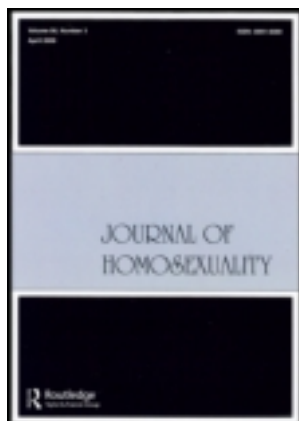


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COMPONENTS OF SEXUAL IDENTITY

Michael G. Shively, MA
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ABSTRACT: This paper examines the four components of sexual identity: biological sex, gender identity, social sex-role, and sexual orientation. Theories about the development of each component and how they combine and conflict to form the individual's sexual identity are discussed. As defined here, social sex-role includes the individual's femininity and masculinity. Sexual orientation includes the individual's physical and affectional sexual preferences for relationships with members of the same and/or opposite biological sex. This paper may help to clarify meanings of the following terms used in research on sexual identity: sex, gender, femininity, masculinity, heterosexuality, and homosexuality.

The purpose of this paper is to discuss the psychological components of sexual identity. In addition to the biological sex of the individual these components are: (a) gender identity, (b) social sex-role, and (c) sexual orientation. Theories about the development of each component and how they combine and conflict to form the individual's sexual identity will also be discussed.

BIOLOGICAL SEX

At birth each individual is classified by biological sex. The doctor tells the parents that the neonate is a boy or girl. Most often it is an easy process to ascertain the biological sex—the doctor simply looks. In more difficult cases there are seven criteria (Table 1) used in determining the biological sex of the child.

GENDER IDENTITY

The first psychological component of sexual identity to develop is gender identity. Green (1974) defines this component as the "individual's basic conviction of being male or female." This conviction is not entirely contingent upon the individual's biological sex. Occasionally boys de-

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TABLE 1

Criteria Used in Determining the
Biological Sex of Sexually Ambiguous Children

Criteria	Examples
Chromosomal configuration	XX female XY male
Gonads	Ovaries or testes
Internal reproductive structures	Uterus or prostate, etc.
External genitalia	Clitoris and labia or penis and scrotum
Hormonal secretions	Estrogens--female Androgens--male
Sex assigned at birth	Girl or boy
Psychological sex--gender identity	Female or male

velop the conviction of being female and girls of being male. It is generally thought that gender identity develops between birth and 3 years of age (Green, 1974; Money & Tucker, 1975). Gender identity is usually present by the time the child begins to talk.

The exact process by which young boys come to see themselves as males and young girls come to see themselves as females is not known. It seems probable that from birth male infants are socialized as boys and female infants are socialized as girls (Maccoby & Jacklin, 1974; Money & Tucker, 1975; Sears, 1965). The relative contribution of biological development and social learning to the formation of gender identity is now being studied (e.g., Green, 1974; Money & Ehrhardt, 1972).

When there is a conflict between biological sex and gender identity one way the individual may resolve the conflict is by undergoing surgery whereby biological sex is modified to be congruent with gender identity. Individuals who have undergone this operation are known as transsexuals.

Biological sex is a way in which individuals are identified by themselves and by others. Gender identity is part of the individual's self-identification.

SOCIAL SEX-ROLE

The second component of sexual identity to develop is social sex-role. It refers to characteristics that are culturally associated with men or with

women. These characteristics are perceived as stereotypically masculine or feminine.

Social sex-role is largely tied to characteristics of appearance, behavior, and personality. Based on cultural norms, individuals are "expected" to behave in socially stereotypical ways that are associated with their biological sex. That is, males are expected to act in ways that will be seen as masculine and females in ways that will be seen as feminine. Behaviors that deviate from these stereotypes are viewed as inappropriate.

Social sex-role formation generally occurs between the ages of 3 and 7 years. Kagan (1958) explains the development of this component by using social learning theory. Social sex-roles are acquired by: (a) children wanting approval; (b) adult caretakers giving children approval for developing stereotypic behavior; and (c) males learning to behave like boys and females like girls. Social sex-roles are also acquired by the relationship of the child to the adult caretaker who is modeling behavior. Kagan describes the relationship of the child to the caretaker model: (a) the model must be perceived by the child as nurturant; (b) the model must be in command of resources desired by the child; and (c) the child must perceive some objective bases of similarity between him/herself and the model.

