



A Scientific Understanding of Sexual Orientation with Implications for Pastoral Ministry

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I. DEFINITIONS

SEXUAL ORIENTATION REFERS TO ADULT STABLE SEXUAL ATTRACTIONS, DESIRES, fantasies, and expressions toward other adult men and women. As defined, the orientation of a person cannot be determined until emerging adulthood. Early pubertal and adolescent behavior is best viewed as exploratory rather than as indicative of any particular orientation. Psychologists distinguish sexual orientation from attractions towards minor children and adolescents (termed pedophilia and ephebophilia, respectively).

Our sexual orientation is only one aspect of our larger sexual identity. Other components include: *natal gender*, one's assignment at birth based upon one's external genitalia, as being male and/or female; *gender identity*, one's sense of being a man and/or woman determined intrapsychically; and *social sex role*, one's masculinity and/or femininity as defined by societal and cultural tradition.¹ Each aspect

¹M. Shively and J. De Cecco, "Components of Identity," *Journal of Homosexuality* 3/1 (1978) 41-48.

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of identity appears relatively independent of the others. Thus, a masculine or androgynous female should not be assumed to be attracted to women, or a male who reports identifying as a woman, as attracted to men.

As defined scientifically, sexual orientation concerns far more than the genitals of one's sexual partner(s) or one's sexual behavior. As a complex construct, it can include, but is not limited to, the gender(s) of those we find erotic, the gender(s) of the focus of our sexual thoughts, fantasies, and desires, and the gender of persons with whom we bond emotionally and fall in love. At a wider level, sexual orientation may help define our community, political, and even spiritual identification(s). Along each of these dimensions our sexual orientation may vary, and may vary over time.

II. INCIDENCE OF HOMOSEXUALITY

Is homosexuality normal? Estimates of homosexuality vary widely, dependent in part on the definitions used. Consider the findings in Table 1. All these figures are from the Kinsey studies on human sexual behavior. The Kinsey data estimate an incidence of 3% to 50%, depending on the definitions used.

Table 1
Incidence of Homosexual Response in the Kinsey Studies

	Male	Female
1. Exclusively homosexual in behavior and attractions (last three years)	4%	2%
2. Predominantly homosexual in behavior and attractions (last three years)	10%	6%
3. Adult homosexual behavior to orgasm, ever by age 45 years	37%	13%
4. Adult homosexual response (behavior, desire, and/or attraction), ever, by age 45	50%	28%

(Source: see notes 27 and 28 below)

Kinsey's data were based on a sample of volunteers, thus leaving the study vulnerable to bias. Obtaining population estimates is complicated by the difficulties of representative sampling and biases in the underreporting of what some view as socially undesirable and in some places legally proscribed behavior. Indeed, some major researchers conclude that a true estimate of the incidence of homosexuality is probably not possible.² Notwithstanding these difficulties, recent

²A. P. Bell and M. S. Weinberg, *Homosexualities: A Study of Diversity among Men and Women* (Melbourne: Macmillan, 1978); M. Saghir and M. W. Robbins, *Male and Female Homosexuality: A Comprehensive Investigation* (Baltimore: Williams and Wilkins, 1973).

attempts have been made to estimate the incidence of homosexual behavior in a population. Using a stratified population sampling technique in a national study of 2,601 Australian adults, Ross found 11.2% of men and 4.6% of women reported at least one same-sex adult sexual contact, 6.1% of men and 2.7% of women reporting it in the previous year.³

Thus, having some homosexual experience appears quite common. But behavior and identity are different. For example, Humphreys, in investigating sex between men in restrooms, found the majority were married and identified as heterosexual.⁴ McConaghy concludes that "most persons with nonpredominant homosexual feelings identify themselves publicly and internally as exclusively heterosexual."⁵ Research findings indicate that while most people experience their sexual attractions as predominantly towards the other gender, some same sex attractions are a common part of human sexual experience; and that for a significant proportion of the human population, somewhere between 2 and 10 percent, a predominant to exclusive adult same-sex attraction appears a normal part of human sexual diversity.

Males and females may experience sexual orientation differently (see Table 1). Men's attractions may be more innately determined, whereas women's attractions may be broader and, thus, more flexible.

