At first glance, Alfred Kinsey seems an unlikely person to become the leading sex researcher in twentieth-century America. Kinsey was born in 1894 into a strict, devout, and sexually repressed Methodist family. He was an entomologist and an expert on gall wasps. Yet, as a faculty member at the University of Indiana in the late 1930s, he was invited to coordinate and direct a new course on marriage and family (what today would be titled a "Human Sexuality" course). The course was immediately popular with students and had a long wait list, despite being restricted to married students. Kinsey's approach to the subject was much more explicit and progressive than that of his predecessor, who taught that masturbation was harmful and condemned pre-marital intercourse (Bullough 2004). The ignorance concerning human sexuality and the thirst for knowledge among his students inspired Kinsey to make the study of human sexuality not only a scientific endeavor but his life's work.

Kinsey's own life reflects the influence of culture on sexuality that is explored in this book. He was born during the Victorian Era into not only a sexually repressed family, but a sexually repressed
culture. He grew up feeling shameful about his own sexual feelings and entered his marriage with a PhD in biology, but with minimal understanding of human sexuality. He sought information the way an academic would: through exploring existing scientific research on the subject. He discovered mostly silence among scientists concerning the issue of sexuality. In his marriage and family classes, he confronted a new generation of students who had the same questions and concerns he had upon marriage. Kinsey’s research helped shift attitudes about sex in a more permissive direction in the post-World War II era (Bancroft 2004; Bullough 2007).

UNDERSTANDING SEXUALITY THROUGH SCIENCE

In this chapter, we explore the science of sex and sexuality, reviewing key early and modern thinkers on the subject. Originating in Europe, sexology, or the science of sex, has been a major area of academic and scientific study for the past two centuries. Contributions to sex research have come from the fields of biology, psychology, anthropology, medicine, genetics, sociology, and women’s and gender studies. The science of sexology uses systematic, objective methods to gather data about human sexual behavior with the goal of attaining knowledge and understanding more about it. While the goal of scientific research is to remain objective, the scientific process is infused with cultural assumptions. The particular time period and culture in which scientific knowledge emerges is influenced by the dominant ideologies of the era. This chapter explores a wide range of theoretical perspectives and empirical research on sexuality, their underlying assumptions and criticisms, as well as specific ethical and methodological issues associated with sex research.

While the term sexology is no longer in use, there is an abundance of scholarly research related to sex, sexuality, and sexual identity today, and it is an especially burgeoning area in the discipline of sociology. Some examples of recent research in the sociology of sexuality include, but are not limited to, the following:

- Wongsomboon, Burleson, and Webster (2019) found that among women who had both casual and committed sex in the past year, orgasmic function and sexual satisfaction differed between these two relationship contexts only for more sexually restricted women, challenging previous research that indicates women in committed relationships have higher sexual satisfaction.
- Results from a large-scale national probability sample in New Zealand show that sexual orientation moderates effects on body satisfaction (Basabas et al. 2019). Straight men report higher body satisfaction than straight women, while gay and pansexual men reported lower body satisfaction than heterosexual men.
Angela Jones’s (2018) research explores the ways sexuality is discussed in contemporary sexual science research and reveals an absence of pleasure as a topic in research on human sexuality. Research articles tend to focus on risk, disease, and dysfunction and reinforce heteronormativity.

Across the globe, LGBTQ equality is increasingly being perceived as a threat. Research analyzing social media commentary in Bulgaria regarding “anti-gender campaigns,” which seek to abolish women’s and LGBTQ rights, reveals that gender and LGBTQ policies are identified as a threat to traditional values (Darakchi 2019).

Researchers examining the intersections of race, sexuality, and socioeconomic status (SES) in people’s experiences with police contact in Chicago find that even in urban areas lauded as more progressive than the broader society, sexuality shapes experiences with police contact (Steele, Collier, and Sumerau 2018). For example, results showed that gays and lesbians have significantly lower rates of voluntary contact with police than their heterosexual peers (Steele, Collier, and Sumerau 2018).

The Early Years: Sex, Morality, and Medicine

Prior to the nineteenth century, sexuality in Western culture was regarded primarily as a moral concern. The dominant authorities on morality, and thereby sexuality, were priests and religious leaders. Rooted in religious theology, sexuality in the West has traditionally been associated with primal, bodily instincts and, according to biblical doctrine, considered sinful. Within the Judeo-Christian tradition, the creation story, as outlined in the book of Genesis, describes the expulsion of Adam and Eve from the Garden of Eden. Eve’s disobedient act of eating the forbidden fruit from the tree of knowledge and then persuading Adam to also partake resulted in their awakening to their sinful nature. Both experience shame for their newfound nakedness. God punishes women by creating pain in childbirth and proclaiming that men rule over them, and God punishes men by making them toil and work for their food and survival. This story inspired a range of theological views about gender roles and sexuality, including the ideas that women were temptresses, both men and women were morally weak, and that men should rule over women (see Chapter Nine). Prominent Christian theologians, such as St. Augustine (354–430) and later St. Thomas Aquinas (1224–1274), surmised that sexual intercourse was acceptable only within the bounds of marriage and, even then, only for the purposes of reproduction. Philosophical and religious debates centered on the nature of lust, love, and the human condition ensued throughout history.

Religious views remained the most influential on sexuality until the mid-1800s when the influence of medicine, reason, and science began to gain more credibility and power. The medical profession increased in authority, and physicians came to be seen as experts on sex and sexuality-related issues. While physicians may have taken over as sexual authorities from religious leaders, they often still approached the subject from a moral perspective. As described in Chapter One, the Victorian Era (roughly 1830–1890) in both Europe and the United States was generally understood as a cultural period with very specific restrictive ideas about gender roles and sexuality. Victorian ideals encouraged women and men to practice sexual discipline and restraint and engage in sexual activity only in pursuit of procreation and within the bounds of marriage. Morality combined with scientific
investigation resulted in most nineteenth-century physicians treating the primary sexual problems of this era, such as venereal diseases, prostitution, and masturbation, from moral and partisan bias. For example, masturbation, viewed as both a male and female problem, was seen as a deadly disease to be controlled and cured (Laqueur 2004). Another assumption was that men were polygamous by nature whereas women were monogamous; men were more sexual and women more sexually passive, even lacking sexual feeling. These ideologies contributed to cultural expectations that women must help men tame their passionate sexual natures.

Women’s bodies and sexualities were largely ignored and misunderstood, as revealed in the prevalent diagnosis of “hysteria” during this time. “Hysteria” was a medical diagnosis in which the symptoms were often consistent with what is now considered the normal functioning of female sexual arousal: anxiety, sleeplessness, irritability, nervousness, erotic fantasy, sensations of heaviness in the abdomen, lower pelvic edema, and vaginal lubrication. Treatment, as prescribed by the doctor, was orgasm, either through sexual intercourse with the woman’s husband or by means of massage on the physician’s table. The medical invention of the vibrator in the 1880s was created specifically for the purpose of treating hysteria in women. By the twentieth century, “hysteria” was a thing of the past and the American Psychiatric Association formally dropped it as a medical term in 1952 (Maines 2001).

**Science of Sex: Sexology**

In the early years of sex research, most scientists understood sex to be a fact of nature, a biological driving force, and an essential aspect of humanity. One of the most prominent, early sex researchers was German-born neurologist and psychiatrist, Richard von Krafft-Ebing (1840–1902). Krafft-Ebing wrote *Psychopathia Sexualis* ([1886] 1965), an empirical collection of clinical case studies that became a widely circulated and influential medical text on the subject of sexuality. In this text, Krafft-Ebing portrayed nonprocreative sex as pathological and perverse because he considered the ultimate purpose of the human sex drive to be reproduction. He writes, “Man puts himself at once on a level with the beast if he seeks to gratify lust alone, but he elevates his superior position when by curbing the animal desire he combines with the sexual function ideas of morality, of the sublime, and the beautiful” (Krafft-Ebing [1886] 1965:1).

After extensive research into a wide range of cases, Krafft-Ebing identified four primary categories of sexual deviation: homosexuality, fetishism, sadism, and masochism. He defined homosexuality as a contrary sexual feeling and fetishism as the erotic obsession with certain parts of the body or with objects. He defined sadism as gaining sexual pleasure by inflicting pain on another person and masochism as gaining sexual pleasure by inflicting pain on oneself. These were new and revolutionary
categories in the fields of medicine, sexology, and psychology. Although these four primary conditions were defined as abnormal, Krafft-Ebing claimed that sadism and masochism were inherent in normal male and female sexuality, the former being associated with the masculine tendencies to be active and aggressive and the latter of a passive and submissive nature (Oosterhuis 2012). Later, partly inspired by Krafft-Ebing’s work, Freud coined the now popular term sadomasochism and described it as a component part of the human sexual instinct, as mentioned in Chapter One (Chancer 1992). Psychopathia Sexualis was one of the first texts to introduce the term heterosexuality and to equate “heterosexual sex” with “normal sex” (Jonathan Katz 1995). Despite Krafft-Ebing’s attempts to maintain scientific objectivity in his research, his influential views reflected the repressive sexual code of the era, helped define the field of sexology, and influenced the medical and psychiatric professions well into the twentieth century.

