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African American Women's Language Use in Response to Male Partners' Condom Negotiation Tactics

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Abstract

African American women are vulnerable for sexual health risk; thus, condom use is essential. Guided by research linking goals to communicative content, this study explored women's use of I-, you-, we-, and hedging language during condom negotiation. Female participants ($N = 193$) engaged in a condom negotiation role play with male confederates, where language use measures were coded. I-language was used the most frequently. Language use differed as a function of men's tactics, such that women primarily used I-language in response to verbal attacks, you-language in response to seduction, and I- and we-language in response to information seeking. Women who engaged in more recent condom use were more likely to use you-language, and when confederates attacked, they responded with more you-language and less hedging.

Keywords

Condom Negotiation; Language Use; Condom Use; African American Women; Message Production

African American women are at disproportionate risk of contracting sexually transmitted infections (STIs) and HIV. Syphilis, gonorrhea, and chlamydia rates among African American women range between five and nine times higher than rates among White women (Centers for Disease Control and Prevention [CDC], 2017a). Among all women diagnosed

with HIV in 2015, 60% were African American. Heterosexual sex was the most common risk factor, accounting for approximately 86% of new HIV cases in African American women (CDC, 2017b). Thus, safer sex (i.e., condom use) plays a crucial role in African American women's sexual health.

For heterosexual women, using a condom requires a male partner's cooperation. In circumstances where a male partner is ready and willing to use a condom, cooperation is implicitly present (Otto-Salaj et al., 2010); otherwise, condom use is often a point of negotiation. Meta-analyses show that communication between sexual partners about condom use is a vital predictor positively associated with condom use (Noar, Carlyle, & Cole, 2006; Sheeran, Abraham, & Orbell, 1999). However, many African American women are afraid of condom negotiation (e.g., Wingood & DiClemente, 1998), and some have reported that their male partners reacted negatively and sometimes violently to their condom use requests (Otto-Salaj et al., 2010). Thus, an examination of how African American women encourage condom negotiation is warranted.

We argue that condom negotiation is a goal-driven behavior aimed to achieve a safer-sex goal. One way to study goal-driven communicative behavior is to examine the messages produced by communicators during interactions to achieve their goals. Specifically, Samp and colleagues contend that people use different pronouns to achieve various goals in interpersonal interactions (Samp, 2013; Samp & Solomon, 2005). When people do not assert their goals or are uncertain about their goals, they may use hedging language (e.g., "maybe") to reflect their lack of commitment or uncertainty. An objective of the present study is to examine African American women's language choices (i.e., I-, you-, we-language, and hedging) when they have the goal of convincing a man to use a condom during condom negotiation interactions.

Although women may begin with the goal of getting a man to use a condom at the onset of condom negotiation, individuals often change their goals during the course of an interaction based on behaviors of a partner (see Samp, 2013 for example). As male partners may engage in various communicative behaviors during condom negotiation, a second study goal is to investigate how women change their strategic use of language in reaction to their partners' resistance to condom use.

Some studies on language choice have examined pronoun use as an implicit marker of partner collaboration and associated health outcomes. For instance, greater we-language used by patients and their partners during couple-based treatment was associated with successful smoking cessation (Rohrbaugh, Shoham, Skoyen, Jensen, & Mehl, 2012) and improvements in alcohol abstinence (Hallgren & McCrady, 2016). Here, we extend previous work by examining language use as indicators of individuals' sexual negotiation goals and how they communicate to pursue those goals. Specifically, women who have a goal of safer sex and who effectively communicate that goal with partners may be more likely to use condoms. Thus, a third study goal is to explore how women's language use in response to men's negotiation tactics is associated with their self-reported recent condom use.

To achieve these objects, we assessed African American women's language use during a condom negotiation role play with a confederate male partner. Of course, from an ecological validity standpoint, condom negotiation often takes place when in the "heat of the moment" or in social environments which encourage sex talks, such as bars or late-night encounters. Yet, if individuals cannot produce messages that achieve their goals in a safe, low-stakes environment, such as in a role play, they may not exhibit these skills in their normal lives either (Somlai et al., 1998). Moreover, Samp and others (Samp, 2013; Samp & Monahan, 2011) have shown that after an initial warm up, people become quite acclimated to having intense discussions. Thus, assessing women's language use in a non-threatening role play allowed us to understand how women pursue their safer-sex goal in actual sexual encounters.

