Sexual Orientation:

Definition, Components and Causes.

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These notes cover lecture 23, they include the slides’ material plus clarifications where needed. Anything between brackets (like this) is not part of the slides, however, they might aid your understanding. Some helpful links and a summary are on the last pages.

FIRST: DEFINITION, COMPONENTS AND FREQUENCY

a) definition: Sexual orientation Is the degree to which an individual is sexually attracted to persons of the opposite sex (heterosexual) and or to persons of the same sex (homosexual).

The way that most behavioral scientists conceptualize (view) sexual orientation is that it is a continuum (a sequence) ranging from exclusive heterosexuality to exclusive homosexuality.

The image below demonstrates the Kinsey research/scale which was described in late 40’s and early 50’s in U.S.A. It is a Heterosexual–Homosexual Rating Scale, this scale describes a person's sexual orientation and ranges from 0-6 and therefore describes 7 categories. (0 meaning exclusively heterosexual, and 6 as exclusively homosexual).

b) distinct components of sexual orientation:

1) erotic attraction or sexual desire (attraction based on sexual arousal, interest and desire).
2) sexual behavior (basically describes the practice or involvement in sexual act)
3) romantic attraction (the emotion of love)
4) self-identification as heterosexual, homosexual or bisexual person (how one thinks oneself in terms of attraction)

Different components place individuals at different points on the scale and this is not uncommon. For example, many people who are sexually attracted (component 1 in the list) to persons of the same sex have never participated in any homosexual behavior (2), or many who have had frequent homosexual actions (2) do not identify themselves as homosexual or bisexual persons (4), also individuals may shift over time on one or more of the components.

c) Frequency of different sexual orientation:
* the numbers listed below are under estimated, because many people are reluctant to report desires or behaviors that are still considered to be immoral or pathological:
- In the U.S.A 10.1% of adult men and 8.6% of adult women reported at least one of the following:
  1. they are currently attracted mostly or only to persons of their own sex.
  2. they found having sex with someone of the same sex somewhat or very appealing.
  3. they had engaged in sexual behavior with a person of the same sex since age 18.
- however, in terms of self-identification: 2.8% of the men and 1.4% of the women identified themselves as homosexual or bisexual.

SECOND: CAUSES OF SEXUAL ORIENTATION

In this section, the San Francisco study, the biological factors and the "exotic becomes erotic" theory will be discussed as theories that explain the causes of sexual orientation:

A) the San Francisco study, (Bell et al., 1981a) 1981:

- This study included 1000 homosexual and 500 heterosexual men and women.

- According to this study childhood gender conformity or nonconformity was the strongest and only significant childhood predictor of later sexual orientation for both men and women.

- (Childhood gender nonconformity (CGN) is a phenomenon in which prepubescent children do not conform to expected gender-related sociological or psychological patterns, or identify with the opposite sex/gender).

- The table below clarifies further:
This table shows the effect of childhood gender nonconformity on sexual orientation in adults.

(Notes on the table: compared with heterosexual men, gay men were significantly less likely to have enjoyed boys’ activities (e.g., football) during childhood, more likely to have enjoyed girls’ activities (e.g., playing house), and less likely to rate themselves as having been masculine. These were the three variables that defined gender nonconformity in the study. Additionally, gay men were more likely than heterosexual men to have had girls as childhood friends. Comparison for women was also significant).

- The san Francisco study also yielded many negative findings which **disconfirmed common theories about the causes of homosexuality:**

  * feeling especially close to the opposite sex parent **has almost no effect on the development of homosexuality.** (for example, it was found that homosexual men were more likely than heterosexual men to have felt especially close to their mothers, but this had almost no effect on the development of male homosexuality. In other words, males who were closer to their mums as children are not more likely to be homosexual)

  * homosexuals of both sexes were no more likely than their heterosexual counterparts to report having their first sexual encounter with a person of the same sex. moreover, they neither lacked heterosexual experiences during their childhood and adolescent years nor found such experiences unpleasant. (in other words, early sexual experiences do not determine the sexual orientation of a person)

  * A person’s sexual orientation is usually determined by adolescence even though they might not yet have become sexually active.

  * same sex attraction starts 3 years before active experience.

  *homosexual feelings not homosexual behaviors are crucial adult homosexual orientation.
* An individual does not become homosexual by being seduced by a person of the same sex or by having an admired openly homosexual teacher, parent or clergy person.

- An example from culture that supports the above: Among the Sambian in new Gena, boys leave their family home before puberty and spend up to 10 or 15 years living apart from all girls and women. During this time of sex segregation, the younger boys participate in ritualized homosexual activities. Despite this extensive homosexual contact, most of these young men eventually marry and lead a heterosexual life.

B) The biological factors:

The origin of both childhood gender unconformity and adult homosexual orientation may lie in an individual biology; possibly in the genes or prenatal hormones.

