The Importance of Sexual Self-Disclosure to Sexual Satisfaction and Functioning in Committed Relationships

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A B S T R A C T

Introduction. Past research indicates that sexual self-disclosure, or the degree to which an individual is open with his or her partner about sexual preferences, is a key aspect of sexual satisfaction and that partner's lack of knowledge about one's sexual preferences is associated with persistent sexual dysfunction.

Aims. To replicate and extend past research by examining (i) how one's own levels of sexual self-disclosure are related to one's own sexual health (after controlling for partner's levels of sexual self-disclosure); (ii) how one's partner's levels of sexual self-disclosure are associated with one's own sexual health (after controlling for one's own levels of sexual self-disclosure); and (iii) whether gender moderates the associations between sexual self-disclosure and sexual health.

Main Outcome Measures. Scores from the Golombok Rust Inventory of Sexual Satisfaction and the Sexual Communication Satisfaction Scale.

Methods. A cross-sectional dyadic study using a convenience sample of 91 heterosexual couples in long-term committed relationships. Data were analyzed using the Actor–Partner Interdependence Model.

Results. One's own level of sexual self-disclosure is positively associated with one's own sexual satisfaction, $\beta = -0.24$, $t(172.85) = -3.50$, $P < 0.001$. Furthermore, partner's level of sexual self-disclosure is associated with men's sexual satisfaction but not with women's sexual satisfaction, $\beta = -0.45$, $t(86.81) = -4.06$, $P < 0.001$ and $\beta = 0.02$, $t(87.00) = 0.20$, *ns*, respectively. The association between own self-disclosure and sexual problems is stronger for women as compared with men, $\beta = -0.72$, $t(87.00) = -6.31$, $P < 0.001$ and $\beta = -0.24$, $t(86.27) = -3.04$, $P < 0.01$, respectively.

Conclusions. Our results demonstrate that sexual self-disclosure is significantly associated with sexual satisfaction and functioning for both men and women, albeit in different ways. Our findings underscore the importance of sexual self-disclosure and highlight the importance of the interpersonal level of analysis in understanding human sexuality. **Rehman US, Rellini AH, and Fallis E. The importance of sexual self-disclosure to sexual satisfaction and functioning in committed relationships. J Sex Med 2011;8:3108–3115.**

Key Words. Sexual Communication; Sexual Disclosure; Sexual Satisfaction; Dyadic Data; Couples

Introduction

Currently, available models of sexuality are based on the individual rather than on the couple as a dynamic system [1]. A focus on individual processes and outcomes may be appropriate for certain questions pertaining to human sexuality, for example, when the focus is on understanding the determinants of various sexual preferences (e.g., fetishes) [2]. However, when addressing questions about sexual behavior in the context of long-term committed relationships, the individual level of analysis is often insufficient because it neglects the role of the dyad in influencing sexual satisfaction and functioning.

Specific to the sexual dynamics of the couple, theoretical, empirical, and clinical evidence converges on the importance of sexual communication (i.e., discussion of sexual topics) between partners when examining sexual satisfaction and functioning

[3]. The current study focuses on sexual self-disclosure, or the extent to which one talks about one's sexual preferences with one's partner. The ability to communicate openly about sexual preferences has been proposed to be a key aspect of couples' sexual satisfaction. Metts and Cupach posit that sexual self-disclosure can benefit a relationship in two ways: by enhancing relationship closeness and intimacy (expressive pathway) and by allowing partners to understand each others' sexual preferences and desires, thus enhancing sexual rewards and minimizing sexual costs (instrumental pathway), which, in turn, increases sexual satisfaction [4].

In the current study, we aim to address a number of methodological and statistical limitations that characterize past research on sexual self-disclosure. Communication about sexual likes and dislikes is an interactive and dynamic process that requires an exchange between two people. Yet, most studies have recruited and focused on one dyad member's level of sexual self-disclosure [5,6]. Other studies have included both members of the dyad but have averaged the scores across male and female data to create one score for each couple [7]. Two significant limitations of these approaches are that they do not allow for the investigation of gender differences or partner effects (how one partner's level of sexual self-disclosure is associated with the other partner's functioning).