Language Use in Condom Negotiation

Goal-driven message production theories such as Goal-Plan-Action Theory (Dillard, 1990) state that goals guide communication plans and subsequently guide the nature and structure of those messages designed to achieve a goal – from general content to micro level linguistic features. At a linguistic micro-level, Samp and Solomon (2005) articulated that goals should be reflected in the focal center of a message. Focal center refers to the grammatical subject phrase of an utterance and underlines the force of illocution (Stiles, 1992). For instance, in the context of condom negotiation, when individuals' *self-oriented goals* are salient, such as managing their own image and achieving their own needs, they frame messages' locus of attention on the *self* by using I-language (e.g., "I think that wearing condoms is a good idea", "I want us to use a condom"). If needs and attentions are directed at a conversational partner, for instance, blaming a partner's rejection of condom use, *other-oriented goals* are activated, and individuals will use you-language (e.g., "If you want to have sex, *you* should go and get a condom", "*You* said you didn't want to have any more kids") to frame the force of illocution on the *other*. Finally, to achieve *relational goals*, such as developing, maintaining, or neglecting interpersonal relationships, people frame the locus of attention on their *selves and others* (e.g., "It would be safer if *we* used a condom", "*We* agreed *we* don't want kids right now") by using we-language (Samp, 2013). In sum, different goals (self-oriented, other-oriented, and relational) are associated with a distinct locus of attention (self, other, relationship) through different focal centers of messages (I-, you-, we-language).

Hedging can also be a goal-oriented way to respond in situations where one does not want to assert his or her opinion or to soften a statement or claim. Hedging language occurs when one tries to mitigate a claim to lessen the strength of an utterance. For example, if a man were to ask "Why do you want to use a condom?" a woman might hedge by saying "you know," "well" or "it's an idea." Beginning with Lakoff (1975), researchers have demonstrated that women often hedge to soften requests (e.g., "would it be okay if..."; see Holmes, 1995; Mulac, Seibold, & Farris, 2000; Newman, Groom, Handelman, & Pennebaker, 2007 for examples).

Hedging might be an important language choice in condom negotiation, in that individuals report safer sex negotiation as uncomfortable (Bird, Harvey, Beckman, & Johnson, 2001; Emmers-Sommer, Maier, & Allen, 2014) or that they lack the skills to be assertive and thus can be indirect in their requests. Therefore, in difficult conversations such as condom

negotiation, women may be more likely to employ hedges rather than assertively stating a goal of condom use. Hedging, especially for African American women, may occur as a result of fear that the partner will respond negatively, or from a lack of confidence in their ability to convince a partner (Crosby et al., 2013).

Prior research indicated that during discussions with close relational partners, as individuals' ratings of the importance of self-oriented goals increase, their use of self-focused messages also increases (Samp & Monahan, 2011; Samp & Solomon, 2005). In the context of condom negotiation, a woman's primary goal is likely to convince her sexual partner to wear a condom. This reflects her own need and is a self-oriented goal. Accordingly, this heightened self-oriented goal of condom use is likely to be reflected in more locus of attention on herself via an increased use of I-language. Admittedly, given the relational context, a woman may have other goals during the same interaction, such as blaming the partner's rejection of condom use (other-oriented goal) or attempting to diminish the potential relational damage due to the condom use request (relational goal). She may also feel uncomfortable to pursue these goals. However, women are likely to play an active role in condom negotiation (Carter, McNair, Corbin, & Williams, 1999). Also, participants were given the goal of convincing their male partner to use a condom in the present study. Thus, we would anticipate that the most salient goal across interactions may still be self-oriented, and I-language will be used the most frequently:

H1: When negotiating condom use with a sexual partner, women will use more I-language than you-, we-, or hedging language.

As discussed above, even though a woman's major goal is to convince a partner to wear a condom (self-oriented goal), the dynamic nature of interpersonal conversations in general, and condom negotiation in particular, suggest that women may also want to achieve other goals during condom negotiation (Keck & Samp, 2007; Samp, 2013). For instance, while a woman may want to reaffirm her desire to use a condom (self-oriented goal), she may also attempt to confront a partner for not bringing a condom (other-oriented goal) or to maintain the relationship (relationship goal). Alternatively, a woman may be assertive about her safer sex goal, but a partner's aggressive reaction may negatively impact her confidence about communicating her goals, and thus she hedges (Crosby et al., 2013). Because of no clear theoretical guidance, we ask the following research question:

RQ1: Which form of language is more prevalent in condom negotiation: you-, we-, or hedging?

