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“Dude, You’re Such a Slut!” Barriers and Facilitators of Sexual Communication Among Young Gay Men and Their Best Friends

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Abstract

Conversations with friends are a crucial source of information about sexuality for young gay men, and a key way that sexual health norms are shared during emerging adulthood. However, friends can only provide this support if they are able to talk openly about sexuality. We explored this issue through qualitative interviews with an ethnically diverse sample of young gay men and their best friends. Using theories of sexual scripts, stigma, and emerging adulthood, we examined how conversations about sex could be obstructed or facilitated by several key factors, including judgmentalism, comfort/discomfort, and receptivity. Gay male friends sometimes spoke about unprotected sex in judgmental ways (e.g., calling a friend “slut” or “whore” for having sex without condoms). In some cases, this language could be used playfully, while in others it had the effect of shaming a friend and obstructing further communication about sexual risk. Female friends were rarely openly judgmental, but often felt uncomfortable talking about gay male sexuality, which could render this topic taboo. Sexual communication was facilitated most effectively when friends encouraged it through humor or supportive questioning. Drawing on these findings, we show how judgmentalism and discomfort may generate sexual scripts with contradictory norms, and potentially obstruct support from friends around sexual exploration during a period of life when it may be most developmentally important.

Keywords

emerging adulthood; lesbians/gays/bisexuals/transsexuals; peers/friends; risk behavior; sexuality; gender

Introduction

When young gay men seek to learn about sex between men, few have access to adequate sources for this information (Kubicek, Beyer, Weiss, Iverson, & Kipke, 2009); what many

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of their heterosexual peers have learned in sex education classes or from parents, they must often learn through hearsay, the Internet, or trial and error. The conversations they have with friends are thus a crucial conduit to knowledge about sex, forming the basis for many of their earliest assumptions about what is or is not safe (Mutchler & McDavitt, 2011). For many young adults, such conversations with peers provide a supportive influence in preventing sexual risk (Guzman et al., 2003). However, this support can only occur if it is not obstructed by barriers to open communication, such as discomfort, judgmental attitudes, or a lack of receptivity to dialogue. In this study, we examined *barriers and facilitators* of sexual communication, factors that either obstruct or ease the conversations that young gay men and their male and female best friends have about sex. We sought to understand how these factors functioned, affected the communication of sexual norms, and reflected subtle forms of heterosexism and homophobia that can impinge on even their closest relationships.

Young gay men and their close friends care about each other's sexual health, actively engage each other around these issues in their day-to-day conversations, and monitor each other's risk behavior (Mutchler & McDavitt, 2011). As one young man told us about his best friend, Ingrid,

She always asks me, "Did you use a condom? Are you being protected?" I'm like, "Yes, Ingrid." Sometimes I'm like, "Yes, Ingrid, yes. Leave me alone" [laughs].
But at the same time, it's like, "Thank you for caring."

These young men and their friends also go far beyond simply monitoring condom use in their efforts to help each other avoid HIV infection. They help each other evaluate sexual risk, provide reassurance in difficult situations, and share excitement and advice about new sexual experiences. For many gay men, staying healthy means sorting out various ambiguities, such as whether to use condoms for oral sex (Halkitis & Parsons, 2000), or when to stop using them with a committed partner (Kippax, Crawford, Davis, Rodden, & Dowsett, 1993). Especially for young gay men, friends are an important source of support, helping them to negotiate these questions, reach decisions that feel right to them, and sometimes to provide a "wake-up call" if they are taking big risks (Mutchler & McDavitt, 2011). However, friends can only support each other in these ways if they are able and willing to have open and explicit conversations about sex.

Communication with friends becomes particularly important during emerging adulthood, the phase of life between 18 and 25 years, characterized by exploration of identity and the range of possibilities life may offer (Arnett, 2000). During this period, when friends take on great importance as supporters of identity exploration and individuation from family, peers may have a particularly strong influence on views about sexuality (Plante, 2006; Younis & Smollar, 1985). The social norms that peers share also have significant effects on sexual behavior (Romer et al., 1994). Although much research among adolescents and emerging adults has focused on the negative effects of peer norms, they can also be a beneficial force favoring positive health outcomes (Allen & Antonishak, 2008), a finding confirmed in our own research with young gay men (Mutchler, Cooper, McKay, Hernandez, & Gutierrez, 2008; Mutchler & McDavitt, 2011).

Capitalizing on the influence of beneficial peer norms may be particularly crucial for fostering the health of young gay men, who continue to be at high risk of HIV infection (Centers for Disease Control and Prevention [CDC], 2011). Peer norms are associated with sexual risk and protective behavior among young men who have sex with men (Hart & Peterson, 2004; K. T. Jones et al., 2008a; Peterson & Jones, 2009). Sexual minority adolescents may be particularly reliant on guidance from peers, given that many of them encounter stigma at school and within their own families (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Ryan, Huebner, Diaz, & Sanchez, 2009; Willoughby, Malik, & Lindahl, 2006). Because friends are such an important influence, some researchers have called for interventions for gay men that capitalize on friends' influence to reduce risk (Mays, Cochran, & Zamudio, 2004). In addition, some of the most effective intervention strategies to date for young gay men have focused on changing peer norms by embedding health education in social activities with friends (e.g., K. T. Jones et al., 2008b; Kegeles, Hays, & Coates, 1996). Yet, in spite of the clear importance of peer influence and norms, very little is known about factors that facilitate or obstruct the flow of influence between young gay men and their friends. In fact, surprisingly few studies have explored the interpersonal processes through which peer influence unfolds in any population (Brown, Bakken, Ameringer, & Mahon, 2008).

Theoretical Framework

We conceptualize norms for sexuality as being contained within *sexual scripts*—socially reinforced narratives consisting of the expectations and scenarios associated with various sexual behaviors (Parker & Gagnon, 1995). Sexual script theory is a conceptual framework that is useful for understanding how individuals think about sexuality in the context of the social and cultural values that influence their lives (Gagnon & Simon, 1973). In our framework, scripts may contain *injunctive norms* (beliefs about how one should act) and *descriptive norms* (beliefs about how one's peers act; Cialdini, Reno, & Kallgren, 1990; Lapinski & Rimal, 2005). Both scripts and norms may be transferred, modified, or reinforced through conversations with friends (see Figure 1). For example, young gay men and their friends sometimes communicate beliefs that it is safe to base decisions about condom use solely on a partner's personality characteristics or being in a committed relationship (Mutchler & McDavitt, 2011). These beliefs, representing injunctive norms, could increase HIV risk, as neither personality characteristics nor commitment to a relationship are indicators of HIV status. However, in order to better understand how young gay men navigate their sexual lives, and for interventions to effectively alter such norms, it is crucial to understand the processes through which beliefs such as these are generated, disseminated, modified, and reinforced within sexual scripts.

We assert that just as there are common scripts for sexual behavior, there are also common scripts for communication about sexual behavior. Thus, we developed the concept of *sexual communication scripts* to refer to scripts about sexual communication itself, and to highlight the fact that individuals are not only guided by scripts for how to think about sex and engage in sex but also by scripts for how to talk about sex. For example, a sexual communication script might indicate that one should not talk about sex between men because it is an

“awkward” or “uncomfortable” topic. Such a script could easily obstruct sexual health communication between friends, particularly if one of the friends is a gay man.

