



Culture, Health & Sexuality

An International Journal for Research, Intervention and Care

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/tchs20>

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To cite this article: Barbara Rothmüller (2021): The grip of pandemic mononormativity in Austria and Germany, Culture, Health & Sexuality, DOI: [10.1080/13691058.2021.1943534](https://doi.org/10.1080/13691058.2021.1943534)

To link to this article: <https://doi.org/10.1080/13691058.2021.1943534>



Published online: 27 Jul 2021.



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The grip of pandemic mononormativity in Austria and Germany

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ABSTRACT

How distancing requirements in the COVID-19 pandemic transformed intimate relationships is under-researched. Against the backdrop of research on the HIV pandemic, the paper departs from the assumption that decreased legitimacy of intimate arrangements and subjective worry about the likeliness of infection may reduce the frequency of multiple sexual contact and intimate well-being during the pandemic. Based on findings from a quantitative study which included measures of risk perception, frequency of contact with sexual partners and communities, concealment, as well as relationship quality in Austria and Germany, this paper examines sexual behaviour in association with relationship status and sexual identity. Analysing data from a convenience sample of 4,709 respondents, of whom 24 per cent identified as LGBQA+, 2 per cent as non-binary, and 6 per cent as consensually non-monogamous, bivariate analysis found significant differences in social distancing, frequency of contact with sexual communities and satisfaction with current sex life. Text analysis of the survey's open-ended responses indicates monogamisation due to declined legitimacy of less conventional intimate arrangements during the pandemic. Findings point to the importance of the sexual morality that defined pandemic experiences in times of HIV for understanding normative pressure on intimate life during COVID-19.

ARTICLE HISTORY

Received 18 November 2020
Accepted 11 June 2021

KEYWORDS

Sexualities; COVID-19;
concealment; intimacies;
mononormativity

Introduction

As became clear in the first few weeks of the COVID-19 pandemic, the need for social distancing significantly affected not only the organisation of public life, but also social relationships and intimacy. Lockdowns severely restricted collective sexual practices, spaces and communities. In Austria and Germany, sex work and shared intimacy in bars, clubs, saunas and sex-positive venues were prohibited during the lockdown. With significant symbolic power, one of the most famous sex-positive clubs in Berlin, the Berghain technoclub, had to close in 2020; it has since been transformed into an art gallery, at least temporarily (Balzer 2020). In the spring of 2020, extensive media discourse on pandemic sexuality developed in Austria and Germany (Döring and

Walter 2020). Around the world, several political authorities warned against the dangers of sexual promiscuity and called for the reduction of sexual relationships to household members—or for solo masturbation as a substitute for partnered sex (e.g. NYC Health Department 2020; Public Health Agency of Canada 2020). Yet, HIV and AIDS scholars highlighted the fact that the ‘burden of recommendations not to have sex with anyone outside of one’s household, and unilateral advice to avoid new partners, are not equally distributed in the context of state-sanctioned heterosexuality and the rights it confers in many parts of the world’ (Newman and Guta 2020, 2260).

Research in the history of medicine has shown that ‘[o]ne dramatic aspect of epidemic response is the desire to assign responsibility’ (Jones 2020, 2). WHO published a document on mental health in mid-March 2020 highlighting the need to reduce the stigma from COVID-19 infections and not to attach the disease to any specific social or ethnic group (WHO 2020, 1). Stereotyping, stigma and fear of ‘infectious’ groups affect intimacy and dating in the COVID-19 pandemic today, as was the case with the AIDS pandemic in the 1980s (Watkins-Hayes 2014; Valdiserri and Holtgrave 2020). Both the HIV pandemic and earlier syphilis pandemics were considered to be the result of irresponsible sexual behaviour (Roberto, Johnson, and Rauhaus 2020). Since the beginning of the COVID-19 pandemic, the cohabitating monogamous dyad and the traditional family have formed the state-protected legitimate arrangement of pandemic societies. It is not yet clear to what extent non-traditional arrangements are stigmatised due to pandemic risk management. Despite striking transformations in state biopolitics, there remains a lack of empirical data on the reconfiguration of intimate relationships in the pandemic.

Based on findings from an online survey on love, intimacy and sexuality in the time of COVID-19, this paper investigates the complexity of pandemic intimacy under conditions of physical distancing. It asks the following questions: how do people navigate their intimate arrangements during a lockdown; do sexual and romantic identities differ in terms of risk perception, concealment and frequency of contact to communities of care; and how do people make sense of new pandemic normativities? Conceptually, the paper integrates a concern for intimate citizenship with research on pandemic normativities and their consequences for sexual well-being. Empirical data are analysed in respect of (a) changes of intimate life, and (b) accounts of the moralisation of intimate relationships during the pandemic.

Conceptualising intimacy as a relational practice in the time of a pandemic

Intimate citizenship

In order to integrate individual practices and societal norms of pandemic risk management, I draw on feminist and queer approaches to intimate citizenship (Plummer 2001) because these allow us to contextualise sexual activities by relating individual arrangements to wider society. Based on earlier conceptualisations of sexual citizenship (Lister 2002; Richardson 2018), the concept of intimate citizenship includes policies and discourses on private matters such as the body, sexual pleasure, autonomy and care. From a sociological point of view, intimacies are influenced by legal

frameworks and inequalities as well as by sociocultural expectations and everyday moralities (Plummer 2003; Roseneil et al. 2020; Brooks 2017; Jamieson 1999). Conceptualised as an embodied experience of closeness, trust, communication and care in affective spaces and sexual fields, intimacy is experienced (if at all) in social groups ranging from family to friends, ‘dates’ to communities of care, or within other structured opportunities for intimate encounters. The social negotiation of intimate morality leads to feelings of social affinity and closeness, and of social distance and shame, following different trajectories in specific contexts over time.

