Chapter 17:

Communication and healthy sexual practices: Toward a holistic communicology of sexuality

Jimmie Manning
Northern Illinois University

INTRODUCTION

Reviewing the small body of sex research in the communication discipline, it would appear that although many studies examine health issues related to sexuality—including disease and prevention (e.g., Basu, 2011), campaigns (e.g., Palmgreen & Donohew, 2010), and adolescent sex education (e.g., Jones & Biddlecom, 2011)—there is limited exploration about issues such as sexual pleasure, sex talk in relationships, or even what sex means to personal identity. In this essay I advocate for and work toward a *holistic* approach to communication and sexuality, one that considers all aspects of sexuality and communication as relevant to a person's well-being. The ideas explored here are a response to critiques about limited understandings of both relationships and sexuality (Foster, 2008; Manning, 2013) as well as sexual health (Baglia, 2005; Tiefer, 2004). Following Ashcraft and Mumby (2004), I label this approach as a *communicology*—specifically a *communicology of sexuality*—in hopes of establishing that a communicative approach is both disciplinary-unique (similar to a sociological or psychological approach) and yet all-inclusive of a broad range of ideas regarding sexuality and communication. As Martinez (2011), who also uses a communicology label, notes, communication studies about sexuality are largely fragmented and are in need of connection.

Addressing all of these fragments is beyond the reach of a single essay, but the overview presented in this one establishes generative links across many research traditions. This cross-tradition approach is inspired by Craig (1999, 2007) who argues that the field of communication is a *constitutive* one that connects at least seven different research traditions to look at similar (and sometimes not-so-similar) ideas and concepts through multiple lenses in order to compare knowledge claims and allow for generative perspectives. A rhetorician may examine how claims about sexuality are structured in public health debates, a cultural scholar may examine how the discourses introduced in those debates play into everyday talk about health care, and a critical scholar may examine how the rhetoric and discourses used ignore women and people of color. Together, those

different traditions of communication research allow for different claims to be considered holistically, in one discipline, to make constitutive and often practical claims.

To begin considering a holistic communicology of sexuality, I offer an overview of areas of traction in sexual health studies as they relate to communication. This research primarily falls into two domains: medical approaches and critical approaches. I close that overview with an examination of interpersonal and relational aspects of sexuality and health, as sex and sexuality are constructed in most cultures as inherently relational and, as such, serve as a gateway for a holistic sense of how sex plays into physical and mental health. To further illustrate these connections, I then offer brief glimpses into three different research studies that explore some aspect of interpersonal sexuality and health. It is my hope that, collectively, the research reviewed or presented here allows for continued development of a holistic communicology of sexuality inclusive of connections between relationships and health.

AREAS OF TRACTION IN SEXUAL HEALTH STUDIES

Studies of sexual health—including studies in the communication discipline—have largely fallen into two categories: those that take a medical approach, or that are firmly rooted in scientific principles and inquiry; and critical approaches, studies that are still systematic and often empirical but that typically use more subjective methods in order to empower or give voice to marginalized communities. Questions about how the two seemingly disparate areas of inquiry can work together continue to be a part of conversations about studies of sexuality in the academy (Manning, 2009a); and yet as traction builds in both medical and critical camps still other areas of inquiry continue to develop (e.g., qualitative health studies; Morse, 2012). Embracing Craig's (1999) spirit of considering communication as a constitutive field of study and Manning's (2014) notions about how these apply to interpersonal communication in particular, these differences in perspective should not be viewed as troublesome but instead as another consideration for developing full, rich, and multilayered theoretical and practical approaches that a single research tradition would not allow. Here I briefly examine both medical and critical approaches, sharing exemplars from communication research studies when possible. As these categories and exemplars demonstrate, studies of sexual health reach far beyond doctor-patient interaction or public health campaigns.

Medical approaches

The majority of sexuality research across the academy would be categorized as falling into a medical model of sexuality (Tiefer, 1996; Tiefer, 2004). Much of this work is interdisciplinary, but as one might expect disciplines including medicine, public health, and psychology contribute a great deal to this body of research. Organizations such as the Society for the Scientific Study of Sexuality (see http://www.sexscience.org) often provide a platform for researchers who take this

approach, especially as it allows for cross-disciplinary conversation. Medical-oriented studies of sexuality often use physiobiological measures for understanding body functions and sociopsychological measures for understanding behaviors and social aspects of sexuality. Examining the *Handbook of Sexuality-Related Measures* shows over 100 different instruments used to understand sexuality, ranging from measures of arousal/arousability to disability to harassment to sexually transmitted diseases (Davis, Yarber, Bauserman, Schreer, & Davis, 1998). In examining scientific approaches to sexuality, four key areas emerge.

Sexual behaviors and identities. One area of sexuality research explores sexual behaviors and identities. For example, Herbenick and colleagues conducted an extensive survey involving a national probability sample of 5,865 men and women aged 14–94 in order to consider the sexual behaviors of adolescents and adults in the United States (Herbenick et al., 2010). Such research allows a general sense of what kinds of sexual behaviors are being enacted and who is likely to be doing them. For instance, their study demonstrated that masturbation was practiced by people throughout their lifespan and was a primary source of sexual pleasure for adolescents and those over the age of 70 (Herbenick et al., 2010). Counts for those engaging in oral sex, vaginal sex, and anal sex were also obtained, and it was apparent that such behaviors were not unusual. Just because behavior is not uncommon, however, it does not mean that the majority of people practice it. For example, over 20% of men aged 25–49 and women aged 20–39 reported engaging in anal sex during the past year (Herbenick et al., 2010). That suggests it is a somewhat normal behavior, even if the majority of people are not engaging it. The same could be said for same-sex sexual behavior. Seven percent of adult women and eight percent of adult men identified as gay, lesbian, or bisexual in the study, but even more reported engaging same-sex sexual behavior (Herbenick et al., 2010). Similarly, condom use is not necessarily unusual behavior, but participants only reported using condoms about 25% of the time when having vaginal intercourse (Herbenick et al., 2010). Studies that demonstrate sexual behavior allow health practitioners and researchers a baseline understanding of what people are doing and where they might focus their efforts. It also allows communication scholars to be able to consider how language may mask or accurately reflect enacted behavior.

Oftentimes research operationalizes people in sex studies by assigning an identity to them that generally describes their sexual practices (Roberts, 2006). Many of these terms enter public discourse, such as *heterosexual, bisexual,* or *nymphomaniac*. Some of these terms are negatively perceived because they represent behavior that may be perceived as deviant (Elia, 2006). Healthy sexual behavior is not measured by deviance alone, however, as many sexual behaviors that are only enjoyed or enacted by a small percentage of the population are harmless both to the individual enacting that sexual behavior and to others (Noland, 2010). Instead, healthy sexual behavior is measured more by the harm that it causes to a person or that the person might inflict upon others (Aggrawal, 2009). The term *paraphilia* is used to mark sexual desires and behaviors that include dangerous activities (Kafka, 2001). They are also used as pejorative terms to insult or belittle another. Common paraphilias include compulsive masturbation, pornography dependence, and protracted promiscuity. Many paraphilias are listed in the *Diagnostic and Statistical*

Manual of Mental Disorders, a publication from the American Psychiatric Association, but over 500 possible paraphilias have been identified (Aggrawal, 2009).