Language Use in Response to Male Partners' Tactics

While women may *generally* use certain forms of language more or less than others, language choices should also shift *specifically* in response to a male partner's tactics in condom negotiation. Thus, we extend prior work by examining the frequency of language use in different situations during an interaction. In particular, we focus on three circumstances where a man utilizes different tactics to resist a woman's condom use request: attack, seduction, and information seeking.

First, an *attack* occurs when a man aggressively questions a woman's motive for condom use, undermining her as a person and a partner. For instance, a man may say "Have you been doing something?" "What are you saying? That you don't trust me?" or "If you really love me, you wouldn't need a condom." An attack reflects a direct confrontation to condom use. Second, a man may attempt to seduce a woman to dissuade condom use by redirecting the conversation back to the sex act or complimenting the woman with phrases such as "Let me just put the tip in" or "I want to feel all of you." In other words, by distracting the woman's attention, a man indirectly rejects her condom use request in *seduction* attempts. Finally, a male partner may engage in *information seeking* by respectfully asking the woman for reasons why she wants to use a condom, for example, "why do you want to use a condom?" Information seeking differs from attack and seduction, in that it suggests a partner's willingness to participate in a condom use conversation and implies his potential collaboration.

Studies show that both goal orientation and locus of attention are influenced by partner communication (Samp, 2013). For instance, Keck and Samp (2007) found that during conflicts, individuals are more likely to pursue self-oriented goals when their partners were resistant to talking. In addition, when individuals perceive their partners as unwilling to collaborate or engage in conflict constructively, they shift from relationally focused goals to goals that promote separateness from partners (Dallinger & Hample, 1995). Similarly, Becker, Ellevold, and Stamp (2008) indicated that individuals are more likely to use defensive communication when they perceive a lack of warmth from their conversational partners.

Although not focused on condom negotiation, the results reviewed above suggest that women may use certain language more often than others in response to their partner's different tactics in condom negotiation. For instance, when a woman's partner attempts to attack her as a person or a partner, she may consider her partner lacking affection or regard for her. This negative appraisal, in turn, can make her more assertive to achieve her self-oriented goal of condom use, resulting in more I-language use in that situation. However, if a man were to politely ask her for more information, we might expect a woman to use more we-language in response as she may perceive information seeking behaviors as indicators of the partner's collaboration and potential interest in wearing a condom. These positive appraisals, in turn, may make her more willing to pursue relational goals that emphasize connections with the partner. In summary, we expect that a man's tactics may evoke women's different language choices:

RQ2: Which form of language is more prevalent in response to a man's attack, seduction, and information-seeking attempt?

Associations between Language Use and Sexual Health Outcomes

A handful of past research has linked language use with health outcomes. Specifically, studies on couple-based treatment (Hallgren & McCrady, 2016; Rohrbaugh et al., 2012) have examined increased use of we-language and decreased use of I- and you-language as markers of "communal coping," a dyadic process where couples evaluate a stressor (e.g., a

partner's chronic health condition) as "our" problem rather than "my" or "your" issues and take cooperative action to cope with it (Lyons, Mickelson, Sullivan, & Coyne, 1998). Because communal coping enhances relationship satisfaction and promotes social support for patients, Rohrbaugh et al. (2012) found that the more smokers and their spouses used we-language during cessation intervention, the more likely the smokers remained abstinent 12 months after quitting. Similarly, we-language used by alcohol use disorder patients and their significant others during couple-based treatment is related to increased abstinent days after the treatment, and greater partners' we-language also predicts patient's improvements in abstinence 6 months later (Hallgren & McCrady, 2016).

Pennebaker, Mehl, and Niederhoffer (2003) concluded that speech particles in a message such as personal pronouns serve as better markers of fundamental psychosocial processes than do regular nouns and verbs, in that speech particles are more impervious to conscious word choice. From the goal-driven behavior perspective, language use indicates a person's health goals and how he or she communicates to achieve those goals, which may, in turn, be associated with health behaviors. In particular, when a woman is assertive to have safe sex, as reflected by greater I-language use, she may be more likely to use a condom. In contrast, when she is uncertain about her safer sex goal and/or less effective to communicate that goal with a partner, as shown in more hedging language, she may be less likely to use a condom.