Past studies that have gathered and analyzed data from both partners, without averaging across the couple, represent a significant improvement. For example, Purnine and Carey examined the degree to which agreement on sexual preferences between partners and understanding one's partner's sexual preferences were significant predictors of sexual adjustment [8]. It is important to note that communication variables being examined by Purnine and Carey and Ross et al. are different from the focus of the current study [8,9]. In the current study, we are examining the degree to which a member of a dyad discloses his or her sexual preferences to his or her partner; in contrast, both the Purnine and Carey study and the study by Ross et al. focused on the degree to which one member of a dyad can accurately identify his or her partner's sexual preferences and the degree to which members of a dyad have similar or different sexual preferences.

The present study extends past research on sexual communication by: (i) addressing some significant methodological and conceptual problems in the collection and analysis of dyadic data that were present in past studies on sexual communication; (ii) utilizing a comprehensive measure of sexuality that includes sexual dysfunction[1] and satisfaction; and (iii) examining whether the association between sexual self-disclosure and two indices of sexual health (i.e., sexual functioning and sexual satisfaction) varies by gender.

In the current study, we analyzed our data using the Actor–Partner Interdependence Model (APIM) [10]. There are a number of advantages of using APIM to analyze dyadic data. For example, a multilevel data structure, where individuals are nested within couples, often violates the assumption of standard regression procedures that observations are completely independent of each other. APIM is designed to account for such interdependence.[2] Also, with APIM, both *actor effects* (e.g., how an individual's level of sexual self-disclosure affects his or her own sexual functioning) as well as *partner effects* (e.g., how an individual's level of sexual self-disclosure affects his or her partner's sexual functioning) can be examined simultaneously. APIM can also be used to assess gender differences in actor and partner effects (e.g., does the association between sexual self-disclosure and partner sexual functioning vary by gender?).[3]

Studies on sexual self-disclosure have tended to examine the association of this construct to either sexual satisfaction or sexual functioning [5,11].

[1]Sexual dysfunction is here understood as difficulties experiencing orgasm, having low sexual desire and/or having difficulties becoming sexually aroused, having vaginismus or experiencing sexual pain for women, and problems with erection, premature ejaculation, and low desire for men. As discussed in the Methods section, sexual dysfunction was measured using the Overall Sexual Dysfunction subscale of the Golombok Rust Inventory of Sexual Satisfaction. It is important to note that elevated levels of scores on this subscale do not imply that an individual would meet Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for a clinical diagnosis of sexual dysfunction.

[2]For a detailed discussion of the advantages of using Actor–Partner Interdependence Model to analyze dyadic data, such as the data from sexual partners that we gathered in the current study, we encourage readers to review a seminal article by Kenny et al. (2006).

[3]The drawback to testing effects in typical multiple regression is that you have less power when doing so because the models have to be run separately for men and women in order to avoid problems with interdependence. In contrast, multilevel modeling allows you to include data from all participants in the same model in a way that accounts for interdependence, which results in greater power. Reduced statistical power when using typical multiple regression has the effect of increasing likelihood of type I errors. If traditional regression approaches are used with men and women in the same model, this would incorrectly double the sample size and would increase the likelihood of Type II errors.

Sexual function and satisfaction are two essential and relatively independent indicators of sexual health [12]. In the current study, we included both of these constructs as past research has shown that sexual satisfaction and functioning are correlated but distinct phenomena [12–14].