Sex and disease. Another common area of inquiry includes sexually transmitted diseases (STDs) and infections (STIs). Many times these studies are aimed at populations that are in particular danger of acquiring such diseases, such as adolescents and young adults (Weinstock, Berman, & Cates, 2004). Sexual disease is frequently studied both in terms of how it is transmitted from one partner to another (e.g., Leone, 2005) and in terms of prevention (e.g., Lombardo & Léger, 2007). As one might imagine, studies of HIV/AIDS have been quite common over the past 30 years (Walker, Hart, D'Silva, 2012), but many studies also examine general safe sex behaviors such as condom use (e.g., Noar, Carlyle, & Cole, 2006) or the effects a disease and/or treatment has on a person's body (e.g., Mallon, Miller, Cooper, & Carr, 2003). Although it is less common, research also examines how people may cope with STDs or STIs including how they might go about seeking treatment (e.g., Gott & Hinchcliff, 2003) or where they might go for support, especially in consideration of stigma (e.g., Fortenberry, 2004). Many studies are particularly interested in online contexts, as many are seeking both information (e.g., Noar, Clark, Cole, & Lustria, 2006) and support (e.g., Peterson, 2009) via the world wide web. Given its focus on messages, meaning, and interaction, prevention of and education about sexual diseases are research areas that communication studies is especially well equipped to handle.

Sex and reproduction. Although studies about sexual reproduction have been happening for centuries, over the last few decades this work has made impressive strides toward understanding why people are not able to conceive children and in helping those interested in becoming parents conceive children and carry them to term (Centers for Disease Control and Prevention, 2012). Communication studies have explored social understandings associated with infertility, especially concerns of stigma and privacy management (Bute, 2013). Ties between sex and reproduction are often taught as part of sex education programs, both inside (Askelson, Campo, & Smith, 2012) and outside (Bute & Jensen, 2011) of the home. As such, it is not unusual to find research that addresses sex education from both reproductive and disease-preventative angles (e.g., de Irala, Urdiain, & del Burgo, 2007). Studies of sexuality and reproduction demonstrate that the topic is often tied to larger societal institutions such as marriage and family (Caldwell, Caldwell, Caldwell, & Pieris, 1998). Many research studies examine the knowledge base of those who are teaching about reproduction. For example, Veiga and colleagues examined the scientific knowledge, beliefs, and behaviors of teachers in training and found that 85% reported they were ill-equipped (and demonstrated the same via knowledge tests) to teach about human sexuality (Veiga, Teixera, Martins, & Meliço-Silvestre, 2007). Another study reviewed 12 textbooks for secondary schools related to human sexuality and found that, on average, there were 12.6 incorrect pieces of information that could be identified in each book (de Irala, Urdiain, & del Burgo, 2007). Such studies demonstrate that health communication scholars should consider ways accurate and responsible sex education programs can be put into place.

Biologies. Another path to exploring sexuality and health—one that is much more common in other disciplines than it is in communication—is biological approaches. As the label suggests,

these approaches examine how bodies function in relation to sexual activities and often involve studies of brain activity, neurological systems and functions, body parts related to sexual activity, and even genetics (Bancroft, 2002). At first glance, it may appear that such research is not suited for communication inquiry, but a growing body of research related to communibiology (Beatty, McCroskey, & Pence, 2009) examines how neurological systems are related to communication behavior. For example, Denes (2012) examined the types of disclosure that often occur after sexual activity—sometimes colloquially referred to as *pillow talk*—to consider its links to oxytocin, a hormone that has been linked to physical affection and intimacy. She found that women who reported experiencing orgasm during a sexual experience, and who would also thus be more likely to experience the effects of oxytocin—were significantly more likely to disclose to their partners after sex. She also found that disclosing positive feelings for a partner after sexual activity positively correlates with relational trust, satisfaction, and closeness. As that illustrates, connections between healthy relational practices can be related to physiological functions, making it a concern for health communication scholars interested in sexuality.

Critical approaches

Another broad approach to sexual health is enacted via critical and feminist lenses. In communication studies, a critical lens examines communicative problems that arise from "material and ideological forces that preclude or distort discursive reflection" (Craig, 2007, p. 85). In other words, critical research seeks communicative voices that may be silenced and uses scholarship to emancipate those voices. One particular type of critical approach that has gained traction is the feminist tradition (Craig & Muller, 2007). This tradition places a "focus on the importance and usefulness of talk, connectedness, and relationships" (Kramarae, 1989, p. 157) especially in consideration of women's experiences and gender-based language in public, private, and public-private spheres. Similarly, queer theory (Yep, 2003) has been used to explore the well-being of lesbian, gay, bisexual, and transgender (LGBT) persons. All of these approaches are usually tied into critiques of allowing medical models to dominate health care and social perceptions of a healthy culture.

Critiques of the medicalization of sexuality. Many critical scholars critique what has come to be known as the *medicalization of sexuality*, or many of the perspectives often explored using the medical approach discussed earlier in this chapter. Critical scholars often argue that sex has been transformed from something that people do as a natural part of human existence into socially constructed identities or problems that are morally-distorted and largely-profitable endeavors (Roberts, 2006). Critiques of medicalization are varied, but one key theme is access. Turning sexuality into a medical issue makes the terminology, and thus the ability to interpret research findings about sexuality, understandable only to those who have medical expertise and who can read the highly specialized reports often published in expensive medical journals or practitioner guidebooks (Roberts, 2006). That, in turn, drives up health care costs related to sexuality and encourages pharmaceutical companies to encourage people they have sexual problems that need medication. For example, in his study of Viagra, Baglia (2006) detailed how men who were functioning in normal and healthy ways were often convinced by interactive marketing that they

had problems with maintaining a healthy erection. In a similar study, Tiefer (2004) explains how pharmaceutical companies—after seeing the success of Viagra—worked to develop female sexual dysfunction in order to be able to profit from the disorder. That is, it was not that a pre-existing problem needed to be solved by medication, but rather that pharmaceutical companies were trying to create a problem so that they could convince women they needed a cure.

Critical approaches to the medicalization of sexuality often critique how American attitudes about sexuality are promoted to other cultures, particularly indigenous cultures, as a way of pushing dominant sexual values into other territories (Roberts, 2006). Many times critical sexuality studies examine how identity itself is largely a social construction. As such, sexual identities are not so much something that are inherent to people and who they are but rather are an aspect of identity that is asserted and controlled by a culture. A key theorist used by critical sexuality scholars is Michel Foucault, whose *The history of sexuality: An introduction* (1987) details the European development of the idea that people have sexual identities and that questions how sex and sexuality have become subjects for scientific research. Many times this leads to sexual behaviors being pathologized, especially if they deviate from the norm (Terry, 1999). For example, homosexuality used to be classified as a dangerous sexual behavior, but this classification was more of a result of negative attitudes toward same-sex behavior rather than any kind of potential harm (Elia, 2003). That is why *homosexual*, as an identity, is viewed by many critical scholars as a negative label for same-sex oriented individuals, as it has roots in pathologizing same-sex sexual behavior (Manning, 2009b). As all of this suggests, those examining sexuality through a critical lens are often considering ways sexuality is stifled and how individuals who have been minoritized may be freed from social control of sexuality.

Harassment, violence, and consent. Another series of critical sexuality studies includes those examining physical and mental health as individuals cope with issues such as sexual harassment, sexual violence, and issues of consent. These issues are often examined through a feminist lens, as they often involve the lived experiences of women more than they do the experiences of men, but such issues can apply to the lives of many different people from many different backgrounds (Wood, 2008). Some of these topics might not appear to be ostensibly health related at first glance. For example, sexual harassment is often studied in an organizational context or as a legal issue. Health-oriented studies of sexual harassment, however, examine the anxieties that being sexually harassed can place upon an individual. For example, Bingham and Battey (2005) examined the stresses those who are sexually harassed in a collegiate environment can face, including decreased academic performance, physiological responses such as eating disorders, and lowered self-esteem. The research demonstrated that professors can provide both instrumental and emotional support for those who experience sexual harassment, thus helping with the coping process (Bingham & Battey, 2005).

