

## ***Sexual Communication in Heterosexual and Non-Heterosexual Young Adults: Seeking the Importance of Perceived Social Support***

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### **Abstract**

Many people still feel uneasy to talk about sex and sexuality, yet non-heterosexual individuals are more prone than heterosexual people to feel challenged to disclose their sexual concerns because of sexual stigma. However, studies show that there is a positive correlation between sexual communication and perceived social support. With that said, perceived social support could be a key factor that helps people feel more comfortable to talk about sensitive topics. Besides, the topic of sexual communication and perceived social support between heterosexual and non-heterosexual individuals has been understudied. It is important to examine whether the frequency of sexual communication and level of perceived social support differ among the two groups. Additionally, studies have investigated only a limited number of sexual communication topics, hence a wider range of sexual topics need to be studied. Participants (Heterosexual  $N=135$ , Non-Heterosexual  $N= 60$ ) completed an online survey via social media. The results revealed statistically significant positive correlations between sexual communication and perceived social support both in heterosexual and non-heterosexual participants. However, the study did not find differences in the sexual communication frequency and level of perceived social support between the two groups. The results offer valuable insights for sex educators, psychologists, and other specialists into the significance of social support for people to become sexually autonomous and efficacious. Further research needs to examine whether formal sexuality education could help people talk more about the least discussed sexual topics of the current study.

Keywords: Sexual Communication, Perceived Social Support, Heterosexuality, Homosexuality, Sexual Minority

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## Introduction

There are still many people who feel uncomfortable talking about sex and sexuality or tend to stigmatize others' sexuality (Bry et al., 2017; Fuller et al., 2019; McKenna, & Bargh, 1998; Sedlovskaya et al., 2013). Sexual minorities are especially vulnerable because their sexuality is often quite different from the majority's heteronormative perspective is (Martin-Storey & August, 2016). Hence, many people stigmatize sex and sexuality under such circumstances (Bry et al., 2017; Fuller et al., 2019). Concealing one's vulnerable aspects of self helps them avoid being hurt, or maintain their daily lives without unnecessary psychological and social challenges such as harassment (Bry et al., 2017; Gorden, 2018; Martin-Storey, & August, 2016; Rostosky et al., 2010). On the other hand, achieving one's authentic self could help stigmatized people deal with daily interpersonal struggles and psychological wounds, become more confident, present their true self, and gain more familial and social support than those who conceal their sexuality (Bry et al., 2017; Fuller et al., 2019). Interestingly, when sexually marginalized populations have more social support, it is related to more positive sexual identity development (Sheets & Mohr, 2009), more open sexual communication (Goldfried & Goldfried, 2001; Kirkman et al., 2005), and better subjective well-being (Toplu-Demirtaş et al., 2018). Therefore, it is important to identify links between sexual communication and perceived social support among sexual minorities.

Sexual communication is when people share information and knowledge of sex and sexuality with each other and learn more about such sensitive topics. It is a means to convey sexual values, beliefs, expectations, and knowledge to help others to become sexually healthy (de Looze et al., 2015). However, sexual communication is often stifled by sexual stigma (Kirkman et al., 2005). Sexual stigma is an irrational judgment of others' sexual expressions and preferences based on one's own sexuality norms and beliefs (Bry et al., 2017; Fuller et al., 2019). Sexual stigma can lead to poor mental health, lower self-esteem, self-loathing, self-isolation, and alienation from social groups (Meyer, 2003). It may also elicit shame, guilt, depression, anger, and embarrassment (Bry et al., 2017; Bybee et al., 2009; Wagner et al., 2013). In addition, stigmatized sexuality is inhibited, and therefore, the topics discussed are limited (Trinh & Choukas-Bradley, 2018).

Despite the challenges of sexual communication, perceived social support can be helpful in dealing with inhibited sexual communication. Family is one of the most important groups who provides social support. Familial social support plays a vital role in sexual minority's well-being as it helps reduce sexual stigma, develop self-esteem and mental health among sexual minority individuals (Goldfried & Goldfried, 2001; Toplu-Demirtaş et al., 2018). In addition, it can serve as a basis for positive non-heterosexual identity development (Sheets & Mohr, 2009). Zhang et al. (2015) found that people who perceived having familial social support had lower levels of stress and as a result, better well-being. Sexual minorities who have family support are able to communicate with others and express their sexual identity more freely (Goldfried & Goldfried, 2001). Interestingly, family support also serves as a motivation to engage in sexual communication (Albritton et al., 2014). When the family environment is perceived as supportive, it positively reinforces parent-child sexual communication regardless of sexual identity (Booth-Butterfield & Sidelinger, 1998). Hence, perceived social support can positively influence people's mental state, identity and communication.

Perceived social support from friends also has positive impact on people's psychological state. According to Sheets and Mohr (2009), people can improve well-being and develop

positive sexual identity when they have high levels of support from friends. Friends' support is closely aligned with exploring one's sexual identity and reducing negative impact of stress (Lee et al., 2020). Chow and Cheng (2010) identified that perceived social support from friends was positively associated with positive sexual minority identity as well. Rios and Eaton (2016) claim that it is crucial for individuals to know more about sexuality because it gradually leads them to be able to offer social support for people in need of acceptance such as sexual minorities. People can engage in more sexual communication with friends because they tend to empathize with each other more easily and can talk about relevant sexual topics more comfortably (Lefkowitz & Espinosa-Hernandez, 2007). Hence, it is important for both givers and receivers of social support to share about their sexuality concerns to build supportive relationships and achieve well-being.