The extent to which friends communicate about sex and sexual health may be significantly affected by stigma—the discrediting of a person or group based on a perceived characteristic (Goffman, 1963). Stigma theory suggests that individuals who encounter prejudice may develop a sense of caution regarding communication about stigmatized traits and behaviors, discussions of which may arouse discomfort or expose them to prejudice. Stigma about homosexuality or HIV may reduce explicit communication about these topics or even lead to a complete avoidance of them (Duffy, 2005; Ward, 2005). In addition, stigma may obstruct communication on multiple levels. In its most overt expression, it can lead to completely hiding a stigmatized characteristic (such as a gay person remaining in the closet). However, stigma can also lead to *covering*—subtly minimizing the outward signs of a stigmatized trait (such as avoiding overt discussion of gay male sexuality). Young gay men may cover certain markers of their sexual identity, even from friends and family who know they are gay, if they encounter prejudice from those individuals (McDavitt et al., 2008).

We used theories of stigma and sexual communication scripts as conceptual lenses to develop an understanding of why certain kinds of scripts and sexual health topics may be obstructed while others are not. Within this conceptual framework, stigma may affect scripts if the content of those scripts involves a topic that is stigmatized, such as homosexuality or HIV. For example, a sexual communication script indicating that one should avoid talking about sex between men would reflect the influence of stigma if the motive for avoiding that topic was rooted in homophobia or heterosexism. We incorporated the theory of emerging adulthood to examine how stigma within scripts may have a particular impact on individuals who are exploring a stigmatized sexual identity during this phase of life. For many gay men in emerging adulthood, barriers to sexual communication may lead to a loss of potentially helpful support and guidance, while factors that facilitate conversations about sexual health may open up new opportunities to learn about themselves and their sexuality.

Barriers and Facilitators

Our prior research showed that many young gay men and their friends want to help each other stay safe from HIV; however, it also revealed that conversations about sex are often vague and brief, such as simply reminding a friend to use condoms without engaging in further discussions about how to actually negotiate risky situations (Mutchler & McDavitt, 2011). Young gay men may feel comfortable discussing certain sexual topics with friends, but uncomfortable with other topics, and this varies with different friends. Thus, one young man told his friend “everything about whatever happens to me during sex” but never talked to him about sexually transmitted infections, saying the difficulty of broaching that subject “would be really big.” Barriers to sexual health dialogue may undermine or completely obstruct friends’ efforts to support safer sex. By contrast, other factors, such as humor or expressions of support, may ease the flow of communication and thus also facilitate the transfer of social norms. Barriers and facilitators determine the richness and extent of communication and may therefore form an important link in the chain of influences on sexual risk behavior.

One important barrier may be *judgmentalism*, a construct that emerged in the course of this study. We define judgmentalism as an attitude involving moralistic devaluation of others based on a perceived behavior. In judgmentalism, a behavior seen as “immoral” is taken as the defining characteristic of a whole person, who is then discredited. Thus, we conceptualize judgmentalism as a specific form of stigma that occurs in interpersonal contexts. Judgmentalism is distinguished from other forms of stigma by its reliance on a behavioral justification, connotations of authoritativeness or superiority, and the moralistic undertones implied in “passing judgment” on another individual or group for “immoral” actions (Judgmentalism, n.d.). Judgmentalism could become a barrier to dialogue if individuals who feel judged break off communication as a result. Although no research that we are aware of has examined judgmentalism per se, studies have explored how individuals respond to being devalued based on perceived behaviors or identities, sometimes finding that this can lead to breaking off relationships or communication. One strategy sometimes utilized by gay and bisexual young men to protect themselves from heterosexist attitudes consists of avoiding contact with prejudiced individuals or groups (McDavitt et al., 2008; McDermott, Roen, & Scourfield, 2008). Similarly, research with adolescent girls has found that encountering judgmental attitudes about sexuality in the form of derogatory labels such as “slut” may lead to withdrawal from social interaction and thus to reduced access to peer support (White, 2002). In addition, although little is known about whether non-judgmental attitudes can facilitate sexual health communication, researchers have long encouraged physicians and mental health workers to communicate with patients in a non-judgmental manner to support health behaviors (e.g., Biestek, 1953; Temple-Smith, Hammond, Pyett, & Presswell, 1996).

Another potential barrier to sexual communication is actual or perceived *discomfort* about discussing sex, safer sex, or sexual risk. Similar to judgmentalism, discomfort may constitute a substantial barrier to open dialogue and opportunities to gain support, as demonstrated in research on communication with sexual partners (Cleary, Barhman, MacCormack, & Herold, 2002). Conversely, *comfort* may be an important facilitator of sexual communication. Greater comfort talking with friends about sex is associated with more positive condom-related attitudes in emerging adults (Lefkowitz, Boone, & Shearer, 2004) and higher rates of condom use among sexually active Latina adolescents (Guzman et al., 2003). This issue may be particularly relevant for young gay men, given that stigma and discomfort with homosexuality remain widespread in the United States (Herek, 2000, 2009), including among adolescents and emerging adults (Hightow-Weidman et al., 2011; Kosciw et al., 2012). To the extent that young gay men or their friends feel uncomfortable with the topic of gay male sexuality, it may become implicitly “taboo.” However, no research has directly explored how comfort or discomfort may affect young gay men’s sexual communication with friends.

Finally, an individual’s relative degree of *receptivity* to sexual communication and guidance from friends may also impede or facilitate the flow of information. Chen, Cruz, Schuster, Unger, and Johnson (2002) define receptivity as having an affinity for particular messages, including “interests in, a willingness to accept, and readiness to internalize” messages. Friends take on particular importance as sources of guidance during adolescence and

emerging adulthood (Arnett, 2007). Adolescents are more likely to turn to friends for help with interpersonal problems than to parents, teachers, or other professionals (Boldero & Fallon, 1995), and college students consider friends the most useful source of information for sex-related topics (Lefkowitz et al., 2004). However, no research has examined receptivity to guidance or dialogue about sex among young gay men. To what extent are young gay men interested in or willing to accept sexual health messages from their friends? And to what extent does such receptivity depend on which topics are being discussed? The present study examines how these and other types of attitudinal, emotional, and behavioral factors can inhibit or facilitate young gay men's conversations with friends about sex.

Method

We conducted dyadic qualitative interviews to examine barriers and facilitators of sexual communication between young gay men and their best male and female friends. Twenty-four pairs of friends were interviewed together between 2006 and 2007, with each interview lasting approximately 2 hours. The dyadic interview format provided opportunities to explore both friends' perspectives, and to facilitate active discussions between them about how they communicate. We also conducted individual 3-month follow-up interviews with 38 of the participants. Participants completed a screener and a brief quantitative survey before the qualitative interviews, and received US\$50 compensation for their time. The study protocol was approved by the institutional review boards of AIDS Project Los Angeles and California State University, Dominguez Hills.

Sample

A total of 48 individuals participated in the study, 24 target participants and 24 friends. To be eligible for inclusion, the target participant had to be (a) between 18 and 21 years of age, (b) in a friendship with a gay male or heterosexual female they considered a best friend for at least 1 year, and (c) out as gay to their best friend. Participants were recruited through purposive methods, incorporating venue-based sampling (Muhib et al., 2001), a method that has been used in similar studies of young gay men (Ford et al., 2009; MacKellar, Valleroy, Karon, Lemp, & Janssen, 1996). Consistent with this approach, we systematically identified all the venues in the region that targeted young gay men ages 18 and over, including bars, clubs, and youth groups at lesbian, gay, bisexual, and transgender (LGBT) community organizations. We focused recruitment on these venues, randomly selecting dates and times for recruitment. We approached every other person entering the venues who appeared to be in the target age range and screened them for eligibility.

