Sexual orientation

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**Sexual orientation** describes the direction of an individual's sexuality, often in relation to their own sex or gender. Common terms for describing sexual orientation include bisexual (bi), heterosexual (straight) and homosexual (lesbian, gay).

A number of different classification schemes have been used to describe sexual orientation since the mid-19th century, and scholars have often defined the term 'sexual orientation' in divergent ways. Indeed, several studies have found that much of the research about sexual orientation has failed to define the term at all, making it difficult to reconcile the results of different studies.[1] However, most definitions include a psychological component (such as the direction of an individual's erotic desire) and/or a behavioural component (which focuses on the sex of the individual's sexual partner/s). Some prefer to simply follow an individual's self-definition or identity.

The term **sexual preference** has a similar meaning, but is often used by those who believe that sexuality is fluid and incorporates an element of choice, as opposed to those who believe sexuality is fixed early in life. "Sexual identity" may be used as a synonym for sexual orientation, but the two are also sometimes distinguished, with identity referring to an individual's conception of themselves, and orientation referring to "fantasies, attachments and longings"[2] and/or behaviour. In addition, "sexual identity" may be used to describe a person's perception of their own sex, rather than sexual orientation.

Classifying sexual orientations

People are typically classified as heterosexual if their sexual focus is primarily people of the opposite sex/gender to their own, homosexual if it is people of the same sex/gender, and bisexual if it is both men and women. The less formal terms "straight", "gay", and "lesbian" are more commonly used by people to describe themselves and their friends and family, or to emphasize sexual orientation as a social identity. The terms "heterosexual" and "homosexual" were popularized by the discipline of sexology, and are sometimes considered to have a clinical or even pathological tone when used outside of a scientific setting.

The term **asexual** can be used to describe people with no sexual interest at all, or those who have a sex drive, but not sexual attraction. The term celibacy or sexual abstinence is for a those who are not sexually active. Asexuality and celibacy are not compatible terms, as celibacy implies a deliberate effort to refrain from one’s desire for sex. **Autosexuality** can be considered an orientation with a sexual focus on oneself. **Monosexuality**, a sexual orientation to only one sex/gender, is sometimes used to contrast with bisexuality.

The terms heterosexual, homosexual, bisexual, monosexual, asexual and autosexual can all be used to describe phenomena unrelated to sexual orientation, for instance in phrases like "a homosexual act".

New terms

Following from the 1960s and 1970s sexual revolution in the West, there has been an explosion of open discourse on sexuality by sexual minorities. Since the 1990s, many new terms have been devised by people who find the broad terms "straight", "gay" and "bi" inadequate. Such terms are commonly found on Internet forums, in personal ads, or in literature written by members of sexual minorities, but are rare in the scientific literature.

For example, the term **pansexuality** can describe an individual's attraction which is not based on gender, and can include attraction to transgender and intersex people who may not fit clearly into a binary gender system. Other terms include "fluid" (used by those who don't want to be restricted by a
more-specific label); "homoflexible" (for people who consider themselves predominantly homosexual but occasionally open to opposite-sex sexuality) or its complement "heteroflexible"; and "sapiosexual" (attraction to someone's mind as much as their body).

Some people use the term queer as an umbrella term to describe any non-normative sexualities and gender expressions, especially homosexuality, bisexuality, transgenderism and intersexuality, but also sometimes BDSM, fetishism, prostitution, and polyamory.

**Paraphilia**

Various paraphilias may be seen as a kind of sexual orientation, although they are usually considered orthogonal (unrelated) to the gender-based categories of sexual orientation, and are seen as existing in addition to such orientations. However, some paraphilias may be a more significant focus of an individual's sexuality than the gender of partners. Such paraphilias may include sexual fetishes, sexual exhibitionism, and sexual attraction to animals (zoophilia). This is not true, however, in the case of pedophilia, in which, while some may report attraction to prepubertal individuals of both sexes, there is almost always a preference for males or females.

