FINDING OUT
An Introduction to LGBTQ Studies

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One of the central ongoing debates about queerness deals with whether homosexuality is a biological essence or a social construction. This chapter examines arguments relative to that debate.

For more than a century, scientists and scholars have sought to identify the combination of factors that makes a person feel sexual desire for someone of the same sex. This quest began in the 19th century, as Western medicine claimed status as a profession, with standardized training academies, curricula, and practices. The professionalization of medicine evolved through a number of developments in science at that time, including (1) refinement of scientific methods, (2) significant advances in technology, (3) a mania for taxonomy, and (4) a new understanding of human behavior as pathology. Chapters in the first section of this book discussed the early sexologists and their often gender-stereotypical ideas about homosexuality, culminating in an analysis of the popularization of Freudian terms and ideas in Europe and the United States. This chapter discusses more recent biological and psychological theories purporting to explain the etiology of same-sex desire, gender nonconformity, or both, as well as the impact of these theories on contemporary social and political arenas. We will also see how science and other seemingly “objective” sexual research can be motivated by social and political interests.
Before turning his attention to human sexuality in the 1940s, zoologist Alfred Kinsey was best known for his meticulously researched study of the gall wasp. In 1940, he and his research team at Indiana University began the massive undertaking that culminated in publication of *Sexual Behavior in the Human Male* in 1948 and *Sexual Behavior in the Human Female* in 1953. The group interviewed thousands of men and women, taking detailed sexual histories. When the 1948 volume appeared, public reaction was intense. Many were shocked and displeased by Kinsey’s frank and unapologetic discussion of sexual matters (“Kinsey in the News”). Others were glad to see puritanical America exposed as a “nation of sexual hypocrites” (Reisman). Still others were simply titillated. In any case, the country echoed Kinsey’s name. About 200,000 copies of *Sexual Behavior in the Human Male* sold in the first two months after it appeared in January 1948. Popular magazines featured articles and cartoons about Kinsey’s book. Singer and comedienne Martha Raye had a hit tune in 1949 titled “Ooh, Dr. Kinsey!” Archie “Stomp” Gordon recorded a blues number, “What’s Her Whimsy, Dr. Kinsey,” after *Sexual Behavior in the Human Female* appeared in 1953:

I had a gal named Mabel, she used to call me her Hon, But since your book came out, old Mabel always carries a gun.

What is her whimsy, Dr. Kinsey? Won’t you tell me if you could, Why she ain’t behavin’ the way your book says she would.

In fact, the rage for Kinsey has continued nearly unabated for 60 years. As Bob Kanefsky’s 1988 parody “Kinsey Scale” and Momus’s 2001 song “Psychopathia Sexualis” attest, Kinsey’s reputation for opening the Pandora’s box of sex has not diminished (Kanefsky, Currie). In 2004, the feature film *Kinsey* met with reasonable popular success, and Kinsey was profiled in 2005 as part of PBS’s *American Experience* series.

One element of Kinsey’s work on sexuality that distinguished it from that of his sexologist

![Figure 5.1: “Is there a Mrs. Kinsey?”](source: Peter Arno/The Cartoon Bank © Conde Nast.)
predecessors was his absolute refusal to allow moral or medical concerns to enter into his examination. Kinsey insisted that human sexuality in all its variations was simply a matter of stimulus and response—given sufficient stimulus, human beings experience sexual arousal. Kinsey took the same approach to men and women as he had taken to gall wasps a decade earlier: gather an extraordinary amount of raw data, keep careful records, and draw no conclusions not directly supported by the data. Another element that distinguished Kinsey’s work was that his goal was primarily descriptive; he sought to chronicle American men’s and women’s sexual histories and practices, but he was far less interested in why they behaved as they did. He included almost no discussion of the etiology of homosexuality in the *Human Male* volume and, in the *Human Female* follow-up, relegated the topic to a single footnote reviewing previous published work proposing causes of lesbianism.

Kinsey’s stimulus-and-response approach to sexuality in general and homosexuality in particular flew in the face of the *congenital sexual inversion* theories of Richard von Krafft-Ebing and Havelock Ellis [Chapter 2]. Kinsey rejected the idea of a fixed, inborn (homo)sexual identity. “Only the human mind,” he wrote, “invents categories and tries to force facts into separate pigeon-holes” (*Male* 639). But because “nature rarely deals with discrete categories,” and because he believed that “the capacity of an individual to respond erotically to any sort of stimulus, whether it is provided by another person of the same or of the opposite sex, is basic in the species” (660), Kinsey devised a seven-point scale upon which people could chart their degree of homosexual or heterosexual inclination and experience.

Since the appearance of *Human Male*, the Kinsey scale has become a common measure for psychologists and others to gauge an individual’s tendency toward same-sex or different-sex attraction; the scale seemed to provide a flexible way of understanding the diversity of human sexual expression. More than this, however, the enormous popularity of Kinsey’s sexual behavior
books among laypeople has placed the Kinsey scale at the fulcrum of contemporary debates about the nature of homosexuality. Kinsey saw homosexuality as a fluid position on a continuum of possible sexual experiences, and all his conclusions were reached on the basis of self-reported personal statements. His sexual history interviews led him to conclude that “40 to 50 percent of the male population” (Male 660) has some homosexual experience, and roughly 5% to 22% of the male population and 2% to 6% of the female population is located at 5 or 6 on the Kinsey scale, or “exclusively homosexual” (Female 488). He found that 10% of males were predominantly homosexual between the ages of 16 and 55 (Male 651). This is the source of the “one in 10” concept that figures so prominently in gay rights discussions today.

After Kinsey

Kinsey did not invent his sexuality scale out of thin air. As early as 1896, Magnus Hirschfeld had constructed two elaborate schemata for measuring the intensity of sexual attraction. The first chart laid out a 10-point scale indicating the strength of an individual’s “Love Drive,” irrespective of object. The second chart used that scale to plot the degree of attraction to the same sex or a different sex. Hirschfeld’s results, which are conveniently symmetrical, identify three sexual “types”: the total man or total woman (heterosexual), the psychological hermaphrodite (what we would call bisexual today), and the complete Uranian (homosexual) [λ Chapter 2]. Kinsey adapted this continuum format to demonstrate the range and diversity of human sexual behavior. As a scientist studying observable behaviors, he sought to move the topic of homosexuality out of the realm of the soft sciences (e.g., psychology) and into the hard sciences (e.g., biology). Some scientists have taken issue with Kinsey’s research methods, pointing out that his interviewees were not truly randomly chosen and thus may not have reflected a reliable cross section of the population.