Although typical studies simply correlate the use of certain language with health outcomes, the approach of counting the total numbers of a singular word may overlook the dyadic nature of condom negotiation. In particular, as discussed above, a partner's reactions are likely to influence a woman's goal pursuits, and in turn her language use. Therefore, we wonder whether the use of certain language in response to a partner's different tactics (i.e., situational language use) will be differentially associated with women's recent condom use. For example, a woman's I-language in response to a partner's attack may represent her assertiveness of condom use, which may be related to more consistent condom use (Wright, Randall, & Hayes, 2012). We propose then to examine the association between recent condom use and both *overall* language use and language used *specifically* in response to tactics employed by the male partner:

RQ3: How are women's overall language use and that in response to a partner's tactics associated with their recent condom use?

Method

This study is a part of a comparative efficacy trial of a sexual risk reduction intervention for young, low-income African American women. Data reported here were collected at baseline.

Participants

Participants ($N = 193$) were African American women from the Atlanta, GA area, aged between 18 and 24 years old ($M = 20.50$, $SD = 2.01$), and recruited at various locations (e.g., malls, clubs, bars), work placement programs, and by referral from other participants. Inclusion criteria included (a) unprotected vaginal sex with a male within the past 90 days

and (b) unmarried, not pregnant. Participants received compensation up to \$150 for completing all research activities.

Role Play Partners

Confederate role play partners (RPPs; $N = 10$) were African American men¹, aged from 18 to 30 years, who were similar in physical appearance and selected based on their interpersonal skills. Most of the RPPs were professional actors based in the area. They attended a minimum of three two-hour training sessions to practice interpersonal skills intended to persuade a woman to have sex *without* a condom and to do so in a way consistent with the other RPPs. RPPs attended shorter refresher (30 to 60 minutes) training sessions monthly throughout data collection, where recordings of the interactions were reviewed to ensure consistency. There were no significant effects of RPPs on women's language use.

During the assessments, the RPPs consistently attempted to influence their partner to engage in sexual intercourse without a condom. As part of that effort, they were trained to engage in three tactics (i.e., attack, seduction, and information seeking) a minimum of two times for each participant. RPPs were encouraged to use these tactics when they worked best with the flow of the conversation and were encouraged to keep it as naturalistic as possible.

Role Play Scenarios

Three role play scenarios were extensively pilot-tested and evaluated by the target population as realistic. In all three situations, the female was expected to negotiate condom use. Scenario 1 asked women to negotiate consistent condom use with a regular partner; Scenario 2 asked them to negotiate condoms with a new partner that she already had been dating. Scenario 3 asked the women to negotiate condom use with a new partner before they began to kiss or engage in sexual activity. Language use did not differ as a function of role play scenarios.

Procedures

Procedures were approved by a federally-accredited institutional review board (IRB). Because this study was particularly involved, IRB-approved recruitment materials made clear the time commitment, the activities, the topic of the intervention, and the monetary incentive for their participation. After indicating interest, participants were walked through the consent form, which provided this information again prior to consenting to participate.

After providing informed consent, participants completed an audio computer assisted self-interview (ACASI) survey, in which they reported their condom use in the past 90 days. Then, participants were randomly assigned to role-play one of the condom negotiation scenarios. The role play rooms had two armless chairs angled toward each other to stimulate a living room. Cameras were used to capture participant's verbal and nonverbal behaviors. A research assistant (RA) introduced the role play assessment and the RPP. Next, the RPP and

¹Because African American individuals tend to have sex with partners of the same race/ethnicity (CDC, 2015), we employed only African American men to help increase the reality of the role play.

the woman were given three to five minutes to get acquainted. Extensive pilot work demonstrated that women who chatted with RPP before the role play interaction were less overtly nervous and less likely to focus on the cameras than those who did not first chat with their RPP. After the informal conversation, the RA read aloud the role play scenario that the participant was to enact and informed her that her goal was to get the RPP to use a condom. The participant was given some time to collect her thoughts. After that, the RA re-read the role play scenario and left the room. The participant and RPP then conducted the role play, which generally lasted five to seven minutes. Greater details on procedures are reported elsewhere (redacted).

