We live in an age of science and technology. It is the era of computers, laser surgery, space travel, fax machines, and hydroponics. We look to science to answer our questions and solve our problems. We have learned that science is objective. According to my high school textbook, the scientific method involves asking a question, designing a study to answer the question, and then doing the study to find out the answer. Values, biases, and power do not enter the picture.

As a society, we are quickly finding out the hard way that this sterile image of science is false. Values shape the questions we ask and biases shape the way we ask them. The problems that are solved are often the problems of the most powerful in society, because the least powerful do not have the funding, training, or voice to put their problems on the agenda. Research on breast cancer has been dangerously underfunded in comparison to research on heart disease. Until 1993, the CDC definition of AIDS included opportunistic infections common among HIV infected men but not diseases common among HIV infected women, preventing women from receiving financial and medical opportunities available only
to people with an AIDS diagnosis. We know almost nothing about lesbian health issues; we do not even know what the issues are.

Science does provide answers and solutions, but we cannot accept them at face value. We must study science with a critical eye, and select for ourselves that which is useful and that which is not. This is particularly true in an area as value-laden, controversial, and powerful as sexuality. This chapter will examine the contributions social scientists have made to our understanding of sexuality. In it, I will analyze the many different models of sexual orientation that are implicit or explicit in the sexological literature, and the ways in which these models have affected the questions that have been asked and the information we have gained about our sexuality. Readers who are familiar with the highlights of the history of sexology in the United States might want to skip to the subheading “New Models of Sexuality.”

**What Is a Model?**

A model, or paradigm, is a way of representing something. Usually, in the social sciences, models are used to make something that is intangible—for example, the economy—a bit more tangible. Nobody can see the economy, but economists have computerized models of the economy that allow them to understand the real economy and predict what it will do in the future. It is impossible to create a perfect model, because the process of modeling is the process of giving shape to something that does not have a particular shape of its own.

All models contain assumptions, and all models highlight some features while downplaying or concealing others. When I teach, I illustrate this point by pulling a chair to the front of the room, tilting it forward, and asking a student to tell me what color the top of the seat is. The student can see the top of the seat, so she gives me the answer. Then I ask her what color the bottom of the seat is. She hesitates, and then either says she can’t tell or she guesses that it is the same color as the top of the seat. The fact is that, when viewing the chair from any given angle, she can see certain aspects of the chair but she cannot see others. If I were to turn the chair around, she would be able to see new aspects of the chair, but she would no longer be able to see the aspects she saw
before. The chair looks different from each angle, and each angle displays some aspects while concealing others. Which view of the chair is the most accurate one? None. In order to fully know what the chair looks like, the student has to look at it from all different angles. Scientific models work the same way. We do not have to decide which model is the “best” or most “accurate.” We need to try out all the models, learn something from each one, and then put all that knowledge together to form a more complete picture of the thing we are trying to understand.

THE GREAT DEBATE—ESSENTIALISM VERSUS CONSTRUCTIONISM

One of the most fundamental debates among social scientists who study sexuality is the question of whether sexual orientation is essential or constructed. In social and political discourse, we have become so used to referring to people as lesbians, gays, or heterosexuals, that we no longer question whether or not there might be another way to understand our sexual diversity. Many historians argue, however, that the concept of types of people who are defined by their sexual desires or behaviors is recent. The word “homosexual” was coined in 1869 by Benkert. Prior to the late 1800s, there were people who had sex with members of their own sex and people who were attracted to and fell in love with members of their own sex, but historians tell us that these people were not placed in a category and viewed as a certain type of person because of these behaviors or feelings. They were simply engaging in some of the many forms of sexual behavior that are possible for humans, just as people today might have sex with brown-eyed or blue-eyed people, and might even have a preference for one eye color or the other, without being placed in categories and assumed to be particular types of people based on the eye colors of their sexual partners.

In other words, historical sexologists argue that the categories “lesbian/gay” and “heterosexual” are socially constructed. We have created these categories, and we place ourselves and each other in them on the basis of our behaviors and feelings. This does not mean that our desires are artificial or that we made them up; it means that we interpret our desires using the concepts and possibilities made available by our cul-
ture, and that we perceive our desires as indications of the types of people we are. It also does not mean that lesbian, gay, and heterosexual people do not exist. We certainly do exist, but we exist because we have come to understand ourselves this way. A house is no less real for the fact that it was built; we need shelter, and building a house is a fine way to give ourselves shelter. The longer we live in the house and the more comfortable we become in it, the more difficult it is to remember a time when the house did not exist.  