Another important goal of this study is to examine whether the association between sexual self-disclosure and sexual functioning and satisfaction varies by gender. To our knowledge, no study to date has directly examined gender differences in the association between sexual self-disclosure and indices of sexual health. Although this question has not been addressed in past research, findings from related studies can inform our predictions about gender differences in this association. For example, Purnine and Carey found that heterosexual men's understanding of their female partners' sexual preferences was related to both men and women's sexual satisfaction; in contrast, women's understanding of their male partners' sexual preferences was only related to their own sexual satisfaction and not to their male partners' [8]. The authors speculated that such gender difference might be because men's sexuality "may be based more on performance or pleasing their partners and less on their being effectively stimulated. If so, there would be less need of sexual understanding by their partners" (p. 1023). Another potential explanation of this gender difference is that, as argued by sex researchers and therapists, men's sexuality may be more instrumental and less dependent on interpersonal factors than women's sexuality [15].

Study Hypotheses

Based on the literature review cited above, we predicted that one's own level of sexual self-disclosure would be related to one's own sexual satisfaction, as well as one's own sexual functioning. We extrapolated on the research findings by Purnine and Carey to predict that partner self-disclosure would be associated with higher levels of own sexual satisfaction and sexual functioning [8]. In addition to the main effects described previously, we extrapolated the findings of Purnine and Carey to predict that gender would moderate the association between sexual self-disclosure and sexual satisfaction. In their study, Purnine and Carey found that higher levels of men's understanding of partner likes and dislikes predicted higher levels of sexual satisfaction for both men and women. Presumably, men's understanding is based, at least in part, on disclosure by their partners of their sexual

likes and dislikes; thus, we predicted that higher levels of disclosure by female partners would predict greater sexual satisfaction for males and that this association between female sexual disclosure and male sexual satisfaction would be stronger than male sexual disclosure and female sexual satisfaction. Because there was no past research to guide our predictions about how gender might moderate the link between sexual self-disclosure and sexual functioning, we did not offer any specific two-way predictions for this outcome variable.

Method

Participants

Ninety-one heterosexual couples participated in the current study as part of a larger longitudinal study examining the effects of interpersonal factors on sexual satisfaction and sexual functioning. The data for the current study were gathered during the first wave of data collection. The couples were recruited from Southwestern Ontario using posters in local businesses and offices of physicians and mental health professionals, referrals from physicians and mental health professionals, advertisements placed in local newspapers, and online classified ads (e.g., Kijiji).

To be eligible for the study, participants either had to be married, or living together as if married. To ensure that both married (N = 63) and cohabiting couples (N = 28) were similarly committed to their relationships, cohabiting couples were included if they had been living together for a minimum of 2 years. There were no significant differences between the levels of commitment reported by women who were married (M = 95.15; standard deviation [SD] = 7.23) and cohabiting (M = 92.61; SD = 9.27), $t(42.67) = 1.28$, $P = 0.21$, or between the levels of commitment report by men who were married (M = 94.47; SD = 8.40) and cohabiting (M = 94.19; SD = 9.45), $t(87) = 0.14$, $P = 0.89$ (see Measures section for a description of our measure of commitment). Furthermore, both members of the couple had to be between the ages of 21 and 65 and report being able to speak and read English at a grade 8 level to ensure that they would be able to accurately understand and complete all of the study measures. Given that sexual satisfaction is negatively impacted by the birth of a child [16], and consistent with other studies examining the effects of interpersonal factors on sexual satisfaction [8], the female partner could not have given birth during

the 6 months prior to her participation in the study. Finally, both members of the couple had to be willing to participate in the study.

The couples who participated in the study had been in their current relationships for an average of 10.8 years (SD = 8.6 years). Of the couples who participated, 39.6% had no children. The remaining couples had an average of 2.32 (SD = 1.32) children. The female participants had an average age of 35.75 years (SD = 11.14) and had completed on average 16.30 years (SD = 3.68) of education.[4] Of the female participants, 68.2% reported that their personal gross annual income was less than C$40,000, with the most participants (34.1%) reporting that their income fell between C$20,000 and C$40,000. Ninety-three percent of the female participants were white. The male participants had an average age of 37.33 years (SD = 11.21) and had completed on average 15.48 years (SD = 2.90) of education. Of the male participants, 82.5% reported that their personal gross annual income was less than C$80,000, with the most participants (31.9%) reporting that their income fell between C$20,000 and C$40,000. Eighty-eight percent of the male participants were white.