Measures

Language use—As we were interested in coding micro-level message features, the interactions were segmented into a two-minute segment for purposes of assessing message content. The two-minute interval was selected so as to assess a time period narrow enough to allow for the detection of subtle variations in goals and message content, but wide enough to guard against prohibitively large error variance (see Keck & Samp, 2007; Samp & Solomon, 2005; Samp, 2013).

Language use was coded by seven trained coders unaware of the study hypotheses. Coders received a minimum of three, two-hour training sessions, along with one-hour refresher training every month. As each RPP engaged in attack, seduction, and information seeking a minimum of two times, coders first went through the video recordings and marked the first two times the male RPP used these tactics. Then, coders coded the woman's first utterance in response to each of these influence attempts to assess the type of the language choices (Samp & Solomon, 2005; Stiles, 1992). Reliability coders coded a random 25% of all utterances for reliability purposes. Inter-coder reliability using Cohen's Kappa was high: attack = .84, seduction = .83, information seeking = .89, and hedging = .82.

Women's language use was coded as I- (e.g., "I don't want to catch an STI"), you- (e.g., "You said you didn't want me to get pregnant"), we- (e.g., "We haven't been dating long enough for us to trust each other enough"), and hedging language (e.g., "probably" "well you know"). As three tactics were used twice each, messages were coded six times into those categories for each interaction.

Overall language use.—To compute the variable representing women's overall usage of a particular language in condom negotiation (I-, you-, we-, hedging language), we added up the number of times a participant used each language across the six attempts. Therefore, the variables range from 0 (never used) to 6 (used all the time across attempts). Table 1 presents the mean and standard deviation of the overall usage of each language type.

Situational language use.—To create the variables indicating women's language use in response to each of the partner's negotiation tactics, we computed the specific language response to a specific tactic (e.g., I-language used in response to information seeking). The number of times a participant used each type of language in response to a specific tactic by the male was summed under each attempt. Thus, the range for each variable is 0 (never used) to 2 (used all the time for an attempt). Table 2 presents the means and standard deviations.

Recent Condom Use.—Condom use was operationalized as the proportion of time a condom was used during vaginal intercourse in the past 90 days. The distribution was markedly skewed. Thus, participants were categorized as never using a condom (33.3% of the sample), sometimes (no more than half of the time, 36.9%), and often (more than half the time, 28.6%). No one reported using condoms 100% of the time.

Results

Language Use in Condom Negotiation

H1 predicted that women would use I-language the most frequently in condom negotiation. Also, RQ1 asks the frequency of other types of language use. A repeated measures analysis of variance (ANOVA) compared means of each type of language use². Table 1 summarizes the results. The overall test was significant, Wilks' Lambda = .76, $F(3, 189) = 19.87$, $p < .001$. Post hoc tests using the Bonferroni correction revealed that I-language was used significantly more than you-language ($p = .011$), we-language ($p < .001$), and hedging language ($p < .001$). Thus, H1 was supported.

In addition, you-language was used significantly more than we-language ($p = .001$), but not significantly more often from hedging language ($p = .07$). The average usage of we- and hedging language were also not significantly different. Thus, to answer RQ1, women used I-language the most frequently, followed by you-language, and then hedging and we-language.

Language Use in Response to Male Partners' Tactics

Repeated measures ANOVA was used to explore RQ2, which asked whether women differentially used I-, you-, we-, and hedging language in response to a given men's condom negotiation tactic². All post hoc tests used the Bonferroni correction. Results (see Table 2) indicated that women used different languages in reaction to men's attacks, Wilks' Lambda = .76, $F(3, 190) = 20.02$, $p < .001$. Women used I-language significantly more than you-language, we-language, or hedging (all $ps < .001$). Women also used significantly more you-language than we-language ($p = .004$) in response to an attack. However, there were no mean differences between you-language and hedging, and between we-language and hedging.

Results were also significant for when a partner attempted to seduce a woman to not using a condom, Wilks' Lambda = .86, $F(3, 190) = 10.01$, $p < .001$. The most popular language choice in response to a seduction attempt was you-language, which was used significantly more than we-language ($p < .001$) or hedging ($p = .03$). Even though statistically non-significant, you-language was used slightly more than I-language. Finally, women used more I-language than we-language ($p = .002$) when men attempted to seduce them.

