

# Sexual Attitudes: Behaviors & Beliefs

Authored by  
**mohammed looti**

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## Introduction to Attitudes and Sexuality

Attitudes toward sexual behaviors constitute a critical area of psychological inquiry, reflecting complex interactions between individual beliefs, emotional responses, and societal norms regarding intimacy, reproduction, and pleasure. An attitude, generally defined, is a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor. In the context of sexuality, these attitudes are deeply rooted and often highly polarized, influencing everything from interpersonal relationships and self-concept to public policy and health outcomes. Unlike many other social attitudes, sexual attitudes often carry significant moral weight and are heavily policed by cultural institutions, making them resistant to change and prone to social desirability bias when studied. Understanding these attitudes requires analyzing their three core components: the **affective component**, which encompasses feelings like disgust, desire, or shame; the **cognitive component**, involving beliefs about the rightness or wrongness of a behavior; and the **behavioral component**, representing the tendency to act in certain ways toward or away from the sexual behavior in question.

The study of sexual attitudes is essential because these internal frameworks serve as powerful filters through which individuals interpret and respond to the world around them, often determining what behaviors are deemed acceptable, pathological, or criminal within a given community. These attitudes dictate the boundaries of social interaction, influencing decisions regarding marriage, contraception, and the expression of non-normative desires. Furthermore, societal attitudes toward specific sexual behaviors--such as homosexuality, premarital sex, or the use of pornography--directly inform the level of **stigma** and discrimination experienced by various groups. Consequently, research into sexual attitudes is not merely descriptive; it is fundamentally linked to issues of social justice, mental health, and the establishment of comprehensive, inclusive sexual health policies globally.

Historically, attitudes toward sexuality have been characterized by profound variability, changing dramatically across different epochs and geographies. While some ancient societies embraced diverse sexual expressions, the rise of monotheistic religions and specific cultural shifts often led to periods of extreme restriction and condemnation, particularly targeting female sexuality and non-procreative acts. This historical legacy means that contemporary attitudes are often layered with inherited moralistic frameworks that conflict with modern scientific understandings of human sexual diversity and function. Therefore, any comprehensive analysis must acknowledge this dialectic: the tension between deeply ingrained historical norms and rapidly evolving modern perspectives driven by globalization, scientific advancement, and increased advocacy for **sexual autonomy** and rights.

## Theoretical Frameworks for Understanding Sexual Attitudes

Several established psychological frameworks are utilized to model the formation, maintenance, and modification of attitudes toward sexual behaviors. One of the most influential is the **Theory of Planned Behavior (TPB)**, which posits that attitudes are a key predictor of behavioral intention. According to TPB, the likelihood of engaging in a sexual behavior is determined by three factors: the individual's attitude toward the behavior (their positive or negative evaluation of it), subjective norms (perceived social pressure to engage or not engage), and perceived behavioral control (the belief in one's ability to perform the behavior). In the realm of sexuality, this model helps explain discrepancies, such as why an individual might hold a positive attitude toward safe sex (attitude) but fail to practice it due to perceived lack of control or negative subjective norms (peer pressure).

Beyond cognitive models, **Social Learning Theory (SLT)** provides a vital lens for understanding how sexual attitudes are acquired and maintained. SLT emphasizes that individuals learn attitudes not only through direct experience but also through observation, imitation, and reinforcement. A child or adolescent develops attitudes toward intimacy, gender roles, and acceptable sexual expression by observing parents, peers, and, increasingly, media representations. If a specific sexual behavior is consistently depicted as shameful or dangerous in one's social environment, the individual is likely to internalize a negative attitude toward it, even without personal experience. Conversely, consistent exposure to positive portrayals of diverse sexual identities can foster more permissive and accepting attitudes, highlighting the power of observational modeling in shaping fundamental sexual scripts.

Furthermore, understanding the resistance to change in sexual attitudes often requires invoking the concept of **Cognitive Dissonance**. When an individual holds two conflicting cognitions--for instance, believing that casual sex is immoral while simultaneously engaging in it--they experience psychological discomfort. To reduce this dissonance, they may modify their attitude to align with their behavior (e.g., rationalizing the behavior) or, more commonly in the context of sexuality, they may defensively strengthen their initial moralistic attitude to justify avoiding the behavior or condemning others who practice it. This defensive strengthening often contributes to the persistence of prejudice and moral condemnation surrounding non-normative sexualities, as individuals strive to maintain internal consistency regarding deeply held moral beliefs, even when faced with contradictory evidence or personal experience.