Measures

Background Questionnaire
This questionnaire was designed for the current study. It gathered information about participants' demographic characteristics (e.g., age, income, and educational achievement) and the history of their current relationships (e.g., marital status and relationship length).

Broderick Commitment Scale [17]
The Broderick Commitment Scale is a one-item measure that assessed participants' commitment to their current relationship on a scale from 0 (*Not at All Committed*) to 100 (*Completely Committed*). We utilized this variable for descriptive purposes.

Golombok Rust Inventory of Sexual Satisfaction (GRISS) [18]
The GRISS is a measure of sexual functioning in heterosexual relationships. There are two versions of the questionnaire: one for males and one for females. Each version of the questionnaire has 28 questions that participants answered by choosing the response option that best describes how things have been for them recently. The response options range from *Never* to *Always*. Higher scores on the

[4]Years of education were counted starting from grade 1 for both men and women.

GRISS indicate greater levels of sexual problems. In this study, we utilized the Dissatisfaction[5] (four items) and Overall Sexual Dysfunction (24 items) subscales. The GRISS demonstrated good internal consistency in our sample, as indexed by Cronbach's alpha (males = 0.75; females = 0.89).

Sexual Communication Satisfaction Scale (SCSS) [19]
The SCSS was developed to measure satisfaction with one's sexual communication with one's sexual partner. The questionnaire has 22 items, such as "I tell my partner when I am especially sexually satisfied," with which participants rate their agreement on a scale from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). The focus of the current study was to examine sexual self-disclosure, defined as one's openness in discussing sexual likes and dislikes with one's partner. Thus, only items from the SCSS that pertained to sexual self-disclosure (items 1, 3, 5, 6, 8, 9, 11, 14, 16, and 17) were combined to create a total sexual self-disclosure score for each partner. Higher scores indicate greater levels of sexual self-disclosure. These items had high internal consistency when completed by both the men (Cronbach's alpha = 0.86) and women in our sample (Cronbach's alpha = 0.88). To assess the construct validity of these items, we calculated the correlations between scores on the SCSS and scores on the GRISS noncommunication subscale (which assesses sexual self-disclosure). Both males' ($r = -0.38$, $P < 0.001$) and females' ($r = -0.62$, $P < 0.001$) scores on the SCSS and the GRISS noncommunication subscale were significantly correlated in the expected direction.

Procedure
All study measures and procedures were reviewed and approved by the University of Waterloo's Office of Research Ethics. Couples who responded to ads for the study were provided with additional information about the study by phone or e-mail. Those who indicated they were still interested and reported that they met study eligibility criteria were scheduled for a lab assessment. Two trained research assistants (undergraduate or graduate students) individually assessed each couple. When the couple arrived at the laboratory, the research assistants reviewed the information letter and consent

[5]Note that although this subscale is labeled "dissatisfaction," we will use the term "satisfaction" throughout the manuscript for the sake of clarity. Scores on the subscale can be interpreted such that lower scores indicate greater sexual satisfaction.

Table 1 Means and standard deviations (in parentheses) of males' and females' scores on study measures

	Males	Females	Possible range	Clinical cutpoints
Golombok Rust Inventory of Sexual Satisfaction				
Sexual dissatisfaction subscale	5.42 (2.93)	3.99 (2.55)	0–16	10
Sexual dysfunction subscale	20.86 (7.74)	27.35 (13.21)	0–96	M: 29; F: 46
Sexual Communication Satisfaction Scale	47.49 (12.20)	53.34 (11.76)	7–70	NA

Higher scores on the GRISS indicate greater levels of sexual problems and higher scores on the SCSS indicate greater levels of sexual self-disclosure. Scores at or greater than the clinical cut-point are indicative of a problem.

forms. The male and female partners were then separated into two different rooms where they completed all questionnaires individually. One research assistant was randomly assigned to work with each partner from that point forward. Participants began by completing the Background Questionnaire using paper and pencil. They then completed the remaining measures relevant to the current study in random order using a laptop. Participants also completed additional questionnaires and a discussion task that were part of the larger longitudinal project but are not relevant to the current study. When both members of the couple had finished the study, they were debriefed and received $50.00 each for their time. They were also given a list of sexual health resources. The entire study procedure took approximately 3 hours.

