Almost any discussion of so-called “perverse” sexual behaviors, or “kinky” communities, as they are often called, usually runs the risk of activating people’s defenses because we are socialized to be judgmental about non-normative sexual behaviors. Unfortunately, professional training in health care and mental health does not create immunity to these cultural biases. The result for professionals is that we run the risk of overlooking potentially useful teaching resources merely because they emerge from among the ranks of the sexually unpopular.

Except among a few researchers, clinicians, and journalists, it is a little known fact that many practitioners of the leather, sadomasochistic, and fetish styles of erotic expression have raised the skills of sexual negotiation to the level of high art. Also surprising to many outside the kinky world is the fact that in large cities, it has been possible for at least 20 years for people interested in these sexualities to attend a vast array of workshops designed to facilitate and refine these negotiation skills. Put simply, kinky people as a group, both gay and non-gay, have developed a powerful and effective means of achieving erotic satisfaction while minimizing the physical and emotional risks that are inherent to the pursuit of these erotic interests. With the advent of kinky news groups, chat rooms, and cyber forums on the internet, information about these skills has spread to every corner of the globe. The result is that no kinky person anywhere in the world is without this information and support if he or she seeks it.

Traditional models for encouraging “safer sex” have not been uniformly successful, particularly in terms of negotiation between sexual partners. This article shares some of the ideas that have successfully informed the way kinky people negotiate their sexual encounters to achieve satisfaction while minimizing risk of injury during sex. The hope in so doing is that these techniques can be successfully adapted by sex educators to augment the tools available to help seronegative people protect themselves against infection and seropositive people minimize viral re-exposure and “transmission guilt.”

Some epidemiological studies have demonstrated that high-risk sexual behaviors are likely to occur in the context of casual sexual encounters, that is to say, outside the context of an existing relationship. Similarly, most kinky encounters occur between people who are essentially strangers, especially in the gay male world. This suggests that the techniques of negotiation in the kinky world are likely to be particularly well-suited to most risky sexual situations in the non-kinky world. The successful translation of the negotiation skills from the kinky world should result in effective prevention and, at the same time, improve the quality of sexual experience in general.

Kinky Culture and Communication

The range of possible erotic activities available to kinky people represents a mind-numbing smorgasbord of behaviors. It is widely accepted among kinky people that nobody likes everything on the smorgasbord table, but that everybody wants to have a good time. Because we want to ensure the pleasure of an encounter and because we acknowledge that mind-reading does not work—an understanding that is notably absent in many non-kinky sexual encounters—sexual partners communi-
Editorial: Kinky Sex
Robert Marks, Editor

When I suggested to Guy Baldwin, the author of the lead article in this issue of FOCUS, that he might have to offer more of a definition of “the kinky community” than he had, he became annoyed. After thinking about it, I found I couldn’t blame him: in fact, I realized that explaining our sexuality can border on apology and fly in the face of the affirmation that all of us who are “sexual minorities” desire.

As Baldwin and I negotiated language for the article, I was struck by this investment in sexual identity and how societal attitudes about sexuality are transported from the larger world into the intimacy of the bedroom. At the moment of desire a person may be faced not only with a gap in knowledge—between personal expectations of the encounter and the expectations of his or her partner—but also with a social bias toward sexual silence, and often toward embarrassment, fear of judgment, and fear of rejection. The only defense to this onslaught of emotion is a biological drive that seems to master, at least for a moment, any psychological interference. But in overcoming this response, instinct also banishes any thought and any inclination toward talking about sex and negotiating safer sex.

Baldwin offers an alternative that harnesses biological desire. By looking at the practice of the kinky community, he provides a view of negotiation as high art—highly evolved not because people are committed to safer sex (although I’m certain many are), but because they are conscious of their commitment to pleasure. To ensure pleasure, instinct must relent while intellect negotiates.