In the transition from the Victorian Era to the modern era, several physicians and scientists attempted to dispel the misconceptions of the Victorian view of sex and sexuality. By the late nineteenth century, pioneers of this new field began examining and classifying sexual behaviors that had previously been invisible, and a new approach to the study of sexuality developed. More accepting attitudes and objectively researched facts about human sexuality began to gradually infiltrate the science. One of the first physicians to coin the term “sexual science,” was German physician Iwan Bloch (1872–1922). His work focused on the history of sexuality, and he might well be called the first sexologist, or practitioner who studies human sexuality from a scientific perspective. The new approach used scientific research methods such as case studies, observations, and interviews. The goal of sexology is to discover the laws that govern human sexuality. As the field developed, sexologists questioned why humans have specific sexual instincts, desires, and pleasures.

British sexologist Havelock Ellis (1859–1939) was a transitional figure between the Victorian and modern perspectives on sexuality. As a physician, writer, and social reformer, Ellis spent decades studying all available information on sexuality and engaging in research, including extensive research on transgender individuals. His research was published in six volumes between 1896 and 1910 titled Studies in the Psychology of Sex. Ellis was most notably modern in his acceptance of a variety of sexual practices and behaviors and in his recognition of the right of women to sexual satisfaction. He insisted that sexual gratification was necessary for human emotional health. He was one of the first theorists to argue against the notion that homosexuality was immoral and pathological. Ellis is credited with introducing the notions of narcissism and *autoeroticism*, or satisfaction gained by the subject’s own body, and for effecting gradual changes in sexual attitudes over this time period. Overall, his conclusions were radical by Victorian standards and marked a significant shift in the field of sexology away from viewing sex as strictly heterosexual and procreation-based to beginning to understand it from a pleasure-based perspective.

Another prominent sexologist of the era was German researcher Magnus Hirschfeld (1868–1935). In 1919, Hirschfeld founded the first Institute for Sexology in Berlin. The Institute was the first of its kind to accumulate vast research on the subject of human sexual development as well as the treatment of sexual problems. Hirschfeld led the field in objective examinations of homosexuality, transgenderism, cross-dressing, and gender identity. He published one of the first encyclopedic texts specifically on homosexuality, *The Homosexuality of Men and
Women (1914), representing 30 years of research. In it, he attempted to eradicate homophobic discrimination by providing detailed biological information about the orientation, as well as the sociological history of homosexuality. Like Ellis, Hirschfeld was motivated by social reform. He founded the Scientific Humanitarian Committee that undertook research to defend the rights of homosexuals and to decriminalize homosexuality in Germany. He was one of the first in a long tradition of sexologists who sought justice in their scientific pursuits. As a gay, Jewish academic of the Nazi era, Hirschfeld became a target. In 1933, the Nazis took power and attacked Hirschfeld’s institute, burning many of its books, as well as its archives.

Clelia D. Mosher (1863–1940), a physician and college professor at Stanford University, was one of the first female sexologists and the first scientist to conduct a sex survey. Her 20-year study addressed sexual and reproductive issues, surveying 45 women born between the years of 1850 and 1890. It was a small sample, but offered a glimpse into Victorian, middle-class, married women’s sexual practices and beliefs. Her results revealed a cultural shift in women’s views of sex from solely a source of reproduction to a source of personal desire and intimacy. Nearly two-thirds of her respondents acknowledged feeling sexual desire and viewed pleasure as a legitimate reason for sex. One-third reported they always or usually experienced orgasm during sex. Mosher never published or made more than cursory observations of her data. She died in 1940, and the survey was entirely forgotten until Carl Degler accidentally unearthed it in the Stanford University archives in 1973 (D’Emilio and Freedman 2012).

Psychoanalytical Theory: Sigmund Freud

One of the most influential thinkers in shaping Western understandings of sex and sexuality was the founder of psychoanalysis, Sigmund Freud (1856–1939). Freud, like other sexologists of his era, viewed sexuality from a biological perspective and as the driving force in human behavior. He theorized that the sexual drive, or instinct, was unconscious, or beyond conscious personal awareness. Freud’s perspective on sex expands significantly on accepted understandings of the era. For instance, unlike other sexologists, Freud suggested that the human sexual drive was oriented to pleasure as much as it is the biological urge to reproduce. Because Freud saw the sex drive as pleasure-oriented, this allowed for a much wider range of what he considered “normal” sexual behaviors, including nongenital touching, kissing, caressing, looking, and more—but always with the primary aim of heterosexual procreation.

Freud diverged from others in his field in that he saw the role of society as an important factor in shaping an individual’s sexual expressions, or lack thereof. Freud’s most influential theory, outlined in Three Essays on the Theory of Sexuality (1906), explained human sexual development from infancy to adulthood, and involved a series of stages of psychosexual adaptations. Freud claimed both sexes faced various psychosexual demands and must accomplish the work of reigning in and controlling their unconscious, biological sexual drives while also abiding by cultural expectations. Freud outlined five primary stages throughout an individual’s life, each named after the regions of the body that are most important for sexual gratification during each phase: oral, anal, phallic, latent, and genital. Freud theorized that sexual development begins at birth. Both sexes had similar experiences in several of the stages, but differ drastically in the phallic stage, which occurs around 3 to 5 years of age.
BOX 2.1 GLOBAL/TRANSNATIONAL PERSPECTIVES ON SEXUALITY

SEXOLOGY IN IMPERIAL JAPAN

Between 1868 and 1945, Japan underwent significant social changes. Emperor Meiji’s reign, between 1868 and 1912, brought rapid modernization and dramatic changes in the political, social, and economic institutions, including implementing a constitution, industrialization, and an increase in communication and transportation technologies. The imperial period began in the late 1890s as Japan sought to gain international status and world power through victorious wars against China and Russia and through colonizing Taiwan, Korea, the Philippines, and most of the Pacific Islands.

Japanese sexology developed during this era of colonial expansion and militarization and attempted to establish a normative Japanese sexuality (Fruhstuck 2003). To establish a normative sexuality essentially means to derive a standard of what is “normal” sexual behavior for a particular culture. A society shapes what it deems as “normal” in complex ways. It involves validation from scientific experts, and is influenced by political debates, social control policies, and rhetoric surrounding current issues. During the imperial period in Japan, issues of sex education, prevention of venereal diseases, the problem of masturbation and its alleged consequences, birth control, and prostitution were of central focus.

Scientists studying sex and sexuality in Japan contributed to the management, control, and creation of sexual ideas and norms. One of the more influential sexologists was Yamamoto Senji. In the early 1920s, Senji undertook the first extensive sex surveys of males in Japan, published in the *Kyoto Medical Journal* and titled “Statistical Survey of the Sex Lives of Japan’s Male Students” (Fruhstuck 2003). His goal was to discover “normal” and “healthy” sexuality for young males in Japan. This survey’s findings went against cultural norms of the time. For example, they found that 33 percent of young men’s first sexual experience was with a prostitute and that masturbation was a natural phenomenon and had no negative impact on men’s healthy development (Fruhstuck 2003).

Senji’s research was less concerned with developing a comprehensive theory of sex and more interested in sexual reform based on scientific knowledge. He developed a sex education course at the University of Tokyo and later attempted to popularize sexological science in journals such as *Sexual Desire* and *Humankind* (Fruhstuck 2003). He believed if the masses gained sex education, it would lead to liberation from outdated and incorrect beliefs about sex. Although his efforts were not welcomed, Senji’s research stands as one of earliest and most significant contributions to the field of sexology in imperial Japan.

During the phallic stage, both sexes transfer sexual pleasure to the genitalia, realize their genitalia are different from the other sex, and respond accordingly. For boys, the newfound genital activity results in a sexual longing for their mothers, called the *Oedipus complex*. In response to discovering girls do not have penises, boys come to fear their penises are removable. Boys experience feelings of competition and hostility toward their fathers over the love for their mothers, and, in turn, they fear their fathers might castrate them, resulting in what Freud calls the *castration complex*. In order to become sexually healthy adults, boys must resolve conflict with their fathers and deny their sexual feelings for their mothers.
Girls’ struggles with male-female anatomical differences during the phallic stage are different than boys’ struggles, according to Freud. When a young girl realizes she does not have a penis, she also believes it is because it has been castrated and the wound that resulted is her vagina. The clitoris is left, but it is significantly smaller than the penis. Thereby she develops an inferiority complex and an unconscious desire for a penis, something Freud describes as penis envy. Girls also begin to desire sex with and want to reproduce with their fathers, while feeling hostility toward and blaming their mother for their supposed penis castration. Later, Freud claims, as women mature into their fully developed sexual selves, women must learn to redirect their sexual impulses away from their clitorises and toward their vaginas. Freud describes two types of orgasms for women, vaginal and clitoral, with the vaginal orgasm as more mature and superior. Thus, reinforcing the dominant idea of heterosexual sex as normal.