III. THEORIES OF AETIOLOGY

In 1869, the term "homosexual" was coined by the Hungarian scientist, Carl Maria Benkert. Since that time, many different biological, psychological, and sociological theories of the origins of homosexuality have been advanced. While the precise causes of differences in sexual orientation remain somewhat speculative and elusive, what is clear is that no one factor causes someone to become homosexual or heterosexual.

No single scientific theory about what causes sexual orientation has been suitably substantiated. Studies to associate sexual orientation with genetic, hormonal, and environmental factors have so far been inconclusive. Sexual orientation is no longer considered to be one's conscious individual preference or choice, but is instead thought to be formed by a complicated network of social, cultural, biological, economic, and political factors.⁶

1. *Biological Determinants.* Animal studies have shown that prenatal hormonal levels can affect central nervous system development, leading to subsequent "op-

³M. W. Ross, "Prevalence of Risk Factors for Human Immunodeficiency Virus Infection in the Australian Population," *Medical Journal of Australia* 149 (1988) 363-365.

⁴L. Humphreys, *Tearoom Trade* (Chicago: Aldine, 1970).

⁵N. McConaghy, "Sexual Dysfunction and Deviation," *Behavioral Assessment*, ed. A. S. Bellack and M. Hersen (3rd ed.; New York: Pergamon, 1988) 490-541; idem., *Sexual Behavior: Problems and Management* (New York: Plenum, 1993).

⁶"Fact Sheet on Sexual Orientation, *Sex Information and Education Council of the U.S. (SIECUS) Report*, 1993.

posite sex" behavior.⁷ Tomboyish behavior in girls also appears in part under hormonal control.⁸ A recent study of boys exposed to methadone in utero reported increased feminine behaviors, reliably demonstrated to be a predictor of homosexuality in adulthood.⁹ Earlier studies of hormonal levels found no evidence of increased homosexual feelings in adolescents exposed prenatally to hormones.¹⁰ The influence of hormones to predispose homosexual development may help explain gender differences between male and female homosexual identity development, incidence, and plasticity.

If a human trait is genetically determined, then identical twins should always share that trait. Indeed, an early twins study reported 100% concordance for homosexuality in 37 monozygotic (identical) twins.¹¹ Later studies show higher concordance in monozygotic twins (40-60%) than dizygotic twins (14%).¹² Further, in studies of XXY chromosomal abnormal subjects, higher rates of homosexual activity were reported than in matched XY male controls.¹³ Recent neuropathological studies comparing the hypothalami of identified homosexual and presumed heterosexual males provide further support for some biological predisposition to sexual orientation.¹⁴ Taken together, these studies suggest that genetic factors contribute significantly, but not exclusively, to sexual orientation development.

2. *Developmental Factors.* Freud believed that both constitutional and experiential factors contributed to psychosexual development.¹⁵ From these assumptions came the notion that parental rearing styles and closeness (e.g., an overly dominant mother and distant father) could cause homosexuality in the child. While many theories of developmental factors causing homosexuality exist, none have been proven empirically. However, the popularity of such theories has led to many parents feeling responsible for their children's sexual orientation.

3. *Behavioral Factors.* Learning theories have posited early deviant experiences and subsequent conditioning as explaining the development of adult homosexual

⁷J. Reinisch, "Fetal Hormones, the Brain, and Human Sex Differences: A Heuristic, Integrative Review of the Recent Literature," *Archives of Sexual Behavior* 3 (1974) 51-90.

⁸A. A. Ehrhardt and J. Money, "Progesterin-Induced Hermaphroditism, IQ and Psychosexual Identity in a Study of Ten Girls," *Journal of Sex Research* 3 (1967) 83-100.

⁹D. E. Sandberg, H. F. L. Meyer-Bahlburg, T. S. Rosen, and H. L. Johnson, "Effect of Prenatal Methadone Exposure on Sex-Dimorphic Behavior in Early School-Age Children," *Psychoendocrinology* 15 (1990) 77-82.

¹⁰Ehrhardt and Money, "Progesterin-Induced Hermaphroditism."

¹¹F. J. Kallman, "Comparative Twin Study on the Genetic Aspects of Male Homosexuality," *Journal of Nervous and Mental Disease* 115 (1952) 283-298.

¹²L. L. Heston and J. Shields, "Homosexuality in Twins," *Archives of General Psychiatry* 18 (1968) 149-160.

¹³R. C. Schiavi, A. Theilgaard, D. R. Owen, and D. White, "Sex Chromosome Anomalies, Hormones, and Sexuality," *Archives of General Psychiatry* 45 (1988) 19-24.

