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The Quiet Death of Sexual Orientation Immutability: How Science Loses When Political Advocacy Wins

Reviewed by, Christopher H. Rosik, Ph.D.

Abstract

This recently published comprehensive review article is worth reading for anyone with an interest in being up-to-date on the science and legal status of sexual orientation change. In this review of the work by Diamond and Rosky (2016), I attempt to outline and summarize the evidence they cite to support their belief that assertions of sexual orientation immutability are unscientific, legally unnecessary, and unjust. I then provide some observations about the authors' perspective, with particular attention to their treatment of professional sexual orientation change efforts (SOCE), the plausibility of which the authors summarily dismiss despite their affirmation of sexual orientation fluidity in most every context except psychotherapy. I also highlight the implicit and explicit acknowledgements by the authors of how the science of sexual orientation has been compromised when it is perceived to be at odds with advocacy goals. Finally, I provide educated speculation about the impact of the authors' worldview on their treatment of the immutability question. The perceived ongoing political utility of immutability claims among gay activists likely ensures that such assertions will die a very quiet death within professional psychology, Diamond and Rosky's admirable work notwithstanding.

A recent article summarizing research on sexual orientation immutability may prove to be the turning point in scientific and academic discourse regarding this crucial subject. Diamond and Rosky (2016) marshal an array of scientific and legal evidence to conclude that the conventional notion of sexual orientation as immutable and fixed is no longer supportable or a necessary anchor for sexual minority rights. In doing so, these authors suggest that the advancement in lesbian, gay, and bisexual (LGB) civil rights has been unwittingly aided by a scientific understanding that ultimately has proven to be inaccurate. They also weigh in on sexual orientation change efforts (SOCE).

Immutability Arguments in Science and Law

Diamond and Rosky begin their analysis by providing background on immutability arguments within science and law. In terms of law, the authors noted that the concept of immutability played no essential role in the Supreme Court's decision making same-sex marriage constitutionally legal throughout America. They then concluded, "In light of the Supreme Court victory in *Obergefell v. Hodges*, we believe if there was ever a moment when it was most possible and most important to retire immutability arguments for sexual minority rights, that moment has arrived" (p. 2). They then utilize a substantial amount of text to assert that immutability claims are not scientific. As a precursor to their analysis, Diamond and Rosky noted that sexual orientation (1) has no single cause but rather multiple biological and nonbiological origins, (2) is not easy to define or measure, (3) is influenced by cultural factors, and (4) cannot be primarily defined even in terms of sexual attractions. The authors proceed to underscore the unscientific nature of sexual orientation immutability claims through their examination of five important areas: genetic contributions, neuroendocrine contributions, evidence for change, the role of choice, and the gap between science and advocacy.

Genetic Contributions

Diamond and Rosky note the important development of epigentics, where chemical mechanisms alter the expression of genes at different points in the organism's life cycle in response to certain environmental influences. Epigenetics constitutes a direct challenge to traditional models of

genetic inheritance. "In essence," conclude the authors, "the current scientific revolution in our understanding of the human epigenome challenges the very notion of being 'born gay,' along with the notion of being 'born' with *any* complex trait. Rather, our genetic legacy is dynamic, developmental, and environmentally embedded" (p. 4; authors' italics).

Diamond and Rosky then turn to the issue of heritability, which they correctly indicate are estimates of variability between persons in a population and do not represent the balance of genetic and environmental influences within persons. They report studies of heritability that suggest 32% of the population variability in sexual orientation is due to genetic factors, which is less than it is for a range of characteristics not considered to be immutable. These include divorce, smoking, low back pain, and feeling body dissatisfaction. Their analysis of research literature related to twin concordance rates and human genomes likewise point in a similar direction. They cite another recent review with which they agree: "Bailey and colleagues (in press) concluded from their review that sexual orientation is somewhat—but not mostly—genetic, and that it is unquestioningly influenced by environmental factors, given the relatively low concordance of same-sex orientation in identical twins" (p. 4). Diamond and Rosky also take up the greater apparent genetic influence on male as opposed to female sexual orientation. This may not suggest less immutability among men, they contend, but instead may reflect the greater and more consistent stigmatization of male same-sex sexuality, which would ". . . allow genetic propensities to play a greater and more consistent role in the expression of male than female same-sex sexuality" (p. 5).

Neuroendocrine Contributions

Diamond and Rosky offer a similarly tempered view of the neuroendocrine model, which postulates that exposure to sex-atypical levels of androgens or estrogens in utero may shape later sexual orientation. They observe that currently much of the research relevant to this theory comes from animal studies, and indicate that extrapolating from animal to humans is fraught with uncertainties. Thus, all that can be accurately stated is to report that direct evidence for prenatal hormone influences on adult sexual orientation is limited. The authors conclude, "The overall body of

evidence is mixed, again suggesting that prenatal hormones potentially contribute to same-sex sexuality in some individuals but do not determine it" (p. 6).

Can Sexual Orientation Change?

In this section, Diamond and Rosky first address sexual orientation change efforts (SOCE) and provide an essentially stock response that cites the American Psychological Association's 2009 Task Force report (APA, 2009). It is disappointing (though not necessarily surprising) that, despite the authors' clear ability for nuanced scholarship throughout their review, the treatment of SOCE is grossly simplified and caricatured. I will return to this issue later.

While the authors deny that client efforts in professional therapy can facilitate change in same-sex attractions, they do acknowledge that spontaneous change in sexual orientation occurs with striking regularity. According to Diamond and Rosky, the body of population-based and longitudinal research was simply not existent 20–30 years ago when conclusions about sexual orientation immutability were being derived from the neurobiological and genetic research of that time. In a summary table, data from these studies are presented that indicated 26–45% of men and 46–64% of women report experiencing change in sexual attractions over the time period assessed (from 3 to 10 years). Moreover, of those reporting such change, 50–100% of men and 55–91% of women reported change toward heterosexuality over the assessment period. Countering conventional wisdom on the issue, Diamond and Rosky make the further observation that "rates of change do not appear to decline as respondents get older" (p. 8).

Naturalistic change is also evident in the influence culture appears to have on the expression of same-sex attraction. Diamond and Rosky cite data from the Netherlands that indicate between 1989 and 2009 reports of same-sex attractions and same-sex behavior in women increased from 3% to 18% and 4% to 12%, respectively. For men these changes were from 6–12% for same-sex attractions while same-sex behaviors remained stable at 12%. "In summary," state the authors, "the data on change are relatively clear: Although therapeutic attempts to change sexual orientation are not successful, patterns of same-sex and other-sex attractions sometimes change on their own, and the overall social

climate of viability and acceptance regarding same-sex sexuality may be one of the factors influencing such change" (p. 8).

Can Sexual Orientation Be Chosen?

Diamond and Rosky briefly examine the "choice" issue and draw a scientifically sensibly conclusion: "For the present time, the most accurate summary of the science is that some individuals perceive a role for choice in their sexual orientation and that we *do not know what this means*" (p. 9; authors' italics). The authors align with the Alliance's position here in suggesting that the simplistic notions of "choice" often found in public debates do not do justice to the complex and multidimensional nature of sexual desire.

Scientific Findings and Public Advocacy

In one of the most interesting and almost confessional sections of the article, Diamond and Rosky address the relationship between science and gay advocacy. They ask why the immutability premise continues to be a staple of public discourse on sexual minority rights and conclude that it does so because advocates believe such claims are necessary for effective advocacy. This is likely the ultimate reason why sexual orientation immutability will have a quiet death. The authors are to be lauded for their honesty in acknowledging that advocacy interests have trumped an objective reading of the science, which has subsequently led to an environment where public figures who question immutability arguments are reflexively considered homophobic.

The authors conclude with an accurate summary with which most if not all Alliance members would agree: "Yet these examples simply underscore the fact that immutability arguments have more to do with dueling cultural values than they have to do with science. Not only has the relevant science been misrepresented by both sides, but immutability arguments rely on unspoken legal and moral premises whose validity must be questioned" (p. 11). Although many people across the sociopolitical spectrum know this to be true intuitively, it is still a stunning admission for LGB academicians of Diamond and Rosky's stature.

Immutability Is Unnecessary: Legal Analysis

Diamond and Rosky next turn their attention to reviewing legal cases that they contend had important implications for sexual minority civil rights. They contend that although earlier case law addressed immutability arguments favorably, "it is remarkable to see just how few of these victories have depended on the immutability argument" (p. 13). The authors point out five ways (which actually appear to be six) that litigants have commonly prevailed without having to rely on immutability claims:

It's Just a Factor

Diamond and Rosky note that the Supreme Court has historically treated immutability as a factor to be considered rather than a requirement to be fulfilled in Equal Protection Clause applicability. Thus, immutability is not required to advance such legal arguments, and neither has it been necessary for applying "heightened scrutiny" standards for such protections.

Redefining Immutability

Here the authors report that in the course of case law, the legal definition of immutability has been altered in significant ways. No longer is the relevant question, "Can LGB individuals change their sexual orientation?" but rather "Should they be impelled to do so?" The accompanying legal answer is now an unmistakable "no." This legal redefinition is one in which immutability no longer connotes a trait that cannot change but rather a trait that is central to a person's identity, which the authors view as an improvement while admitting that it can also have shortcomings.

Sex Discrimination

Because the concept of sexual orientation depends on the concept of sex, Diamond and Rosky contend and the courts have more recently agreed that laws related to sexual discrimination are relevant for legal consideration of sexual minority civil rights. They state, "Because it is impossible to make distinctions based on sexual orientation without making distinctions based on sex, every act of discrimination based on sexual orientation can be defined as sex discrimination" (p. 15). For

example, they assert that laws against same-sex marriage, while intending to discriminate against gay men and lesbians, achieve this result by classifying couples based on sex.

Casting Moral Disapproval as Animus

Since 1996, the Supreme Court has recast moral disapproval as a form of anti-gay animus, rather than a legitimate state interest, which thereby removes any need to determine whether sexual orientation warrants suspect class status on the basis of its immutability. Diamond and Rosky believe that this is a very effective strategy for fighting laws they deem to be anti-gay. "As the Court has ruled," they affirm, "laws that seek to injure, stigmatize, or marginalize a group of people—even on the basis of deeply held moral convictions—are impermissible, regardless of the characteristics of the group in question" (p. 16).

Harm to Children (of Same-sex Couples)

Traditionalists have asserted that laws affirming and protecting heterosexual marriage were justified as they further the government's interest in promoting childrearing by a mother and a father and thus benefited children. However, the Supreme Court has essentially turned this argument on its head to rule that such laws actually harm and humiliate the children of same-sex couples. Such an argument does not remotely depend on homosexuality being immutable, only on the fact that some same-sex couples are raising children. "Advocates, lawyers, and scientists can now effectively argue that the children who need protection are *the children of LGBT individuals*, who are harmed and 'humiliated' by laws that codify anti-gay animus" (p. 17; authors' italics).

The Liberty to Choose

Diamond and Rosky further observe that when the Supreme Court struck down the Texas sodomy law under the Due Process Clause rather than the Equal Protection Clause, they opened up another path around the immutability argument. The issue at stake became the liberty and freedom to choose same-sex relations and relationships, which was later effectively employed to argue that laws against same-sex marriage violate an individual's right to marry. The authors lament that the *Obergefell* decision did reference immutability in its reasoning, which they view as completely unnecessary. They rhetorically ask the question, "Now that same-sex marriage is legal for everyone,

what is the harm if the Supreme Court has a view of sexual orientation that is several decades out of date?" (p. 17). In the final section of their article, the authors focus their attention on addressing this very question.

The Injustice of Immutability Arguments

The concluding portion of Diamond and Rosky's article sheds light on the underlying rationale for their work. They perceive that bisexuals in particular are not served well by immutability arguments; in fact, they contend that reliance upon immutability for sexual minority rights actually marginalizes and stigmatizes those who do not experience their sexuality as fixed, which they speculate may account for higher levels of stress-related mental health problems among bisexuals. Within this framework, bisexuals are legal victims of essentialist thinking on sexual orientation, as they are implicitly deemed less deserving of legal protections.

Also harmed by immutability assertions are individuals who claim to have chosen their same-sex sexuality. In a not-so-subtle rebuke to the APA, the authors observe that, "Both scientists and laypeople commonly claim that same-sex sexuality is rarely or never chosen (e.g., American Psychological Association, 2008), and individuals who claim otherwise (or who imply the capacity for choice by using terms such as *sexual preference* instead of *sexual orientation*) are often interpreted as misguided, insensitive, or homophobic. Yet similar to bisexuals, individuals who perceive that they have chosen some choice in their same-sex sexuality are more numerous than most people think" (p. 20; authors' italics).

A final group putatively harmed by immutability arguments is that of individuals who prioritize other identities over their sexual experience. This includes ". . . sexual minorities from ethnic, cultural, or religious backgrounds that do not share the contemporary Western conceptualization of sexual orientation as a defining status. Such individuals may believe that their status as an ethnic or religious minority is more critical to their sense of selfhood than their status as a sexual minority. . ." (p. 21). The authors, unfortunately, did not discuss the phenomenon of the ex-gay in this context, though their prior reasoning would appear to give credence to such a designation, provided this identity was only arrived at through a spontaneous (non-therapeutic) process.

At its core, Diamond and Rosky contend, the immutability argument concedes the point that same-sex sexuality is fundamentally inferior to heterosexuality, and bases LGB civil rights on the grounds that these individuals are born with and therefore cannot control their condition. The authors take umbrage at the inherent premise that sexual orientation should be controlled, which is the premise they encourage activists to challenge, since "there is no legal or moral basis for states to 'contain' same-sex sexuality and to actively promote and enforce heterosexuality among children and adults" (p. 22). By way of contrast, they give an affirmative nod to queer theory and identity, which questions and disrupts sexual categories and hierarchies as well as acknowledges the dynamic and flexible nature of sexuality. "If there is no reason for societies to control and contain the expression of same-sex sexuality," aver the authors, "then there is no reason to invoke scientific research on the nature and cause of same-sex sexuality to justify or challenge such policies" (p. 22).

Concluding Observations and Commentary

There is much to be appreciated about Diamond and Rosky's contribution to the literature on sexual orientation immutability. Not only is their review of the relevant science a seminal effort that should end any notion of sexual orientation as inherently immutable, but their work also allows a peek into the oft-denied reality of science being compromised to suit the dictates of political advocacy. At the same time, the authors' treatment of certain aspects of the scientific literature is clearly wanting, and I will address a few of the more egregious shortcomings below.

Sexual Orientation Change Efforts (SOCE)

It is a testimony to the power of ideology that Diamond and Rosky expend such effort to dismantle the sexual orientation immutability argument and affirm the ubiquitous occurrence of naturalistic sexual orientation fluidity but are unable to even entertain the possibility of sexual fluidity within the context of a professional psychotherapeutic process. Their conclusion as regards SOCE seems to me likely to reflect a philosophical (and perhaps LGB subcultural) predilection rather than a scientific mandate. Their analysis of the research displays little of the depth and critical analysis that they evidence in their treatment of other aspects of the literature germane to immutability. There is no discussion of the significant limitations of this research as noted by the APA Report (APA, 2009) and

others (Jones, Rosik, Williams, & Byrd, 2010; Rosik, 2012, 2013), the LGB identities of almost the entire APA task force who created the Report (Nicolosi, n.d.), or the complete lack of an academic and scientific culture conducive to conducting needed bipartisan research in an area that has become so heavily politicized (cf. Duarte et al., 2015; Rosik, 2014a; Rosik, Jones, & Byrd, 2012).

Diamond and Rosky's treatment of the APA Report is deficient on many grounds. They describe SOCE as ineffective and "psychologically damaging." The Report only uses the term "damaging" twice—once in a quotation from a 2000 policy statement by the American Psychoanalytic Association that refers to the damaging effects of internalized homophobic attitudes (APA, 2009, p. 24) and again in describing an article by Haldemann that alleged some men as a part of their SOCE were taught that homosexuality made them less masculine, a belief that was damaging to their self-esteem (p. 62). And while the Report speaks often of the potential for harm—a risk common to all forms of psychotherapy (Lambert, 2013)—the Report is clear that we have no idea what that risk prevalence is for professional SOCE or whether it is greater than for psychotherapy in general. "Thus, we cannot conclude how likely it is that harm will occur from SOCE. However, studies from both periods indicate that attempts to change sexual orientation may cause or exacerbate distress and poor mental health in some individuals. . ." (p. 42). Qualifiers such as "may" and "some" fail to find their way into the Diamond and Rosky's analysis of SOCE, replaced by inflated terms such as "often" and "stark."

Furthermore, the Report concludes that, "There are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom" (p. 83). Since more contemporary forms of professional SOCE are the only forms being currently practiced by professionals, this conclusion of the Report renders Diamond and Rosky's definitive statements against SOCE misleading and ill advised. Finally, like the APA Report before them, these authors fail to make any distinction between SOCE provided by licensed mental health professionals and that conducted by unlicensed and unregulated religious counselors. Nor do they acknowledge that rates of harm and efficacy might be quite different between these types of practitioners.

