affiliation network of swingers, heterosexuals practicing risk behaviours that potentiate the spread of sexually transmitted infections: A two-mode approach. *Social Networks*, *35*(2), 223–236.
- O’Byrne, P., & Watts, J. A. (2011). Exploring sexual networks: A pilot study of swingers’ sexual behaviour and health-care-seeking practices. *Canadian Journal of Nursing Research*, *43*(1), 80–97.
- Race, K. (2017). *The gay science: Intimate experiments with the problem of HIV*. New York: Routledge.
- Sagarin, B. J., Lee, E. M., Erickson, J. M., Casey, K. G., & Pawirosetiko, J. S. (2018). Collective sex environments without the sex? Insights from the BDSM community [Commentary]. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-018-1252-1>.
- Simms, I., Fenton, K. A., Ashton, M., Turner, K. M., Crawley-Boevey, E. E., Gorton, R., ... Lighton, L. (2005). The re-emergence of syphilis in the United Kingdom: The new epidemic phases. *Sexually Transmitted Diseases*, *32*(4), 220–226.
- Spauwen, L. W. L., Niekamp, A.-M., Hoebe, C., & Dukers-Muijters, N. H. T. M. (2018). Do swingers self-identify as swingers when attending STI services for testing? A cross-sectional study. *Sexually Transmitted Infections*, *94*, 559–561. <https://doi.org/10.1136/sextrans-2017-053321>.
- Vaillancourt, K. T., & Few-Demo, A. L. (2014). Relational dynamics of swinging relationships: An exploratory study. *The Family Journal*, *22*, 311–320.

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