Sexual aggression and assault also plays into health studies, not only in the physical effects that can result from such encounters but also in terms of mental health. Like sexual harassment, understandings of how support can be offered to survivors of sexual assault is an important

consideration (Wood, 2008). Much like physical healthcare, where preventative measures can help people avoid illness, health scholars can work to avoid the mental anguish, depression, and the sometimes self-destructive behaviors that often follow sexual harassment or sexual assault, even in intimate partner relationships (Johnson, 2006). For example, hooks (1996) suggests awareness programs in organizations can help both those who are experiencing the discomfort of sexual harassment to recognize the behaviors and to help those who might engage such behaviors to avoid them. Similar studies have examined signs of sexual assault or intimate partner violence (Roloff, 1996) as well as the sources of not understanding (Hickman & Muehlenhard, 1999) or feeling entitled to ignore (Jozkowski & Peterson, in press) a need for consent to proceed with sexual activity. Unwanted sexual attention and the mental anguish it can cause are not limited to face-to-face encounters. For instance, many adolescents have reported unwanted sexual attention via text messages or social networks, and these experiences have led to needs for counseling, disruption of family systems, and the stresses that accompany navigating legal realms (Manning, in press-b).

Queer theory. The experiences of lesbian, gay, bisexual, and transgender (LGBT) people are often minimized in health care as much as they are in other domains (Harvey & Housel, in press). As scholarly inquiry about LGBT populations continued to evolve in the academy, one particular theoretical tradition to emerge was queer theory. *Queer theory* focuses on society's tendencies to construct sexuality in ways that suggest heterosexuality is a normal and natural way of being (Yep, 2003). Not only is heterosexuality normal, but it is also normative in that those who stray from heterosexual ideals are often punished (Manning, 2009a). In his overview of the need for queer theory to facilitate healing for LGBT people and communities, Yep (2003) notes four kinds of violence that injure non-heterosexual individuals: interior-individual violence, or the anxiety, shame, fear, and internalized homophobia an LGBT individual places upon his or herself; exterior-individual violence such as verbal abuse, discriminatory behaviors, and physical violence enacted toward an LGBT person by another; interior-collective violence in the form of everyday talk that treats LGBT people as different, and usually inferior, to heterosexual people; and exterior-collective violence, or institutional policies or formations that discriminate or explicitly call for harm for LGBT people including refusal of rights for partners to visit in hospitals, refusal of marriage, or even hanging or stoning for homosexual behavior in some cultures. As this implies, queer theory seeks to understand ways the physical and mental health of LGBT people are injured and how they can be supported or protected.

ANOTHER DOMAIN: SEXUALITY AND RELATIONSHIPS

As both the medical and critical approaches to sexual health research suggest, relationships are a core part of understanding sexual practices. Of course, two people can emotionally bond without sexuality just as two people can engage sexually without emotional attachment (Diamond, 2003). Many report that their sexual expression is an important part of who they are, and that stifling

it can have profound impacts on their emotional and physical health (Sprecher, Christopher, & Cate, 2006). Moreover, a sexual relationship, whether it is temporary or enduring, can have long-term impacts on one's physical and mental well-being (Sprecher & McKinley, 1993).

Linking relationships, sex, and health

Given the potential for promoting a person's well-being, it is a worthwhile endeavor to begin establishing links between relationships, sex, and health. I begin exploring those connections here, with a heightened focus on studies of interpersonal communication. Sex and relationships are connected in many ways. Looking across a variety of romantic couple types, it is clear that sexual satisfaction correlates positively with overall relationship satisfaction (Sprecher et al., 2006). Positive correlates can also be found between sexual frequency and romantic love (Yela, 2000) as well as sexual satisfaction and the likelihood that a relationship will last (Sprecher, 2002). The nature of these links is not fully understood, and causal links have yet to be established. As Sprecher et al. (2006) speculate about these understandings:

> *The causal link between sexual and nonsexual aspects of relationships may be direct (e.g., when one increases, it causes increase in the other). On the other hand, it may be that sexual dimensions affect other relationship processes (e.g., sexual communication, conflict) that in turn lead to changes in general relationship dimensions. Conversely, changes in general relationship dimensions may affect relationship processes, which then induce changes in the sexual dimensions of a relationship. Unfortunately, there is surprisingly little work that directly investigates processes that might link the sexual and emotional-pair-bonding dimensions of relationships. Researchers have only indirectly studied such processes. (p. 471)*

As that summation indicates, research that moves toward the development of those links is in order. Given the ties already established between sex and relationships, it is evident that healthy relationships are also related to healthy sex lives.

The health benefits of increased sexual activity. Research suggests that engaging in sexual intercourse yields many positive benefits, as both men and women who report more sexual activity also live longer, have better immune systems, and are less likely to face many diseases including cancer (Muise, 2011). Orgasms offer the potential for relaxation and improved sleep (Komisaruk, Beyer-Flores, & Whipple, 2006) as well as healthier blood circulation and better skin (Horstman, 2012). As most people who have experienced sex probably realize, it enhances mood—especially when accompanied by orgasm—as dopamine, oxytocin, and endorphins are released (Horstman, 2012). Preliminary research also suggests orgasm may encourage more oxygen to enter and nourish women's brains (Komisaruk & Whipple, 2005). Sex also is a form of exercise, with vigorous sex burning up to 200 calories an hour (O'Keefe, Vogel, Lavie, & Cordain, 2010). Of course, sex is also a source of pleasure for many, with many different erogenous zones providing different

kinds of pleasure when stimulated by sensual touch. People in romantic relationships tend to have more sex than people who are not in relationships (Laumann, Gagnon, Michael, & Michaels, 1994), even if those in long-term relationships are likely to find periods of fluctuation where they are having more or less sex depending on life's circumstances (Sprecher et al., 2006).

Sexual dysfunction in relationships. Even though sex brings many benefits, it can also be a cause for frustration, embarrassment, and relational strain. Because sexuality is frequently socially constructed as part of a romantic relationship (Noland, 2010), when a couple is not engaging in sex it can lead to relational doubt (Sprecher et al., 2006). One cause of decreased or non-existent sexual intimacy is *sexual dysfunction*, physical and/or psychological barriers that prevent someone from engaging sex. Those in romantic relationships who are experiencing sexual dysfunction can take some relief in that research demonstrates most forms of sexual dysfunction predispose situations in a current relationship (Aubin & Heiman, 2004), and so the cause is not related to being a poor relational partner. For instance, it is not uncommon for victims of sexual assault (Heiman, 2001), those who received negative messages about sex from parents or education programs (Aubin & Heiman, 2004), and women who have been taught that the main purpose of sex is to satisfy men (Cotton-Huston & Wheeler, 1983) may experience psychological dysfunction that makes them frigid or resistant to sex or particular sexual activities. A negative body image can also cause psychological sexual dysfunction (Heiman, 2000). Many times sexual dysfunction can be managed in conjunction with therapy, medical treatment, and interpersonal work with a romantic partner (Aubin & Heiman, 2004).