Diamond and Rosky also charge that the APA Report concludes the practice of SOCE by therapists to be unethical. I found no basis for this claim in my review of the APA Report. For example, the conclusion to the Report's chapter on ethical concerns states only that, "LMHP are cautioned against promising sexual orientation change to clients. LMHP are encouraged to consider affirmative treatment options when clients present with requests for sexual orientation change" (p. 70). To my reading, promoting responsible goal-setting and encouraging affirmative treatment options are hardly statements of ethical censure against SOCE, though they are admittedly not endorsements either. In fact, the APA seriously discussed a resolution to declare that "sexual orientation conversion therapy" could not be ethically practiced in the mid-1990s. This resolution was eventually withdrawn due in part to advice from its legal counsel (James L. McHugh) that such a statement could run afoul of restraint of trade laws and leave the APA legally vulnerable unless virtually unimpeachable evidence existed that the resolution was scientifically and professionally correct. Since the 2009 APA Report concluded that no such evidence actually exists regarding SOCE, it seems unlikely the APA would want to revisit the issue again without a change in the legal landscape. Thus, it is difficult to comprehend Diamond and Rosky's depiction of the Report as declaring SOCE unethical as much more than wishful thinking.

It is also of interest that Diamond and Rosky appear to have unwittingly undermined the APA Report's definition of affirmative therapeutic practice, as one of the three foundations of such practice is a conviction that only "sexual orientation identity, not sexual orientation, appears to change via psychotherapy, support groups, or life events" (p. 86). Clearly, in their aforementioned examination of sexual orientation fluidity (including sexual attractions), life events do give rise to spontaneous changes in the components of sexual orientation with some frequency and mostly in the direction of greater heterosexuality.

With regards to SOCE or, more specifically, what I now prefer to describe as *sexual attraction fluidity exploration therapies (SAFE-T)*, Diamond and Rosky appear to maintain a resolute determination to not go where the data could logically proceed. They acknowledge that "the formation of emotional attachments may facilitate unexpected changes in sexual desire" (p. 8). Even more directly, they observe that, ". . . one possibility is that a conscious choice to consider same-sex

sexuality is necessary for some individuals' biological capacities for same-sex sexuality to become manifest" (p. 10). I see no reason, however, why the reverse could not be even more probable, i.e., that conscious choices to consider opposite-sex sexuality (along with the pursuit of certain emotional attachments) could activate some individual's biological capacities for opposite-sex sexuality. This is what could be termed as one's heterosexual potential. Even though more research is needed to confirm such a potential, to deny this would seem to be much more a matter of ideological compulsion and/or the fear of collegial opprobrium than it is one of theoretical or scientific implausibility.

The Compromising Alliance of Sexual Orientation Science and Advocacy

One intriguing premise of Diamond and Rosky's work appears to be that cultural acceptance and civil protections for LGB people has now advanced to the point where researchers and activists can finally begin telling the truth about sexual orientation immutability. Their observations that many advocates continue to use immutability arguments in public discourse about LGB rights—not to mention the general silence on this matter in the public pronouncements of the scientific community—implies a significant element of disingenuousness in this movement. While the science on sexual orientation immutability may have been nebulous a generation ago, this is no longer the case, and there is no reason other than political calculation why the malleability of sexual orientation should not be prominently acknowledged by professional associations and gay activists in their public pronouncements and legal briefs.

One example alluded to by Diamond and Rosky has to do with the effect same-sex couples may have on their children's sexuality. Though long denied by gay activists, there is a growing acknowledgment that in fact these children do have higher prevalence of LGB identities and behaviors than children from heterosexual couples (Schumm, 2014). With the greater cultural acceptance of same-sex sexuality, the authors affirm, children of same-sex couples ". . . may have been even more willing and able to consider—and positively evaluate—their own propensity for same-sex sexuality. Of course, this is exactly what anti-gay activists have long warned about . . ." (p. 9). I have long questioned why gay activists expended so much energy to show no differences in

sexual orientation between children of same-sex and opposite-sex couples while also maintaining same-sex attractions are a positive and normal feature of human sexuality. There is a disconnection here that few activists and researchers (Diamond and Rosky being a welcomed exception) seem prepared to acknowledge. The authors help lift this curtain a little and show how inconvenient scientific facts that have been suppressed can finally be acknowledged when the sociopolitical and moral conditions are more favorable and are not perceived to threaten the advocacy goals.

Diamond and Rosky also make mention of the Academy of Science of South Africa's (ASSAf, 2015) recent report, *Diversity of Sexuality*, which they acknowledge perpetuates an "overinterpretation of scientific evidence that has long characterized immutability debates, concluding that 'all sexual orientations are biologically based, largely innate, and mostly unchangeable'" (p. 10). I admit to being pleasantly surprised that the authors concur with the Alliance's opinion on this aspect of the report (Alliance for Therapeutic Choice and Scientific Integrity (ATCSI), 2015). Diamond and Rosky contend that this "overinterpretation"—which might be considered a sanitized term for scientific deception—is justified on the grounds that belief in immutability in the African context will save lives of LGB Africans. I would like to believe that this is true, but I wonder if this is primarily a rationalizing of scientific dishonesty in the interest of changing public policy. I wonder this in part because it would seem to me that such reasoning is quite insulting to the average African, appearing to assume that Africans are so culturally backwards that they would not be able or know how to access this information on the Internet. Are not Africans with such inclinations likely to be even less sympathetic to Diamond and Rosky's concerns when they learn that they have been lied to by the ASSAf? In this regard, I prefer the Alliance's position that, "The granting to LGB persons of basic human rights and the ability to live free from harassment or violence should not be conditioned by any scientific finding about sexual orientation" (ATCSI, 2016, p. 406). This would appear to me to be a more culturally transformative value position to promote in Africa than one that simply teaches that the ends justify the (scientifically dishonest) means.

The Clash of Moral and Sexual Worldviews

Finally, apart from political considerations, I suspect that one cannot fully understand Diamond and Rosky's work without giving attention to the underlying moral worldview that appears likely to animate them. A highly parsimonious theory of moral processing is that of Haidt's Moral Foundations Theory (MFT) (Haidt, 2012). MFT integrates anthropological and evolutionary accounts of morality to identify and explain the standards by which liberals and conservatives formulate their moral frameworks (Graham, Haidt, & Nosek, 2009). MFT has amassed a wealth of empirical data to suggest that although conservative and liberal/progressive individuals share some similar moral concerns (relative to the rights and welfare of individuals), conservatives also are motivated by moral concerns that liberals may not recognize and that emphasize the virtues and institutions that bind people into roles, duties, and mutual obligations. The language of rights, equality (of outcomes), and justice tends to be the dominant parlance of moral argumentation among those on the left, and their most scared value tends to be that of caring for victims of oppression. Conservatives, by contrast, balance their concerns for harm and fairness with some mix of social cohesion, institutional integrity, and divinity concerns. They generally believe the institutions, norms, and traditions that have helped build civilizations contain the accumulated wisdom of human experience and should not be tinkered with apart from immense reflection and caution. For conservatives, the most sacred value tends to be the preservation of the institutions and traditions that sustain a moral community.

Utilizing the lens of MFT, and making a rather educated guess that Diamond and Rosky are left-of-center scholars, I offer some tentative ways of comprehending their analysis. MFT would suggest that these authors are morally animated by the defense and protection of oppressed individuals—sexual minorities in particular. In addition, they would not be expected to morally resonate with concerns about the integrity of social institutions or cultural and religious traditions that undergird them, especially when these are viewed as in some way harming LGB individuals. Diamond and Rosky's apparent sexual ethic, whereby any sexual activity between consenting adults is equally moral and desirable as long as it is not perceived to be harmful *to the individual*, fits neatly within MFT. Here sexual desires are to be pursued and gratified without particular reference to the historical constraining influence on sexuality that social institutions and religious traditions have exercised in the past, the weakening of which conservatives typically view to be harmful *to the*

society. Within the authors' moral template heavily weighed toward care for the oppressed, such sexually constraining forces are likely to be construed simply as agents of oppression rather than builders of a stable civilization. Moreover, privileging these constraining influences by affirming their embedded values (i.e., male-female marriage, sexual exclusivity) as the aspirational sexual ideal for individuals and societies makes no moral sense and is instead likely to be experienced as offensive (e.g., heterosexist; cf, Rosik, 2014b for a more detailed analysis). These moral factors seem especially in play with the assessment of SOCE.

I think the stark contrast between Diamond and Rosky's bold recognition of spontaneous sexual orientation fluidity and their staunch refusal to grant any plausibility to SAFE-T makes a good deal of sense within this MFT framework, where the sacred values of a group are said to both "bind" group members together and "blind" them to the questions and concerns of those sharing different sacred values (Haidt, 2012). Much about SOCE, even when provided through the most professionally conducted mainstream therapeutic modalities, grates quite disturbingly against left-of-center moral intuitions and their associated sacred values. SOCE consumers typically presume an ideal standard of sexual expression that prioritizes opposite-sex sexual expression and is often based on traditional religious values and faith community standards. Yet heterosexuality and traditional religious institutions are not given favored status within a left-of-center moral palate that gives sacred status to caring for victims of oppression; rather, they are viewed as dominant groups who are historically privileged and oppressive to disadvantaged sexualities. For progressives, the perceived victim receives the compassion and moral privilege and the perceived oppressor gets the animosity and moral condemnation, and it goes against progressive moral sensibilities for there to be victims within the designated "oppressor" group or oppressors within the designated "victim" group. This can lead to the differential application of moral standards to similar acts from members of these two groups. For example, progressives may view self-determination as laudable in the interest of the unfettered expression of minority sexualities but abhorrent for SOCE clients engaging in SAFE-T regarding unwanted same-sex attractions.

None of this analysis is to deny that majority groups can often promote intolerance of minority groups that can result in genuine harm. However, the question rarely asked within the social

sciences today is whether there is a point at which sexual liberty might best be restrained (not by legal force but by the promotion of certain behavioral ideals) for the social good and whether this can be accomplished merely within the progressive moral matrix that relies mostly on considerations of harm and consent. This is the cultural flashpoint within which discussions of SOCE are entrenched. Within the MFT framework, one would expect progressives to perceive SOCE clients to be striving toward a heterosexual ideal they consider historically oppressive. This is a far cry from a SOCE consumer's moral narrative that views such striving as an admirable effort to uphold religious sexual ideals that strengthen families and societies. MFT thus anticipates that Diamond and Rosky's left-of-center moral intuitions and resultant sacred values will lead them to conceive of SOCE—with its consumers' idealization of heterosexual sexual expression derived from adherence to values championed by religious institutions—as at best a morally dubious endeavor and at worst a collusion with client oppression. This is not an intuitive moral basis upon which one would expect them to treat the limited and inconclusive science surrounding professional SOCE in an objective or even-handed manner.

Conclusion

Despite their ostensible blind spot concerning the plausibility of professional SOCE in terms of SAFE-T, Diamond and Rosky deserve immense affirmation for taking a professional risk and providing a vigorous challenge to the conventional wisdom of sexual orientation immutability. In doing so, they go further in their review by highlighting (approvingly) how the science of sexual orientation can be compromised in the service of political advocacy. Their work renders it crystal clear that the essentialist view of sexual orientation as fixed and unchangeable is no longer a scientifically tenable assertion. Therefore, claims of sexual immutability can now be considered a means of distinguishing the activist from the scientist.

Unfortunately, Diamond and Rosky were unable to fully liberate themselves from the belief in sexual orientation immutability, since it appears their ideological and moral commitments kept them from acknowledging (i.e., blinded them to) the plausibility of therapy-assisted sexual attraction fluidity in the context of SOCE. While the political, legal, and cultural climate may now have become conducive to the acknowledgment of spontaneous change across all dimensions of sexual orientation

by these and other scholars, the final frontier of acknowledging the plausibility of therapy-assisted sexual attraction fluidity within SAFE-T remains strictly off limits. This is politically understandable during a season where legal attempts to ban SOCE are in vogue, even as it is scientifically rather despicable. Based on Diamond and Rosky's analysis, I cannot help but wonder: Were SOCE to become completely prohibited, would these authors then finally be freed to acknowledge that it sometimes was effective? Until the goal of prohibition is achieved, I suspect that sexual orientation immutability will continue to die a quiet death.

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What Freud Really Said about Homosexuality and Why

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Abstract

There is increasing public and professional debate over the normality and treatability of male homosexuality. This warrants a return to the earliest professional understandings of the condition, i.e., the origins of Sigmund Freud's psychoanalytic theory. While gay-affirmative theorists dismiss early psychoanalytic theory regarding the nature and causes of homosexuality, this perspective continues to offer a foundation for understanding same-sex attractions and for the application of effective therapeutic interventions. While often unclear about his views on homosexuality, in three primary and other peripheral writings, Freud depicts his diverse, perhaps ambivalent, views on the phenomenon. These views are summarized in seven categories: 1. The Reality of Reproduction. 2. The Theory of Universal Bisexuality. 3. Psychosexual Immaturity. 4. Homosexuality and Narcissism. 5. Reparative Concept. 6. Therapeutic Pessimism. 7. Homosexuality as "Perversion." Working within the limited theoretical framework of the Oedipus Complex, Freud offered basic observations and fundamental principles which modern psychodynamic-oriented theories and therapies continue to develop.

Introduction

There is increasing public and professional debate over the normality and associated treatability of male homosexuality. Freud's own words on homosexuality have been exploited by both sides of the "normal versus pathological" debate. The "easy lifting" of Freudian quotes to support each side of the debate is partially due to his own uncertainty and ambiguity on the subject. Throughout his life Freud approached the subject with caution and made only tentative assumptions.

For example, gay-affirmative apologists, in order to support their view of homosexuality as "normal," refer to Freud's "Letter to an American Mother," in which he says that "Homosexuality . . . is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness: we consider it to be a variation of the sexual function." However, gay-affirmative apologists omit the telling, final passage of the letter, which states, "[Homosexuality] is produced by a certain arrest of sexual development" (Freud, 2014d, p. 786).

A sincere attempt to gain a psychological understanding of homosexuality necessitates an inquiry into classical psychoanalysis, the school of thought offering the first professional, psychotherapeutic analysis of homosexuality's origins and consequences. This inquiry begins with Freud. As the founder of psychoanalysis, Freud laid the foundation for more than a century of scientific investigation. From this historical context, we ask the reader to consider that critical, judgmental, and even deprecatory concepts and vocabulary to be understood from that perspective.

Freud's Ambivalence

Over the course of his life, Freud expressed various ideas about homosexuality, which beginning in 1905 he sometimes referred to as "inversion" (Freud, 2014c, p. 136). Some of Freud's statements were fragmented, incomplete, and even self-contradictory (Lewes, 1988). At times he implied that homosexuality was an illness, while at other times merely a "variation of the sexual function" caused by "an arrest in sexual development" (Freud, 1951, p. 786).

Freud considered homosexuality to be a perversion in the classical psychoanalytic sense of that term, i.e., a condition that includes self-object limitations, narcissism, and an underdeveloped

superego (Freud, 2014). While he thought homosexuality to be one of the "perversions," which he defined as deviations from "the normal sexual aim . . . regarded as being the union of the genitals in the act known as copulation" (Freud, 2014c, p. 46), Freud also made impassioned arguments for the higher human achievements accomplished by homosexuals, pointing to da Vinci and Michelangelo in particular (Freud, 1932).

Freud strongly opposed social intolerance of homosexuals. He wrote:

> It is one of the obvious social injustices that the standard of civilization should demand from everyone the same sexual life-conduct which can be followed without any difficulty by some people, thanks to their organization, but which imposes the heaviest psychical sacrifices on others. (Freud, 1959a, p. 192)

At the same time, he took what some would call a moralistic view, stating:

> What are known as the perverse forms of intercourse . . . in which other parts of the body take over the role of the genitals, have undoubtedly increased in social importance. These activities cannot, however, be regarded as being as harmless as analogous extensions [of the sexual drive] in love relationships. They are ethically objectionable, for they degrade the relationships of love between two human beings from a serious matter to a convenient game, attended by no risk and no spiritual participation. (Freud, 1959a, p. 200)

In addition, Freud's intended professional, scientific views were sometimes accompanied by his personal sentiments. For example, Freud wrote three essays on the theory of sexuality in 1905, where he stated that "We never regard the genitals themselves . . . as really 'beautiful'" (Freud, 2014c, p. 155). In 1910, Freud wrote "Leonardo da Vinci and a Memory of His Childhood," where he describes fellatio as "a loathsome sexual perversion" (Freud, 1932, p. 86).

Freud was unclear about whether homosexual object-choice should be considered a singular and unitary entity, or several, separate varieties (Freud, 1932, p. 101). In other words, Freud was not sure if homosexuality was a singular phenomenon or had various manifestations. He continually returned to the question of causation, offering several theories but never diverging very far from his foundational theory of the Oedipus Complex.

The Oedipus Complex

According to Freud, the Oedipus Complex occurs within the phallic stage of a boy's psychosexual development (ages 3–6 years), during which time the mother becomes the object of her son's infantile libidinal energy (sexual desire). Because the father is the one who is privileged to sleep with his mother, the boy is propelled into an emotional rivalry with his father. To facilitate union with the mother, the boy's id-driven impulse prompts the wish to kill the father (as did Oedipus), but the boy's more pragmatic ego, in light of the reality principle, knows that the father is stronger. The boy thus remains strongly ambivalent about his father's place in the family. Fear of "castration" (the father's ability to render him powerless), eventually prompts abandonment of this death wish and the boy instead identifies with him. The resolution of the conflict between the drives of the id and the ego is the defense mechanism of identification through which the boy internalizes the personality characteristics and the masculinity of the father. In identifying with the aggressor, the boy diminishes his castration anxiety and defends himself from the father's wrath as the two contend for the mother.

The boy's identification with the father is the successful resolution of the id-ego conflict, which in turn leads to the formation of a mature sexual identity—in other words, heterosexuality. Failure to successfully resolve the Oedipus Complex fixates the boy's identification with the mother, directing his libidinal cathexis onto the father. This negative Oedipal outcome may result in adult homosexuality.

