



## Preliminary Evidence of heightened discomfort tolerance in non-heterosexual individuals

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### Abstract

This study delves into the interoceptive and emotional appraisals of non-heterosexual individuals, with the hypothesis that differences may exist when compared to their heterosexual counterparts.

Our results revealed a significant difference between heterosexual and non-heterosexual individuals, with the latter group displaying higher scores on the "not-distracting" subscale of the MAIA-2 questionnaire.

This finding provides evidence of heightened discomfort tolerance among non-heterosexual individuals, which may be mediated by adaptive mechanisms developed in response to stressors, in line with the minority stress theory.

**Keywords:** Interoception; Interoceptive awareness; Not distracting; Minority stress theory

### Introduction

Non-heterosexual orientation, across times and cultures, and are collectively perceived differently depending on the cultural, political, and religious structures of human societies (Tskhay and Rule, 2015).

As for the scientific community, in 1973 the American Psychiatric Association (APA) removed the diagnosis of homosexuality from the official classification of mental illness, the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Drescher, 2010). Most recently provided descriptions define sexual orientation as "an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes" (APA 2008).

Different theoretical approaches characterize the contemporary scientific debate on the etiology of non-heterosexual orientation. The biological approach focuses on hormonal, genetic, neuroanatomical factors as influencers of sexual orientation to suggest that non-heterosexual orientation is innate and determined by biological factors (Swaab et al., 2021; Bogaert & Skorska, 2020); The social constructionist approach (e.g., Kitzinger, 1995; Diamond, 2008), which argues that sexual orientation is not a fixed or natural category, but a social and historical construct that varies across cultures and times; The interactionist approach (e.g., Kinitz et al., 2021, for a systematic review), which combines biological and environmental factors to explain sexual orientation. It suggests that non-heterosexual orientation is influenced by both innate predispositions and social learning experiences.

Most research on psychological correlates of non-heterosexual orientation have focused on sexual arousal (Safron et al., 2007; 2017; Sylva et al., 2013), perception and cognitive performance (Rahman, et al., 2003; Folkierska-Żukowska et al., 2020), and sex-related brain dymorphism



(Manzouri & Savic, 2018; 2019). Moreover, research has already placed emphasis on emotion dysregulation and distress in non-heterosexual individuals (Hatzenbuehler et al., 2008; Pachankis et al., 2015; 2020a). Beyond the most extreme cases—such as post-traumatic stress disorder and suicide attempts (Marchi et al., 2023; Wang et al., 2023), non-heterosexual people regularly experience negative emotions and states such as shame, fear, guilt, sadness, self-recrimination, and self-devaluation (Meyer, 2003; Lozano-Verduzco et al., 2023).

Another central aspect of the current debate on the origin of sexual orientation pertains to the evidence of similarities between non-heterosexual individuals and heterosexual individuals of the opposite sex. For instance, a recent large-scale study ( $n = 18,645$ ) conducted by Abé et al. (2021) using a neuroimaging-genetics dataset on same-sex sexual behavior (SSB) has discovered and demonstrated multivariate neuroanatomical correlates of SSB. This suggests that genetic factors related to SSB may contribute to structural variations in specific brain structures, such as the volume of the lateral occipital and temporo-occipital cortices. In line with the authors' conclusions, these findings support the existence of a neurobiological basis for the differences in human sexuality.

We aim to provide new insights to the ongoing debate on the psychological aspects of non-heterosexuality by investigating dimensions of affective processing that have not been previously examined or remain unresolved. Specifically, we explore potential differences in alexithymia, which is considered a stable personality trait (Taylor & Bagby, 2012). Alexithymia pertains to the ability to identify and describe one's own feelings and emotions (e.g., Craparo et al., 2016; Barchetta et al., 2021; Vicario et al., 2021; 2023; Coppini et al., 2023). Given the existing evidence of emotion suppression in non-heterosexual individuals (Meyer, 2003), we anticipate that these individuals may exhibit higher levels of alexithymic traits compared to their heterosexual counterparts.