²Although there were no significant effects of either role play partners (RPPs) or role play scenarios on women's language use, we conducted a series of repeated measures ANOVAs controlling for (a) RPPs, (b) scenarios, and (c) RPPs and scenarios respectively. All results were consistent with those reported in the main text.

In response to information seeking, women utilized different languages, Wilks' Lambda = .91, $F(3, 190) = 6.19$, $p < .001$. They used significantly more I-language than you-language ($p = .002$) or hedging ($p < .001$). We-language use was the second most prevalent in response to information seeking. However, the mean for we-language was not significantly different than the other language use measures.

In summary, women used more I-language in response to attacks, more you-language in response to seduction tactics, and both I- and we-language in reaction to information-seeking attempts.

Post Hoc Analyses

We also examined the data in Table 2 by *column* to assess whether there were significant differences between a particular language in reaction to different men's tactics (e.g., whether we-language in response to attacks, in response to seduction, and in response to information seeking differ). Results indicated significant differences among tactics for we-language, Wilks' Lambda = .93, $F(2, 191) = 7.00$, $p = .001$. Specifically, women used more we-language in reaction to information seeking ($M = .45$) than in response to attacks ($M = .24$, $p = .009$) or to seduction ($M = .27$, $p = .001$). These results provide additional support to the prevalence of we-language in reaction to information seeking. No other significant differences were observed.

Recent Condom Use and Language Use

To answer RQ3 which asked how women's language use are associated with self-reported recent condom use, we first created 10 dichotomous variables identifying each RPP. For instance, variable MJ was coded as 1 when the RPP was MJ and coded as 0 when the RPP was not MJ. This coding rule applied to all other dichotomous variables defining RPPs. Then, we conducted a series of partial correlations controlling for RPPs that were based on 5000 bootstrap samples³. Results indicated that after controlling for RPPs, women who engaged in more recent condom use were more likely to use you-language in the role play, $r = .16$, $p = .032$, 95% CI = [.018, .312]. When RPPs attacked, women who used more condoms were more likely to respond with you-language, $r = .18$, $p = .014$, 95% CI = [.048, .310]; and less likely to hedge, $r = -.19$, $p = .012$, 95% CI = [-.325, -.053]. No other results were significant.

Discussion

The goals of this paper were to explore women's language use in condom negotiation, and to assess how language use may be associated with condom use. Women used I-language and you-language the most frequently, whereas we-language was used relatively infrequently. In addition, women's language use differed as a function of male condom negotiation tactics: women used I-language the most often in response to the male's attack, you-language the most frequently in response to the male's seduction attempts, and I- and we-language in response to the male's information seeking. Moreover, controlling for the influences of role

³Because we have 16 exploratory tests, the issue of multiplicity is a consideration. Researchers (Westfall & Young, 1993; Chernick, 2007) suggested using bootstrap methods for multiplicity adjustment in exploratory studies.

play partners (RPPs), women who engaged in more recent condom used more you-language overall; when RPPs attacked, they were more likely to use you-language and less likely to hedge. The results provided insights into how women produce distinct micro-level messages to achieve their various goals in condom negotiation.

Language Prevalence in Condom Negotiation

The first goal was to explore which forms of language women used more often during condom negotiation. As hypothesized, I-language was used most frequently. The prevalence of I-language aligns with prior research that when couples engage in difficult discussions, the pursuit of self-oriented goals via I-language is prevalent (Samp & Monahan, 2011; Samp & Solomon, 2005). Here, women were also given the self-oriented goal of convincing her partner to use a condom. Thus, it is unsurprising that they used more I-language.

Followed by I-language, women were most likely to use you-language. While I-language indicates the use of assertive language, you-language reflects a more aggressive and blaming tone (e.g., “well why didn’t *you* bring a condom?”). Pennebaker (2011) found that during difficult relational discussions, people often resort to you-language that reflects a blaming, accusatory orientation. Similarly, the result shows that although women were most often assertive, they also took a more aggressive tone in asserting their desire to use a condom.

While the use of hedging was the third most prevalent option, its use did not differ significantly from you-language, suggesting that it was not an uncommon strategy. Hedging is prevaricating, which reflects one’s discomfort in asserting his or her goals. Consistent with prior work using self-report data (Bird et al., 2001; Emmers-Sommer et al., 2014), our data imply that women feel uncomfortable about negotiating condom use. However, this result should be interpreted with caution, in that the overall use of hedging was not correlated with condom use, but hedging in response to being attacked was. Thus, women may feel discomfort about condom negotiation only under certain situations, such as being attacked.