The Limitations of the Oedipus Theory

One of the limitations of the Oedipus Complex theory as an explanation for homosexuality is Freud's presupposition that the Oedipus Complex is the central phenomenon in the developmental period of early childhood. Freud used the Oedipus Complex alone to explain child development and attempted to explain homosexuality with that model solely. In this model, it is the boy's resolution of the Oedipus Complex (i.e., an inevitable competition with his father for the love of his mother) that transitions the child from auto-eroticism and narcissism into true object-relatedness and heterosexuality. Homosexuality is seen by Freud as the result of a failed resolution of the Oedipus Complex. This could occur either when this complex was not worked-through completely, or because

a previous trauma had caused a psychosocial fixation within the pre-Oedipal state, preventing the child from beginning the Oedipal dynamics (Freud, 2014c, p. 242).

An additional limitation of the Oedipus Complex model is that it views the parent-child bond as a sexually based attachment, i.e., libidinal cathexis, rather than an emotional-identification bond (Freud, 2014b, p. 174). An example of the Oedipal model's narrowness is found in Freud's attempt to explain same-sex attraction in erotic, rather than identification terms. He was clear about the boy's over-identification with the mother, but believed that this identification was due to libidinal attachment, and so he could not account for how the father then becomes a sexual object. His best explanation was that the child who becomes homosexual identifies with the mother and therefore loves men as she would (Freud, 2014c, p. 145 n.). These limitations restricted Freud's consideration of self-identity and especially gender identity, which would be described more fully by later clinicians in self-psychology and object-relations theory.

Freud's Diverse Views on Homosexuality

While Freud wrote no major work exclusively dedicated to the subject, his views on the topic of homosexuality appear in diverse papers, notably "Three Essays on the Theory of Sexuality" (2014c); "Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality" (2014g); and "Leonardo da Vinci and a Memory of His Childhood" (1932). From these three essential and other peripheral writings, Freud's diverse views on homosexuality can be summarized in six categories:

1. Freud's Philosophical Foundation: "The Reality of Reproduction"

Freud began his investigation of homosexuality with the assumption that biological complementarity is the basis of normal sexuality—what Rado would later term Freud's "standard pattern" (Rado, 1940, p. 464) of male-female sexual relationship. Central to this pattern is the potential for reproduction. Based on nineteenth-century biological theories and Darwinism, Freud's theory saw the role of sexual activity as the union of the genitals of members of the opposite sex for the purpose of continuing the race (Rado, 1940, p. 464). Summarizing this view, Arlow (1986) states that "for Freud the question of what should be considered normal as opposed to perverse sexuality posed no particular problem. He used a biological criterion" (p. 249).

Basing his definition of "perversion" on the biological reality of reproduction, Freud stated in 1920:

> The common characteristic of all perversions, on the other hand, is that they have abandoned reproduction as their aim. We term sexual activity perverse when it has renounced the aim of reproduction and follows the pursuit of pleasure as an independent goal. (Freud, 1955, p. 273)

Gay-affirmative apologists claim that Freud's fundamental criterion of procreation is archaic and unnecessary. They regard Freud's criterion of procreation as overly simplistic and narrow, and propose instead that sexuality is valid merely for pleasure and relational intimacy. In so doing, the gay-affirmative apologists join the contemporary trend among therapists and theoreticians in the mental health professions to substitute the individual's subjective experience for an objective model of health. By equating Freud's teleological (biological design-based) principle to a moralistic principle, gay-affirmative apologists have shifted the object of study from biological design to the person's own subjective experience of meaning. This effectively moved psychoanalytic theory away from the objectivity of the natural sciences upon which Freud had attempted to build psychoanalysis. These theoretical departures from the reproductive function of sexual activity to the subjective and qualitative experience of human sexual relations served to further divide psychoanalysis from the natural sciences.

2. The Theory of Universal Bisexuality

Freud's theory of universal bisexuality remained a fundamental, if problematic principle of psychoanalysis until 1940, when Sandor Rado (1940) decisively challenged that assumption. Freud thought that homosexuality was rooted not only in the unsuccessful resolution of the Oedipal Complex, but also in some undiscovered biological component that predisposes some children to homosexuality. Freud assumed that there exists either inborn (as in prenatal-hormonal) or genetic potential for homosexuality prior to the environmental events of the child's psychosexual development. Freud considered that narcissism also might have a biological component.

Describing the evolutionary basis of sexuality, Freud wrote:

> Psychoanalysis considers that a choice of an object independently of its sex—freedom to range equally over male and female objects—as it is found in childhood, in primitive states of society and early periods of history, is the original basis from which, as a result of restriction in one direction or the other, both the normal and the inverted types develop. Thus from the point of view of psychoanalysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact based upon an attraction that is ultimately of a chemical nature. (Freud, 2014c, p. 144)

Gay-affirmative apologists have turned to Freud's theory of universal bisexuality to attempt to deconstruct his belief that the fundamental requirement of healthy sexual development must be genital functioning in the service of reproduction. These theorists argue that whether the individual uses his sexuality for reproduction or pleasure, this should not be the gauge of his psychosexual maturity.

Rado (1940) rejected Freud's notion of universal bisexuality and traced that idea to the pre-scientific mythologies of hermaphrodites and animism. He concluded that homosexuality finds its origins in childhood anxieties and not in biological constitution. Returning, like Freud, to the reproductive system as the criterion for normal sexuality, Rado claimed that Freud's theory of universal bisexuality overlooked the obvious reparative function of same-sex behavior.

3. Psychosexual Immaturity

In spite of his theory of universal bisexuality, Freud viewed normal psychosexual development as inevitably ending in heterosexuality. Homosexuality represented an inhibition in development and did not represent mature sexuality (2014c, p. 145–47 n.). The cause for this inhibition, he maintained, could be found in constitutional and early family factors.

Anticipating the release of the Bieber, et al. (1962) study by over fifty years, Freud summarized his understanding of the familial causes of homosexuality:

> In all our male homosexual cases the subjects had had a very intense erotic attachment to a female person, as a rule their mother. . . . This attachment was evoked or encouraged by too much tenderness on the part of the mother herself, and further reinforced by the small part

> played by the father during their childhood. Indeed, it almost seems as though the presence of a strong father would ensure that the son made the correct decision in his choice of object, namely someone of the opposite sex. (Freud, 1932, p. 99)

Despite his lifelong equivocation on some aspects of homosexuality, Freud maintained the consistent view that homosexuality results only when normal and natural heterosexual development is thwarted. His premise was that if the child's psychosexual development is not derailed, or if there is not some constitutional predetermination, the child will naturally attain a heterosexual object-choice.

Throughout his life, Freud's writing on homosexuality shows that he consistently understood homosexuality as an unresolved fixation, and not simply a "preference" based upon free choice. He explained that homosexuality is a derailment from the natural sexual object. Freud explained that "any established aberration from normal sexuality" was "an instance of developmental inhibition and infantilism" (Freud, 2014c, p. 231). Regarding causation of homosexuality, he later wrote that "sexual aberration in adults—perversion, fetishism, inversion (homosexuality) . . . will reveal an event such as I have suggested, leading to a fixation in childhood" (Freud, 2014a, p. 182).

Freud also wrote that "perverse sexuality, in brief, is nothing more than infantile sexuality divided into its separate tendencies" (Freud, 1920, p. 268). Finally, Freud cites homosexuality as an example of "an inhibition in development" (Freud, 2014c, p. 208).

4. Homosexuality and Narcissism

From his earliest formulations on the nature of homosexuality, Freud recognized the narcissistic structure of the condition: "Homosexual object-choice originally lies closer to narcissism than does the heterosexual kind" (Freud, 2014e, p. 426). He conceptualized homosexuality as a developmental mid-point between immature narcissism and mature heterosexuality (Freud, 1958). According to Freud, this mid-phase of narcissism "seeks for the subject's own ego and finds it again in other people" (Freud, 2014c, p. 222 n.).

The narcissistic nature of a boy's same-sex, sexual-object choices is first established within his identification with the mother (Freud, 1932). This narcissistic identification with her remains an impediment to authentic relationships in adulthood.

While Freud wrote his ideas on homosexuality in scattered form, his paper on Leonardo da Vinci (1932) may be considered the most insightful and detailed analysis of the homosexual condition. In this paper, for the first time, Freud linked this inhibition in development to narcissism:

> . . . [the homosexual] finds the objects of his love along the path of narcissism, as we say: for Narcissus, according to the Greek legend, was a youth who preferred his own reflection to everything else and who was changed into the lovely flower of that name. (Freud, 1932, p.100)

Detailing the narcissistic component in homosexuality, Freud stated:

> We have discovered, especially clearly in people whose libidinal development has suffered some disturbance, such as perverts and homosexuals, that in their later choice of love-objects they have taken as a model not their mother but their own selves. They are plainly seeking themselves as a love-object, and are exhibiting a type of object-choice which must be termed 'narcissistic'. In this observation we have the strongest of the reasons which have led us to adopt the hypothesis of narcissism. (Freud, 2014f, p. 88)

Detailing the forms of narcissistic attachment, Freud stated: "A man can love himself as he is, he can love himself as he was, he can love someone who was once a part of himself, and he can love what he himself would like to be" (2014f, p. 90). Elaborating on this last type of love, Freud described the "impoverished" person who loves someone who possesses excellences he himself never had" (2014f, p. 101).

5. Reparative Concept

The narcissistic component of homosexuality is further explained as the "satisfaction" (2014c, p.222) that was sought for ego-wounding. The ego seeks some kind of repayment for an offense suffered, or for a perceived loss or defect. This compensatory function of the ego came to be understood in terms of narcissism.

Freud viewed homosexual behavior as a mechanism used as a defense against anxiety and fear. Earlier, Freud noted the reparative function of homosexuality in describing it as a defense against

fear of women: "Their compulsive longing for men has turned out to be determined by their ceaseless flight from women" (Freud, 1932, p. 43).

Offering a clinical example of the reparative function of same-sex behavior, Freud stated:

> In the history of homosexuals one often hears that the change in them took place after the mother had praised another boy and set him up as a model. The tendency to a narcissistic object-choice was thus stimulated, and after a short phase of keen jealousy, the rival became a love-object. (Freud, 2014g, p. 232)

6. Therapeutic Pessimism

Freud often expressed pessimism about the treatment of homosexuality, not because he was opposed to it in principle, but because he judged that the techniques of the time were ineffective. He explained:

> In general, to undertake to convert a fully developed homosexual into a heterosexual does not offer much more prospect of success than the reverse, except that for good practical reasons the latter is never attempted. The number of successes achieved by psycho-analytic treatment of the various forms of homosexuality, which incidentally are manifold, is indeed not very striking. (Freud, 1955, pp.150–151)

Another reason Freud was pessimistic about treatment was that he saw the homosexual as a pervert (in the psychoanalytic sense) rather than a neurotic. Typically the neurotic was sufficiently enough distressed by his symptoms to motivate him to seek professional help. Because he experienced anxiety regarding his symptoms, he developed a transference onto the therapist, which is necessary for psychoanalytic treatment success. On the other hand, the "pervert" was thought to feel no internal conflict and gained too much ego-pleasure from his behavior. As Freud wrote, "Perverts who can obtain satisfaction do not often have occasion to come for analysis" (Freud, 2014a, p. 197).

Freud later explained:

> The homosexual is not able to give up the object that provides him with pleasure, and one cannot convince him that if he made the change he would rediscover in the other the pleasure that he has renounced. If he comes to be treated at all, it is mostly through the pressure of

> external motives, such as the social disadvantages and dangers attaching to his choice of object, and such components of the instinct of self-preservation prove themselves too weak in the struggle against the sexual impulsions. One then soon discovers his secret plan, namely, to obtain from the striking failure of his attempt a feeling of satisfaction that he has done everything possible against his abnormality, to which he can now resign himself with an easy conscience. (Freud, 1955, p. 150)

Freud found that most homosexuals entered treatment due to "external motives, such as social disadvantages and danger attaching to his choice of object" (Freud, 1955, p. 151), but that his true motivation was not to be cured, per se, but rather to avoid social criticism, and to assure himself that he tried his best to change and "can now resign himself with an easy conscience" to his sexual pleasure (Freud, 1955, p. 150). This, and the belief that homosexuality was in part due to biological predetermination, apparently were the causes for Freud's pessimism.

While Freud was pessimistic about treatment success, he did not exclude the possibility of change, but rather thought that psychoanalysis could offer the patient a more conflict-free adjustment to his homosexuality. Thus, Freud wrote:

> It is not for psychoanalysis to solve the problem of homosexuality. It must rest content with disclosing the psychical mechanisms that resulted in determining the object-choice, and with tracing back the paths from them to the instinctual dispositions. There its work ends, and it leaves the rest to biological research. (Freud, 1955, p. 171)

This limited perspective is illustrated by his response to a mother who hoped Freud could cure her son of his homosexuality:

> What analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency, whether he remains a homosexual or gets changed. (Freud, 2014d, p. 786)

Since Freud's time, psychoanalysis has developed a more refined distinction between the neurotic and the pervert, as well as techniques to counter resistance in therapy. For example, Socarides and Freedman (2002) thought that confronting the patient's denial of reality would create sufficient intrapsychic conflict to lay the foundation for the therapeutic alliance. Similarly,

Chasseguet-Smirgel (1974) was hopeful in believing that ". . . there exists in the sexual pervert's mind a more reality-oriented ego-ideal which is revealed in analysis" (p. 351). Cultivating these reality-oriented aspects of the patient's mind, along with other efforts, have brought more positive reports of treatment since Freud's time.

7. Homosexuality as "Perversion"

While the term "perversion" today has taken on a pejorative connotation, we need to consider the historical context in which Freud intended the use of the term. Socarides tells us that "While Freud himself deplored the word removed perversion because it carried a moralistic connotation, he continued to use it free from its pejorative meaning and in a scientific sense. He used it to denote sexual arousal patterns that are unconsciously motivated, stereotyped, and derived from early psychic conflict" (Socarides, 2002, p. 5).

In addition, Freud cautioned that it is difficult, if not impossible, to draw a clear distinction between "mere variations" and "pathological symptoms."

> No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim; and the universality of this finding is in itself enough to show how inappropriate it is to use the word perversion as a term of reproach. In the sphere of sexual life we are brought up against peculiar and, indeed, insoluble difficulties as soon as we try to draw a sharp line to distinguish mere variations within the range of what is physiological from pathological symptoms. (1905/1949, p. 39)

For Freud, the term perversion should be understood: ". . . in the content of the new sexual aim . . . in its relation to the normal" (Freud, 1949, p. 39). "The normal" for Freud remains the biological reality of reproduction" (Freud, 1955).

The point at which a child became fixated in his psychosexual development determined whether or not he suffered from a perversion. The etiology of homosexuality placed the fixation before the period of the Oedipus Conflict, making the condition a perversion. One characteristic of the perversions is the attempt to master anxieties by excessive erotic investment in the "loved" object, i.e. libidinization. This, in turn, leads to a disturbance in the patient's relationship to reality.

Success in mastering the Oedipal conflict allows the boy to move beyond the narcissistic phase of development, with its more primitive need-gratifying object relations, to a maturity that allows true object-relatedness. When the boy successfully navigates the Oedipal period, his identification with the father allows him to develop an authentic connectedness with social reality, a healthy superego, and the ability to internalize social/moral and aesthetic norms.

The homosexual's continuing focus upon narcissistic object choices restricts his ability to establish a mature sexuality based upon healthy object relations. This focus on narcissistic gratification limits his sexual-object choices to those which offer reassurance against depletion of his masculinity (threats of castration). His tendency to seek an idealized object to fulfill his unmet narcissistic needs means that his relationships will be built upon psychic projections and repetitive enactments of reassurance.

Freud was the first to report the commonly found association between homosexuality and some degree of paranoia, which was frequently confirmed by other psychoanalysts (Lewes, 1988). He believed that such paranoia resulted from the homosexual's inability to accept his own homosexuality. The transformative process from intolerable homosexuality to paranoia begins as follows: "I (a man) love him (another man)." This results in a reaction-formation defense mechanism, which protects him from the intolerable idea of homosexual attraction: "No, I don't love him—I hate him." The resulting paranoid delusion, therefore, is "And the reason I hate him, is that he persecutes me" (paraphrased from Freud, 1958, p. 63).

8. Homosexuality and Healthy Personality

The fundamental question for Freud was whether homosexual love could be truly other-related; or, was it simply an extension of infantile pleasure-seeking, or an attempt at narcissistic gratification with a partial object?

Freud was impressed by the great artists whom he thought to be homosexual, such as da Vinci and Michelangelo, and he viewed them as some of the highest-level contributors to culture and mankind (Freud, 1932). While Freud believed that homosexuality was an inhibition of normal psycho-

sexual development, he recognized that it need not be an obstacle to development of the personality in other respects:

> [Homosexuality] is similarly found in people whose efficiency is unimpaired, and who are indeed distinguished by specially high intellectual development and ethical culture [and] . . . found in people who exhibit no other serious deviations from the normal. (Freud, 2014c, p. 35)

In addition, Freud did not see homosexuality as invariably a problem with masculinity. He thought it possible for a homosexual man to be completely masculine-identified. He wrote, "In men, the most complete mental masculinity can be combined with inversion" (Freud, 2014c, p. 142). Years later, Freud noted: "A man with predominantly male characteristics and also masculine in his erotic life may still be inverted in respect to his object, loving only men instead of women" (Freud, 1955, p. 170). In this respect, his views precede what Socarides later described as post-Oedipal type of homosexuality (Socarides, 1989; Nicolosi, 2009).