We also conducted an examination of disgust sensitivity (Olatunji et al., 2008), a well-established emotion relevant to explain several psychopathological conditions (Vicario, 2013; Culicetto et al., 2023; Capodici et al., 2024) that can impact various aspects of our social interactions, including our political affiliations (Elad-Strengé et al., 2020), religiosity (Yu et al., 2022), and our perception of morality (Vicario et al., 2017; Vicario and Rafal., 2017). Research on disgust sensitivity within the non-heterosexual population has been limited (Zhang et al., 2011) and has predominantly focused on disgust appraisal and related attitudes towards homosexuality (Caswell & Sackett-Fox, 2018; Wang et al., 2019). Considering the significance of disgust processing in sexual selection and grooming (Söylemez, Kapucu, 2024), our objective was to investigate whether differences in disgust sensitivity are associated with sexual orientation.

A further step of our investigation includes empathy, a multifaceted psychological process that plays a pivotal role in our ability to share and comprehend the experiences of others (Rameson et al., 2011). Initial studies have suggested that homosexual males exhibit significantly higher scores on empathy assessments compared to heterosexual males (Salais & Fischer, 1995). However, research on empathy differences between heterosexual and homosexual individuals remains inconclusive. For instance, Nette (2007) did not observe a heightened empathizing cognitive style among non-heterosexual women in comparison to their heterosexual counterparts. Our study contributes to this area by conducting a more comprehensive examination, encompassing both the cognitive and affective dimensions of empathy.



Lastly, our assessment encompasses interoceptive awareness, which pertains to our ability to sense and understand the physiological condition of the body. Interoception is considered the foundation for subjective feelings and emotions (Cali et al., 2015). A growing body of literature provides evidence that variations in interoceptive states can influence various mental processes, including higher-order functions, such as moral decision-making (Vicario et al., 2018; Brown et al., 2020), generosity (Kerry et al., 2019), time perception (Vicario et al., 2019; 2020), and visuo-spatial attention (Tian et al., 2011) and political orientation (Ruisch et al., 2023), although the results are not consistent (Lucifora and Vicario, 2024).

Studies have also highlighted that atypical interoception can serve as an indicator of psychological distress, particularly in cases of chronic stress, potentially leading to alterations in the perception of bodily sensations (Schulz and Vögele, 2015). Notably, the 'minority stress model' (Meyer, 1995; 2003) has garnered widespread recognition and adoption as a fundamental framework for research into the well-being and health of individuals with non-heterosexual orientations for more than two decades (Diamond & Alley, 2022; Izutsu & Tsutsumi, 2021). According to this model, stigma, prejudice, and discrimination are core stressors affecting non-heterosexual individuals, akin to the experiences of ethnic minorities (Meyer 1995; Frost & Meyer, 2023). Given that stress related to sexual orientation represents a consistent and significant component in the lives of non-heterosexual individuals, we anticipate identifying altered interoceptive sensitivity in non-heterosexuals when compared to controls. However, it's important to note that our specific prediction is not predetermined, as the existing literature has reported both heightened (Price and Hooven, 2018) and reduced (Schulz and Vögele, 2015) interoceptive sensitivity in response to stress and discomfort (e.g., Duschek et al., 2017).

## Materials and Methods

### 1.1 Participants

The study involved 39 participants in the non-heterosexual group, comprising 20 females, with a mean age of 33.51 years (SD 8.44), and 109 participants in the control group, which included 70 females, with a mean age of 29.73 years (SD 7.91). Within the non-heterosexual group, there were 6 homosexual, 12 bisexual, and 2 asexual females, as well as 16 homosexual and 3 bisexual males. Participants were recruited through various online social platforms.

### 1.2 Instruments and Procedures

All participants provided written informed consent prior to their inclusion in the study, and data were collected anonymously. To screen for potential psychiatric comorbidities, we used the Short Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE) (Mason et al., 2005). This four-scale questionnaire assesses psychosis-proneness, primarily schizotypy, and includes scales for unusual experiences, cognitive disorganization, introverted anhedonia, and impulsive nonconformity.

Additional measures included in our study were the Toronto Alexithymia Scale (TAS-20), a self-report scale used to assess alexithymia. The TAS-20 comprises three subscales (difficulty identifying



feelings, difficulty describing feelings, and externally oriented thinking) and includes a total of twenty items (Bagby et al., 1994). We also employed the Disgust Sensitivity Scale - revised version (DS-R) to measure levels of disgust sensitivity across three domains (core disgust, animality reminder disgust, and contamination disgust) through 27 items (Olatunji et al., 2007).

To assess empathy, we used the Questionnaire of Cognitive and Affective Empathy (QCAE), a 31-item self-report multidimensional questionnaire that evaluates both affective and cognitive empathy. The QCAE consists of 5 subscales, including Affective Empathy (comprising emotion contagion, peripheral responsivity, and proximal responsivity) and Cognitive Empathy (encompassing perspective taking and online simulation) (Reniers et al., 2011).