Freud’s theories were controversial when he proposed them, and remain so, primarily because they cast women as inferior to men. Many feminist psychoanalytical theorists, including Karen Horney, Nancy Chodorow, and Ellyn Kaschak, have since created alternative theories of personality, sexual, and gender development. Their theories include some of Freud’s basic assumptions, but with more contemporary views on sex and gender. Freud’s theories are critiqued as biased and inaccurate because he bases his research on observations of the sexual lives of his patients, who were primarily wealthy, Victorian, Viennese women who were seeking long-term psychiatric care. Moreover, sociologists Gagnon and Simon (1973) criticize psychoanalytical theory for relying too heavily on unconscious mental processes, which are difficult, if not impossible, to research with scientific accuracy. They argue that the focus on the inaccessible and unconscious traumas from infancy and childhood as the determining factors of adult sexual desires is deterministic. Despite the sexist bias and controversy, Freud’s work has had significant impact on twentieth-century sexologists and Western culture in general. He is credited with being the first to portray sex as being about pleasure rather than reproduction, and he is one of the first to emphasize the social nature of sexuality.

**Evolutionary Theory: Charles Darwin**

A major nineteenth-century contributor to the scientific understanding of human sexuality is Charles Darwin (1808–1882), specifically in his theory of evolution in *On the Origin of Species* (1859). Darwin was an English naturalist and geologist who, after many years of observing nature, proposed that all species, since the beginning of time, adapt to their constantly changing environments in a process called evolution. He theorized that evolution works by way of a biological mechanism called natural selection. *Natural selection* says that inheritable biological traits that are more conducive to survival and reproduction will become more widespread in a population over time. Darwin explains it in simple terms as, “Multiply, vary, let the strongest live and the weakest die” (Darwin 2009:481).

A second characteristic of the process of human evolution is what Darwin calls *sex selection*. Darwin observed that in most mammals, the female is much more
invested in the survival rate of the offspring due to her investment in the process of pregnancy, lactation, and nurturing the young; while males can impregnate a woman with little further obligation. This is referred to as a conflicting parental investment. Because of this biological inequality and conflicting interest, women are what Darwin called “coy,” or more hesitant about such a commitment, while men tend to work at convincing the female to partake in sex. In other words, women are more hesitant to engage in sexual intercourse with men because they might become pregnant, requiring years of investment, while men are much more eager to have sexual intercourse because their actual physical investment is only the sexual act itself. This leads to competition between men for sexual access to fertile females (Ryan and Jetha 2010).

In the late twentieth century, several works of evolutionary psychology and evolutionary biology based on Darwin’s concept of sex selection became popular. Evolutionary psychology sought to identify which human psychological traits are evolved adaptations. In other words, evolutionary psychology examined how adaptation pressures experienced by ancient human ancestors shape contemporary sex and mating patterns. It assumes Darwin’s theory of sex selection of the coy female and the courting, competitive male to be accurate. Questions often asked by evolutionary psychologists include: Are men and women naturally monogamous? Are women choosier about sex partners than men? Do humans model the widespread mammal mating behavior of the aggressive male and coy female? For example, in The Mating Mind (2001), Geoffrey Miller theorizes that early ancestors choose to mate with people who were smart and innovative in order to create smarter offspring.

While there are feminist evolutionary psychologists and biologists, overall, this approach has been critiqued by many feminists for its essentialist and gendered assumptions about the roles of men and women. Feminists challenge the evolutionary hypothesis that suggests rape is a genetically advantageous behavioral adaptation for men in order to ensure mating (Thornhill and Palmer 2000). Sociologist Martha McCaughey encourages us to question why we see the application of evolutionary theory to explain male behavior, particularly antisocial, “deplorable behavior, such as rape, sexual harassment, and aggression” (2008:2). Other critiques include sociologists who understand sexuality as a social construction, rather than something biological. A social constructionist perspective sees how Darwin’s theories are influenced by the particular social and cultural context in which he lived and worked, including the assumption that sexuality is natural and innate.

The Kinsey Reports: Alfred Kinsey

In post-World War II United States, there was a significant shift in the study of sexuality toward a focus on the application of scientific methodology with as little researcher bias, assumption, or opinion as possible. One of the most influential sexologists of the midcentury to do this was Alfred Kinsey (1894–1956). Kinsey was an American biologist, entomologist, and zoologist who became focused on human sexual behavior studies in the late 1930s (see opening vignette). Kinsey’s extensive research enhanced knowledge about the variety and frequency of human sexual experiences and became foundational to the field of modern sexology. In 1947, he founded the Kinsey Institute for Sex Research at Indiana University, now known as the Kinsey Institute for Research in Sex, Gender, and Reproduction. He and his coresearchers published two tremendously influential books, Sexual Behavior in
the Human Male (1948) and Sexual Behavior in the Human Female (1953), popularly known as the Kinsey Reports. Despite the controversies surrounding their publication, the Kinsey Reports became an incredible influence on American culture.

The staggering scale of the research was impressive. Kinsey and his team interviewed and collected detailed sexual histories on almost 18,000 people over nearly two decades, compiling a monumental amount of information regarding human sexual behavior in the United States. Their data included such controversial topics as the relative frequency of practices like masturbation, and the extent of premarital, extramarital, and homosexual sex. This research attempted to study and chronicle as much about human sexuality as possible, without judgment.

The Kinsey Reports shocked the American public because they challenged socially accepted views of sex and sexuality and the sexual norms, social rules or guidelines that govern every aspect of our behavior, of the day. Kinsey's findings revealed that oral sex, premarital sex, same-sex sexuality, and a wide range of sexual fantasies are common. In perhaps their most significant research finding, Kinsey and his colleagues challenged prevailing notions of the sexual binary and instead argued that sexuality ranges along a six-point continuum, from “exclusively heterosexual” to “exclusively homosexual.” This became known as the Kinsey scale, and it was based on their findings that a substantial percentage of men and women had engaged in same-sex sexual relations. His surveys indicated that masturbation was a common sexual activity. An extremely disputed finding reported that children had sexual feelings and sometimes acted on them, most commonly in the form of childhood masturbation.

Kinsey's conclusions were especially contentious in regard to women because they indicated that women enjoy sex. His statistics reported that 50 percent of the women surveyed admit to premarital intercourse, 90 percent to “petting,” and 28 percent to homosexual tendencies (Kinsey et al. 1953). Taboos against female sex outside of heterosexual marriage were strong in U.S. culture at this time, and this information was met with resistance. His research was the first of its kind to actually verify the double standard of sexuality. For example, by 25 years of age, 83 percent of unmarried men had participated in intercourse, but only 33 percent of women had done so. This gender discrepancy can also be found in the data on extramarital affairs (Kinsey et al. 1948, 1953).

Kinsey was critiqued for ignoring some areas of sexual behavior, such as swinging, masochism, and exhibitionism. He justified this neglect based on the very small number of people practicing such behaviors. He also did not examine pregnancy or the impacts of sexually transmitted disease. Finally, one of the most significant critiques was that he lacked a representative sample, which refers to the research sample having the same distribution of characteristics as the population from which it was drawn. The respondents were disproportionately white, educated, midwestern individuals, which meant his findings were not generalizable. Despite these critiques, Kinsey's work became the standard achievement in the empirical investigation of human sexual practices, heavily influenced public attitudes, and challenged established medical and psychological assumptions about sex and sexuality.
Sexual Physiology Research: Masters and Johnson

In the mid-1960s, William Masters and Virginia Johnson brought the field of sociology to a new level with groundbreaking research focusing on the physiological responses of the human body during sex, specifically, arousal and orgasm. Their controversial research methods involved laboratory-setting observations of volunteers engaging in masturbation and sexual intercourse, while hooked up to biochemical monitors, such as electrocardiographs. Galvanic skin responses, muscle contractions, facial expressions, and more were analyzed and observed. Their book, *Human Sexual Response* (1966), is a comprehensive summary of their findings, and it quickly became a best seller in the United States. A second important study, *Human Sexual Inadequacy* (1970), addressed problems of sexual performance. This was the first time sexual dysfunction was labeled and explained, with behavioral treatment options. In 1964, they established the Reproductive Biology Research Foundation in St. Louis, Missouri, later called the Masters and Johnson Foundation.

By 1965, Masters and Johnson had observed more than 10,000 episodes of sexual activity in their research. Their physiological studies of sexual stimulation and reactions led them to describe the *sexual response cycle*. This cycle consists of four stages from arousal to orgasm, which are respectively called: excitement, plateau, orgasm, and resolution. Their findings revealed that men undergo a waiting period after orgasm, during which they are unable to ejaculate again, while women are capable of multiple orgasms. They described the rhythmic contractions of orgasm by both sexes as occurring in 0.8-second intervals before gradually slowing. Their findings on the nature of the female orgasm were particularly enlightening, and they challenged Freud’s ideas of the vaginal orgasm as the mature orgasm. They revealed that the physiology of the orgasm is the same whether women stimulate their clitoris or vagina, essentially proving that women are multiorgasmic. They argued that in most cases, sexual problems for couples were not a result of neuroses or other medical or psychological disorders, but rather a result of conflict in the relationship or poor communication.