Conclusion

Classical psychoanalysis contains substantial contributions to the understanding of homosexuality. Recent political changes have resulted in the questioning of its foundational conclusions. Psychoanalysis' founder, Freud, proposed ideas that have since been interpreted differently by both sides of the debate, with one side claiming that Freud supported the view that homosexuality is a "normal sexual variant," while the other side asserts that Freud expounds the view that homosexuality is a "pathological condition." Self-serving selections of Freud's own words are easily obtainable due to, as this paper has shown, Freud's own uncertainty, ambiguity, and sometimes self-contradiction on the subject.

Nevertheless, considering the limitations of Freud's historical and cultural perspective, along with his limited theoretical framework of the Oedipus Complex, he was able to establish fundamental principles that have proven fruitful to psychodynamic thinking during the one hundred years since he first wrote. These principles include the likelihood that a male homosexual experienced over-identification with his mother, and a poor relationship with his father; that narcissism is a common

feature of male homosexual development; and that homosexual attractions serve a reparative function to compensate for the preceding factors. These principles have repeatedly been confirmed by mental-health professionals over a century of clinical practice.

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Gender Theory Flaws

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Abstract

Gender theory developed within the feministic and LGTB field of studies in the 1970s, and was later accepted by other disciplines within the arts and social sciences. Today it is studied as an interdisciplinary science. Gender theory has developed a system of values from which it follows that sex as a biological determinant does not have a major influence on gender; moreover, it is created through the process of socialization and culturation, often due to pressure from a patriarchal society. Thus, gender is a social construct, not a biological condition. This paper provides a critical analysis of gender theory, and it demonstrates that gender theory has no foundation in empirical science, which is an unavoidable factor in the research of human sexuality.

Introduction

In this paper we shall provide a critical analysis of gender theory, with the intention of initiating an open dialogue based on scientific facts. The emergence of gender theory is connected with the feminist and lesbian, gay, bisexual, and transgendered (LGBT) studies that were introduced at many universities across the USA in the 1970s. Its concepts, methods, and research subjects are still a matter of controversy, and it is impossible to give a definition that would be applicable to all gender studies. For this reason, we shall focus on its main protagonists and their theories.

Gender theory, which spread in the 1990s, particularly in the USA, is being promoted by many scholars from humanistic and social science fields. Many academic journals have published a number of articles promoting gender theory. Behind this array of scientific papers are scientists who have gained a reputation in their field of study.

Gender Theory: A Brief Overview

As the forerunner of gender theory, Alfred Kinsey published his research on male and female sexuality in two books: *Sexual Behavior in the Human Male* (Kinsey, Pomeroy & Martin, 1948) and *Sexual Behavior in the Human Female* (Kinsey, Pomeroy, Martin & Gebhard, 1953). These two books became bestsellers in America overnight, and have uniquely influenced the shaping of public opinion about human sexuality. Kinsey's research pretended to establish how people behave in sexual life, and so defined what is normal in sexual behavior.

Meanwhile, a psychologist, John Money, from the prestigious Johns Hopkins University, who conducted his first research on hermaphrodites (Money, 1951), began to develop his own theory about human sexuality. The people he studied were born with both male and female biological characteristics. From his studies Money concluded that people, regardless of sex, identify themselves with the assigned gender and later keep the assigned gender as boys or girls, according to the way they were modified. Consequently, according to his theory, gender is an autonomous psychological phenomenon independent of sex, genes, or hormones; moreover, it is ineradicable and permanent (Money, 1961). According to Money, it is perfectly logical to suppose that all people, in the same way as hermaphrodites, are sexually neutral at birth (Money, 1963). In other words, Money asserted that

sex, as a biological determinant, does not play an important role in determining the gender, which is assigned at birth, and then reinforced by socialization and life experiences. Up to the 1950s the term "gender" was exclusively used as a grammatical term that indicated male, female, and neutral form. However, Money began to use this grammatical term in a completely new context, and so he introduced the term gender identity.

Soon after, feminists took hold of Money's ideas. Accordingly, Kate Millet, in her book *Sexual Politics,* wrote that there are no differences between male and female sexes at the moment of birth because psychosexual personality (a term taken from Money) is something that is learned after birth (Millet, 1969). Nevertheless, the groundwork of feminists' theories about sexuality was established by French writer and philosopher Simone de Beauvoir in her book *The Second Sex* (Beauvoir, 1949). In the book she claims: "One is not born, but rather becomes, woman" (Beauvoir, 1949, p. 301). For her, gender is a "constructed" category. A woman becomes a woman under the pressure of cultural surroundings, and that pressure surely does not come from "sex." This binary category of male/female, which is so rooted in society, is guilty for all the injustice and discrimination of women (Beauvoir, 1949).

Michael Foucault was a French philosopher whose life and work became a strong model for many homosexuals, lesbians, and other intellectuals of similar sexual orientations. According to Foucault, the West has placed a "never-ending demand for truth," and it is up to us to find out the real truth of sex. In fact, it is not up to us, but on sex itself to tell us the truth, which was suppressed by patriarchal society (Foucault, 1978, p. 77). He states that the bourgeoisie is responsible for everything; that is, it is hiding the truth because of its conscience about decency. Foucault explains that it is no more a question of sex as representing nature, but of sex as history, as signification and discourse (Foucault, 1978). It is this new idea that sex should be defined through discourse which had a great influence on gender theorists who criticized western culture for classifying humans into male or female on the base of reproductive organs.

Judith Butler, one of the most famous feminist theorists, in her work *Gender Trouble* (Butler, 1990) contributed to the development and flourishing of gender theory in scientific circles in the last two decades. Butler claims that by the deconstruction of binary male/female gender, and unmasking

of traditional thinking of gender, a new equality could be reached where people will not be restricted by their masculine and feminine gender roles. For Butler, gender should be seen as fluid and variable. For her, real equality is impossible if men and women are fundamentally different and separate entities. In this regard Butler is different from those feminists fighting for equality between men and women who emphasize the differences between the sexes.

Conventional theory asserts that our sex (male/female) determines our gender (masculine/feminine), which causes the attraction towards the opposite sex. Butler, however, argues that our gender is not a core aspect of our identity, but rather a performance, how we behave in particular situations. Our gender (masculinity and femininity) is actually an achievement, a construction, rather than a biological factor. According to Butler, we should look at gender as something "free-floating" and fluid rather than fixed (Butler, 1990, p. 6). The very root of the inequality of sexes lies in the way we perceive gender roles. That is why we need to deconstruct the way society views gender roles, which might lead to changes in political culture and so improve the position of women in society. In other words, if there were no longer conventional roles for either gender, it would not be unusual for a woman to be in a position of power at work, or for a man to stay at home and look after children. Gradually, "a new configuration of politics would surely emerge from the ruins of the old," and the patriarchal society which exists would change to become a truly equal one (Butler, 1990, p. 149).

Differences between the sexes are explained by socialization on the premise that a newborn child is a tabula rasa, rewarded and punished until it conforms to societal demands for sex-appropriate behavior (Campbell, 2002). Evidence for the substantial influence of socialization on gender identity has been based on the so-called Baby X experiment. A six-month-old baby was wrapped in a blue or a pink blanket, thus identified as a boy or a girl, and then handed to a woman to look after it for a few minutes. If the woman thought it was a girl she offered her a doll, instead of other toys, and vice versa; if she thought that it was a boy, she was looking for toys appropriate for boys (Will, Self & Datan, 1976). Thus it was assumed that humans are conditioned toward certain gender behavior from quite an early age.

This is why gender theory does not emanate from sex as a fundamental determinant, but rather from gender as a constructed feature. Gender is merely a socially constructed role, which is radically separated from any physical or biological features. With such a view of gender, one can do what is impossible with sex. Gender voluntarily becomes changeable. That fluidity—changeability of gender—says Kate Bornstein, "is the ability to freely and knowingly become one or many of a limitless number of genders, for any length of time, at any rate of change. Gender fluidity recognizes no borders or rules of gender (Bornstein, 1994, p. 52). Consequently, there is no unique essence of the term "woman," since they are a non-homogeneous and changeable affiliation, e.g. black or white women, lesbians, heterosexuals, workers, intellectuals, artists, etc., as there is no unique essence of the term "man" either (Irigaray, 1999).

In short, we could say that gender theory promotes a total deconstruction of society as we know it, that is, a society founded on the family as the basic institution, whose bearers are a woman and a man.

Critique of Gender Theory

Gender theory has developed a totally new concept of the human, his social role and his sexuality, as a precondition of the emancipation of women and "constructed genders" in society. It would not be disputable, per se, if gender theory did not put at its core human sexuality, for whose correct understanding pure theorizing is not enough. Remaining only on the level of theorizing, without being able to cover particular hypotheses by empirical data produced by scientific disciplines relevant for human sexuality, gender theory remains a hypothetical construct. In this chapter we shall re-examine validity of the arguments of gender theory protagonists, and prove their defects on the basis of results of empirical research.

Results of Empirical Research Opposed to Gender Theory

The key postulate of gender theory is that sex, as a biological determinant, has no influence on gender, which is an exclusively social product, and therefore variable, volatile, and fluid, just like society itself. Hence, gender is completely independent of sex, although in a patriarchal society

children are still being brought up to adopt binary gender (male/female), which would be in accordance with biologically determined sex.

Nobody would dispute that society has influenced humans on (in)equality of sexes, human understanding of sexuality, and social roles that are taken up by men and women in particular historical and social circumstances. Nevertheless, this does not mean, nor does it prove, that a man becomes a man, or a woman becomes a woman, only because it is imposed by the patriarchal society through continuous ritual repetition of conventions as Judith Butler asserts (Butler, 1990). On the contrary, beginning with conception, the human is biologically determined as a man or a woman, and carries in himself/herself biologically determined specific characteristics such as the natural heterosexual libido, which then through social norms and socialization can be reinforced, or weakened. Of course, it does not exclude possibilities of prenatal anomalies such as hermaphrodism, or postnatal deviations such as homosexuality, etc.; however, we are here considering a psycho-physically healthy infant and his posterior psycho-physical development.

The traditional studies which deal with sex differences usually concentrate on verbal and spatial abilities. However, Simon Baron-Cohen argues that for understanding human sex differences two dimensions of so-called "empathizing" and "systemizing" are very important. The capacity of the male brain is so defined that the ability for systemizing is better than the ability of empathizing, while the female brain is defined as the opposite cognitive profile (Baron-Cohen, 2002). Baron-Cohen explains empathizing as the ability to identify with another person's emotions and thoughts, while systemizing as the ability to focus on a detail or parameter of a system, and analyze the variables in the system. Hence, twelve-month-old male infants prefer to look at the videotapes with cars passing by rather than at the videotapes showing human faces. Female infants show opposite preferences (Lutchmaya & Baron-Cohen, 2002). Gender theorists will immediately respond that patriarchal socialization caused the differences. However, although socialization can affect sexuality, as we shall see later, it is not the deciding factor. It has been proven that male infants as old as one day watch mechanical movable toys longer—systems with predictable parameters of movements—than at human faces, which is difficult to systemize; and female infants do the opposite (Connellan, Baron-Cohen, Wheelwright, Ba'tki, & Ahluwalia, 2001). Certainly, particular abilities can be precipitated or

retrograded through socialization, but to exclude biological determination is far from unbiased science (Eagly, 1987; Gouchi & Kimura, 1991). Eye contact, for example, of a twelve-month-old infant is inversely proportionate to that of prenatal testosterone levels (Lutchmaya, Baron-Cohen, & Raggatt, 2002). It is well known that boys have more testosterone than girls. Girls from birth onwards watch faces longer, especially human eyes, while boys rather watch non-animated objects (Connellan et al., 2001).

Researching sex differences, especially sex drive, socio-sexuality, and height as physical traits of biological sex differences, Richard Lippa (2007) examined cross-cultural patterns on an extremely large sample. He surveyed 200,000 participants from 53 nations all over the world. The results for socio-sexuality were most consistent with both biological and social structural influences that contribute to sex differences, whereas the results for sex drive and height were most consistent with biological factors as the primary cause of sex differences (Lippa, 2007). The results inevitably led to the conclusion that, although the influence of different cultures and societies on behavior of men and women is indisputable, biological traits play a crucial role on the differences between the male and female sex.

The prevailing "dogma" amongst gender theorists is that the differences between men and women are nothing else but collective and oppressive fiction. For them real biological and psychological differences do not exist, except those that are created through the discourse. "This is because humans have language, language enables discourse and it is through discourse that social reality, including gender, is constructed'' (Campbell, 2002, p. 2). However, can such a simplistic theory explain consistent differences between the male and female sex in the whole world? Lytton and Romney (1991) gathered 172 studies worldwide which dealt with research regarding the manner in which parents treat their children. Aggregate results of all those studies show that there is absolutely no difference in the treatment of boys and girls. The only difference in treatment was the sex-appropriate toys they gave to their children. But as we have already seen, even few-months-old infants possess innate preferences for toys, which brings us to a logical conclusion that parents only wanted to give children those toys for which natural interest was shown.

If cultural and societal influences were the only ones that determine gender, as gender theorists claim, it would not be possible to come to these results based on empirical studies (and many others which cannot be presented here due to limited space), which consistently point out differences between the male and female sex in completely diverse surroundings, customs, and stratifications.

Gender Theory and Sexual Orientation

If gender as a new category is not dependent on sex, if it is a construct of society, not a biological determinant, then every sexual orientation (homosexual, bisexual, transsexual, etc.) as a reflection of socialization is completely equal with heterosexual orientation. While gender is associated with a fluid continuum (Rothblatt, 1995), sexual orientation is related to multidimensional variability (Klein, Sepekoff, & Wolf, 1985). Such reflections may sound logical and scientifically founded at first glance; however, with further analysis we can realize that those reflections are more of a subjective and emotional nature, rather than a product of results based on objective scientific research.

Pseudoscience of the Kinsey Reports

As we stated at the beginning, the scientific work of Alfred Kinsey had an exceptional influence on the sexual revolution and gender ideology. His two works *Sexual Behavior in the Human Male* (Kinsey et al., 1948) and *Sexual Behavior in the Human Female* (Kinsey et al., 1953) became bestsellers as soon as they were published, and they later became known as the Kinsey reports. Although today even Kinsey's followers would not denote them as scientifically relevant, their influence was so great that even in Croatia many believe that there are about 10% homosexuals in the general population, while the real percentage ranges at about 2% (Jones & Cox, 2015; Smith, Rissel, Richters, Grulich, & De Visser, 2003; Ward, Dahlhamer, Galinsky, & Joestl, 2014).

This fallacy is based on the first Kinsey report about the sexual behavior of the "human male" (1948). Among others, *Sexual Behavior in the Human Male* made the following claims: 67–98% of examinees had premarital sex (p. 552), 69% of white males had sexual intercourse with a prostitute (p. 597), 50% of husbands were adulterers, 11% of married individuals participated in anal sodomy (p. 383), 50% of farm boys had sex with animals (p. 671), 95% of all participants were some kind of sex

offenders (p. 392), etc. In the second Kinsey report, about the sexual behavior of the "human female," (1953), 62% of women reported to have masturbated (p. 142), about 50% had premarital sex (p. 286), 55% responded erotically to being bitten (p. 678), 49% performed oral sex in marriage (p. 361), 26% committed adultery (p. 416), etc. According to the same report, an average man is bisexual (p. 470).

In short, Kinsey argued that traditional sexual behavior is actually abnormal, while promiscuity is normal, that this is what really happens behind closed doors. In his reports Kinsey advocated that all sexual behaviors considered deviant were in fact normal, while exclusive heterosexuality was abnormal and a product of cultural inhibitions and societal conditioning. Furthermore, Kinsey claimed that promiscuity was harmless, without any consequences of venereal disease. In addition, he argued that rape, incest, pedophilia/pederasty were also harmless. For him homosexuality, pedophilia, and zoophilia were an entirely normal part of sexuality of the "human male and female" (Kinsey et al., 1948). Kinsey goes even further, arguing that "nobody is really heterosexual" (Kinsey et al., 1948, p. 639; Kinsey et al., 1953, p. 450).

According to the Kinsey reports, even children are sexual beings from birth who can experience an orgasm. For the purpose of his research, he described, he perhaps even organized the molestation of several hundred children from two months to 15 years of age, to test the frequency of orgasms. Kinsey's description of a child's "orgasm" includes "extreme tension with violent convulsions . . . mouth distorted . . . groaning, sobbing . . . collapse, loss of color, fainting . . ." (Kinsey et al., 1948, pp. 160–161).

Kinsey conducted most of his research during the second World War. From 1941–1945 at least 8,327 (69%) male examinees were convicted felons, homosexuals (they were not drafted at that time), pimps, and pedophiles. After World War II, Kinsey included 1,400 convicted sex offenders, 200 sexual psychopath patients, and over 600 sexually abused boys in his research (Reisman, 2010). The number of "objective" female examinees was nothing better: out of 7,789 women, not even one was described as a normal mother. The births that were recorded during the research refer to single mothers, premarital pregnancies, and adulterous pregnancies (Reisman, 1998). Kinsey presented the sexual behavior of such a population as the sexual behavior of an "average American."