Since the beginning of the COVID-19 pandemic, the call to abstain from any unnecessary social contact has resulted in the emergence of new social norms. In Austria and Germany, a shift of intimate citizenship has been institutionalised, with only law-abiding individuals who follow social distancing rules being viewed as valuable citizens. Without taking the structural and social barriers to compliant behaviour into account, good intimate citizenship has become marked by the sanctioning of distancing as an altruistic act necessary for the common good (De Lagasnerie 2020). The pandemic has re-institutionalised a traditional model of how people should legitimately form a social unit. The French sociologist Geoffroy De Lagasnerie has asserted that the ‘authorization of certain contacts and the prohibition of others has produced a psychic reconfiguration of the links that each of us maintains with others—certain intimate relations have been defined as strange relationships that we cannot maintain any more’ (De Lagasnerie 2020). Changed distancing requirements have reinforced traditional norms of cohabitation, commitment and monogamy. In Austria, for example, pandemic regulations allowed adults dressed as Santa Claus to break the curfew in order to visit children in December 2020, while at the same time prohibiting singles from going on Tinder dates. The regulations also specify that online acquaintances are not to be considered close relationships.

Intimate morality

Despite the transformation of what counts as legitimate intimacy in the discourse of sexual liberation in the recent decades, the couple remains a fundamental element in moral debate over what constitutes intimate citizenship. Historically, monogamy is linked to the development of bourgeois and heteronormative norms of nuclear family life, forming the crystal of modern sexuality (Foucault 1980). Throughout the historical process of monogamisation, ‘mononormativities’ (Kean 2015; St. Vil et al. 2020) have institutionalised a particular yet hegemonic couple norm (Roseneil et al. 2020). Indispensable for the recognition as a respectable citizen, the performance of monogamy is still considered a moral obligation in most social settings, even though multi-partnering and non-monogamy have gained significant ground in public acceptance (Klesse 2006).

Despite this, and in the face of the COVID-19 pandemic, monogamy and abstinence have been promoted as the healthy individual choices made by responsible citizens (Jones 2020). At the height of the HIV pandemic, the moral pressure to avoid sex defined public health responses in the USA and many African countries. In addition to abstinence and the use of condoms, prevention programmes recommended

faithfulness to one partner as the main risk avoidance strategy, in contrast to the situation in Europe, where most countries focused their liberal policies on safer sex (Matic 2006). The association of HIV with promiscuity and homosexuality encouraged many people to return to monogamy out of fear of infection (Daly 2020). This cultural problematisation of promiscuity produced shame and concealment in the case of HIV (Hardon and Posel 2012), yet, sexual minorities also created alternative spaces of radical democratic citizenship for AIDS care and activism (Brown 1997). Managing the risk of intimacy within communities of care was a crucial part of navigating the HIV pandemic and could be so in the case of COVID-19 as well (Green et al. 2018; Stephenson et al. 2021).

What have been the consequences of pandemic normativity on intimacy?

Most recent international research suggests that the COVID-19 pandemic is decreasing the frequency and quality of people's sex lives, both directly—due to social distancing requirements—and indirectly, because of (1) stress and depression, and (2) stigma and sexual stigma (Ko et al. 2020; McKay et al. 2020). One important aspect of the transformation of intimate relations concerns risk perception and anxiety linked to the likelihood of infection (Ko et al. 2020). Yet, as researchers from the Kinsey Institute in the USA have shown, some people have also experimented with new sexual practices and extended their sexual repertoire during lockdown (Lehmiller et al. 2021).

Research on the HIV pandemic has highlighted that concealment and disclosure are part of the cultural politics of secrecy and truth-telling that are a fundamental to everyday social life (Hardon and Posel 2012). Conceptualised as a relational practice, concealment cannot be considered to originate in the individual. Rather, shame, guilt and active silence are expressions of cultural norms, expectations and the intention to reduce risks and harm in respect of social relationships. Both disclosure and non-disclosure require agents to perform emotional and 'moral labour' (Dong et al. 2020). In a pandemic, concealment can be seen as a social practice that covers up non-hegemonic (sexual) practices and intimate arrangements, particularly if people are put at risk of infection.

Method

Between 1–30 April 2020, the *Love, Intimacy and Sexuality in the Time of COVID-19* survey was conducted in Austria and Germany. In collaboration with researchers from the Kinsey Institute at Indiana University, a German language translation of parts of their sex and relationship survey was integrated into a larger study of intimacy, sexuality and social solidarity during the COVID-19 pandemic. The study collected data on sexual behaviour, satisfaction with sex life, and sexual desire, among other variables.

The German language questionnaire included newly items on frequency of contact with members of sexual communities (e.g. the queer community, LGBTIA+, sex-positive community, bodywork, polyamory, BDSM, sex work, etc.), the number of conversation partners on sexual topics, worries that intimate relationships might fall apart, and decline of invitations to meet for sex during the pandemic. It also included four new items that allowed for a theoretical comparison between the COVID-19 and HIV

Table 1. Demographic characteristics of participants.

Country (N, %)		
Austria	3123	66.4
Germany	1583	33.6
Gender (N, %)		
Female	3174	67.5
Male	1311	27.9
Non-binary	115	2.4
Other	104	2.2
Age (M, SD)	35.2	11.9
Education (N, %)		
Compulsory/Secondary School	411	8.7
Gymnasium/High School	1318	28.0
University	2971	63.2
Sexual identity (N, %)		
Asexual	100	2.1
Bisexual	371	7.9
Pansexual	120	2.6
Queer	178	3.8
Lesbian or gay	285	6.1
Heterosexual	3460	73.5
Kinky	63	1.3
Not sure	100	2.1
Relationship status (N, %)		
No romantic or sexual relationship	677	14.4
Casual sexual relationship(s)	272	5.8
At the beginning of a new relationship	330	7.0
Committed couple (marriage or partnership)	2711	57.6
Open or polyamorous relationships	292	6.2
Unclear 'complicated' relationship(s)	240	5.1
At the end of a relationship/in separation	70	1.5

pandemics. Two questions were included that focused on anxiety about infection as a result of sexual behaviour in the case of respondents who engaged in partnered sex or group sex or anonymous sex in public spaces. Two further questions addressed the concealment of sexual contacts, needs and practices from friends and partners during the pandemic (for details, see online supplemental appendix).

