

EDITORIAL COMMENTARY

Editorial Comment on “A Comparison of Sexual Health History and Practices among Monogamous and Consensually Nonmonogamous Sexual Partners”—Moving Ahead: Accepting (and Funding) Research That Critically Examines Monogamy

Four years ago, my colleagues and I wrote a paper that was, initially, framed quite similarly to the target article [1]. In it, we demonstrated that people in consensually nonmonogamous (CNM) relationships were significantly more likely to use condoms, get tested for sexually transmitted infections (STIs) and, generally, were more likely to employ safer sex practices than those in (ostensibly) monogamous relationships. We indicated that CNM groups were responsibly practicing safer sex. We later documented, perhaps even more surprisingly, that those involved in CNM relationships were more likely to use condoms *correctly* than those in (ostensibly) monogamous relationships [2]. Reviewers from the journals in which we attempted to publish our findings roundly criticized us for an approach that, consistent with our data, suggested a favorable impression of CNM. Several reviewers across a variety of manuscript submissions stated that we were biased, that our data were low quality, or that the conclusions were unsupported by the data.

Unable to publish the findings with a framing that portrayed CNM positively, we eventually settled (uncomfortably) on the approach of highlighting that “cheaters” (or people who “commit infidelity”) are particularly *irresponsible* in their safer sex practices. This new framing of the paper, denigrating those who have nonconsensual extradyadic encounters, was accepted without fanfare, even though the very same data were rejected by several journals when CNM was framed positively. We learned a lesson that even in a scientific review process, challenging researchers’ preconceived notions is perilous.

Since we began studying monogamy, we have felt that reviewers were committed to the belief that monogamy is best and were reluctant to consider contradictory evidence. It is important to regularly remind ourselves that science is not inherently objective [3,4]. Scientists carry biases that influence the topics they choose to study, how they interpret data and how they receive other

researchers’ work. The fact that Lehmiller’s paper has been accepted into *Journal of Sexual Medicine*, among apparently glowing reviews, is a testament to the ability of medical researchers to adapt to the sociopolitical context of a given line of research.

Monogamy is self-evidently efficacious in reducing STIs; however, it is not clear that monogamy is an effective means of preventing STI transmission in real-world contexts (see Conley et al. [5]). Given ample questions about monogamy’s utility, it seems crucial to *fund* research addressing the efficaciousness of monogamy. For example, Lehmiller and colleagues had to rely only self-report data to indicate the presence of STIs in their sample. Such data are notoriously unreliable given that participants are often unlikely to know that they are infected and not necessarily inclined to indicate that have had an STI, even if they are aware of it. A research project to more definitively address the effectiveness of monogamy would involve a longitudinal design and periodic objective testing for STIs. Given the reception of this article, I am hopeful that funding opportunities for the critical examination of monogamy as a health strategy will materialize.

TERRI CONLEY, PhD

Department of Psychology, University of Michigan, Ann Arbor, MI, USA

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Statement of Authorship

Category 1

(a) Conception and Design

N/A

(b) Acquisition of Data

N/A

(c) Analysis and Interpretation of Data

N/A

Category 2**(a) Drafting the Article**

Terri Conley

(b) Revising It for Intellectual Content

Terri Conley

Category 3**(a) Final Approval of the Completed Article**

Terri Conley

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- 5 Conley TD, Matsick JL, Moors AC, Ziegler A, Rubin J. Re-examining the effectiveness of monogamy as an STI-preventive strategy. *Prev Med* 2015;78:23–8.