The findings defining "normal" human sexuality were not based on a random, but rather targeted, sample, which compromised the validity of the whole research. Kinsey himself alluded to collaboration with the prominent psychologist Abraham H. Maslow (Kinsey et al., 1948. pp. 103–104); however, Kinsey ignored Maslow's warning about the probability of bias in the sexual behavior of his volunteers. Maslow concluded in his paper published in 1942 (six years before the first Kinsey report) that "any study in which data are obtained from volunteers will always have a preponderance of aggressive high dominance people and therefore will show a falsely high percentage of non-virginity, masturbation, promiscuity, homosexuality, etc., in the population" (Maslow, 1942, pp. 266–267). Kinsey at first collaborated with Maslow on a project which later proved to suffer from volunteer bias. Such a way of collecting data became known as "volunteer-error," according to Maslow. Maslow published a paper in which he referred to the fact that Kinsey had not published his part of the joint project (Maslow & Sokoda, 1952). Although he did not accuse Kinsey directly in that paper, before his death Maslow recounted the entire affair to a colleague in a letter, saying that he warned Kinsey about "volunteer-error," at which point Kinsey ceased to cooperate with him (Maslow, 1970). Paul Gebhard, the coauthor of the Kinsey reports, also expressed concerns that "individuals from improperly recorded biased sources could contaminate the large sample, conceivably to a serious extent" (Gebhard & Johnson, 1979, p. 28), and later on he even proved it on a sample, but Kinsey ignored the objections completely.

Debacle of Money's Theory

As was pointed out in the introduction, Money launched a theory that sex as a biological factor does not play a crucial role in gender identity, but rather it depends on the assignation which later gets reinforced through socialization and culturation. As key evidence Money presented a case in which the penis was removed in one twin at the age of eight months because of severe damage which occurred during a routine circumcision (Money, 1975; Money & Ehrhardt, 1972; Money & Tucker, 1975). According to those reports, a female identity was reassigned to the boy, and within the year orchiectomy and preliminary surgery followed. This case was known under the pseudonym Joan, while his real name was David Reimer. Joan attended regular follow-ups at the Johns Hopkins

Hospital, Baltimore; moreover, he had regular sessions with one of the psychiatrists in his own hometown. Money reported that the reassignment of gender identity was successful: "No one . . . would ever conjecture [that Joan was born a boy]. Her behavior is so normally that of an active little girl, and so clearly different by contrast from the boyish ways of her twin brother, that it offers nothing to stimulate one's conjectures" (Money, 1975, p. 65). After the case had been published in scholarly journals, many of the national media in the USA reported the case claiming that gender was a flexible variable. Many feminist, sociological and psychological journals utilized the case as key evidence that gender is an achieved, learned state (Robertson, 1977; Sargent, 1977; Tavris & Offir, 1977; Unger, 1979; Vander Zanden, 1977; Weitz, 1977).

However, in 1980 it was found that Joan was in fact not a suitable model for proving gender theory. He did not adjust to his female upbringing, even the absence of a penis neither hindered him from identifying himself as a male, nor decreased his stereotypic male behaviors. Despite being raised as a girl and knowing nothing about his surgery, and despite being administered estrogens to facilitate female puberty development, psychiatrists reported they did not believe he would ever make the adjustment as a woman (Diamond, 1982; Williams & Smith, 1980). Joan constantly fought against the imposed female identity and always behaved like a boy: he liked to play soldier, did not like wearing dresses, collected money to buy toys such as trucks or machine guns, and he stood while urinating. (Diamond & Sigmundson, 1997). By 14 years of age, still not knowing anything about his history, he threatened to commit suicide if he was not permitted to live as a boy. He was then told that he was born as a boy, and for the first time things made sense for him (Diamond & Sigmundson, 1997). After a lot of struggle and suffering, Joan, that is, David Reimer, at the age of 39 shot himself with a shotgun. A year before David's death, his brother Brian, the matched control, also committed suicide due to an overdose of sleeping pills (Kuby, 2010).

Gender Trouble: Argument Trouble

The most concise critique of Judith Butler's gender theory comes from a feminist, Camille Paglia, for whom "Feminism has become a catch-all vegetable drawer where bunches of clingy sob sisters can store their moldy neuroses" (Paglia, 1994, p. 110). Women's studies programs, explains

Paglia, were established in the 1970s and 1980s without the basic consideration of science. Theories about gender were made by humanists with little or no knowledge of endocrinology, genetics, anthropology, or social psychology. According to Paglia (1997), "the anti-science bias of poststructuralism worsened matters, producing the repressed doublespeak of Foucault followers (such as the derivative and unlearned 'queer theorist' Judith Butler), who substituted turgid word play for scientific inquiry."

Butler's celebrated concept of "performativity" is designed to expose hegemonic conceptions of identity as fictions. Butler criticizes liberal political philosophy; however, her own alternative seems to be only another even more radical version of moral and political individualism (Boucher, 2006). Whilst Butler suggests that gender should be viewed as free-floating, the fact remains that most men develop predominantly masculine characteristics and most women develop feminine characteristics. One of the biggest deficiencies of Butler's *Gender Trouble* is its vagueness and illogicality (Boucher, 2006). If approximately 99% of people are heterosexual, then there must be some biological reason why this is so. Butler implies that gender identities can be made and re-made, according to one's will. However, reality is the opposite, most people cannot change, even if they wanted, their heterosexual nature. Thus, Butler's "performative actions" remain in the realm of speculation, far from science.

Keystone of Gender Ideology: Homosexuality Is a Normal Phenomenon

If gender as a societal product is completely independent of sex as a biological determinant, then it can take on different traits that are equal in all aspects with male and female features. Consequently, homosexual orientation is equally valuable as any other. Hence, we could say that gender ideology mainly rests on the premise that homosexuality is a quite normal phenomenon, just like heterosexuality.

However, there is not a single study which can confirm the thesis of innate homosexuality; on the contrary, there are a handful of studies that confirm homosexuality as a phenomenon that incurs as a result of circumstances during a child's development, whose most common causes are to be found in the inadequate and dysfunctional relationship of parents and surroundings toward the child such as the

inability of securing a parent-child bond in early childhood (Bradly, 2003), sexual abuse in childhood (Finkelhor,1984), lack of identification with their own male/female traits (Zucker & Bradley, 1995), etc. Neal Whitehead considers individual responses to random events as the dominant factor in the development of homosexuality (Whitehead & Whitehead, 2014).

Since no scientific studies exist which would substantiate the claims about innate homosexuality, gender ideologists often refer to the decision of the American Psychiatric Association in 1973 to remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Indeed, the board of directors of the American Psychiatric Association voted for the removal of homosexuality from the list of mental disorders, but they were led by socio-political reasons, not by new discoveries in science (Satinover, 1996).

To be able to remove homosexuality from the DSM, they had to introduce new criteria. Namely, to proclaim homosexuality a disorder, it has to:

1. Regularly cause difficulties
2. Interfere with social efficiency

Next, they randomly claimed that homosexuals have a stable and efficient life, and therefore do not comply with the given criteria. However, such a conclusion is scientifically not sustainable for the following reasons:

1. Homosexuals in comparison with heterosexuals suffer in significantly greater number from psychopathological disorders such as depression, insomnia, panic attacks, problems with memory or concentration, suicidal thoughts, neurosis, psychosis, etc., and from interference with social efficiency (Graaf, Sandfort, & Have, 2006; Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003; Turrell, 2000; Walder-Haugrad, Vaden Gratch, & Magruder, 1997). Although there has been an attempt to explain prevalence rates through minority stress theory, which suggests that sexual minority individuals experience a high degree of prejudice and discrimination that eventually leads to poor mental health (Meyer, 2003), it has been found that in gay-friendly countries like New Zealand and the Netherlands, mental health problems for homosexuals are about the same as in other less gay-friendly countries (Fergusson, Horwood, Beautrais, 1999; Sandfort, de Graaf, Bijl, & Schnabel, 2001). Moreover, a number

of studies show that factors other than minority stress are likely to cause mental health problems for homosexuals (Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2009).

2. If the same criteria were applied to other mental disorders then the list of mental disorders which should also be removed include, voyeurism, exhibitionism, fetishism, sexual sadism and masochism, pedophilia, necrophilia, and so on (Bieber, 1987; Aardweg, 1997).

3. Considering the fact that the criteria were applied to homosexuality only, but not to other mental disorders, it is obvious that we are here dealing with a political rather than scientific decision.

The World Health Organization followed suit of the American Psychiatric Association in 1990 and removed homosexuality from the list of mental disorders, and instead introduced a new diagnosis: Ego-dystonic sexual orientation (code: F66.1, ICD-10 Version 2015), from which suffer those who do not doubt in their sexual orientation, but wish it were different because of associated psychological and behavioral disorders. In other words, if a homosexual does not wish to change his sexual orientation, he is healthy, but if he does, he is ill. If we applied such logic to other mental disorders, only those conscious of their disorders would be considered ill. So for example, an individual who suffers from schizophrenia would be considered quite healthy if he/she believed that his/her state was normal. Of course, such theses have nothing in common with science.

Studies about homosexuality therapies indicate a success rate of around thirty percent. A comprehensive history of these therapies was published by Phelan et al. (2009). The therapy results presented by Socarides show that out of 1,000 male homosexuals, about 35% became heterosexual, another 31% were able to control previously uncontrollable abstinence, and the remaining 34% discontinued treatment for various reasons (Socarides, 1995). Apart from secular treatments, there are also treatments based on religious grounds, which achieve similar results. Jones & Yarhouse (2011) conducted a study on 61 subjects out of which 23% reported successful conversion to heterosexual orientation, while 30% reported stable behavioral chastity with a significant increase of heterosexual attraction. Such results are also common for other mental disorders, such as depression or personality disorder therapies that treat addictions, which also do not achieve one hundred percent results, but

rather range within similar rates of success. Hence, it can be concluded that homosexuality therapy has the same success rate as other therapies (Hershberger, 2003; Jones & Yarhouse, 2011; Karten & Wade, 2010; Spitzer, 2003). Unfortunately, many people who fight homosexual impetuses are misled into believing that there is no solution. Of course, as with any other therapy, there is always the possibility of harm. The American Psychological Association (APA) reported some evidence to indicate that individuals may experience harm from sexual orientation change efforts (SOCE) and those therapists who focus on aversive treatments (Glassgold, Beckstead, Drescher, Greene, Miller, & Worthington, 2009).

Many scientists who are homosexuals themselves or who support such a lifestyle have tried to corroborate the claim that homosexuality is an innate, normal phenomenon. Thus, Simon LeVay in the journal *Science* in August 1991 published an article under the title "A Difference in Hypothalamic Structure between Heterosexual and Homosexual Men" (LeVay, 1991). In this study LeVay argues that he found a group of neurons in the hypothalamus (INAH 3) that appeared to be twice as big in the heterosexual male group as in the homosexual male group. He associates a part of the hypothalamus with sexual behavior and suggests that sexual orientation has a biological substrate. However, all 19 men who were involved in the study suffered from AIDS, and it is well known that AIDS can influence the brain and cause chemical alterations (Cohen, 2012). Therefore, it can be said that it is a study about the effects of AIDS, rather than about the cause of homosexuality. Besides, in the control group, LeVay did not establish sexual orientation at all, but only presumed that all the men were heterosexual. Moreover, LeVay himself stated that he was wrongly interpreted, and that "it's important to stress what I didn't find . . . I did not prove that homosexuality is genetic, or find a genetic cause for being gay. I didn't show that gay men are 'born that way', the most common mistake people make in interpreting my work" (Nimmons, 1994, p. 64).

In December in the same year, a study by J. Michael Bailey and Richard Pillard was published in the *Archives of General Psychiatry* under the title "A Genetic Study of Male Sexual Orientation" (Bailey & Pillard, 1991). Bailey and Pillard investigated factors within pairs of twins that might lead to homosexuality. They claimed to have found a higher rate of homosexuality among identical (monozygotic) and fraternal (dizygotic) twins than among adoptive siblings. They reported

that 52 percent of monozygotic twins, 22 percent of dizygotic twins, 11 percent of adoptive siblings, and 9 percent of non-twin biologic brothers were homosexual. On the basis of the study, they concluded that a genetic cause of homosexuality exists. The greatest deficiency of the study is its interpretation. Firstly, since the concordance rate for homosexuality in monozygotic twins was only 52 percent, significantly lower than required by a simple genetic hypothesis, one can conclude that the concordance rates are attributable rather to environmental than genetic factors. Secondly, a study of this kind, to have scientific validity, should monitor twins who did not grow up together This way it actually proves the opposite, that societal and environmental rather than genetic factors affect sexual orientation.

On the basis of these studies to which gender ideologists refer, one can conclude that under the influence of postnatal socialization, environmental factors, and AIDS, structural changes in the brain occur, which can be interpreted as an indication that traits noticed in those studies are actually consequences of homosexual behavior, rather than the cause of homosexuality. Furthermore, if the alleged "homosexual gene" existed, then the homosexual population would have been extinct a long time ago, since human reproduction is not possible between homosexual partners. Most scientific researchers prove quite clearly that homosexuality is an acquired state.[1] Although homosexuality might be deeply rooted, it is neither innate nor unchangeable (Satinover, 1996).

In 2002 Peter S. Bearman and Hannah Brückner, scientists from the universities of Columbia and Yale, published the results of an extensive research that involved over 45 thousand pairs of brothers and sisters across the USA. The genetic material was taken from 289 pairs of monozygotic and 495 pairs of dizygotic twins (Bailey and Pillard worked on a statistical sample of only 56 pairs of twins). Presenting scientific data that preceded their research (including the above mentioned Bailey/Pillard study) Bearman and Brückner pointed out that those results were largely incorrect due

1 To name just a few renowned scientists who came to the same conclusion: Dr. Jeffrey Satinover, Dr. William Masters, Dr. Virginia Johnson, Dr. Irving Bieber, Dr. Charles Socarides, Dr. Joseph Nicolosi, Dr. Elisabeth Moberly, Dr. Lawrenece Hatterer, Dr. Robert Kronemeyer, Dr. E. Kaplan, Dr. Edith Fiore, Dr. Gerard van den Aardweg, Dr. Earl Wilson, and many others.

to a reliance on small and non-representative samples, and due to the problematic way of setting up the hypothesis. On the basis of collected data and the analysis of the results they conclude: ". . . there is no evidence for strong genetic influence on same-sex preference. . . . Among MZ twins, 6.7% are concordant. . . . If same-sex romantic attraction has a genetic component, it is massively overwhelmed by other factors" (Bearman & Brückner, 2002, pp. 1197–1198).

Gerard Aardweg stated that numerous discoveries about a "homosexual gene" make the world headlines, but each time the news turns out to be false: "Nothing has been found. The only thing we have discovered is that from the biological point of view—happily!—these people are perfectly whole and normal. This means that they have the same basic heterosexual instinct. The fact that it does not function properly points to a disorder of the sexual instinct, and this is a form of neurosis—in this case, a sexual neurosis" (Aardweg, 2004, p. 1).

Despite the effort of many professional journals to present homosexuality as normal, the fact remains that a number of homosexuals seek a solution to unwanted homosexual feelings, and in many cases the therapy of homosexuality has been successful. The *Journal of Human Sexuality* brings not only the most recent investigations from the field of therapy of homosexuality, but also gives an overview of the healing of homosexuality in the last 125 years, citing hundreds of studies from the field (Phelan et al., 2009). Although the scientific methods have changed and become more rigorous since the last century, the conclusion indicates that the results of therapeutic efforts to change homosexual orientation through 125 years show a similar pattern (Phelan et al., 2009).

In an extensive study, Nicolosi, Byrd & Potts (2000) surveyed 882 subjects (689 men and 193 women) who have struggled with homosexuality and have undergone the therapy, wishing to change their sexual orientation. Of the 318 who identified themselves as exclusively homosexual before treatment, 34.3 percent viewed themselves after treatment as exclusively or almost exclusively heterosexual, and 11.1 percent as more heterosexual than homosexual. After the therapy only 12.8 percent of the 591 participants, who had reported to be exclusively or almost exclusively homosexual, perceived themselves in the same way. According to Kronemeyer (1980) approximately 80 percent of homosexual clients from his practice achieved a satisfying shift to heterosexuality. After therapy, successful or partly successful patients improved their general emotional maturity. This aspect is

important because homosexuality is not only an isolated "preference," but rather a reflection of a specific neurotic personality. There is a high correlation between homosexuality and various psychological neuroses such as obsessive-compulsive syndrome, phobias, psychosomatic problems, depressions, paranoia, etc. (Aardweg, 1997).

The homosexual population has a significantly greater risk of experiencing serious medical and mental health problems than heterosexual population; for instance, the prevalence of suicidal attempts, anxiety disorders, drug and alcohol dependence, depression, and other disorders is much greater than among the heterosexual population (Fergusson et al., 1999; Herrel et al., 1999). According to Gilman, who surveyed 125 individuals with same sex attraction (SSA) and 4,785 individuals with opposite sex attraction (OSA), 20.9% SSA vs. 5.9% OSA suffered from post-traumatic stress disorder, 40% SSA vs. 22.4% OSA from anxiety disorder, and 34.5% SSA vs. 12.9% OSA from major depression (Gilman, Cochran, Mays, Hughes, Ostrow & Kessler, 2001). A high percentage of suicide amongst the homosexual population has been confirmed in many studies.