The questionnaire was developed in SoSci and distributed via major daily newspapers, radio and queer networks. Based on a final sample size of 4,709 German and Austrian adults who completed the survey (for demographic characteristics, see [Table 1](#)), data analysis was performed using SPSS. One-way ANOVA and non-parametric tests in the case of non-normally distributed data were conducted, and effect sizes were used to identify statistically significant differences in concealment, risk perception and frequency of contact by gender, age, sexual identity and relationship status. A significance level of 0.01 was used for all analyses due to the large sample size.

Additionally, 4,140 respondents answered a question on positive and negative changes in their intimate relationships. These open-ended responses filled 458 pages in total and allowed for an analysis of subjective experiences of the pandemic's effects on social relationships. 1,169 people further elaborated on reasons for dissatisfaction with their current romantic and sex life via two additional open-ended questions. Open-ended responses were not analysed in respect of frequency of occurrence. Rather, themes were identified that represented response patterns of shared meaning, providing additional insight into different perspectives on sexual norms and morality. After generating descriptive themes and refining initial codes related to the research

questions, content analysis was conducted on the subthemes of moral pressure, anxiety, concealment and responses relevant to the earlier HIV pandemic. Compelling examples were selected for inclusion in the final analysis.

In terms of ethics, respondents were alerted to the aims of the study and assured of anonymity of participation and data protection. Respondents were able to skip questions; age was the only mandatory question of the survey. No IP address, referral site or any other potentially identifying personal information was collected.

Quantitative findings

Frequency of contact with sexual partners and communities

How did the pandemic affect community involvement and frequency of contact with current intimate partners? In April 2020, one quarter of all respondents reported being less frequently in contact (online or offline) with their current sexual partner(s) than before the pandemic. Almost half of participants had less contact with former sexual or romantic partners.

Statistically significant changes in frequency were observed across different relationship arrangements (see Table 3). While people in committed couple relationships often intensified contact with their partner ($Mdn = 3$), respondents with casual sexual partners restricted their contact ($Mdn = 2$), $U = 216,703.50$, $z = -10.22$, $p < .001$, $r = -0.19$. Half of sexually active singles met their current sex partners less frequently or not at all during contact restrictions in April 2020. This self-restriction was also reflected in the fact that 36 per cent of participants pursuing casual sex and 21 per cent of people in non-monogamous relationships turned down an invitation to have sex during the lockdown.

Changes in the frequency of sexual contact significantly differed according to sexual identification $H(8) = 50.10$, $p < .001$, age, $H(5) = 62.52$, $p < .001$ and gender, $H(2) = 24.40$, $p < .001$. Stable levels of contact were most often reported by asexual and lesbian participants. Among the group of heterosexual participants, 23 per cent had less and 38 per cent more frequent contact with their current sexual partner(s) in April 2020. Gay men reduced their sexual contact more than heterosexual men: 55 per cent had less contact with sex partners than before the lockdown ($Mdn = 2$), while the figure among heterosexual men was 26 per cent ($Mdn = 3$), $U = 33,856.00$, $z = -5.83$, $p < .001$, $r = -0.19$. In addition, 47 per cent of the respondents who identified as kinky reported a reduction in partner contact.

The frequency of community contact varied greatly according to sexual identity (Figure 1 and Table 2), $H(8) = 1,129.56$, $p < .001$. Two thirds of heterosexual respondents generally had no contact with people from sexual communities. Among respondents identifying as LGBPQK+, the percentage of people having no contact with sexual communities was 16 per cent before the pandemic but rose to 29 per cent in April 2020.

Lockdown thus increased the isolation of sexual minorities from their communities of affinity and care. Asexual and queer people were interesting exceptions to that community transformation. Their community involvement was not significantly affected by the pandemic, although in different ways. Before the pandemic, many asexual respondents were not in contact with any community members and remained distant from sexual communities throughout the pandemic. At the other end of the

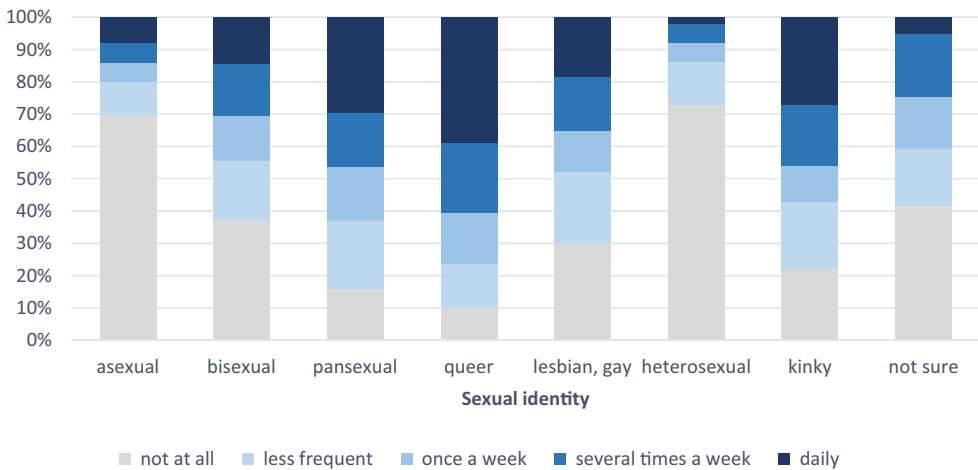


Figure 1. Frequency of community contact, by sexual identity in April 2020. In the last two weeks, how often have you had contact with people from a sexual or gender diverse community (e.g. queer community, LGBTIA+, sex-positive community, bodywork, polyamory, BDSM, sex work, or similar)?