Finally, we employed the Multidimensional Assessment of Interoceptive Awareness - version 2 (MAIA-2), a 37-item self-report questionnaire designed to measure various dimensions of interoception, including noticing, not-distracting, not-worrying, attention regulation, emotional awareness, self-regulation, body listening, and trusting (Mehling et al., 2018).

### 1.3 Statistical Methods

We conducted separate repeated measures ANOVAs to assess group differences for the respective measures. The factors considered were GROUP (heterosexual, non-heterosexual) and SEX (male, female) as the between-subject factors, while RESPONSES to the respective questionnaires served as within-subject factors. Post hoc comparisons were conducted using the Duncan test. In all statistical analyses, the significance level was set at  $p < 0.05$ . Data analysis was carried out using Statistica software, version 8.0, by StatSoft, Inc., based in Tulsa, USA.

## Results

Our analysis did not include asexual individuals, as the primary focus of this study was on examining differences related to sexual orientation.

### O-LIFE

We detected a significant main effect of SUBSCALE factor [ $F(3, 426)=7.92, p<0.001, \eta^2 = 0.052$ ]. No further significant results were found (see supplemental material, table S1 for details).

### TAS-20

We detected a significant main effect of SEX [ $F(1, 142)=7.24, p=0.007, \eta^2 = 0.048$ ], documenting higher score in male ( $M=17.39, \pm 0.663$ ) compared to female ( $M=14.94, \pm 0.626$ ) participants. We also detected a significant main effect of SUBSCALE factor [ $F(2, 284)=30.9, p<0.001, \eta^2 = 0.179$ ]. No further significant results were found (see supplemental material, table S2 for details).

### DS-R

We detected a significant main effect of subscale factor [ $F(2, 284)=532.5, p<0.001, \eta^2 = 0.789$ ]. The SUBSCALE x SEX interaction term was also significant [ $F(2, 284)=7.45, p<0.001, \eta^2 = 0.049$ ]. Post-hoc comparison documented ( $p=0.002$ ) a higher score in female ( $M=31.80 \pm 1.07$  SE)



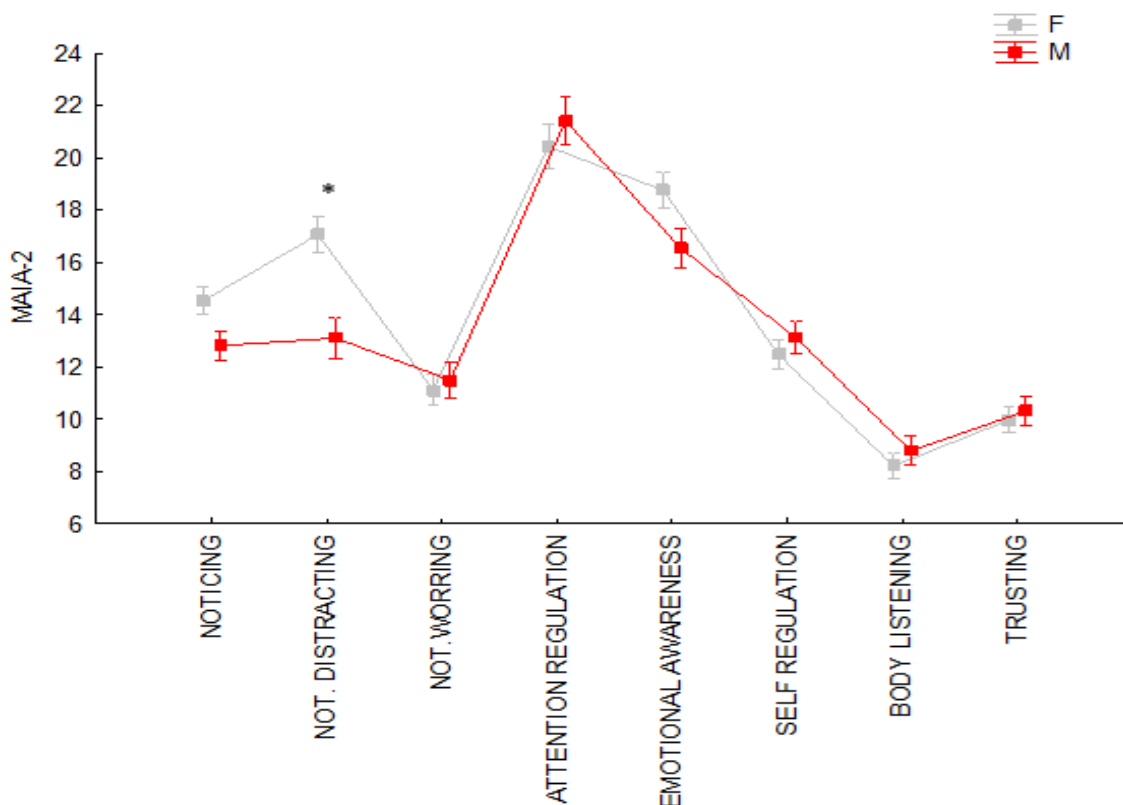
compared to male participants ( $M=28.13 \pm 1.13$  SE). No further significant results were found (see supplemental material, table S3 for details).