Still, many researchers in a variety of fields have found a continuum approach to sexuality and gender useful in theorizing varieties of human experience, behavior, and identification. A decade after Kinsey’s death (1956), Dr. Harry Benjamin’s book The Transsexual Phenomenon introduced the Gender Disorientation Scale. Benjamin’s scale has six stages:

Group 1
- Type I: Transvestite (Pseudo)
- Type II: Transvestism (Fetishistic)
- Type III: Transvestism (True)

Group 2
- Type IV: Transsexual (Nonsurgical)

Figure 5.3 An expression of gay pride, this button shows the way Kinsey’s scale has become part of the popular consciousness.
Group 3
- Type V: True Transsexual (Moderate Intensity)
- Type VI: True Transsexual (High Intensity)

Benjamin breaks each of these six classifications down into eight subcategories: gender feeling, dressing habits and social life, sex object and sex life, Kinsey scale, conversion operation, estrogen medication, psychotherapy, and remarks. For example, Benjamin discusses the Type VI “True Transsexual” as follows:

**Gender Feeling**: Feminine. Total psycho-sexual inversion.

**Dressing Habits and Social Life**: May live and work as a woman. Dressing gives insufficient relief. Gender discomfort intense.

**Sex Object Choice and Sex Life**: Intensely desires relations with normal male as female if young. May have been married and have children, by using fantasies in intercourse.

**Kinsey Scale**: 6

**Conversion Operation**: Urgently requested and usually attained. Indicated.

**Estrogen Medication**: Required for partial relief.

**Psychotherapy**: Psychological guidance or psychotherapy for symptomatic relief only.

**Remarks**: Despises his male sex organs. Danger of suicide or self-mutilation, if too long frustrated.

Benjamin’s classification system was specifically designed to serve as a diagnostic tool for gender-dysphoric men, and not until later did anyone seriously consider the situation of gender-dysphoric women. Such sexism—a lack of attention to born women undergoing sexual-reassignment therapies and procedures—is all too common in both scientific research and medical practice. Still, the Benjamin standards, as they are known, have come to represent threshold requirements for approval of sex reassignment surgery. The Gender Disorientation Scale references the Kinsey scale; thus the Benjamin Type VI, or True Transsexual, measures Kinsey 6 (exclusively homosexual). Benjamin assumes that male homosexuality involves effeminacy; in so doing, he maintains the inversion model of homosexuality favored by the 19th-century sexologists. According to Benjamin’s interpretation of this model, gender—that is, learned behaviors and attitudes supposed to correspond with biological sex—serves as an indicator of sexuality and transsexuality. Benjamin also assumes that all appropriate sexual desire is heterosexual. Therefore, a man whose gender is “feminine” and who desires other men exclusively possesses one of the indicators for sex reassignment surgery (also called gender reassignment surgery or, as preferred by many transpeople, gender confirmation surgery), which
would “correct” his sexual attractions by making him into a woman who desires a man. The original Benjamin standards required that a candidate for the “conversion operation” score high on the Kinsey scale because this would indicate that the individual’s gender was already feminine. So, even though transsexuals often do not consider themselves to be homosexual, many lied to their therapists, knowing they needed to present as close to total psychosexual inversion as possible to be eligible for surgery. Erwin Haeberle criticizes the early sexologists for making an “arbitrary linkage of erotic inclination and gender role.” The Benjamin standards, though applied somewhat less stringently today than in the past, are characterized by this same “arbitrary linkage.”

In the years following the 1969 Stonewall uprising and the 1973 removal of homosexuality from the *Diagnostic and Statistical Manual* of mental illnesses [Chapter 3], psychologists attempted to devise more complex schemata for charting sexuality, in part due to calls from LGBTQ activists for more gay-positive approaches. In 1978, psychiatrist Fritz Klein introduced the Klein Sexual Orientation Grid (KSOG), which was based on the Kinsey scale but with the addition of multiple dimensions (such as sexual fantasies and perception of lifestyle) designed to produce unique results for each person. The KSOG builds upon the Kinsey scale

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**Klein Sexual Orientation Grid**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Past</th>
<th>Present</th>
<th>Ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sexual Attraction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Sexual Behavior</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C. Sexual Fantasies</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D. Emotional Preference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Social Preference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Self-Identification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Straight/Gay Lifestyle</td>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other sex only</td>
<td>Other sex mostly</td>
<td>Other sex somewhat more</td>
<td>Both sexes equally</td>
<td>Same sex somewhat more</td>
<td>Same sex mostly</td>
<td>Same sex only</td>
</tr>
</tbody>
</table>

**Figure 5.4** Klein Sexual Orientation Grid

*Source: Fritz Klein.*
but operates by plugging those numbers into a chart built from sexual and emotional categories and three time scales. The user is asked to average her or his responses on the 21 items to arrive at a single Kinsey number. It has become common over the years, however, to dispense with the final average and use the chart to emphasize the multifaceted nature of sexual identity.

**Challenging Binaries**

The Kinsey scale, the Benjamin standards, and the KSOG have been criticized for their assumption of an inevitable homosexual-heterosexual binary. Contemporary sexuality researchers have faced considerable difficulty thinking about sexuality in a way that truly challenges that binary. In 1981, psychologist Michael Storms positioned bisexuality as the area between homosexuality and heterosexuality rather than encompassing all sexuality, as Kinsey seemed to imply. The Storms Sexuality Axis (SSA) positions homosexuality and heterosexuality on x- and y-axes, with bisexuality representing points in between. The SSA also accounts for *asexuality* in its attempt to offer a more individualized set of identifiers. In 1990, a group of University of Dayton psychologists offered still another variation on the Kinsey scale, the Multidimensional Scale of Sexuality (MSS). The MSS asks 45 true-false questions, then proposes a scoring scheme based on a combination of Kinsey 0–6 and the SSA. (To take the MSS, go to http://sid.southampton.gov.uk/kb5/southampton/directory/advice.page?id=qICaw50YvYA&familychannel=10-4.)

It was designed to produce ratings of both the behavioral and the cognitive/affective components of sexuality (Berkey, Perelman-Hall, and Kurdek). A recent attempt at a post-Kinsey explication of gradations in sexuality comes from psychiatrist Michael Kauth, whose 2006 article in the *Journal of Bisexuality* aims “to unmask implicit social beliefs about same-sex attraction and attraction to both sexes and to promote reliable, testable models of sexual orientation” with an ultimate goal “to expand and standardize the concept of sexual orientation” (79). Like Benjamin, Klein, Storms, and Berkey before him, Kauth begins with Kinsey’s (experience-based, not psychological) continuum, applies it to the psychological study of sexuality, and tweaks it to achieve a more wide-ranging and descriptive method of identifying sexual orientations.