Table 2. Changes in frequency of community contact during the lockdown in April 2020 and before the pandemic.

Sexual identity	Frequency in April 2020 (Mdn)	Frequency before the pandemic (Mdn)	Wilcoxon test
Asexual	5.0	5.0	$Z = -2.08, p = .038$
Bisexual	4.0	3.0	$Z = -7.08, p < .001$
Pansexual	3.0	2.0	$Z = -4.89, p < .001$
Queer	2.0	2.0	$Z = -5.44, p < .001$
Lesbian and Gay	4.0	3.0	$Z = -7.68, p < .001$
Heterosexual	5.0	5.0	$Z = -14.99, p < .001$
Kinky	3.0	2.0	$Z = -2.57, p = .010$
Not sure	4.0	4.0	$Z = -1.59, p = .112$

Frequency: 1 = daily, 2 = several times a week, 3 = once a week, 4 = less frequent, 5 = not at all.

spectrum of community involvement, queer participants remained in contact with their peers at a relatively high level both before and during lockdown.

Intimate relationship quality

How did distancing measures affect intimacy? The reduction in sexual contacts was not without consequences for intimate relationship quality. The distancing or deepening of intimate relationships was related to relationship status during the lockdown (Figure 2 and Table 3), $F(7, 4,653) = 53.77, p < .001$. Singles, people in separation, those with unclear relationship status, that is, in 'complicated' relationships with one or more persons, and respondents with casual sexual partners, experienced a loss of closeness in their intimate relationships compared to the start of the pandemic. Gay men most frequently reported that their intimate relationship(s) had become more distant: this was the case for one in four respondents. Almost half of the respondents who had casual sex (43%) or were in unclear 'complicated' relationships

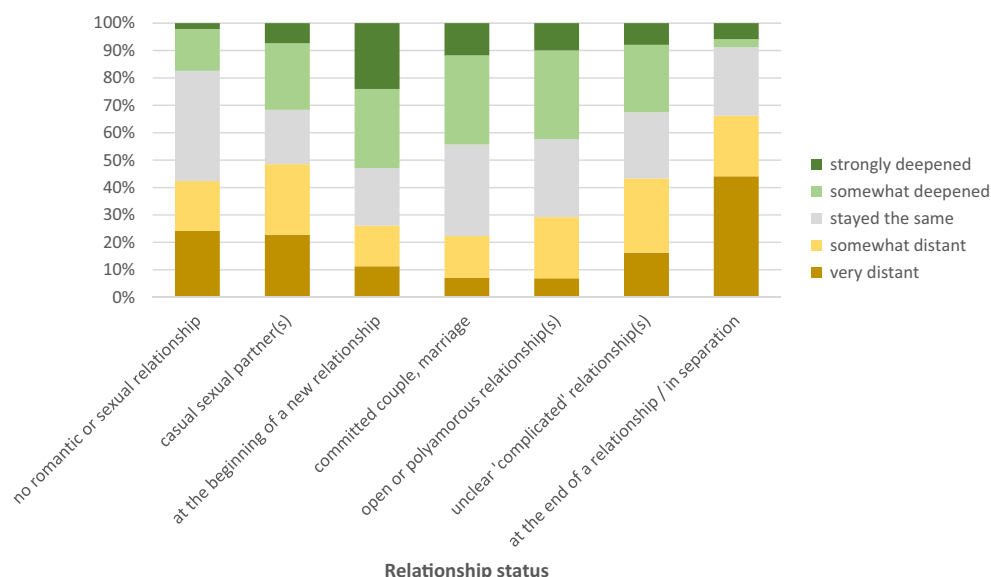


Figure 2. Distancing or deepening of intimate relationships, by relationship status. Would you say that your intimate relationships have deepened overall in the last two weeks, have they stayed the same, or have they become more distant?

Table 3. Change in contact frequency and distancing of intimate relationships.

Relationship status	Change of frequency of contact with current sexual partners (Mdn)	Satisfaction with current sex life (Mdn)	Deepening of intimate relationships (M, SD)	Worries that intimate relationships will break apart (Mdn)
No romantic or sexual relationship	–	2.0	3.5 (1.1)	3.0
Casual sexual partner(s)	2.0	3.0	3.3 (1.3)	4.0
Committed couple (marriage/partnership)	3.0	5.0	2.7 (1.1)	2.0
At the beginning of a new relationship	3.0	5.0	2.6 (1.3)	3.0
Open or polyamorous relationships	3.0	4.0	2.8 (1.1)	3.0
Unclear 'complicated' relationship(s)	3.0	3.0	3.2 (1.2)	4.0
At the end of a relationship/ in separation	2.0	2.0	4.0 (1.2)	5.0

Frequency: 1 = less often, 3 = stayed the same, 5 = more often.

Satisfaction: 1 = not at all satisfied, 7 = very satisfied.

Deepening: 1 = strongly deepened, 3 = stayed the same, 5 = very distant.

Worries: 1 = no, not at all, 7 = yes, very much.

(49%), were concerned that their intimate relationships might break up during the pandemic ($Mdn = 4$). Among committed couples, only 16 per cent were affected by this concern ($Mdn = 2$), $U = 220,514.50$, $z = -11.54$, $p < .001$, $r = -0.21$.