Another type of social support comes from significant others. According to Lee et al. (2020), perceived social support from friends and significant others contributes to the development of better coping skills in stressful situations, thus, helps reduce levels of stress. Toplu-Demirtaş et al. (2018) note that perceived social support improves self-compassion and well-being. Notably, people are more prone to talk about sexuality concerns in their romantic relationships when there is trust and safety (Marcantonio et al., 2018). In addition, comfort in an intimate relationship can help people have better sexual communication (Trinh & Choukas-Bradley, 2018). Physical and psychological safety and comfort in the romantic relationship could improve a person's psychological state and help him/her/them combat the discomfort to talk about sexuality (Rubinsky & Hosek, 2020). All in all, perceived social support is important for people of different sexual orientations to become more mindful, accepting, and open to their sexuality concerns.

When it comes to the frequency of communication about sexuality, topics about relationships, anatomy, contraception, and reproductive health (e.g., STIs and HIV/AIDS) were most commonly discussed (de Looze et al., 2015; Grossman et al., 2018; Widman et al., 2014). However, topics that are rarely discussed have not been previously identified. According to Lee (2009), people are not willing to talk about topics that elicit embarrassment, shame, or guilt and are negatively associated with sexual assertiveness and comfort (Grossman et al., 2018; Kirkman et al., 2005; Meschke & Dettmer, 2012). Such topics are perceived as more personal, intimate, directive, sensitive, thus, provocative (de Looze et al., 2015).

The current study examines relationships between sexual communication and perceived social support among heterosexual and non-heterosexual participants. It was hypothesized that the higher participants' perceived social support, the higher frequency of sexual communication. Subsequently, it was expected that heterosexuals will report more frequent sexual communication and perceived social support than non-heterosexuals. Finally, the most to least frequently discussed sexuality topics that may or may not be specific to sexual orientation (heterosexuality and non-heterosexuality) were identified.

## **Methods**

### **Participants**

In the current study, 195 participants from 41 different countries (*Mean age* = 22.2, *SD* = 2.89) participated by filling out questionnaires online. Gender included 21% of male (*n* = 41), 76% of female (*n* = 149), 2% of non-binary (*n* = 4), and 1% preferred not to say (*n* = 1). 69%

identified themselves as heterosexual ( $n = 135$ ), 3% as gay ( $n = 5$ ), 3% as lesbian ( $n = 6$ ), 19% as bisexual ( $n = 38$ ), or 6% as others ( $n = 11$ ).

## Measures

**Sexual Communication.** To measure the frequency of sexual communication with family, friends, and significant others on 20 different sexual topics (for example, contraception, dating relationship, homosexuality, rape, etc.) on a 5-point Likert scale, Sexual Communication Scale (SCS, Somers & Canivez, 2003) was used. The higher the scores, the higher the frequency of sexual communication. The results of the current study showed excellent internal consistencies for the family ( $\alpha = .918$ ), friends ( $\alpha = .933$ ), significant other ( $\alpha = .928$ ), and overall sexual communication ( $\alpha = .943$ ).

**Perceived Social Support.** Multidimensional Scale of Perceived Social Support was used (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) to measure subjective social support. The scale includes 12 items on a seven-point Likert scale, from 1 = very strongly disagree to 7 = very strongly agree. The higher the scores, the higher the level of perceived social support. MSPSS has three subscales: (a) family, (b) friends, and (c) significant other. The results of the current study showed that reliability ranged from good to excellent: family ( $\alpha = .907$ ), friends ( $\alpha = .921$ ), significant other ( $\alpha = .946$ ), and overall ( $\alpha = .886$ ).

## Data Gathering Procedure and Statistical Analyses

The data was gathered using social media. Informed consent was obtained before the participants proceeded to the study. First, participants indicated their nationality, ethnicity, gender, age and sexual orientation. Then the participants filled out two questionnaires and were debriefed about the study. The data was analyzed by using Microsoft Excel and IBM SPSS 28.0 application. To test the hypotheses, Pearson's product moment correlations and independent-samples t-tests were used.

## Results

### Correlations between Sexual Communication and Perceived Social Support

**Heterosexual Participants.** As seen in Figures 1-3, there were significant weak to moderate positive correlations between perceived social support and sexual communication with family ( $r = .300, p < .001$ ), with friends ( $r = .324, p < .001$ ), and with significant others ( $r = .286, p < .001$ ).