Likewise, in this issue, Dan Bigg challenges our assumptions about the role of substance use in foiling safer sex. Contrary to the prevailing advice, he suggests that while using substances might lead to greater risk-taking among some, it may also facilitate negotiation among others, helping them to get beyond their inhibitions so they can talk about what they want and what they fear.

Much research has demonstrated that moments of intimacy are pregnant with presumption—about pleasure and about disease. One common finding seems to be that if you do not talk about HIV, your partner assumes that he or she is the same serostatus as you and that no discussion of safer sex is necessary. Talking about sex will not by definition lead to safer sex (or, for that matter, pleasure); it is only a starting point. Not talking about sex, on the other hand, leads to safer sex (and, for that matter, pleasure) only by accident. To combine pleasure and safety, counselors must help their clients define what they find pleasurable and safe and understand how they can attain it through negotiation.

cate with each other prior to the kinky experience itself. It is clear in the kinky world that the odds are poor that there will be a workable erotic fit, especially with strangers, if there is no prior communication. Also, just as in conventional sex, negotiations are often difficult or impossible to conduct once kinky play has commenced. Interruptions in the flow of the encounter to manage safety issues or technical problems can destroy the mood that is essential to most kinds of erotic satisfaction.

The objectives of communication are essentially selfish for both players in kinky scenarios. A kinky person’s inner conversation might go: “I want an encounter that is ecstatically wondrous and deeply fulfilling. To increase the chances of achieving this, we must both be as spontaneous as possible, and do our best to minimize safety-related interruptions during the encounter. The only way of doing this is to get the negotiations out of the way before we begin.” Worrying about safety during sex is mood-killing. In short, a person is unlikely to get what he or she wants unless there is honest talk first. The formula is a simple one: Good communication = Good sex; Great communication = Great sex.

There is often a hierarchy to the topics kinky people discuss during negotiations prior to an initial encounter. The use of drugs and alcohol during an encounter usually enters the conversation earlier rather than later. Many kinky people have discovered that they have a better time when under less chemical influence rather than more. Since many kinky activities involve specialized technical skills (for example, from the correct use of a condom to complex bondage setups), there is concern that these skills may be compromised by “recreational” substances. Drugs and alcohol can undermine prior negotiations and render them useless.

Once the drug issue is settled one way or the other, conversation usually turns to specific genital practices and concerns about disease transmission. Regardless of a partner’s disclosure to the contrary, kinky people playing with strangers usually presume their partner is seropositive.
and negotiate accordingly. When penetration is an issue (with anything including penis, tongue, finger(s), hands, dildos or other sex toys), the receiving partner either solicits information from the inserting partner about how penetration will be managed or the receiving partner flatly states how penetration must be managed as a condition of the encounter.

Once partners have gotten past these issues, they generally go on to discuss their respective erotic interests until they both determine there are enough shared interests to proceed with the encounter. If they agree to play, there is usually one last element that will be important for non-kinky populations, and this is the discussion of something we call a “safe word.”

About “Safe Words”
Since about 1986, the credo of the kinky community has been “Safe, Sane, and Consensual.” One of the chief tools used to ensure that encounters are safe and consensual has been the “safe word.” A safe word is a chosen word or phrase that is not likely to come up normally during a sexual encounter, the utterance of which is understood as a signal that all action stops immediately at least temporarily. Either partner may invoke the safe word. In kinky sex, safe words make several things possible: first, they enable so-called “rape” scenarios to proceed despite the “protestations” that are part of the scenario; second, they afford players a concrete method of ensuring that the intensity of play is within the limitations of the recipient; and third, since they enforce limitations, they offer players a way to give free rein to their spontaneity.

Refinements and elaborations of the safe word concept also exist. For example, following the traffic light model, “Green” means all is well, full speed ahead; “Yellow” can mean that the receiver requires his or her partner to become conscious of what is happening—that a possible area of danger is being approached and that some change is needed for the encounter to continue; and “Red” means an absolute and immediate stop is necessary. The utterance of “Yellow” or “Red” requires both partners to “come up for air”—to break out of the spontaneous flow of action, leave the sexual haze behind for a moment, and make adjustments in their interaction.