Masters and Johnson were the first to conduct research on the sexual responsiveness of older adults, finding they were perfectly capable of orgasms and a healthy sex life, despite cultural assumptions to the contrary. They noted that arousal typically takes longer and requires more genital stimulation with age. In their research on gay men, Masters and Johnson randomly assigned them into couples and discovered that they quickly figured out partner preferences, such as who was receiving anal penetration or giving it, with little discussion. Likewise, with randomly assigned coupled lesbians, one partner quickly assumed sexual control. Between the years of 1968 and 1977, Masters and Johnson treated individuals who were dissatisfied with their homosexuality. They reported a 71 percent success rate in converting homosexuals into heterosexuals over a six-year period (Masters and Johnson 1979). This misconception that homosexuality is something that can or should be treated or changed indicates biases in their research by uncritically incorporating cultural attitudes against homosexuality.

Masters and Johnson’s research methodology has faced other criticisms as well. Some argue their data was not representative, particularly in the initial stages, because they studied 145 prostitutes. Then, they moved on to primarily white, educated, married couples in their community, which, again, was not a representative sample. Additionally, some critics argue that sexual activity in a laboratory environment is
Quite different than in the privacy of one’s home and probably inhibits some behaviors. The ethical issues associated with assigning arbitrary sexual partners for observation are still hotly debated. Up to this time, it had not been attempted, nor has it been attempted since. Finally, their sexual response cycle has been critiqued for being entirely sequential, linear, physiological, and without consideration of relationship and cultural factors, or even sexual desire. In response, several other models have since developed, including Kaplan’s Triphasic Concept (1979), which includes desire and excitement; Whipple & Brash-McGreer’s Circular Model (1997), specifically designed for women; and Basson’s Nonlinear Model (2001), which considers intimacy and desire, and assumes there is no “normal” in sexual response.

**Sociology and Social Constructionism**

Sociology is a scientific endeavor that emphasizes the careful gathering and analysis of evidence about social life in order to develop better understanding of key social processes. Research methods vary from observations to ethnography, large-scale surveys, census data, interviews, lab experiments, and more. The goal is to discover insights into the social processes that shape human lives and impact personal choices and outcomes. Sociological contributions to sexuality studies did not emerge until the 1960s. Prior to this time, sexuality was viewed as either a natural or psychological phenomenon. Sociology is the first scientific field to theorize sexuality as a social construction.

Social constructionism was introduced by Peter Berger and Thomas Luckmann in *Social Construction of Reality* (1966). This treatise explained that society is formed and organized by human interactions. Concepts and representations of each other’s actions, over time, become habitual. These repeated habits create roles people play in relation to each other. These roles then become institutionalized, or embedded in society. Our social processes, habitualized roles and actions, and institutionalized interactions then shape reality and knowledge, and influence how we perceive the world. In other words, reality is socially constructed. Sexuality, Berger and Luckmann note, demonstrates the ever-changing adaptability of human conduct. Sexuality, like other roles, is something that is learned and shaped by culture and society.

As described in Chapter One, it was sociologists Gagnon and Simon who began to question the essentialist perspective on sexuality. In addition to studying sociology at the University of Chicago, both researchers studied sexuality at the Kinsey Institute, exploring the social sources of human sexual conduct. They published *Sexual Conduct* (1973), a landmark text in the sociology of sexuality that went on to profoundly influence what is now known as the social constructionist approach to sexuality. Instead of adopting Freud’s emphasis on the repression of natural drives as the formation of desire and the sexual self, they focused on how society creates and produces sexuality. Essentially, their work challenges biological determinism and claims human sexual behavior is created by society.

Gagnon and Simon argued that sexuality is the result of a complex psychosocial process of development. Acts, feelings, and body parts are not sexual on their own—they become sexual through the application of sociocultural scripts that imbue them with sexual significance. Sexual scripts are not fixed, but are ongoing fluid improvisations. This approach allows for individual change and agency.
in the development of the sexual self. They claim sexuality is an ongoing action, in which the making and modifying of sexual meaning occurs. In the end, the social constructionist perspective became the dominant paradigm of social science inquiry into human sexuality and is the theoretical foundation behind the ideas in this very textbook.

Despite the work of Gagnon and Simon, during this era, the initial sociological research on sexuality narrowly focused on sexual deviance. Since its inception as a discipline, sociology studied deviant behavior, or the behaviors that violate social norms. By the 1960s, sexual deviance, and what desires and behaviors are defined as sexually deviant, was an ongoing and central focus in the field of sociology. Sexual deviance refers to behaviors of individuals seeking erotic gratification through means that are considered odd, different, or unacceptable to mainstream society. As social constructionism developed, the question of why some people conform to social expectations, and others do not, began to be understood as something that is influenced by an individual’s social experiences and relationships. This emphasis contrasts with the medical and psychiatric focus on the internal or biological states of individuals.

Sociologist Mary McIntosh (1968) was one of the first to question the assumption of homosexuality as deviant. She argued that labeling homosexuality as deviant is a form of social control and segregation and a way to prescribe acceptable heterosexual behaviors. She also critiqued the assumption that it is a “condition,” as most criminologists, medical doctors, and psychiatrists of the era proclaimed.

Historian and sociologist of sexuality Jeffrey Weeks is one of the most significant academic voices of the 1970s to challenge essentialism and promote a social constructionist perspective. Weeks’s academic work is highly influenced by his political activism, which began with the Gay Liberation Front in the early 1970s in London (see Chapter Six). Weeks’s earliest book, Coming Out: Homosexual Politics in Britain from the Nineteenth Century to the Present (1977), is a historical analysis of sexuality. Weeks demonstrated how, even though homoerotic behavior most likely existed throughout all of human history, the emergence of the “homosexual” as a distinct category of human identity is a modern phenomenon. He revealed how identities are changeable and informed by social and historical influences. Yet, at the same time, he proposed that sexuality and sexual identity can be intentionally shaped to benefit individuals and society in the present and future.

**Sex in America Survey**

In the early 1990s, sociologist Edward Laumann and colleagues decided that in the era of HIV/AIDS, it was imperative we understand sexual behaviors so that we can develop public health approaches that will be effective in changing risky sexual behaviors (Laumann 2011; see Chapter Eleven). Despite the studies discussed in this chapter, there is a dearth of sex research, as this is rarely a subject that government and private foundations are interested in supporting (Michael et al. 1994). Most sex research focuses on sexual deviance rather than general sexual practices of the population (Das and Laumann 2015). Many of the sex studies that do exist face methodological shortcomings, such as lack of representative samples and generalizability.

“The current conceptualization of homosexuality as a condition is a false one, resulting from ethnocentric bias”—Mary McIntosh (1968:192).
Since Masters and Johnson, there have been a few popular reports on sexual practices: the *Playboy* report, *The Janus Report*, *The Hite Report*, and the *Redbook Report*. All of these studies face methodological problems: they rely on volunteers and their samples are not random, which limits the generalizability of the findings.

Laumann and colleagues (1994) sought to correct this problem. Their project, which was initially called the National Health and Social Life Survey and later became known as the Sex in American Survey, is a scientifically valid, national study, with a random sample of 3,432 adult American men and women of varying ages and races/ethnicities. It includes questions on a wide range of sexual behaviors. Despite the constant bombardment of sexualized images in the media, this research found that American sexual behavior differed remarkably from American sexual norms of the day. Perhaps surprisingly, behaviors were more conservative than the norms. This study found that people in monogamous sexual relationships reported higher satisfaction with their sexual relationships than others, Americans were less sexually active overall than assumed, and African Americans reported lower rates of oral sex and masturbation than white Americans or Hispanics.

**Feminist Contributions to Sexuality Studies**

Feminist contributions to sexuality studies at least partially reflect the dramatic shift in social and sexual norms for women in the latter half of the twentieth century. The post–World War II economic boom brought women into the workforce in unprecedented levels and challenged traditional gender roles. Divorce rates began to rise in the early 1960s, changing the dynamics of family structures and intimate relationships. The birth control pill became available in 1960, and the sexual revolution of the 1960s and 1970s encouraged sexual freedom for women. Paralleling the numerous other social movements of the 1960s, a new surge of feminist activism began and formed what is known as the second wave feminist movement, or the women’s movement.

The women’s movement is a large, varied, and complex social movement that challenges women’s relations to power from a variety of different angles. One of its most popular slogans, “the personal is political,” implies a standpoint that connects personal experiences with larger social and political structures. This belief questions how gender inequality and sexism impact women’s lives in both the private sphere and the public sphere. It brings issues like sexual assault, reproductive health care and rights, sexual harassment, and domestic violence to the forefront of political debate.

Growing out of the women’s movement in the 1970s, Women’s Studies departments opened in universities across the country. This led to a significant increase in feminist research and theory. Feminist theory contributes a wide array of concepts specific to the science of sexuality, including an exploration of the role of gender in sexuality, heterosexuality as a tool of social control, the concept of intersectionality, sexual violence, and the importance of reproductive rights, among others. Feminist academics question the androcentric views of science and its presumption of objectivity; and they seek to engage in new scientific approaches, designed to produce knowledge from the standpoint of women.