### QCAE

We detected a significant main effect of SUBSCALE factor [ $F(1, 42)=853.1$ ,  $p<0.001$ ,  $\eta^2 = 0.857$ ]. No further significant results were found (see supplemental material, table S4 for details).

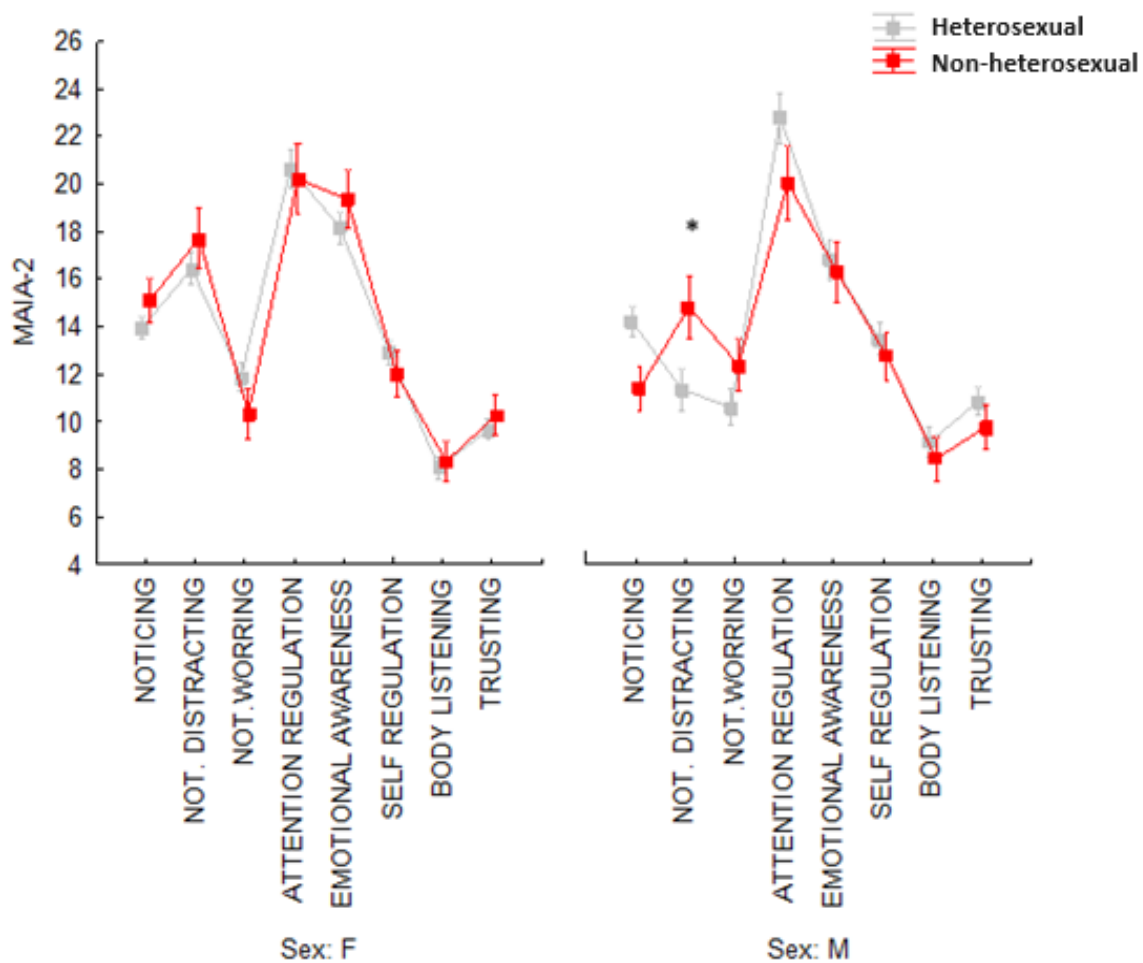
### MAIA-2

We detected a significant main effect of SUBSCALE factor [ $F(7, 994)=92.39$ ,  $p<0.001$ ,  $\eta^2 = 0.394$ ]. The SUBSCALE x SEX interaction term was also significant [ $F(7, 994)=4.31$ ,  $p<0.001$ ,  $\eta^2 = 0.029$ ]. Post-hoc comparison documented higher score ( $p<0.001$ ) for the not distracting subscale in female ( $M=16.96 \pm 0.744$  SE) compared to male ( $M=13.04 \pm 0.788$ ) participants. No further significant results were found ( $p > 0.056$ ).



**Figure 1.** The figure provides mean scores for each sub-scale of MAIA-2 for male and female participants. \* Indicates significant difference. Vertical bars denote  $\pm$  standard error of means.

Finally, we detected a significant SUBSCALE x SEX x GROUP interaction term [ $F(7, 994)=2.25$ ,  $p=0.027$ ,  $\eta^2 = 0.015$ ]. Post-hoc comparison documented higher ( $p=0.028$ ) score in the non-heterosexual male ( $M= 14.78 \pm 1.29$ ) compared to heterosexual males ( $M=11.30 \pm 0.90$ ) for the not distracting variable (See Figure 2). No further significant results were found (see supplemental material, table S5 for details).



**Figure 2.** The figure provides mean scores for each sub-scale of MAIA-2 for heterosexual and non-heterosexual participants. \* Indicates significant difference. Vertical bars denote  $\pm$  standard error of means.

## Discussion

In this study, our objective was to explore the interoceptive and emotional responses of non-heterosexual individuals, guided by the hypothesis that these evaluations differ from those of heterosexual individuals.

Overall, we only observed a significant difference in interoception between heterosexual and non-heterosexual males individuals. Non-heterosexual males scored higher on the “not-distracting” subscale of the MAIA-2 questionnaire compared to their heterosexual counterparts. This subscale measures the ability to acknowledge rather than ignore or distract oneself from sensations of discomfort or pain. Higher scores on this subscale, which are generally viewed as adaptive (Mehling et al., 2018), suggest a stronger connection with unpleasant sensations. This finding aligns with the