Statistical Analysis
Given the interdependent nature of couples' data, we analyzed the data with Kenny, Kashy and Cook's APIM, as implemented with multilevel modeling [10]. In this hierarchically structured design, the dyad is treated as the unit of analysis with individuals nested within couples. The APIM yields two effects: an *actor effect*, which estimates the effect of a participant's score on the predictor variable on his or her own score on the dependent variable, and a *partner effect*, which estimates the effect of the partner's score on the predictor variable on the participant's score on the dependent variable. To take an example relevant to the current study, a significant actor effect for actor sexual self-disclosure would suggest that one's own ability to discuss sexual aspects of the relationship predicts one's own sexual satisfaction, above and beyond the effects of one's partner's ability to communicate about sexual issues. In contrast, a significant partner effect would suggest that one's partner's sexual self-disclosure significantly predicts one's own sexual satisfaction, above and beyond the effects of one's own sexual self-disclosure.

For each of our dependent variables, we first tested a main effects model that included actor self-disclosure, partner self-disclosure, and gender (effects-coded). We then ran a second model that included all higher order interaction terms. Note that all variables were standardized and that we used simple slopes analyses to examine all significant interaction effects.

Results

Preliminary Analyses
Participants in the current study reported relatively high levels of sexual functioning and sexual satisfaction. Overall, they reported relatively high levels of sexual self-disclosure, with females reporting greater levels of sexual self-disclosure than males, $t(90) = 4.04$, $P < 0.001$; see Table 1 for means and standard deviations of all study variables, and Table 2 for correlations between study variables.

Dependent Variable: Sexual Satisfaction
There was a significant main effect for actor sexual self-disclosure such that individuals who reported higher levels of sexual self-disclosure reported significantly more satisfaction with their sexual relationships, $\beta = -0.24$, $t(172.85) = -3.50$, $P < 0.001$ (Table 3). There was also a significant partner effect, such that individuals whose partners reported higher levels of sexual self-disclosure reported greater sexual satisfaction as compared to individuals whose partners reported lower levels of sexual self-disclosure, $\beta = -0.16$, $t(169.45) = -2.38$, $P < 0.05$. Compared to women, men reported significantly lower sexual satisfaction, $\beta = -0.23$, $t(89.05) = -3.82$, $P < 0.001$. This main effect was qualified by a significant two-way interaction between partner sexual self-disclosure and gender, $\beta = 0.24$, $t(132.88) = 2.95$, $P < 0.01$, indicating that partner's high levels of sexual self-disclosure predicted high levels of sexual satisfaction for men,

Table 2 Correlations among all study measure for males and females

	Males Dissatisfaction	Females Dissatisfaction	Males Dysfunction	Females Dysfunction	Males SCSS	Females SCSS
Males Dissatisfaction	1.00	0.39**	0.31**	0.48**	−0.18$^\Phi$	−0.44**
Females Dissatisfaction		1.00	0.16	0.49**	−0.01	−0.38**
Males Dysfunction			1.00	0.30**	−0.27*	−0.29**
Females Dysfunction				1.00	0.09	−0.59**
Males SCSS					1.00	0.18$^\Phi$
Females SCSS						1.00

*Correlation is significant at the 0.05 level (two-tailed).
**Correlation is significant at the 0.01 level (two-tailed).
$^\Phi$Correlation is at the trend level (<0.10) (two-tailed).
SCSS = Sexual Communication Satisfaction Scale.

$\beta = -0.45$, $t(86.81) = -4.06$, $P < 0.001$, but not for women, $\beta = 0.02$, $t(87.00) = 0.20$, *ns* (see Figure 1).