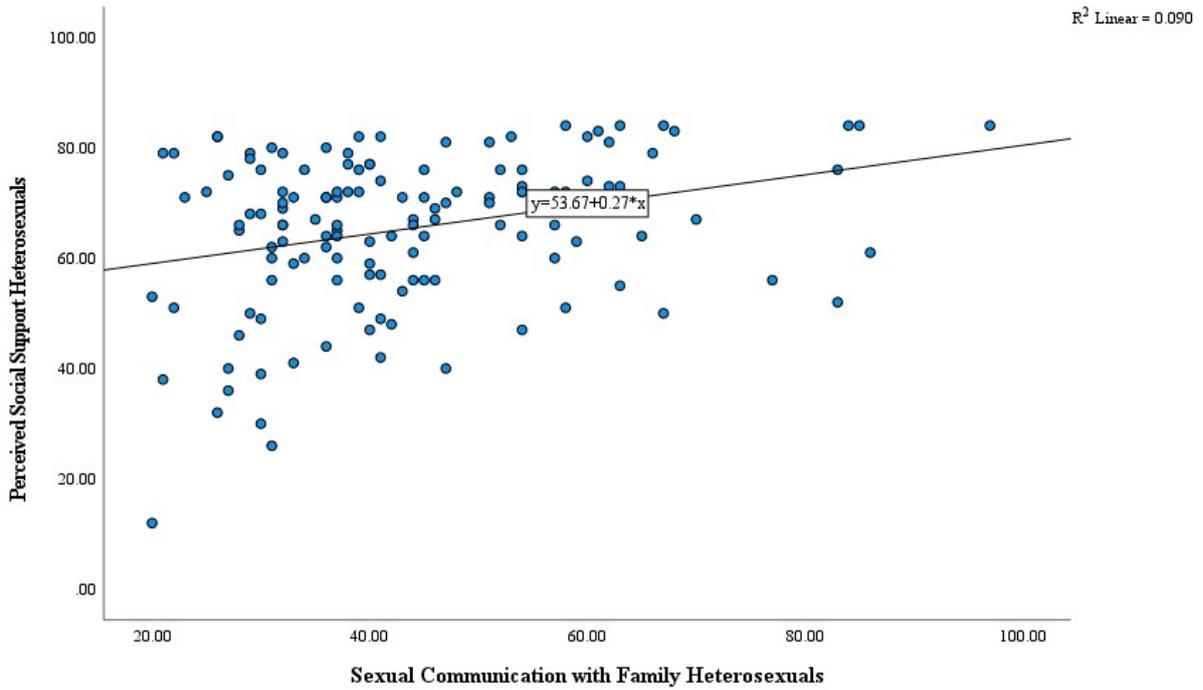


Figure 1: Error bar graph showing the linear relationship between sexual communication with family and perceived social support in heterosexuals.

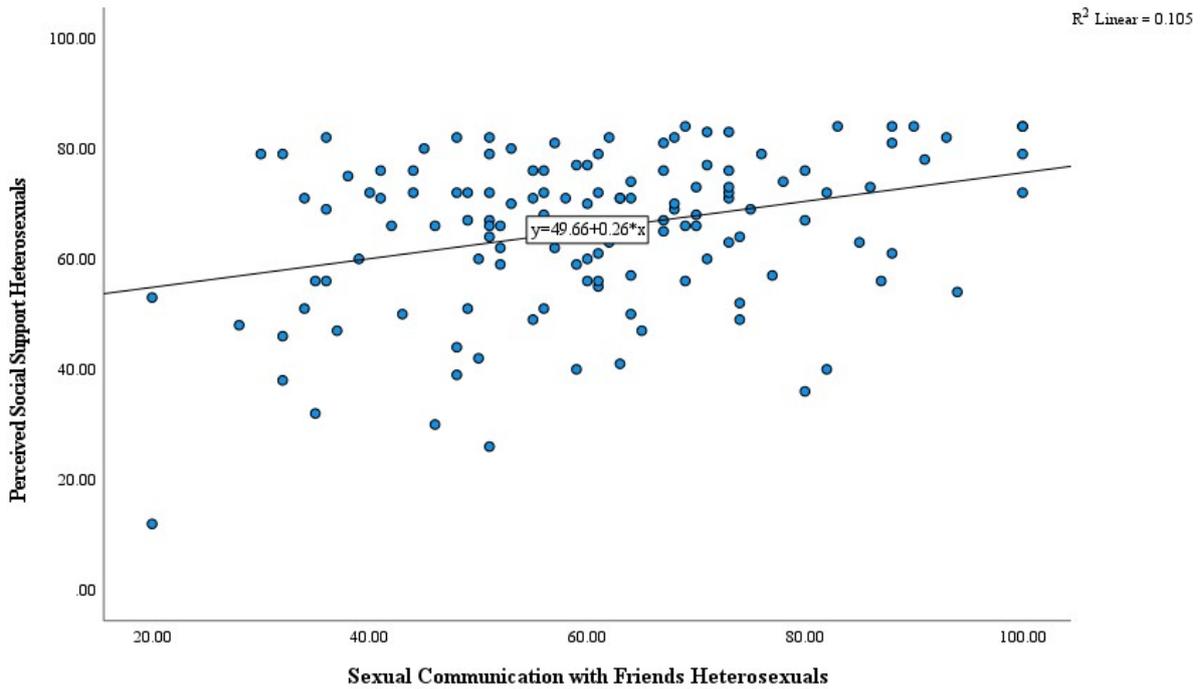


Figure 2: Error bar graph showing the linear relationship between sexual communication with friends and perceived social support in heterosexuals.