Furthermore, relationship status was also associated with a currently satisfying sex life (Table 3), $H(7) = 543.08$, $p < .001$. Particularly, singles and people in separation reported low satisfaction. Interestingly, and despite their overall dissatisfaction with their current sex life, survey data showed that many asexual respondents and singles

without sexual relationships felt they profited from the lockdown: at last, no-one expected them to have an active sex life. One third of the respondents without a sexual or romantic relationship, and half of asexual people, felt relieved of stressful sexual expectations due to the contact restrictions.

Concealment from friends and partners

To what extent did respondents experience concealment pressure during the pandemic? In respect of current sexual activities, practices and needs, non-disclosure to friends was relatively frequent—more frequent than secrecy in intimate partnerships. One third (33%) of respondents frequently kept their close friends in the dark about their pandemic sexual activities, and a quarter (28%) did so sometimes. 13 per cent of participants often did not disclose their activities to partner(s), with an additional 23 per cent of respondents sometimes concealing their sexual life or aspects thereof. Concealment was related to respondents' relationship status at the time of the lockdown (concealment from partners: $H(7) = 80.23$, $p < .001$, friends: $H(7) = 105.97$, $p < .001$), but not related to sexual identity, gender or age.

Only 4 per cent of participants in an open or polyamorous relationship said that they kept their current sexual practices secret from partners, an additional 15 per cent said they did so sometimes. In contrast to this low level of secrecy in non-monogamous relationships, one third of committed couples and as many as half of interviewees who had casual sex were hiding parts of their sexuality from their partner(s). Similarly, people in polyamorous arrangements reported the lowest frequency of friendship non-disclosure ($Mdn = 3$, other respondents: $Mdn = 2$). Survey findings showed that concealment from friends during the pandemic also correlated with the sexual openness of a person's social network (Figure 3). The lower the frequency of contact with

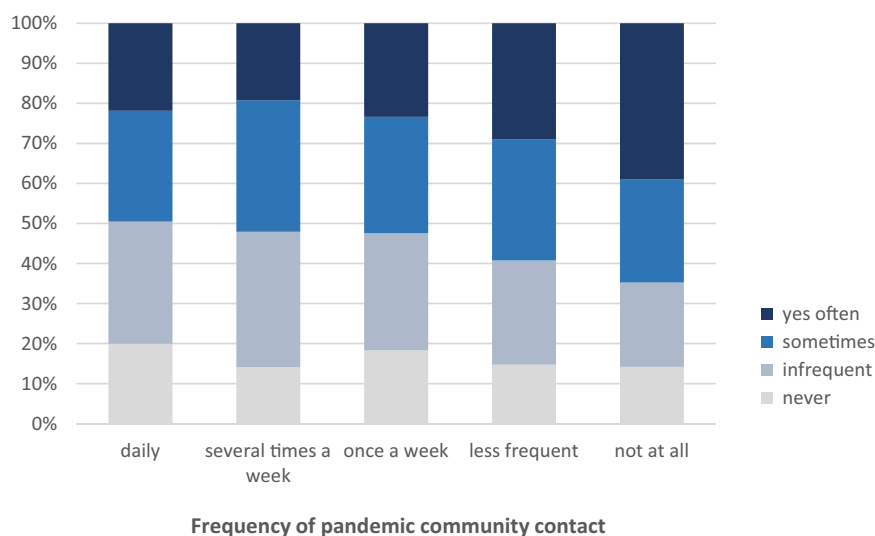


Figure 3. Concealment of pandemic sexuality from friends, by frequency of community contact during the pandemic. Do you keep close friends in the dark about your current sexual contacts, needs and practices?

members of particular sexual community before and during the pandemic, the higher the secrecy among respondents, $r = -.14$, $p < .001$.

The most substantive finding relating to concealment concerned the number of people that respondents had been talking to openly about their sexuality in the 12 months prior to the survey participation (see Table 3), $r = .34$, $p < .001$. The number of available and trusted persons with whom respondents were able to be open about their sexualities differed between sexual identity categories, $H(8) = 404.36$, $p < .001$. Asexual interviewees reported having the fewest conversation partners in the year prior to their survey participation, with half of them having had only one person to talk to about their sexuality ($Mdn = 1$). Most of the heterosexual respondents had two persons ($Mdn = 2$), lesbian and gay respondents reported 3, bisexual people reported 4, and queer, kinky and pansexual people reported 5 persons with whom they could share sexual experiences.

Risk perception and anxiety

Overall, 83 per cent of participants who had sex with a partner, a stranger, group sex or anonymous sex in public during the lockdown were not at all afraid of contracting COVID-19 through their sexual activities. 76 per cent considered their sexual risk to be very low. Only two per cent of the respondents worried about risk of infection and 3.5 per cent perceived a genuine risk of infection. Worries about infection risks were related to sexual identity, $H(8) = 47.62$, $p < .001$, and were not related to age, $H(5) = 8.79$, $p = .117$ or gender, $H(2) = 1.43$, $p = .490$.

Gay, bisexual, pansexual and queer men reported significantly higher concern about infection and showed higher risk assessment than heterosexual men (Figures 4 and 5), $U = 24,767.50$, $z = -5.64$, $p < .001$, $d = 0.32$.