Recognizing the sociopolitical dimensions affecting and in some cases shaping desire, Vivian Cass
and Adrienne Rich adapted the continuum format to overtly political purposes, and they thus may be thought of as distant cousins to Kinsey. In 1979, Australian psychiatrist Cass introduced a six-stage model of sexual identity integration:

- Stage I: Identity Confusion
- Stage II: Identity Comparison
- Stage III: Identity Tolerance
- Stage IV: Identity Acceptance
- Stage V: Identity Pride
- Stage VI: Identity Synthesis

Cass’s model is restricted to mapping the identity development of lesbian and gay people, not those who are transgender or bisexual. Because the focus is on internal self-recognition and growth, this model is assumed to be particularly useful for college students and other young people, although the basic progression is supposed to be more or less the same for all ages. A notable feature of Cass’s model is Stage VI, Identity Synthesis, in which the fully adapted homosexual transcends a primarily gay consciousness to reach a stage in which she or he recognizes that various aspects of identity are equally important and should be blended. Other homosexual identity models have occasionally omitted this last stage, assuming that Identity Pride is a sufficient goal in itself, but Cass argues that a person must transcend anger and rebelliousness (characteristics of Stage V) to achieve healthy self-actualization. Another notable feature of this model is Cass’s recognition of lesbian and gay culture and community. In 1979, when she published “Homosexual Identity Formation,” few resources were available to assist lesbian and gay people as they came out. Still, Cass understood (especially in Stages III–V) that a homosexual community existed and represented a key part of the coming-out process. Later models, such as Susan Meyer and Alan Schwitzer’s continuum, which appeared in 1999, keep Cass’s six stages but refer to more established community institutions. Meyer and Schwitzer’s Stage 6 (Networking and Connecting) differs from Cass’s Stage VI (Identity Synthesis) in that the final identity is validated through connection with other subcultural individuals and institutions. The other primary difference between Cass and Meyer and Schwitzer is that the former focused only on lesbian and gay people, proposing that the model could apply to any age group; Meyer and Schwitzer, by contrast, refer to “college students with gay, lesbian, bisexual, and other minority sexual orientations” (41). As sensitive as these thinkers are to the importance of queer culture, none of them really address the issues of transgendered people, whose struggle for acceptance or at least tolerance is sometimes complicated by the fact that they are often shunned both by the larger, heterosexist culture and by many in the lesbian and gay community with whom they supposedly share common cause as sexual and gender “outsiders.”
While many researchers have approached the nature–nurture question through biological and psychological research, others approached the question from a more theoretical or philosophical angle. Adrienne Rich, award-winning poet and long-time lesbian activist, introduced the concept of a lesbian continuum in her important essay “Compulsory Heterosexuality and Lesbian Existence” in 1980. Rich hoped to find a way to lessen the conflict between heterosexual and lesbian feminists in the women’s movement [Ɇ Chapter 3]. She also hoped to unearth lesbian existence from the centuries of neglect in which it had been buried. Rich’s primary strategy for accomplishing these goals was the concept of the lesbian continuum: “I mean the term lesbian continuum to include a range—through each woman’s life and throughout history—of woman-identified experience, not simply the fact that a woman has had or consciously desired genital sexual experience with another woman” (239). Rich’s continuum bears some resemblance to the “Woman-identified Woman” (WIW) but differs in one significant respect: the WIW idea was designed to expand the definition of lesbian by including women who experienced primary relationships with other women. The lesbian continuum posited a deep and abiding connection among women across time and geography, such that a woman might recognize herself as occupying a position on a preexisting and ongoing timeline. “If we consider the possibility,” wrote Rich, “that all women . . . exist on a lesbian continuum, we can see ourselves as moving in and out of this continuum, whether we identify ourselves as lesbian or not” (240). Rich hoped that this recognition would have the power to unify women across superficial differences that divide them and to empower women to rebel against the compulsory heterosexuality imposed upon them by every culture in the world:

We begin to observe behavior, both in history and in individual biography, that has hitherto been invisible or misnamed, behavior which often constitutes . . . radical rebellion. And we can connect these rebellions and the necessity for them with the physical passion of woman for woman which is central to lesbian existence: the erotic sensuality which has been, precisely, the most violently erased fact of female experience. (241)

Rich’s lesbian continuum has been criticized—she even attaches a letter challenging it to later editions of the essay—for indulging a privileged white woman’s vision of the unity of “all women” when all women do not enjoy the same benefits or acknowledge the same needs. Still, it represented a stunning indictment of the phenomenon of compulsory heterosexuality, and by removing the concept lesbian from an exclusively sexual definition, it created a vision of a politically viable movement based on femaleness. Rich’s vision is far from Kinsey’s scale because its examples come from neither the “hard” nor the “soft” sciences but rather from philosophy and literature, but it nonetheless reveals the power of the continuum format in conceptualizing sexual connection.
Even more recently, other scales have emerged to push past the hetero/homo binary and account for an even broader range of sexual behavior, feeling, and inclination—or disinclination. For instance, Langdon Parks has recently come up with what he calls the Purple-Red scale, which includes asexuality as a potential sexual orientation. The scale also attempts to map out not just sexual attraction to genders but when and in what context one might want to engage in sexual behavior. For instance, you might identify your sexuality as “tertiary,” meaning that you would engage in sexual behavior primarily to please a partner or have children. A “secondary” attraction type suggests that you are more inclined to develop erotic feelings over the course of a relationship, as opposed to initiating a relationship because of sexual interest. The far ends of this frequency and context scale include “aromantic” and “hyper sexuality,” the former attempting to take account of those who are not motivated by or particularly interested in sexual intimacy (DiDomizio).

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**Figure 5.6** Langdon Parks’s sexuality scale

Source: Langdon Parks.

Note: Colors have been altered from the original.
The Quest for the Gay Gene

In *Human Male*, Kinsey warned future researchers that discovering “Factors Accounting for the Homosexual” (660) was going to be a daunting task. Psychologists, he wrote, must be aware that

it is one thing to account for an all-or-none proposition, as heterosexuality and homosexuality have ordinarily been taken to be. But it is a totally different matter to recognize factors which will account for the continuum which we find existing between the exclusively heterosexual and the exclusively homosexual history. (661)

Scientists seeking to locate a biological basis for homosexuality must show that “the fluctuations in preferences for female or male partners are related to fluctuations in the hormones, the genes, or the other biologic factors which are assumed to be operating” (661). Kinsey then laid out a detailed set of conditions that would need to be met to prove that homosexuality is an inherited condition in humans:

1. It would be necessary to define strictly what is meant in the study by the term homosexual . . .
2. There should be a determination of the incidence of the phenomenon in groups of siblings in which the complete sexual history of every individual in each family is known . . .
3. Especial attention should be paid to the balance between the homosexual and the heterosexual behavior in the histories of each of the siblings in such a study.
4. The recognition of homosexuality in any individual should not be considered sufficient unless a complete sexual history is available . . .
5. Similarly, the heterosexuality of any individual who enters into the calculations should be determined through complete sex histories. In nearly all studies to date, heterosexuality has been assumed . . . when there was no public knowledge of Homosexuality. These are, of course, untrustworthy sources of information . . .
6. There should be data on enough cases of siblings to be statistically significant . . .
7. The incidence of the homosexual, as it is defined in the study, should be shown to be higher among siblings than it is in the histories of the nonsiblings in the study. Inasmuch as our present data indicate that more than a third (37%) of the white males in any population (or probably, for that matter, among anyone’s ancestors) have had at least some homosexual experience, and inasmuch as the data indicate that a quarter of the males in the population (and a quarter of the males in anyone’s ancestry) may have more than incidental homosexual experience in the course of their lives, it would be necessary to show that the incidence of the homosexual in groups of siblings is higher than that. This, of course, has never been shown in any study on the inheritance of the homosexual.
8. Whatever the hereditary mechanisms which are proposed, they must allow for the fact that some individuals change from exclusively heterosexual to exclusively homosexual patterns in the course of their lives, or vice versa, and they must allow for frequent changes in ratings of individuals on the heterosexual-homosexual scale. (662–663)

Kinsey’s layout of the requirements scientists would need to fulfill to ascertain a link between biology and homosexuality has structured much of the biological research in the nearly 70 years since the appearance of Human Male. This is interesting because Kinsey’s conditions, especially those dealing with sibling samples, make a point of alerting researchers to issues that he believes will make it close to impossible to gather valid data. Nevertheless, a host of studies both before and after Kinsey have attempted to identify genetic, hormonal, or anatomical factors linked to homosexuality in humans.