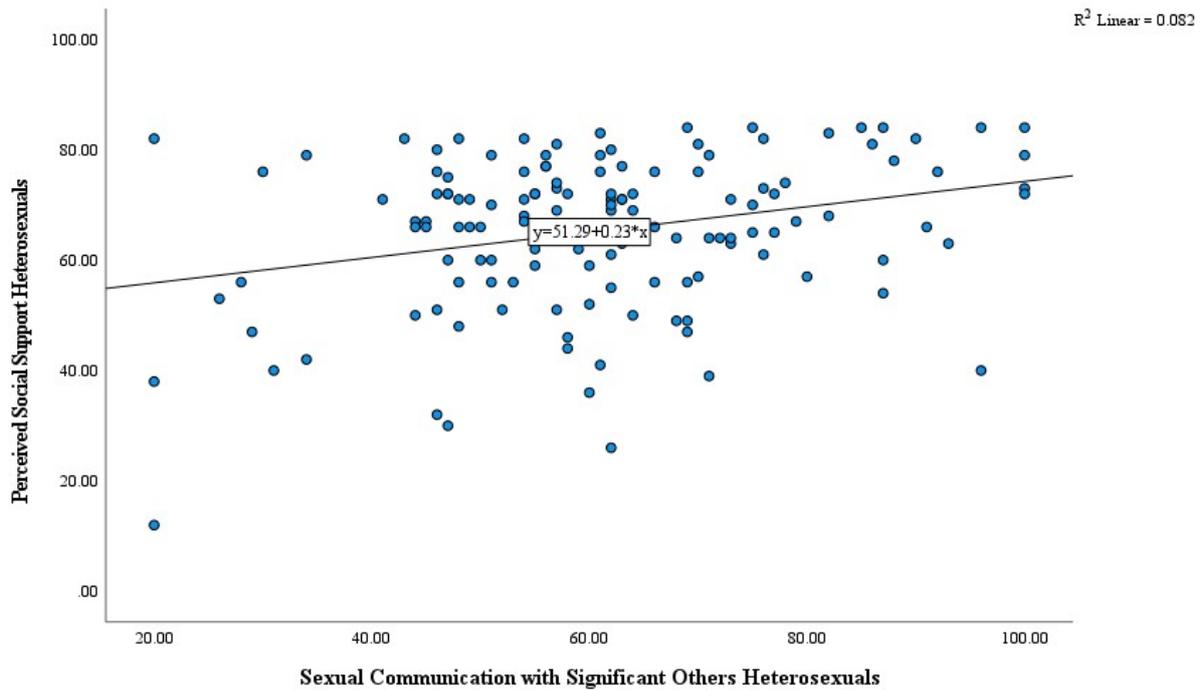


Figure 3: Error bar graph showing the linearity between sexual communication with significant others and perceived social support in heterosexuals.

**Non-Heterosexual Participants.** There were significant weak to moderate positive correlations between perceived social support and sexual communication with family ( $r = .357, p = .005$ ), with friends ( $r = .349, p = .006$ ), and with significant others ( $r = .264, p = .042$ ) (See Figure 4-6 below).