Masculinity and femininity can be viewed as one continuum (bipolar) or as two independent continua. If viewed as bipolar, the individual expresses masculinity at the expense of femininity and femininity at the expense of masculinity. Figure 1 shows a bipolar conception of social sex-role. Pilot data gathered in a study of the relationship between social sex-role and the abridgment of civil liberties indicated that respondents saw the presence of masculinity in both heterosexual and homosexual men and women as the absence of femininity (De Cecco, Shively, Minnigerode, Adelman, Rudolph, Glover, & Figliulo, Note 1).

Masculinity and femininity can also be viewed as independent continua (Bem, 1974). As shown in Figure 2, these two continua describe both qualitative and quantitative differences in masculinity and femininity. Qualitatively, an individual male or female can be seen as masculine, feminine, or both masculine and feminine. Quantitatively, masculinity and femininity can range from very much to very little. There are individuals who can be seen as equally masculine and feminine. Bem has called these individuals androgynous. Spence, Helmreich, and Stapp

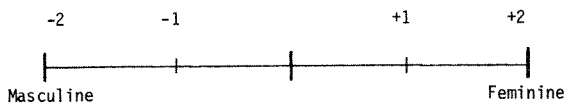


Figure 1. Masculinity-femininity continuum.

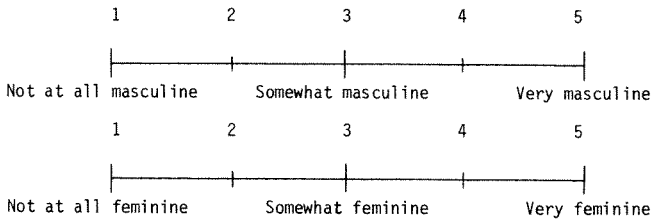


Figure 2. Masculinity-femininity continua.

TABLE 2
Categories and Characteristics of Social Sex-Role

Categories	Examples
Physical attributes	The physical traits that an individual is born with or develops. Mostly secondary sexual characteristics (e.g., presence or absence of body hair, breasts).
Physical condition	Healthy men are seen as more masculine and healthy women are seen as more feminine than unhealthy men and women. Women who have an average body weight for their body build are seen as more feminine than very thin or obese women.
Mannerisms	The way in which an individual moves, sits, or stands. Men who move their hands in an uncontrolled manner are seen as more feminine than masculine.
Adornment	The kind of things an individual chooses to put on his/her body (e.g., clothing, jewelry).
Personality traits	Men are seen as masculine when they are assertive and confident, women as feminine when they are soft, discreet, and sociable.
Grooming	Personal cleanliness, hairstyle, etc. Men and women are seen as more masculine and feminine, respectively, if they are reasonably well kept.
Speech and vocabulary	The inflection of the voice--pitch, tone, etc. The words used in speaking (e.g., slang).
Social interaction	An individual's behavior toward persons of the same and/or opposite sex in social situations.
Interests	An individual's employment and what his/her interests are apart from work (e.g., opera and/or baseball games).
Habits	Smoking, drinking alcohol, nail biting, etc.

(1975) have called individuals who are both very masculine and very feminine androgynous. They have called those individuals who are not at all masculine nor feminine "undifferentiated" in social sex-role.

Adults use internalized stereotypes to make judgments about their own and others' relative masculinity and femininity. Listed in Table 2 are the 10 major categories of social sex-role characteristics that white middle-class adults are known to use in making discriminations about masculinity and femininity (Shively & Rudolph, Note 2). Physical attributes, mannerisms, speech, and personality traits are the categories most emphasized in making discriminations about the masculinity and femininity of individuals.

In some individuals conflicts arise between biological sex and social sex-role. Green (1974), Green and Money (1969), Rekers and Lovaas (1974), and Rekers et al. (1976) have studied boys who developed behavior that was considered very feminine. One way an individual may resolve this conflict is by becoming a transvestite, a person who dresses in clothing ordinarily worn by a person of the biological sex opposite to his or her own.

In other individuals there may be conflict between gender identity and social sex-role. These individuals may be men who are seen by others as masculine but see themselves as females, or women who are seen by others as feminine but see themselves as males. For these individuals, behaving as transvestites may be preliminary to their becoming transsexuals.

SEXUAL ORIENTATION

The third component of sexual identity to develop is sexual orientation. Previous research on sexual orientation has been based on a bipolar view as shown in Figure 3 (e.g., Bell, 1973; Bieber, 1976; Bieber, Dain, Dince, Drelich, Grand, Gundlach, Kremer, Rifkin, Wilber, & Bieber, 1962; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). In this conception an individual expresses one orientation at the expense of the other.

Sexual orientation can be viewed as having two aspects. One is physical preference, and the other is affectional preference. Physical preference refers to the individual's preference for male and/or female sexual partners. Affectional preference refers to an individual's preference for male and/or female emotional partners.