Purposive sampling methods are well suited to exploratory research that seeks to identify particular types of cases, such as friendship dyads, for in-depth investigations (Neuman, 1994). We purposively sampled roughly equal numbers of target participants with gay male and heterosexual female best friends, as gay men and heterosexual women are among the most common friends of young gay men (Diamond & Dube, 2002). We also purposively sampled approximately equal numbers of target participants who were African American, Latino, White, or Other/multi-racial. We limited the sample to gay males and heterosexual females in order to help ensure we could reach theoretical saturation for those groups, and to

ensure we would have adequate data on communication about sex between men specifically. Sampling numbers were predetermined based on the number of interviews typically required to achieve theoretical saturation in qualitative research (Guest, Bunce, & Johnson, 2006), and our previous experience conducting research with this population. Theoretical saturation on major themes was reached, confirming that the sampling numbers were adequate. Interviews were conducted in either English or Spanish (based on respondent preference); all study materials were translated from English to Spanish. Three interviews were conducted partially in Spanish and partially in English by bilingual interviewers. Demographic data for the sample are presented in Table 1.

Measures

The dyad interviews focused on the content of participants' communication about sex and sexual health, as well as on factors that could hinder or facilitate dialogue about these topics. We probed for how they communicated about topics found to be salient in our own preliminary research with young gay men and their friends, and other research with young men who have sex with men (Celentano et al., 2006; Mutchler, 2000). Table 2 lists interview topics alongside sample interview items. The style of interviewing followed qualitative methods designed to provide opportunities to explore both anticipated and unanticipated (i.e., "emerging") themes (Corbin & Strauss, 2008; Glaser & Strauss, 1967; Patton, 1990) and to limit the influence of social desirability bias. This process involved building rapport, assuring confidentiality, sequencing interview items to begin with less personal topics, and using neutral, open-ended questions followed by probes to elicit participants' descriptions of experiences with sexual communication. We also collected limited quantitative data in our eligibility screener and a brief survey administered before the interview. These items included age, gender, sexual orientation, and race/ethnicity (see Table 1).

Analysis

The interviews were transcribed by a professional transcription service, and reviewed by staff for accuracy. All personal identifying information was removed, and pseudonyms were assigned. Pairs of friends were given pseudonyms with matching first letters (e.g., Anthony and Art). Data analysis followed a modified version of grounded theory, incorporating analytical induction (Timmermans & Tavory, 2007), in which emerging themes were reviewed alongside a close reading of salient themes in the communication and sexual health literatures. This approach allowed us to identify themes based on participants' own views of their sexual communication and its influence on their behaviors. Using this method, the research team first reviewed a subsample of transcripts and developed a working codebook that included both emerging themes and themes relevant to existing theoretical frameworks and our own preliminary work. Transcripts were entered into a qualitative data analysis software program (NVivo) for coding (Richards, 1999). The research team then conducted the first level of coding ("open coding"), including such basic codes as "peer influence" and "safer sex talk." Team members discussed these coded data reports, reviewed remaining transcripts, and identified emerging sub-themes. This strategy of investigator triangulation (Denzin, 1978; Janesick, 2000) facilitates analytical cooperation and exchange—the active involvement of multiple investigators in the analysis process, in which relative consensus regarding emerging themes takes precedence over individual interpretations of data

(Silverman, 2000). The process entailed the active involvement of multiple team members, with diverse racial/ethnic backgrounds, ages, genders, and sexual identities from multiple disciplines, including psychology and sociology.

As sub-themes were identified, they were coded and then compared with other sub-themes for similarities and differences for categorization using a constant comparison method (Glaser, 1992). In this second level of “axial coding,” some of the original codes were refined or re-organized around these sub-themes. For instance, “safer sex talk” was re-coded into sub-themes such as “comfort-discomfort” and “judgmental talk.” Emerging categories were subjected to a process of member validation in which community stakeholders offered feedback to assess credibility (Guba, 1978). Finally, we engaged in “selective” or “targeted” coding to focus on the data relevant to our analysis. The first and second author discussed any discrepancies between coders, reconciling differences by consensus. We established inter-rater reliability for coding of key themes by using rates of agreement, with 80% as a baseline criterion for reliability. Analyses were complete once we reached a thorough development of themes “in terms of their properties and dimensions, including variation, and possible relationships to other concepts” (Corbin & Strauss, 2008, p. 148).

Results

Interviews revealed three main factors that could obstruct or facilitate participants’ access to open dialogue about sex and sexual health: (a) *judgmentalism* expressed toward people who engage in sexual risk behavior or have multiple sex partners, (b) *comfort or discomfort* with talking to friends about relationships or sex, and (c) *receptivity* to dialogue with friends about sexual health. Each factor affected participants’ sexual communication scripts in unique ways. Judgmentalism (such as calling a friend “stupid” or “slut” for having unprotected sex) could cause friends to avoid discussing sexual risk altogether. Discomfort often led to vague communication, particularly in male-female dyads. Female friends tended to feel less comfortable discussing sex between men explicitly, although some said they were “working on becoming more comfortable” with the topic. While participants were generally very comfortable talking with friends about dating, certain other topics, such as sex in committed relationships were “taboo.” However, participants overall were highly receptive to guidance from friends, and often cited these relationships as a crucial source of advice and support for personal growth. A few were more ambivalent about their friends’ influence, emphasizing the importance of retaining their sense of independence. We have proposed a theoretical model of this process of peer influence through sexual communication (Figure 1), based on participants’ descriptions of their communication about sex, their self-reported influence on each other, and the factors that affected this process. The model illustrates how, through conversations with each other, participants shared information, ideas, and values related to sexuality (Mutchler & McDavitt, 2011), which they felt sometimes led to changes in one or both friends’ views in this area. The three key barriers and facilitators that we identified are represented as potentially impacting the process of communication. Each of these barriers and facilitators, as well as each major theme, was widely represented within the sample, including multiple cases within each racial/ethnic group.

Judgmentalism in Sexual Communication Scripts

Friends often spoke about the importance of reinforcing health-oriented peer norms, such as reminding each other to use condoms. However, their tone was often judgmental, particularly within sexual communication scripts that focused on risky behavior. Judgmental scripts usually not only contained injunctive norms opposing sexual risk but also implied that people who engaged in those behaviors were shameful, reckless, “stupid,” or “gross.” They sometimes involved using terms like “slut” or “whore” for a young gay man who had engaged in risky sex or had multiple sex partners. Judgmentalism frequently impinged on communication about sex, sometimes shutting down conversations completely when one person felt judged by the other. However, judgmentalism was also often mixed with humor, as friends gently teased each other about sexual behavior or risk. In this respect, scripts that appeared judgmental could actually be playful rather than hurtful. In addition, words like “slut” could be used within campy and subversive scripts containing norms that favored sexual freedom and transgression of conventional gender roles.

“Playful” judgmentalism—Judgmental language was frequently observed within humorous and playful conversations between friends. These common scripts often contained multiple injunctive norms, which were sometimes contradictory. For example, a given script could favor overall acceptance of sexual exploration, while also implying that such behavior was “slutty” or “dirty.” When Mark told his friend Melvin about a “wild” weekend involving multiple sex partners, Melvin not only called him a “slut” in a lighthearted way but also reminded him to use condoms. Their dialogue was open and uninhibited, and Melvin characterized his own communication as operating on two levels simultaneously: Joking playfully while conveying a serious message about safer sex. By combining humor with reinforcement of safer sex norms, Melvin appeared to increase Mark’s openness to his message:

Mark: I went to this other guy’s house and I had sex with him. And then Saturday night, I went out and had sex with another different guy. And then I woke up. Oh, I partied until six in the morning; then I was up at eight thirty coming back home. Then I got home and cleaned, so I was really tired. [giggling]

Melvin: So far that’s what he told me.

Mark: Yeah and he’s like, “You’re a slut!” but then he’s like, “Did you use a condom?”

Interviewer: How did you respond?

Melvin: That he was a slut! [Laughing] Mainly when we talk about sex, I usually joke about it but I’m still being serious about it.

