

What really matters in family communication about sexuality? A qualitative analysis of affect and style among African American mothers and adolescent daughters

Erika I. Pluhar^{*a} and Peter Kuriloff^b

^a*Emory University, USA;* ^b*University of Pennsylvania, USA*

The family—via communication (or lack thereof)—is a primary avenue for sexuality education. While most research on family sexuality communication has examined the content of parent–child communication (e.g. topics discussed), relatively few studies have assessed the process, the way in which communication occurs. This paper presents an analysis of communication process based on data collected during a qualitative, observational study of family sexuality communication with thirty low- and middle-income African American mothers and their adolescent daughters living in an urban area in the southeastern USA. Two dimensions of communication process emerged: affective and stylistic. Elements of the affective dimension included connection, empathy, comfort, anger, and silence. Elements of the stylistic dimension included interactive versus didactic communication styles, use of a variety of persuasive techniques, body language, and setting. Results suggest that the process of sexuality communication is as, if not more, important than content and that affectively open and stylistically interactive sexuality communication is related to the context of close and connected mother–daughter relationships.

A wide range of family factors affects adolescent sexual attitudes and behavior, including family context and structure, aspects of family relationships, and family biological influences (Miller, 2002). Within the category of family relationships, researchers have examined the role of parent–child connectedness, parental regulation and psychological control, and parent–child communication in shaping adolescent sexual behaviors. Parent–child communication about sexuality, in particular, has been the focus of over 95 studies since 1980 (DiIorio *et al.*, 2003). Although the relationship between parent–child sexuality communication and adolescent sexual

*Corresponding author: Rollins School of Public Health, Emory University, 1520 Clifton Road, NE, Room 260, Atlanta, GA, 30322, USA. Email: epluha2@sph.emory.edu

behavior is complex and research findings have been inconsistent (Kirby, 1999; Miller, 2002; DiIorio *et al.*, 2003), educators and researchers have continued to focus on family communication as an important avenue for sexuality education. While much of the research has examined the content of family sexuality communication (i.e. topics discussed), relatively few studies have looked at *how* communication occurs, i.e. communication *process*. This paper presents an analysis of communication process based on data collected during a qualitative, observational study of family sexuality communication with low- and middle-income African American mothers and their adolescent daughters.

Background

The few studies that have examined the process of parent-child sexuality communication have described several aspects of the way communication happens, including feelings conveyed, conversational styles, verbal and nonverbal modalities, and communicative strategies. Feelings of embarrassment and discomfort have been identified among both children and parents when communicating about sex (DiIorio *et al.*, 1996; Kahlbaugh *et al.*, 1997; King & Lorusso, 1997; Lefkowitz *et al.*, 1998; Rosenthal & Feldman, 1999; Jordan *et al.*, 2000). In a series of observational studies, Lefkowitz *et al.* (1998) and Lefkowitz *et al.* (2000) found that mothers were more dominant in sexuality conversations. Lefkowitz *et al.* (1996) observed less turn taking and the use of fewer words in mother-child conversations about sexuality compared to other conversations. Rozema (1986) found that college students reported more defensiveness in sexuality communication with parents than with peers. Comparing reports of verbal and nonverbal sexuality messages, Ward and Wyatt (1994) found that African American and White women recalled receiving mixed messages about sexuality in that verbal messages were more negative and nonverbal messages were more positive.

Several investigators also have identified strategies used by parents in communicating with children about sexuality issues. Nwoga (2000) found that the African American mothers in her qualitative study used storytelling to accomplish sexual socialization and to persuade their daughters to avoid making the same mistakes they reportedly made as teenagers (e.g. teen pregnancy). In contrast, Aldous (1983) identified strategies families used to *avoid* discussing birth control, including flippancy, avoidance, cut-off remarks, and the use of verbal platitudes.

There is some evidence that the process and style of communication is different depending on the gender of the child. Whalen *et al.* (1996) found that communication was more mutual between mothers and daughters and more directive between mothers and sons, and that girls were more mutual and expressive, whereas boys were more withdrawn. Kahlbaugh *et al.* (1997) concluded that boys displayed more affective contempt when talking with mothers about dating and sexuality than about conflict. Lefkowitz *et al.* (2002) observed that during mother-son conversations, one person usually took on the role of questioner, whereas the other did not. In contrast,

mother–daughter dyads more frequently displayed mutuality of positive emotions compared to mother–son dyads.

Indeed, communication process may be an important mediator in the relationship between parent–child communication and adolescent sexual behavior. For example, among an African American and Hispanic sample, Whitaker *et al.* (1999) found that parent–teen communication was a significant predictor of sexual risk reduction *only* if teens felt their parents were open, skilled, and comfortable in their discussion of sex-related topics. Similarly, Kotchick *et al.* (1999) found that open and receptive sexual communication between African American and Hispanic mothers and adolescents was associated with less adolescent risk-taking behavior. Lefkowitz *et al.* (2000a) found that Latino American and European American mothers who used an interactive as opposed to a didactic style when communicating about sexuality had adolescents with greater knowledge about AIDS. Mueller and Powers (1990) found that college students who perceived parents as having friendly and attentive styles of communication reported less sexual activity in junior high, college, and in total.