minority stress theory (Iniewicz et al., 2017) and corroborates evidence that identifies stigma, prejudice, and discrimination as core stressors for non-heterosexual individuals (Meyer 1995; Frost & Meyer, 2023). It can be interpreted as an indication of higher discomfort tolerance among non-heterosexual individuals, potentially mediated by some form of adaptation mechanism. This is consistent with research (e.g., di Fronso et al., 2022) that associates interoception with resilience,



suggesting that individuals with greater awareness of their body's internal changes (higher interoceptive awareness) are better equipped to handle stress (higher resilience levels). Furthermore, Roberts et al. (2021) recently discovered that enhancing interoceptive awareness through mindfulness practice leads to a reduction in distress. Given that our non-heterosexual participants did not exhibit signs of mental distress, as suggested by their O-Life scores, their heightened interoceptive awareness in managing discomfort may reflect their successful adaptive response to their condition of stress from belonging to a minority group. On the other hand, such difference for the "not distracting" subscale was not found between heterosexual and non-heterosexual female participants. This could be due to a potential ceiling effect resulting from the higher score of females in this specific subscale compared to male participants.

Our study also confirms previous evidence on higher disgust sensitivity in female, compared to male participants (e.g., Sevi, 2023). Finally, we found higher alexithymia score in male, compared to female participants, which is also in line with previous works in the field (for a meta-analysis see Levant et al., 2009).

Some limitations of the present study should be acknowledged. Firstly, the overall number of non-heterosexual participants was relatively low, and we did not employ a sample size calculation. Additionally, data on anxiety and stress coping, which could have provided more robust support for the minority stress hypothesis, were not collected. Future studies could address these limitations by including a larger sample of non-heterosexual individuals and expanding investigations to include other methods of assessing interoception.

### Conflicts of Interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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