Judgmentalism as a barrier to communication—Not all participants reported such playful interactions; when friends conveyed concern about sexual risk behaviors, such as unprotected sex, it was occasionally communicated with a harsher tone, as in the following quote from Peter. He had a visceral response to sexual risk, and felt that judgmental talk was an effective way of pressuring his friends to stay safe from HIV. Thus, the scripts he most frequently used in response to friends’ risk behavior were both critical and shaming:

People are still having unprotected sex, having kids, getting this, getting that and not telling their partners that they have HIV. It's like, what do you want me to do, smack you in the face? I mean, it's stupid. People just don't understand. That's why I get so aggravated when I hear people have unsafe sex, or I hear just different things, because then I become judgmental. I say, "You're disgusting." Because that way they'll be like, "Oh well maybe I need to have safe sex now."

Judgmental scripts of this kind could lead to breakdowns in communication about safer sex, even among friends who wished to help each other stay safe. In fact, Peter's friend Pato said that such comments caused him to halt discussion on this topic altogether. Although Pato remained comfortable communicating about most aspects of sexuality with Peter, he grew cautious about revealing his sexual risk behavior, especially intercourse without condoms. Pato felt he would be criticized or "lectured" if he told Peter about risky or illicit activities, such as sex in public spaces:

Interviewer: Are there some sexual topics that are difficult to bring up?

Pato: I've withheld a couple of times, because I did have unprotected sex a couple of times. And I would hesitate [to talk about it] because it's a lecture you don't want to hear. And I know the end result, so it takes me longer before I go, "Hey I screwed around with this one but there was no condom ..." I had sex in a restroom, you know, at a bar. And he laughs and he goes, "That's why you're a slut and that's why I call you a whore." And I go, "I just know how to live life." And he goes, "No, you're just an STD bank if you keep on doing that." ... And then we understand that it's a different point of view and it's back to a level where we're not listening anymore. So we just kind of stop.

Pato's comments illustrate how communicating injunctive norms in a judgmental manner could obstruct discussion of sexual risk and safety within the dyad. While his friend Peter's intention was to reinforce safer sex norms, Peter's reliance on judgmental scripts obstructed communication on the topic, along with any future opportunities to support healthy norms. This kind of impasse around discussion of sexual health may also make it difficult for friends to explore together the reasons why sexual risk occurs, and identify options for preventing unprotected sex in the future.

The "unprotected sex is stupid" script—Judgmental scripts commonly involved characterizing friends who engaged in risky sex as "stupid" or "dumb." This language was used casually, sometimes in playful ways, and at other times with a more serious tone. It implied that individuals who participated in risky behavior were not merely uninformed, or taking insufficient precautions, but rather that they were willfully reckless, unable to learn from mistakes, or even unworthy of being encouraged in more positive ways to protect themselves. This particular type of judgmentalism was much more common between gay male friends than within male-female dyads. Eddie, for instance, found that when he shared his experiences of unprotected sex with his best friend, Ernesto, he was belittled for his behavior, albeit playfully:

I told him, “No I didn’t ever use a condom because we both felt that we were being safe enough as it is.” And there will be times when he’d be like, “Oh you dingbat, you stupid ass.”

Moralistic judgmentalism: The “sex is dirty” script—Some judgmental talk emphasized themes of moral transgression, so that sexual risk or multiple partners might be characterized as “naughty” or “dirty” (rather than “stupid” or “bad”). Such statements were frequently couched within humor, as in a comment that Kim made about her best friend Ken’s sexual behavior: “Oh yeah, [giggles] he does bad little dirty things with his boys that he dates, so I always tell him to be careful.” Male and female participants differed in how this sort of “moralistic judgmentalism” was expressed. Among men, this took the form of referring to gay male friends as “slut” or “whore,” as illustrated by Melvin, Peter, and Eddie above. Among the young women, overt judgmentalism of any kind was unusual, but when it did arise, it involved characterizing friends as indecent or “naughty.” Several of the young women used moralistic scripts when talking with a gay male friend, especially if he had sex frequently with more than one partner. Such scripts usually reinforced an injunctive norm that was opposed to having multiple sex partners, which was viewed as inherently risky and “dirty”—even if condoms were used. By contrast, the young gay men’s judgmental scripts tended to contain a different injunctive norm: that sex with multiple partners was acceptable and safe as long as one used a condom.

“Good friend” and “bad friend” roles—Often, two friends had contrasting stances about sexual behavior, with one friend being relatively more supportive of free sexual exploration, and the other being more sexually conservative. In these cases, the more conservative friend sometimes played the role of the “good one” who felt morally superior to the “bad one,” and felt frustrated about the other’s “dirty” sexual behavior (such as sex with multiple partners or unprotected intercourse). Such dynamics were particularly common in male-female dyads, with the young woman generally playing the role of the “good one,” while her gay male friend was perceived as the “bad one” in the relationship. Occasionally, the opposite norm was reinforced, and the “bad” friend’s perceived sexual freedom was valued as an example of being more liberated or mature. In many cases, however, gay male sexual exploration was viewed in a negative light by female friends. For example, Gertrude’s sense of moral superiority and feelings of frustration around her friend Gary’s multiple sexual relationships led to her feeling there was “no point” to confronting him about sexual risk. She said, “I don’t think he’s really going to listen to me if I tell him, ‘You have to be careful. You shouldn’t be sleeping around too much.’ So there’s no point.” In spite of her negative assessment of the situation, Gertrude continued to engage Gary around sexual risk, and her critical attitude did not prevent him from internalizing the safer sex norms she endorsed. In fact, he reported that her reminders to use caution later influenced him to refrain from having sex with a partner until he felt fully ready for the experience. This differed from dyads in which more overtly judgmental scripts appeared to obstruct the communication process (e.g., Peter and Pato). Cases such as this suggest that, in contrast to harsh judgmentalism, milder critical attitudes do not necessarily obstruct the communication of injunctive norms.

Non-judgmental scripts as a facilitator of communication—Although judgmental scripts were common in male friends' communication about sexual risk, some of the male participants also demonstrated how challenging a friend to adopt safer sex strategies could be done in ways that involved little or no judgment. This non-judgmental script often involved reminding the friend to use condoms, or providing practical advice, such as to carry condoms when sex might occur. Providing support in a non-judgmental way may also have helped diminish discomfort that individuals felt about the topic and created an atmosphere that appeared to render friends more receptive to internalizing safer sex norms. Humor was particularly helpful, as it seemed to enable friends to feel more comfortable with reminders about the importance of condom use, as Taz and Tom explained,

Taz: He'll tell me, "Did you use a condom?" I'll be like, "Oh, okay."

Tom: If I was saying I'm going on a date he's like, "You got your condoms?" Or something funny like, "You strapped it up?" It's so funny.

Taz: I know if he go out somewhere, he's about to do something [sexual], so I'll always say it. I always make a smart remark. I do it to be funny but I am serious and I know he takes it as me being serious.

Tom: Like when I was with my friend I was with for 2 years and that was the last sexual partner I had and then I was like, "Oh we just going to spend the night but we ain't going to do nothing." He like, "Oh, boy, shut up." He like, "You got your condoms?"

Comfort and Discomfort in Sexual Communication Scripts

Feelings of comfort and discomfort strongly influenced scripts about both dating and sex. Overall, participants felt comfortable talking to their male and female best friends about interpersonal dynamics in relationships, romance, and dating. However, discomfort was frequently reported around the topic of sex between men, particularly for female friends. Such feelings often obstructed open discussion about sex or sexual health and resulted in particularly vague sexual communication scripts. Some of the female friends experienced feelings of disgust regarding sex between men, and young gay men were wary of arousing these feelings. In this respect, discomfort in some scripts appeared to stem from stigmatization of gay male sexuality. In other cases, discomfort surrounded the topic of sex with primary partners (whether those partners were same-sex or opposite-sex). Thus discussions of "relationship sex" were entirely absent from some dyads' scripts. However, many participants barely seemed to notice that this topic was missing from their communications, whereas they had much to say about how sex between men could become "off-limits" when a friend expressed disgust about it. For example, Art and Anthony talked with gay male friends about sex frequently, but rarely broached the subject with even their closest female friends:

Art: The only friends I talk to about sex is Anthony and Daniel.