**Extensions of the term**

Hani Miletski, a sexologist and author, argued in a "monumental"[3] and "pioneering"[4] reference work and analysis combined with fresh research, that zoosexuality should properly be understood as a sexual orientation, rather than being confused with 'zoophilia' (a paraphilia). Miletski concludes that all three criteria for a sexual orientation proposed by Francoeur (1991)—affectional orientation, sexual fantasy orientation, and erotic orientation—as well as reciprocity of emotion, are met by zoosexuals.[5] This view is supported by Beetz (2002), Donofrio (1996), and others. Beetz adds[6] that zoosexual bonding is "experienced and not chosen" and does not function as a "surrogate", also citing Masters (1962) observations that other than in violent scenarios, animals have often appeared to thrive in relationships with humans.

Some individuals, such as Dr. Fred Berlin, have postulated that pedophilia can also qualify as a sexual orientation.[7][8]

**Measuring an individual's sexual orientation**

Sexual orientation is difficult to measure accurately, for several reasons. In many cultures, there is strong social pressure to self-identify as heterosexual, and thus a person who is not exclusively heterosexual may feel afraid to report their sexual orientation accurately. The question of sexual orientation may inspire strong emotions that interfere with accurate reporting. Finally, some people are not certain of their own sexual orientation, making it more difficult for another person to determine it.

Markers of sexual orientation include self-labelling, actual sexual behaviour, sexual fantasy, and a pattern of erotic arousal—a "pattern" being most accurately identified when genital engorgement with blood is measured in response to homoerotic material with penile photoplethysmography or vaginal photoplethysmography[9].

From at least the late-19th century in Europe, there was speculation that the range of human sexual orientations looked more like a continuum than two or three discrete categories. 28-year-old Berlin sexologist Magnus Hirschfeld published a scheme in 1896 that measured the strength of an individual's sexual desire on two independent 10-point scales, A (homosexual) and B (heterosexual).[10] A heterosexual individual may be A0, B5; a bisexual may be A3, B9; An asexual would be A0, B0; and someone with an intense attraction to both sexes would be A9, B9.

Fifty years later, American sexologist Alfred Kinsey wrote in Sexual Behavior in the Human Male (1948):

"Males do not represent two discrete populations, heterosexual and homosexual. The world is not to
be divided into sheep and goats. It is a fundamental of taxonomy that nature rarely deals with discrete categories... The living world is a continuum in each and every one of its aspects. While emphasizing the continuity of the gradations between exclusively heterosexual and exclusively homosexual histories, it has seemed desirable to develop some sort of classification which could be based on the relative amounts of heterosexual and homosexual experience or response in each history... An individual may be assigned a position on this scale, for each period in his life.... A seven-point scale comes nearer to showing the many gradations that actually exist.”[11] The Kinsey scale measures sexual orientation from 0 (exclusively heterosexual) to 6 (exclusively homosexual), with an additional category, X, for those with no sexual attraction to either women or men. Unlike Hirschfeld's scale, the Kinsey scale is one-dimensional. Simon LeVay writes, "It suggests (although Kinsey did not actually believe this) that every person has the same fixed endowment of sexual energy, which he or she then divides up between same-sex and opposite-sex attraction in a ratio indicative of his or her own sexual orientation.”[12]

In his 1985 book The Bisexual Option, Fritz Klein developed a scale to test his theory that sexual orientation is a "dynamic, multi-variable process" — dynamic in that it may change over time, and multi-variable in that it is composed of various elements, both sexual and non-sexual. Klein took into account sexual attraction, sexual behavior, sexual fantasies, emotional and social partners, lifestyle, and self-identification. Each of these variables was measured for the person's past, present, and ideal.[13]

Desire, behavior and identity

Researchers have variously measured an individual's sexual orientation by asking them how they identify; by ascertaining their sexual attractions; and/or by reporting their sexual behaviour. An individual may be placed in differing categories by these three measures. For example, a married person may identify as straight, but have only homosexual desire; if they are having sex with same-sex partners as well as their spouse, they would also be classified as bisexual by their behaviour.

When classifying sexual orientation by behaviour, frequency of contact with either sex may a factor, whether group sex is admissible as an instance, and whether the occurrence of orgasm, as well as its frequency in terms of total encounters, has any bearing.

When classifying by desire, controversial topics include the breadth of attraction to both genders, what "intensity" of attraction is admissible, and whether self-reporting should be solely trusted or whether there should be any manner of "objective" measure.