A number of these studies have used animals. One of the earliest seems to have been Richard Goldschmidt’s 1917 study of what he called intersexuality in insects. Goldschmidt’s observations of the gypsy moth *Lymantria* identified a number of intermediate types between male and female; he reasoned that these types demonstrated a hereditary basis for homosexuality in humans. Kinsey, among others, dismissed Goldschmidt’s findings because “he identified homosexual males and females in the human species as intersexes” (Male 661) rather than simply as people engaging in a spectrum of sexual experiences. Still, scientists have continued to attempt to extrapolate from animals to people. I. L. Ward’s work with rats, Roselli, Larkin, Resko, Stellflug, and Stormshak’s work with rams, and Ebru Demir and Barry Dickson’s work with fruit flies all suggest genetic explanations for homosexuality in humans. The Demir and Dickson study of *Drosophila* identifies one gene, named *fruitless* or *fru*, that they believe appears to control sexual orientation. It is true that when a female fruit fly is engineered to splice *fru* in a male-specific fashion, she approaches and attempts to copulate with other females. It has not been demonstrated, however, that any similar gene operates in humans.

Sibling studies—particularly of twins—were seen by Kinsey as promising in terms of establishing a hereditary pattern of homosexuality. Indeed, an early study from Kinsey’s era reported a concordance rate (the likelihood that if one monozygotic—or identical—twin is gay, the other will be too) near 100% (Kallmann). More recent studies make much less extravagant claims: J. Michael Bailey and Richard C. Pillard’s research, for instance, shows concordance rates of 52% and 48% for male and female monozygotic twins, respectively, and 22% and 16% for male and female dizygotic (fraternal) twins, respectively. Because the concordance results for monozygotic twins are less than 100%, it is impossible to conclude that genes absolutely determine sexual orientation, but these studies
seem to indicate the possibility of a genetic influence on sexuality. Using pairs of gay brothers, a research group led by Dean Hamer attempted to locate a “gay gene” that controls sexual orientation. They reported finding a promising site in an area called Xq28 on the X chromosome, but a later group failed to confirm the discovery. A 2005 study by Brian Mustanski et al. found possible sites on chromosomes 7, 8, and 10 but did not present firm evidence of an actual connection between the gene and homosexuality. Simon LeVay asserts that “sexual orientation is . . . partly inherited, at least in men” (“Biology” 6); however, no irrefutable genetic evidence has surfaced.

A number of studies have focused on hormones as a cause of homosexuality in men and women. German neuroendocrinologist Günter Dörner’s prenatal hormonal theory of homosexuality proposed that the brains of pre-homosexual fetuses develop in a sex-atypical way due either to unusual amounts of hormones or to specific brain responses to hormones. Another set of hormone studies claims that the ring finger (D4) in lesbians is significantly longer than the index finger (D2), whereas in most women, D2 is nearly the same length as D4. The relatively low D2:D4 ratio in lesbians is similar to most men; the theory postulates that these individuals were exposed prenatally to high androgen, or male hormone, levels.

One of the most important and controversial hormone studies was undertaken by Simon LeVay in 1991. In an autopsy study of gay men, LeVay found that the third interstitial nucleus of the anterior hypothalamus (INAH3) was smaller than in straight men—in fact, similar in size to women’s. The hypothalamus is a part of the brain that serves a number of functions, among which is hormonal and neurotransmitter regulation. Therefore, a man with a smaller-than-usual INAH3 might be expected to have developed in a sex-atypical way. LeVay’s study was verified in 2001 and is probably the most plausible of the biological studies of homosexuality. Nevertheless, LeVay’s sample of gay men, most of whom had died from AIDS, points to two problems with his study. First, it is not clear what effect AIDS may have on the human hypothalamus, and therefore, the possibility exists that its unusual size in these men results from disease and has no relationship to sexual orientation. Second, the sample itself is suspect. LeVay’s own definition of homosexuality—“a dissociation between anatomical sex and sex-typical sexual orientation” (“Biology” 4)—presupposes subjects who self-identify as gay since, unlike skin color, for example, homosexuality is not visibly marked on the human body. The sample problem is not unique to LeVay, of course. Kinsey anticipated it in 1948 by urging future researchers in this area to undertake detailed sexual histories and to resist the assumption that homosexuals and heterosexuals are somehow distinct and
opposite. Many have ignored his warning, and it is common practice to assemble a research sample of sexual minority individuals through suspect means, such as snowballing—beginning with people the researcher knows personally, then asking them to recruit their friends into the study—or using LGBTQ political or social groups. These methods produce samples that tend to be skewed with respect to (1) race, (2) social class, (3) outness, and (4) attitude toward gayness and gay rights issues.

A third problem with LeVay’s study that is not related to the AIDS sample—and that is common to virtually all sexual orientation research—is the assumption that what he calls “sex-typical” orientation is based on traditional ideas of what constitutes maleness and femaleness. The androgen receptor gene, for instance, “plays the key role in mediating testosterone’s influence on the body and brain” (“Biology” 6). Testosterone increases behaviors identified in many cultures as “male” (e.g., sexual aggressiveness and propensity toward violence). Therefore, researchers reason, if a woman is sexually aggressive or a man is gentle, they are sex atypical and might be lesbian or gay. In other words, much of the research on sexual orientation seems tied to the gender inversion models that were in fashion over a century ago but that are today seen as limiting to both men and women. It should also be noted that these researchers have focused on homosexuality as it is constructed in the United States and the Global North. Attention to non-Western constructions of sexuality will surely problematize the assumptions upon which these scientific studies are based. For instance, how might researchers collect interviews in a culture in which homosexual and heterosexual are not common terms of identity? It may be tempting for Western-trained researchers to apply sexual orientation identity terms to people who do not self-identify as gay or straight, but would such terms adequately reflect the interviewees’ experiences and desires?

Find Out More in “Essentialism” at the end of this chapter.

Nature–Nurture: What’s at Stake?