The literature on family-based sexuality communication has tended to approach this phenomenon from the perspective that communication is a discrete, constant entity. In other words, it implies that sexuality communication involves discussion of a topic or topics for a moment in time outside of the context of a relationship. However, the studies cited above suggest that the process of parent–child communication (e.g. style, affect, relationship quality) about sexuality may be a critical, albeit neglected, piece of the adolescent sexual development puzzle. Although several studies have examined various aspects of communication process, only Lefkowitz *et al.* (1996, 1998, 2000a,b, 2002) have collected observational data. Moreover, nearly all of the studies have relied on a quantitative, survey-based design or qualitative self-report methodology such as focus groups or interviews. The primary limitation of these methods—that mothers and daughters may present their experience of communication in a way that is different from what actually occurs—indicates a need for research that accesses actual communication between mothers and daughters. We found no studies that examined the process of sexuality communication using qualitative analysis of observational data. Furthermore, understanding the process of sexuality communication and the role it plays in the sexual socialization of African American girls is particularly important because African American adolescents are disproportionately at risk of HIV/AIDS and other sexually transmitted infections, as well as teenage pregnancy. Thus, the purpose of this paper is to build an understanding of the process of family sexuality communication through qualitative analysis of actual conversations between African American mothers and adolescent daughters.

The following research questions guided the analysis: (1) What aspects of communication process emerge as fundamental elements of sexuality communication? and (2) What aspects of communication process do mothers and daughters perceive as facilitators of positive communication and connected mother–daughter relationships?

Method

This study collected observational data from mother–daughter pairs by video-taping their conversations based on three structured topics. Grounded in existential phenomenology, the study also aimed to build an understanding of the meaning mothers and daughters make of their sexuality communication. Phenomenology is a 20th-century philosophical movement, guiding research in which ‘the investigator abstains from making suppositions, focuses on a specific topic freshly and naively, constructs a question or problem to guide the study, and derives findings that will provide a basis for further research and reflection’ (Moustakas, 1994, p. 47). Its goal is to understand the lived meanings people make of their experience from their own, situated perspectives (Allender, 1986).

An adolescent clinic that is part of a large, urban healthcare system in the southeastern United States served as the research site. The clinic provides clinical and counseling services to adolescent girls as well as community outreach education to adolescents and parents. The first author, hereinafter called the interviewer, had established a previous relationship with the clinic staff through work experience and conducted all the interviews.

Thirty mother–daughter pairs participated in the study. For recruitment, ‘mother’ was defined as primary female caregiver (including biological mothers, stepmothers, grandmothers, aunts, and ‘other mothers’ (Collins, 2000). Fifteen pairs were recruited from within the clinic using direct solicitation. These pairs had come to the clinic together for the daughters’ health services (contraception, physical exams, and pregnancy tests). To increase the diversity of the sample, another 15 pairs were recruited from outside of the clinic using advertisement and referrals from colleagues, friends, and participants.

Demographic data describing the study participants are presented in Table 1. Because we drew the sample from two sources that differed significantly in terms of socioeconomic status (within-clinic participants had significantly lower annual household incomes than participants recruited from outside of the clinic), we checked to see if those differences were reflected in differences in communication style. Chi-square tests revealed no statistically significant differences in style (didactic versus interactive) between the two groups. Further, it is reasonable to hypothesize that daughter’s age could affect communication style. We tested this hypothesis and also found no significant results. These tests suggest that the findings are consistent across mother–daughter pairs of varying socioeconomic status, as well as across daughters of different ages.

After agreeing to participate, all mothers and daughters read and signed a consent form approved by the Institutional Review Boards at the affiliated universities. Taping and interviews were conducted in a private hospital classroom adjacent to the clinic. The interviewer gave each mother–daughter pair 3 envelopes numbered to indicate the order in which to open them and told participants to open each envelope and discuss the enclosed topic for as long as they wanted. At this point, the interviewer turned on the camera and left the room. The discussion topics were:

Table 1. Demographic information

Characteristic	Number	Per cent
<i>Mother's age</i>		
<30	1	3
31–35	4	14
36–40	6	20
41–45	9	30
46+	10	33
<i>Daughter's age^a</i>		
12–14	14	42
15–16	18	55
17–18	1	3
<i>Family structure</i>		
Adolescent lives with mother and father/father figure	10	30
Adolescent lives with mother alone or with other relatives	17	52
Adolescent lives with father	3	1
<i>Mother's highest education</i>		
Did not complete high school	3	10
High school graduate/GED	6	20
Trade school/associate's degree	9	30
Some college (4-year school)	8	27
College graduate	4	13
<i>Mother's employment</i>		
Administrative (e.g. secretary)	7	23
Service industry (e.g. server, janitor)	4	13
Trade (e.g. beautician)	3	10
Professional (e.g. nurse, social worker)	6	20
Unemployed	3	10
<i>Annual family income</i>		
<\$5000 per year	3	10
\$5000–10,000 per year	4	13
\$10,001–20,000 per year	7	23
\$20,001–30,000 per year	5	17
\$30,001–40,000 per year	3	10
\$40,001–50,000 per year	2	7
\$50,001–60,000 per year	1	3
>\$60,000 per year	3	10

^aThree additional siblings participated, bringing the number of daughters to 33.