Once partners agree to the concept of the safe word and have had a chance to apply it, it takes very little consciousness to keep an eye out for impending safety breeches. With some practice, a safe word functions as an unobtrusive safety net, of which the high flyers above take no notice unless mental alarm bells begin to ring. A single breath—a single word—is enough to suspend erotic spontaneity if sex has been preceded by clear negotiations conducted without the interference of drugs or hormones.

A Community Ethos
In general, kinky communities have accepted responsibility for the development and proliferation of our own morality. Many of us recognize a bond with each other and therefore a shared responsibility for each other’s welfare. Rather than take the approach of “Every man for himself,” we tend to prefer something like, “Have as much fun as you want, but do no unwanted harm to anyone.” It is this perspective that informs our sexual negotiations and increases the probability that we will meet our erotic needs for as long as possible.

Because the kinky communities are relatively small, there is the opportunity to brand as pariahs those who cannot or will not respect the limits of those with whom they play. The best defense against renegades who cannot or will not abide by this moral code is to identify them during pre-sex conversations and steer oneself and others away from them.

Two things are necessary to identify those who are either unable or unwilling to negotiate sex in good faith. First, a person must be willing to pay close attention to his or her potential partner during their pre-sex discussion. This means maintaining good eye contact during negotiation in order to observe body

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language, for example, looking away, changing the subject, and fidgeting. Such subtle cues indicate the prospective partner is not fully engaged in the negotiations. Second, negotiation is facilitated when individuals commit to themselves to stay in touch with their feelings during the interview process. This allows them to detect any internal or intuitive signs of their reluctance to play with a candidate. These two approaches can screen out all but the best “actors” who might successfully hide their bad faith intentions.

The sense of community among kinky people is a great boon to sexual negotiation. The source of this bond is an acknowledged sense of “insiderness.” The silence in sexual negotiations that is the norm outside the kinky community can be replaced by one that validates staying healthy through negotiation if we come to see “insiders” as those individuals who are willing to protect health even at the expense of forfeiting a particular sexual conquest or activity. Insiders are those of us who love life, believe there is value in extending and savoring it, and are willing to work together with other like-minded people to enjoy sex.

To do this, a person must be aware of feelings and attitudes towards sexual activities during pre-sex conversations and be guided by those feelings no matter how physically attractive a prospective partner may be. This stance is more powerful when we are able to respond to the desperate quality that characterizes so many sexual decisions: the extent to which a person believes that there is always someone else to whom he or she will be attracted and who will seek to do no harm will determine his or her willingness to walk away from a potential partner who is unwilling to negotiate.

For many kinky people, a potential sex partner must qualify on several counts before they agree to the encounter. The “right” partner is one who is sufficiently attractive, responsive to the negotiation process, checks out in the drug and alcohol department, has matching opinions about safety both from disease transmission and safe word standpoints, and has enough shared erotic interests. Only when all these lights are green is sex a possibility. If any of these five areas are a mismatch, there is a high probability of a ‘wrong choice’ at best or outright trouble at worst. Solo masturbation is and must always be preferable to playing in unsafe waters.

**Conclusion**

For the partner qualification process to work, conversation is an absolute necessity. Kinky people who have developed proficiency at such conversation can conclude such negotiations successfully in as little as 10 minutes. For others, negotiations can go on for weeks. But regardless of the time investment, the process will bear fruit even if the results are not to have sex, because sometimes getting practice at these skills is its own reward.

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**Clearinghouse: Negotiating Sex**

**Authors**

Guy Baldwin, MS is a private practice psychotherapist in Los Angeles who works primarily with those on the sexual frontier. His book, Ties that Bind, has become part of the standard literature in the world of SM/leather/fetish sexuality.