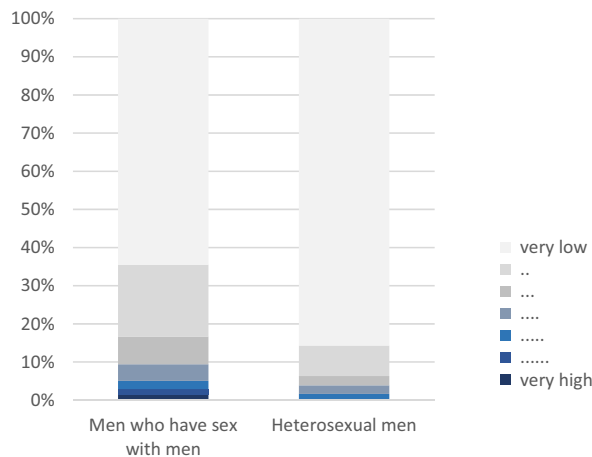


Figure 4. Worries about infection. You have indicated that you have had intimate or sexual contacts since the beginning of the pandemic. How great is your concern that you have been infected with the new Corona virus? ($n_1 = 138$, $n_2 = 458$; only men who had sexual contacts; MSM = gay, bisexual, pansexual and queer men).

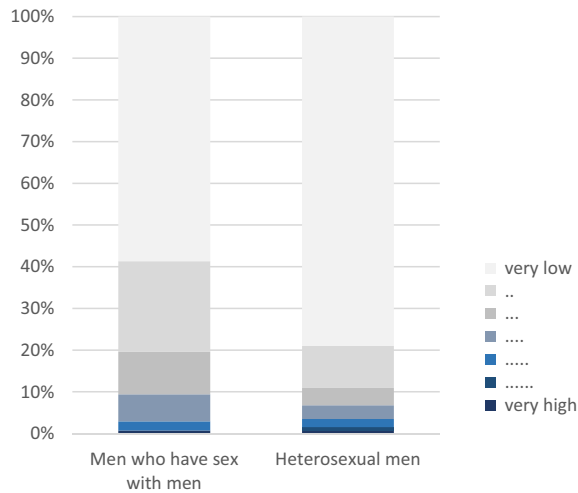


Figure 5. Risk assessment. How high do you estimate the risk that you have been infected with the new Corona virus during your sexual activities? ($n_1 = 138$, $n_2 = 457$; only men who had sexual contacts; MSM = gay, bisexual, pansexual and queer men).

Only 59 per cent of gay, bisexual, pansexual and queer men assessed their infection risk as very low. The anxiety of these men might partly be explained by the fact that their sexual practices differed from heterosexual participants. Gay, bisexual, pansexual and queer men relatively often reported cruising activities during the lockdown: 6 per cent reported looking for sex in public places, and 10 per cent had sex with a stranger during lockdown—activities that were of much less relevance to heterosexual men (0.7 and 2.4 per cent).

Respondents who had sex with a stranger were then more worried than other respondents that their sexual practices had put them at a greater risk of COVID-19, $U = 74,726.00$, $z = -6.30$, $p < .001$, $r = -0.13$. Similarly, respondents reporting cruising showed greater concern that they might have caught the virus while doing so. Collective sexualities such as group sex were also a source of concealment and caused worries about increased risks of COVID-19 among participants who were navigating multiple partners during the lockdown. More than 40 per cent of participants with multiple partners reported social distancing from partners who were not living in the same household.

Navigating intimate arrangements during a pandemic: open-ended responses

Participants' text-based answers provide insight into changes in intimacy and relationships during the pandemic. How then did people navigate their intimate arrangements during a lockdown? In general, they did so in a very reflexive manner.

Mononormativities

Many respondents who navigated complex arrangements before the pandemic reduced the number of partners to one person during lockdown in April 2020—a transformation that several respondents described as 'enforced monogamy'¹ (woman, 38, heterosexual, at the beginning of a committed relationship), 'state imposed

monogamy' (nonbinary, 39, bisexual, open or polyamorous relationships) or 'coronamonogamy', that is, 'no Tinder anymore, sexual contact limited to 1 person' (woman, 38, not sure, open or polyamorous relationships).

My intimacy and physical needs were spread over a number of people before the pandemic. These included casual sexual contacts, sexual friendship, rope partners, play partners, but also asexual cuddling-closeness. Due to the pandemic, this relationship complexity was reduced to one person (even if it is not a romantic relationship). (Non-binary, 36, queer, casual sexual partners)

People in open relationships explained that they stopped seeing sexual partners. Instead of group sex or swinging, some respondents now chose to live in a 'purely monogamous relationship'. People who had sex with a stranger were often afraid that they had done something against the law yet reported having a strong sexual desire and the inability to live a 'celibate' life. Several respondents described it as a loss that they were forced to distance themselves from intimate partners and choose one exclusive partner. This left abandoned respondents who had previously thought they were in a relationship, lonely and deprived of touch at a time of crisis when they felt particularly vulnerable.

What becomes clear from many comments was the reduction in sexual routines and practices 'to traditional models of closeness and intimacy' (man, 49, pansexual, casual sex) and the perception of queer respondents that 'Corona [has] destroyed the complexity of (psycho)sexual relationships and intimate relations' (non-binary, 36, queer, casual sex). Respondents limited their intimate life to only a few people and actively perceived that transformation as a process of monogamisation:

Although my partners still have sexual contact with others, I am currently switching to mono. (...) Dating is something I have let go. (I had a slip a week ago, but I'll let that go now) Meetings are cancelled. (I'm in certain groups.). (No information on gender, 27, kinky, open or polyamorous relationships)

Queer and polyamorous people, in particular, commented on what they saw as a new mononormativity, reflecting on their needs and choices regarding intimate relationships with loved ones.

For 5 weeks, I was only with my first partner. It also offered new moments of encounter and intimacy. It was restful because I did not see my lover. But I also had a lot of longing for them. I did not want to live monogamously anymore. Anyway, it is not an easy way to feel polyamorous. Now, I have to be monogamous and I feel more clearly that this is not what I want. I feel set back. But it is also interesting to feel that so clearly. I talk a lot with my intimate partners about these feelings and thoughts. (Woman, 48, heterosexual, open marriage with lover)

Complaining that the pandemic measures only suited traditional, cohabiting nuclear families and disadvantage patchwork families, poly-relationships, or long-distance relationships, respondents living in unconventional arrangements suffered a great deal from social distancing policies.