1. Families often have rules for kids to follow—things like doing chores, being home on time, and dating. Please discuss your family's rules and how you decide on these rules.
2. In the US today, 65% of females and 68% of males have had sexual intercourse by the age of 18. Please discuss your opinions on teen sexual behavior.
3. There are many methods of birth control that people can use to prevent pregnancy. Some methods also prevent sexually transmitted infections. Please talk about using different methods of birth control.

We used a 'task' method to stimulate conversation, as opposed to letting the mothers and daughters talk freely, because it directed participants to topics they might otherwise avoid if given only general instructions to 'talk.' The first topic, which was not directly related to sexual issues, allowed participants an opportunity to get as comfortable as possible communicating with one another in front of the camera.

After participants were finished, the interviewer returned to debrief the experience. In an unstructured interview format, discussion included participants' reactions to the experience and thoughts about their communication. Although the debriefs were largely unstructured, the interviewer consistently asked how participants' conversations about sex-related topics on tape compared to those at home and, to establish context, about their family relationships (e.g. other siblings in the family, the presence of a father or father-figure in the home).

Before leaving, mothers and daughters completed a questionnaire to collect demographic information as well as quantitative data on their communication about sexuality topics (Miller *et al.*, 1998). Mothers and daughters later returned for a follow-up interview, during which they separately watched their tapes and engaged in an in-depth, audiotaped interview about their communication and relationship. The purpose of these interviews was not only to gain more information about participants' sexuality communication, but also to involve them in a process of *shared analysis*. Because phenomenological research is concerned with the meaning participants make of their experience and depends on participants' perspectives to arrive at valid conclusions, it was important to include them in the analytical process (Allender, 1986). During the follow-up meeting, the interviewer asked participants in an open-ended, unstructured format for their general reactions to the tapes; how they felt during the conversations; if these were typical conversations; how they compare to other conversations they have; what role conversations play in their relationship; and for general comments and memories about the mother-daughter relationship and sexuality. Twenty-seven mother-daughter pairs returned for a follow-up interview. The three pairs who did not return for follow-up were from the clinic group.

Mothers and daughters received \$30 each for participating in the study (\$10 after the first interview and \$20 after the follow-up). To ensure confidentiality, identification numbers were assigned to all videotapes, questionnaires, and interview transcripts. Identifying information is stored separately from the data on secure computer files and in locked file boxes. We have changed all names used in the results to protect participants' anonymity.

Analysis

The interviewer transcribed each interview into written text and, for the videotaped conversations, transcribed behavior (e.g. gesture and movement) along with verbal content. As data were collected, the interviewer recorded emerging themes in a set of written memos. The memos also served as a journal for recording observations from each taping and interview (Emerson *et al.*, 1995). Although findings from previous research guided the analysis, categorizing and coding was primarily an inductive

process, with emergent themes grounded in data from the memos and interview transcripts (Maxwell, 1996). In this approach to analysis, called *grounded theory*, hypotheses and theory are generated during the research process from the data collected (Glaser & Strauss, 1967).

The qualitative data analysis software NUDIST 4.0 was used to code transcribed discussions and interviews, organize data into emergent themes, and search texts for similar and divergent patterns (Richards & Richards, 1997). To help construct themes, data from each data collection method—video- and audiotape transcripts and observations recorded in the journal—were triangulated (Kimchi *et al.*, 1991). Triangulation, through rigorous and continuous comparison of data sources, also served as a check on the validity of the findings (Mertens, 1998). In addition, we asked a sample of study participants, as well as experts in sexuality and family communication, to read and respond to preliminary findings to help ensure validity (Mertens, 1998). To help ensure reliability, the authors met regularly to discuss the transcripts and decide on emergent themes and coding structures.

Results

Two dimensions of the sexuality communication process emerged from the data: affective and stylistic. The affective dimension describes the various emotions that accompanied these mothers' and daughters' experiences while talking about sexuality topics. It also captures the affective qualities of the mother–daughter relationships. The stylistic dimension refers to the distinct manners of expression used by the mother–daughter pairs to communicate about sexuality, and includes both verbal and behavioral aspects of communication style. We discuss each dimension below, illustrating with direct quotes from the mothers and daughters. Throughout the results, the terms 'have sex' and 'sexually active' refer to heterosexual (vaginal–penile) intercourse.

Affective dimension

Through the interviews and analysis, it became evident that 'talk' was a meaningless process outside the affective context of a mother–daughter relationship. As one mother, Tamela said, exasperated, to her pregnant 16-year-old daughter, 'Don't I talk to you sometimes 'til I'm blue in the face?' Her comment suggests that there is more to the equation than just the behavior of talking. For the mothers and daughters in this study, the impact of communication was inextricably linked to the nature of the relationship within which the talking occurred. If a mother and her daughter were connected and close, talking could have more of an impact, while a disconnection in the relationship could undermine any amount of talking. Thus, it was important to examine the affective qualities that comprised connected and disconnected relationships in order to build a more comprehensive understanding of the process of sexuality communication. We found four affective qualities—comfort, empathy, anger, and silence—that played a major role in connection and disconnection.