Physical preference can be viewed as two independent continua of heterosexuality and homosexuality (see Figure 4). For each individual there is one continuum for physical heterosexuality and another for physical homosexuality. Qualitatively, individuals can be seen as

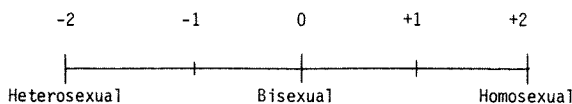


Figure 3. Bipolar model of sexual orientation.

heterosexual, homosexual, or both heterosexual and homosexual. Quantitatively, individuals can be seen as having heterosexuality and homosexuality ranging from very much to very little.

Affectional preference, in similar fashion, can be viewed as two independent continua of affectional heterosexuality and affectional homosexuality. Figure 5 shows the two continua and the relationship of one continuum to the other.

The bipolar view of sexual orientation is restricted to physical expression and suggests that homosexuality is expressed at the expense of heterosexuality or heterosexuality is expressed at the expense of homosexuality. A theory that includes both the physical and affectional expression of sexual orientation allows an examination of a greater variety of ways of expressing sexuality.

In the physical-affectional theory of sexual orientation conflicts can occur (a) between physical and affectional expression, (b) between homosexual and heterosexual physical sexuality, and (c) between homosexual and heterosexual affectional sexuality. These conflicts may be resolved at two levels, behavior and fantasy. The behavioral level is generally observed and used to identify sexual orientation. The fantasy level is examined by the therapist and the patient and sometimes used by them to identify sexual orientation. A complete identification of the individual's sexual orientation should include both behavior and fantasy. Behavior and fantasy can occur in the same or different orientations. Because sexual attraction is very powerful it is possible that neither sexual orientation is ultimately surrendered by the individual. Freud (1922, 1938) believed that children are originally bisexual. Oedipal theory is

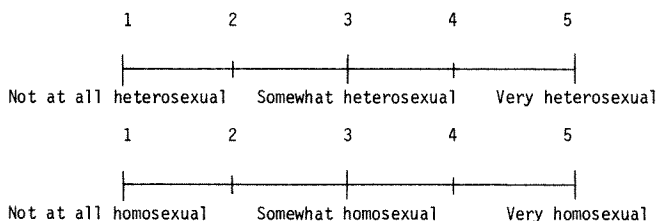


Figure 4. Physical preference—heterosexuality-homosexuality continua.

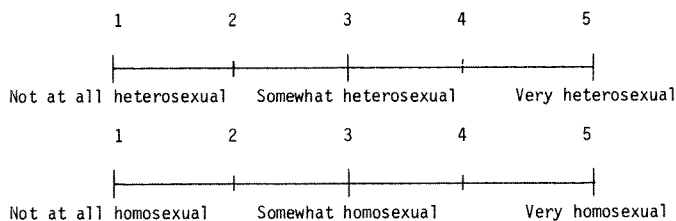


Figure 5. Affective preference—heterosexuality-homosexuality continua.

based on a bipolar conception of sexual orientation and emphasizes heterosexual resolutions. These resolutions are the ones that are institutionalized and have social approval.

The development of sexual orientation probably parallels but is not synchronous with the development of social sex-role. The development of the physical and affectional aspects of sexual orientation may also be asynchronous. The affectional aspect of the parents' sexual orientation is usually more open to observation by the child than the physical aspect. Therefore, the emotional aspect of the child's sexual orientation may develop at a faster rate than the physical aspect. The emotional aspect may develop more rapidly in childhood, and the physical aspect may develop more rapidly in adolescence.

There are several types of conflicts that can develop between sexual orientation and the other components of sexual identity. The most generally recognized conflict is between biological sex and sexual orientation. A heterosexual physical orientation is biologically and culturally tied to procreation. One way this conflict between having and not having children may be resolved is by differentiating the two aspects of sexual orientation. Whereas procreation is one important reason for sexual intercourse, physical pleasure and emotional intimacy are other important reasons.

There are no studies at present on conflicts between sexual orientation and gender identity. In theory men or women who choose persons of the same biological sex for sexual expression may be in conflict over their gender identity if they believe they are behaving as people of the opposite biological sex.

De Cecco and Shively (in press-a, in press-b) are studying conflicts that arise between sexual orientation and social sex-role. In intimate relationships, men tend to have conflicts over issues of power, and women over issues of dependency. Power represents the socialized masculine role. Dependency represents the socialized feminine role.

The three psychological components of sexual identity have been discussed: gender identity, social sex-role, and sexual orientation. Theories about the development of each component have also been discussed.

Some of the conflicts that can occur between biological sex and one or more of these components have been identified.

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