1) Prenatal hormones:

There is a very high ambiguity regarding prenatal hormones effect as a factor in sexual orientation, however the hypothesis of prenatal hormone effect: a study on girls who were exposed to extremely high levels of prenatal testosterone shows that these girls:

- Are born with ambiguous genitalia, which was surgically corrected soon after birth.
- In mid childhood: be more likely to be tomboys' than the control group.
- In early adulthood: they were more likely to have same sex fantasies, prenatally testosterone had muscularized their brain.

2) Structure:

The hypothalamus of homosexual men differs in a small structural detail from that of heterosexual men, the hypothalamus is intimately involved with sexual hormones and sex behavior, "but all homosexual men had died from AIDS complications????".

3) Genes:

The link between genetic factors and homosexuality is well established:
- A study of homosexual men who were identical twins, 52% of their twin brothers were also homosexuals, compared with 22% of fraternal twins brother.

- In lesbians 48% of their identical twin sisters are lesbians compared with 16% of fraternal twin lesbians. Only 6% of their adopted sisters are lesbians.

- Sexual orientation for men can be inherited but not for women.

- Chromosomal analysis of 114 families of homosexual men and 40 families in which there were two homosexual brothers showed evidence of a genetic marker of homosexuality on X chromosome.

- Homosexual men had more homosexual male relatives on the mother side than on the father side of the family.

3) THE EXOTIC BECOME EROTIC THEORY:
Proposes that genetic and other biological factors do not influence adult sexual orientation per se but that they influence a child’s temperament and personality traits.

- There is a solid evidence that most personality traits have a strong genetic or heritable base including temperaments such as emotionality, sociability and activity level.

- Temperament predisposes a child to enjoy some activities more than others, some prefer rough play (male typical) other prefer quite to play (female typical).

- Gender conforming children will come to have comfortable but non-erotic friendships with members of the same sex, while gender nonconforming children will come to have comfortable but non-erotic friendships with members of the opposite sex.

- Thus, only the exotic becomes erotic.

(It proposes that biological variables do not code for sexual orientation per se but for childhood temperaments that influence a child’s preferences for sex-typical or sex-atypical activities. These preferences lead children to feel different from opposite-sex or same-sex peers—to perceive them as “exotic.” This, in turn, produces heightened physiological arousal that subsequently gets eroticized to that same class of peers: Exotic becomes erotic. The theory claims to accommodate both the empirical evidence of the biological essentialists and the cultural relativism of the social constructionists.)
THIRD: SUMMARY:
- Sexual orientation is the degree to which an individual is sexually attracted to persons of the opposite sex and or to persons of the same sex.

- Kinsey research: A Heterosexual–Homosexual Rating Scale he put 7 points 0-6.

- Components of sexual orientation: erotic attraction or sexual desire, sexual behavior, romantic attraction and self-identification.

- Numbers in related studies are underestimated, they are especially low when it comes to self-identification.

- Causes of sexual orientation:
  1) children gender nonconformity according to the San Francisco study. And NOT: a stronger relationship with the opposite sex parent has no effect, early practices, seduction by same sex teacher/parent. Same sex attraction is before the activity.
  2) Biological causes:
     a) Structure: hypothalamus of homosexuals slightly differs.
     b) Genetics: this is well established: if one sibling is homosexual the likelihood of the other being homosexual is greater in identical twins > fraternal > adopted siblings. Some genetic markers on chromosome X were found between homosexual twins. Homosexual men had more homosexual male relatives on the mother.
     c) Prenatal hormones: high ambiguity, hormone effect: girls who were exposed to extremely high levels of prenatal testosterone: are born with ambiguous genitalia. In mid childhood: be more likely to be tomboys. In early adulthood: they were more likely to have same sex fantasies.

3) THE EXOTIC BECOME EROTIC THEORY:
   The figure on page 5.
FOURTH: PAST PAPERS AND LINKS
- I did not find a lot of questions related to this lecture, here's what I found:

1. all of the following are factors of sexual orientation except:
a- childhood gender not confirmatory
b- a person's identification with opposite sex parent have no significant effect
c- seduced by a person of the same sex has no effect
d- .... **(none of the above is the answer, I forgot it)

2. sexual orientation: describing the attraction to same and/or other gender
3. How one sees himself as male or female regardless to sexual characters – gender identity

4. not sure if these belong to this lecture:
   - True about gender and sexuality
     - women are more sensitive to emotional infidelity

5. Which of the following is not a paraphilia:
a- Pedophilia
b- Vaginismus
c- Sadism
d- Voyeurism

6. Gender identity: 36 months

7. which of the following is the most important in gender determination: androgens

- some links I used to understand the slides:
   - EXOTIC BECOME EROTIC:
     https://pdfs.semanticscholar.org/e2b1/1884d044ee395a7181e6b7a062e537d30ca.pdf
     Sambia culture, page 3 https://heim.ifi.uio.no/~thomas/gnd/critique-of-ebe-theory.pdf
     2014 record:
     https://www.dropbox.com/sh/ldzhhmqf83jvw4/AABUr9LUzdX6li6lzbfKlhFa?dl=0&preview=6)Dr.+Laith+(sexual+orientation).m4a

Best of luck.