Comfort. During the debrief and follow-up interviews, mothers and daughters were asked to assess their comfort in dealing with sex-related topics. A majority of mothers and daughters (21 of the 30 pairs) said they felt comfortable because they had talked about the topics prior to the study. For example, Sharon, mother of 14-year-old Cassandra, said, ‘Cause we talk about stuff like this, you know, every day she come home with a story to tell about what happened and stuff, you know, and I always listen.’ Likewise, Deshan, 14, said, ‘It was comfortable speaking about the topics because we’ve done it before,’ while Jordynn, 14, replied, ‘This happens every day at home.’

Those who expressed discomfort explained that they felt more uncomfortable dealing with the sexuality topics than with the first topic on family rules. Keanna, 14, said it was embarrassing to talk about ‘this [sexuality] stuff.’ Aiesha, 14, and Ladaisa, 15, said they were not used to talking about sex and birth control with their mothers. Chalissa, 15, said she didn’t like talking about sexuality, although her mother, Shandra, said she felt comfortable even though her daughter did not.

Across the three topics, birth control seemed to bring about the most discomfort. The mothers who said they had not talked about birth control prior to the taping made statements that reflected their own ambivalence about accepting their daughters’ developing sexuality. Shandra explained that although she and her daughter have a ‘pretty close’ relationship, birth control was a new topic for them because Shandra did not think there was a reason to talk about it. When asked how she felt talking about it for the first time in the study, she replied, ‘I guess it was uncomfortable because I don’t wanna think about her havin’ sex but, it was, you know, kinda interestin’ to find out what her responses were.’ Only one pair, Geraldine and Jessica, 14, said they had not talked about *any* of the sexuality-related topics prior to the study. Geraldine felt the study opened a door for them, especially when she discovered that they disagreed about the whether or not it is acceptable for teens to have sex.

Overall, more daughters expressed discomfort related to sexuality communication than did mothers. Pairs who said they were uncomfortable maintained less eye contact, used fewer gestures, and spoke more softly than pairs who said they were comfortable. Mothers and daughters who both said they were comfortable were also those who said they had always talked about these topics, described their relationships as close and connected, and used interactive communication styles (see below).

Empathy: treating feelings as real. Daughters were closer with adults (including mothers) who were able to identify or *empathize* with them regarding certain feelings and actions. Chanise, 13, who prefers talking to her aunt, explained, ‘Because I can tell her, OK, like I tell my mom stuff and she just yells at me and tells me I’m too young and my aunt, she understands ... She relates to when she was young.’ Sherice, mother of Renee, discussed how being in a mother–daughter discussion group helped her to get more ‘up-to-date’ in approaching her teen daughter. After working with the group, she was able to understand more about being a teenager, which helped her build better rapport with Renee.

Treating another person's feelings as real also emerged as a fundamental quality within connected relationships. Gwendolyn, mother of 15-year-old Angela, told a moving story about the process she and her daughter went through on their way to connection. According to Gwendolyn, when Angela was 3 years old she went through a stage where she was acting out, particularly with her mother. One day Gwendolyn decided to ask her daughter what was wrong. It finally came out that Angela had questions about her father; she had never met him and Gwendolyn had never talked about him, assuming if she didn't say anything that Angela would not ask. 'Why doesn't he come to see me?' Angela asked, nonetheless, 'Why doesn't he like me?' and her mother answered honestly. Gwendolyn described the memory as follows:

That picture is forever engrained in my mind and it was at that point that we made our connection. At 3 years old. I don't know how to explain it other than the Lord. I couldn't believe it that she could communicate to me that that was the problem. She was actually able to voice it. I believe that our relationship is so strong because I respected her as a human being even at a little age. I respected her feelings and knew that they were real and very deep to her. I said, 'I have no idea where he is but I'm gonna tell you this one thing, we're gonna pray and we're gonna find him one way or the other and you will see him.' ...And so, from there, as she got older and she realized that I was real and I accepted her feelings and I would do something about it, communication only got stronger.

This story captures the concept of being real and treating children's feelings as real, regardless of age and developmental level. Gwendolyn and Angela—and other connected mothers and daughters—used this skill regularly in their relationship.

Anger. Both mothers and daughters mentioned *anger* as a deterrent to quality communication and connection. A number of daughters said they became irritated when their mothers 'overreacted' or 'blew things out of proportion.' Barbara, mother of Tatia, 16, said, '...sometime I'm screamin' and hollerin' when I have these talks, tryin' to get my point across, but sometime it take some screamin'.' When asked how she feels when her mom screams and yells, Tatia replied, 'I don't listen to nobody who's screaming at me. If somebody scream at me, I will block you out.' Arnita said she was hesitant to talk to her daughter, Shanica, 18, about sexuality topics because she knew Shanica would react with anger. Shanica confirmed her frustration, saying, 'Every time she tell me to come home, she screams. I don't wanna come home.' Similarly, Ladaisa, 15, felt her mother's tendency to 'go out of proportion' prevented her from communicating with her mother.

Often the anger and frustration some of the girls expressed was related to the perception that their mothers were making assumptions or judgments about their behavior. The notion of 'if she talks about it she's doing it' prevented some daughters from communicating with their mothers. Kalissa said she did not like to talk to her mother, Bertrise, about sex-related topics because her mother would think she was having sex. 'It happened before one time,' she explained, 'and my momma doesn't understand where I'm at.' Ladaisa, 15, ran into this problem first-hand when her stepfather found a letter she had written to a boy containing sexual innuendoes. He

and her mother, Brenda, pulled Ladaisa out of school that day to confront her. After Ladaisa denied having sex, explaining that it was just a letter, her stepfather continued to pressure her, making comments about the possibility of Ladaisa being pregnant. Fed up, Ladaisa and her mother went to the teen clinic to get a pregnancy test. When the test came back negative, her mother apologized and her stepfather stopped bothering her about it. When asked how she felt when they confronted her, Ladaisa replied, 'Embarrassed. Shocked, shocked ... Mad, angry.' Her mother added, 'She was. She had tears in her eyes.'