Some newer terminology consciously differentiates between these three aspects. For example, men who have sex with men, or "MSM", describes behavior only. Same-sex attraction describes only feelings and desires.

Some examples may help clarify the distinctions between desire, identity, and behavior:

People of any sexual orientation may choose sexual abstinence, suppressing or ignoring any desires they may have.

Some people who feel homosexual desire may engage in heterosexual behavior and even heterosexual marriage for a number of reasons, whether cultural or religious beliefs, or through fear of discrimination should they "come out".

Some bisexual people have only one sexual or romantic partner at a time, and sometimes happen to have sexual and romantic partners from one only gender throughout their entire lives, despite attraction to some people of both sexes.

People with heterosexual attractions may nonetheless have homosexual encounters whether by self-initiation, with initiation by the other party, with multiple simultaneous partners, through acts of deception, or due to absence of an available partner of the opposite gender (see e.g. prison sex) or other unusual social circumstances. (See: situational sexual behavior.)

A minority of people who self-identify as heterosexual or homosexual actually feel attracted to and engage in sexual behavior with people of both genders.
Sexual orientation and gender identity

The earliest writers on sexual orientation usually understood it to be intrinsically linked to sex. For example, it was thought that a typical female-bodied person who is attracted to women would have masculine attributes, and vice versa.[14] This understanding was shared by most of the significant theorists of sexual orientation from the mid-19th to early 20th century, such as Karl Heinrich Ulrichs, Richard von Krafft-Ebing, Magnus Hirschfeld, Havelock Ellis, Carl Jung and Sigmund Freud, as well as many gender variant homosexual people themselves. However, this understanding of homosexuality as sexual inversion was disputed at the time, and through the second half of the 20th century, gender identity came to be increasingly seen as a phenomenon distinct from sexual orientation. Transgender and cisgender people may be attracted to men, women, or both, although the prevalence of different sexual orientations is quite different in these two populations (see sexual orientation of transwomen). An individual homosexual, heterosexual or bisexual person may be masculine, feminine, or androgynous, and in addition, many members and supporters of lesbian and gay communities now see the "gender-conforming heterosexual" and the "gender-nonconforming homosexual" as negative stereotypes. However, studies by J Michael Bailey and KJ Zucher have purported to find that a majority of gay men and lesbians report being gender-nonconforming during their childhood years.[15]

A definitional problem arises with the terms "homosexual" and "heterosexual" when either the subject or object of desire is transgender or intersex. Is a transwoman who is attracted to other women a lesbian? What about her female partner? The majority of transgender people today would describe this relationship as lesbian, but scientists (especially in the past) have tended to characterise it as heterosexual, interpreting the sex of the transwoman as male, and basing the definition of sexual orientation on biological sex rather than social gender. Others would interpret the sexual orientation differently depending on whether the transwoman is "pre-operative" or "post-operative". Difficulties in making these judgements can be seen, for example, in debates about whether female-attracted transmen are a part of the lesbian community. (See Homosexuality and transgender)

For these reasons, the terms gynephilia and androphilia are occasionally (but increasingly) used when referring to the sexual orientation of transgender and intersex people (and occasionally, cisgender people), because rather than focusing on the sex or gender of the subject, they only describe that of the object of their attraction. The third common term that describes sexual orientation, bisexuality, makes no claim about the subject's sex or gender identity. (See also Pansexuality)

Sexual orientation is further complicated by more recent non-binary understandings of both sex (male, female, or intersex) and gender (man, woman, transgender, third gender, or gender variant). Sociologist Paula Rodriguez Rust (2000) argues for a more multifaceted definition of sexual orientation:

"...Most alternative models of sexuality...define sexual orientation in terms of dichotomous biological sex or gender.... Most theorists would not eliminate the reference to sex or gender, but instead advocate incorporating more complex nonbinary concepts of sex or gender, more complex relationships between sex, gender, and sexuality, and/or additional nongendered dimensions into models of sexuality."[16]

Demographics of sexual orientation

Main article: Demographics of sexual orientation

The multiple aspects of sexual orientation and the boundary-drawing problems already described create methodological challenges for the study of the demographics of sexual orientation. Determining the frequency of various sexual orientations in real-world populations is difficult and controversial.