Lindley (2002) surveyed 927 lesbian, gay, bisexual, and transgendered individuals. The results of her study showed that 62.1% of lesbians had considered suicide compared to 58.2% of gay men. In addition, 29.2% of the lesbians and 28.8% of the gay men had actually attempted suicide (Lindley, 2002). Many studies conducted on large samples confirm that homosexuals were found to have a significantly lower quality of life compared to heterosexuals in terms of general health, mental health, social functioning, and vitality (Conron, Mimiaga & Landers, 2008; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Sandfort, de Graaf, & Bijl, 2003;). A recent meta-analysis comprised of 13,706 scholarly publications, reporting research on 214,344 heterosexual and 11,971 homosexual subjects found that homosexuals were 2.58 times more at risk of depression and had 4.28 times more suicide attempts than heterosexuals, while women with same sex attraction were 2.05 times more at risk of depression than women with opposite sex attraction, followed by 1.82 times more suicide attempts, 4.00 times more alcohol addiction, and 3.50 times more drug addiction (King et al., 2008).

A large sample of almost 2,000 lesbians found that 75 percent of the respondents had received psychological care, mainly for long-term depression, rapes, physical abuse, incestuous relationships, drugs, suicide attempts, psychosis, etc. (Bradford, Ryan, & Rothblum, 1994). The risk of AIDS is also

much higher among male homosexual than heterosexual population. A recent comprehensive review found that there is a 1.4% overall per-partner probability of HIV transmission for anal sex (which is 18 times greater than that which has been estimated for vaginal intercourse, p. 5) and a 40.4% per-partner probability (Beyer et al., 2012). In 2009, in the United States, male homosexuals accounted for 61% of new HIV diagnoses despite the fact that gay men are estimated to represent only about 2% of the general population (Prejean et al., 2011).

A high rate of promiscuity is also evident within the homosexual community. Three-thirds of white gay men had sex with more than 100 different partners during their lifetime; 15% of them had sex with 100–249 partners, 17% with 250–499, 15% with 500–999 and 29% claimed to have had more than 1,000 male sex partners (Bell & Weinberg, 1978). A more recent study of 2,585 homosexually active men in Australia reported that over half of the men over 50 years of age had 101–500 partners. In addition, 10 to 15 percent had between 501 and 1,000 partners, and a further 10 to 15 percent had more than 1,000 sexual partners (Van de Ven, Rodden, Crawford & Kippax, 1997).

In order to show how homosexual relationships are not very different from heterosexual ones, McWhirter and Mattison conducted an extensive study. The authors were a homosexual couple, one a psychiatrist and the other a psychologist. Two-thirds of the respondents had entered the relationship with the expectation of sexual fidelity. However, the results demonstrated that out of 156 couples, only seven (4%) had been able to maintain sexual fidelity. Moreover, out of those seven couples, none had been together for more than five years. In other words, the scientists were not able to find a single male couple that was able to maintain sexual fidelity for more than five years (McWhirter & Mattison, 1984). According to a more recent study, homosexual relationships last 1.5 years on the average and involve an average of eight partners per year outside those relationships (Xiridou, Geskus, de Wit, Coutinho, & Kretzschmar, 2003). Significant questions emerge from such data in terms of adoption of children by gay couples. These findings suggest that many homosexual partnerships cannot give an adopted, even a biological child, the stability which is necessary for the optimal development of a child (Byrd, 2010).

Today's sociopolitical environment is trying to prevent scientists from conducting such research; however, this can have very negative effects in the long term. Dean Byrd warned about the

discouragement and intimidation of scientists who might conduct unbiased research in this field, for this could lead to an unprecedented censorship of scientific investigation (Byrd, 2003). Even some gay scientists, who openly advocate such a lifestyle, admit that psychotherapists have the ethical obligation, regardless of cultural trends, or current political rhetoric, to treat psychological problems of homosexuals competently (Monachello, 2006). Monachello himself, a homosexually identified scholar, urges that, "We should defend the homosexual client's right to choose professional support and assistance toward fulfilling his/her goals in therapy according to the client's own values and tradition. We should be committed to protecting our homosexual client's right to autonomy and self-determination in therapy" (Monachello, 2006, p. 57).

Recently, gender theory is also being imposed in Croatia as an impeccable, up-to-date, and the only valid scientific approach to human sexuality. Hrvoja Heffer (2007) in her review article, "Biological and social category of gender in gender theory and gender theory of stereotypes," shows (in a very informative way) the main characteristics of gender theory by orderly citing references for the stated claims. However, when she asserts that gender studies undermined stereotypes and attacked "the settled socio-cultural-psychologically founded cognitive models of male-female differences and empirically proved (and still are proving) that between reality and stereotypes does not necessarily have to be the sign of equality" (Heffer, 2007, p. 169), she does not provide a single reference for the empirical research that would support gender theory. It is this absence of empirical data which is the most serious objection to gender theory, and it raises the question to what degree it is scientific at all.

The absence of empirical research was also critical in abolishing the Nordic Gender Institute (NIKK), an institution that was the leader of gender theory in the Scandinavian region, which was the main supplier of a scientific base for social and educational politics in Scandinavian countries from the 1970s up to recently. Namely, after the Norwegian national television broadcasted a documentary series, *The Brainwashing*,[2] the Nordic Council of Ministers (regional intergovernmental body for cooperation put together by representatives of Norway, Sweden, Finland, Denmark, and Island) decided to abolish the Nordic Gender Institute (Krempach, 2012).

2 Documentary series of Harald Eia, *Hjernevask*, *The Brainwashing,* can be seen at http://vimeo.com/19707588 (20.12.2012)

Harald Eia, a well-known Norwegian comedian (otherwise a sociologist), was surprised by the fact that despite the great efforts of politicians and social engineers to remove all differences among the sexes, women still choose typical female careers (nurses, kindergarten teachers, etc.), while men choose male ones (technicians, engineers, etc.). After so many years of indoctrination of "gender equality" in Scandinavia, instead of uniformly choosing their careers, men and women did just the opposite. Thus, differences between male and female sexes stood out even more sharply than previously.

In his documentary *Paradox of Gender Equality*, (Eia, 2012) Eia took his camera to Nordic Gender Institute and asked its researchers a few innocent questions. Then he showed their answers to leading scientists in other parts of the world, principally in the USA and Great Britain. The assertions of gender theorists from Norway caused disbelief in international scientific circles, especially because everything was based on hypotheses without any empirical research. After Eia recorded those reactions and comments which were based on exact, empirical research, whose results were in total opposition to gender theory, he returned to Norway and showed the recording to the researchers of the Nordic Gender Institute. Gender theory protagonists, after they had been faced with the results based on empirical research, could not defend their previously asserted claims.

In the end, it turned out that a few innocent questions from a comedian were enough to overthrow the gender theory, and from a cutting-edge science turn it into a pseudoscience overnight. While gender theory has been officially rejected in Scandinavian countries, in Croatia it is still very unpopular to say something, or write critically against it.

Conclusion

After the analysis of the studies that promoted gender theory and certain hypotheses underpinning the theory, it is reasonable to conclude that gender theory cannot find sufficient support in empirical science.

Human sexuality is an extremely important issue for the development and survival of every society; therefore it should not be trivialized. Disciplines indispensable for the proper understanding of human sexuality ought to be included if we want science to give an answer based on the merits of

this complex question. Certainly, those disciplines are medicine in the broader sense, especially physiology, psychiatry, endocrinology, neurology, pediatrics, biology, as well as sociology and philosophy.

We have seen that the major protagonists of gender theory were just a few psychologists who misused their academic position in order to promote their personal agenda (Kinsey, Money), philosophers (Beauvoir, Foucault, Butler, Irigaray) and philologists—professors of English language and literature (Millet, Anzaldúa, Sedgwick, Berlant—the latter three theorists, although important, could not be included in this paper because of limited space). In short, these people had no training whatsoever in the above-mentioned disciplines which are necessary for a correct understanding of human sexuality, and the few who did have expertise appeared to have exercised bias and selective perception in forming judgments when conducting research.

To sum up, we deem it necessary to open a serious discussion about human sexuality, one which takes into consideration the results of empirical research in this field in order to reach accurate conclusions.

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My Conversation with a Typical Opponent of Professional Therapies that Include Change

Christopher H. Rosik

Abstract

In this article I present in conversational form a hypothetical interaction between myself and a Typical Opponent of Professional Therapies that Include Change (i.e., a Mr. Ty Optic). While hypothetical, this conversation is comprised of responses to common arguments frequently offered by people who are increasingly intent on legally restricting client self-determination and professional speech in the psychological care of unwanted same-sex attractions and behaviors. Through the vehicle of this conversation, I hope to highlight the many difficulties with these arguments, particularly the incomplete or dishonest representation of the scientific record as regards to change in same-sex attractions and behaviors and the false caricatures of licensed therapists who do this work. Those who value clients' rights to choose a professional course of care consistent with their moral, religious, and cultural beliefs are encouraged to familiarize themselves with these responses.

Keywords: same-sex attraction change, professional therapy, legal bans

Ty Optic: Christopher, let me start by saying you need to update your perspective. You are clinging to an outdated medical view of homosexuality as some kind of mental disorder or disease that needs to be cured. But only the most rabid flat earth types continue to hold that view, which has been widely discredited by science.

Christopher Rosik: Ty, you seem to be largely talking about a world that existed decades ago for the mental health professions as a whole, but which now is rarely found among even those professionals who work with clients in their pursuit of change in unwanted same-sex attractions and behaviors (SSAB). While it seems plausible to me that homosexuality is a developmental adaptation with multiple pathways arising from certain biological and psychosocial environments, this need not imply that it is a mental disorder. Moreover, you seem to be saying that professional therapy only deals with mental disorders, but this a profound misrepresentation. Therapists regularly address issues that are not considered to be mental disorders, such as relationship distress, unplanned pregnancy, or normal grief reactions. Clients with distress about their unwanted SSAB do not come to me with the belief

that they have a mental disorder needing a cure, but rather they often report a moral and religious problem.

T.O.: Okay, so you're basically admitting that you are engaging in a religious practice and not a science-based psychotherapy. You should have been a pastor, not a psychologist.

C.R.: It amazes me how often smart people cannot distinguish between religious motivations and clinical practices. Faith-based values often motivate clients to seek psychological care for unwanted SSAB (as well as therapists to provide that care), but the actual provision of that care for professional therapies that are open to change involves mainstream psychological interventions. The sharing of a faith-based worldview by therapist and client in these instances has many positives (Shumway & Waldo, 2012), though there are risks which can be mitigated by adherence to ethical practice and familiarity with sound science concerning sexual orientation. Most of these clients are simply not going to seek out a gay-affirmative therapist whose moral beliefs about sexuality may be unacceptable to them. So to legally prevent them from exploring change with a licensed therapists is to abandon them to unregulated and too often unaccountable religious counselors, with a plausibly greater risk of harm.

T.O.: Speaking of sound science, haven't the professional associations concluded that homosexuality is a normal and positive variant of sexual expression, so there would be no client distress apart from internalized homophobia and social stigma?

C.R.: The professional associations are making moral and philosophical statements here, not scientific ones. They are blurring the line between science and scientism. Science is simply a methodology, a way of discerning what "is" through empirical research and replication. Scientism is a form of worldview, structured not unlike a religious belief system, which brings certain values and beliefs to the scientific endeavor, and this in turn impacts how findings are interpreted (Auger, 2004; Slife, 2006; Slife & Reber, 2009; Stevenson, 1974). Science as a methodology cannot tell us what should be deemed moral or considered positive (O'Donahue, 1989). This comes from outside of science, and so psychological science does not have a privileged position here, and cannot authoritatively dictate

ethics and morality to clients who may not share the value system of social scientists regarding SSAB. Of course, science can tell us if certain beliefs and practices may result in greater emotional and medical distress, which could influence how clients with unwanted SSAB respond to their circumstances. This is where adequate informed consent is always critical. But therapists should not subvert client self-determination and restrict therapeutic options simply because of the presence of distress over unwanted SSAB. Clients often pursue psychological care due to deeply held religious and moral beliefs (i.e., that divorce or abortion are wrong) and may experience significant emotional distress in addressing these issues. They should be free to make informed choices about their therapeutic goals that may not quickly allay their presenting distress. This right should not be suspended just because the presenting concern is unwanted SSAB.

T.O.: Look, you can't convince me that the distress of clients with so-called "unwanted" SSAB would even be an issue were it not for a society that discriminates and oppresses them.

C.R.: Then how would you explain those individuals who seek change-oriented therapy after having embraced a lesbian, gay, or bisexual (LGB) identity but later found it not satisfying? Look, I agree that historically LGB persons have suffered great injustice. Certainly this has been and remains an issue in understanding the mental health differences between the heterosexual and non-heterosexual populations. But despite the overwhelming popularity of the minority stress theory (Meyer, 2003), research suggests that this provides only a partial explanation for sexual orientation health differences.

LGB-related discrimination appears to directly account for less than 9% of the relationship between discrimination (i.e., heterosexism) and well-being and discrimination and psychological distress (Schmitt, Branscombe, Postmes, & Garcis, 2014). Frankly, the science is quite far from definitive in this area (Huebner & Perry, 2015; Lick, Durso, & Johnson, 2013; Lick, Durso, & Johnson, 2013; Savin-Williams, 2006). Many variables theoretically linked to health disparities such as social support, identity concealment, and claiming a gay identity may not play a significant role (Denton, Rostosky, & Danner, 2014; Schmitt et al., 2014). Factors that have the most significant relationship to elevated health problems for LGB persons may not be specifically gay-related but similar to those reported by the general population (Goldbach, Tanner-Smith, Bagwell, & Dunlap,

2014). And given that studies overwhelmingly are addressing *perceived* discrimination, specific sexual orientation discrimination or stigma may be minimally or unrelated to LGB psychological distress and physical health in the absence of certain intra- or interpersonal processes that might influence or give rise to such perceptions (Schumm, 2014). Alternatively, LGB lifestyles may be inherently more risky than those of heterosexuals because of certain features of LGB social communities (Prestage et al., 2015; Schumm, 2014; Vrangalova & Savin-Williams, 2014).

T.O.: It sounds to me as if you are blaming the victim.

C.R.: I'm certainly not denying that historically LGB individuals have experienced serious discrimination and victimization. I only want to advocate for a humble scientific stance which acknowledges that there is likely to be much more going on than minority stress, and genuine science should encourage further research with diverse hypotheses rather than let itself be manipulated into the procrustean bed of political agendas.

A truly fascinating case in point are those people who are now categorized as "mostly heterosexual." These individuals tend to view themselves and are viewed by others as essentially heterosexual in their sexual orientation and lifestyle and therefore are likely exposed to much less sexual orientation discrimination and stigma than LGB identified persons. Yet it turns out that mostly heterosexual persons appear to be closer to bisexuals than heterosexuals in their health risks (Vrangalova & Savin-Williams, 2014). Finally, there is also the observation that health disparities between heterosexual and non-heterosexual persons appear to be of a roughly similar magnitude even where the cultural environments differ greatly in their acceptance of homosexual practice (de Graaf, Sandfort, & ten Have, 2006; Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2006). One hopes, often in vain, that these realities would lead to professional, legislative, and judicial restraint concerning efforts to ban the practice of professional care that allows for change in unwanted SSAB. This is especially crucial when such bans are being justified by an alleged causal link between such practice and sexual orientation health disparities.

T.O.: Be that as it may, we do know that attempts to change unwanted SSAB can be harmful, including increased depression and suicide rates among LGB minors. In one study, these youths were

8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having unprotected sexual intercourse compared to peers whose families were accepting of them. This makes it clear what a health menace such attempts to change unwanted SSAB really are.

C.R.: Ty, you need to dig into the original source material here and not rely on the talking points of activists. \It sounds as if you do not know that this study by Ryan and colleagues (Ryan, Huebner, Diaz, & Sanchez, 2009) had nothing to do with therapeutic facilitation of change in unwanted SSAB, even though these statistics are regularly cited to support legal bans on professional change efforts with minors. Such efforts are simply presumed to be markers of rejection in the complete absence of any empirical justification and the researchers' own caution that cause and effect interpretations should not be made. While families should be encouraged in the strongest terms to love their child regardless of the direction of his or her sexual attractions, the role of family rejection and suicide is a complex one, with one study even finding that LGB individuals who died by suicide had a *lower* incidence of family conflict (5.7%) than their heterosexual counter parts (17.1%) (Skerrett, Kolves, & De Leo, 2014). Such findings argue in favor of conducting more research to further understand this issue, not emotional overreactions that misuse scientific findings in order to restrict client rights and threaten professional vocations.

T.O.: I've read about some more recent research that proves these therapies to change SSAB cause a lot of harm. What about them?

C.R.: You are correct that there have been a few recent studies that appear to show a significant risk of harm (Bradshaw, Dehlin, Crowell, & Bradshaw, 2015; Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015; Flentje, Heck, & Cochran, 2013). However, they suffer from some of the same methodological problems that the oft-cited Shidlo and Schroeder (2002) study evidenced (Rosik, 2014). For example, they oversampled people who felt harmed, were religiously disaffected, or who identified as formerly ex-gay. In addition, many of the care providers were religious counselors, not licensed therapists. Utilizing this research to evaluate change-oriented therapies makes no more sense

than interviewing a sample of former marital therapy patients who had subsequently divorced to determine the effectiveness and harm of marital therapy in general.

T.O.: But shouldn't even the potential for harm argue in favor of forbidding such practices, especially when they have not been shown to be effective?

C.R.: Regarding accusation of harm, there is plenty of evidence of the "potential for harm" for psychotherapy in general, with 5–10% of adults and 15–24% of minors getting worse from their treatments (Lambert, 2013; Lambert & Ogles, 2004). So claims of potential harm simply cannot be offered as an indictment of therapies allowing for change in unwanted SSAB unless opponents can marshal evidence that the prevalence of harm specific to professionally assisted change efforts is greater than it is for all forms of psychotherapy, and no such data currently exist. As the American Psychological Association (APA, 2009, p. 42) acknowledged in its review of the scientific literature, "Thus, we cannot conclude how likely it is that harm will occur from SOCE" [sexual orientation change efforts].