Silence. In a few cases, silence emerged as a substantial (and dangerous) roadblock to both communication process and connection in the mother–daughter relationship. Although several daughters said they did not like to talk to their mothers, nearly all of them had another adult with whom they could communicate. For example, Chanise, who said her mother's lectures blocked their communication, frequently talked to her aunt. In contrast, however, Kalissa kept to herself. Even in the face of her mother, Bertrise's, persistent attempts to communicate with her, Kalissa's silence seemed to be an insurmountable barrier. In the follow-up interview, Bertrise disclosed that after their first interview, Kalissa received a positive pregnancy test in the clinic, her second in two years. She had an abortion the first time, but this time Kalissa was talking about keeping the baby. Bertrise was struggling with her religious beliefs about abortion and concerns about the effect the pregnancy would have on Kalissa's health (she has Crone's disease). Bertrise shared that recently Kalissa had said, 'You had a baby at an early age. It's a cycle that just can't be stopped.'

Stylistic dimension

Interactive and didactic styles. There were distinct differences in the communication styles across the mother–daughter pairs. In general, pairs could be characterized along a continuum that ranged from didactic to interactive communication. Thirteen pairs fell along the didactic side of the continuum. In didactic pairs, mothers controlled the interview and conversation flowed primarily from mother to daughter. Daughters often oriented their bodies away from their mothers and did not maintain eye contact with them. Input from daughters in these pairs was minimal and mothers did most of the talking. Some of these mothers described their daughters as shy or not liking to talk (either just to their mothers or not at all). For instance, as described above, Bertrise directed the conversation between her and her daughter, Kalissa, reading all the topics and freely speaking her opinions. Kalissa barely said a word the entire time and spent most of the time looking down at her lap. When she did speak, she only mumbled a few words. Bertrise tried numerous times to draw her into the conversation but when the attempts failed, she responded by continuing to talk about her own feelings and opinions. She described Kalissa as not liking to talk to anyone, an account of her personality that Kalissa corroborated, saying, 'I just keep to myself.'

In contrast, 17 pairs fell along the interactive side of the communication continuum. Of these, nine had highly interactive styles of communication. The mothers and daughters with highly interactive styles of communication shared the task of opening the envelopes and starting the conversation. Talk flowed in two directions, from mother to daughter and from daughter to mother. Interactive daughters and mothers maintained more eye contact and oriented their bodies toward each other. They tended to discuss the issues rather than engage in a lecturer–listener pattern in which the mother was the active speaker and the daughter was the passive listener. Interactive pairs also were more likely to describe their relationships as close and connected. Ernestine and 16-year-old Kiersten exemplified interactive communication. They took turns reading the topics and starting the discussions, asked questions of one another and listened to each other’s opinions. They described their relationship as ‘very close’ and said it had been like that all of Kiersten’s life.

Interactive mothers and daughters emphasized *listening* as an essential component of communication and closeness. Having a mother who listened compelled daughters to want to share their thoughts and feelings, experiences at school, and go to their mothers for advice when they were having a problem. Shontal, 14, described the importance of listening. After she decided to have sex for the first time, she went to her mother, Yavonda, to tell her about it. When asked what made her feel comfortable sharing her first sexual experience with her mother, she replied, ‘Her personality ... She’s a person that listens to you and um, and can help you, you know, with some of your problems that’s goin’ on’ Mothers pointed to listening as well. Sherice, in differentiating her relationship with her daughter, Renee, from other mother–daughter relationships, stated, ‘Listening, that’s the key. Listening.’

In contrast, not listening turned many daughters off communicating with their mothers about sexuality. Daughters wanted their mothers to really listen to them—not start in on a didactic lecture, interrupt, assume, or pass judgment. About her mother, Dominique, 15, said, ‘Sometimes, she listens when I really don’t care if she listens, then when I want her to, she’s not or she won’t, she’ll hear what I have to say and then automatically, ‘no you can’t do this,’ or ‘this is why,’ whatever. When I really want her to listen and understand my point of view, she doesn’t.’ Leslie, a social worker and mother, reflected on her own style of communication with her daughters, which she sometimes felt could be a roadblock: ‘I think that I’m dominating in a lot of ways. I think that I probably don’t allow them, I play therapist with them a lot which just kinda comes natural because of what I do and so I seem to referee a lot but also I’m better at telling people how to communicate than actually practicing it at home.’