Sexuality and interpersonal communication. Clearly, interpersonal relationships are tied to sexual health. Understanding the communication that constitutes those relationships would be of benefit both to a holistic understanding of sexual health and a more thorough communicology of sexuality. Such a communicology is not far out of reach. Interpersonal communication scholars have already built strong research bases exploring health (Thompson, Robinson, & Brashers, 2011), emotions (Metts & Planalp, 2011), romantic relationships (Vangelisti, 2011), biology and physiology (Floyd & Afifi, 2011), supportive communication (MacGeorge, Feng, & Burleson, 2011), and other areas that are closely related to understanding sexual health. Yet despite these advances, little work that has explicitly explored sexual health and its connections to interpersonal communication has been explored. Manning (2013) notes that the most recent edition of *The SAGE Handbook of Interpersonal Communication* (see Knapp & Daly, 2011) does not list *sex, sexuality*, nor any other ostensibly sex-oriented terms in its index. Foster (2008) notes a dearth of sexuality work in interpersonal communication studies as well, and she particularly calls for reflexive forms of research that will help to widen the scope of such endeavors. Her assertion about lack of reflexive methods is supported by a January 2013 search of the popular research database Communication and Mass Media Complete that yielded only 15 unique peer-reviewed article results when searching for combinations of the words *interpersonal*, *sex* or *sexuality*, and *qualitative* (Manning, 2013). Without studies of sexuality and interpersonal communication, full understandings of sexual health also falter. Communication researchers need to continue to widen perspectives so that researchers can ask questions that probe deeper and yield more reliable findings; teachers can disseminate these understandings to others; and practitioners can help people in their quest for sexual health.

WIDENING SEXUAL HEALTH PERSPECTIVES THROUGH RELATIONSHIP RESEARCH: THREE STUDIES

To help widen the perspectives about possible connections between interpersonal communication and sexual health—and also to address concerns about lack of a holistic understanding of sexuality in general—here I present data from three interpretive qualitative research studies that approach relationships and sexual health in different ways. By engaging an interpretive approach, I also avoid falling into the medical/critical binary where studies of sexual health are often placed. Brief methodological details are included with each study, and areas of research are cited to place data into context and to serve as a heuristic (Baxter & Braithwaite, 2008; Manning & Kunkel, 2014) for understanding their implications. I begin with a study exploring purity pledges.

Sex education and sexual pleasure: Families discussing purity pledges

Purity pledges are oaths young women take to refrain from sexual activity until married (Gardner, 2011). Purity pledges are frequently paired with purity rings that are worn in place of a wedding ring until marriage (Manning, 2013). Research about pledges to this point is limited to studies of efficacy (e.g., Bruckner & Bearman, 2005; Rosenbaum, 2009) and feminist critiques of the practice (e.g., Doan & Williams, 2008). In order to consider how meaning-making plays into the pledge process for families, I conducted multiadic interviews (Manning, 2010; Manning, 2013) with 13 families (57 research participants total, ethnically diverse but predominantly White; 13 mothers and fathers, 28 daughters, and 3 sons) from two United States communities. Each child interviewed signed a purity vow. Interpersonal-oriented thematic analysis (Manning & Kunkel, 2014) revealed five themes: parents should want the best for their children, sex before marriage is terrifying, young women have no sexual agency, purity rings are rich with meaning, and sex is a beautiful gift. Although all of the themes allowed interesting and notable aspects (and will continue to be explored in other research reports), two themes of particular interest to sexual health are the somewhat contradictory notion that sex can be terrifying and that it can also be a beautiful gift. Unpacking elements of these two themes further allows insights to parent-child sex education conversations.

First, it should be noted that participants in the study almost universally agreed that the conversation about sex that preceded the more direct talk about the pledge was filled with discussion where both parents were involved. In her overview of research about parent-child sex conversations, Noland (2010) notes that children receive little information about sex from parents compared to other sources, and when children do talk with parents about sex it is usually with a same-sex parent. Fathers are also less likely to provide information about sex than mothers (Noland, 2010).

Yet, the participants shared that both parents were equally contributing to the discussions. As one daughter said in a family interview, "At first it was kind of weird to hear my parents talking about this. But after we were talking for a while it was easy, and I really think they wanted to hear what I thought about it, too." Even though parents were talkative, that did not mean that the daughters were always as eager to share. As one mother stated in a family interview, "Both of our girls were more quiet, but then that makes sense since they are the ones that have a lot to learn." The imbalance shared by participants, where parents did more talking than their children, is to be expected given past research (Noland, 2010).

Second, as the two themes of *sex as terrifying* and *sex as beautiful* illustrate, both negative and positive aspects of sex were discussed in purity pledge conversations. This aspect of the purity pledge conversations differs from what past research suggests will happen. In typical parent-child conversations about sex, topics are more likely to skew toward negative aspects of sex and sexuality including diseases or infections, pregnancy, and negative social repercussions (Heisler, 2005). Those topics were discussed, especially in terms of the aftermath of having sex before marriage. Unlike typical parent-child sex conversations, however, all 13 families shared how an important part of discussing the pledge was acknowledging how great sex can be not only as a bonding force between two people in love, but also as a source of pleasure for those who are married. "Sex is great," one father shared in a family interview. "It really is. It is something that is to be shared with the person you love the most. That's why I love sex. That's why everyone should love sex!" A mother in another interview shared, "We made sure to tell her it feels good. And that we like it, and it is healthy. Because if you don't tell them that part, then you're not telling the truth. So how can they believe the rest?" Daughters were less likely to talk about this in family interviews, but as one shared, "I kind of like how they put it, telling me that it is this special built in gift that God gave us and that it is something you only want to share with someone else who loves you as God wanted you to."

A final way participant experiences differed from existing research is that taboo topics not discussed in typical parent-child sex conversations were also considered. Topics such as infidelity, peer pressure, and non-normative sexuality are commonly not included in parent-child sex conversations (Heisler, 2005; Noland, 2010), but they were regularly mentioned by families as part of purity pledge talks. These topics were often presented in a negative light, similar to how other dangers such as STDs and pregnancy were articulated. Sometimes this was articulated in vague ways, such as when a father shared, "It's not even normal sex that most of these kids are doing. It's stuff to, you know, freak out the other kids." Many times it was discussed in much more direct terms, such as the mother who in a family interview said, "Like, they needed to know about affairs, and why people have them. And why me and her father haven't. Because we were each other's first, and only, and so we don't think about others, because there's only us." Another mother offered a different perspective, stating in a private interview:

> *And we talk about everything. We tell them how boys will try to get them in bed, and how their friends will try to tell them it's okay, because they need to know. And we, I really think it is important that they know if*

> *they have sex before someone before marriage, it is cheating on their husband. And it is cheating themselves, because sex feels good in a lot of ways. So that should, it should be discovered with a husband, not some boy.*

As that data exemplar somewhat illustrates, the taboo topics were often framed by parents in contrast with the pleasures that sex in a marriage can bring.

Reducing uncertainty: Sexting as exploratory practice

Just as purity pledges have received popular culture attention, so has sexting. Sexting, or the "willing interactive exchange of sexual-oriented messages using a digital mobile communications device" (Manning, 2013, p. 7), is largely constructed in research as a problematic adolescent behavior (e.g., The National Campaign, 2008) or as a heightened legal or political issue (e.g., Humbach, 2010; Juntunen & Valiverronen, 2010). It is not surprising that sexting research has been approached with assumptions that the behavior is problematic, as a review of media accounts of sexting (Manning, in press-b) revealed that sexting—as well as online sexuality in general—were being approached as almost inherently negative topics. That same review also pointed out that most of the news stories involving sexting were examining how youths were sexting, whether it be with each other or with an adult (Manning, in press-b). This made me wonder why so little attention has been paid to adults who are sexting each other, as the topic was largely unexplored in research and ignored by the media. To better understand adult sexting, I engaged 10 participant interviews that allowed for development of an online survey with 68 additional participants. Most participants were white (75.6%), but they were diverse in age (from 18 to 54 years), sex (55% female, 45% male), and sexual orientation (13% identified as lesbian, gay, or bisexual). Participants described their most recent and a memorable sexting experience; answered questions about their understandings, experiences, motivations, and views of sexting; and shared any text-based sext messages they had on their phones.