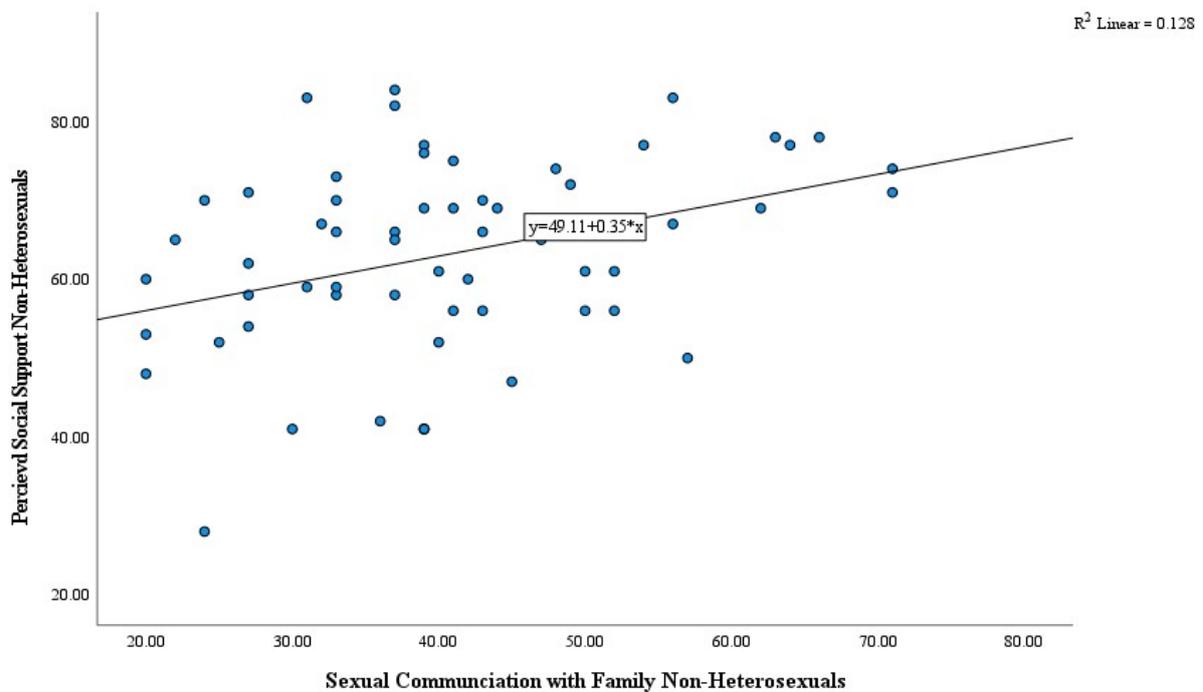


Figure 4: Error bar graph showing the linearity between sexual communication with family and perceived social support in non-heterosexuals.

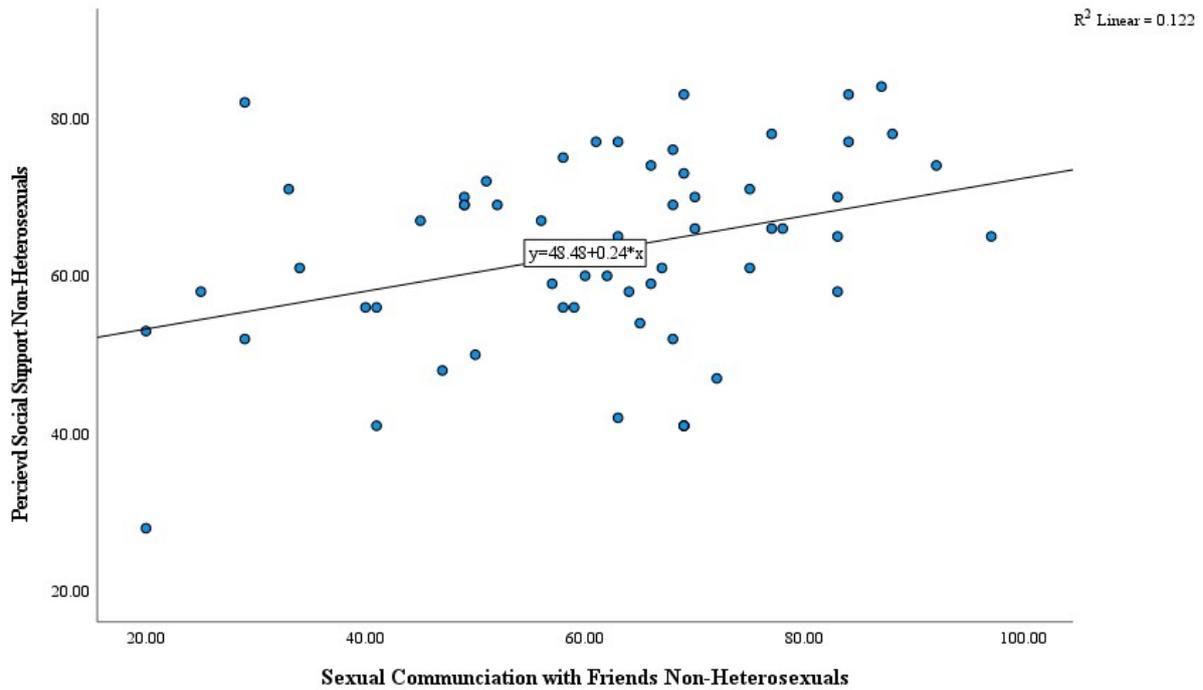


Figure 5: Error bar graph showing the linearity between sexual communication with friends and perceived social support in non-heterosexuals.