In the oft-cited and oft-criticized Sexual Behavior in the Human Male (1948) and Sexual Behavior in the Human Female (1953), by Alfred C. Kinsey et. al., people were asked to rate themselves on a scale from completely heterosexual to completely homosexual. Kinsey reported that when the individuals' behavior as well as their identity are analyzed, most people appeared to be at least somewhat bisexual - i.e., most people have some attraction to either sex, although usually one sex is
preferred. According to Kinsey, only a minority (5-10%) can be considered fully heterosexual or homosexual. Conversely, only an even smaller minority can be considered fully bisexual (with an equal attraction to both sexes).

Kinsey’s methods have been criticized as flawed, particularly with regard to the randomness of his sample population, which included a large number of prison inmates. Nevertheless, Paul Gebhard, subsequent director of the Kinsey Institute for Sex Research, reexamined the data in the Kinsey Reports and concluded that accounting for major statistical objections barely affected the results. Most modern scientific surveys find that the majority of people report a mostly heterosexual orientation. However, the relative percentage of the population that reports a homosexual orientation varies with differing methodologies and selection criteria. Most of these statistical findings are in the range of 2.8 to 9% of males, and 1 to 5% of females for the United States[17] — this figure can be as high as 12% for some large cities and as low as 1% percent for rural areas. In gay villages such as The Castro in San Francisco, California, the concentration of self-identified homosexual people can exceed 40%. Almost all of these studies have found that homosexual males occur roughly at twice the rate of homosexual females. Estimates for the percentage of the population that identify as bisexual vary widely based on the type of questions asked. Some studies only consider a person bisexual if they are nearly equally attracted to both sexes, and others consider a person bisexual if they are at all attracted to the same sex (for otherwise mostly heterosexual persons) or to the opposite sex (for otherwise mostly homosexual persons).

A very small percentage of people are not sexually attracted to anyone (asexuality).

Causes and malleability of sexual orientation

Main articles: Environment, choice, and sexual orientation and Genetics and sexual orientation

Considerable debate continues over what biological and/or psychological variables produce sexual orientation in humans, such as genes and the exposure of certain levels of hormones to fetuses. A dialog remains in progress on whether that orientation is discretionary, largely derived from the theologies of Christianity and Islam. Freud and many others, particularly in psychoanalytic traditions, speculate that formative childhood experiences (a.k.a. nurture) help produced sexual orientation. Most specialists follow the general conclusion of Alfred Kinsey regarding the sexual continuum, according to which a minority of humans are exclusively homosexual or heterosexual, and that the majority are bisexual, that is, that the norm is to experience a mixture homoerotic and heteroerotic feelings, each kind to a different degree. Interestingly, Kinsey himself—along with current "queer"activist groups—focus on the historicity and personal fluidity of sexual orientation. Kinsey’s studies consistently showed sexual orientation as something that evolves in many directions over a person's lifetime.

Law

"Sexual orientation” is also a legal term. It is commonly used in anti-discrimination legislation that prohibits discrimination based on homosexuality, heterosexuality and bisexuality.

Sexual orientation and mental health

There are at least two possible questions that can be asked about this topic: first, can people with certain sexual orientations be considered to have a mental illness, simply by virtue of their sexual orientation? Second, is there a correlation and/or a causal relationship between certain sexual orientations and any types of mental illness?

Sexual orientation as mental illness
Clinically, heterosexual acts are considered most common in today's cultures (statistically most likely), but the concept of "normal" and "abnormal" with its connotations of sickness or moral judgment are no longer considered valid by most medical professionals.

Some groups, often for religious reasons, maintain that homosexuals as such do not exist and that homosexuality is actually an unnatural choice, illness or addiction. Many of these groups support reparative therapy to end homosexual desire or repress its physical expression. They may also advocate stricter laws to prevent homosexual activity and the public recognition of homosexual relationships. One major advocate of this line of thought is the American National Association for Research and Therapy of Homosexuality, which rejects the consensus of the major psychological associations in removing homosexuality from the list of mental illnesses in 1973.