Anthony: Why? Is Tina like, "Eww?"

Art: Yeah, my girl best friend I've known since second grade ... her sex is different than gay sex so I don't feel as comfortable as when I talk to Anthony about it.

Anthony: Yeah I don't feel as comfortable with my other best friend, 'cause she's like, "Eww, eww, disgusting!"

“Don't ask, don't tell”: Discomfort as a barrier to discussing gay male sexuality—Discomfort strongly influenced the extent of conversations about gay male sexual experiences. Feelings of discomfort about this topic were particularly common among female friends, although not exclusive to them. In most male-female dyads, scripts about gay male sexuality were unusually vague, as friends were often reluctant to explore details about these experiences or any risk behavior that may have occurred. For example, when Vinnie had intercourse with his boyfriend for the first time, he wanted to tell his best friend Vivian all about it. But although this experience was very important for him, Vinnie left out many details, and Vivian did not inquire further. The concrete aspects of his experience remained unspoken because he was wary about sharing them, and she did not yet feel at ease discussing the topic of gay male sex—although she also made clear that she wanted to become more comfortable with it:

Vinnie: It was with the guy I was with for 2 years, within the relationship. And then when we went all the way I told her and I was like, “Oh, we did this ...”

Interviewer [to Vivian]: So how did you feel when he was telling you all the details?

Vivian: I'll want to ask but then I'm still getting comfortable with it. I'm not fully comfortable, but I'm almost there. So some questions I won't ask cause, I do want to know the answer to it, but I'm just scared to ask.

I don't bring out my own sex life—Young gay men were usually well aware of any discomfort their female friends felt about gay male sexuality, and as a result sometimes avoided raising the subject with them. In addition, few of the young gay men proactively challenged their female friends to become more comfortable with this topic. Instead, an implicit “don't ask, don't tell” stance toward gay male sexuality seemed to operate in most male-female dyads. Ways of avoiding the topic could range from obscuring certain explicit details to eliminating discussion of sex between men from conversations altogether. As David described it, “I would discuss my sex life with like her, but sometimes she gets a bit uncomfortable talking about me having sex with other people. So I really don't bring out my own sex life.” In addition, some of the young gay men felt uneasy discussing their sexual activities with female friends because they perceived them as being less able to relate to male-male sexuality than gay male friends, as Gary and Gertrude explained,

Interviewer: Do you talk about STDs?

Gertrude: We don't talk about any of those stuffs.

Gary: We don't really talk about the whole like diseases thing as much. I mean, I do with my gay [male] friends because they're much bigger “whores” than I am ... They have been through what I have been through and it's kinda hard for her 'cause she doesn't have much experience.

There were notable exceptions to this pattern, as a few male-female dyads felt very comfortable discussing both gay and straight sex openly with each other, such as Walter and Wendy (“when it comes to sex, we talk about anything”). Unlike most other male-female dyads, they even persisted in seeking explicit details about sex, relying on each other almost exclusively for this kind of support. As Wendy described it, “It’s like a brother-sister thing. We’re like half of each other. So we don’t talk about our relationship with other people or our sexual lives with other people.”

Comfort discussing heterosexual sex—In contrast to their discomfort about same-sex activity, young women generally felt comfortable talking with gay male friends about their own sexual behavior, which was predominantly with opposite-sex partners. The extent of this comfort was underscored by their strongly affirmative language, such as being “completely comfortable,” or being able to “tell everything” to their gay male friend. For Sarah, conversations with her gay best friend were her primary venue for discussing her sex life. In fact, she described him as “the only person that I could tell everything to about guys—guys that I date, that I like, that I hook up with, what I do with them.” This was strikingly different from how most of the young gay men felt about discussing their sex lives with female friends.

While young gay men often felt comfortable discussing all aspects of their female friends’ sexual lives, they did not always feel comfortable discussing all aspects of their own sexual activities. Part of the reason for this difference may have been a sense that while straight female friends were often uncomfortable with gay male sex, gay males were likely to feel fairly comfortable talking about heterosexual sex, and unlikely to “judge” their female peers for having sex with men. For example, Vivian explained why she felt more at ease talking about sex with her gay male friend Vinnie than with her sister and her other friends:

Me and my sister, we’re really close, but [Vinnie] knows more things as far as my sexual experience than my sister does, and even my friends at school ... I know he is not gonna judge ... It’s just so much easier to talk to him about it.

Within male-female dyads, the general openness of discussion in the relationship sometimes obscured the fact that one friend (typically the gay male) actually felt uncomfortable sharing certain details about his sex life. While the gay friend often recognized that he was “covering” certain aspects of his sexuality, the female friend remained unaware of her friend’s self-censorship, imagining that both parties felt equally comfortable sharing the details of their sexual lives. In many cases, this subtle inequality remained largely invisible to the heterosexual friend, as it did for Xavier’s female friend Xcelcias. She assumed they both told each other “everything” about their sexual lives, while Xavier noted certain limitations in his openness with her:

Xcelcias: We tell each other about everything ...

Xavier: It wouldn’t be as open as [with] a gay friend of course, because she hasn’t been through those particular instances. I wouldn’t go into explicit detail about someone having sex with me.

Comfort talking with gay male friends: “Graphic” scripts about sex between men—The young gay men typically felt more comfortable discussing gay male sexuality with another gay male friend—even when their female best friend did feel comfortable discussing a wide range of sensitive topics. Most male peers with same-sex sexual experiences were felt to be appreciative and understanding of such experiences. In fact, a gay male friend was sometimes the only person a young man would talk with about his sex life. This was the case for Quinn, who had both gay male and straight female best friends, but only talked about gay male sexuality with his gay best friend. Like several other young men, Quinn said he would “get graphic” with gay friends. Graphic sexual scripts involved discussion of such details as the mechanics of sex between men, descriptions of partners’ bodies, and personal preferences regarding sexual activities. Male best friends sometimes reported these details to each other following sexual experiences, and particularly after initiation into new or unfamiliar sexual activities—discussions that often seemed to be reserved for gay friends:

I don’t really talk about sex in general with anyone ... except for my gay best friend. With him, I’ll get graphic because he knows what it is and what it’s like ... I just don’t see it as anybody else’s business.

Facilitating communication by encouraging comfort—One reason that many gay male friends developed feelings of comfort with each other was that they often encouraged each other to overcome their discomfort by asking direct questions. This approach typically involved a persistent effort to elicit concrete details and overcome any feelings of discomfort that one of the friends may have had. Such persistence was more characteristic of the male-male dyads, such as Jason and Jerry. Jason was typically the one who encouraged open discussions about sex; his playfulness and curiosity frequently enabled Jerry to overcome discomfort:

Jason: You see, I’m very detailed, and I expect him to be very detailed, and he won’t be very detailed unless he really wants to talk ... I’ll eventually get it out of him—the details that happened within the sex. I’ll be like, “So, what happened ... Did he toss you on the bed, did he tickle your toes, what happened? Tell me everything.” And he’ll be like, “Gosh I don’t want to talk about it.” And then I’m like, “What happened?” And then he’ll get all into it and start talking about it ...

Jerry: He encourages it.