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**References**


Lear D. Sexual communication in the age of AIDS: The construction of risk and trust among young adults. *Social
Harm Reduction, Drug Use, and Sexual Negotiation

Dan Bigg

Over the years, a “common sense” has developed about the issue of drug use and sexual behavior: separate them in order to reduce the chances of risky sex. While the logic for this conclusion is clear, the realities of drug use and sex are much more complicated. In fact, separating drug use and sexual behavior may increase HIV-related risk. Without drugs, for example, an anxiety-ridden person may be socially disabled and unable to discuss risk reduction options, but with some drug use this same person may be disinhibited enough to negotiate and engage in lower risk sex.

This may be an uncomfortable conclusion for those who have adopted a zero-tolerance stance toward drug use, but for those whose primary goal is to diminish HIV-related risk, there is no question that, in this circumstance, such a “harm reduction” approach is appropriate and effective. This article will briefly address the positive and negative impact of alcohol and other drug use on sexual behavior and then discuss harm reduction approaches designed to help people become aware of and change their sexual and drug use behaviors to reduce HIV-related risk.

While many studies have associated risky sex with alcohol or other drug use, this relationship is likely to be far more complicated than such correlations suggest. Recently, researchers have uncovered other connections that may more completely and realistically explain the association between drug use and risky sex. For instance, an unpublished study from the Medical College of Wisconsin found a strong association between “sexual adventurism”—which is described as an “underlying dispositional factor”—and high-risk sexual behavior, to the point where there was little direct relationship between high-risk behavior and substance use.1 In addition, for many of us, using chemicals or not, the primary and most powerful “drug” associated with sexual behavior is passion or the “intoxication of love.” While research continues on this topic, this article attempts to focus on the practical struggle to reduce risks and keep pleasure alive.

Drug...Set...Setting

Contrary to popular belief, the impact of a drug is complicated by factors other than the drug itself. For example, in some people, opiates generate energy and endurance, in others they produce sleepiness. Similarly, alcohol causes drowsiness in some and releases a torrent of emotion in others. Why does the same drug have different effects?

The answer is that the drug itself comprises only one-third of the factors that determine its true impact. The other major elements are often referred to as “set” and “setting.” Norman Zinberg makes a compelling argument that drug use affects people differently at different times and in different places.2 For most of us, the impact of drug use varies in terms of three factors:

• type, amount, route of administration, and purity of drug used;

• mind set and expectations before and during use;

• social, cultural, and environmental factors.

References


Instead of rigidly separating drug use and sex, harm reduction seeks to focus on an individual’s unique personal experience.

Harm Reduction and Collaboration in Action

The basic premise of harm reduction is that the clinical response should recognize, respect, and assist with “any positive change” as an individual defines “change” for him or herself. Instead of rigidly separating drug use and sex, harm reduction seeks to form a respectful and collaborative relationship between clinician and client, focusing on an individual’s personal experiences. In working with each person to clarify experiences of combining drug use and sexual behavior, there emerges a unique mosaic of risks and pleasures.

Harm reduction approaches are based on a deliberate humility about the ways in which people are able to achieve change. Years of study tell us that people change when they are ready and that there is little a clinician can do but be there to provide assistance when someone is ready to change. For example, for some people, developing skills in having sex without drug use may greatly expand sexual repertoire and allow them greater control and desired safety. Alternatively, attempting sober sex may sabotage a person’s scripted safer sexual practices and increase risk. Some drug use may make a person uninterested in sex, thus, completely protecting someone from sexually transmitted diseases. Alternatively, someone might conclude that the only time they have high-risk sex is when using drugs. In any case, harm reduction-based assistance centers on identifying an individual’s unique experience and developing a personalized plan for greater satisfaction.

Harm reduction requires an appreciation for and assistance with a host of incremental changes. This willingness to address small but constructive changes makes success more likely and allows individuals to build on these achievements and facilitate further change.