## Cultural and Societal Influences on Sexual Norms

Cultural context is arguably the single most powerful determinant of attitudes toward sexual behaviors, establishing the fundamental norms that define acceptability and deviance. Societies can generally be placed along a continuum ranging from **sexually restrictive** to **sexually permissive**. Restrictive cultures, often characterized by strong collectivist values and high levels of

religious orthodoxy, typically emphasize sexual behavior solely for procreation within sanctioned marriage, placing strict controls on premarital activity, extramarital relationships, and non-heterosexual expressions. Permissive cultures, often associated with individualism and secularization, tend to view sexuality as a natural component of human experience that is acceptable as long as it is consensual and non-exploitative, leading to generally more positive attitudes toward diverse behaviors and identities.

The transmission of these cultural norms occurs primarily through institutions of socialization, including family, education, and mass media. The family unit often serves as the initial gatekeeper, transmitting parental attitudes regarding modesty, dating, and gender-appropriate sexual expression. Formal sex education, where it exists, also plays a crucial role, though its content is often heavily politicized, reflecting underlying societal attitudes. For instance, comprehensive sex education tends to foster attitudes emphasizing consent and pleasure, while abstinence-only education reinforces restrictive attitudes centered on fear and moral prohibitions. The pervasive influence of mass media, including film, music, and especially the internet, introduces diverse and often contradictory sexual scripts, challenging traditional attitudes and contributing to generational gaps in acceptance of behaviors like **non-monogamy** or the use of sexual technology.

A key sociological concept in this area is the presence of **sexual scripts**--culturally defined blueprints that specify who, what, where, when, and why individuals should engage in sexual behavior. These scripts are intrinsically linked to attitudes; if an individual's behavior deviates significantly from the established script (e.g., a woman initiating sex in a culture where men are expected to initiate), they are often met with negative attitudes, judgment, or social sanction. These scripts are heavily gendered and heteronormative, meaning that attitudes toward sexual behaviors are often evaluated differently based on the gender and sexual orientation of the actors involved. For example, attitudes often exhibit a sexual double standard, where men are praised for sexual activity (permissive attitude) while women engaging in the same behavior are condemned (restrictive attitude).

## The Role of Religion and Morality

Religious doctrines have historically provided the most comprehensive and influential frameworks for shaping attitudes toward sexual behavior, often establishing absolute moral standards that dictate acceptable practices. Major world religions typically emphasize the sanctity of marriage and procreation, leading to widespread negative attitudes toward behaviors deemed non-procreative or outside the marital union, such as masturbation, contraception, and same-sex relations. These attitudes are often maintained through powerful religious institutions that provide social support for moral conformity and exert significant influence over followers' cognitive and affective assessments of sexual matters, often linking sexual transgressions directly to spiritual consequences and eternal damnation.

The intensity of religious influence on sexual attitudes often depends on the level of an individual's religiosity. Researchers often distinguish between **intrinsic religiosity**, where faith is deeply internalized and serves as the primary motivational force in life, and extrinsic religiosity, where religion is practiced primarily for social benefits, community integration, or status. Individuals high in intrinsic religiosity typically exhibit more conservative and restrictive attitudes toward a wide array of sexual behaviors, viewing these attitudes as fundamental aspects of their identity. Conversely, those whose faith is more extrinsically motivated may hold attitudes that align more closely with their social group's norms, which can sometimes be more liberal, provided the community endorses that shift.

The psychological impact of moral frameworks extends beyond formal religion. Moral Foundations Theory suggests that attitudes toward sexuality are often rooted in the moral foundation of **Purity/Sanctity**. This foundation drives the intuition that certain things are contaminating or degrading, leading to strong feelings of disgust regarding behaviors perceived as "unclean" or "unnatural," such as certain forms of consensual kink, bodily fluids, or non-normative gender expression. This disgust mechanism is a potent emotional driver of negative attitudes and functions as a powerful barrier to the acceptance of sexual diversity, often overriding rational or scientific arguments about consent and harmlessness. Therefore, moral condemnation, whether religiously or intuitively driven, remains a primary obstacle to fostering positive and accepting attitudes toward sexual variance.