Persuasive techniques

Storytelling. Mothers used various techniques to try to convince their daughters to make healthy and responsible choices about sex. A ‘don’t do what I did’ approach involving storytelling was particularly common. Some mothers felt they had made mistakes when they were growing up, such as having a baby at an early age or getting a sexually transmitted infection. One mother, Yavonda, told a story about her experiences to her 14-year-old daughter, Shontal:

Yeah, and I want you to make something out yourself. You know, I want so much for you 'cause I don't have my GED, you know I don't have my high school diploma. Don't get teary-eyed. It'll be OK. I don't want you to have a baby when you eighteen ... And I just want you to look at me as an example and don't do what I did. Make somethin' out yourself. Don't let nobody tell you that you can't make somethin' out yourself. I want you to be able to go out there and experience life. You see what I'm sayin'? Because life, life can be pretty good. Life can be pretty good ...

As another form of storytelling, other mothers referred to outside sources—neighbors, friends, relatives, television characters—as examples of what their daughters should not do. Arnita encouraged her 18-year-old daughter, Shanica, to look at the choices some of their relatives had made about having children at a young age: '...And that's my point, I want you to watch all these folks. Watch Jennelle. Jennelle was on her way to college. What happens? Her mother's not payin' attention, she pops up pregnant. Now who got to take care of this child? Everybody. See what happened to Kenyatta? What happened? Kenyatta whole life just went straight down. That girl about 16 years old. And now she burdened down with a child and all the adult responsibilities.'

Fear. Some mothers used fear to try to persuade their daughters to be abstinent or have safer sex. In these cases, there was a strong focus on the negative consequences of sexual activity. Tamela, for example, questioned Cece about how she could know for sure that her partner did not have a sexually transmitted infection: 'Cause, see, if you was thinkin' 'bout your future you woulda thought about that. You don't know if he's got full-blown AIDS or not. You don't know. He coulda gave it to you and your whole life probably woulda been over in the next year or two.' Even more explicitly, Johnetta told her daughter, Terena, that she would have to move out of the house if she became pregnant.

Persistence. Getting an early start with communication, in general, and about sexuality emerged as paramount in the connected mother–daughter relationships. Connected pairs often described a closeness that started early and was persistent throughout life. The idea that 'we've always been talking' was a common thread across the connected pairs. Sharon shared, 'I think we just talk. I just determined that I was goin' to have an open line of communication with my daughters 'cause there's so much goin' on.' Her daughter, Cassandra, 14, replied, 'It started at an early age and then when you get older you just talk.' Mothers who started early worked to maintain communication and connection with their daughters and attempted to influence healthy decision making about sexual behavior through being *persistent*. In response to the question of who usually brings up topics when they talk at home, Brenda, mother of Ladaisa, 15, responded, 'I stay on it.' Donna, mother of 16-year-old Takisha, also spoke of persistence in helping to stay connected: 'It's just something that you have to keep diggin' at and diggin' at.'

Body language. One of the strengths of using videotaping to collect data on communication is that it allows access to behavioral content (what is done) along with verbal content (what is said). In most conversations, behavior was consistent

with the relationship both as it was observed on tape and as the mothers and daughters described it. For example, in disconnected relationships, mothers and daughters tended to have little eye contact and oriented their body language away from each other. Conversation was usually one-way, 'lecture' style, flowing from mother to daughter. In the videotaped conversation between Bertrise and Kalissa, 16, for instance, Bertrise engaged in numerous monologues about her daughter's sexual behavior and its potential or actual consequences. During these lectures, Kalissa sat with her head down and picked at a thread on her pants.

In contrast, in connected relationships, daughters and mothers had a more interactive communication style, maintained eye contact, and oriented their bodies toward one another, often touching, gesturing or leaning toward each other. For example, Ernestine and Kiersten, 16, in talking about Ernestine's decision to raise Kiersten although she had originally intended to make a plan for adoption, engaged in many interactive behaviors (in italics):

Ernestine: Well, I mean, I myself felt that I wasn't ready to raise a child that young and I wasn't. And they made the mistake of letting me see you and I saw you and that was it. And, you know, it was just...

Kiersten: Special [*touches eye and heart and leans over slightly*]

Ernestine: [*laughs and smiles*] And it was just so, it was like, OK, I have no regrets, I've never had any regrets.

Kiersten: [*gestures question with her hand*] I mean, I can see...

Ernestine: I raised you the way I wanted to. I made my time, even though, you know there was times when I really didn't have time but I made time.

Kiersten: [*reaches over and touches M on the knee*] I know there was times when you wanted to choke me, too. [*smiles and laughs*]

In a few cases, the mothers and daughters acknowledged the importance of behavioral communication. Sherice, mother of Renee, 15, said, 'You know, I think [my kids], they just automatically know [if they've gone too far], because of maybe my nonverbal stuff or my tone or voice may change.' She also explained that she would rather communicate with her daughter in a focused, one-on-one manner, because '...then, too, I can see the eye contact, the nonverbal. I catch all that stuff.' Similarly, Karla, mother of Dominique, 15, noticed that sometimes on the tape she and her daughter lacked eye contact and emphasized that this is something she works on in their communication at home. Keanna, 14, said that she thought a focused, one-on-one manner of communicating was more effective ' 'cause you get more accomplished that way, 'cause like sometimes people's bodies destroy their words.'