T.O.: And what about the question of whether these practices actually work?

C.R.: More than 100 years of experiential evidence, clinical studies, and research has demonstrated that it is possible for some men and women to experience change in SSAB and that therapeutic work may facilitate these shifts (Karten & Wade, 2010; Phelan, Whitehead, & Sutton, 2009; Santero, Whithead, & Ballestero, 2016; Spitzer, 2003). This research is not above critique, of course, as is the case with all research, but critics of this literature seem to view the presence of any study limitations as justification for complete dismissal of the findings.

You will notice that opponents have a much higher standard for methodological rigor when it comes to efficacy of change interventions than they do when addressing the potential for harm, as was the case with the APA (2009) Task Force Report (Jones, Rosik, Williams, & Byrd, 2010). They demand randomized, controlled research designs to prove efficacy and reject case studies of success, but are quick to tout anecdotal accounts of harm in the absence of any controlled, representative research showing harm. This is in spite of the APA's (2009) conclusion that, "Recent SOCE (sexual

orientation change efforts) research cannot provide conclusions regarding efficacy or safety" (p. 3). It's been years now since I and some colleagues invited anyone in the APA to do collaborative work with us to address the issues of efficacy and harm (Rosik, Jones, & Byrd, 2012), but we have not had a single hint of interest. This makes me question the sincerity of opponents' demands for us to conduct the most methodologically rigorous forms of research, especially when many of these same folks are working to create a professional and legal environment completely hostile to the conducting of such studies. One can't be faulted for wondering why anybody would want to conduct any sort of research on a subject that is caught in the legal and ethical crosshairs of politicians and the mental health associations.

T.O.: But people are born gay, so it can't be possible for them to change who they really are.

C.R.: Many people confuse the issues of volition and cause. Although choice appears to be a factor for some people, especially bisexuals (Herek, Norton, Allen, & Sims, 2010), most people do not experience their non-heterosexuality as a conscious decision. Because of this, people often assume that sexual orientation must be biologically determined. And while biology plays a role in every variety of human behavior, this does not eliminate an important role for human agency in the choices people make in what they do with their SSAB and how such choices influence the manner and degree of its ultimate expression. To put it in more prosaic terms, the biology creates a tendency, not a tyranny. Ty, here's a question for you: If one member of an identical twin pair has same-sex attractions (SSA), what percentage of co-twins will also have SSA?

T.O.: I can't say that I know exactly, but it must be pretty high.

C.R.: Well, actually, the largest and most rigorous studies of identical twins suggest that if one identical twin has SSA, the co-twin will also have SSA only about 11% for men and 14% for women (Bailey, Dunne, & Martin, 2000; Bearman & Brueckner, 2002; Langstrom, Rahman, Carlstrom, & Lichtenstein, 2010). This may be among the lowest twin concordance rates for any behavioral trait ever measured, and it means that factors the twins have in common, such as genes and upbringing, are mostly not responsible for the SSA. Even the APA has backtracked from an earlier position that

biology plays a significant role in SSA (APA, 1998) and has more recently acknowledged that no single factor or set of factors is known to definitively determine SSA (APA, 2008).

T.O.: Well, even if there isn't a gay gene, that doesn't mean SSAB can change.

C.R.: If you define change as being a simple choice or as the complete elimination of all same-sex attractions for all time, then I would agree with your skepticism. However, if you take the more nuanced understanding of change as occurring on a continuum of change in response to an ongoing dedication to certain emotional, behavioral, and relational practices, then it is very reasonable to conclude that some individuals do experience change that is meaningful and satisfying for them. The same twin studies I noted previously seem to indicate that changes in sexual orientation are more difficult to achieve than changes in depression or personality, but more likely than achieving long-term change in weight loss or criminality (Turkheimer, 2011). This data should prevent coarse and absolute claims of people either "having a choice" or being "hard wired" for their traits, including sexual orientation. Of course, such nuance is not convenient for the activists, and sadly this can result in the compromising of science for political purposes.

T.O.: Okay, perhaps I'll grant you that a few people may say they have experienced some sort of change, but a few rare occurrences surely don't change the equation for the overwhelming majority of people who have SSAB. Since so few actually experience any change, I still think it makes sense to prohibit these practices.

C.R.: Again, I think you are misinformed about the frequency of change. While research directly addressing therapeutically assisted change in SSAB is limited, there is a growing research literature on sexual orientation fluidity that must inform this discussion (Diamond, 2008; Dickson, Paul, & Hebiison, 2003; Dickson, van Roode, Cameron, Paul, 2010; Far, Diamond, & Boker, 2014; Mock & Eiback, 2010). One large study of adolescents found that 98% of 16- and 17-year-olds experiencing same-sex attractions shifted to experiencing greater opposite sex attractions just one year later (Savin-Williams, Joyner, & Rieger, 2012; Savin-Williams & Ream, 2007; Whitehead & Whitehead, 2014). Large numbers of young non-heterosexual women and (to a slightly lesser extent) non-heterosexual

men report fluidity in their sexual attractions and identities (Katz-Wise, 2015; Katz-Wise & Hyde, 2015), which typically begins before the age of 18. I find it especially of interest that men who had experienced fluidity believed sexuality was changeable much more than men who did not experience fluidity, who tended to believe that sexuality was something a person is born with. This raises the possibility many non-heterosexual male activists who fight against a client's right to pursue professional care for unwanted SSAB are men who have not experienced change and who assume that this the case for all non-heterosexuals. Therefore they may erroneously assume that all claims of change must either be lies or self-deception.

T.O.: But even if this change can occur, what does that have to do with psychotherapy? Don't most of these people indicate that they felt no control over their changes?

C.R.: Sure, you are correct that what these studies appear to document is spontaneous change that is often not experienced as a volitional process, though it can be influenced by relational and environmental contexts (Manley, Diamond, & van Anders, 2015). \Nonetheless, the discovery of SSAB fluidity to such an extent certainly makes more plausible claims that professional psychological care has contributed to such change for some people. To quote one research group, "People with changing sexual attractions may be reassured to know that these are common rather than atypical" (Dickson et al., 2013, p. 762). The fact is that many adolescents and young adults with SSA are already shifting toward greater opposite-sex attractions. This raises serious doubts about how dangerous professional psychotherapy really is for people who wish to therapeutically facilitate what may be for them a naturally occurring process of SSAB change. With such changes in SSAB occurring all around us, is it reasonable to maintain that the only place where such change can never happen is in the therapist's office?

T.O.: I don't know. From what I've heard, it still seems a stretch to me that so called "reparative therapy" or "conversion therapy" could ever help anyone.

C.R.: Well, let me ask you, what do you think goes on in such therapies?

T.O.: You know, quite a number of abominable things. Therapists like you determine the client's goals and coerce people into pursuing change. I don't know if you do this, but it seems that many of your colleagues are utilizing abusive aversive techniques, such as shocking people's genitals or using chemicals to induce nausea while clients look at gay porn. They tell their clients they must have been sexually abused. I've heard claims that some of these therapists even tell people God hates them and they may even recommend exorcisms.

C.R.: Ty, I hear this sort of description all the time. It tells me that you really don't have a clue what modern professional therapy for unwanted SSAB is. Please rely less on the gay activists' blogs for your information. I am pleased to be able to inform you that none of those practices are a part of professional psychological care for unwanted SSAB. Aversive approaches have not been utilized for a long time by the psychological profession, even among those licensed therapists who would entertain a client's request to pursue modification of their SSAB. My colleagues and I always follow the lead of the client in goal setting because we understand that there is no genuine therapeutic process without client self-determination. Nor do we assume every client has a history of childhood sexual abuse, although there is reason from the literature to believe such abuse can be an important influence on the development of SSAB for some people (Beard et al., 2013; Bickham et al., 2007; O'Keefe et al., 2014; Roberts, Glymour, & Koenen, 2013; Wells, McGee, & Beautrais, 2011; Wilson & Widom, 2009; Fields, Malebranche, & Feist-Price, 2008). \Consider the testimony of one participant in a study of the effects of rape upon a non-clinical sample of men: "Before the assault I was straight; however, since the assault I have begun to engage in voluntary homosexual activity. This causes me a great deal of distress as I feel I am not really homosexual, but I cannot stop myself having sex with men. I feel as if having sex with men I am punishing myself for letting the assault happen in the first place" (Walker, Archer, & Davies, 2005, p. 76).

Finally, I for one assure questioning clients of God's love for them and would never recommend exorcisms as a therapeutic intervention. You described an all-too-frequent caricature of these therapies, which would be laughable were it not given credence by so many uninformed people. All of these extremely poor practices you mention, were they actually being used by licensed therapists,

would surely result in their loss of licensure under *existing* state laws and regulations. Yet I am not aware of a single therapist who has had to deal with an ethics complaint on such a basis. Bans on professional therapies that allow for change are therefore unnecessary. And what's worse, such laws may leave clients who desire to pursue change feeling abandoned by their therapists and could create serious legal peril for therapists should changes occur in client SSA even when such changes are not a focus of intervention. Ty, these bans in practice are not really bans on therapy at all, but rather aimed at outlawing a particular therapeutic *goal*—a client's goal to pursue change. Legally prohibiting change-allowing therapy is simply not possible because, in point of fact, there is no one special kind of therapy for such clients. Therapists who work in this area typically utilize a number of mainstream interventions that address emotional and cognitive processes as well as certain relational dynamics. While many of these therapists operate from a psychodynamic and developmental perspective, they often incorporate insights from the cognitive, interpersonal, narrative, and psychodrama traditions as well, to name just a few (Hamilton & Henry, 2009).

T.O.: Well, if this approach to therapy is so effective, why have so many ex-gay leaders fallen or renounced these practices?

C.R.: I think "many" is an overstatement. What you need to know, however, is that most of these leaders operated in religious contexts, which sometimes contributed to unrealistic expectations for complete change and to feeling pressure to portray such change when this was not their experience. Equally critical to recognize is that many of these "ex-ex-gays" never received any professional therapy with a licensed therapist knowledgeable about change in unwanted SSAB. While many individuals find valuable emotional and spiritual support in ministry contexts outside of professional therapy and research indicates that some experience meaningful and significant shifts in their SSAB (Jones and Yarhouse, 2011), this may not always be the case. That some ex-gay organizations may have over-promised change or used unconventional techniques suggests that these organizations would benefit from resources that accurately describe what is scientifically known and not known about sexual orientation and SSAB change (see, for example, www.therapeuticchoice.com).

T.O.: I think this is wishful thinking. I think all of these so called ex-gays really just don't want to acknowledge that they are gay, that their efforts to change have failed, and the failure of their leaders who claimed to have experienced change in SSAB is the smoking gun.

C.R.: Ty, I don't recommend relying on such overgeneralizations. It could really backfire on you. I mean, I would find it contemptible if someone argued that because some highly influential gay rights leaders have recently been fighting charges of felony sodomy and sexual abuse with teenage boys (Manning, 2014; Mayes, 2015a, 2015b; Willson & Jaquiss, 2015) and felony possession of child pornography (Ho, 2014) that this must be the case for all such leaders. In a similar vein, you can't possibly be an expert on everyone's experience of SSAB change. It just makes you look desperate to win a point when you leave the scientific record and engage in such overgeneralizations.

T.O.: Well, what about Spitzer's renunciation of his own study on change that you and others like you are still citing to suggest change occurs? Doesn't that qualify as being part of the scientific record?

C.R.: You are mistaken in characterizing Spitzer action as a renunciation of his study (Spitzer, 2003; 2012). He simply decided to reinterpret his findings in what many suspect was a response to pressure from colleagues and activists, a belief that some had misused the study, and a concern for his legacy. In fact, the editor of the prestigious journal where the study was published refused to retract the article, stating that there was no basis for such an action and that the research was sound (Dreger, 2012). So Spitzer simply changed his interpretation, which left many of his participants feeling betrayed (Armelli, Moose, Paulk, & Phelan, 2013). The self-report nature of the study, common to most psychological research, can't *prove* SSAB change. But unless one postulates initial and ongoing self-deception and fabrication by participants to an incredulous degree, Spitzer's study still has something to contribute regarding the possibility of change in SSAB. Moreover, if you are going to reject a study simply because it utilized participant self-reports, then to be consistent you would have to question the validity of most psychological research.

T.O.: But there is more than Spitzer. Haven't virtually all the mental health and medical associations opposed the practice of attempting to change sexual orientation? That seems to me to be an insurmountable argument against such practices.

C.R.: On the face of it, yes, that does sound like the trump card, which is why opponents typically pile on the references to statements by professional associations against such therapies in their arguments. But by looking a little deeper, it's evident things are not that simple. The fact of the matter is that there is little to no ideological diversity in the leadership of these organizations, leading to a left-of-center group think process when addressing contentious social issues, including those involving sexual orientation (Duarte et al., 2015; Redding, 2001, 2012, 2013; Wright & Cummings, 2005). This has an inhibitory influence on the production of diverse scholarship in areas such as SSAB change that might run counter to preferred worldviews and advocacy interests.

T.O.: Now you're starting to sound like some sort of wacko conspiracy theorist. Do you have even a shred of evidence for these claims?

C.R.: There is no need to manufacture some sort of conspiracy here. This is just what naturally occurs when the leaders of mental health associations all share the same basic values and worldview. Since you asked, allow me to give you a few examples that speak to the issue. I'll bet that you didn't know that in 2011 the American Psychological Association's leadership body—the Council of Representatives—voted 157–0 to support same-sex marriage (Jayson, 2011). Likewise, the leadership of the National Association of Social Workers endorsed a total of 169 federal candidates in the 2014 elections—all of whom were affiliated with the Democratic Party (Pace, 2014). These figures undoubtedly represent a "statistically impossible lack of diversity" (Tierney, 2011). Even the esteemed American Medical Association has been hemorrhaging membership due to supporting left-of-center programs like Obamacare and now represents less than 20% of physicians in America (Pipes, 2011). With statistics such as these, sensible people will take the pronouncements of these associations regarding therapy-assisted SSAB change with a huge grain of salt.

T.O.: And why is that? What does this have to do with your misguided therapy?

C.R.: A lot, actually. Consider, for example, that while many qualified conservative psychologists were nominated to serve on the highly influential APA (2009) Task Force that reviewed the scientific literature on change oriented therapies, all of them were rejected. This fact was noted in a book co-edited by a past-president of the APA (Yarhouse, 2009). To no one's surprise, only psychologists unsympathetic to change-allowing therapies were appointed—and at least 5 of the 6 Task Force members were LGB identified. It appears that the APA operated with a litmus test when considering Task Force membership—the only views of homosexuality that were tolerated were those the APA deemed acceptable. Of course the APA has every right to stack the deck however they wish on such matters, but they should at least publicly acknowledge that they represent a firmly and consistently left-of-center take on the science and politics of sexual orientation. It's worth noting that such practices have occurred in other arenas within the APA, most recently with revelations about the collusion of high-ranking APA leaders and the U.S. Department of Defense to bend the ethical rules and allow psychologists to participate in enhanced interrogations (i.e., torture) (Ackerman, 2015; Risen, 2015). An APA Presidential Task Force was appointed to weigh in on the ethical issues in 2005, and 6 of the 10 Task Force members had ties to the defense or intelligence communities, thereby compromising their objectivity on the matter. Such manipulation was intended to curry continued favor with and benefits from the Department of Defense for the profession of psychology, and its exposure further highlights the intractably political dimension of the APA.

T.O.: All right, I'm really getting tired of this discussion. Frankly, I don't really care about your arguments. I just know in my heart that what you and others like you are trying to do is wrong and should be stopped. Nothing is going to change my mind about that.

C.R.: Okay, Ty. I do appreciate your honesty. I have to say your dismissal of scientific findings you don't like sounds a lot like the Ninth Circuit Court of Appeals majority opinion that upheld the constitutionality of California's law preventing minors from talking to licensed therapists in a manner that could be construed as promoting change in SSAB. Preferring politics over science, Judge Graber opined, "And we need not decide whether SOCE actually causes 'serious harms'; it is enough that it could 'reasonably be conceived to be true by the governmental decisions makers.'" Ty, you are of

course free to go on believing what you want to believe, though I do hope our conversation might help you realize there actually are good people doing this work and doing it with some real basis in the social science research literature. At any rate, I thank you for giving me an opportunity to express my views. I do hope that will continue.

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Are Gay / Lesbian Relationships Really as Short as They Seem?

N. E. Whitehead

Summary

This review paper finds that the three best estimates (medians) of gay/lesbian (GL)(SSA) relationship lengths are 3.6y/4.95y (male/female) (Lau, 2012, UK); 4.7y/3.3y (m/f), (Carpenter & Gates, 2008, US); and 2.7y/3.9y (m/f) (Gebhard & Johnston, 1979, US). The two US studies have an overall median of 3.7y/3.6y (m/f), meaning male/female results are similar length. These are compatible with the UK study, and much less than the heterosexual (OSA) median length of 27y with a marriage in the 1970s, the period which had the highest subsequent divorce rate. OSA median relationships (UK) are 7.7 times/5.6 times (m/f) the length of SSA ones. US data give respectively and similarly, 7.4x/7.2x, and these are large ratios. Other supporting USA data, although consistent with the above medians, are potentially subject to more bias from "volunteer error," hence may be maxima. Similar or lower results are found cross-culturally. There is no trend with time for combined data for GL since WWII in spite of increased societal acceptance. For bisexuals and overall relationships with either sex, the median lengths are indistinguishable from GL: i.e., 3.5y/3.2y (m/f). The lack of clear gender difference in medians confirms earlier suggestions that factors reducing relationship length may be inherent to same-sex attraction rather than dependent on gender or experiences of homophobia, since bisexuals experience much less homophobia but have similar median relationship lengths. The possibility of a 25y SSA relationship length is about 5% compared with about 50% for a 25y OSA one (i.e., Silver wedding) and should not be presented to clients as a likely outcome of seeking same-sex relationships. Another implication is that there is high probability children involved will suffer the equivalent of a divorce. The probability of some degree of orientation change under therapy is at least ten times as great as reaching the 25y mark in a GL relationship.