There is not one central feminist theoretical position or theory on sexuality. There are a variety of feminist viewpoints that each shed light on the subject. Some feminists believe women hold a unique perspective on sexuality simply because of their gendered experience. For example, Audre Lorde describes, “The erotica is a
resource within each of us that lies in a deeply female and spiritual plane, firmly rooted in the power of our expressed or unrecognized feeling” (Lorde 2007:53). Lorde claims this source of power comes from a nonrational knowledge within women and could, if tapped, redefine the way people relate and connect, both sexually and nonsexually.

Luce Irigaray, a French poststructuralist feminist, argues that female sexuality has always been conceptualized on the basis of masculine parameters. Irigaray claims Freud’s theory of sexuality, in particular his notions of penis envy and the inferiority of the clitoral orgasm, imply women’s sexuality is deficient. If viewed through a Freudian lens, women are “the sex which is not one” (Irigaray 1977:23). She redefines female sexuality and sexual pleasure as a complex set of experiences located in the female body that cannot be reduced to one sexual organ.

African American feminist bell hooks critiques representations of black female sexuality in U.S. culture as objectified, expendable, and the “erotic other” (see Chapter Seven). Hooks claims that “When black women relate to our bodies, our sexuality, in ways that place erotic recognition, desire, pleasure, and fulfillment at the center of our efforts to create radical black female subjectivity, we can make new and different representations of ourselves as sexual subjects” (hooks 1992:76).

The radical feminist tradition views sexuality as a tool of male dominance and one of the primary sources of oppression for women globally. This tradition claims the relationship between sexuality and dominance is often revealed through acts of violence against women. Examples include sexual harassment in the workplace, domestic violence, sexual abuse, sexual assault, use of rape in war, violence in pornography, and more. Catherine A. MacKinnon (1989b) argues that heterosexuality is defined primarily as an eroticized dynamic of masculine domination and feminine submission and is inextricably linked with violence. Female sexuality, in this context, is defined as something that is to be taken, conquered, achieved, or possessed. MacKinnon argues that forced sex becomes central to the concept of heterosexuality. Thus, “rape is indigenous, not exceptional, to women’s social condition” (MacKinnon 1989b:172). She claims that women’s sexuality, sexual preferences, and practices are inextricably connected to their social condition of inequality.

Feminist sexology, as an independent field, began growing in the 1970s with a specific focus on topics such as reproductive rights, sex work, LGBTQ identities, pornography, sexual attitudes, and the role of the body (see Chapters Ten and Twelve). In 1976, The Hite Report, a revolutionary book by sex educator and feminist, Shere Hite, was published. Building on the physiological studies of Masters and Johnson and the questionnaire approach of Kinsey, Hite asked over 100,000 anonymous women, ages 14 to 78, about sex, orgasms, and masturbation. The findings revealed that orgasms are easy for women with clitoral stimulation. The cultural assumption that “good sex” required vaginal penetration is simply that: cultural. Hite’s research suggests that heterosexual sex needs to include the stimulation that inspires female orgasms, not just male orgasms.

Hite’s methods were highly criticized, due to the fact that her data was not gathered from probability samples and thereby cannot be used to generalize to the population at large. Moreover, the women who responded to her very personal survey may be less concerned about answering sensitive questions about sex than the average woman would be. In other words, the nonresponders are not represented in the sample. Others find her methodology important for studying women’s sexuality because it provides an opportunity for women to open up without
face-to-face interview pressures or laboratory conditions, which likely inhibits many potential respondents.

Intersectionality

Intersectionality theory was first introduced by legal scholar and feminist Kimberlé Crenshaw (1989). Intersectionality, as mentioned in Chapter One, is a theoretical approach that considers multiple grounds of identity and the ways various modes of oppression intersect and work together in society. During the 1980s, women of color began to critique feminist scholarship for its primary focus on gender as the most important category for understanding women's subordination and ignoring racial oppression. Women of color have long critiqued the feminist movement for being dominated by white, middle-class women and their issues, which are assumed to apply to all women. They argue that race, class, age, ability, and sexuality are also crucial aspects of women's lives. An intersectional approach recognizes women's multiple experiences and identities and is also concerned with large-scale, socially constructed systems of power. In other words, it looks at how gender, race, class, and sexuality are systemic forces shaping society.

There is not one specific methodology associated with intersectionality. Intersectionality calls for a variety of methods that can handle nuance and multiple dimensions of lived experience. Researching systemic inequality from an intersectional position is complex and assumes plural ontologies, the study of being, or ways of understanding reality, and, epistemologies, the study of knowledge, particularly how we know what we know. From an intersectional perspective, much of what we know stems from our positions in multiple status hierarchies (as women in a patriarchy, for instance, or as heterosexuals in a sexual hierarchy that privileges heterosexuality). Looking at complex subjectivities opens up analysis for how institutional and structural systems operate in a complex matrix of domination of power that must be addressed simultaneously (Collins 2000).

One of the primary objectives of the intersectional approach is to understand that subjects occupy multiple social locations and give voice to their complex positionalities, but also to point out how interlocking oppressions manifest institutionally. Studying sexuality through an intersectional lens provides many unique insights. For example, inequality and poverty often intersect in the lives of sexual and gender-nonconforming people who experience inequities in education systems and the labor market (see Chapter Eight). Sexuality and poverty intersect with the legal system when laws criminalizing sexual and gender-nonconforming behaviors are enforced. This in turn creates social stigma and discrimination and can discourage professionals from working with nonconforming persons and sex workers, out of fear of prosecution, which further marginalizes nonconforming persons from social services and protection from structural violence (Jjuuko and Tumwesige 2013).

Post-Structuralism: Michel Foucault

Most post-structuralists approach the subject of sexuality from the starting point of deconstructing what is considered natural or biological. Sexuality is viewed as a fluid concept that is constantly changing and is relative to each culture, time period, and context. French philosopher and historian Michel Foucault (1926–1984) explored the relationship between sexuality, power/knowledge, and social control in institutions. In The History of Sexuality, Vol. 1 (1978), Foucault challenged the
repressive hypothesis, among other things. This is the idea that Western society has historically repressed sexuality. Foucault argues sexuality has not been repressed and dates discussions of the sinful aspects of sex and sexuality all the way back to early Christian theology practices of confession in the Catholic Church. Foucault argues that the modern sexual era was created through a sexual discourse that emerged during the Victorian Era, a time of peak sexual obsession. Psychiatrists, medical doctors, sexologists, and religious leaders had a lot to say about human sexuality in the Victorian period, and this obsession led to the modern scientia sexualis, or science of sexuality. Foucault claims the process of experts talking about and trying to understand sexuality as something separate from the pleasurable experience of it actually creates what we know of as sexuality. In other words, by creating a discourse focused on discovering the hidden truths of the human sexual instinct, scientists actually fashion human desires, pleasures, and the boundaries of normal and abnormal.

Foucault argues that the process of producing sexual knowledge gives social institutions power. Sexual knowledge produced by medical doctors, psychiatrists, and sexologists operate as forms of social control; they frame people’s sexual feelings, behaviors, and identities in ways defined as acceptable and unacceptable. He describes modern Western society and its institutions, including the military, legal and penal system, schools, churches, and medicine, as based on a type of social organization that emphasizes discipline and control. This disciplinary control shapes human beings, including how we view our bodies, identities, and sexuality. Foucault provides a historical analysis for why and how this type of disciplinary control develops in modern society. He sees it as a byproduct of the changing cultural, political, and economic climate of nations toward industrial capitalism, mass education, and literacy, and increasing dependence on government in the seventeenth through the nineteenth centuries. As populations increase, the need to understand and control reproduction, health, and migration become essential, hence the need to control sexuality. Foucault believes it becomes crucial to control and manage sex in order to manage the behavior of citizens, but most importantly to maintain dominant group power.

Institutions rely on ideas and language, or what Foucault calls discourse, to control and maintain power. The language used to discuss sexuality, write laws, and describe medical diagnoses pertaining to sexuality all work to regulate human sexual behavior and expression. While he shows the importance of language and social institutions in the process of shaping sexuality and sexual identities, he is critiqued for not addressing other important social components such as gender, class, age, or race. Foucault’s work influenced many social scientists in the 1970s and 1980s to argue sexuality was more influenced by society and culture than by biology.

**Queer Theory**

Queer theory emerged in the 1990s out of poststructuralism, feminist theory, and gay and lesbian studies (Mann 2012). Queer theory is a critical analysis of the social
construction of sexuality, particularly the ideas of the sexual binary and essentialism; it opposes gender and sexuality classifications as limiting, and instead embraces the concepts of gender and sexuality as fluid, or in flux. In this way, queer theory destabilizes the notion of homosexual and heterosexual identities (Seidman 1997). It seeks to understand what society considers normal, how it comes to be considered normal, who is excluded or oppressed by such understandings, and how the formations of sexual and gender minorities are then created. A founding queer theorist, Eve Kosofsky Sedgwick draws from feminist scholarship and Foucault’s writings in her literary critiques of classic works. Sedgwick claims authors such as Charles Dickens conceal homoerotic subplots and work to reveal sexual ambiguities in literature. She coins the term *homosocial* as the relationship between same-sex people and argues it is an important aspect of analysis in order to better understand sexuality.