We-language was used the least frequently, even compared to hedging. This may be because the role play partner was a stranger and thus, unlike romantically-involved couples, participants were less likely to consider relational goals. However, prior research (Samp, 2013; Samp & Monahan, 2011) on relational discussions has demonstrated that when engaged in difficult discussions individuals turn to more self-focused language, even in close relationships. In addition, the role play condom negotiation was mainly motivated by participants’ self-oriented goal, which could encourage women to decrease the use of inclusive we-language.

Responses to Male Partners’ Negotiation Tactics

Typically, researchers who examine pronoun use simply count the number of times a given pronoun is used in a given period of time or interaction. We extended prior work to examine how women might differentially use I-, you-, we- and hedging language in response to men’s distinct negotiation tactics. First, I-language was used most often in response to an information-seeking attempt and to the use of attacking language. The former result is unsurprising because the partner is asking the woman to explain her goal or desired

behavior. More interesting is that I-language was also the most prevalent response to the male's use of attacking language. One might anticipate that attacks, such as these might be met with a counter attack, increases aggressive you-language. However, studies on conflict interactions suggest that when dealing with challenges to their relationships, individuals often find easier to focus on their own needs than to empathize those of a partner (e.g., Keck & Samp, 2007).

Second, you-language was used most often in response to a seduction attempt, even though it was not significantly higher than the use of I-language. As men commonly engage in seduction to avoid condom use (e.g., Davis et al., 2014; De Bro, Campbell, & Peplau, 1994), women may perceive partners who attempt to seduce her from using a condom as unwilling to collaborate. The perceptions of lack of collaboration, in turn, evoke women to pursue goals that promote separateness from the partner (Dallinger & Hample, 1995). That is, a woman's use of you-language may signify annoyance with the partner for trying to seduce her into sex without a condom after she had asked him to use one. His seduction tactics may also be perceived as disrespectful and, as such, women became more aggressive with their language choices.

Finally, when women used we-language, they were significantly more likely to use it in response to men's information seeking than in reaction to attack or seduction. Information seeking suggests a partner's willingness to participate in conversations about condom use and implies his potential collaboration. Thus, women are likely to form positive appraisals of this behavior, making them more likely to pursue relational goals that emphasize connections with the partner. In contrast, when faced with partner's aggression such as an attack, women are less likely to pursue relational goals (Becker et al., 2011).

Language Choices and Recent Condom Use

A third study goal was to examine how women's language choices are associated with their recent condom use. Data showed that women who engaged in more condom use were more likely to use you-language in the role play, suggesting that emphasizing male partner's responsibility and sometimes blaming their lack of responsibility may be risk protective. One explanation is that condoms are put on men, and condom use requires men's cooperation. For a woman to use a condom, not only needs she has a self-centered goal of safer sex, but she must also direct her attentions at the partner (i.e., other-centered goal). Thus, I-language may be primarily used to initiate a condom negotiation as motivated by individual safer sex goal. However, what makes an effective condom negotiation is the ability to seize on the male partner, even though it may be aggressive at times. Future studies should further examine how language use during condom negotiation may change over time.

Moreover, women who used more condoms were more likely to use you-language, and less likely to hedge when male partners attacked them, indicating that language employed in response to men's attacking tactic may be crucial for effective condom negotiation. This may be because responding to an attack can be difficult. Specifically, Wingood, Hunter-Gamble, and DiClemente (1993) reported that low-income African American women felt comfortable initiating a discussion about condom use but felt less able to continue a discussion when a man resisted. Aloia and Solomon (2015) observed that verbal attacks are

stress-inducing, which markedly increase cortisol levels and concurrently negatively impact an individual's ability to respond to a difficult issue as one would under less stressful circumstances. Therefore, the present research highlights that women's ability to strategically respond to a partner's attack may be a critical skill that is associated with less sexual risk.

Prior studies utilizing we-language as a marker of communal coping found that we-language was generally associated with positive health outcomes. However, neither overall nor situational we-language were correlated with women's recent condom use in this study. This may partially because we-language was rarely used (on average once out of six times), which decreased the statistical power to detect any significant results. We encourage future research to continue investigating the relationships between we-language and sexual health behaviors by utilizing other research methods.