Essentialists, on the other hand, believe that sexual orientation or sexual desire is a characteristic that exists within a person. An “essence” is real in an absolute sense; it exists even in the absence of cultural interpretation. Essence is the thing that we would see if we could remove all our biases and cultural blinders. When we speak of “discovering” our sexualities, we are thinking in essentialist terms because we are assuming that there was something that existed within us even before we knew about it. When we say that we are lesbian/gay or heterosexual, we imply that we have a lesbian/gay or heterosexual essence, that is, that we are a particular type of person who has a particular type of sexual essence. In doing so, we create a bond between ourselves and other people who have the same essence because we put ourselves in a category together. At the same time, we emphasize our differences from people who have different essences by naming ourselves differently and putting them in another category.

A BRIEF HISTORY OF SEXOLOGY IN THE UNITED STATES

The Interplay of Politics and Science and the Downfall of the Dichotomous Conflict Model of Sexuality

The word “heterosexual” was coined after the word “homosexual,” and originally meant a person who was attracted to both sexes. In the 1890s, it came to mean a person who is attracted to people of the other sex (Katz 1983), and thereafter, scientists and the public recognized two types of sexual people who are essentially distinct from each other. Zinik
(1985) called this dichotomous model of essential sexuality the "conflict model" of sexuality, because in it, heterosexuality and homosexuality are conceptualized as different and contradictory states of being. In other words, attraction toward people of the same sex and attraction toward people of the other sex are believed to be qualitatively different attractions, which either cannot coexist in a single person, or which conflict with each other when they do. In this model, the true bisexual person is either nonexistent or engaged in a constant struggle between conflicting desires for people of the same sex and people of the other sex.4

The first major challenge to the dichotomous conflict model of sexuality in the history of U.S. sexology came in 1948 and 1953 when Alfred Kinsey and his associates published two groundbreaking studies of sexual behavior, *Sexual Behavior in the Human Male* and *Sexual Behavior in the Human Female*. On the basis of national studies of women and men in the United States, Kinsey and his associates announced that 28% of women had experienced erotic responses to other women, 37% of men had had postadolescent sexual experience with another man to the point of orgasm, and an additional 13% of men had responded erotically to another man although they had never actually had sex with another man.5 These findings shocked both scientists and the public, who had assumed that homosexuality was exceedingly rare. People who were attracted to members of their own sex found out that they were not alone at all. They began looking for each other, and organizations such as the Daughters of Bilitis and the Mattachine Society were founded shortly thereafter.

Perhaps even more surprising was the prevalence of bisexual behavior among Kinsey et al.’s respondents. Only 0.3 to 3% of women (between ages 20 and 35, and depending on marital status) and 4% of men (after the onset of adolescence) were exclusively homosexual, leading to the conclusion that 25 to 28% of women and 46% of men had been erotically responsive to or sexually active with both women and men. Among unmarried women, 4 to 8% reported more than incidental sexual experiences with or erotic responses to both women and men—more than the percentage who were exclusively homosexual. Kinsey and his associates developed the Kinsey scale to describe the variety they had found in their respondents' physical and psychic lives. On this seven-point scale, a "0" indicates a person whose erotic experiences and
responses are entirely heterosexual, a “6” indicates a person whose erotic experiences and responses are entirely homosexual, and the scores “1” through “5” represent varying degrees of responsiveness to people of both sexes. This model of sexuality is considered an improvement over the conflict model of sexuality, because it is able to accommodate the variety in human sexual behavior and erotic response discovered by Kinsey and his associates.

A few years after the Kinsey studies, Evelyn Hooker demonstrated that trained clinicians could not differentiate the results of projective tests of heterosexuals from those of homosexuals, thus providing evidence that homosexuals display no more signs of psychopathology than heterosexuals (1957, 1958). Nevertheless, for the next fifteen years, psychiatrists continued to consider homosexuality a mental illness, and scientists motivated by the desire to prevent homosexuality tried to find out what causes it. Homosexual women and men remained hidden in a twilight world of bars and secretive homophile organizations.

The riots at the Stonewall bar in Greenwich Village, New York City, in June 1969, marked the symbolic beginning of a new lesbian and gay liberation consciousness. Lesbians and gay men were no longer willing to appease heterosexual society and avoid harassment by hiding themselves; they began openly demanding social acceptance and civil rights. Faced with vocal and visible lesbians and gay men, social scientists—some of whom were lesbian or gay themselves—rejected the pathological view of homosexuality and produced a virtual explosion of research on lesbians and gay men. Prior to 1969, the record number of articles listed under the topic heading “homosexuality” in any given year of the Sociological Abstracts was five. This number increased to thirteen in 1973, twenty-eight in 1977, thirty-nine in 1979, and topped forty in the 1980s. Most of these articles reported research on gay men, and those that included lesbians often did so as a comparison to gay men. The topic heading “lesbianism” did not appear until 1968, and the number of articles under this heading did not reach thirteen until 1983.