Comfort discussing relationship issues with female friends—In contrast to the topic of sex, many of the young gay men felt more comfortable discussing *relationship* issues with their female friends as compared with male friends. In particular, intimate conversations about emotional issues in relationships were felt to be more rewarding with female friends, who would tend to take an active interest in these issues, consistent with research finding that, compared with men, women tend to place a greater degree of focus on internal processes and emotions (Newman, Groom, Handelman, & Pennebaker, 2008). Some of the young gay men also explained that they felt either embarrassed or too competitive to discuss such vulnerable topics with their gay male friends. The result was that some of them had to go to different types of friends to have different kinds of conversations, talking about

sex with their gay male friends and about relationships with their female friends. Nick, for example, felt that female friends could better empathize with his emotional experiences in relationships:

I find that, with other males, it's really hard to communicate your innermost feelings because you just feel as if they are not gonna empathize with you as much [as females]. Conversations ... are not as deep as I'd want them to be, like, emotionally in depth ... I see other gay males as sort of, competition, so I'm always trying to impress Ned, instead of telling him how the experience really went down.

The absence of “relationship sex” scripts—Many participants felt uncomfortable talking with friends about sex that occurred within romantic relationships. We asked all the participants whether they discussed this topic, and nearly all reported that while they frequently discussed “hookups,” they rarely talked with each other about sex that happens within committed relationships. While the reasons for this were not entirely clear, the topic appeared to be “taboo” in part because of discomfort about exposing intimate information about partners to friends (“airing dirty laundry”), and a concern that friends would not be receptive to questioning or confrontation regarding risk behavior in relationships. In addition, participants often felt such discussions were unnecessary, as many of them viewed serious relationships as a zone of complete safety from HIV. Rather than explore possible risks involved in “relationship sex,” a more common approach was to simply reinforce norms favoring unprotected sex within relationships. As one participant told his friend, “as long as you're both negative, you can have sex all you want without a condom.” Some participants would avoid the topic of relationship sex even if their friends were receptive to discussing graphic details of other types of sexual experiences. For example, in spite of how comfortable Walter and Wendy were with discussing sex that occurs during “hookups,” the two of them “barely ever talk about sex in our relationships.” Thus, very few participants described substantive discussions of relationship sex or encouraging friends to use condoms in relationship contexts.

Receptivity to Sexual Communication

The third major factor that could obstruct or facilitate communication was the amount of receptivity to hearing and internalizing a friend's views and values about sex. We conceptualize this sort of receptivity as an attitude: an individual's predisposition to listen to, consider, or adopt a friend's viewpoint (by contrast to comfort and discomfort, which we conceptualize as feelings experienced in response to a given topic of conversation). Overall, participants reported a high degree of receptivity to their friends' influence and advice, consistent with their desires to obtain support and help each other avoid risk. Low levels of receptivity appeared to be rare, although a few participants felt ambivalent about being influenced by peers. In those cases, sharing of peer norms could be limited if one party wanted to feel more “independent” rather than relying on their friend for guidance. However, in general, participants relied on their friends' guidance extensively, and actively sought it in cases where they were uncertain about what to do. For example, Chris emphasized how he could turn to Cindy for advice on a range of topics. As he described it, “Whenever we have a problem with someone, even with one of our friends or our significant

others, we'll tell each other about it," like "Hey, what should I do?" Eventually, approaching each other for guidance became like "second nature" to them.

Receptivity to advice—Participants were typically also receptive to advice on sexual behavior and romantic relationships (though rarely to discussions of sex that occurred within relationships). Some felt that it was important to listen to their friends' advice because of the primacy of the friendship over other relationships, or as Anthony put it, because "men come and go, but your friends will always be there for you no matter what." In most cases this was mutual, so that both friends expressed a high degree of receptivity to internalizing each other's norms, creating a strong bond of interdependence. For example, Art and Anthony both developed and changed their views on sex as a result of each other's influence:

Art: I have always been curious about having a one night stand, you know, and [Anthony] has plenty of them so ... I thought about just having a one night stand but at the same time the "old me" is like, "No, you don't want to do that. You know you want to be the good guy and have a boyfriend and then have sex." He got me thinking about it, but it hasn't influenced me enough to do it ...

Anthony: It pretty much got to the point where we both changed.

Art: Yeah. We both changed 'cause we saw guys in a different way.

Internalizing a friend's advice—Many participants felt not only receptive, but even appreciative of opportunities to internalize a friend's sexual health values and norms. In some cases, a friend's reminders might even become a kind of "voice in the back of my head" reminding them to use condoms, or hold off on having sex. This process occurred even in situations where the participant was strongly tempted to engage in risky behavior. Some said that this helped them refrain from acting on impulses to do things they felt they might later regret. In this way, existing sexual scripts appeared to be modified by the addition of stronger norms favoring healthy behavior. For example, Gary described a situation in which a man he was dating wanted to have sex before Gary felt ready for it. Having internalized, his friend Gertrude's advice helped him stick with his intentions to wait:

The guy I am dating right now, after we went in to the club, he wanted me to go to his house. And I hear [Gertrude's] voice in the back of my head. And I'm like "I am sorry dude" ... and he totally respected that.

Being "independent"—A few participants felt more wary of being influenced by their close friends, stating that while friends' advice was valuable, they would prefer to maintain a degree of independence. To them, being independent meant always making the final decision regarding their own actions, rather than "blindly" following the suggestions of a friend. These participants emphasized that receiving advice should be balanced with a more individualistic attitude, in a few cases commenting that, especially when it comes to safer sex and relationships, "you have to figure things out for yourself." Nick epitomized this approach, reflecting that while he was "pretty satisfied" with the advice he received from his best friend Ned, it was important to rely primarily on his own feelings and avoid depending

on the influence of others. But while Nick maintained his independence, he also valued what he learned from Ned, and considered him a model for his own aspirations:

I try my best to do things my own way, and not let others influence me too much, even though [Ned] is a positive influence. I look up to him. I mean, I don't want to be the "stereotypical promiscuous gay guy," screwing everyone that I can; I try to date less frequently like [Ned] does. I'm not out there just for sex. I'm trying to find somebody that I'm connected to spiritually and emotionally like he does.

Cases such as this demonstrated that an inclination toward retaining a sense of independence from friends' influence was not inconsistent with a willingness to consider their views. In fact, while Nick liked the idea of "being independent," in practice both he and Ned greatly valued what they saw as an opportunity for mutual influence through friendship and dialogue.

Discussion

The purpose of this analysis was to examine factors that obstruct or facilitate sexual communication between young gay men and their best friends. These conversations represent an important opportunity for young gay men to obtain support during emerging adulthood—a period when many have limited access to information about gay male sexuality (Kubicek et al., 2009), in spite of facing heightened risk of HIV infection. In-depth interviews with young gay men and their best friends revealed several factors that affect their sexual communication, with implications for theories of sexual scripts, emerging adulthood, and stigma. Judgmentalism and discomfort created barriers to open communication about sexual health, leading to avoidance of key topics, including gay male sexuality and risk behavior. The phenomenon of "playful judgmentalism" demonstrated how contradictory sexual norms may be contained within a single script, such as simultaneously shaming sexual risk behavior while implying that such behavior is commonplace. The findings also extend sexual script theory by revealing how judgmentalism operates within a system of power influenced by stigma and heterosexism. Within this system, some scripts about sex are silenced while others are privileged. Similarly, findings related to discomfort and judgmentalism augment the theory of emerging adulthood by showing how a key developmental aim of this life phase may be impinged upon as these factors obstruct open communication about and exploration of sexual behaviors and identities. Finally, stigma theory is enriched by findings showing how subtle forms of stigmatization of gay male sexuality may impinge on communication even in very close friendships, leading to habits of "covering" that often remain invisible to non-gay friends. In contrast to these findings, we also found a high degree of receptivity to sexual health communication in general among young gay men and their friends, and that they often skillfully facilitated opportunities for dialogue through humor, encouragement, and playful talk about sex. Many pairs of friends felt that they influenced each other, often describing how each friend's ideas about sexuality evolved in response to those of the other—changes that participants usually experienced as beneficial. In some cases participants felt their views shifted more toward caution, while others said their friend influenced them to try new sexual experiences.