Practical Implications

Interventions that teach women sexual assertiveness skills have been successful in reducing sexual risk. Our results suggest that interventions can help create safer sex scripts that facilitate women's condom negotiation. Specifically, as I-language demonstrate assertiveness, you-language is risk protective, and we-language shows inclusiveness, sexual risk reduction interventions may take advantage of those widely used and simply accessible personal pronouns to teach women how to intentionally and appropriately ask questions about their partner's sexual health (e.g., "*We* do not know each other so *I* need to know your sexual history first."), and how to encourage condom use (e.g., "*We* need to protect ourselves, and that's why *you* need to wear a condom", "If *I* want to use a condom, *you* should wear one").

In addition, the ability to be sexually assertive in response to a partner's attack can be particularly risk protective. Thus, we suggest future interventions to also teach women how to cope with a partner's potentially aggressive behaviors, and incorporate those coping mechanisms with assertiveness skills. For example, interventions can design repeated role play interactions, through which women can generate safer sexual scripts they can readily use (e.g., when a partner verbally attacks, say, "we love each other" first [using we-language to defuse the attack], and then say, "so I want to use a condom and you should wear one" [using I- and you-language to assert condom use intentions]).

Limitations and Suggestions for Future Research

One limitation was that only women's language use was coded. While the data offer a more nuanced picture than self-report, focusing coding exclusively on women's responses does not capture the whole picture of how partners respond to each other's messages. The language used by men when they engage in those influence attempts was not coded and doing so might prove informative. For instance, when asking reasons for condom use, a male partner may say "why do *we* want to use a condom?" or "why do *you* want to use a condom?" As we-language implies inclusion, whereas you-language suggests separateness, women may use different language to respond to these two types of information seeking messages. Future research investigating both men and women's language use would deepen

our understanding of the dyadic nature of condom negotiation in particular, and interpersonal conversations in general.

Second, we did not investigate how language use may relate to individuals' cognitive appraisals, such as partner risk assessment or efficacy (e.g., self, target, communication efficacy). We call for researchers to further explore these relationships and propose potential models that link sexual risk, cognitive appraisals, and language use. Third, the role play research design may not exactly capture what women do in real life. However, this is also a limitation of many sex-related studies, in that examining real life sexual encounters is a violation of human subject right and ethics. Moreover, we used cross-sectional data, which precludes claims of causality. Finally, a very specific population, young, urban African American women, was investigated in the present study, limiting the generalizability of the results. Future investigations might explore the degree to which these results are replicable across other populations.

Conclusion

This study contributes to the sparse literature on African American women's language use during safer sex negotiations. First, we extended prior work that simply counts the number of times a given pronoun is used in a given period of time or interaction and found that women differentially used I-, you-, we- and hedging language in response to men's different condom negotiation tactics. These results address the research gap that prior language use studies have overlooked the transactional nature of interpersonal communication. In addition, we observed that although women used I-language most frequently, those who engaged in greater condom use were more likely to use you-language. This suggests that while women's condom use negotiation may be motivated by a self-centered goal of using a condom, it is the emphasis on male partners (i.e., the other-oriented goal) that lead to actual condom use. To our best knowledge, no studies have underlined the importance of goal alternation during condom negotiations interactions. Inspired by these results, we call for more studies on the intersections between language use and condom use negotiations.

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Table 1.

Differences among language use in condom negotiation

	I-language	You-language	We-language	Hedging language
Mean	1.89 _{ab}	1.45 _a	.97 _a	1.12 _b
<i>SD</i>	1.15	1.18	1.00	1.04

Note. Means share a subscript letter differ at $p < .05$ by Bonferroni post hoc test.

Table 2.

Differences among language use in response to negotiation tactics

Communicative behaviors	Language			
	I-	You-	We-	Hedging
Attack	.75 _{ab} (.66)	.45 _a (.58)	.24 _a (.47)	.36 _b (.55)
Seduction	.52 _b (.66)	.65 _{ac} (.76)	.27 _{ab} (.53)	.42 _c (.56)
Information seeking	.63 _{ac} (.70)	.36 _a (.54)	.45 _b (.63)	.34 _c (.55)

Note. Means in each *row* indicate differences among language use in response to a particular tactic. Means that share a subscript letter differ at $p < .05$ by Bonferroni post hoc test in repeated measures analysis of variance.