Researchers in the 1970s asked very different questions than researchers in earlier decades had asked. Instead of asking what causes homosexuality, social scientists began asking questions like “What is homophobia and what causes it?” “How does heterosexism affect the lives of gay and lesbian people?” “What is the process of coming out?”
and “What are the gay and lesbian communities like, how do people meet each other, and what kinds of social structures exist?” In other words, researchers shifted their attention away from lesbians and gay men as the “problem” and began defining homophobia and heterosexism as the problem. They began asking questions that lesbians and gay men themselves would ask, rather than questions that homophobes wanted answered. They began studying lesbians and gay men as people who live in social worlds, rather than as laboratory specimens. In the 1980s, many social scientists turned their attention toward AIDS.

Throughout the 1970s, 1980s, and early 1990s, it became increasingly evident that both the conventional conflict model of sexuality and the Kinsey scale were inadequate to describe the complexity of human sexuality. New research affirmed Kinsey et al.’s finding that bisexual behavior is more prevalent than homosexual behavior, especially when lifetime cumulative sexual behavior is considered (e.g., Diamond 1993; Hunt 1974; Janus and Janus 1993; Laumann et al. 1994; Rogers and Turner 1991; Smith 1991), and that bisexual erotic capacity is even more common than overt bisexual behavior (e.g., Bell and Weinberg 1978). Blumstein and Schwartz (1974, 1976a, 1976b, 1977a, 1977b) found that sexual behavior often does not correspond with sexual identity, and that individuals display considerable variation in their sexual behaviors and identities over their lifetimes, producing behavior that would be labeled bisexual when lifelong behavior or feelings are considered.

The need for a more sophisticated scientific model of sexuality was dramatically illustrated by the “blood supply scare” of the mid-1980s. The Centers for Disease Control, acting on early reports that most cases of AIDS were homosexual men, concluded that “gays” were at highest risk of contracting the disease and launched educational efforts aimed at gay men. What officials had failed to take into account, however, was the fact that behavior and identity do not always coincide, and it is one’s behavior, not one’s sexual identity, that determines one’s risk for HIV infection. They also failed to take into account the prevalence of bisexual behavior. Many men who were having sex with other men were married and considered themselves heterosexual or bisexual, not gay. Messages about safe sex aimed at the gay male community failed to reach these men. This potentially fatal miscommunication occurred because scientists failed to question the simplistic model of sexuality in which there
are only two uncomplicated types of people, homosexuals and heterosexuals.

**New Models of Sexuality**

Social scientists worked to develop improved models of sexual orientation that would reflect their growing understanding of sexuality. Many modified the seven-point Kinsey scale. For example, Bell and Weinberg (1978) used two seven-point scales, one representing sexual feelings and one representing sexual behaviors. The most complex modification to the Kinsey scale is the Klein Sexual Orientation Grid (KSOG), on which subjects rate themselves on 21 seven-point scales (Klein, Sepekoff, and Wolf 1985). The scales measure the subjects’ past, present, and ideal ratings on seven components of sexual orientation: sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, self-identification, and lifestyle.

Other theorists proposed categorical models of sexual orientation in which homosexuality and heterosexuality are joined by a third distinct form of sexuality. An early categorical alternative to the simple dichotomous model was suggested by Feldman and MacCulloch (1971), who distinguished between primary and secondary homosexual preference. They defined primary homosexuals as people who have never experienced heterosexual arousal at any point in their lives, although they might have engaged in heterosexual behavior for the sake of social appearance. Secondary homosexuals, on the other hand, have experienced heterosexual arousal and activity. Traces of the concept of the Kinsey scale are evident in this model with its implication that primary homosexuals are “more homosexual” than secondary homosexuals. Later, Feldman (1984) suggested that primary homosexuals and primary heterosexuals correspond closely to Kinsey 6’s and 0’s, whereas secondary homosexuals are Kinsey 1 to 5’s.

Other theorists, for example, MacDonald, referred to the third sexual orientation as bisexuality. MacDonald conceptualized bisexuality as a combination of heterosexuality and homosexuality. He referred to bisexuals as persons who “can enjoy and engage in sexual activity with members of both sexes, or [recognize] a desire to do so” (1981:25). He argued that bisexuality is a distinct form of sexual orientation and that researchers should recognize it as such.
Brierley rejected the idea that bisexuality, heterosexuality, and homosexuality are distinct forms of sexuality. He suggested that individuals have numerous psychological and behavioral dimensions that form a system tending toward individualized homeostasis in the “well-integrated personality.” Some elements of this system, such as gender identity, are core and therefore more resistant to change as the system adjusts to “maintain stability and to oppose external constraints” (1984:62). These systemic adjustments produce relationships between identity, behavior, and other personality dimensions that are unique for each individual. There is, therefore, no such thing as a “heterosexual” or a “homosexual” except insofar as some individuals happen to possess the characteristics that we associate with these categories of being.