Setting. Although many of the mother-daughter pairs in the study said their communication on tape was basically similar to their communication at home, the most frequently mentioned differences related to setting. Eight pairs specifically said that most of their communication took place during other activities such as driving, watching television or cooking rather than in a focused, one-on-one

manner where the sole purpose of the activity is communication. Sherice, mother of 15-year-old, Renee, said, 'It's usually, you know, I'm drivin' somewhere, or I'm in the kitchen doin' somethin'.' Similarly, Valerie said that she and Carrie, 13, 'normally keep doin' what we're doin'.' However, all mothers who engaged in this comparison said that they would rather communicate face-to-face than 'on-the-fly.' For example, Yavonda, mother of Shontal, 14, explained, 'yeah, I will like come in her room and shut the door and she'll sit and, you know, on her bed or she'll stand up and I'll sit down and we'll talk face-to-face 'cause I like to see the expression on her face when I talk to her 'cause I like to know if I'm hurtin' her feelin's or, you know, if everything is cool, so we talk like this.'

Discussion

Results of this qualitative study suggest that specific instances of communication are largely defined by the affective dimensions of the relationships between mothers and daughters and mediated by the stylistic conventions they use. These dimensions may matter more for what daughters hear than the actual communication content. Most (21 of 30) of the mother–daughter pairs expressed at least some comfort in communicating about sexuality topics, with daughters more likely to say they were uncomfortable than mothers. Pairs who said they were very comfortable also said they had communicated about sex-related (and other) topics from very early in the daughter's life. A mother's capacity to show empathy and treat feelings as real played an important role in facilitating connection, while her or her daughter's anger and silence emerged as affective roadblocks. Stylistically, daughters said they wanted their mothers to listen, and tended to ignore lectures or yelling. Mother–daughter pairs who used an interactional, back-and-forth style of communication tended to be more connected and open than pairs who communicated didactically, with the mother in a dominant role.

The role of connected and close mother–daughter relationships in influencing adolescent sexual outcomes is well documented in the literature. Both the quality of general communication and satisfaction with the maternal relationship has been found to be predictive of adolescent sexual behavior (e.g. O'Sullivan *et al.*, 1999; Dittus & Jaccard, 2000). However, although the importance of a connected and close relationship has been established in the literature on parent–child communication about sexuality, the affective characteristics of connection have not been fully developed. To our knowledge, only one other study has examined the affective characteristics of sexuality communication among parents and their children (Kahlbaugh *et al.*, 1997). While that study quantitatively documented nonverbal displays of affiliation, embarrassment, and contempt, the present study offers qualitative insight into the role affect plays in the process of sexuality communication. Specifically, we found that empathizing and treating feelings as real facilitated sexuality communication, while anger and silence were roadblocks to it.

An interactive style of communication clearly emerged as critical to the mothers' and daughters' perceptions of closeness and connection in their relationships and

openness of their communication. Mothers and daughters who engaged in highly interactive conversations, where both contributed thoughts and feelings and asked questions, were also the pairs who described their relationships as affectively connected and close. However, not all girls in the study had this style of communication with their mothers. Girls turned off when their mothers responded with didactic lectures. Maternal discomfort and a desire to protect daughters from the perceived dangers of sex may increase maternal tendency to lecture when the topic is related to sexuality. Kahlbaugh *et al.* (1997) found some evidence for this in that mothers changed their style of interaction to become more didactic when discussing dating and sexuality by dominating the conversation more and showing less embarrassment than in conversations about conflict.

In the present study, by repeating messages of abstinence over and over, some mothers attempted to dissuade their children from thinking, feeling, or being sexual. The daughters, however, were clear on their opinions about this behavior. As Tatia, 16, said, 'That's when I block her out.' Some girls went as far as saying in the interview that they would rather talk to other adults or their friends in order to avoid being lectured. It may be that adolescents who spend more focused time with peers who will listen rather than lecture are influenced more by peer norms in making sexual decisions. Certainly this is an area to explore in future research.

The girls in the present study who shared interactive communication and close relationships with their mothers tended to be those who agreed with them about topics such as abstinence and dating rules, while daughters who disagreed with or were disconnected from their mothers about sexuality issues tended to say they kept things to themselves or communicated with their friends or partners rather than their mothers. It may be that a mother's communication style that is more conducive to good conversations increases trust in the mother–daughter relationship. Whitaker and Miller (2000) support this idea by showing that adolescents who had talked with parents about sex were more likely to name them as their best source of information about sex. The authors conclude that discussions with parents about sex may lead to less peer influence. Girls who do not talk with parents, in contrast, may be more open to peer influence. The current findings suggest that the style of parent–child interactions may be the distinguishing variable—if parents spent more time listening to their children and communicating in an interactive manner from an early age, children may be more willing to communicate about topics such as sexuality as they grow up. Of course, it is possible that agreement and trust lead to listening and connectedness. Most likely, they are reciprocal processes with good communication generating agreement and trust and trust generating good communication. Future research that compares communication styles among peers and parents would help test these hypotheses.

The African American mothers in the present study frequently used a 'don't do what I did approach' in attempting to persuade their daughters to remain abstinent or use contraception and safer sex. This approach often involved the use of storytelling, during which the mothers shared their personal experiences with sex and relationships, and the negative consequences of both. Nwoga (1997) also identified the use of

storytelling as a mode of sexual socialization in her qualitative study of African American mothers and daughters. She argued that the mothers told stories as a way to teach their daughters about sexuality and possibly as a way to reduce their own anxiety about talking about sexuality to their daughters.