Let us conclude this chapter by considering what is at stake in the nature–nurture debate. LeVay argues that “the continued search for the responsible genes [for sexual orientation] and their mechanism of action is certainly warranted” (“Biology” 6), and many LGBTQ activists have employed a kind of “strategic essentialism” in their ongoing quest for civil rights; this has meant adopting the position that homosexuality is inherited in the same way that race or brown eyes are inherited. If one is simply born a homosexual, then discrimination is not morally justifiable. Proving that sexual orientation is a genetic trait thus seems to support the rights movement. One might expect that LGBTQ activists would
unhesitatingly embrace the genetic explanation. Indeed, strategic essentialism has proved useful, and some still support it. But many LGBTQ people distrust the biological approach. For one thing, some prefer liberationist politics (supporting sexual freedom) to those that emphasize biological determinism. Interviewees throughout Vera Whisman’s *Queer by Choice: Lesbians, Gay Men, and the Politics of Identity* assert that a central component of their sense of identity is not so much gay identity as sexual self-determination: the right to choose how, when, and why they engage with other people intimately. Some also fear that the genetic explanation leads back to the gay-is-sick philosophy, where the medical establishment made draconian attempts to “cure” LGBTQ people. Some imagine fetuses genetically marked as homosexual being aborted or otherwise eliminated in families that prefer heterosexual children. Some criticize the science as flawed due to the elision of racial diversity from virtually all research studies. Still others simply reject the sexist ideas of “gender confusion” and the pathologization of the “masculine female or the non-masculine male” (Pickering and Saunders 7).

Those who do not support gay rights use combinations of both nature and nurture arguments to oppose queer activists. The Concerned Women for America (CWA) charge, for instance, that “LeVay is an open homosexual, and... he had an agenda from the outset” (Chun). CWA criticizes LeVay’s work as bogus science undertaken to support the “gay agenda.” Probe Ministries traces the biology argument back to Kinsey’s 10% estimate, which was used by “Harry Hay, the father of the homosexual ‘civil rights’ movement, urging that homosexuality be seen no longer as an act of sodomy but as a 10% minority class” (Bohlin 1). Probe counters by including homosexuality among “sexual sins” that may be genetically influenced but must be resisted because they are immoral; they use Leviticus 18 and 20 to link homosexuality to incest, adultery, bestiality, and child sacrifice. So, from Probe’s standpoint, the nature argument is irrelevant; homosexuality, even if “natural,” should still be resisted, much as one might resist other socially “unacceptable” impulses. Arguing from a nurture position, Dr. Paul Cameron of the Family Research Institute maintains that “homosexual behavior is learned” (1) and therefore can be unlearned through psychotherapy and “ex-gay ministries” (6). The argument that homosexuality is a chosen set of behaviors has been deployed frequently in the fight against LGBTQ civil rights and social acceptance.

Whatever side one may occupy in the nature-nurture debate, it is clear that even in the realm of science, political investments often influence the type and nature of research projects undertaken as well as the way those projects are understood, interpreted, and used by a variety of activists—both pro- and anti-queer. Both Kinsey
and LeVay, for instance, pursued their research not just to understand human sexuality but to make room for a more capacious appreciation for sexual diversity. The fact that scientists such as LeVay, among many others, have argued for a biological basis for homosexuality suggests the power and cultural capital of science in Western societies. Such research is pursued in an effort to cash in on that capital, demonstrating the seeming naturalness of sexual behaviors found in all cultures throughout history. Still, as persuasive as some of the biological research seems to be in arguing for a genetic basis for homosexuality, and despite the fact that “five decades of psychiatric evidence demonstrate that homosexuality is immutable, and nonpathological” (Burr 65), no one appears to regard the issue as definitively settled. Methodological weaknesses have been perceived in both biological and psychological research, not the least of which is that both still assume heterosexuality as the default position. We can see heteronormativity at work in scientific inquiry; researchers look for a “gay gene,” but why do they not attempt to isolate a “straight gene”? Presumably, only the nonnormative—the queer—needs to be explained, while the normative goes unremarked as obviously and unquestionably natural. In addition, both the gay agenda and the antigay agenda weigh in on the debate, typically ignoring what the scientists are saying entirely (Mucciaroni and Killian).

Questions for Discussion

1. This chapter has included a number of instruments designed to measure a person’s homosexuality (the Kinsey scale, the Benjamin Gender Disorientation Scale, the KSOG, etc.). Take several of these tests yourself. What are your results? Is one instrument more accurate than another in expressing how you feel about your own sexual identity? What questions or measurements seem most effective to you? What might be missing from these instruments? If you were to design your own scale, what would it look like?

2. In this chapter, we have asserted that a number of biological and psychological studies about homosexuality rest on some typically dualistic assumptions about gender: men normally act a certain way and women another. Such assumptions are founded on cultural beliefs about what “normal men” and “normal women” are supposed to be like. As you read the article by Brown, Finn, Cooke, and Breedlove analyzing the D2:D4 finger length ratio in butch and femme lesbians, attempt your own gender critique. What unstated assumptions about gender underlie the authors’ argument?

3. There are those who argue that some scientists pursuing work that examines the relationship of nature and nurture to sexuality are supporting what they call the gay agenda, and it cannot be denied that much scientific research is done with an eye toward answering questions related to larger social issues. Can it not be argued that groups who accuse scientists such as Simon LeVay of having a gay agenda might have agendas of their own? Do some investigative work to find out more about organizations such as the CWA, Probe Ministries, and the Family Research Institute. Do they have agendas? If so, describe them.
References and Further Reading


In nonhuman mammals, sexual differentiation of behavior seems largely driven by exposure to steroid hormones during the perinatal period (Breedlove, Cooke, & Jordan, 1998). The Y chromosome in males causes the undifferentiated gonads to develop as testes, and the testes to secrete androgen, which masculinizes the structure of the brain, permanently molding the animal’s behavior to a male-like form (Phoenix, Goy, Gerall, & Young, 1959). Whether early androgen exposure also directly alters the structure of the developing human brain, and thereby adult behavior, remains undetermined.

In the study of sexual orientation, there is little direct evidence that individual differences in early androgen exposure affect the sexual preferences of men. In women, however, there have been several reports of a difference between heterosexual and homosexual women in purported markers of prenatal or neonatal androgen exposure. McFadden and Champlin (2000) found that auditory evoked potentials (AEP) are more masculine in lesbians than in heterosexual women. Because the sex difference in AEP is present in newborn humans, and because other somatic sex differences in newborns appear to be due to the masculinizing influence of androgen in males, presumably AEP are influenced by, and can therefore serve as markers for, fetal androgen exposure. Thus the AEP results suggest that homosexual women were exposed to more fetal androgen than were heterosexual women. McFadden and Champlin also found that the AEP of homosexual men suggested that they, if anything, had experienced significantly higher levels of perinatal androgen than did heterosexual men. McFadden and Pasanen (1998) also found that otoacoustic emissions, which are also sexually dimorphic at birth (and therefore may also serve as markers for fetal androgen), are significantly more male-like in homosexual women than in heterosexual women. This result is a further indication that lesbians may have been exposed to higher fetal androgen levels than heterosexual women (for an overview, see McFadden, 2002).