Harm reduction functions most effectively within the context of an alliance between clinician and client. If either sexual behavior or drug use obstructs the clinician’s ability to respectfully collaborate with the client, then the clinician should refer the client to another provider. This collaboration will be sabotaged by applying universal assumptions about the effects of drug use on sexual behavior. Real collaboration is possible only if a clinician can approach each client as an individual. Clinicians should seek to develop a unique profile of each client by respectfully gathering information on drugs used, expectations while using, and environment of use. The patterns of drug use that most correspond to risky and safer sex should become clear as the collaboration proceeds. The goal of the collaboration should be to alter those behaviors that the individual identifies as most problematic.

It is crucial to keep in mind that the client’s desired outcome may or may not include decreasing drug use, the goal being to reduce harm, not to eliminate it. This goal and the absence of immutable patterns of response to drug use and sexual behavior makes the priority of counseling the development of a clear understanding of each individual’s experience. Such a fundamental tenet of mental health practice may seem obvious, but it is an approach that is often overlooked when working with people who use drugs.

Authors
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AIDS Conference Reminder

Registration for the International Conference on AIDS (June 7–June 12 in Vancouver) closes on May 1. Delegates may register by writing to XI International Conference on AIDS, Registration Bureau, c/o 1304 Hornby Street, Vancouver, British Columbia, Canada V6Z 1W6; or faxing: 604-684-0905. For general conference information, call: 800-780-AIDS (Canada/US) or 604-878-9995; or email: aids96@hivnet.ubc.ca.
Recent Reports

Tailoring Safer Sex for Adolescents

The effectiveness of safer sex education for adolescents depends upon its relevance to dating goals. According to two studies, adolescents who have established identities independent of their families and friends date in order to achieve intimacy and learn more from education that emphasizes interpersonal communication skills. Those who are still struggling to assert independence from family date in order to experiment with different identities and are more likely to learn from education that emphasizes technical skills.

The first study consisted of 905 male and female students: six independent groups of undergraduates and one group of high school students from Virginia and Pennsylvania. Researchers created a Social Dating Goals Scale by surveying participants about their interpersonal and ideological identity, styles of attachment to others, willingness to engage in sexual relations in the absence of an exclusive relationship, and dating patterns.

Social dating goals were classified in two ways: identity and intimacy goals. Identity goals reflected dating as part of the process of exploring different beliefs and values, and forming identities separate from friends and family members. Intimacy goals were marked by the disclosure of intimate thoughts and feelings, mutual dependence, and emotional attachment to another person. Identity goals correlated with more casual dating and more sexual partners; intimacy goals correlated with longer dating relationships and less willingness to engage in sexual relations in the absence of a committed relationship.

The second study comprised 136 undergraduates, including 87 women and 49 men. Participants completed a set of questionnaires assessing attitudes and beliefs about HIV disease, perceived vulnerability to HIV infection, attitudes toward condoms, intentions to use condoms in the future, sexual behavior, and social dating goals. Subjects were randomly assigned to one of three educational sessions. In the technical skills session, participants rated condoms, put condoms on practice models, and discussed eroticizing condom use. In the communication skills session, the students did role plays and discussed how to increase their negotiation skills with partners. The third session was a control group that received no education until after the three-month follow-up.

After three months, participants with intimacy dating goals who were enrolled in the communication skills session had more positive attitudes and beliefs about condoms and more realistic attitudes and beliefs about HIV disease than those enrolled in the technical skills or no education sessions. On the other hand, it was the technical skills session that evoked these attitudes and beliefs in participants with identity dating goals.

The Effectiveness of Appeals for Condom Use
Sheer VC. Sensation seeking predispositions and susceptibility to a sexual partner’s appeals for condom use. Journal of Applied Communication Research. 1995; 23(3): 212-229. (University of Florida.)