¹⁴S. Levay, "A Difference in Hypothalamic Structure between Heterosexual and Homosexual Men," *Science* 253 (1991) 1034-1037.

¹⁵I. Bieber, *Homosexuality* (New York: Basic Books, 1962).

Table 2
Myths and Realities of Homosexuality

<i>Myth</i>	<i>Reality</i>
Homosexuality is the result of abnormal parenting	Gays come from a wide variety of family backgrounds, both good and bad
Homosexuality is the result of incest or being sexually abused	Most gay men and lesbian women report no sexual contact with adults as children
Homosexuals prey on youth to maintain their lifestyle	Most pedophiles and epebophiles identify as heterosexual men
Corporal punishment, contact sports, and "toughening up" boys builds character, masculinity, and heterosexuality	When compulsory, such acts are seen as barbaric exercises in maintaining a false macho image. They build cynicism and hatred, not character
Lack of sex education maintains innocence, thus protecting our young. Homosexuality does not need to be part of sex education	Lack of sex education maintains ignorance and sex taboos, while leaving young lesbians and gays unsupported, prone to sexual abuse, and suicidal, forcing them to learn by trial and error
Homosexual relationships mimic heterosexual marriage. Their relationships are a sad parody of the real thing	Lesbians and gays have a variety of lifestyles. The quality of relationships varies in similar ways to their heterosexual counterparts
A "good woman/man" or getting married (heterosexually) cures homosexuality	Life stories of married gays and lesbians suggest marriage or heterosexual intercourse is not as satisfying, nor does it change orientations
Gays/lesbians lead sad lives fraught with loneliness, self-hatred, and meaningless relationships	Most gay and lesbian people report being happy and self-accepting, despite the difficulties of living in a non-accepting society
Gays are a threat to society, offering little and selfishly using society for their own sordid ends	Lesbians and gays participate in society at all levels and generally make good citizens

Adapted from: B. R. S. Rosser, *Gay Catholics Down Under* (New York: Praeger, 1992)

identity.¹⁶ Other early learning theories suggested that homosexuality was the outcome of fear and avoidance of heterosexuality.¹⁷ Neither of these notions adequately explains childhood behavioral correlates of adult homosexuality. Cross-

¹⁶R. J. McGuire, J. M. Carlisle, and B. G. Young, "Sexual Deviations as Conditioned Behavior: A Hypothesis," *Behavior Research and Therapy* 2 (1965) 185-190.

¹⁷D. H. Barlow, "Increasing Heterosexual Responsiveness in the Treatment of Sexual Deviation: A Review of the Clinical and Experimental Evidence," *Behavior Therapy* 4 (1973) 655-671.

cultural research also provides evidence against these theories. In Sambian tribes, while heterosexual experience prior to adulthood is strongly proscribed, prepubertal and pubertal homosexual experience with older males is considered mandatory for puberty to occur.¹⁸ Following these rites of initiation, almost all tribesmen maintained a strong erotic preference and behavior for women.¹⁹ In addition, Rosser reports rates of prior experience with vaginal intercourse between 55% and 63% in American and New Zealand samples of homosexually active men, further suggesting that homosexuality is not a result of heterosexual avoidance.²⁰

IV. BEYOND THE ILLNESS PARADIGM: MODELS OF SEXUAL ORIENTATION

Many of today's attitudes towards homosexuality are founded in pre-scientific understandings of human sexuality, and thus based more upon philosophical, theological, and early evolutionary paradigms than upon any sound empirical understanding of human sexuality. Both Thomistic theology and Darwinian evolutionism viewed the primary purpose of all sexual expression as biologically driven towards procreation. All people were assumed to have the same innate sexuality propelling the survival of the species. Thus, anal, oral and manual intercourse were viewed as deviations from the natural purpose of sex, and attributed variously to immorality, sin, sickness, or antisocial and even criminal tendencies. At the extreme, these natural law theories could promote prostitution and heterosexual rape as more natural than masturbation or homosexual expression.

Within this model, homosexual attractions were viewed as a distortion of one's true heterosexual orientation and, thus, homosexual behavior as against nature. This has led to a number of common myths, including the belief that same-sex behavior is rare, that it is not common within other primates and species, and that homosexuality is a marker of social decay and moral weakness (see also Table 2). None of these myths has been substantiated empirically.