Another purported somatic marker of fetal androgen is the ratio of the length of the index finger (2D) to the ring finger (4D). This ratio, 2D:4D, is smaller in men than in women (Ecker, 1875), a sex difference that is stable from 2 years of age to adulthood (Manning, Scott, Wilson, & Lewis-Jones, 1998). As most somatic differences between young boys and girls have been attributed to differences in exposure to androgen before and just after birth (George & Wilson, 1994), the sex difference in 2D:4D was presumed to reflect sex differences in early androgen.

We have tested this hypothesis by examining the 2D:4D of people with congenital adrenal hyperplasia (CAH). CAH is a disorder that causes the adrenals to produce excessive androgens beginning prenatally and extending to treatment, which usually begins shortly after birth following an accurate diagnosis. We found that the ratios were indeed smaller in CAH females than in control females, and were also smaller in CAH males than
in control males (Brown, Hines, Fane, & Breedlove, 2001). The difference between CAH males and control males was especially prominent when comparing relatives, suggesting that genetic background can affect the finger length ratios but that, within a particular genetic background, greater early androgen exposure reduces the finger ratios. We have also found a similar sex difference in the digit length ratios of mice: rear paw 2D:4D is smaller in males than in females at weaning and in adulthood (Brown, Finn, & Breedlove, 2001), which suggests that adult digit length ratios may provide a retrospective indication of perinatal androgens in many mammalian species.

Accordingly, the report of Williams et al. (2000) that the 2D:4D of homosexual women was more masculine (smaller) than that of heterosexual women indicates again that lesbians are, on average, exposed to more prenatal androgen than are heterosexual women. If so, then increased exposure to fetal androgen may increase the probability of homosexuality in human females. This study found no differences in the 2D:4D of heterosexual versus homosexual men.

If early hormone levels affect human sexual orientation in the same manner as they do other sex dimorphic behaviors in other animals, this influence would be expected to be organizational in nature such that the behavior pattern affected is set from a young age and remains constant throughout the life span. There is some evidence, however, that some women have a heterosexual orientation during certain periods of their lives and a homosexual orientation at other periods (Diamond, 1998). This suggests that other factors, including social influences, can also affect sexual orientation in women. Therefore, presumably some of the lesbians studied in the previously cited reports were exposed to low levels of androgen in development, i.e., perinatal androgens played no role in the development of their sexual orientation. Because other, nonandrogenic factors influence female sexual orientation, the experimental detection of effects of early androgen, especially via indirect measures, requires large sample sizes. We therefore wondered whether it would be possible to subdivide lesbian participants into groups in which perinatal androgen exposure might be more or less likely to have played a role in the development of a homosexual orientation. Because some lesbians consider themselves to be more masculine (“butch”) than other women, we tested whether the finger length ratios of “butch” lesbians would show evidence of greater perinatal androgen exposure than those of “femme” lesbians.

**Methods**

A booth was rented for the August 2000 Gay Pride Mardi Gras in Oakland, CA. All adult participants were offered a California Lottery “scratcher” ticket in return for answering an anonymous survey that asked their age, sex at birth, and number of older brothers and sisters.

**Participants and Measures.** Participants identified themselves as “exclusively heterosexual,” “predominantly heterosexual,” “bisexual,” “predominantly homosexual,” or “exclusively homosexual.” They were also asked the gender of their sexual partners (“exclusively males,” “predominantly males,” “males and females equally,” “predominantly females,” or “exclusively females”) and the gender of sexual partners in their fantasies. These latter two questions were asked to confirm self-reports of orientation and, in this study, all participants gave answers that were consistent with their reported sexual orientation. They were also asked to answer the following question: “If I had to describe myself as one of the two types below, I would consider
my overall outlook to be (circle one)" with the choices butch and femme on the line beneath. The questionnaire informed them that answering any question was voluntary and would not affect their receipt of a ticket. Participants were not asked to report their ethnicity.

The participants then had their hands copied on a portable photocopier. A clear Plexiglas form was placed on the glass platen. This form had two posts, 6 mm in diameter, 147 mm apart. Participants were asked to place their hands flat, palm-down, thumbs near each other, fingers on each hand together, on the form with the posts between the index and middle fingers of each hand, snug against the junction of the two fingers. A millimeter scale was present 12 mm lateral to the posts and the participants’ middle fingers were aligned on this scale. A white plastic bag, filled with rice for ballast, was placed over the hands before photocopying. Matching numbered stickers were affixed to the back of each questionnaire and photocopy to discern which answers were associated with each photocopy.

Finger lengths were measured by an experimenter, without knowledge of any participant’s group membership. If the tip of either finger was obscured in the photocopy, then no ratio was available for that hand for that participant. Measures were taken for each finger to the nearest 0.5 mm, based on their alignment to the photocopied ruler running along the middle finger. This method of measuring finger length differs slightly from other recent reports, but is much more efficient than the method we used previously (Williams et al., 2000). It also more closely matches the measurement method reported by George (1930), confirming Ecker’s report (Ecker, 1875). Two mixed-design ANOVAs, with an independent factor of either male/female (to evaluate sex differences) or butch/femme (to evaluate lesbian subgroups), and right and left hand finger ratios as repeated measures, were conducted. Further analysis of differences between groups were evaluated by Student’s t tests, with all reported p values two-tailed.

**Results**

The present measurement method detected the previously reported sex difference in 2D:4D between the 267 female and 168 male participants. ANOVA revealed a sex difference in which ratios were greater in females than in males, $F(1, 432) = 28.3, p < .001$, a laterality effect in which the ratios were greater on the right than on the left, $F(1, 432) = 6.0, p < .02$, and a significant interaction of the two factors, $F(1, 432) = 18.6, p < .001$. Student’s t tests indicated that the interaction was due to a greater sex difference on the right than on the left. For the right hand, the ratio was 0.994 ± 0.003 (SEM) for women, 0.958 ± 0.004 for men, $t(431) = 6.6; p < 10^{-10}$; for the left hand, the ratio was 0.967 ± 0.003 for women and 0.938 ± 0.004 for men, $t(431) = 5.9, p < 10^{-8}$. Our previous report (Williams et al., 2000) also found the sex difference in 2D:4D to be greater on the right hand than on the left hand.