Health communication research has focused on uncertainty in many different contexts over the past two decades (Thompson et al., 2011), although most of these studies have focused on how illness creates uncertainty or social support for those who are ill rather than more mundane aspects of uncertainty such as sexual health. Considering sexuality, relational communication, and disclosure via the sexting data and using Babrow and Matthias's (2009) observations about uncertainty as a heuristic allows for insights about one way digitally-mediated interaction can facilitate healthy sexual relationships for adults. Babrow and Matthias's (2009) arguments about uncertainty suggest that uncertainty results from either having too little or too much information. When one has too little information, it creates situations of information seeking; and one has too much information, it might result in avoidance or selective attention to one information source (Babrow & Matthias, 2009). That was the case for research participants who shared they felt emboldened or in a safe space for sexual conversation during or following a sexting experience.

Some described this aspect of sexting in terms of information seeking. As a 21 year old gay White man shared in an interview, "My boyfriend, he's really shy, and that was his way of finding out what

kinds of stuff I like. So I would text him something, and he would say that he liked it, and then he would ask me what I liked. And then I would tell him, and the next time we were together, in person, he would do it." That articulation of information seeking to reduce uncertainty was not explicitly labeled, but others shared sexting experiences that were. As a 40 year old Black bisexual woman shared in a survey, "With him it was about figuring out what we were going to do together next. He would outright tell me that he wanted to know what I liked and that was sexy to him. When I told him, he would ask me if I wanted him to do those things next time we were together." Selective attention based on too much information was also reported, although as a 38 year old Latina heterosexual woman shared in her survey this might also involve clarification:

> *He is completely random and I never know what to expect or when. It starts usually with a picture of him and he is naked. Then he will tell me what he is doing. That is where it gets wild. One second he is having sex with me then the next he is down on me then the next he is kissing me then he puts me in different positions. Sometimes it is what we do that he says and other times it is things we do not do. Usually I am confused because I get into one position or picture in my head and then he switches it to another. Then he will say what do you think of that and I go which one?*

In a member check interview, I asked if she ever attempted to resolve the random and fast-changing scenarios. She replied, "Yes. When we were together one time he told me let's try what we talked about on the phone. I said, 'Which one? You change it so fast I don't think I can keep up.' Then we told what we really wanted and really liked. And so that was nice." The combination of texting and face-to-face conversation allowed for a couple to comfortably navigate their sexual relationship.

Relational turning points: Rethinking first time sexual encounters

Events associated with passion, such as the first time two people engage sexual intercourse, are often reported as having great positive effect on relationship commitment (Baxter & Bullis, 1986). Additional research shows that the first time a couple has sex is often held as a special kind of memory, full of vivid detail and emotionally significant (Harvey, Flanary, & Morgan, 1986). Oftentimes *first sex*, as it is often referred to in studies of sex and sexuality, is embedded in research as part of a trajectory of relational closeness (Sprecher & McKinney, 1993)—almost as if it were part of a larger cultural narrative of how relationships progress. To be certain, many a popular press (e.g., Fein & Schneider, 2013) or morality-based (e.g., Phillips & Phillips, 2006) guide to doing healthy, happy relationships warns of the perils of engaging sex too soon in a relationship. These notions are turned on their head, somewhat, by reviewing the results of four multiadic (Manning, 2010) interviews that were conducted using the Retrospective Interview Technique (RIT) (Huston, Surra, Fitzgerald, & Cate, 1981), a process that has individuals or couples plot their relationships on a graph that represents time and commitment.

Instances on those graphs that are associated with change in commitment, whether they be positive or negative, are labeled as *turning points* (Baxter & Bullis, 1986). As an alternate way to generate an understanding of relational *turning points*, I asked each member of a couple to generate their turning points in a separate room and away from each other. Following that process, I interviewed each member of the couple separately and promised that I would not share anything they told me with the partner. I then joined the two back together and had them negotiate their turning points chart into one chart (recording this negotiation), and following that I interviewed them again together about their final chart. This data collection is ongoing, but to date I have collected data from 54 couples (108 participants). Most of these couples do follow a pattern where sex either followed a date or series of dates or where sex signified the beginning the relationship after a period of friendship and flirting. Four couples did not follow this pattern.

In two of the four cases, the couples were disjunctive in how they listed their first turning point. In those two cases, one of the partners listed first sex as the beginning turning point where the other included meeting at a bar (in one case) and going on a first date (in the other). After discussing the situation with their partners, first sex was listed by both couples as being the first turning point. When I asked about this, the couples offered similar answers. This interview excerpt from a couple in their 40s helps to illuminate the situation:

> ***Husband**: I didn't want you to get the wrong idea, and I didn't want her to be, to think that we were telling you too much. We don't usually do that.*
>
> ***Wife**: No.*
>
> ***Husband**: But we did that night!* (Laughs.)
>
> ***Interviewer**: So do you tell others?*
>
> ***Wife**: See, that's why I listed it as having sex. Because I don't even remember what we talked about in the bar. Me and my girlfriends were out, and then I saw him and that was about all there was to it until the next morning.*
>
> ***Husband**: So I guess I'm lucky I was good looking.* (Laughs.) *She was good looking too, and she was funny, and so there was more to it than us wanting sex.*
>
> ***Wife**: Obviously.*
>
> ***Husband**: So I guess I don't want to think of it that way either.*
>
> ***Interviewer**: So what do you tell others?*
>
> ***Husband**: We say we met in a bar, but. But we don't tell them we had sex that first night. We talk more about how we met in the bar and*

thought each other was funny. And I don't think there's anything wrong or dishonest there. Most people don't tell that.

***Wife**: But really it was the sex that got me interested. I didn't get up and go the next morning.*

***Husband**: And I was glad she didn't.*

***Wife**: But it was the sex and us cracking jokes that kept us around.*

As the data illustrate, the couple remembers sexual attraction as the first turning point, but that turning point is socially stifled in favor of more acceptable discourses.

The couple in the previous interview did not seem to struggle much with first sex also serving as their first turning point. That was not the case with two other couples who listed first sex as first turning point. Turning to an interview excerpt from a couple in their early 30s to illustrate the struggle:

***Girlfriend**: If I could change one thing, that would be it. Because it's not accepted in my family that you'd do that.*

***Boyfriend**: And I'm afraid people would judge me, and her probably too.*

***Girlfriend**: Me more than you. I think only whores do that.*

***Interviewer**: So, just to clarify, you two met that night online and then in a couple of hours you got together?*

***Boyfriend**: It was probably about four hours, and then it got late.*

***Girlfriend**: But a lot happened in those four hours.*

***Boyfriend**: No one gets that.*

***Interviewer**: So you've told people?*

***Boyfriend**: No, not really.*

***Girlfriend**: Kind of. I've changed it some. I tell it like it's a first date.*

***Interviewer**: So why is it not a first date?*

***Boyfriend**: You can't have a first date on the internet.*

***Girlfriend**: And then to have sex right after meeting someone on the internet? You're double-dinged. Only whores do that.*

***Boyfriend**: So we keep it pretty secret.*

As that exemplar illustrates, context is important. In this case, meeting online changes the context of first sex in such a way that it is qualitatively distinct from the other three couples' explanations

of first sex as first turning point. When asked later why the conversation online might not represent a turning point, the couple was insistent that online conversations were not real—even though they met that way and were together for over five years.