1. *Homosexuality and Mental Illness.* Homosexuality is no more a sign of mental illness than heterosexuality a sign of mental health. In 1957, Evelyn Hooker published the first major study to compare the mental health of a non-clinical sample of homosexual and heterosexual men. Whereas clinical studies of homosexual men found evidence of associated mental illness, her study found few differences in psychopathology. She concluded that the pathologization of homosexual orientation was without medical basis or justification. Based upon these and subsequent studies replicating these findings, in 1974 the American Psychiatric Association removed homosexuality as a pathological condition.

¹⁸R. J. Stoller and G. H. Herdt, "Theories of Origins of Male Homosexuality," *Archives of General Psychiatry* 42 (1985) 399-404; G. H. Herdt, "Semen Depletion and the Sense of Maleness," *Oceanic Homosexualities*, ed. S. O. Murray (New York: Garland, 1992).

¹⁹Ibid.

²⁰B. R. S. Rosser, *Male Homosexual Behavior and the Effects of AIDS Education: A Study of Behavior and Safer Sex in New Zealand and South Australia* (New York: Praeger, 1991); idem., *The Man-to-Man Sexual Health Report: A Study of Male Homosexuality and HIV Prevention in Minnesota* (in preparation).

Comparative studies of psychological adjustment in homosexual and heterosexual persons have produced conflicting results, with some showing superior adjustment, some inferior, and some no difference. McConaghy concludes that while differences in psychological adjustment between lesbian and heterosexually identified women remain inconclusive, there is evidence of poorer adjustment in homosexual men when compared to their heterosexual counterparts.²¹ He suggests at least three factors to explain the gender difference: poorer adjustment as an outcome of more anonymous homosexual behavior, sampling artifacts artificially inflating pathology in homosexual men, and greater social proscription of male homosexuality. This third possibility is supported by two further studies. Ross's four-country comparative study²² and Rosser's two-country comparison²³ both found more evidence of poorer adjustment in those countries more sexually conservative and homophobic. These results are consistent with the premise that homosexuality, in and of itself, is not related to psychological (mal)adjustment; rather the perpetuation of homophobia, prejudice, and isolation within the wider society negatively impacts mental health.

2. *Sexual Orientation as Dichotic.* Early researchers in sexuality recognized that, at least for some effeminate homosexual men, the assumption of innate heterosexuality was obviously false. Further, as Freud attested, attempts to modify homosexual attractions through analysis proved fruitless, thus bringing into question the assumption that such attractions were freely chosen. Theories of sexual "inversion" arose to explain how some men (and later women) had a stable erotic preference for the same gender. Freud proposed that all people were born innately bisexual, with the majority developing heterosexual attractions, while the minority developed a strong homosexual attraction. This implies a dichotic model of orientation, viewing all people as either normal (heterosexual) or inverted (homosexual). Although outdated, mistaken, and inadequate, seeing orientation as either homosexual or heterosexual (or a modified version allowing for "bisexuality") this is still the dominant model of sexual orientation today.²⁴

Early studies of homosexual feelings and behaviors suggested that, at least among Russian women, the incidence of homosexual attractions and behaviors were much more common than recognized socially.²⁵ Unfortunately, most of the data from this study (and other early studies in Germany) were confiscated and/or destroyed by the respective governments involved.²⁶ Thus, the Kinsey studies on

²¹McConaghy, *Sexual Behavior*.

²²M. W. Ross, "Societal Relationships and Gender Role in Homosexuals: A Cross-Cultural Comparison," *Journal of Sex Research* 19 (1984) 273-288.

²³Rosser, *Male Homosexual Behavior*.

²⁴McConaghy, *Sexual Behavior*.

²⁵Schbankov and Iakowenko (1907), cited in K. B. Davis, "From Factors in the Sex Life of Twenty-Two Hundred Women" (1929), in *The Sexual Revolution*, ed. A. Krich (New York: Dell, 1965).