Of the 267 women, 29 identified themselves as heterosexual (either “predominantly heterosexual” or “exclusively heterosexual”), 28 as bisexual, 207 as homosexual (either “predominantly homosexual” or “exclusively homosexual”), and one declined to answer the questions about sexual orientation. The data from bisexuals were not examined. Among the homosexual women, 89 identified themselves as femme, 87 as butch, whereas 31 declined to answer the question. Self-identified butch versus femme lesbians were not significantly different in age (femme: mean of 39.41 ± 9.8 years, range, 22–58; butch: 41.12 ± 90 years, range, 24–66). . .
Discussion

We found that it was possible to classify homosexual women into two self-reported categories: those who regard themselves as having a “butch” outlook and those who regard themselves as having a “femme” outlook. Although there is debate over the validity of segregating homosexual women into these categories (Laner & Laner, 1980), most participants in this study appeared to intuitively understand what we were referring to by these classifications and most of them, when asked, appeared to readily identify more with one than the other. These two groups differed significantly in the 2D:4D ratio of the right hand, suggesting that the femme group had been exposed to less prenatal androgen than had the butch group. Nevertheless, the overlap between the two groups for this measure was considerable. The data thus indicate that there are more factors influencing sexual orientation than simply early androgen exposure.

The finding that women who identify themselves as either butch or femme lesbians differ in this biological marker for androgen suggests that it may be worthwhile to try to more rigorously define subgroups of individuals regarded as either heterosexual or homosexual. The present classification was simple (an answer to a single, rather amorphous question) and therefore surely crude. It should be possible, with more extensive probing of personality traits, to more accurately classify homosexual women. Such refined classifications might reveal a greater difference in 2D:4D, or might reveal personality traits that co-vary with finger ratios, which might shed light on the butch-femme distinction. For example, after conducting the study we learned of the report by Wilson (1983) regarding women who answered a newspaper survey. Those who reported that their index finger was shorter than their ring finger were more likely to describe themselves as “assertive and competitive” than those whose index finger was longer than the ring finger. Again, the sample size was large (985 women), so it is not a question of whether early androgens determine this personality style, only whether they increase the probability of such a personality developing. It is possible that the present differences in 2D:4D reflect a difference in assertiveness between butch and femme lesbians.

The 2D:4D difference between butch and femme lesbians is consistent with the idea that early androgens have some influence on later sexual orientation, at least in females. The present findings also conform to the report from Singh, Vidaurri, Zambarano, and Dabbs (1999) that butch lesbians had a higher waist-to-hip ratio, higher salivary testosterone levels, and more reports of childhood gender-atypical behavior than did femme lesbians. These results and the previously discussed auditory system measures suggest that early exposure to androgen can increase the probability of a homosexual orientation in human females.

We have so far detected no difference between heterosexual and homosexual men in 2D:4D, suggesting that early androgens do not differ between the two groups and may not play a role in the development of male sexual orientation. But the present findings suggest that it might be possible to classify homosexual men into categories that might reveal a difference in early androgen exposure. For example, some homosexual men report a history of gender nonconformity as children, whereas others do not. It is possible that a relative lack of early androgen exposure might contribute to the development of homosexuality in the former, and/or that a relative surplus of early androgen might contribute to homosexuality in the latter. Robinson and Manning (2000) in fact report that the finger ratios of gay men differ according their score on the Kinsey sexual orientation scale.
We have several times found the sex difference in 2D:4D to be greater on the right hand than on the left (Williams et al., 2000, the present study, and unpublished observations), as have other groups (Manning et al., 1998). We also found that the difference between CAH and control women was greater on the right hand than on the left (Brown, Hines, et al., 2001). These data suggest that the right hand finger ratios are more sensitive to prenatal androgen than are those on the left. We can offer no explanation for why androgen would affect the developing right hand more than the left.

While reviewing the proofs for this article, we learned that Tortorice (2001) recently reported 2D:4D to be smaller in self-rated butch lesbians than in femme lesbians.

References


➢ Albert Mohler

(March 2, 2007), United States


What if you could know that your unborn baby boy is likely to be sexually attracted to other boys? Beyond that, what if hormonal treatments could change the baby’s orientation to heterosexual? Would you do it? Some scientists believe that such developments are just around the corner.

For some time now, scientists have been looking for a genetic or hormonal cause of sexual orientation. Thus far, no “gay gene” has been found—at least not in terms of incontrovertible and accepted science. Yet, it is now claimed that a growing body of evidence indicates that biological factors may at least contribute to sexual orientation.

The most interesting research along these lines relates to the study of sheep. Scientists at the U.S. Sheep Experiment Station are conducting research into the sexual orientation of sheep through “sexual partner preference testing.” As William Saletan at Slate.com explains:

A bare majority of rams turn out to be heterosexual. One in five swings both ways. About 15 percent are asexual, and 7 percent to 10 percent are gay.

Why so many gay rams? Is it too much socializing with ewes? Same-sex play with other lambs? Domestication? Nope. Those theories have been debunked. Gay rams don’t act girly. They’re just as gay in the wild. And a crucial part of their brains—the “sexually dimorphic nucleus”—looks more like a ewe’s than like a straight ram’s. Gay men have a similar brain resemblance to women. Charles Roselli, the project’s lead scientist, says such research “strongly suggests that sexual preference is biologically determined in animals, and possibly in humans.”

What makes the sheep “sexual partner preference testing” research so interesting is that the same scientists who are documenting the rather surprising sexual behaviors of male sheep think they can also change the sexual orientation of the animals. In other words, finding a biological causation for homosexuality may also lead to the discovery of a “cure” for the same phenomenon.
That’s where the issue gets really interesting. People for the Ethical Treatment of Animals [PETA] has called for an end to the research, while tennis star Martina Navratilova called the research “homophobic and cruel” and argued that gay sheep have a “right” to be homosexual. No kidding.

Homosexual activists were among the first to call for (and fund) research into a biological cause of homosexuality. After all, they argued, the discovery of a biological cause would lead to the normalization of homosexuality simply because it would then be seen to be natural, and thus moral.

But now the picture is quite different. Many homosexual activists recognize that the discovery of a biological marker or cause for homosexual orientation could lead to efforts to eliminate the trait, or change the orientation through genetic or hormonal treatments.

Tyler Gray addresses these issues in the current issue of Radar magazine. In “Is Your Baby Gay?,” Gray sets out a fascinating scenario. A woman is told that her unborn baby boy is gay. This woman and her husband consider themselves to be liberal and tolerant of homosexuality. But this is not about homosexuality now; it is about their baby boy. The woman is then told that a hormone patch on her abdomen will “reverse the sexual orientation inscribed in his chromosomes.” The Sunday Times [London] predicts that such a patch should be available for use on humans within the decade. Will she use it?

This question stands at the intersection of so many competing interests. Feminists and political liberals have argued for decades now that a woman should have an unrestricted right to an abortion, for any cause or for no stated cause at all. How can they now complain if women decide to abort fetuses identified as homosexual? This question involves both abortion and gay rights—the perfect moral storm of our times.

Homosexual activists have claimed that sexual orientation cannot be changed. What if a hormone patch during pregnancy will do the job?

As Gray suggests:

In a culture that encourages us to customize everything from our Nikes to our venti skinny lattes, perhaps it is only a matter of time before baby-making becomes just another consumer transaction. Already have a girl? Make this one a boy! Want to impress your boho friends? Make a real statement with lesbian twins!

