

The Nature of Sexual Orientation

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Sexual *orientation* refers to the emotional, romantic, sexual and affectional attraction of an individual to a particular gender. The term *orientation* is generally used by professionals and researchers in human sexuality, as opposed to earlier formulations such as "sexual preference." In general, human beings have one of three sexual orientations: attraction to individuals of the other gender is described as **heterosexual**; attraction to individuals of one's own gender is described as **homosexual**; attraction to either gender is described as **bisexual**.

Along with biological sex (gender), gender identity (the psychological sense of being female or male) and social sex roles (cultural norms for masculine or feminine behavior), sexual orientation is one of the primary and enduring components of sexual identity. It should be noted that **transgenderism**—the sense that one's biological sex and gender identity are not congruent—is a separate matter from sexual orientation. It should be further noted that research in recent years has revealed sexuality as much more complex than most lay persons imagine. Even biological sex is not a simple, either-or, male-or-female phenomenon, but exists along a continuum.

Sexual *behavior* is not always congruent with sexual *orientation*. That is, persons who are primarily heterosexual may engage in sexual experimentation with someone of the same gender (for example, during adolescence), or may engage in repeated activity when no other outlet is available (e.g., in prison). Similarly, homosexually-oriented persons may engage in heterosexual acts, marry, become parents. In neither case does the behavior define the person's enduring emotional, affectional and sexual attraction.

Sexual orientation is a modern concept. The term "homosexual," for instance, was unknown in ancient times, and was first used in private correspondence in 1868 by Karoly Kertbeny. It first appeared publicly in two anonymous German pamphlets published in 1869 which opposed extending a Prussian anti-sodomy law to all of the German Confederation. The term "heterosexual" is of even more recent origin.

The American Psychiatric Association [1] has, since 1973, regarded sexual orientation as a matter of human variation, not mental illness. The American Psychological Association [2] adopted a similar position in 1975. In both instances, the decisions to declassify homosexuality were based upon research which indicated no differences between heterosexuals and homosexuals in social or emotional problems or in level of functioning. The following is taken from the American Psychological Association statement on homosexuality which was released in July, 1994:

The research on homosexuality is very clear. Homosexuality is neither mental illness nor moral depravity. It is simply the way a minority of our population expresses human love and sexuality. Study after study documents the mental health of gay men and lesbians. Studies of judgment, stability, reliability, and



social and vocational adaptiveness all show that gay men and lesbians function every bit as well as heterosexuals. Nor is homosexuality a matter of individual choice. Research suggests that the homosexual orientation is in place very early in the life cycle, possibly even before birth. It is found in about ten percent of the population, a figure which is surprisingly constant across cultures, irrespective of the different moral values and standards of a particular culture. Contrary to what some imply, the incidence of homosexuality in a population does not appear to change with new moral codes or social mores. Research findings suggest that efforts to repair homosexuals are nothing more than social prejudice garbed in psychological accouterments.

Some conservative religious groups and some psychoanalysts have continued to attempt to modify or change individual's sexual orientation. Some homosexually-oriented persons have essentially renounced all sexual behavior as a result of such efforts; some are able to function sexually with someone of the other gender. In no case has research proven that these interventions have reoriented someone's sexual orientation from homosexual to heterosexual.[3]

In the last quarter of the 20th century, religious and social conservatives have often voiced concern that lesbian and gay persons are more likely to sexually abuse children. A study published by the American Academy of Pediatrics[4] in July, 1994, researched 249 cases of child sexual abuse and found only 2 instances where the perpetrator was identified as gay or lesbian. In that sample, the child's risk of being molested by the heterosexual partner of a relative was more than 100 times as great. This is consistent with statistical reports that more than 98% of sexual abuse in childhood is perpetrated by male adults upon female children.

The origins of human sexual orientation remain incompletely understood. If there is a consensus among researchers at present, it is that sexual orientation has its origins in genetics and inborn hormonal conditions, and possibly life experiences of early childhood. Sexual orientation is not a choice in the way that the term is customarily used. One does not choose to be heterosexual, bisexual or gay or lesbian. While sexual orientation often emerges during adolescence, along with the first sexual feelings, many individuals are aware of their sexual orientation long before their first sexual experiences—often as early as 3-5 years of age.

Research by Simon LeVay and others have indicated neurochemical and neurophysiological differences between individuals of different sexual orientations. (It should be noted that most research has been limited to male subjects.) LeVay, a neuroanatomist at the Salk Institute, examined the hypothalamus of deceased men and found a difference in size between heterosexuals and homosexuals, suggesting a biological mechanism involved in sexual orientation[5]. Studies conducted at Northwestern University and Boston University found that if one sibling is homosexual, the chance of another sibling being homosexual is as follows:

- 52% for an identical twin
- 22% for a fraternal (non-identical) twin
- 10% for adopted or non-twin genetic siblings.

The results suggest a strong genetic component for sexual orientation[6].



Statistics regarding the numerical distribution of sexual orientations within the population are somewhat inconsistent due to the inherent difficulty in asking individuals to identify information which could subject them to homophobia and prejudice. Various studies have estimated that 3-10% or more of the population in the United States is homosexually-oriented. A common estimate is that 6% of adult males are exclusively homosexually-oriented. Somewhat fewer women than men share a same-gender sexual orientation; estimates are often 3-5% of the female population.[7] Less research and information is available about bisexuality.

What then, finally, can be said about sexual orientation? As research into human sexuality increases our base of knowledge, patterns are emerging:

- Bisexual, homosexual and heterosexual orientations have been found throughout human history and human cultures;
- Sexual orientation appears primarily biogenetic in origin and is discovered rather than chosen;
- Sexual orientation is not a predictor of social or emotional functioning--it is not a mental illness;
- Efforts to alter sexual orientation through behavior therapy, psychoactive drugs, prayer, etc., have not affected primary sexual orientation.

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- [1] **American Psychiatric Association**, 1400 K Street, NW, Washington, DC 20005.
- [2] **American Psychological Association**, Office of Public Affairs, 750 First St., NE, Washington, DC 20002-4242.
- [3] Stein, T.S., Cohen, C.J., eds. **Contemporary perspectives on psychotherapy with lesbians and gay men**. New York: Plenum Medical Book Co., 1986.
- [4] **Pediatrics**, The American Academy of Pediatrics, 1994 July 96:7.
- [5] LeVay, S. **The Sexual Brain**. New York: Bradford Books, 1994.
- [6] Bailey, J.M., Pillard, R.C., **Archives of General Psychiatry**, 1991 48:1089-1096.
- [7] Stein, T.S., Cohen, C.J., eds. **Contemporary perspectives on psychotherapy with lesbians and gay men**. New York: Plenum Medical Book Co., 1986: 132, 99.