²⁶McConaghy, *Sexual Behavior*.

sexual behavior in the human male²⁷ and female²⁸ were to change forever the way sexual orientation is perceived. Based upon interviews of thousands of American adults, Kinsey concluded that orientation could not be viewed as a simple dichotomy, but instead fell on a continuum, from exclusive homosexuality at one end to exclusive heterosexuality at the other. Further, he noted that some same-sex activity resulting in orgasm was relatively common in adulthood, and that people's orientation (measured by behavior and attraction) moved along this continuum over time. While fewer men were found to be exclusively homosexual than exclusively heterosexual during the previous three years, and fewer women reported homosexual behaviors than men, Kinsey speculated that sexual orientation, like most other natural phenomena, was probably normally distributed across the homosexual-heterosexual continuum, attributing the differences in gender and orientation to social pressure and stigma. He concludes:

[People] do not represent two discrete populations, heterosexual and homosexual...Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sound understanding of the realities of sex.²⁹

3. *Lesbian and Gay Rights Movements.* While early social movements advocating acceptance of homosexuality had existed in Germany (until Nazi suppression in the 1930s) and in America since the late 1940s, the birth of the modern gay liberation movement is attributed to the Stonewall riots. Prior to 1973, a person could be committed for being homosexual and, in most states, arrested for frequenting gay places (viewed as solicitation). In June, 1969, a police raid on the Stonewall Inn, a gay bar in New York's Greenwich Village, resulted in three days of intense rioting. From this event sprang the American gay liberation movement, advocating a radical reexamination of the sexual assumptions upon which society and law were based. Lesbian and gay activists argued that far from being pathological, homosexuality was a positive force in society to be recognized and respected. As the gay subculture became more organized and visible, activists focused on the civil rights of lesbian and gay Americans (including decriminalization of homosexual behavior, recognition of lesbian and gay persons and couples, and equal rights initiatives and protection).

4. *Labels.* Whereas "homosexuality" had been coined by a doctor investigating deviance, the term "gay" has come out of the gay movement as a description of homosexual sub-culture; it is a more positive and respectful term for someone self-identified and accepting of her/his homosexuality. "Lesbian" derives from Sappho's community of women on the Greek Island of Lesbos. As gay and lesbian

²⁷A. C. Kinsey, W. B. Pomeroy, and C. E. Martin, *Sexual Behavior in the Human Male* (Philadelphia: Saunders, 1948).

²⁸A. C. Kinsey, W. B. Pomeroy, C. E. Martin, and P. H. Gebhard, *Sexual Behavior in the Human Female* (Philadelphia: Saunders, 1953).

²⁹Kinsey, Pomeroy, and Martin, *Sexual Behavior in the Human Male*, 639.

have become the accepted identity labels, the term “homosexual” is increasingly restricted to a description of same-sex behavior or attraction.

V. DEVELOPMENT OF SEXUAL IDENTITY AND SEXUAL IDENTIFICATION

Our sexual identity and adjustment does not develop in a vacuum, but is shaped by social and cultural understandings of what same-sex and opposite-sex attraction and behavior mean. For males, and in some studies, for females, longitudinal studies and retrospective studies have identified early childhood behavioral differences (from 3 years) between heterosexual and homosexual adults. Studies of “sissy” boys and “tomboy” girls have identified children with these opposite sex-linked behaviors as more likely to be homosexual or transgendered in adulthood.³⁰

Coleman³¹ and Cass³² have proposed paradigms of homosexual identity development from pre-awareness to integration and synthesis. Both models stress the necessity for human beings to develop: to identify their dominant sexual orientation(s), to resolve the intrapsychic, interpersonal, and social implications of their orientation identity, and to integrate their sexuality into their wider sense of self for healthy sexual and mental functioning. Not to resolve questions of orientation risks infantilism of sexuality or reversion to an earlier stage with accompanying psychological distress and long-term negative impact on mental health.

The sexual identity resolution process, one example of which is the “coming out” process, can be stressful psychologically. Thus, in a study of emerging lesbian and gay adolescents, 19 of 60 had made significant attempts on their lives.³³ A more recent study of 29 emerging gay youth reported high rates of suicide attempts, STDs, substance abuse, and being victims of peer homophobia and gay bashing. At the same time, low levels of parental and social support were found.³⁴ These factors may help explain the increased risk of suicide among lesbian and gay youth and among adults coming out.

Maturation theory combined with the psychological studies cited above, suggests that many, if not most, people resolve their sexual orientation questions by coming to identify as homosexual/gay, or heterosexual/straight (and some as bisexual), even if their internal attractions and desires are more complex than these

³⁰J. Money and A. J. Russo, “Homosexual Outcome of Discordant Gender Identity Role in Childhood: Longitudinal Follow-up,” *Journal of Pediatric Psychology* 4 (1979) 501-523; R. Green, *The “Sissy Boy Syndrome” and the Development of Homosexuality* (New Haven: Yale, 1987); Saghir and Robbins, *Male and Female Homosexuality*.