More to the point, Gray understands that such a development would reshape the abortion and gay-rights debates in America:

Conservatives opposed to both abortion and homosexuality will have to ask themselves whether the public shame of having a gay child outweighs the private sin of terminating a pregnancy (assuming the stigma on homosexuality survives the scientific refutation of the Right’s treasured belief that it is a “lifestyle choice.”) Pro-choice activists won’t be spared either. Will liberal moms who love their hairdressers be as tolerant when faced with the prospect of raising a
little stylist of their own? And exactly how pro-choice will liberal abortion-rights activists be when thousands of potential parents are choosing to filter homosexuality right out of the gene pool?

The development of Preimplantation Genetic Diagnosis [PGD] is one of the greatest threats to human dignity in our times. These tests are already leading to the abortion of fetuses identified as carrying unwanted genetic markers. The tests can now check for more than 1,300 different chromosomal abnormalities or patterns. With DNA analysis, the genetic factors could be identified right down to hair and eye color and other traits. The logic is all too simple. If you don’t like what you see on the PGD report . . . just abort and start over. Soon, genetic treatments may allow for changing the profile. Welcome to the world of designer babies.

If that happens, how many parents—even among those who consider themselves most liberal—would choose a gay child? How many parents, armed with this diagnosis, would use the patch and change the orientation?

Christians who are committed to think in genuinely Christian terms should think carefully about these points:

1. There is, as of now, no incontrovertible or widely accepted proof that any biological basis for sexual orientation exists.

2. Nevertheless, the direction of the research points in this direction. Research into the sexual orientation of sheep and other animals, as well as human studies, points to some level of biological causation for sexual orientation in at least some individuals.

3. Given the consequences of the Fall and the effects of human sin, we should not be surprised that such a causation or link is found. After all, the human genetic structure, along with every other aspect of creation, shows the pernicious effects of the Fall and of God’s judgment.

4. The biblical condemnation of all homosexual behaviors would not be compromised or mitigated in the least by such a discovery. The discovery of a biological factor would not change the Bible’s moral verdict on homosexual behavior.

5. The discovery of a biological basis for homosexuality would be of great pastoral significance, allowing for a greater understanding of why certain persons struggle with these particular sexual temptations.

6. The biblical basis for establishing the dignity of all persons—the fact that all humans are made in God’s image—reminds us that this means all persons, including those who may be marked by a predisposition toward homosexuality. For the sake of clarity, we must insist at all times that all persons—whether identified as heterosexual, homosexual, lesbian, transsexual, transgendered, bisexual, or whatever—are equally made in the image of God.

7. Thus, we will gladly contend for the right to life of all persons, born and unborn, whatever their sexual orientation. We must fight against the idea of aborting fetuses or human embryos identified as homosexual in orientation.

8. If a biological basis is found, and if a prenatal test is then developed, and if a successful treatment to reverse the sexual orientation to heterosexual is ever
developed, we would support its use as we should unapologetically support the use of any appropriate means to avoid sexual temptation and the inevitable effects of sin.

9. We must stop confusing the issues of moral responsibility and moral choice. We are all responsible for our sexual orientation, but that does not mean that we freely and consciously choose that orientation. We sin against homosexuals by insisting that sexual temptation and attraction are predominately chosen. We do not always (or even generally) choose our temptations. Nevertheless, we are absolutely responsible for what we do with sinful temptations, whatever our so-called sexual orientation.

10. Christians must be very careful not to claim that science can never prove a biological basis for sexual orientation. We can and must insist that no scientific finding can change the basic sinfulness of all homosexual behavior. The general trend of the research points to at least some biological factors behind sexual attraction, gender identity, and sexual orientation. This does not alter God's moral verdict on homosexual sin (or heterosexual sin, for that matter), but it does hold some promise that a deeper knowledge of homosexuality and its cause will allow for more effective ministries to those who struggle with this particular pattern of temptation. If such knowledge should ever be discovered, we should embrace it and use it for the greater good of humanity and for the greater glory of God.


Rictor Norton (1997), United States

From “Essentialism”

My traditionalist historical position is termed “essentialism” by postmodern theorists, which they regard with contempt, in the same way that I regard social constructionist theory as the main impediment to the understanding of queer history. The history of ideas (and ideologies) can be interesting and valuable, but it is tragic that homosexuals have been subsumed totally within the idea of the ‘homosexual construct’. The result is little better than intellectual ethnic cleansing.

In the social constructionist view, knowledge is constructed, deconstructed, and reconstructed through ideological discourse. In my traditionalist or essentialist view, knowledge is discovered, repressed, suppressed, and recovered through history and experience. Social constructionism emphasizes revolutionary development (the dialectic); I emphasize evolutionary development, cultural growth and permutation, and sometimes mere change in fashion. Rather than the word ‘construct’, which implies building from scratch according to an arbitrarily chosen blueprint, I prefer the words ‘consolidate’ or ‘forge’, implying that the basic material already exists but can be subjected to shaping and polishing.
‘Cultural constructs’ are sometimes set up in opposition to ‘universal truths’ in an effort to force traditionalists/essentialists into an impossibly idealistic corner, but ‘culture’ is a concept that can be claimed by essentialists as well as by social constructionists. The essentialist position is that queer culture is organic rather than artificial. Social constructionists see culture as a construct whose arbitrary foundation is determined by the builder; I see culture as the cultivation of a root, and I shall be developing the ethic view that queer culture grows naturally from personal queer identity and experience and is self-cultivated by queers rather than by the ideology and labels of straight society.

I cannot reasonably object if critics wish to label me an ‘essentialist’ pure and simple, because I believe that homosexuals are born and not made, and that homosexuality is hard-wired. However, I also believe that queers fashion their own culture (using their own resources rather than being imposed upon by society), and this is a significant focus of my own version of essentialism, which might be called ‘queer cultural essentialism’. I take the view that there is a core of queer desire that is transcultural, transnational, and transhistorical, a queer essence that is innate, congenital, constitutional, stable or fixed in its basic pattern. However, I distinguish between queer persons, queer sexual acts and behaviour, and queer social interactions, and try not to confuse the constancy of the desire with the variability of its expression. Personal queer identity arises from within, and is then consolidated along lines suggested by the collective identity of the queer (sub)culture.

In the theoretical literature it is generally assumed that essentialism is the same as uniformism/conformism (often made explicit in lesbian-feminist theory). But the view that homosexuality is a monolith is not at all an essential feature of essentialism. The essentialist does not say there is only one gay root: in fact a diversity of roots has been a key feature of essentialism since the early 1970s—witness the plural title of the two-volume collection of essays from *Gay Sunshine: Gay Roots*. It is really social constructionist theorists who have forced traditionalism into this straightjacket, just as they have forced gay experience into the political straitjacket.

I have no problem in reconciling the view that queer desire is innate but that it expresses itself in sexual or social actions and (sub)cultures that may reflect to a greater or lesser degree the time and place in which they occur. Self-presentation can be carefully constructed even though it is founded upon an innate self-conception.