Participants described three main factors that could obstruct or facilitate their conversations about sex and sexual risk: judgmentalism/non-judgmentalism, comfort/discomfort, and receptivity/non-receptivity (Figure 1). Judgmentalism had a particularly strong impact on communication patterns. Judgmental talk, such as calling a friend “slut” for having unprotected sex, was fairly common among male-male dyads. In some cases, judgmentalism obstructed communication about sexual risk entirely or led to systematic avoidance of a topic, particularly if it was harshly devaluing (such as portraying a friend who engages in sexual risk behavior as “disgusting”). Breakdowns of dialogue could occur even when an individual intended to reinforce safer sex norms, as with Peter, whose judgmental approach foreclosed the possibility of future conversations about sexual health with his friend Pato. In cases such as these, obstructing communication appeared to be a self-protective strategy for the friend who felt judged, consistent with findings that sexual minority adolescents may avoid situations in which they are likely to be stigmatized based on their sexuality (McDermott et al., 2008).

Notably, friends’ judgmental attitudes did not result in the complete severing of their relationships. Instead, participants reported that they tended to simply avoid those topics of conversation that might expose them to judgmental responses. This contrasts with findings from research on other types of judgmentalism, such as overtly homophobic comments, which may lead young gay men to break off contact entirely as a means of self-protection (McDavitt et al., 2008). It may be that the form of judgmentalism observed in our study, which was based on behaviors, such as sexual risk, is less damaging to relationships than homophobic judgmentalism regarding one’s identity as a person. However, judgmentalism about sexual risk may lead to avoiding the topic of sexual risk, which can in turn reduce opportunities for friends to explore the reasons why unprotected sex occurs, and obstruct sharing of valuable information about sexual health. Still, judgmentalism does not always obstruct the communication of injunctive norms, as some participants whose friends had moderately critical attitudes (such as Gertrude) did feel they had been influenced. In such cases, comments were critical but not harshly devaluing. However, the most effective and most welcomed form of guidance in support of safer sex appeared to be when friends were able to communicate a “reality check” in a non-judgmental or humorous way, as Jason and Jerry did.

The judgmental sexual communication scripts that many participants described appeared to serve complex functions, containing contradictions in tone, as well as in the social norms they conveyed. Seemingly judgmental language, such as “slut” and “whore,” when applied by young gay men to each other, may also be part of an interpersonal bonding process that helps to generate a sense of shared culture and connectedness. This is consistent with findings by R. G. Jones (2007), who asserts that “dramatic” communication of these kinds frequently fulfills a solidarity-building function for young gay men. Similarly, analysis of “risky humor” within conversations of young adults in general confirms that epithets, such as “faggot” or “bitch,” may be heard as insults by non-friends but as signs of closeness by friends, particularly if non-verbal cues indicate that a playful meaning is intended (Lampert & Ervin-Tripp, 2006). Among young gay men in particular, it is possible that “playfully judgmental” talk may also serve to alleviate tension and discomfort within scripts for sexual

communication by injecting humor into dialogue around themes that could otherwise provoke anxiety—namely, gay male sexuality, HIV, and mortality.

The present findings also extend sexual scripts theory by demonstrating how a single sexual communication script may contain multiple social norms, and that these norms may be contradictory. When friends refer to each other as “slut” or “whore,” an injunctive norm is implied, namely, that one should not have too many sexual partners. However, hearing one’s friends called “slut” or “whore” in social contexts also implies that one’s peers actually are having sex with multiple partners. In this way, the same interpersonal script may also reinforce a descriptive norm suggesting that it is common to have many sex partners, and thus perhaps socially acceptable. “Playful judgmentalism” may thus have the effect of exposing and thereby affirming gay male sexuality. It particularly highlights the transgressiveness of that sexuality, insofar as words like “slut” and “whore” evoke female sexuality, in this case applied to men. Thus, these findings suggest that just as members of a stigmatized minority engage in “covering” of socially devalued characteristics (Goffman, 1963), they may also engage in subtle but important efforts to “uncover” those very characteristics when opportunities arise, and in so doing provide each other with validation. Still, judgmental comments about sexual behavior may be “heard” by young gay men as an implicit confirmation of heterosexist social norms, even as their use in certain contexts may support opposite norms favoring sexual freedom. This contradiction underscores the complex “sexual tensions” that operate within young gay men’s sexual communication scripts (Mutchler, 2000).

This study also extends understanding of how comfort and discomfort may affect the extent and richness of sexual communication (Cleary et al., 2002, Guzman et al., 2003), specifically regarding communication about same-gender sexuality. The findings suggest that the topic of gay male sexuality may arouse discomfort even among some close heterosexual friends of young gay men, leading to vague rather than concrete discussions about risk. We found that young gay men with female friends often limited their disclosures about sex with men, thereby covering a stigmatized aspect of their identities (Goffman, 1963). This finding highlights how covering may create vulnerability by preventing individuals from accessing potentially supportive communication. Thus, it also reveals an unexplored cost of heterosexist stigma: that peers’ discomfort about discussing same-sex sexual behavior can rob sexual minority individuals of access to full and open dialogue about their sexuality, in some cases even with close friends. Notably, all of the heterosexual young women wanted to be supportive of their gay male friends, and some described efforts to become more comfortable with the topic of gay male sexuality. Still, the greater comfort that the young men felt in talking with other gay men about same-sex sexual activities underscores the particular value of social support from other gay males.

Perceived discomfort and judgmentalism can obstruct conversations that play an important role in efforts toward exploration and the discovery of new possibilities—key developmental processes of emerging adulthood (Arnett, 2005). Young gay men’s dialogues with friends about sex represent formative opportunities to reflect on and evaluate new experiences with regard to safety, satisfaction, personal preferences, and expectations for future relationships. If certain topics of conversation are “off-limits,” opportunities to discover and ponder new

possibilities related to those topics may also be partly obstructed. This is especially relevant for sexual minorities, given that adolescence and emerging adulthood are crucial periods when many of them are exploring and consolidating their sexual identities (Rosario, Scrimshaw, & Hunter, 2004). Our findings show that some young gay men may lack opportunities to do this with fully supportive and comfortable friends. For example, when Vinnie “went all the way” for the first time with his boyfriend of 2 years—a pivotal event in his process of self-discovery—he found he was unable to openly reflect on the experience with his closest friend because of her discomfort. In cases such as this, a cultural stigma against same-sex sexuality may create an obstacle to young gay men more fully achieving key exploratory aims of emerging adulthood. Judgmentalism may similarly obstruct such explorations, as illustrated by Peter and Pato. However, insofar as seemingly judgmental language also “uncovers” transgressive sexualities, it may simultaneously facilitate other aspects of identity exploration and development during emerging adulthood.

It is also worth considering how the covering of gay male sexuality that we observed may reflect not only an interpersonal dynamic between friends but also an internal process for the young gay men. Relatively few of the young men challenged their female friends to become more comfortable with this topic. Given that the young men said they wanted to be able to talk about these issues with their female friends, why did they so frequently capitulate to their friends’ discomfort? Although our interviews focused mainly on interpersonal rather than internal processes, it seems likely that some of the young gay men may have been inhibited by their own internalized stigma regarding gay male sexuality. In addition, experiencing stigma can increase one’s subjective degree of *stigma consciousness*—heightened attentiveness to prejudicial attitudes in others (Pinel, 1999). Growing up in a heterosexist context (Herek, 2000, 2009) may leave some young gay men particularly sensitive to being stigmatized by friends, and disinclined to actively challenge stigmatization of gay male sexuality. However, this self-protective tendency may also thwart efforts to educate friends and help them become more comfortable discussing a topic of special importance to the young gay men themselves.