³¹E. Coleman, “Developmental Stages of the Coming-Out Process,” *American Behavioral Scientist* 25/4 (1982) 469-482.

³²V. Cass, “Homosexual Identity Formation: A Theoretical Model,” *Journal of Homosexuality* 4 (1979) 219-235.

³³T. Roesler and R. W. Deisher, “Youthful Male Homosexuality,” *Journal of the American Medical Association* 219 (1974) 1018-1023.

³⁴G. Remafedi, “Adolescent Homosexuality: Psychosocial and Medical Implications,” *Journal of the American Medical Association* 258 (1987) 222-225; idem., “Adolescent Homosexuality: Psychosocial and Medical Implications,” *Pediatrics* 79 (1987) 331-337.

labels acknowledge. Both Coleman's and Cass's models (above) stress the importance for mental health of people being able to experience their sexual orientation in a positive way.

VI. HOMOPHOBIA, SOCIAL PREJUDICE, AND THE LAW

In popular usage, homophobia (literally the irrational fear of homosexuality and people perceived to be homosexual) has come to refer to any discomfort with homosexuality. It may vary from mild uneasiness based on lack of exposure to homosexual people to extreme behavior, including homicidal mass executions. Like homosexual behavior, it appears far more prevalent than previously acknowledged. At the extreme, Goddard reports that deaths from gay bashings made up 5% of all murders in New South Wales, Australia.³⁵ Rosser, in his study of life events of gay men in Australia and New Zealand, respectively, found 77% and 93% of homosexually active men reported they witnessed homophobic jokes, 49% and 64% stated they lived or worked with someone identified as homophobic, 52% and 56% were hassled or verbally threatened because they were gay, and 23% and 20% were beaten up, physically abused, or arrested for being gay.³⁶ He notes further that these estimates are likely underestimates because of the methodology used. In a study of 200 midwestern homosexually active men, Rosser and Ross found 96% of their sample agreeing that discrimination against gay people was still common and a majority agreeing that most people have negative reactions to homosexuality.³⁷

Ross notes that such prejudice leads to damaged self-image and psychological dysfunction and may also increase stress and disease progression. He concludes that "society, by permitting active discrimination and blocking the pursuit of happiness in homosexual men, may be actively contributing to the spread of HIV and other STD infections."³⁸ In one of the few studies to assess empirically the effects of decriminalization of adult consenting homosexual behavior, Sinclair and Ross found that among homosexually active men, decriminalization led to an increase in psychological adjustment and a decrease in sexually transmitted diseases and public solicitation without any negative consequences.³⁹ Another study, surveying homosexuals, district attorneys, and police officials in seven American states that decriminalized homosexuality, noted no change in feared negative consequences of decriminalization (including rates of involvement of homosexuals

³⁵M. Goddard, "In the Gay Killing Fields," *Sydney Morning Herald* (April 6, 1991) 39.

³⁶Rosser, *Male Homosexual Behavior*.

³⁷B. R. S. Rosser and M. W. Ross, "Reactions to Homosexuality in Homosexual Men" (submitted for publication).

³⁸M. W. Ross, "AIDS and the Pursuit of Happiness: Some Problems Associated with Psychosocial Discrimination," *Australian Journal of Social Issues* 23/2 (1988) 103-111.

³⁹K. C. P. Sinclair and M. W. Ross, "Consequences of Decriminalization of Homosexuality: A Study of Two Australian States," *Journal of Homosexuality* 12 (1985) 112-119.

with minors, use of force by homosexuals, or amount of private homosexual behavior).⁴⁰ Thus, both studies on homosexual behavior itself and on expert opinions from outside the gay community suggest that legislation may have significant benefits both for the homosexually active and for the general population.

VII. REORIENTATION THERAPIES

1. *Can orientation be modified?* Freud noted that homosexual orientation appeared stable, resistant to modification through analysis, and benign. He concluded society would be better served by accepting the reality of homosexuality rather than trying to pathologize or cure it. Reorientation therapies attempt to change sexual orientation, typically from homosexual to heterosexual. The ethicist Murphy notes that despite the myriad of interventions that have attempted to change homoerotic orientation (including chemical castration, neurosurgery, electroconvulsive shock therapy, incarceration, aversive techniques involving shock or ammonia administration, religious conversion and deliverance, heterosexual reconditioning using heterosexual surrogates, and marriage) not one case has been found where reorientation was convincingly demonstrated.⁴¹ While many of these techniques were able to demonstrate behavioral modification, none was able to change the deeper affectional orientation. Indeed, it is a testament to the resilience of human sexuality that despite the many techniques attempted, none has proved effective.