Of the four couples, none indicated they shared that first sex was their first turning point. As a member of one of the couples observed, "You don't talk about sex in your relationship in general, and so even if it is what started you can't really bring it up." A member of another couple said, "Even if we're comfortable with it, and I think we are, others probably wouldn't be." In addition to allowing a sense of the stress and discomfort some couples feel when explaining their relationships—as well as a tendency to shape the narrative to conventional norms—this research also helps to illustrate how sexual scripts are normative. This normativity can have profound impacts on one's relational and sexual health. For example, given that so many popular press books on dating and finding a soul mate stress the importance of delaying sex (Zimmerman, Holm, & Starrels, 2001), one might feel as if a relationship is doomed if that sex were to come too early. Other research suggests that those who feel uneasy about their sexuality or as if their sexual behaviors are not a part of the norm might not be honest with health care providers about their sexual activity (Manning, in press-a).

Perhaps most importantly, these data help to illustrate the understandings that can emerge from reviewing the outliers. Research demonstrates men and women both report a greater likelihood of sex in relationships when there is emotional investment (Hill, 2002), but these data indicate some develop an emotional investment because of sex. As Metts (2004) notes, gendered scripts might also have an impact on how people remember and articulate their sexual experiences, so the outliers to research findings about when sexual activity enters a relationship might not be as small as data indicate. Given culture's tendency to shame sexuality that is deviant, developing fuller understandings of the sexual outliers can help people to feel more comfortable with their sexuality or—if the non-normative behavior has negative personal consequences—consider how that behavior may be addressed.

Continuing the conversation: Toward a holistic approach

As these studies illustrate, the connections between sexuality, relationships, and health may not be as obvious as one might expect, but they are certainly worth exploring as possible links to people's sexual health, happiness, and well-being. As the broad overview of sexual health and communication literature reveals, there is room for exploration and growth as a sexual communicology continues to be established. The data analyzed in this essay seeks to expand exploration and growth in one particular area—interpersonal communication studies—to explore how cultures create meaning and social structures about healthy sexual practices via communication. Surely many other areas of sexual health await exploration in a holistic communicology of sexuality. As Manning (2014) asserts in continuing an argument for constitutive approaches to studies of interpersonal communication, "Only by reading and thinking across traditions… can we advance the field as a whole while conducting specialized work on particular topics" (p. 501). As the various

traditions collected together in this essay demonstrate, the various approaches to sex and sexuality can allow multiple, rich contributions to communication research, teaching, and practice.

REFERENCES

Aggrawal, A. (2009). *Forensic and medico-legal aspects of sexual crimes and unusual sexual practices*. Boca Raton, FL: CRC.

Ashcraft, K. L., & Mumby, D. K. (2004). *Reworking gender: A feminist communicology of organization*. Thousand Oaks, CA: Sage.

Askelson, N. M., Campo, S., & Smith, S. (2012). Mother-daughter communication about sex: The influence of authoritative parenting style. *Health Communication*, *27*, 439–448. doi:10.1080/10410236.2011.606526

Aubin, S., & Heiman, J. R. (2004). Sexual dysfunction from a relationship perspective. In J. H. Harvey, A. Wenzel, & S. Sprecher (Eds.), *The handbook of sexuality in close relationships* (pp. 477–517). Mahwah, NJ: Lawrence Erlbaum.

Babrow, A. S., & Matthias, M. S. (2009). Generally unseen challenges in uncertainty management: An application of problematic integration theory. In T. D. Afifi, & W. A. Afifi (Eds.), *Uncertainty, information management, and disclosure decisions* (pp. 9–25). New York: Routledge.

Baglia, J. (2005). *The Viagra ad venture: Masculinity, media, and the performance of sexual health*. New York: Peter Lang.

Bancroft, J. (2002). Biological factors in human sexuality. *Journal of Sex Research*, *39*, 15–21. doi:10.1080/00224490209552114

Basu, A. (2011). HIV/AIDS and subaltern autonomous rationality: A call to recenter health communication in marginalized sex worker spaces. *Communication Monographs*, *78*, 391–408. doi:10.1080/03637751.2011.589457

Baxter, L. A., & Braithwaite, D. O. (2008). *Engaging theories in interpersonal communication: Multiple perspectives*. Thousand Oaks, CA: Sage.

Baxter, L. A., & Bullis, C. (1986). Turning points in developing romantic relationships. *Human Communication Research*, *12*, 469–493.

Beatty, M. J., McCroskey, J. C., & Pence, M. E. Communibiological paradigm. In M. J. Beatty, J. C. McCroskey, & K. Floyd (Eds.), *Biological dimensions of communication: Perspectives, research, and methods* (pp. 3–16). Cresskill, NJ: Hampton.

Bingham, S., & Battey, K. (2005). Communication of social support to sexual harassment victims: Professors' responses to a student's narrative of unwanted sexual attention. *Communication Studies*, *56*, 131–155. doi:10.1080/00089570500078767

Blumstein, P., & Schwartz, P. (1983). *American couples: Money, work, sex*. New York: Morrow.

Bruckner H., & Bearman P.S. (2005). After the promise: The STD consequences of adolescent virginity pledges. *Journal of Adolescent Health*, *36*, 271–278.

Bute, J. J. (2013). The discursive dynamics of disclosure and avoidance: Evidence from a study of infertility. *Western Journal of Communication*, *77*, 164–185. doi:10.1080/10570314.2012.695425

Bute, J. J., & Jensen, R. E. (2011). Narrative sensemaking and time lapse: Interviews with low-income women about sex education. *Communication Monographs*, *78*, 212–232. doi:10.1080/03637751.2011.564639

Caldwell, J. C., Caldwell, P., Caldwell, B. K., & Pieris, I. (1998). The construction of adolescence in a changing world: Implications for sexuality, reproduction, and marriage. *Studies in Family Planning*, *29*, 137–153.

Centers for Disease Control and Prevention. (2012). *Assisted reproductive technology*. Retrieved from Centers for Disease Control and Prevention website: http://www.cdc.gov/ART/

Christopher, F. S., & Cate, R. M. (1985). Premarital sexual pathways and relationship development. *Journal of Social and Personal Relationships*, *2*, 271–288.

Cotton-Huston, A. L., & Wheeler, K. A. (1983). Preorgasmic group treatment: Assertiveness, marital adjustment and sexual function in women. *Journal of Sex and Marital Therapy*, *9*, 296–302. doi:10.1080/00926238308410916

Craig, R. T. (1999). Communication theory as a field. *Communication Theory*, *9*, 119–161.

Craig, R. T. (2007). Communication theory as a field. In R. T. Craig, & H. L. Muller, (Eds.), *Theorizing communication: Readings across traditions* (pp. 63–98). Thousand Oaks, CA: Sage.

Craig, R. T., & Muller, H. L. (2007). Concluding reflections. In R. T. Craig, & H. L. Muller, (Eds.), *Theorizing communication: Readings across traditions* (pp. 495–502). Thousand Oaks, CA: Sage.

Davis, C. M., Yarber, W. L., Bauserman, R., Schreer, G., & Davis, S. L. (Eds.). (1998). *Handbook of sexuality-related measures*. Thousand Oaks, CA: Sage.

Denes, A. (2012). Pillow talk: Exploring disclosures after sexual activity. *Western Journal of Communication*, *76*, 91–108. doi:10.1080/10570314.2011.651253

Diamond, L. (2003). What does sexual orientation orient? A biobehavioral model distinguishing romantic love and sexual desire. *Psychological Review*, *110*, 173–192.

Doan, A. E., & Williams, J. C. (2008). *The politics of virginity: Abstinence in sex education*. Santa Barbara, CA: Praeger.

Dunn, J. C., & Manning, J. (2014). Reflecting on the study: Excerpts from an interview with Jennifer C. Dunn. In J. Manning, & A. Kunkel, *Researching interpersonal relationships: Qualitative methods, studies, and analysis* (pp. 139–144). Thousand Oaks, CA: Sage.