Another topic that was often “taboo” was sex that occurred within romantic relationships. Ironically, sex with primary partners may be among the most important topics for friends to examine together, as it likely accounts for the majority of HIV infections among young men who have sex with men (Sullivan, Salazar, Buchbinder, & Sanchez, 2009). Unfortunately, young gay men and their friends often assume that committed relationships represent a zone of complete safety from HIV (Mutchler & McDavitt, 2011). Open discussions with well-informed friends could constitute an important opportunity to challenge such misconceptions. In addition, such discussions could provide a forum to think through the complex sets of competing demands involved in relationship sex, including balancing sexual safety with desires for pleasure, intimacy, and trust (Eisenberg, Bauermeister, Pingel, Johns, & Leslie-Santana, 2011). Our findings could not fully elucidate why participants felt so much discomfort about discussing relationship sex. However, individuals often view family-related topics as taboo in conversations with close friends (Goodwin, 1990), and primary partners may be equated with family. Future research could further explore whether the

taboos we identified derive from such concerns about inappropriately “airing dirty laundry” among friends.

In spite of the discomfort that sometimes impinged on their communication, most participants reported being very receptive to hearing and internalizing their friends’ norms for sexuality, truly welcoming each other’s influence. This high degree of mutual receptivity reveals a noteworthy openness to new ideas, possibilities, and norms regarding sexuality and sexual health. In this regard, it may reflect the developmental processes of emerging adulthood, with its emphasis on exploring new perspectives and future possibilities (Arnett, 2005). Further research could examine whether emerging adults are particularly receptive to guidance from friends regarding sexual health issues. If so, this phase of life may represent a unique opportunity to support emerging adults’ future expectations in ways that incorporate a strong emphasis on sexual health. Friends could be an important supportive influence in this arena, as they already express strong interests in encouraging each other to protect their sexual health (Mutchler & McDavitt, 2011). Still, whether friends’ interest in helping each other translates into objectively measurable peer influence cannot be determined by the present study. We focused on *perceived peer influence* as reported by the dyads themselves; however, future research could examine the relationship between receptivity and actual transmission of sexual norms between individuals.

Several additional limitations of these findings should be considered. Like other exploratory studies, the findings of this study are limited in their generalizability. However, because a systematic recruitment method was used, we increased the likelihood that any given member of the target population would be equally likely to be in the study. By minimizing sampling bias, this venue-based sampling method also increased the likelihood that findings will be relevant to other young gay men who attend similar venues in the United States—a critical population for HIV risk-reduction. However, these findings do not encompass the experiences of all young gay men, as local and individual differences are also present, and some do not attend these types of venues. In addition, the sample included only young gay men and their gay male and heterosexual female friends. Future research should examine barriers and facilitators of sexual communication among other types of friendship dyads, such as those including lesbian, transgender, or heterosexual male friends. Although discomfort about sex is common regardless of sexual identity (DiIorio, Kelley, & Hockenberry-Eaton, 1999), our findings suggest that other sexual minorities may also face stigma-related barriers in communication with friends. Furthermore, although we found no specific differences in themes based on race/ethnicity, the size of each racial/ethnic subgroup in our sample was too small to draw firm conclusions about this, a limitation that could also be addressed in future research. Finally, it is possible that participants’ frequent endorsement of receptivity may be influenced by social desirability bias, given that they were aware that our study was focused on communication and influence between friends. Although we adopted a number of measures to limit social desirability bias, a study using methods that do not rely on self-report might find different results regarding receptivity to guidance and advice from friends.

Given that the friends in our sample did place such an emphasis on receptivity and helping each other avoid HIV infection, we believe that friendship dyads may represent a largely

untapped resource for disseminating safer sex norms and reducing sexual risk behavior. Thus, HIV prevention interventions should begin to explore ways of targeting friendship dyads and the conversations that friends have about sexual health. In so doing, they can build on existing receptivity to sexual communication within friendships and facilitate greater comfort and non-judgmental support around discussions of sexual health and safety.

The experiences described in this article contribute to a fuller understanding of processes of sexual communication between young gay men and their close friends. We used theories of sexual scripts, emerging adulthood, and stigma to guide our study, which highlighted the complexities of sexual communication during this phase of life and within a society where gay male sexuality is often marginalized. Our findings also contributed to the literature on these theories by showing how key factors, such as judgmentalism and discomfort, affect conversations between friends, leading to sexual communication scripts with contradictory norms, and potentially impinging on peer support around sexual exploration during a period of life when it may be most crucial.

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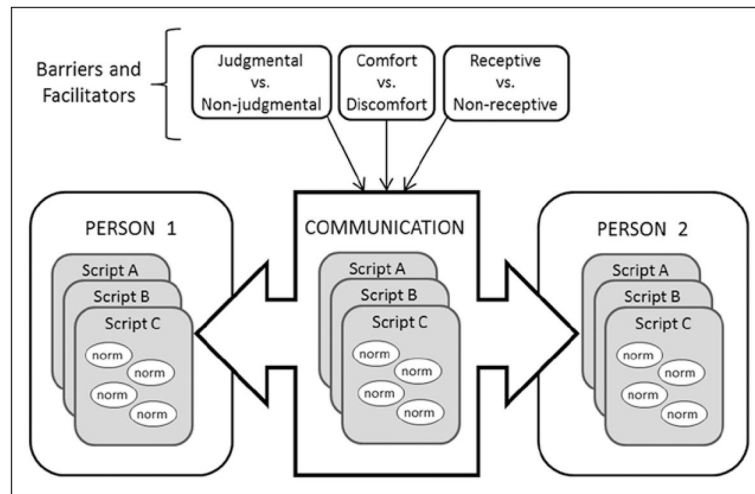


Figure 1. Proposed theoretical model of the process of sexual communication in peer dyads.
Note. Sexual scripts containing social norms are transmitted between individuals via sexual communication. Barriers and facilitators may obstruct or enable the transfer of scripts.

Table 1Description of the Study Sample ($n = 48$).

Variables	Categories	n	M/%
Age	Target participants	24	19.5 ($SD = 1.3$)
	Gay male friends	11	20 ($SD = 2.1$)
	Heterosexual female friends	13	19 ($SD = 1.6$)
	Total	48	19.5 ($SD = 1.6$)
Sexual orientation	Target gay males	24	50
	Gay male friends	11	23
	Heterosexual female friends	13	27
	Total	48	100
Race/ethnicity of target participants	African American	5	21
	Caucasian	8	33
	Latino	5	21
	Other/multi-racial	6	25
	Total	24	100
Race/ethnicity of gay male friends	African American	2	18
	Caucasian	0	0
	Latino	8	73
	Other/multi-racial	1	9
	Total	11	100
Race/ethnicity of heterosexual female friends	African American	4	31
	Caucasian	3	23
	Latina	5	39
	Other/multi-racial	1	8
	Total	13	101 ^a

^aTotal percentage sums to more than 100 due to rounding.

Table 2

Sample Semi-Structured Interview Questions and Probes Used to Explore Sexual Health Topics.

Topic	Sample interview questions and probes
Icebreaker: Friendship characteristics	What kinds of activities do you enjoy doing together?
Content and comfort of conversations	What do you talk about most when you are together?
Communication about dating and relationships	When was the last time you both shared a story about dates? What kinds of issues come up in your conversations about relationships?
Communication about sex and HIV/ AIDS	When was the last time you talked about sex? Can you recall how the conversation went? What does safer sex mean to you? How if at all are your ideas about safer sex different from each other?
Support and influence for condom use and safer sex	In that situation, did you ask your friend whether he or she used a condom?
Perceived influence of conversations on sexual behavior	How, if at all, has your friend's perspective influenced your sexual behavior?