Queer theory is highly influenced by Judith Butler’s seminal work, *Gender Trouble* (1990). Butler critiques the feminist movement for trying to assert that women are a group with common characteristics and interests. She argues that even though the feminist movement rejects the essentialist idea that biology shapes women’s destiny, it still divides humans into two groups, men and women, reinforcing the sex/gender binary. She argues that gender, sex, and sexuality are constructed through repetitive performances. Performativity is a stylized repetition of acts, an imitation or miming of the dominant conventions. While it is possible for gender performativity to be subversive, it is not automatic or easy.

Sociologist Mimi Schippers (2016) uses queer theory to understand nonmonogamy, specifically *polyqueer* sex, sexualities, and relationships. She challenges regimes of normalcy attached to heteronormativity and monogamy and argues that when we do this, it allows us to destabilize racial and gender hierarchies as well. In other words, compulsory monogamy is central to heteromasculine domination and white privilege since race, gender, and sexual hierarchies intersect and sustain one another.

**THE SCIENCE OF HOMOSEXUALITY**

Since the invention of the concept of homosexuality in the late 1800s, understanding same-sex sexuality has been a challenge for physicians, psychologists, and academic researchers. Since the nineteenth century, homosexuality has inspired a wide range of questions, some of which were brought up in Chapter One: Is homosexuality biologically determined? Is there a gay gene? Is it a personal choice? Is homosexuality a result of cultural influences, familial influences, early sexual experiences, or child sexual abuse? Should it be considered deviant? Is it a psychological disorder? Can it be altered? Is it ethical to try to change it? Until recently, most sexologists sought a scientific explanation for the “true” nature of homosexuality while leaving questions of heterosexuality unexplored.

Historian scholar Benjamin Kahan (2019) argues that the best way to understand the history of sexuality, and how the concepts of “homosexuality” and “heterosexuality” came to be defined, is through historical etiology, or a research approach that recovers multiple patterns, models, and categories of sexuality, reconstructing their origins, and tracing their relations to other sexual formations and categories in the history of science. In other words, there is no single causal explanation for the invention of the term “homosexuality”; instead it is a concept that emerged from a wide range of intellectual systems.
In the Victorian Era, medical professionals viewed opposite-sex attraction as normal and same-sex attraction as a perversion and an illness. Same-sex orientation was given the medical term *sexual inversion*, and was based on the medical assumption that gender and sexual orientation were intrinsically connected. The conclusion was that if someone was attracted to a person of the same sex, it was due to gender inversion. Same-sex behavior was labeled as *sexually degenerate*, or lacking in morality. Victorian doctors were influenced both by Christian teachings that viewed homosexuality as a sin and by criminal laws that pronounced it as illegal. Over the years, electric shock treatments and aversion therapies were often prescribed, as were more drastic measures such as castration, in an attempt to treat or cure homosexuality (see Chapter Five). The terms homosexuality and heterosexuality were not introduced into medical literature until the latter part of the nineteenth century (see Chapter One). By giving opposite- and same-sex sexual behaviors a name and an official identity, the institution of medicine helped to shape and define them.

More current medical and biological approaches to understanding homosexuality have focused on the role of genetics and hormones. Although it is scientifically impossible to establish the exact relationship between genes and behavior traits, the search for a "gay gene" is still pursued (see Chapter One). Due to cultural influences and individual variations in sexual attraction, genes alone cannot explain sexuality. Some biologists suggest that the hormonal chemistry of the mother’s body influences the sexual orientation of the embryo in her womb. Other researchers hypothesize that higher levels of the hormone androgen is linked with homosexuality (Balthazart 2011). However, such biological explorations do not have conclusive evidence and are critiqued for the underlying assumption that heterosexuality is normal and homosexuality is a genetic or biological flaw. Finally, biomedical models are criticized for seeking monocausal explanations of homosexuality, abiding within the confines of a binary idea of gender and sex, and for dangerous research testing and medical intervention of homosexual and intersex individuals.

Theorists still exploring homosexuality from a biological perspective, such as Joan Roughgarden in *Evolution’s Rainbow* (2013), argue that sexual diversity in nature is common and is an integral part of what makes human beings natural. Her research reveals sexual behavior in many animal species that challenges the traditional assumption that gender identity and sexual orientation correlate and affirms that individuality exists in both humans and animals. Roughgarden reconstructs Darwin’s sexual selection theory to emphasize social inclusion and access to resources and mating opportunities, and she insists the scientific approach to understanding homosexuality be reevaluated in light of feminist, gay, and transgender criticisms.

**Homosexuality as Mental Illness**

The psychological community viewed homosexuality as a mental illness or personality disorder until 1973. Freud believed that human beings were born biologically bisexual, or naturally attracted to both sexes, but that adult homosexuality was a result of childhood trauma or immature sexual development. He viewed heterosexuality as the result of the fully developed and healthy adult. In 1962, Irving Bieber published an influential argument in *Homosexuality: A Psychoanalytic Study*. His research claimed homosexuality was caused by dysfunctional child-parent relationships, primarily a detached father and a domineering mother. Bieber, like other sexologists including Freud and Masters and Johnson, claimed to be able to cure
homosexuality. Most psychological explanations of homosexuality are gender biased because the primary emphasis is on male homosexuality. Lesbianism is often viewed as a side topic or simply a reflection of male homosexuality.

The American Psychiatric Association (APA) is the leading professional association of psychiatrists in the United States. It publishes the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is written by multiple committees of experts in every area of mental health. Homosexuality was officially classified as a mental illness, or a sociopathic personality disturbance, in 1952. When something is diagnosed as an illness, there is inevitably a focus on finding a treatment or a cure. This is certainly true for homosexuality. The 1950s were a brutal period for lesbians and gay men, as many thousands of them were subjected to incarceration in mental hospitals and treatments such as extended psychoanalysis, electric shock therapy, lobotomies, castration, as well as experimental chemical and pharmaceutical treatments. However, cultural changes and prevailing societal attitudes brought on by the women’s and gay rights movements of the 1960s and 1970s urged the psychiatric establishment to reconsider its diagnosis. The APA changed this classification due to changing social and cultural pressures, not new scientific research findings. Thus, in 1973, homosexuality was officially declassified as a mental illness. However, it was not until 2000 that the APA denounced reparative therapies (also known as sexual conversion therapies)—a range of therapies designed to change a person’s sexual orientation from homosexual to heterosexual.

### Sociology of Homosexuality

In recent decades, social constructionist theories brought an entirely new perspective to the understanding of homosexuality. Sociologists began to inspect the influence of culture and society on homosexual behavior and identity, as seen in Gagnon and Simon’s (1973) introduction of the idea of sexual scripts. Ken Plummer, in *Sexual Stigma* (1975), theorized that people learn to be homosexual. Plummer argued that an individual might feel same-sex desires, but the process of identifying as homosexual required learning sexual desires through interacting with both heterosexual and homosexual cultures. Jeffrey Weeks, in *Coming Out* (1977), sought to write a history and sociology of homosexuality. Weeks discovered that there was not a unified experience of homosexuality and that it shifts and changes throughout time and culture, and was influenced by factors such as social class, gender, race, ethnicity, among others.

### The Science of Monogamy

Like homosexuality, the understanding of *sexual monogamy*, or the practice of having a sexual relationship with only one person at a time, has been a challenge for physicians, psychologists, and academic researchers since the nineteenth century. Monogamy has inspired questions such as: Is monogamy biologically determined? Or, is it a personal choice? Like the discourses around homosexuality, the naturalness of monogamy and nonmonogamy was a central focus in the early sexual sciences, and it came to be produced and understood as a natural and normal fact of sexual life. Kraft-Ebbing viewed monogamous marriage as deeply intimately intertwined with Christianity and superior to other sexual arrangements (Willey 2016). For sexologist Havelock Ellis, monogamy was intertwined with nature and
evolution and he believed that as modern, sexual social beings became more highly evolved they would naturally become more monogamous (Willey 2016).

Modern science still seeks to understand and explain monogamy. Biologists historically studied family structures across species as a way to understand monogamy. However, with the widespread use of DNA testing in recent decades, scientists learned that often mammal parents care for offspring that are not genetically related to the fathers and that fathers often have genetic offspring elsewhere (Willey 2016). Biologist Sue Carter, director of the Kinsey Institute at Indiana University, studies the endocrinology of love and social bonds and was one of the first scientists to explore the physiology of monogamy in the prairie vole. Carter's work led to an array of studies focused on the behavioral and developmental effects of oxytocin and vasopressin in humans. Carter emphasizes that it is important for biologists to focus on "social" monogamy rather than sexual monogamy. Sexual monogamy implies mating exclusivity, while social monogamy describes the capacity for selective and lasting social bonds. Mammals who are socially monogamous, such as humans, tend to form extended families and exhibit aggression toward strangers (Carter and Perkeybile 2018). However, to be socially monogamous does not mean one automatically engages in sexual exclusivity.