In 1998, the American Psychological Association stated that the psychological profession's view on homosexuality and mental health was, "the reality is that homosexuality is not an illness. It does not require treatment and is not changeable."

**Relationship between sexual orientation and mental illness**

The *Journal of the American Medical Association* (JAMA) reported in its January 2001 issue — citing a government-sponsored study of 5,998 adults in the Netherlands aged 18 to 64 — that "psychiatric disorders were more prevalent among homosexually active people compared with heterosexually active people. ...The findings support the assumption that people with same-sex sexual behavior are at greater risk for psychiatric disorders." The study asserted that "the Dutch social climate toward homosexuality has long been and remains considerably more tolerant" than in other countries.[18]

The Gay and Lesbian Medical Association agreed in an article published July 18, 2002 by GayWired.com: "Depression and anxiety appear to affect gay men at a higher rate than in the general population. The likelihood of depression or anxiety may be greater, and the problem may be more severe for those men who remain in the closet or who do not have adequate social supports. Adolescents and young adults may be at particularly high risk of suicide because of these concerns. Culturally sensitive mental health services targeted specifically at gay men may be more effective in the prevention, early detection, and treatment of these conditions."[19]

GLMA also reported a higher prevalence of substance abuse. "Gay men use substances at a higher rate than the general population...includ(ing) a number of substances ranging from amyl nitrate ('poppers'), to marijuana, Ecstasy, and amphetamines."

In the same article, GLMA also reported "it is still thought that gay men have higher rates of alcohol dependence and abuse than straight men" and that "recent studies seem to support the notion that gay men use tobacco at much higher rates than straight men."

The American Psychological Association has found that such differences are the result of the sense of alienation felt by many gay people. [citation needed]

**Morality, religion, and choice**

Ongoing debate about the morality of same-sex relations often references beliefs about whether sexual orientation is a choice or a fixed attribute.

There are several different views on the subject, the major ones of which are:

- Sexual orientation is a preference, like any other lifestyle choice. People can be influenced in this choice, as in any other, by their peers, by media exposure, and by society in general, but the responsibility for making the choice is personal. (This view is frequently accompanied by a belief that choosing homosexuality is immoral or undesirable and should be discouraged. However, some who hold this view also believe that homosexuality can be an addictive behavior, like substance abuse, and difficult to stop; and still others believe that this presumed choice to engage in a "gay lifestyle" is morally neutral or even beneficial.)
Sexual orientation is fixed early in life. People should seek romantic and sexual relationships with people of whatever gender they desire. Discrimination against such sexual minorities is immoral.

Sexual orientation is fixed early in life, but homosexuality is immoral. People who have homosexual feelings should be discouraged from acting on them, and should live in celibacy, in opposite-sex relationships, or should attempt to develop heterosexual feelings (see ex-gay for a discussion on this movement).

Sexual orientation is biologically predetermined.

Sexual orientation is not fixed; however it changes, not by acts of choice or will, but through factors beyond a person's voluntary control.

Sexual orientation is an illusory social construct. People should stop worrying about it and simply allow others and themselves to love whomever they please.

There is a strong correlation between belief in choice and disapproval of homosexuality. (Whether or not there is a causal relationship in either direction is a matter of debate.)

A 2003 Pew Research phone survey of Americans reported that about 50% of people who think sexual orientation is fixed at birth support same-sex marriage, compared to about 20% of people who think it is a preference.[20] The Pew report shows acceptance of homosexuality increasing over the past 30 years, and that young people have greater acceptance than older Americans.

Likewise, religious affiliation and beliefs correlate strongly with beliefs about sexual orientation. 60% of "secular" Americans, 46% of white Catholics, 43% of white mainline Protestants, 27% of black Protestants, and 20% of evangelical Protestants expressed a favorable opinion of gay men in the Pew survey. 66% of "secular" Americans, 54% of white Catholics, 50% of white mainline Protestants, 26% of black Protestants, and 23% of evangelical Protestants replied that sexual orientation could not be changed. Religious beliefs were the most common reason given for disapproval of same-sex marriage.

Individual religious sects vary widely in their views on sexual orientation, from acceptance of people of all orientations, to advocating of the death penalty for homosexual and heterosexual people who violate certain other norms.