Elia, J. P. (2003). Queering relationships: Toward a paradigmatic shift. In G. A. Yep, K. E. Lovaas, & J. P. Elia (Eds.), *Queer theory and communication: From disciplining queers to queering the discipline(s)* (pp. 61–86). Binghamton, NY: Harrington Park.

Fein, E., & Schneider, S. (2013). *The new rules: The dating dos and don'ts for the digital generation*. London: Piatkus.

Floyd, K., & Afifi, T. D. (2011). Biological and physiological perspectives on interpersonal communication. In M. L. Knapp & J. A. Daly (Eds.), *The Sage handbook of interpersonal communication* (4th ed.) (pp. 87–127). Thousand Oaks, CA: Sage.

Fortenberry, J. D. (2004). The effects of stigma on genital herpes care-seeking behaviours. *Herpes*, *11*, 8–11.

Foster, E. (2008). Commitment, communication, and contending with heteronormativity: An invitation to greater reflexivity in interpersonal research. *Southern Communication Journal*, *73*, 84–101. doi:10.1080/10417940701815683

Foucault, M. (1987). *The history of sexuality: An introduction*. (R. Hurley, trans.). London: Penguin.

Gardner, C. J. (2011). *Making chastity sexy: The rhetoric of evangelical abstinence campaigns*. Berkeley, CA: University of California.

Gott, M., & Hinchliff, S. (2003). Barriers to seeking treatment for sexual problems in primary care: A qualitative study with older people. *Family Practice*, *20*, 690–695. doi:10.1093/fampra/cmg612

Harvey, J. H., Flanary, R., Morgan, M. (1986). Vivid memories of vivid loves gone by. *Journal of Social and Personal Relationships*, *3*, 359–373.

Harvey, V., & Housel, T. H. (In press). *Left out: Health care issues facing LGBT people*. Lanham, MD: Lexington.

Heiman, J. R. (2000). Orgasmic disorders in women. In S. R. Leiblum, R. C. Rosen (Eds.), *Principles and practice of sex therapy* (3rd ed., pp. 118–153). New York: Guilford.

Heiman, J. R. (2001). Sexual desire in human relationships. In W. Evaraerd, E. Laan, & S. Both (Eds.), *Sexual appetite, desire, and motivation: Energetics of the sexual system* (pp. 117–134). Amsterdam: Royal Netherlands Academy of Arts and Sciences.

Heisler, J. M. (2005). Family communication about sex: Parents and college-aged offspring recall discussion topics, satisfaction, and parental involvement. *Journal of Family Communication*, *5*, 295–312.

Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. *Journal of Sexual Medicine*, *7*, 255–265. doi:10.1111/j.1743–6109.2010.02012.x

Hickman, S. E., & Muehlenhard, C. L. (1999). "By the semi-mystical appearance of a condom": How young women and men communicate sexual consent in heterosexual situations. *Journal of Sex Research*, *36*, 258–272.

Hill, C. A. (2002). Gender, relationship stage, and sexual behavior: The importance of partner emotional investment within specific situations. *Journal of Sex Research*, *39*, 228–240.

Horstman, J. (2012). *The Scientific American book of love, sex, and the brain: The neuroscience of how, when, why, and who we love*. San Francisco: Jossey-Bass.

Humbach, J. A. (2010). Sexting and the first amendment. *Hastings Constitutional Law Quarterly*, *37*, 433–486.

Huston, T. L., Surra, C., Fitzgerald, N. M., & Cate, R. (1981). From courtship to marriage: Mate selection as an interpersonal process. In S. Duck, & R. Gilmour (Eds.), *Personal relationships 2: Developing personal relationships* (pp. 53–88). New York: Academic.

de Irala, J., Urdiain, I. G., & Burgo, C. L. (2008). Analysis of content about sexuality and human reproduction in school textbooks in Spain. *Public Health*, *122*, 1093–1103. doi:10.1016/j.puhe.2008.01.005

Johnson, M. P. (2006). Gendered communication and intimate partner violence. In B. J. Dow, & J. T. Wood (Eds.), *The SAGE handbook of gender and communication* (pp. 71–87). Thousand Oaks, CA: Sage.

Jones, R. K., & Biddlecom, A. E. (2011). Is the internet filling the sexual health information gap for teens? An exploratory study. *Journal of Health Communication*, *16*, 112–123. doi: 10.1080/10810730.2010.535112

Jozkowski, K. N., & Peterson, Z. D. (In press). College students and sexual consent: Unique insights. *Journal of Sex Research*. doi:10.1080/00224499.2012.700739

Juntunen, L., & Väliverronen, E. (2010). Politics of sexting: Re-negotiating the boundaries of private and public in political journalism. *Journalism Studies*, *11*, 817–831. doi:10.1080/14616701003643996

Kafka, M. P. (2001). The paraphilia-related disorders: A proposal for a united classification of nonparaphilic hypersexuality disorders. *Sexual Addiction & Compulsivity: The Journal of Treatment and Prevention*, *8*, 227–239. doi:10.1080/107201601753459937

Knapp, M. L., & Daly, J. A. (Eds.), *The SAGE handbook of interpersonal communication* (4th ed.). Thousand Oaks, CA: Sage.

Komisaruk, B. R., Beyer-Flores, C., & Whipple, B. (2006). *The science of orgasm*. Baltimore: Johns Hopkins University.

Komisaruk, B. R., & Whipple, B. (2005). Functional MRI of the brain during orgasm in women. *Annual Review of Sex Research*, *16*, 62–86. doi:10.1080/10532528.2005.10559829

Kramarae, C. (1989). Feminist theories of communication. In E. Barnouw, G. Gerbner, W. Schramm, T. L. Worth, & L. Gross (Eds.), *International encyclopedia of communications* (Vol. 2, pp. 157–160). New York: Oxford University Press.

Laumann, E. O., Gagnon, H. J., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago.

Leone, P. (2005). Reducing the risk of transmitting genital herpes: Advances in understanding and therapy. *Current Medical Research and Opinion*, *21*, 1577–1582. doi:10.1185/030079905X61901

Lombardo, A. P., & Léger, Y. A. (2007). Thinking about "Think Again" in Canada: Assessing a social marketing HIV/AIDS prevention campaign. *Journal of Health Communication*, *12*, 377–397. doi:10.1080/10810730701328875

MacGeorge, E. L., Feng, B., & Burleson, B. R. (2011). Supportive communication. In M. L. Knapp & J. A. Daly (Eds.), *The Sage handbook of interpersonal communication* (4th ed.) (pp. 317–354). Thousand Oaks, CA: Sage.

Mallon, P. W. G., Miller, J., Cooper, D. A., & Carr, A. (2003). Prospective evaluation of the effects of antiretroviral therapy on body composition in HIV-1 infected men starting therapy. *AIDS*, *17*, 971–979.

Manning, J. (In press-a). Discourses of sexual health in coming out conversations: Resistance and rejection in personal and healthcare-related relationships. In V. Harvey, & T. H. Housel (Eds.), *Left out: Health care issues facing LGBT people*. Lanham, MD: Lexington.

Manning, J. (In press-b). Shedding light on the dark: Sexuality, computer-mediated communication, and discourses of healthy relational practices. In K. B. Wright, & L. M. Webb (Eds.), *Computer-mediated communication in personal relationships 2.0*.

Manning, J. (2009a). Because the personal is the political: Politics and unpacking the rhetoric of (queer) relationships. In K. German & B. Dreshel, *Queer identities/political realities* (pp. 1-8). Newcastle, UK: Cambridge Scholars.