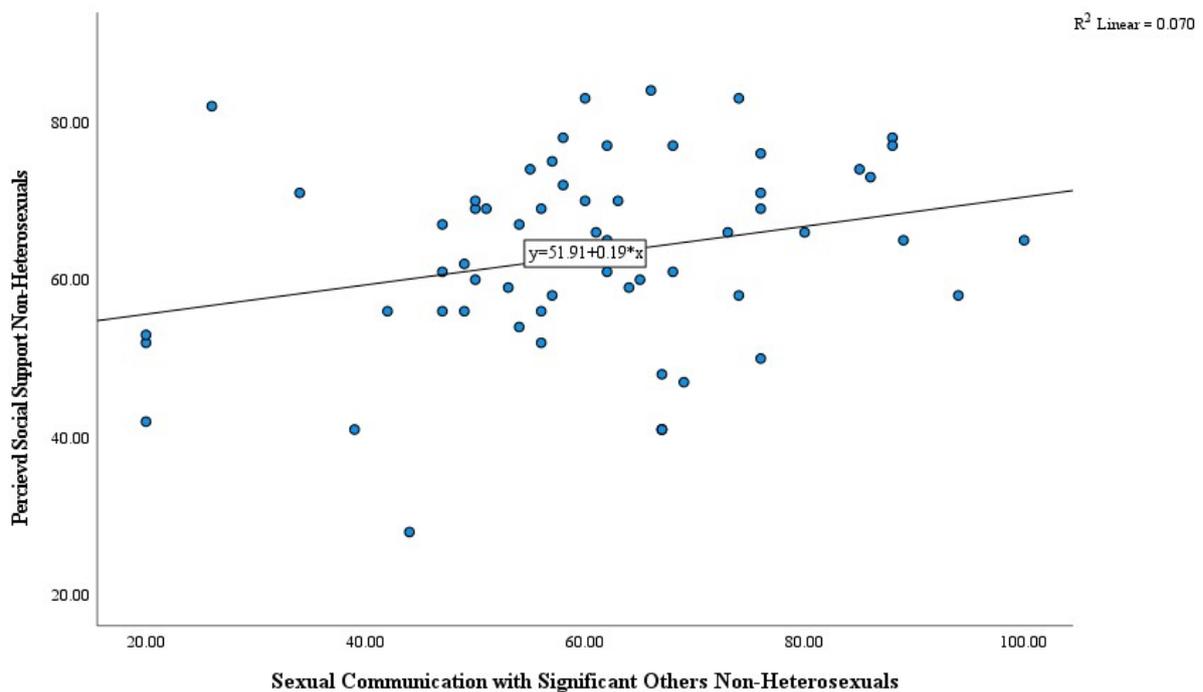


Figure 6: Error bar graph showing the linearity between sexual communication with significant others and perceived social support in non-heterosexuals.

### Differences of Sexual Communication and Perceived Social Support between Heterosexual and Non-Heterosexual Participants

**Sexual Communication.** There was no significant difference in sexual communication with family between the 135 heterosexual participants ( $M = 43.67$ ,  $SD = 15.54$ ) and the 65 non-heterosexual participants ( $M = 40.63$ ,  $SD = 12.68$ ),  $t(193) = 1.33$ ,  $p = .185$ , with friends

between heterosexuals ( $M = 60.47$ ,  $SD = 17.28$ ) and non-heterosexuals ( $M = 61.35$ ,  $SD = 17.23$ ),  $t(193) = -.326$ ,  $p = .745$ , and with significant others between heterosexuals ( $M = 61.23$ ,  $SD = 17.24$ ) and non-heterosexuals ( $M = 60.53$ ,  $SD = 17.44$ ),  $t(193) = .259$ ,  $p = .796$ .

**Perceived Social Support.** There was no significant difference between the 135 heterosexual participants ( $M = 65.36$ ,  $SD = 13.85$ ) and the 60 non-heterosexual counterparts in perceived social support ( $M = 63.15$ ,  $SD = 12.26$ ),  $t(193) = 1.062$ ,  $p = .289$ .

### **Differences in Sexual Topics between Heterosexual and Non-Heterosexual Participants.**

**Sexual Topics with Family.** As seen in Table 1, the five most discussed topics among heterosexual participants with their family were Love and/or Marriage, Dating Relationships, Menstruation, Birth Control in General, and Sexual Reproductive Health, whereas the five least discussed topics were Prostitution, HIV/HIDS, Petting, Masturbation, and Nocturnal Emissions. Among non-heterosexual participants, the five most discussed topics were Menstruation, Love and/or Marriage, Dating Relationships, Homosexuality, and Sexual Reproductive Health, while the five least discussed topics were HIV/HIDS, Prostitution, Masturbation, Petting, and Nocturnal Emissions. Uniquely to the non-heterosexual respondents, they were more likely than heterosexual respondents to talk more frequently about homosexuality.

**Sexual Topics with Friends.** Among heterosexual participants, the five most discussed topics with their family were Dating Relationships, Love and/or Marriage, and Menstruation, whereas the five least discussed topics were Pre-Marital Sex, HIV/AIDS, and Nocturnal Emissions. On the other hand, among non-heterosexual participants, the five most discussed topics were Dating Relationships, Love and/or Marriage, and Menstruation, whilst the five least discussed topics were HIV/AIDS, Pre-Marital Sex, and Nocturnal Emissions. Heterosexual individuals were more likely than non-heterosexual participants to talk about birth control with friends. On the other hand, subsequently to family communication, non-heterosexual participants were more likely than heterosexual individuals to talk about homosexuality.

**Sexual Topics with Significant Others.** Among heterosexual participants, the five most discussed topics with their family were Love and/or Marriage, Dating Relationships, Sexual Intercourse, Personal Use of Birth Control, and Birth Control in General, whereas the five least discussed topics were Pre-Marital Sex, Rape, Sexual Abuse, HIV/AIDS, and Prostitution. On the other hand, among non-heterosexual participants, the five most discussed topics were Dating Relationships, Love and/or Marriage, Sexual Intercourse, Menstruation, and Personal Use of Birth Control, whilst the five least discussed topics were Sexual Abuse, Consequences of Teen Pregnancy, Prostitution, Pre-Marital Sex, and HIV/AIDS. For both of heterosexual and non-heterosexual respondents, they talk more about sexual intercourse with significant others than family and friends. Among heterosexual participants, they were less likely than non-heterosexual participants to talk about rape.