Dependent Variable: Overall Sexual Dysfunction

There was a significant main effect for actor sexual self-disclosure such that individuals who reported engaging in higher levels of sexual self-disclosure reported significantly lower levels of sexual dysfunction as compared to individuals who reported engaging in lower levels of sexual self-disclosure, $\beta = -0.32$, $t(143.11) = -5.37$, $P < 0.001$. The main effect for partner sexual self-disclosure was not significant, $\beta = -0.06$, $t(142.07) = -0.81$, *ns*. Compared to men, women reported significantly higher levels of sexual dysfunction, $\beta = 0.34$, $t(89.48) = 5.64$, $P < 0.001$. These two main effects were qualified by a significant interaction between gender and actor sexual self-disclosure, $\beta = -0.24$, $t(133.34) = -3.34$, $P < 0.01$, indicating that high

Table 3 Multilevel modeling results (main effects and significant interactions) predicting sexual satisfaction and sexual functioning with sexual self-disclosure

	β	t	df	P
Sexual Satisfaction				
Actor effect	−0.24	−3.50	172.85	<0.001
Partner effect	−0.16	2.38	169.45	<0.05
Gender effect	−0.23	−3.82	89.05	<0.001
Partner × gender effect	0.24	2.95	132.88	0.01
Sexual Functioning				
Actor effect	−0.32	−5.37	143.11	<0.001
Partner effect	−0.10	−1.64	150.27	0.10
Gender effect	0.34	5.64	89.48	<0.001
Actor × gender effect	−0.24	−3.34	133.34	<0.01

levels of own sexual self-disclosure more strongly predicted low levels of sexual dysfunction for women, $\beta = -0.72$, $t(87.00) = -6.31$, $P < 0.001$, than for men, $\beta = -0.24$, $t(86.27) = -3.04$, $P < 0.01$ (see Figure 2).
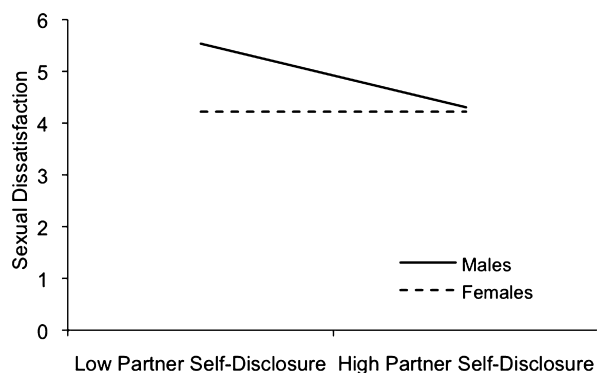

Figure 1 The association between partner sexual self-disclosure and sexual satisfaction for men and women.
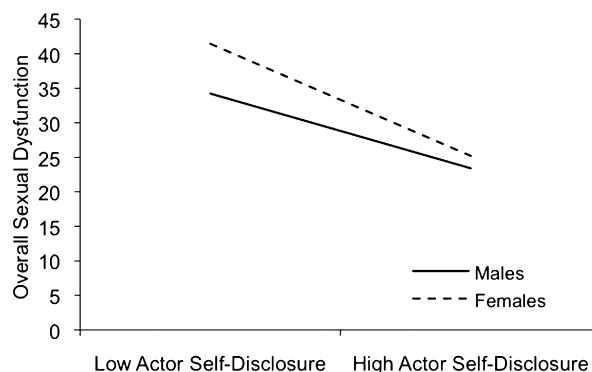

Figure 2 The association between actor sexual self-disclosure and overall sexual dysfunction for men and women.

Discussion

The overall goal of the current study was to replicate and to extend past research on the association between sexual self-disclosure and two indices of sexual health (sexual satisfaction and sexual functioning). We extended past research on sexual self-disclosure by: (i) gathering data from both partners of a dyad; (ii) examining both sexual satisfaction as well as sexual functioning; (iii) using statistical analyses that account for the interdependent nature of dyadic reports; (iv) simultaneously examining actor effects and partner effects; and (v) examining how gender might influence the association between sexual self-disclosure and indices of sexual health.