## Attitudes Across the Lifespan and Developmental Stages

Attitudes toward sexual behaviors are neither static nor fully formed in adulthood; rather, they evolve significantly across the lifespan, reflecting ongoing cognitive development, emotional maturity, and changing social contexts. In **childhood and early adolescence**, initial attitudes are largely acquired indirectly, often characterized by curiosity mixed with confusion and shame surrounding bodily changes and sexual topics, driven by parental filtering and societal secrecy. The lack of accurate information during this period often results in the adoption of negative or fearful attitudes based on misinformation or jokes, setting the stage for potential sexual anxiety later in life.

The transition into **late adolescence and early adulthood** is a critical period for attitude formation and negotiation. As individuals begin to explore their own sexual identities and engage in intimate relationships, their previously inherited attitudes are tested against personal experience and peer group norms. This is the period where individuals often reconcile conflicting messages from family, religion, and peers, leading to the formation of more stable, individualized sexual scripts. Attitudes during this phase often center on issues of consent, relationship commitment, and exploration versus caution, and shifts toward more permissive attitudes regarding premarital sex and diverse orientations are common in many Western contexts.

In **later adulthood**, attitudes toward sexuality continue to shift, often in response to biological changes, retirement, and changing societal expectations. Attitudes toward one's own sexuality may involve grappling with changes in desire, physical capability, and the societal invisibility of older adults' sexual needs. Unfortunately, negative societal attitudes often perpetuate the myth that older adults are asexual, which can negatively impact the self-perception and mental health of older individuals seeking intimacy. However, research suggests that positive attitudes toward one's sexual health and the ability to adapt to changes are crucial predictors of overall well-being and relationship satisfaction late in life.

## Specific Sexual Behaviors and Associated Attitudes

Attitudes vary dramatically depending on the specific behavior under consideration, ranging from near-universal acceptance of normative marital sexuality to intense condemnation of non-normative or transactional sexual acts. Attitudes toward **non-monogamy**, including polyamory and open relationships, remain generally negative in most Western societies, which are heavily invested in the ideal of lifelong, exclusive partnership. Negative attitudes are often rooted in fears of jealousy, relationship instability, and the perceived threat to the traditional nuclear family structure. These restrictive attitudes persist despite growing visibility and research suggesting that ethically non-monogamous relationships can be highly stable and satisfying for participants who hold positive, open attitudes about relationship structures.

Attitudes toward behaviors grouped under **BDSM (Bondage, Discipline, Sadism, Masochism)** or other forms of consensual kink are highly complex. While these behaviors are increasingly normalized in popular culture, many people still hold intensely negative attitudes, viewing them as pathological or inherently abusive, failing to distinguish between consensual power exchange and non-consensual violence. The key differentiating factor in attitude assessment often revolves around the concept of informed and enthusiastic consent; those who hold more permissive attitudes tend to focus on the consensual nature and the pursuit of pleasure, while those with restrictive attitudes prioritize moral norms regarding pain, submission, and perceived deviance.

Even highly common and solitary behaviors, such as **masturbation**, have historically been subject to profoundly negative attitudes. Throughout the 18th and 19th centuries, medical and religious authorities propagated attitudes linking masturbation to insanity, physical illness, and moral decay. Although contemporary psychological and medical attitudes recognize masturbation as a normal, healthy part of sexual development and self-discovery, residual negative attitudes--often manifesting as shame or guilt--persist in many cultures and religious communities. The persistence of these residual negative attitudes highlights the enduring power of historical moral condemnation over scientific consensus regarding basic human sexual function.

## Measuring and Assessing Sexual Attitudes

The accurate measurement of attitudes toward sexual behaviors presents unique methodological challenges, primarily due to the highly sensitive and often morally charged nature of the topic, which exacerbates the problem of **social desirability bias**. Individuals may consciously or unconsciously misrepresent their true attitudes to conform to perceived social norms or to avoid judgment, especially regarding behaviors that are stigmatized in their community. Consequently, researchers must employ sophisticated techniques to capture genuine underlying attitudes rather than simply recording socially acceptable responses.

The most common technique involves explicit self-report measures, such as the **Sexual Attitude Scale (SAS)**, which uses Likert-type scales to assess attitudes across various domains, including permissiveness, communion (sex as intimacy), instrumentality (sex for goals), and non-conformity. While useful for broad comparisons, these scales are highly vulnerable to bias. To mitigate this, some researchers employ projective techniques or, increasingly, **Implicit Association Tests (IATs)**. IATs measure the strength of automatic associations between sexual concepts (e.g., "gay," "kink") and evaluative attributes (e.g., "good," "bad"), providing a measure of implicit attitude that bypasses conscious filtering and reveals deeply ingrained biases that individuals may be unwilling or unable to articulate directly.