Sexual Communication with Family		
Rankings for Sexual Topics	Heterosexuals	Non-Heterosexuals
1	Love and Marriage	Menstruation
2	Dating Relationships	Love and Marriage
3	Menstruation	Dating Relationships
4	Birth Control in General	Homosexuality
5	Sexual Reproductive Health	Sexual Reproductive Health
16	Prostitution	HIV/AIDS
17	HIV/AIDS	Prostitution
18	Petting	Masturbation
19	Masturbation	Petting
20	Nocturnal Emissions	Nocturnal Emissions
Sexual Communication with Friends		
Rankings for Sexual Topics	Heterosexuals	Non-Heterosexuals
1	Dating Relationships	Dating Relationships
2	Love and Marriage	Love and Marriage
3	Menstruation	Menstruation
4	Birth Control in General	Homosexuality
5	Sexual Intercourse	Sexual Intercourse
16	Sexual Abuse	Petting
17	Pre-Marital Sex	Consequences of Teen Pregnancy
18	Prostitution	HIV/AIDS
19	HIV/AIDS	Pre-Marital Sex
20	Nocturnal Emissions	Nocturnal Emissions
Sexual Communication with Significant Others		
Rankings for Sexual Topics	Heterosexuals	Non-Heterosexuals
1	Love and Marriage	Dating Relationships
2	Dating Relationships	Love and Marriage
3	Sexual Intercourse	Sexual Intercourse
4	Personal Use of Birth Control	Menstruation
5	Birth Control in General	Personal use of Birth Control
16	Pre-Marital Sex	Sexual Abuse
17	Rape	Consequences of Teen Pregnancy
18	Sexual Abuse	Prostitution
19	HIV/AIDS	Pre-Marital Sex
20	Prostitution	HIV/AIDS

Table 1: Rankings for the frequency of sexual communication with family, friends, and significant others between heterosexual and non-heterosexual respondents showing the 5 most and 5 least frequently discussed sexual topics.

## Discussion

### The Relationship between Sexual Communication and Perceived Social Support

The results of this study revealed that the higher the perceived social support, the more frequent sexual communication with family, friends, and significant others for both heterosexual and non-heterosexual participants. In terms of support from family, Albritton et

al. (2014) argue that familial support helps one to better understand how to avoid risky sexual behavior. When the family is supportive and open, they tend to talk more about attitudes toward sexuality. (Booth-Butterfield & Sidelinger, 1998). This is also true for non-heterosexual counterparts. According to Goldfried and Goldfried (2001), when the family of sexual minorities provide them with an openly accepting climate, it increases exposure to sexuality-related topics. In addition, familial social support becomes the basis for social support for other people later (Goldfried & Goldfried, 2001).

In the current study, perceived social support from friends played a significant role in communication about sexual topics. In previous studies, researchers found that when sexual minority individuals perceived they had support from friends, they were more likely to talk about sexuality (Chow & Cheng, 2010). Similar findings were reported for heterosexual individuals. People can communicate more about sexuality among friends because they can understand each other's situations more easily, and they can feel more comfortable talking about such topics (Lefkowitz & Espinosa-Hernandez, 2007). In the current study, the positive association between sexual communication with friends and perceived social support from friends was stronger than those from family and significant others. Hence, support from friends can be especially helpful when talking about sexuality.

The more perceived social support participants receive from the significant other, the more sexual communication there is among both heterosexual and non-heterosexual participants. People tend to talk about sexuality concerns more openly in a romantic relationship when there is trust and safety (Marcantonio, Jozkowski, & Wiersma-Mosley, 2018). Rubinsky and Hosek (2020) state that the romantic relationship among the sexual minorities is especially important because it entails identification of gender and sexuality, sexual communication satisfaction, and relational satisfaction.

Trinh and Choukas-Bradley (2018) reported the participants were more comfortable to talk about their romantic relationship with friends (see also Lefkowitz et al., 2007). However, the same tendency was not identified in previous research regarding sexual communication with family and perceived social support from significant others. Thus, social support from and sexual communication with family can play a pivotal role in heightening sexual communication efficacy with significant others later in life (Albritton et al., 2014). However, once individuals are away from home and build new relationships outside the family of origin, their core support system tends to shift to friends and/or one's partner rather than family (Lee et al., 2020). Hence communication with family on sexual topics could gradually decrease throughout young adulthood.

### **Differences of Sexual Communication and Perceived Social Support**

The current study did not find any difference in either sexual communication or perceived social support among heterosexual and non-heterosexual individuals. The results oppose the idea that sexual stigma is considered to get in the way of non-heterosexual individuals to perceive social support as well as communicate with others on sexual topics (Chow & Cheng, 2010; Goldfried & Goldfried, 2001; Hu et al., 2020; Sheets & Mohr, 2009).