Expressing care for a sexual partner, appealing to a sense of responsibility, and describing condom use as pleasurable were the most effective ways to initiate condom use in a relationship, according to a study of college students. The effectiveness of specific appeals were determined by a partner’s level of “sensation seeking”—a predisposition toward behavior based on a combination of thrill and adventure seeking, experience seeking, disinhibition, and “boredom susceptibility.”

Researchers recruited 205 undergraduates—100 men and 102 women—from introductory communication courses. The students filled out questionnaires measuring their sensation seeking level and how they rated the effectiveness of various requests for condom use in terms of the request’s appealingness, the respondent’s attitude toward condom use, and his or her intentions to use condoms.

High sensation seekers—or those influenced by high levels of adventurousness, impulsiveness, and disinhibition to take on risk behaviors—were most responsive to requests regarding the pleasure of condom use. But they were also more likely than low sensation seekers to respond to negative appeals (threats to withhold sex or fears of AIDS), presumably because high sensation seekers regard sex

Responses to requests to use condoms are related to whether a person is a “high sensation seeker” or a “low sensation seeker.”
with a condom better than no sex at all. High sensation seekers found appeals that were longer and situation-specific to be more persuasive than shorter, slogan-like appeals, suggesting that interpersonal persuasion may be a source of arousal.

In general, women viewed condoms more positively than men and found all of the requests to use condoms more appealing than did male respondents. They were most persuaded by expressions of caring and invocations of a sense of responsibility, while men preferred appeals to the pleasure of condom use. Despite some correlations in how certain appeals were viewed, gender and sensation-seeking were independent variables; sensation-seeking correlated with intentions to use condoms, while gender was linked to appealingsness and condom attitudes.

**Negotiating Sex after Testing Positive**

Adam BD, Sears A. Negotiating sexual relationships after testing HIV-positive. *Medical Anthropology.* 1994; 16(1): 63-77. (University of Windsor, Ontario.)

Relationship status at the time of testing antibody positive affects the issues a seropositive person confronts when resuming a sex life, according to a small study of people with HIV disease and their caregivers. However, concerns about diminished sexuality and negotiating safer sex appear to be universal among people who take the test, regardless of their relationship status.

The sample was comprised of 60 people with HIV disease and 40 caregivers drawn from support groups and personal referrals networks of others who had been interviewed. There were 48 men and 12 women in the seropositive sample; 38 self-identified as ethnically European, 20 as Black, and two as aboriginal. Thirty-seven identified as gay or homosexual, seven as bisexual, and 16 as heterosexual.

For those not currently in couple relationships, the initial response to a positive test result was withdrawal and loss of interest in sex. Some withdrew because they associated sex with their infection. Others reported that they no longer felt desirable or that they were overwhelmed by the complexity of initiating a sexual relationship. The fears of infecting somebody and of disclosing serostatus and being rejected were the two main obstacles to starting a new relationship. Some respondents expressed interest in finding another seropositive person for a relationship. Others said they would rather adhere to safer sex guidelines than limit themselves by serostatus.

While disclosing seropositivity was a universal worry for the respondents, nearly all had had a positive experience doing so. Some found it easier to disclose their serostatus by revealing affiliation with an AIDS organization or by discussing AIDS work, in this way “feeling out” the attitudes of a prospective partner. Others allowed themselves to be seen taking HIV-related medication in public. Some were surprised to find that their revelation attracted people to them, often because it involved an appeal for trust and compassion.

Seropositives in existing relationships had different issues to deal with depending upon whether their partners were positive or negative. Even in serodiscordant couples, few post-test breakups occurred, and for those that did, HIV disease was not the primary divisive issue. But, relationships were disrupted by the positive partners’ feelings of desexualization, by the introduction of condom use into the relationship, and by the sense that the partners no longer shared the same fate. Seropositive respondents often found that it fell to them to implement safer sex, since negative partners considered themselves immune to HIV infection or saw condoms as restrictive.
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