# Scientific Foundation: Emotional Regulation Procedures Do Not Constitute a Sexual Preference

## Academic Introduction

There exists a frequent confusion—often rooted in cultural prejudices or lack of clinical understanding—that interprets uncommon psychological emotional regulation procedures as if they were expressions of attraction, orientation, or sexual preference. This association lacks scientific, clinical, and doctrinal foundation. This analysis examines contemporary evidence that conclusively demonstrates that unconventional emotional regulation and sexual orientation belong to distinct neurological, psychological, and functional domains, and that confusing them generates unnecessary harm to already vulnerable individuals.

## Fundamental Scientific Definitions

### Emotional Regulation: Operational Definition

#### Emotional regulation (clinical definition):

* Set of conscious and unconscious strategies to manage intense emotional states
* Primary function: restore nervous system homeostasis
* May include symbolic behaviors, rituals, use of transitional objects, or repetitive sensory responses
* Does not imply erotic motivation or interpersonal attraction

### Sexual Orientation: Operational Definition

#### Sexual orientation (clinical definition):

* Stable pattern of emotional, romantic, or sexual attraction toward people of a specific gender
* Includes components of desire, affection, and interpersonal bonding
* Is not an isolated behavior, but a persistent identity dimension
* Requires the presence of attraction toward others, not just internal behaviors

**Critical distinction:** Emotional regulation is **intrapersonal and self-regulatory;** sexual orientation is **interpersonal and relational.**

## Neuroscientific Framework of Differentiation

### Distinct Neurological Circuits

Contemporary neuroscience has identified that the brain systems involved in emotional regulation and sexual attraction are functionally and anatomically separate:

* **Emotional regulation:** activates the ventromedial prefrontal cortex, anterior cingulate gyrus, and vagus nerve (Porges, 2011)
* **Sexual attraction:** involves the nucleus accumbens, amygdala, and hypothalamus, part of the dopaminergic reward system (APA, 2021)

**Clinical implication:** A regulatory behavior that does not activate the sexual reward system **cannot be classified as an expression of sexual preference**, regardless of its external form.

### Absence of Physiological Arousal

An essential diagnostic criterion in the **International Classification of Diseases (ICD-11)** of the World Health Organization (2022) to differentiate between paraphilic and non-paraphilic behaviors is the **presence or absence of recurrent sexual arousal** during the behavior.

* If **there is no physiological arousal or sexual desire**, the behavior is classified as **coping strategy or regulation**, not as paraphilia
* Most uncommon emotional regulation procedures (such as stimming, symbolic rituals, or use of comfort clothing) **completely lack erotic component**

## Differential Clinical Evidence

### Validated Clinical Cases

**Autism Spectrum Disorder:** Stimming (repetitive movements like rocking or rubbing) serves to regulate sensory input and reduce anxiety. Studies by Kapp et al. (2019) confirm that these behaviors are not associated with sexual arousal, but with neurological self-regulation needs.

**Complex Post-Traumatic Stress Disorder (C-PTSD):** People who have suffered early trauma may develop symbolic rituals (such as use of infant objects or regressive language) to recreate a sense of safety. Van der Kolk (2014) demonstrates that these behaviors activate **emotional containment circuits**, not desire.

**Tourette Syndrome:** Motor or vocal tics are involuntary neurological manifestations. Although some tics may have sexual verbal content (coprolalia), **this does not reflect real desire**, but dysfunctional neurological discharges. The person does not experience attraction associated with the tic.

### Standard Clinical Assessment

Professionals use objective criteria to differentiate:

* **Reported subjective function:** Do I seek calm or pleasure?
* **Context of occurrence:** In stressful situations or intimate contexts?
* **Response to interruption:** Does it generate regulatory distress or sexual frustration?
* **Presence of attraction toward others:** Does the behavior involve interpersonal desire?

When the answer is **calm, stress, distress, and absence of attraction,** it confirms that the behavior is regulatory, not sexual.

## Contemporary Diagnostic Framework

### DSM-5 and ICD-11: Categorical Clarity

The **Diagnostic and Statistical Manual of Mental Disorders (DSM-5, APA, 2013)** and **ICD-11 (WHO, 2022)** have progressively eliminated diagnoses that pathologized gender non-conformity or non-sexual behaviors as if they were paraphilias.

#### Guiding principle:

*"The symbolic appearance or external form of a behavior does not determine its internal motivation. Only the presence of recurrent sexual attraction justifies classification as a paraphilic disorder."*

This distinction protects people with legitimate regulatory needs from being erroneously labeled as sexually deviant.

## Evolutionary and Functional Perspective

### Adaptive Function vs. Identity Expression

From an evolutionary perspective (Gilbert, 2019), emotional regulation strategies have evolved to **promote individual survival** in contexts of threat or instability. In contrast, sexual orientation is linked to **formation of reproductive and social bonds.**

#### Functional convergence:

* Emotional regulation → survival of the self
* Sexual orientation → connection with others

Confusing both functions distorts the biological and psychological understanding of human behavior.

## Implications for Religious Practice

### Harmony between Science and Doctrine

The doctrine of The Church of Jesus Christ of Latter-day Saints teaches that "the Lord looketh on the heart" (1 Samuel 16:7). Judging a regulatory need as if it were a moral or sexual issue contradicts this fundamental principle.

Additionally, the mandate of charity—"the pure love of Christ" (Moroni 7:47)—demands **presumption of spiritual innocence** until there is clear evidence of deliberate moral choice, not neurological need.

### Harm from Erroneous Sexualization

When a regulatory behavior is interpreted as sexual preference, it produces:

* Unnecessary stigmatization
* Spiritual exclusion based on misunderstandings
* Loss of trust in leaders and community
* Distance from the Savior due to lack of understanding

This harm does not reflect God's will, but the risk of applying **human judgments without revealed or scientific foundation.**

## Scientific Conclusions

### Definitive Validation

Contemporary scientific evidence conclusively establishes that:

* Uncommon emotional regulation procedures **are not a sexual preference**
* Their function is **neurological and adaptive**, not erotic or relational
* Confusion between both domains **lacks empirical basis**
* Erroneous sexualization **violates clinical and doctrinal ethical principles**

### Imperative for Informed Understanding

The religious and scientific community shares the responsibility to:

* Educate against automatic sexualization of the unusual
* Apply objective clinical criteria in behavior assessment
* Protect the dignity of those facing legitimate regulatory needs
* Promote inclusion based on evidence, not assumptions

**The call is clear:** Understand before judging. Validate before correcting. Love before labeling.

## Scientific References

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