Sexual orientation as a construction

Because sexual orientation is complex and multi-dimensional, some academics and researchers (especially in Queer studies) have argued that sexual orientation is a completely historical and social construction. In 1976 the historian Michel Foucault argued that homosexuality as a concept did not exist as such in the 18th century; that people instead spoke of "sodomy" (which involved specific sexual acts regardless of the sex of the actors) as a crime that was often ignored but sometimes punished severely (see sodomy law).

He further argued that it was in the 19th century that homosexuality came into existence as practitioners of emerging sciences and arts sought to classify and analyze different forms of sexuality. Finally, Foucault argues that it was this emerging discourse that allowed some to claim that homosexuality as a human identity.

Foucault's suggestions about Western sexuality led other historians and anthropologists to abandon the 19th century project of classifying different forms of sexual behavior or sexual orientation to a new project that asks "what is sexuality and how do people in different places and at different times understand their bodies and desires?"

For example, they have argued that the famous case of some Melanesian societies in which adult men and pre-pubescent and adolescent boys engage in oral sex is not comparable to similar acts in the United States or Europe; that Melanesians do not understand or explain such acts in terms of sexual desire or as a sexual behavior, and that it in fact reflects a culture with a very different notion of sex, sexuality, and gender.
Some historians have made similar claims about homosexuality in ancient Greece; that behaviors that appear to be homosexual in modern Western societies may have been understood by ancient Greeks in entirely different ways.

At stake in these new views are two different points. One is the claim that human sexuality is extraordinarily plastic, and that specific notions about the body and sexuality are socially constructed. The other is the fundamentally anthropological claim of cultural relativism: that human behavior should be interpreted in the context of its cultural environment, and that the language of one culture is often inappropriate for describing practices or beliefs in another culture. A number of contemporary scholars who have come to reject Foucault's specific arguments about Western sexuality nevertheless have accepted these basic theoretical and methodological points.

Critics of the strong social constructionism view generally hold that Foucault's ideas are out-dated and have been proven inaccurate by means of scientific inquiry and further historical exploration of sexuality in cultures.

For example, the notion of sexual orientation being a human construct is seen to contradict current mainstream scientific findings that those of different orientations are anatomically distinct from each other and that is why they have their own separate attractions, i.e., a man who exclusively loved other men in ancient Greece is biologically homosexual, since certain physical body parts are different in homosexuals when compared to heterosexuals, just as a man who identifies as gay in modern times is the same scientifically speaking. These medical findings however are not uncontroversial themselves.

Sexuality historians in modern times are increasingly abandoning the construction view. Louis Crompton has argued that if Foucault were still alive today he would revise his thesis in light of the scientific factors found largely after his death and due to recently studied historical documents that shed light on exclusive homosexuality.

For example, during Foucault's time it was largely thought that all ancient Greek men practiced bisexuality in the institution of pederasty, however greater scholarship on the subject shows that, indeed, a minority of Greek males never married and continued to have sex exclusively with other men of their own age. And other findings include that during the Middle Ages in Europe when sodomy was harshly prosecuted sub-cultures developed of men who loved other men and often these men identified with each other in a community, something analogous to the modern gay identity.

References


^ Beetz (2002) section 5.2.25: “One of the most monumental and recent studies on human-animal sexual contact was conducted by Miletski in 1999”

^ vern Bullough, cited in zoosexuality

^ Miletski, Hani: “The findings of this question... clearly indicate that different people have different levels of sexual inclination toward animals. "Is there a sexual orientation toward nonhuman animals?" — yes, so it appears...it very clearly shows that some people...have feelings of love and affection for their animals, have sexual fantasies about them, and admit they are sexually attracted to them. Sexual orientation, as we know it, can be fluid and changing with time and circumstances...We can place people on all levels of the Kinsey scale, even when we apply this scale to sexual orientation toward animals. It is logical to assume that the majority of the human race will be placed around the zero point of this Kinsey-like scale...but the current study shows that there are some humans whose place on this Kinsey-like scale is definitely not zero. In fact, there are some...individuals whose place on this scale would be the other extreme (6=sexual inclination exclusively with animals).” (Miletski ch.13 pp.171-172, website)
Further reading