The work of behavioral neuroscientist Larry Young (2009) also seeks to isolate and identify the neural and genetic components that create monogamy in prairie voles. Young (2009) argues there is a similarity between the dopamine-related reward regions of the brain involved in vole pair bonding and those associated with human love. Young (2009) hypothesizes that science may soon be able to explain love as a "cocktail of ancient neuropeptides and neurotransmitters" and may even produce drugs that can manipulate brain systems to enhance or diminish love for another.

In Undoing Monogamy: The Politics of Science and the Possibilities of Biology (2016), Angela Willey explores the concept of monogamy in Western science and culture from a queer feminist theoretical position, exposing scientific production as a form of knowledge production that reflects and reinforces political and cultural norms. Willey specifically analyzes scientific knowledge as produced in the publications and laboratory practices of Dr. Larry Young's neuroscience laboratory. Willey argues that a naturalization of coupling, monogamy, and sexuality shapes the study in a variety of ways, such as the interchangeable use of the terms "monogamy," "social monogamy," and "pair bonding." Willey also warns that reducing the concept of "love" to a "biochemical chain of events" naturalizes it and makes science the expert on defining it (2016:49–50).

**Sociology of Monogamy**

Instead of focusing on genetics or neurochemical processes, sociologists explore cultural influences in sexual and mating practices like monogamy. Various discourses used in biology, law, religion, sexology, and popular culture construct, shape, and uphold ideas about monogamy as the only natural, normal, moral, and healthy approach to romantic relationships, which creates mononormativity (see Chapter One). Feminists have coined the term *compulsory monogamy* to describe the deeply normalized status of coupling, especially for women. To say that monogamy is compulsory is to highlight the constraints on our ability to imagine alternatives. Sociologists agree that the most commonly practiced form of monogamy in the Western world is *serial monogamy*, which means that most people will not
have one single life partner, but will have multiple sexual and committed relationships throughout their life, but not multiple relationships at the same time (Rambukkana 2015).

SEXUALITY STUDIES IN ACADEMIA

Sexuality studies in academia is a fast growing, interdisciplinary field. Feminist, postmodern, lesbian, gay, bisexual, transgender, and queer (LGBTQ) theories all contribute to sexuality studies. Many Women’s Studies programs, which developed out of the women’s movement in the 1970s, are now called Women, Gender, and Sexuality Studies to incorporate the broader influence of gender and sexuality on the field. Feminist scholars began Women’s Studies as a discipline by, about, and for women, but as the field developed, many began to realize that the study of gender and sexuality encapsulated the whole of the field more accurately. By the 1990s, a shift in the names of many academic programs reflected this growing awareness.

Lesbian, Gay, Bisexual, and Transgender Studies (LGBTS) scholars specifically focus on sexual orientation, gender and sexual identities, and the historical and contemporary experiences of lesbian, gay, bisexual, transgender, queer, and intersex people and cultures. Born out of the gay and lesbian social activism of the 1970s, this field began with a focus on the history and literary works of gay men and lesbians. Inspired by Women’s Studies and African American Studies departments and other identity-based academic fields at the time, LGBTQ studies developed into its own discipline, with departments and degree-earning programs and certificates offered all over the world. In the 1990s, Queer Studies emerged as an extension of lesbian and gay studies, based on queer theory and topics connected to this field, as did Transgender Studies, which studies transgender history, youth, identity, legal issues, and more. Just as Women’s Studies programs represent the academic arm of the feminist movement, LGBTQ Studies can be seen as the academic arm of the gay liberation movement.

The work of women, gender, and sexuality studies scholars impacts our understanding of sexuality across all disciplines in academia. The role of society and culture cannot be ignored or left out of any analysis of the body, pleasure, desire, or sex. A greater awareness of moral biases, dominant ideologies, norms, and beliefs must be acknowledged and explored for research to be considered valid and credible. This has not always been the case in academic research.

RESEARCHING SEX: METHODOLOGICAL AND ETHICAL CONCERNS

This chapter introduced the leading research in the science of sexuality, from early sexologists to queer theory. Here, we explore some key dilemmas

“Lesbian/gay studies does for sex and sexuality approximately what women’s studies does for gender. . . . [W]e can still describe lesbian/gay studies by saying that it intends to establish the analytical centrality of sex and sexuality within many different fields of inquiry, to express and advance the interests of lesbians, bisexuals, and gay men, and to contribute culturally and intellectually to the contemporary lesbian/gay movement” (Abelove, Barale, and Halperin 1993:xvii).
surrounding sex research; specifically, methodological and ethical issues unique to sexuality studies. Studying sex and sexuality creates its own set of methodological problems because it is difficult to get people to talk about personal and private matters such as their own sexual desires, behaviors, and fantasies, especially if these entail stigmatized desires and behaviors. Additionally, there is a stigma associated with research on sex and sexuality, which results in a reluctance to engage in this kind of research among some scholars. Today, researchers associated with institutions of higher education must obtain subjects’ informed consent in order to engage in a research study, are required to follow guidelines that protect human subjects from any physical or psychological risk of injury, and must ensure their privacy and confidentiality.

Despite our focus in this section on methodological and ethical issues in sexuality research, it is also fulfilling work and contributes much to social science scholarship. In addition to increasing our knowledge about human sexual behaviors, sexuality research provides us with some of the best examples of researcher reflexivity, particularly the relationship between sexuality research and the researcher (Gamson 2019; Charlotte Morris 2018; Radoslovich 2018; Sanders 2019). Additionally, it has introduced creative methodological approaches to studying sexuality, including using poetry in pornography research (Macleod 2018) and ventriloquism in sexuality research (McGeeney et al. 2018).

**Methodological Issues in Sex Research**

In terms of methodological issues, sex research presents a set of specific issues that standard social scientific research does not face. First, there is a shortage of large-scale, representative studies focused on the sex lives of Americans (Jungels and Harmon 2019). This shortage is due to a number of reasons, including the stigma associated with sex research and costs associated with such large-scale research. Second, while all survey research seeks to obtain a representative sample, this is more difficult with some research topics than others. If researchers want to study sexual behaviors among today’s college students, for instance, they must make sure their sample mirrors the college student population along the lines of gender, sexual orientation, age, and race. However, when it comes to sex research, we face the problem of self-selection bias, or volunteer bias, in which subjects who agree to participate in sex research tend to be more sexually experienced than those who choose not to participate in such research (Boynton 2003; Plaud et al. 1999). Again, we can turn to Kinsey’s research for an example of this. While he and his colleagues took sexual histories of over 18,000 men and women, the representativeness of his sample is questioned: They are overwhelmingly white, better educated, more urbanized, and younger than the population at large, which inevitably limits Kinsey’s ability to extend his findings to the population at large. Sampling bias is an ongoing problem in sex research. Without large-scale, representative samples, researchers lack the ability to generalize their findings.

Another methodological issue sex researcher’s face involves the choice of language used in survey questions about sensitive sexual practices. Avoiding highly technical or academic terminology, such as using the term “fellatio” instead of “oral sex,” is important to ensure respondent comprehension. Researchers often opt to use more colloquial language and sometimes even slang references to avoid comprehension issues (Das and Laumann 2015). The language researcher’s use when writing grants to obtain funding for research can also be problematic, as using terms such as sex
workers, anal sex, and prostitute, among others, result in scrutiny by granting agencies for already limited funds (Stombler and Jungels, 2019).

A final methodological issue involves funding. Much scientific research is funded through the government, which means it is precarious. Sometimes research funding is cut due to an economic recession. In other cases, scientific research funding is cut for political and ideological reasons; the science of sexuality is often not treated with the same regard as other scientific endeavors and, instead, is politicized. Upon release of Kinsey’s second book, *Sexual Behavior in the Human Female* (1953), so much outrage ensued that he and his colleagues lost their Rockefeller Institute funding, which was a significant part of their operating budget. In 1991, an act of Congress was used to deny funding for one of the largest surveys of American sexuality ever attempted, the National Health and Social Life Survey. Congressman Jesse Helms instead preferred funding a survey that supported the “just say no to sex” campaign (Laumann 2011). Republican Representative William Dannemeyer and Senator Jesse Helms also argued that we already know enough about sexuality and that asking Americans about their sexual behaviors is inappropriate, is harmful, and promotes promiscuity (Seigel 1991). In the current era, conservative politicians maintain a climate of intimidation and censorship to reduce funding for sex research (Stombler and Jungels 2019). It is especially crucial in the era of HIV/AIDS to better understand sexual practices in order to develop effective strategies of disease prevention, and yet, we still see sex research denied necessary funding.