In recent years, the practice of attempting to help dysphoric homosexual patients impose a heterosexual orientation has declined significantly. Factors influencing this decline include the poor success rate of reorientation, the fact that homoeroticism is no longer considered pathological, the long-term negative effects reported by those who underwent them, and the serious ethical concerns raised by these attempts.

2. *Religious groups for "ex-homosexuals."* Some conservative religious groups still provide "deliverance ministries" to reorient people from homosexuality. While they may or may not characterize homosexuality as pathological, they clearly understand it as morally undesirable. Evidence from these groups suggests that where a person is highly motivated, strongly religious, highly diligent, has some preexisting heterosexual feelings, and remains within the religio-social culture, some modification, at least short-term, may be possible. However, for those with a predominant to exclusive homosexual orientation, anything beyond suppression of their "natural" attractions and modification of their behavior to heterosexual is unlikely. In summary, it appears possible to make someone function heterosexually, but deeper markers of orientation, such as attractions and the ability to fall in love, appear more innate.

⁴⁰S. Geis, R. Wright, T. Garrett, and R. Wilson, "Reported Consequences of Decriminalization of Consensual Adult Homosexuality in Seven American States," *Journal of Homosexuality* 1 (1976) 419-426.

⁴¹T. F. Murphy, "Redirecting Sexual Orientation: Techniques and Justifications," *Journal of Sex Research* 29/4 (1992) 501-523.

VIII. SEXUAL ORIENTATION AND SPIRITUALITY

Clinical and pastoral evidence suggests that sexuality and spirituality are profoundly linked. Many of the markers of orientation, such as childhood opposite sex-linked behaviors or same-sex attractions, have been interpreted in other cultures as evidence of blessing, of being “bi-spirited,” or of having a sacred calling. Thus, the Native American berdache, Polynesian mahu and faka’afine, the Hwarang of ancient Korea, the Japanese samurai caste, and the bayoc of the Philippines, exemplify traditions where diversity of sexual identity was integrated in the society and, in many cases, revered.

The experience of homosexual men in major western Christian churches appears very different. Among both New Zealand and American homosexually active men, Rosser found religious non-adherence between two and five times greater than that estimated in the general population.⁴² Where sexuality and religious teaching conflict, most reject their religious background and identity in total. Some individuals distance themselves from that background, and some adopt more idiosyncratic and ego-syntonic belief systems. Thus, the main effect of traditional church attitudes toward homosexuality is to alienate homosexually active men from their religious tradition.

Fortunato used the double helix DNA molecular structure to describe the relationship between sexuality and spirituality.⁴³ He argued that unless the two remain linked and growth is observed in both dimensions, the person remains immature. Rosser reports that only in the initial stages of pre-awareness and early coming out do sexuality and spirituality appear in conflict.⁴⁴ As homosexual men mature, and even in cases of young men dying of AIDS, they report the process of understanding and integrating their sexual orientation profoundly to effect and deepen their spirituality. For those engaged in pastoral ministry, sensitivity to the sexual orientation maturation process appears important.

IX. CONCLUSION

Sexual orientation raises issues of human identity and intimacy, similarities and uniqueness, humanity and individuality, diversity and conformity. Kinsey’s legacy to sexology was to foster a deep appreciation, fascination, and respect for the wonder of human diversity. While political and theological debates may rage on the implications of empirical sexology, it would be wise, whatever one’s opinion, to heed Kinsey’s observation that such debate is best conducted with a sound understanding of the realities of sex.

⁴²Rosser, *Male Homosexual Behavior*; idem, “The Man-to-Man Sexual Health Report.”

⁴³J. Fortunato, *Embracing the Exile: Healing Journeys of Gay Christians* (New York: Harper & Row, 1984).

⁴⁴B. R. S. Rosser, *Gay Catholics Down Under: The Journeys in Sexuality and Spirituality of Gay Men in Australia and New Zealand* (New York: Praeger, 1992).