Some theorists resurrected Freud’s concept of “inherent bisexuality” (e.g., Freimuth and Hornstein 1982; Zinik 1985). Freud had argued that humans are born sexually undefined and that preferences for certain objects develop during childhood. He believed that “all human beings are bisexual by nature, in accordance with their phylogenetic and ontogenetic history” (Wolf 1971:20). If bisexuality is conceptualized as a universal human potential, then bisexuality is the original condition upon which heterosexuality and homosexuality are variations. This represents a significant departure from the concept of distinct heterosexual and homosexual essences, from which bisexuality emerges as a combination of or an unresolved conflict between these two states of being.

Drawing on the notion of a universal bisexual potential, Klein (1978) conceived of bisexuality in terms of a potential for “one hundred percent intimacy.” Bisexuality in this sense is “the most complex state of sexual relatedness with people” and calls “for a wholeness of behavior” (Klein 1978:14) and a tolerance for ambiguity, in contrast to the limits on feelings and behavior implied by heterosexuality and homosexuality. Thus, rather than a combination of homosexuality and heterosexuality, bisexuality is, in Klein’s eyes, a qualitatively different way of relating to people characterized by openness rather than limitations.

Some theorists questioned the century-old convention of defining sexual orientation in terms of the biological sex or gender of one’s sex-object choice. DeCecco and Shively (1983/84), in an oft-cited article, proposed shifting scientific attention from its focus on the sexual individual to a focus on the sexual relationship as the unit of analysis. Ross (1984), Kaplan and Rogers (1984), and Freimuth and Hornstein (1982)
argued that social scientists should remove the emphasis on the biological sex characteristics of the partners in a relationship and step back to ask which characteristics serve to define a sexual encounter for the participants in the encounter. Kaplan and Rogers argued that while biological sex is an important factor in choosing sexual partners, albeit only because of the social emphasis placed on biological sex, other gender-related characteristics are also influential because genitalia themselves are not immediately observable. Taking the argument a step further, Ross suggested that individuals might choose their sexual partners on the basis of a number of characteristics, among which biological sex might be more or less important. Ross and Paul (1992) suggested that bisexuals could be conceptualized as individuals for whom biological sex is a comparatively minor consideration in choosing sexual partners, in contrast to heterosexuals and homosexuals who “have succumbed to social pressures to adopt an exclusive and stable sexual orientation” (Ross 1984:64).

Theorists who advocated abandoning biological sex-based or gender-based definitions of sexual orientation often suggested that research on bisexuals would be particularly useful in developing a new model of sexuality. Among bisexuals, other characteristics that are important in partner choice are not overshadowed by an exclusive choice on the basis of gender. Therefore, these other characteristics should prove to be more readily identified and studied among bisexuals than among homosexuals or heterosexuals. In fact, Ross (1984:68) asserted that “[w]e can only begin to understand the meaning of having a same-sex partner by looking at bisexuals . . . for whom gender is one of a number of determinants in partner choice.” The belief that bisexuals hold the key to understanding sexuality, including heterosexuality and homosexuality, is a far cry from the attitudes of earlier theorists who ascribed to the conflict model of sexuality and viewed bisexuals as either nonexistent or mere combinations of conflicting homosexual and heterosexual impulses.

Unfortunately, researchers have largely ignored the progress made by theorists. A review of the research literature is outside the scope of this book, but suffice it to say that most researchers continue to classify people as either “lesbians/gays” or “heterosexuals.” A few researchers recognize a “bisexual” category, and some collect Kinsey scores that are often used merely to place people into these categories. As MacDonald (1983) pointed out, these practices lead not only to a lack of knowledge
about bisexuals, but also to poor quality knowledge about lesbians and gays, because people with varied sexual desires, behaviors, and identities are often lumped together within a single category. In my study, I refer to the women who participated as “lesbians” or “bisexuals” according to their own self-identities. These labels are not meant to imply that these women are “really” lesbian or bisexual in an essential sense, nor are they meant to gloss over the varied sexual experiences of the women collected under each label; on the contrary, I examine these differences and their implications. The labels are both a linguistic convenience and a way to show respect for the self-identities of the women who participated in this study.