Moralisation and moral conflict

Respondents sensed 'a conservative backlash caused by the pandemic' and that 'relationships that are not "sanctioned" by living together or by a registered partnership/

marriage are (again) increasingly seen as “not a real relationship,” even in progressive circles’ (non-binary queer respondent, age 39, open or polyamorous relationship). Participants described of moral pressure to avoid, and barriers to, ‘meeting other people’, in the case of unconventional arrangements or even separate households:

On the one hand, there is a tendency among female friends to look after each other and ask how they are doing. On the other hand, I also have the feeling that the moral cudgel is sometimes being thrown around. (...) With regard to my relationship, it has become strange that I suddenly have to discuss with my flatmates whether I can see my girlfriend. (Woman, 31, lesbian, committed relationship with one person)

Single respondents in particular perceived a new moralisation of sexual relationships: ‘Maintaining intimate relationships is currently not possible as a single person, or if so, only to a very limited extent. You would also probably be given stern looks’, wrote a 32-year-old respondent without relationship. Another man pointed out that ‘the feeling that you’re doing something morally wrong hinders active dating—everything is much more complicated and seriously moralising than before’ (man, 33, gay, casual sexual partners).

The mitigation of the pandemic also led to inner conflict and emotional contradictions, to ‘moral obstacles’ or ‘a moral dilemma, since on the one hand there is responsibility towards society and on the other hand there is an individual need for physical and emotional closeness’ (woman, 25, heterosexual, casual sex). Similarly, another woman reported, ‘Less contact. Fear of contact vs. desire for closeness. Daily negotiation between one’s own needs and “morality”/society’ (woman, 28 years old, heterosexual, no romantic or sexual relationship).

Loneliness and sexual desire came into conflict with both the fears of infection and social distancing norms. Physical closeness was perceived as taboo, being ‘equated to a violation of the law’ which led to people questioning their previous sexual routines and preferences.

Casual sex is entirely impossible. Old contacts are renewed with the aim of being able to meet after the ban on contact. Values are reconsidered. Is a permanent relationship the better choice after all? Is my lifestyle too promiscuous? (Man, 45, gay, casual sex)

Negotiating intimate arrangements proved especially difficult in co-living communities. Following the need to justify their intimate contacts to other people living in their shared flat, respondents reported feelings of guilt, remorse and social pressure with comments such as ‘friends make me feel bad’. Even when some casual sex partners decided on exclusivity, ‘it will always be discussed within the shared flat whether it is still ok or not’ to meet.

The flat-sharing community with my friends has become more intensive, (...), everybody is suspicious and wants to interfere in others’ affairs. (...) I am forbidden to do anything all the time and I have to ask for all social contacts I plan (to be at a safe distance and all). I have the feeling that the couples feel morally superior and believe they are in the only ones in honourable and exemplary situation and singles are automatically worse people. That was partly true also before the lockdown. (No gender information, 23, bisexual, no relationship)

Anxiety and concealment

Anxieties were widespread among respondents and affected dating and partners alike. Some people began to meet their partners in secret: ‘I asked someone for a private

meeting for the first time. I was so insecure to ask for a meeting at all because of Corona that I felt the need to keep it a “secret” that we are meeting now’ (no information on gender, 27, not sure, at beginning of a committed relationship). Respondents described how they were afraid to do something punishable and felt guilty: ‘I feel bad when I visit people who don’t live in my household, that is why I limit myself, but it is not entirely possible’ (woman, 24, heterosexual, open or polyamorous relationships). Respondents were also uncertain if they were allowed to see their partners in a different household—and what would happen if they did do so: ‘Do I have to pay a fine if the police stops us together in the car and finds out that we do not live in the same household?’ (woman, 23, heterosexual, casual sex). Responses also make visible anxieties based on sexual identity and race:

As a homosexual (*sic*), the police often do not understand that you hold hands with your partner and that you are not a friend, and that you live together with her or him (which is even more difficult to explain with a different skin colour). What often already leads to looks in everyday life is aggravated by Corona, because you have to explain it three times, maybe you are even married and have the same name, but you absolutely have to show your passport. (Non-binary, 34, lesbian/gay, no relationship)

Some participants perceived intimate relationships as taboo and secretive—‘a little bit like in adolescence’, wrote one respondent, with others highlighting the fact that the prohibition of intimate contact to strangers makes the thought even more exciting to them.

Haunting memories of HIV and AIDS

Health risks and management have been omnipresent in the COVID-19 pandemic, triggering a risk awareness that some respondents remembered from the earlier HIV pandemic. One respondent noted, ‘The question: Are you healthy? is being asked again’. Memories of HIV and AIDS remain present in perceptions of the COVID-19 pandemic, being particularly burdensome for those who suffered from the social distancing and isolation caused by the HIV pandemic:

Prohibition to meet, to visit (e.g. long-distance relationships/friends with benefits), or danger of social ostracism if people meet. Physical contact becomes ‘dangerous’ again, now that the threat of HIV due to antiretroviral therapy and PrEP has finally receded in recent years (through PrEP especially within the last 2 years). Now there is a new epidemic, which makes touch/physical and intimate proximity taboo or fearful. For people living with HIV or people who are living together or having sex with people living with HIV, this is a new collapse of the recently and slowly built up feeling of freedom. (Man, 38, gay, unclear ‘complicated’ relationship)

The freedom to decide individually about responsible risk management was a common topic of discussion. Criticism was directed against organisations such as the AIDS Hilfe support service due to their advocacy for online sex over sex dating. In the view of one gay man, 49, this was a form of ‘health fascism’. Another gay man stressed that,

Compared to dealing with the risk of infection with HIV, the current risk regarding sex with other people is much less life-threatening for myself than in the past. Out of solidarity and consideration for the current capacities of the health care system, I also do

not want to contribute to the spread at the current time and put other people in danger. (Man, 47, gay, open or polyamorous relationships)

Highlighting solidarity in risk management, respondents worried about the impossibility of safer sex during COVID-19 and anticipated social cleavages.