This sample of African American mothers reported making very deliberate and conscientious efforts to carefully select stories, which their daughters could 'relate to' in order to provide the necessary knowledge on a sexual topic or life lesson of interest during mother-daughter conversations. At other times, the mothers seemed to tell the stories 'just as it is.' Such stories are crafted from their own lived experiences and ... when stories of lived experiences are characterized by the feelings of immediacy and imagery, these feelings affect personal changes in the narrator as well as in the audience. (Nwoga, 1997, p. 195)

Among participants in this study, storytelling emerged as a method of making meaning of and teaching by experience. In particular, mothers who told stories that had distinct human qualities were able to connect with their daughters on an emotional level. Their stories exposed their own vulnerabilities and weaknesses and framed their experience as something to learn and grow from rather than as a 'preachy' lecture. This finding concurs with Nwoga's finding that storytelling can be a highly effective means of building empathy, connection, and understanding with an adolescent, particularly when it involves a parent revealing her vulnerabilities and using them to teach a lesson. The use of storytelling also may reflect a cultural tradition among African American families that is particularly important in some families in the process of adolescent sexual socialization.

The setting of communication also emerged as a theme. Mothers and daughters often noted the difference between the videotaped session, which they felt was focused and devoted solely to communicating with one another, and every day communication, which they said is frequently interrupted or done within other activities such as driving and watching television. When asked which approach they preferred, overwhelmingly the mothers and daughters said the focused communication. Being able to pay attention to body language, conveying the message that 'you are important,' and having the time to go more in-depth with the topics were all reasons participants gave for preferring focused, one-on-one communication.

Across pairs, positive, interactive behavioral communication was consistent with connection. In other words, mothers and daughters who used interactive behavioral communication also were those who described a fundamental connection in their relationships. Thus, these data suggest that changes in behavioral communication might help facilitate and maintain consistent messages, but not necessarily change the relationship if it is already disconnected. Nevertheless, the role that behavioral communication plays in understanding communication process should be emphasized. For example, if Bertrise and Kalissa's conversation had only been audiotaped, it would have been evident that Bertrise was doing most of the talking, but unclear what Kalissa was doing—listening attentively while nodding her head? Crying silently? Smiling and rolling her eyes in disdain for her mother's lecture? Similarly, seeing Kiersten reach out and touch her mother as she said something meaningful about

their relationship supported the validity of a description of their relationship as close and connected and their communication as interactive. Behavioral analysis of future observational data (applying, for example, the techniques used by Kahlbaugh *et al.* (1997) for quantitative coding of nonverbal affect) would increase the depth and validity of descriptions of communication processes (Goffman, 1967). Furthermore, watching themselves on tape facilitated an 'intervention' or learning experience for a number of mothers and daughters in this study. In this sense, videotaping constituted a fundamental component of qualitative research—catalytic validity, or research that facilitates the process of change, growth, and betterment (Mertens, 1998).

Implications for parent sexuality education

The findings of this study point to the importance of building affective components into parent sexuality education programs. If the goal of these programs is to teach parents how to listen and connect, then they should emphasize that the affective aspects of communication about sexuality often transcend content. First, programs can help parents recognize their own feelings about sexuality through activities that facilitate exploration of personal attitudes and values. Second, specific educational methods can be used to increase parents' capacities to empathize with their adolescents. Activities and simulations that ask parents to think back to when they were teenagers can help them gain access to the feelings they had at that age (Hedgepeth & Helmich, 1996). Practicing storytelling may also help parents identify the affective and verbal messages they want to send while at the same time building rapport with and demonstrating empathy for their adolescents. Since interactive styles are preferable, programs also need to teach parents how *not* to lecture. Specific skill building around active listening, use of 'I' statements, and role-playing can be used to help parents learn interactive communication. In one recent study, for example, mothers who attended an intervention to enhance interactive communication skills reduced their amount of speaking, asked more open-ended questions, acted less judgmental, and discussed dating and sexuality more than did control group mothers (Lefkowitz *et al.*, 2000b). Doing this kind of training in groups could reduce parental defensiveness and enlist peer support through role playing and structured peer feedback.

The interview techniques used in this study (videotaping and later watching the tape) often resulted in change for the mothers and daughters. In addition, participants frequently pointed to the focused time together in the interview as a main factor distinguishing it from their daily communication. Both focused time and videotaping could be built into parent-adolescent educational sessions. In an on-going program, for example, participants could keep a journal of all the time they spend communicating each week, with full descriptions of the date, place, length of conversations, and topics. This may offer revealing information about what participants typically do and what changes could be made to incorporate more focused time. Another homework assignment might be for participants to videotape their communication in a typical setting (using a camera supplied by the workshop), watch the tape at home,

and then process the experience in the group. Parent-child pairs could rotate each session so that every family gets time in the group to share their videotaping experience.

Finally, parent education about sexuality needs to start earlier than when children are teenagers. The mothers and daughters in this study who were comfortable and experienced in talking about sexuality issues had started communicating early. Although most programs have targeted parents of adolescents, results of this study indicate that it is imperative to help parents start earlier. At least one program for parents of preschoolers has been found to be effective (Davis *et al.*, 1986). By starting early and using age-appropriate models, sexuality educators can help parents learn how to establish stronger connections with their children. In turn, later these may form more supportive *contexts* within which effective and meaningful sexuality communication can occur.

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