As predicted, our data revealed significant actor and partner effects for the association between sexual self-disclosure and sexual satisfaction. It is important to note that the relevance of one's own sexual self-disclosure for one's own sexual satisfaction was demonstrated in our data, even after controlling for the effects of partner levels of sexual self-disclosure, thus ruling out the possibility that the association between sexual self-disclosure and sexual satisfaction might have been due to partner effects. The partner effect was qualified by a significant two-way interaction between gender and partner sexual disclosure. We had extrapolated on findings by Purnine and Carey [8] to predict that partner sexual disclosure might be more relevant for male sexual satisfaction. Indeed, our results show that partner sexual disclosure was significantly associated with higher male sexual satisfaction but that there was no association between partner sexual disclosure and female sexual satisfaction. Interestingly, our data also show that the women in our sample reported higher levels of sexual dysfunction, whereas men reported feeling more dissatisfied with their sexual relationships (see Table 1). Furthermore, there was a significant association between female dysfunction and male dissatisfaction (see Table 2). It is possible that the association between female dysfunction and male dissatisfaction is mediated, in part, by females' levels of sexual self-disclosure, so that if female partners share their sexual likes and dislikes with their partners, their male partners are less likely to become dissatisfied. Because of the cross-sectional nature of our data, we cannot adequately test this meditational model. However, we will be following this sample longitudinally, and it will be interesting to examine whether, using a prospective, longitudinal design, our data show that female sexual dysfunction predicts male dissatisfaction

over time and that this association is mediated by female sexual self-disclosure.

Our results for sexual dysfunction revealed a significant actor effect that was qualified by a significant two-way interaction between gender and actor sexual self-disclosure, suggesting that the association between one's own levels of sexual self-disclosure and sexual functioning is stronger for women than for men.

Overall, the findings from our study suggest that: (i) sexual self-disclosure is an important construct to examine in models of sexual satisfaction and functioning; (ii) sexual self-disclosure has relevance to both male and female sexual health, albeit in different ways; (iii) one's own sexual self-disclosure is associated with one's sexual satisfaction for both males and females; (iv) partner sexual self-disclosure appears to be related to men's but not to women's sexual satisfaction; and (v) own sexual self-disclosure may be more relevant to females' sexual functioning, as compared with males' sexual functioning. In addition to underscoring the relevance of sexual self-disclosure to indices of sexual health, our findings shed light on the differential and unique importance of partner sexual disclosure to sexual satisfaction and highlight the need to distinguish between sexual satisfaction and sexual dysfunction [12].

We would also like to note a number of limitations of the present study that need to be kept in mind when interpreting our results. One limitation is that the study used a convenience sample, which may limit its generalizability. Consistent with the population of our region of Ontario, our sample was primarily white. It is possible that our results will not generalize to couples from other cultures or of other ethnicities. Additionally, previous research has demonstrated that people who are willing to participate in studies of sexuality differ from those who are not in important ways. For example, they tend to be more sexually experienced and less traditional in their attitudes toward sex [20]. However, if anything, it is likely that our study underestimates the link between sexual self-disclosure and indices of sexual health, given that our sample may represent a demographic that could endorse higher levels of sexual self-disclosure than would be reported by a representative community sample.

In our study, we assessed sexual self-disclosure by asking respondents to rate their degree of openness in discussing their sexual preferences with their partners. In other studies, researchers have directly examined the degree to which partners in

a relationship are familiar with each others' specific sexual likes and dislikes [8,21]. In future work, we need to examine whether perceptions of sexual self-disclosure are associated with sexual health, even after controlling for actual knowledge of sexual preferences. If so, this might suggest that one's feelings of comfort discussing sexual likes and dislikes might be more important than the degree to which a partner is knowledgeable about one's sexual preferences.

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Statement of Authorship

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