**Stigma and Sexuality Research**

In addition to funding issues that originate outside of academia, sexuality studies struggle for legitimacy within academic circles as well (Irvine 2015). Sociologist Janice M. Irvine (2015) studied sociologists engaged in sexuality research and found that many report legitimacy questions from colleagues, resulting in academic marginalization. She found sexuality researchers are problematically sexualized by colleagues because of their choice of research topic. Assumptions are made about the researcher’s sexual identity and practices simply because of what he or she studies. Additionally, for researchers who are openly LGBTQ, their research is often trivialized as “advocacy” rather than objective science. The sexuality stigma attached to sexuality researchers is also gendered; women are more likely to report experiences of stigma than men, and they are twice as likely to have uncomfortable, sexual jokes directed at them, among other issues (Irvine 2015). Essentially, “women sociologists more often perceived that their association with sex research sexualized them and their workplace interactions, producing stereotypically gendered expectations about their desires and availability” (Irvine 2015:122).

Scholars have to gain approval for their research through their institution’s IRB (Institutional Review Board), which is intended to make sure the researcher follows professional protocols concerning ethics and that research subjects are not harmed in the research process. Institutions also discourage research that might generate negative media headlines, thus, jeopardizing the reputation of the institution. Sexuality research often falls into this category, thus, limiting the kinds of research being conducted (Sanders 2019).

In 1970, the American Anthropological Association, encouraged by one of its members, Clark Taylor, adopted a resolution supporting gay and lesbian anthropologists and the right to study gay and lesbian topics. Taylor “spoke eloquently in highly personal language of the discrimination faced by members of the profession
who were known to be homosexual or whose scholarly interests focused on homosexuality’ (Lewin and Leap 1996:vii). While the resolution passed, it was ignored for many years. Since that time, lesbian and gay academics have formed professional organizations as a way to support LGBTQ scholars and their work. For instance, in 1974, the Anthropological Research Group on Homosexuality was formed; in 1986, its name was changed to The Society of Lesbian and Gay Anthropologists. Such developments are indeed progress, but academia is far from an equal opportunity employer when it comes to sexual orientation. In anthropology, Lewin and Leap state that “Gay men and lesbians continue to find that they must keep a low profile if they are to avoid systematic, although sometimes subtle, discrimination in graduate school and professional life” (1996:x).

Ethical Issues in Sex Research

The first ethical dilemma concerns whether research on sexual orientation should be done at all. We touch on this topic lightly in Chapter One when we ask why we invest so much time and energy seeking a biological or genetic explanation for homosexuality. Is the goal to find a cure for homosexuality? If so, is that ethical? Clearly, such an approach implies there is something wrong with being gay, lesbian, or bisexual and perpetuates homophobia and discrimination against gays and lesbians. If history is our guide, scientific research on sexual orientation has caused more harm to LGBTQ individuals than good. Even the terminology used by many sexuality researchers belies their homophobic assumptions: Homosexuality is often referred to as deviant, a disease, a dysfunction, abnormal brain development, or as a result of deficient hormones. For these reasons, some argue that scientists have an obligation to consider the consequences of their research before engaging in it.

A second ethical dilemma tied to sex research involves questions surrounding the researchers and their obligation to disclose their role. One of the most infamous studies concerning this kind of ethical breach in sex research is known as the Tearoom Trade: A Study of Homosexual Encounters in Public Places (1970) by sociologist Laud Humphreys. Humphreys studied anonymous sexual encounters between men in public spaces, such as restrooms at rest areas or in urban parks known as “tearooms.” In order to gain access to these encounters, he played the role of “watch queen” under the pretense that he was a voyeur who enjoyed watching sexual encounters. Instead, he was a sociologist studying illegal encounters between consenting adults. He wrote down the license plate numbers of the men involved so he could later learn more about those who participated in these anonymous sexual encounters. A year later, after significantly altering his appearance, he went to their homes and proceeded to engage the men in a fake research study to find out personal information about them such as their marital status, sexual orientation, occupation, and so on. Many of the men who participated in the tearoom trades, he discovered, were married to women, and some were prominent members of the community.

“Historically, almost every investigation into the causes of homosexuality has aimed at its elimination . . . . The results of such research have been used to force many lesbians and gay men to undergo various procedures to change their sexual orientation, even when there was little reason to think such procedures would have any effect . . . Such therapies included electroshock treatment, genital mutilation, brain surgery, and lengthy and wrenching psychoanalysis” (Stein 1999:329).
His research is considered unethical because he was not forthcoming about his role as a researcher with his subjects, which could put them at risk, and he violated their right to privacy. They did not consent to his original study, and they were told he was doing a health survey when he came to their homes under false pretenses. He justified his actions by stating he was under no obligation to disclose he was a sociologist engaging in research at the tearoom because he was watching a public act. Despite his justifications, ethical standards guiding social science research today state that researchers are obligated to disclose their research agenda to their subjects, and they cannot mislead subjects about their research. An additional concern with this research is that if his research notes were ever turned over to the authorities, these men’s lives could have been ruined. Because sex between men at the time was illegal, they could have been arrested or fired from their jobs, and such information would have certainly disrupted their lives. While it might be difficult to obtain this kind of information any other way, this study remains a primary example of a violation of research ethics.

Kinsey and his co-researchers were also involved in some ethical dilemmas. During the course of their research, the in-depth sexual histories of thousands of men included those of several pedophiles, including a man who claimed to have sexually assaulted and raped dozens of children. They reported the findings in two tables on preadolescent orgasms in their first volume, *Sexuality in the Human Male* (1948). This data became a major source of controversy in the 1990s. Most of the data, Kinsey and his colleagues use in the child sexual response charts came from interviewees describing their own sexual experiences as children. But some came from the pedophiles who participated in the research (several were even incarcerated for their sexual crimes at the time of the interviews). It was later discovered that Kinsey recorded the data on child sexual responses in such a way as to protect the anonymity of one of the original sources, the pedophile who reportedly had sex with dozens of children. His decision to protect the privacy of a pedophile and not to turn him over to the authorities was questioned, even though it seems unlikely that this kind of information could have been solicited from a criminal without such assurances of their anonymity.

**CONCLUSION**

Sociologists approach the subject of sexuality from a social constructionist perspective. Prior to this approach, most sexologists assumed that sexuality was a natural and fundamental part of being human. Theologians argued sexuality was a primal, sinful drive. Victorian physicians feared homosexuality was a disease. Freud proposed it was an unconscious, psychological drive. Darwin argued sex was an evolutionary drive with the primary objective to propagate the species. Kinsey, Masters and Johnson, and many biologists and sexologists before them, explored the social and physiological dynamics of the experience of sex, still assuming it was a biological and primarily heterosexual drive.

Sociologists and feminists began to theorize sexuality as a learned way of thinking, acting, and feeling—heavily influenced by society and culture and, for feminists, deeply influenced by patriarchal ideologies. Foucault turned common sense assumptions about sexual norms of the Victorian Era on their head. It is science that creates the terminology “homosexual” and “heterosexual,” designating some sexual behaviors as deviant and others as normal and natural. Kinsey and other modern sexologists were interested in the range of sexual practices people engage in.

The gay rights movement of the 1970s triggered a renewed academic commitment to research on sex and sexuality, with the emergence of lesbian and gay studies.
and, later, queer theory, and the institutionalization of Gender and Sexuality Studies involving sexuality scholars from across academic disciplines. Sexuality studies influenced research protocols, particularly related to ethical and methodological issues in research. A renewed commitment to the privacy of research subjects, their protection from physical and psychological harm, and their right to consent to research is now expected.

### Key Terms and Concepts

- **Autoeroticism** 32
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- **Compulsory monogamy** 48
- **Discourse** 44
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- **Sexuality stigma** 51

### Critical Thinking Questions

1. Describe the key contributions of early researchers of sexuality. In what ways are their perspectives shaped by nineteenth-century cultural ideologies?

2. Who are some of the main sociological contributors to the social constructionist perspective on sexuality? In what ways are their perspectives shaped by twentieth-century ideologies?

3. How does feminist theory contribute to the science of sexuality? How does intersectionality expand our understanding of sexuality?

4. In what ways do Foucault and queer theorists challenge mainstream ideas of sex and sexuality? What arguments might arise against these perspectives?

### Activities

1. Conduct an interview with a sexuality scholar on your campus. Find out which theoretical perspective they favor, if they have experienced any hostility or derision directed at their research subject area. Finally, describe one of their research projects, including their research methodology.

2. Write a one-page description of what the science of sexuality would look like if homosexuality was not historically stigmatized? How would this impact medical and psychiatric views of homosexuality?

3. Find a recent scientific study of sexuality. Describe the research methods and field of study it is rooted in. What contributions does it make to the field?
Essential Readings


Recommended Films


Suggested Multimedia

The *Society for the Scientific Study of Sexuality (SSSS)* is an international organization dedicated to the advancement of knowledge about sexuality. SSSS brings together an interdisciplinary group of professionals who believe in the importance of both the production of quality research and the clinical, educational, and social applications of research related to all aspects of sexuality. [http://www.sexscience.org/](http://www.sexscience.org/)

The *Kinsey Institute* at Indiana University works toward advancing sexual health and knowledge worldwide. For over 60 years, the institute has been a trusted source for investigating and informing the world about critical issues in sex, gender, and reproduction. [http://www.kinseyinstitute.org/index.html](http://www.kinseyinstitute.org/index.html)