It is possible that the participants were more prone to perceive their social circles and environments as open, accepting, and supportive (Goldfried & Goldfried, 2001; Toplu-Demirtaş et al., 2018) rather than intra- and interpersonally stressful (Puckett et al., 2018), sexually non-conforming (Grossman et al., 2018; Mastro & Zimmer-Gembeck, 2015; Parker

& Ivanov, 2012), and prejudiced or discriminatory (Meyer, 2003). Additionally, they may have been able to positively cope with sexual stigma, thus, could engage in sexual communication and have relatively high social support. Rostosky et al. (2010) assert that positive coping with stigma may allow sexually vulnerable people to find meaning in painful experiences and seek for more social support within the community supportive of their identity. Therefore, the frequency of sexual communication and perceived social support may not depend solely on sexual orientations. Individual social circles and how they view sexuality as well as individual coping skills enabling one to deal with sexual stigma may play a bigger role.

### **Differences in Sexual Topics**

Consistent with past research (de Looze et al., 2015), love, marriage, and dating/romantic relationships were discussed frequently with family, friends, and significant others in the current study. In the past research, overall sexual and reproductive health-related topics were also frequently talked about with family (see also Widman et al., 2014). Current participants also talked more about menstruation. Schooler et al. (2005) argue that menstrual shame is negatively associated with sexual assertiveness and comfort. Thus, many female participants of the current study might have a low level of menstrual shame; therefore, more communication with family took place (see also Lee, 2009).

In contrast to often discussed topics, HIV/AIDS was not discussed frequently with families, friends, and significant others. This is surprising because HIV/AIDS can be a part of sexual health discussions, particularly with family, especially because this was shown in previous research (Widman et al., 2014). Perhaps, it is due in part to HIV-related stigma because stigma increases sexual silence (Bird & Voisin, 2013). The explanation could be that in the current study more intimate sexuality topics such as HIV/AIDS, nocturnal emission, masturbation, petting, and prostitution may be viewed as more sexually directive and provocative (de Looze et al., 2015). Thus, emotions such as shame and embarrassment could prevent people from talking about those intimate topics.

In contrast to sexual communication with family, there are unique sexuality topics that the participants discussed with their friends and significant others. Both types of communication included a high communication level about sexual intercourse, which is in line with previous findings that more practical aspects of sexual communication are shared among friends over family (Lefkowitz & Espinosa-Hernandez, 2007). More sexual communication with family and friends means more communication with significant others that boosts sexual health and well-being (Widman et al., 2014). Increased levels of sexual communication could also lead to a better understanding of sexual satisfaction (Rubinsky & Hosek, 2020).

When analyzing communication with significant others, sexual abuse and rape were the least frequently discussed topics. Dorahy and Clearwater (2012) describe vulnerability related to sexual assault (i.e., sexual abuse and rape) and its aftermath. When people have a history of sexual assault, it is more challenging for them to disclose to others because they expect to be judged. Social stigma against sexual assault victims is internalized and becomes embedded in their belief system, hence concealment and lack of communication increases because of the fear of rejection or termination of the relationship (Dorahy & Clearwater, 2012; Rubinsky & Hosek, 2020).

Among non-heterosexual respondents, the topic of homosexuality was discussed more with family, friends, and significant others than among heterosexual respondents. This, in part, is due to a stronger self-acceptance of sexuality (Goldfried & Goldfried, 2001) and relatively more open, accepting, comfortable and friendly sexual minority environment (Goldfried & Goldfried, 2001; Rios & Eaton, 2016).

## **Conclusion**

The current study analyzed the links between perceived social support and sexual communication. Some significant elements of perceived social support such as open-mindedness and acceptance can bring comfort in interpersonal relationships and improve sexual communication (Kirkman et al., 2005) and perceived social support (Goldfried & Goldfried, 2001). However, many people are fearful, uncertain, and feel disgust with something they do not know, which may turn into stigma (Bry et al., 2017). To combat stigma, improving knowledge of sex and sexuality and teaching more assertive sexual communication skills may be relevant, at the same time reducing psychologically aversive emotions due to sexual stigma. This could be done by addressing sexual topics identified in this study and enabling both heterosexual and non-heterosexual individuals to discuss them more freely. Furthermore, it may be essential for sex educators and psychologists to provide sexual minorities with accessible, reliable and comprehensive sex education. Such education can be modeled after the dialectical intervention of Harman, Kaufman, and Shrestha (2014) that includes scientifically accurate information about sex and sexuality, open discussions on sexuality topics, and role-plays to gain hands-on experience in how to assertively communicate with others in sexually sensitive situations. All in all, the relevance of sexual communication and perceived social support remains pertinent among both heterosexual and non-heterosexual individuals and their immediate and extended environments.

## **Limitations of the Study**

First, the participants came from 41 different countries across all the continents, and sexual communication and perceived social support differ from culture to culture (e.g., Africa, Asampong et al., 2013; Eastern Asia, Hu et al., 2020; Central/South America, Lee et al., 2020). Thus, the role of culture in sexual communication and perception of social support in non-heterosexual individuals needs to be examined deeper. Second, sexual communication scale (Somers & Canivez, 2003) needs to be updated. For example, homosexuality refers only to gay and lesbian, but does not encompass more inclusive and expansive sense of sexual orientations such as bisexual, asexual, pansexual, demisexual, etc. It is also important to add more socially relevant sexual topics such as polyamory (Balzarini et al., 2019) and kinks (i.e., BDSM, Lehmiller, 2014).

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