Beyond individual measurement, assessing societal attitudes often relies on large-scale demographic surveys, such as the General Social Survey (GSS), which track changes in public opinion over time regarding issues like same-sex marriage, abortion, and premarital sex. Longitudinal studies are crucial for understanding the dynamics of attitude change, often revealing that shifts in sexual attitudes proceed through distinct stages:

Initial rejection and condemnation.

Tolerance based on non-interference.

Acceptance based on equality and normalization.

The methodology chosen must always be carefully aligned with the research question, recognizing that explicit measures capture cognitive beliefs, while implicit measures are necessary to reveal the affective, often prejudiced, core of sexual attitudes.

## Implications of Attitudes: Stigma, Policy, and Mental Health

Negative attitudes toward sexual behaviors have profound and far-reaching implications, extending from individual psychological well-being to the fundamental structure of public policy. The most immediate impact is the creation and perpetuation of **stigma**, which marginalizes individuals whose sexual identities or behaviors deviate from the norm. Stigma, fueled by restrictive attitudes, leads to discrimination in housing, employment, and healthcare, particularly affecting LGBTQ+

individuals and sex workers. The internalization of these negative societal attitudes--known as internalized homophobia or transphobia--is strongly correlated with increased rates of depression, anxiety, substance abuse, and suicide ideation, demonstrating the severe mental health cost of restrictive societal attitudes.

Furthermore, public attitudes are the driving force behind the creation and enforcement of laws and policies related to sexuality. Restrictive attitudes toward abortion and contraception dictate reproductive health policies, while attitudes toward non-heterosexual relationships historically determined the legality of same-sex marriage and adoption rights. Policy debates regarding sex education curricula, censorship of sexual content, and the regulation of commercial sex are all fundamentally rooted in prevailing community attitudes about morality and risk. Consequently, changes in law often lag behind shifts in public attitude, but legal reforms, once enacted, can powerfully reinforce more positive and inclusive attitudes over time by normalizing previously marginalized behaviors.

Finally, attitudes profoundly impact individual sexual functioning and satisfaction. Individuals who maintain rigid, negative attitudes toward their own sexual desires or bodies often experience **sexual guilt** and shame, which can inhibit arousal, communication, and overall sexual fulfillment. Therapeutic interventions, such as sex therapy, frequently focus on challenging and restructuring these internalized negative attitudes, replacing moralistic condemnation with attitudes centered on autonomy, consent, and pleasure. Promoting positive sexual attitudes--defined as the acceptance of one's own sexual nature and the respectful curiosity toward the sexual diversity of others--is thus recognized as a critical component of public health and psychological well-being.

## Future Directions in Sexual Attitude Research

The landscape of sexual attitudes is continually being reshaped by technological and social change, necessitating ongoing research that addresses emerging complexities. One major area of focus is the impact of **digital technology** and the internet on attitude formation. The internet provides unprecedented access to diverse sexual content, communities, and information, potentially challenging traditional, restrictive attitudes faster than previous generations experienced. Future research must examine how exposure to online sexual content, participation in online sexual communities, and the use of dating apps are shaping the attitudes of adolescents and young adults toward intimacy, commitment, and sexual risk.

Another crucial direction involves applying an **intersectionality** framework to attitude studies. Attitudes toward sexual behaviors are rarely uniform; they are mediated by race, class, disability status, and geographic location. For instance, attitudes toward queer identity in a rural, conservative community may differ significantly from attitudes in an urban, liberal environment, and these differences are further complicated by racial and socioeconomic factors. Future research

must move beyond broad generalizations to examine how intersecting identities create unique experiences of stigma and how attitudes toward sexuality reinforce or challenge existing power structures within minority groups.

Ultimately, the future of sexual attitude research must emphasize the promotion of attitudes centered on **consent, pleasure, and autonomy**. Instead of merely documenting restrictive attitudes, researchers and educators are increasingly focused on identifying factors that foster positive sexual health attitudes--attitudes that view sexuality as a source of well-being, communication, and mutual respect. This involves developing and evaluating interventions, both educational and therapeutic, designed to reduce sexual shame, enhance sexual self-efficacy, and promote the universal acceptance of consensual sexual diversity, thereby contributing to a healthier and more equitable society.

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