... there is no safe sex anymore—there is no intimate relationship at the moment; the reality between singles and people in fixed relationships is drifting apart, which creates tension in the circle of friends; I am thinking again about the AIDS crisis of the 80s and what it means to protect not yourself but others. (Woman, 40, queer, unclear 'complicated' relationship)

Discussion

How then according to this survey did people navigate their intimate arrangements during lockdown? Findings support the claim that the pandemic re-institutionalised traditional modes of intimate citizenship. Empirical data indicate significant transformations in intimate arrangements and their legitimacy in Austria and Germany in April 2020—both at the political level, by creating lockdown conditions that prioritised and protected romantic couples living in the same household; and at the social level, by moralising and anticipating the negative moral evaluation of non-dyadic intimate arrangements. Even though results from this non-representative survey sample cannot be generalised, some of the findings reveal insight into new forms of intimacy arising during the COVID-19 pandemic.

As was already the case at the height of the HIV pandemic, gay, bisexual and other men who have sex with men appear to be one of the groups most affected by the COVID-19 pandemic. They reported greater health concerns as well as higher levels of risk assessment in respect of their sexual activities during lockdown than heterosexual men. They were also more likely to reduce the frequency of sexual contact, with the result that they were more anxious that their sexual relationships might be on the edge of breaking apart. Findings from the analysis of text-based responses show how the memory of HIV informed some of these respondents' accounts of intimacy, abstinence and pandemic morality in the context of the COVID-19 pandemic.

Yet, as the results also show, these men were not the only group to have significantly transformed their intimate life due to pandemic risks. People in non-monogamous relationships were also under pressure to alter their sexual practices. Those participating in specific cultures of intimacy such as anonymous sex, and sex with several partners experienced higher viral risk perception, as well as greater social and moral pressure, than monogamous dyadic arrangements.

Findings illustrate the various ways in which people process pandemic mononormativities, ranging from resisting or questioning them, to accepting them as a temporary phenomenon, or welcoming permission to refrain from exhausting relationship complexities. The fact that the lockdown provided relief for so many asexual people and singles provides an impressive illustration of the pressure to find a partner and have partnered sex in Austrian and German society today (cf. Roseneil et al. 2020, 227f). The emerging shift in social norms towards sexual restraint, however, has a flip side. As much as diminishing expectations of an exciting sex life felt liberating to happily

autonomous singles, conversely, those respondents who would have liked to live unconventional forms of intimacy with their partner(s) now experienced deeply troubling and sometimes intrusive expectations of monogamy, commitment and stable cohabitation. Evidence from the survey research supports the thesis that the shift from the legally sanctioned couple norm towards more liberal and pluralistic norms of intimate life in the past may have come to an—at least temporary—end during the COVID-19 pandemic. The governance of the pandemic is intensifying the moral weight of the couple norm, linking non-traditional alternatives to public health threat and death. The ‘grip’ of the couple norm has not been loosened (Roseneil et al. 2020, 216); instead, we register the rise of a renewed culture of mononormativity, sexual exclusivity and cohabitation in viral times.

The COVID-19 pandemic has pressured people to turn to monogamy due to fear of infection. Bad conscience and the monogamisation of sexual relationships may transform queer and non-monogamous sexualities, particularly due to the loss of community contact throughout the pandemic. A follow-up study conducted in Austria and Germany in November and December 2020 (Rothmüller 2021) found additional evidence of the increased isolation of sexual minorities as well as stigmatisation due to their relationship status in the course of the pandemic: fully 21 per cent of consensually non-monogamous respondents reported experiencing social exclusion due to their polyamorous relationships during the pandemic, with 40 per cent of non-monogamous respondents remaining in contact with their primary partner only.

At the beginning of the pandemic, and in a time of increased moral pressure on minoritised forms of sexuality, community contact provides some relief from concealment and the effects of a limiting sexual morality. The results indicate that communication and trust within sexual communities reduces concealment pressure. Contrary to public discourse that regards non-hegemonic sexuality as a driver of the pandemic, this study identified moral conflict and careful consideration of pandemic risks among sexual minority participants.

Instead of stigmatising non-hegemonic forms of sexuality, a comprehensive approach to the structural, emotional and social aspects of risk reduction is key to supporting people’s sexual and mental health during the COVID-19 pandemic (Eaton and Kalichman 2020). Pandemic mitigation strategies can learn from the HIV crisis by taking the psychosocial dimensions and consequences of distancing into account, instead of using moral persuasion to encourage people to make responsible decisions (Eaton and Kalichman 2020). Non-stigmatising mitigation strategies rely on community mobilisation and collective practices of care (Logie and Turan 2020). Yet, unlike the HIV pandemic when communities of care were important providers of social support, the COVID-19 pandemic separation of individuals from communities prevented stigmatised people from accessing support at a time when they were most targeted for their sexual and romantic arrangements.

Note

1. All answers were translated from German to English by the author. Use of small letters as in the original.

Acknowledgements

Thanks go to Nora Ruck, Emelie Rack, Sophie König, Anna Maria Diem and David Seistock from the Sigmund Freud University in Vienna for their support with the COVID-19 research project. I also thank Amanda Gesselman and the Kinsey Institute, Indiana University, for their co-operation in a pilot study in the spring 2020.

Disclosure statement

No potential conflict of interest was reported by the author.

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