Manning, J. (2009b). Heterosexuality. In J. O'Brien (Ed.), *Encyclopedia of gender and society* (pp. 413–417). Thousand Oaks, CA: Sage.

Manning, J. (2010). "There is no agony like bearing an untold story inside you": Communication research as interventive practice. *Communication Monographs*, *77*, 437–439. doi:10.1080/03637751.2010.523596

Manning, J. (2013). Interpretive theorizing in the seductive world of sexuality and interpersonal communication: Getting guerilla with studies of sexting, purity rings, and intersectional friendships. *International Journal of Communication*, *7*.

Manning, J. (2014). A constitutive approach to interpersonal communication studies. *Communication Studies*, *65*(3).

Manning, J., & Kunkel, A. (2014). *Researching interpersonal relationships: Qualitative methods, studies, and analysis*. Thousand Oaks, CA: Sage.

Martinez, J. M. (2011). *Communicative sexualities: A communicology of sexual experience*. Lanham, MD: Lexington.

Metts, S. (2004). First sexual involvement in romantic relationships: An empirical investigation of communicative framing, romantic beliefs, and attachment orientation in the passion turning point. In J. H. Harvey, A. Wenzel, & S. Sprecher (Eds.), *Handbook of sexuality in close relationships* (pp. 135–158). Mahwah, NJ: Erlbaum.

Metts, S., & Planalp, S. (2011). Emotion experience and expression: Current trends and future directions in interpersonal relationship research. In M. L. Knapp & J. A. Daly (Eds.), *The Sage handbook of interpersonal communication* (4th ed.) (pp. 283–316). Thousand Oaks, CA: Sage.

Morse, J. M. (2012). *Qualitative health research: Creating a new discipline*. Walnut Creek, CA: Left Coast Press.

Muise, A. (2011). *What are the health benefits of sex? There's an app for that (sort of)*. Retrieved from the Science of Relationships website: http://www.scienceofrelationships.com/home/2011/5/26/what-are-the-health-benefits-of-sex-theres-an-app-for-that-s.html

National Campaign to Prevent Teen and Unplanned Pregnancy, & Cosmogirl.com. (2008). *Sex and tech: Results from a survey of teens and young adults*. Retrieved from The National Campaign to Prevent Teen and Unplanned Pregnancy website: http://www.thenationalcampaign.org/sextech/PDF/SexTech_Summary.pdf

Noar, S., Carlyle, K., & Cole, C. (2006). Why communication is crucial: Meta-analysis of the relationship between safer sexual communication and condom use. *Journal of Health Communication*, *11*, 365–390. doi:10.1080/10810730600671862

Noar, S., Clark, A., Cole, C., & Lustria, M. L. A. (2006). Review of interactive safer sex websites: Practice and potential. *Health Communication*, *20*, 233–241. doi:10.1207/s15327027hc2003_3

Noland, C. M. (2010). *Sex talk: The role of communication in intimate relationships*. Santa Barbara, CA: Praeger.

O'Keefe, J. H., Vogel, R. V., Lavie, C. J., & Cordain, L. (2010). Organic fitness: Physical activity consistent with our hunter-gatherer heritage. *Physician and Sports Medicine*, *4*, 1–8.

Palmgreen, P., & Donohew, L. (2010). Impact of SENTAR on prevention campaign policy and practice. *Health Communication*, *25*, 609–610. doi:10.1080/10410236.2010.496843

Peterson, J. L. (2009). "You have to be positive": Social support processes of an online support group for men living with HIV. *Communication Studies*, *60*, 526–541. doi:10.1080/10510970903260368

Phillips, R. D., & Phillips, S. L. (2006). *Holding hands, holding hearts: Recovering a Biblical view of Christian dating*. Phillipsburg, NJ: P&R.

Roberts, C. (2006). Medicine and the making of a sexual body. In S. Seidman, N. Fischer, & C. Meeks (Eds.), *Handbook of the new sexuality studies* (pp. 81–89). New York: Routledge.

Roloff, M. E. (1996). The catalyst hypothesis: Conditions under which coercive communication leads to physical aggression. In D. D. Cahn, & S. A. Lloyd (Eds.), *Family violence from a communication perspective* (pp. 20–36). Thousand Oaks, CA: Sage.

Rosenbaum, J. E. (2009). Patient teenagers? A comparison of the sexual behavior of virginity pledgers and matched nonpledgers. *Pediatrics*, *123*, 110–120. doi:10.1542/peds.2008–0407

Sprecher, S. (2002). Sexual satisfaction in premarital relationships: Associations with satisfaction, love, commitment, and stability. *Journal of Sex Research*, *39*, 190–196. doi:10.1080/00224490209552141

Sprecher, S., Christopher, F. S., & Cate, R. (2006). Sexuality in close relationships. In A. L. Vangelisti, & D. Perlman (Eds.), *The Cambridge handbook of personal relationships* (pp. 463–482). New York: Cambridge University.

Sprecher, S., & McKinney, K. (1993). *Sexuality*. Newbury Park, CA: Sage.

Terry, J. (1999). *An American obsession: Science, medicine, and homosexuality in modern society*. Chicago: University of Chicago.

Thompson, T. L., Robinson, J. D., & Brashers, D. E. (2011). Interpersonal communication and health care. In M. L. Knapp & J. A. Daly (Eds.), *The Sage handbook of interpersonal communication* (4th ed.) (pp. 633–678). Thousand Oaks, CA: Sage.

Tiefer, L. (1996). The medicalization of sexuality: Conceptual, normative, and professional issues. *Annual Review of Sex Research*, *7*, 252–282.

Tiefer, L. (2004). *Sex is not a natural act & other essays* (2nd ed.). Boulder, CO: Westview.

Vangelisti, A. L. (2011). Interpersonal processes in romantic relationships. In M. L. Knapp & J. A. Daly (Eds.), *The Sage handbook of interpersonal communication* (4th ed.) (pp. 597–632). Thousand Oaks, CA: Sage.

Veiga, L., Teixeira, F., Martins, I., & Meliço-Silvestre, A. (2006). Sexuality and human reproduction: A study of scientific knowledge, behaviors and beliefs of Portuguese future elementary school teachers. *Sex Education: Sexuality, Society, and Learning*, *6*, 17–29. doi:10.1080/14681810500508915

Walker, K. L., Hart, J. L., & D'Silva, M. U. (Eds.). (2012). *Communicating about HIV/AIDS: Taboo topics and difficult conversations*. Cresskill, NJ: Hampton.

Weinstock, H., Berman, S., & Cates, W. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health*, *36*, 6–10. doi:10.1363/3600604

Wood, J. T. (2008). Critical feminist theories: Giving voice and visibility to women's experiences in interpersonal communication. In L. A. Baxter, & D. O. Braithwaite (Eds.), *Engaging theories in interpersonal communication: Multiple perspectives* (pp. 323–334). Thousand Oaks, CA: Sage.

Yela, C. (2000). Predictors of and factors related to loving and sexual satisfaction for men and women. *European Review of Applied Psychology*, *50*, 235–243.

Yep, G. A. (2003). The violence of heteronormativity in communication studies: Notes on injury, healing, and queer world-making. In G. A. Yep, K. E. Lovaas, & J. P. Elia (Eds.), *Queer theory and communication: From disciplining queers to queering the discipline(s)* (pp. 11–59). Binghamton, NY: Harrington Park.

Zimmerman, T. S., Holm, K. E., & Starrels, M. E. (2001). A feminist analysis of self-help bestsellers for improving relationships: A decade review. *Journal of Marital and Family Therapy*, *27*, 165–175. doi:10.1111/j.1752–0606.2001.tb01154.x