Introduction

Although some authors are positive about length of gay and lesbian relationships (L.A. Kurdek, 2005, p. 253), saying, "It is clear that gay men and lesbians can and do form durable relationships," it is generally thought that gay relationships are shorter than those of heterosexuals (Blumstein & Schwartz, 1983), (Green, Bettinger, & Zacks, 1996), (Kurdek, 1998), (Gebhard & Johnson, 1979). "There is a general fear in both gay and lesbian circles that relationships are unlikely to last. Long-lasting relationships are seen as quite special" (Blumstein & Schwartz, 1983, p. 322). Hard confirmatory data for length are unusually scarce. This may be because the results often seem short compared with heterosexual relationship lengths, and hence are politically embarrassingly.

In one of the standard and respected accounts on homosexuality, by West (himself gay, 1977), he concluded most lesbian relationships lasted less than 3 years, and about 40% of GL relationships lasted less than 2 years. He concluded breakups were due to internal factors rather than outside pressures. Another writer (Pollak, 1985) concluded that relationships were usually less than 2 years. More recently (Marco, 1996) estimated that 70% of lesbians had relationships less than 3 years. However these were rough assessments not based on careful survey data but only anecdotal evidence.

Even the gold-standard surveys may not be helpful. Researchers Laumann, Gagnon, Michael, and Michaels (1994), in their landmark study of a large random US sample, published many high-quality statistics about sexuality, including homosexuality. They did not give length of relationships, concentrating rather on number of partners, which of course includes many one-time encounters, and so is not completely relevant. This present paper, however, to derive the best comparison with heterosexual marriage concentrates on self-defined relationships rather than very brief encounters. The best survey is from the UK, and the two best US studies and others of lesser quality are all shown to have similar relationship length medians.

Requirements for Good Representative Surveys

An ideal survey would be random, have some other primary purpose than sexual information, and ask about completed relationships. Only one survey has come close to this standard (Lau, 2012). Most used convenience samples, and many advertised the survey as being about sexual matters, and even sexual relationships. Surveys have usually allowed respondents to define a relationship in their own terms, which is another area of imprecision.

The study (Lau, 2012) took data from two birth cohorts in the UK, one established in 1958 and the other in 1970. Monitoring ceased in 2004. By sociological standards this longitudinal sample is high quality. In the course of the original research which Lau surveyed, among other factors they were interviewed about their relationships. A limitation is that this relies on accuracy of past memory, like other surveys.

For non-longitudinal ("snapshot") studies, there are always more deficiencies. Unfortunately, if a survey on any subject is announced, those who volunteer most readily are always those who strongly display the study trait, in this case those with the strongest relationships, and the greatest relationship lengths. This is known in sociology as "volunteer error" and can introduce into a survey bias greater than the originators imagined possible (Bailey, Dunne, & Martin, 2000). In the study by Lau, the volunteer error issue does not arise. Unfortunately, many of the other surveys on SSA relationship length may have this error in them, depending on how they have been advertised, the detailed wording for which is usually not given in the published papers. This is usually the most significant source of error, and in this review we therefore treat most published results from surveys as potentially maximal lengths. However, some useful conclusions are still possible.

Even for a good random survey, respondents may refuse to answer sensitive questions, which may decrease the accuracy of the results. This possibly introduces another source of error, but is not pursued in this paper.

A source of bias in the opposite direction is the tendency of academic researchers to use local undergraduate samples. The subjects are usually young and obviously cannot have had a decades-long

relationship, so are excluded from this paper. The same potential difficulty arises with the subset of the UK data starting in 1970. Ceasing recording in 2004 truncates observable relationship length in that fraction of the data to perhaps about 15 years. The difficulty is avoided by the statistical trick of noting the number of relationships which failed at 1, 2, 3, 4 years, etc., and deriving the exponential shape of the survival curve, which enables prediction of longer lengths, though with increased error. But in the present case, it turns out that the relationships are only about 4 years long, so 15 years observation is ample length.

Measures of Typical Length

A second important difficulty is how best to express a typical value for relationship length if there is a range of results. This is important if the distribution of values is not statistically normal (bell-curve), and this is certainly true for GL relationship length as shown in many surveys, but very clearly in Figure 1 (Campbell, 2000).

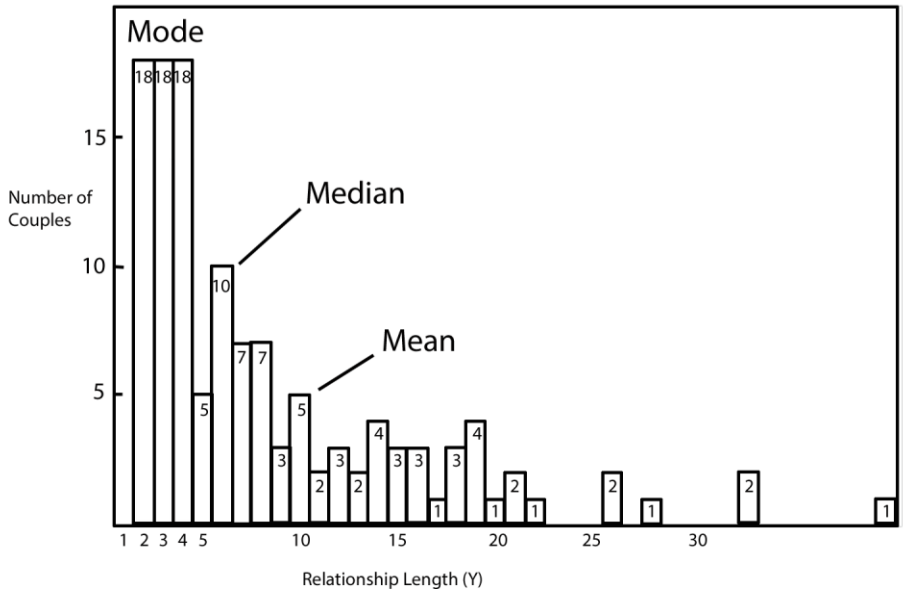

Figure 1. Male SSA relationship lengths from a typical survey. (Figure redrawn from (Campbell, 2000), interior labels added.)

Even though Figure 1 is not a rigorous random survey, respondents being from gay festivals, it shows the form of the data, which decreases exponentially, basically like a survival curve. That this basic form is correct is confirmed from some of the other surveys shown in Figures 2, 4, and 6. Figure 1 shows the value for the *mean*, the statistical name for the average. It also shows the *median*, which is the middle value (the 50% mark)—in this case much lower than the mean, and generally considered a better measure of typicality than the mean. However, some would say that the most typical values in Figure 1 are the three most common (lowest in this case), which would be called the *mode*. Most authors who have given relationship lengths (e.g., Appendix 1) have given the mean, only a few the median, and only one the mode. West and Pollak, cited previously, may have been thinking of a typicality measure that is likely to have been the mode. This paper will describe data in terms of the median because there is not enough detailed data presented in most studies to calculate the mode, though it may be the best estimate of all.

The median is also a much better typicality measure than the mean when the distribution is clearly skewed as in Figure 1.

We shall see later that the median value for OSA relationships, which half the couples reach, is 27y. The percentage of SSA relationships in Figure 1 reaching 27y is 3%, but the number of couples in that 3% is only 4 and the error range (66% confidence limits, derived from Poisson statistics) is about 1.5–4.5%. The possibility of reaching the lesser 25y mark (Silver Wedding for OSA marriages) is a slightly greater 5%.

SSA Data from the Literature

Lau (2012)

Lau (2012) presented data on UK couples in terms of the fraction of relationships surviving the first year, the second, and so on, up to 8 years, and was for SSA male, SSA female, combined results, OSA cohabiting, and OSA marrying. Neglecting the combined results, the other survival curves are shown in Figure 2.

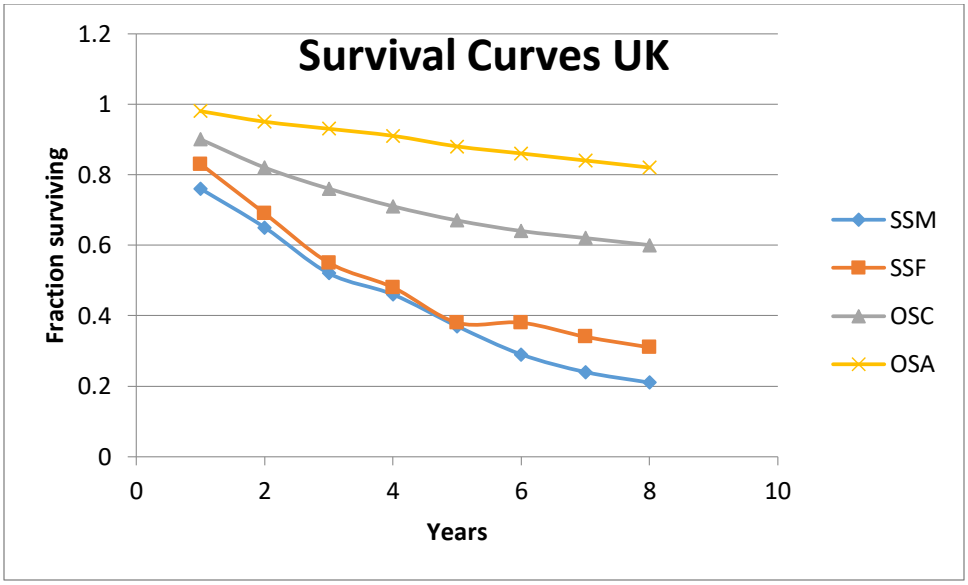

Figure 2. Fraction of group remaining with time (Lau, 2012). SSM = Male homosexual couples, (138 couples); SSF = Female homosexual couples, (125 couples); OSC = Opposite-sex cohabitor couples (17,219 couples); OSA = Heterosexual married couples (8,174 couples). OSC decrease is partly due to marriage.

The OSC and OSA couples are much larger groups than SSM and SSF, so their variability is less and the curves are smoother. In only 8 years there is limited decrease, but it is enough to define the shape of the curves, and the standard EXCEL exponential line-fit feature gives the equations of the lines with excellent fits accounting for 96–99% of the point variance (or, in more popular terms, the point scatter around the fitted line). The median for the exponential distribution, as found in any standard source about statistics, is $ln(2)/\lambda$, where λ is the absolute value of the exponent in the equation for the fitted line, and $ln(2)$ is the natural logarithm of 2.0, which is 0.693. The derived medians for SSM, SSF, OSC, and OSA are respectively 3.6y, 4.95y, 12.2y, and 27.7y. (The latter means slightly more than 50% of marriages will reach their silver wedding at 25y.) Lau comments that the SSF relationships endure slightly better than the SSM relationships, and that the ratios for the medians OSA/SSM, OSA/SSF are 7.7x and 5.6x, respectively. The contrast between OSA and SSA relationship lengths is large.

The equations for the curves predict only about 0.8% of SSM and 2.6% of SSF will reach the 25y OSA Silver Wedding point, but this is a large extrapolation from 8 years, and not very reliable because the number of remaining same-sex couples is only about 40 for each gender at 8 years. The percentage

predictions are to be compared with the 3% (US result) derived from Figure 1 results. The error on that 3% result is also so large that the SSM and SSF results are consistent with it. However, this is comparing a US result with UK results, and there could be cultural differences.

It is proverbial that OSA marriage in the US results in 50% divorce. However, this was a maximum which occurred during the '70s and early '80s, and the percentage has been decreasing ever since; hence the 50% figure is somewhat misleading. If present trends continue, about two-thirds of marriages will never end in divorce (Stevenson & Wolfers, 2007). An important caveat is that many are now choosing not to marry, but cohabit; hence, the ones marrying are rather sure of their intentions, and the marriages are strongly self-selected for stability.

Do these UK results apply elsewhere, particularly in the US from where most of the research is reported? We now consider the best two US studies (Gebhard & Johnson, 1979*)* and (Carpenter & Gates, 2008), which are broadly confirmatory, but of lower quality, because not longitudinal.

Best USA Studies

The results from the Kinsey surveys reported by Gebhard and Johnson (1979) may be a good approach to random, because the only criterion of selection was willingness to be interviewed about their sexuality, and only subsequently were they asked about relationship length. However, like the studies which follow, they are a temporal snapshot rather than being longitudinal. Kinsey's interview techniques were almost unique; he placed a high burden of proof on the interviewees. He would assert to his subjects that they had an embarrassing value for many parameters, and the subject had to convince him some lesser value was the truth. This should have led to reasonable length estimates, but apparently no later survey used the technique. A possible source of bias was that Kinsey et al. used surveys of particular classes of people, including some with unusually high percentages of homosexual subjects such as sex workers and prison inmates, which may introduce some distortion. They reported data which had medians of 2.7y and 3.9y for SSM and SSF respectively.

The Carpenter & Gates (2008) data were drawn from a large and carefully random GL study on tobacco use in California ending before 2005, and thus before gay "marriage" was first legalized in 2008. Tobacco was the prime focus, and only as an incidental question did the survey ask about other matters, so recruitment should not affect relationship length results, and these figures should be fairly high quality. The medians were 4.7y and 3.3y for SSM and SSF respectively.

The means of the two studies (Gebhard & Johnson, 1979) and (Carpenter & Gates, 2008) were 3.7y and 3.6y for SSM and SSF, respectively, and had between them about double the sample size of the UK study. The SSM result is close to the UK figure, but the SSF figure seems somewhat lower. A reasonable summary in view of the spread of results might be that they are broadly consistent with the UK result, or alternatively that they are not conclusively different. Again they are much less than the 27y median for marriage. The variability is such that the overall US SSM and SSF medians should be taken as being the same, but only within about a ±30% error.

Other Supporting SSA Studies

A representative but not exhaustive chronological list of other surveys, with comments on deficiencies is found in Appendix 1. The italicized medians were selected to plot in Figure 3, usually because they were the minimum value for medians from published papers within a given year. Sometimes the medians were calculated for this paper from a mean in the original paper, and knowledge of the form of the distribution. Excluded from Figure 3 were special ethnic groups, bisexuals, longest relationships rather than current, small samples, those selected to be unusually committed in their relationships, or having a particular HIV status, and studies which only considered a narrow age range. Some of the excluded factors are considered late.

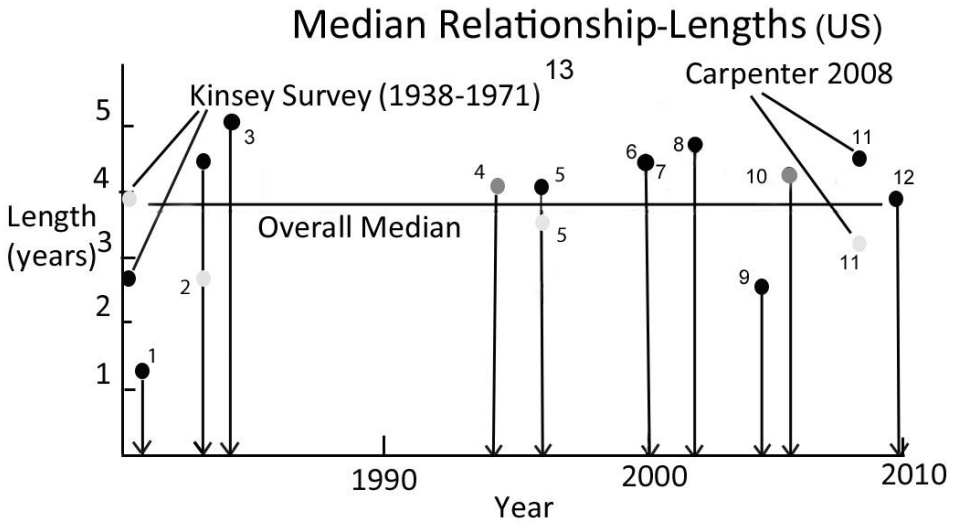

Figure 3. Median SSA relationship lengths (and numbers alongside dots) from italicized literature data in Appendix 1. Pale grey: lesbian; black dots: gay; grey dots: combined results. The downwards arrows indicate that the dot values are maxima. The horizontal line (3.8y) is the mean of maxima points, and the two superior US surveys.

The Figure 3 overall median is again rather similar to the UK data. The supposed maxima figures do not seem unduly high, so perhaps volunteer error was not excessive. The figure shows no statistically significant trend for the data from the Kinsey era (1938–1971) on ($p>0.05$). Nor are the results for (GL) statistically different from each other in a runs test, or a t-test ($p=0.10$) so gender of same-sex attraction makes insignificant difference. SSM couples have the same relationship lengths as SSF couples within error, but the conclusion from the two best studies, "same, but within significant error limits," is more reliable.

US Heterosexual Data

For the US and the worst case (i.e., those OSA marrying in 1970–1974):

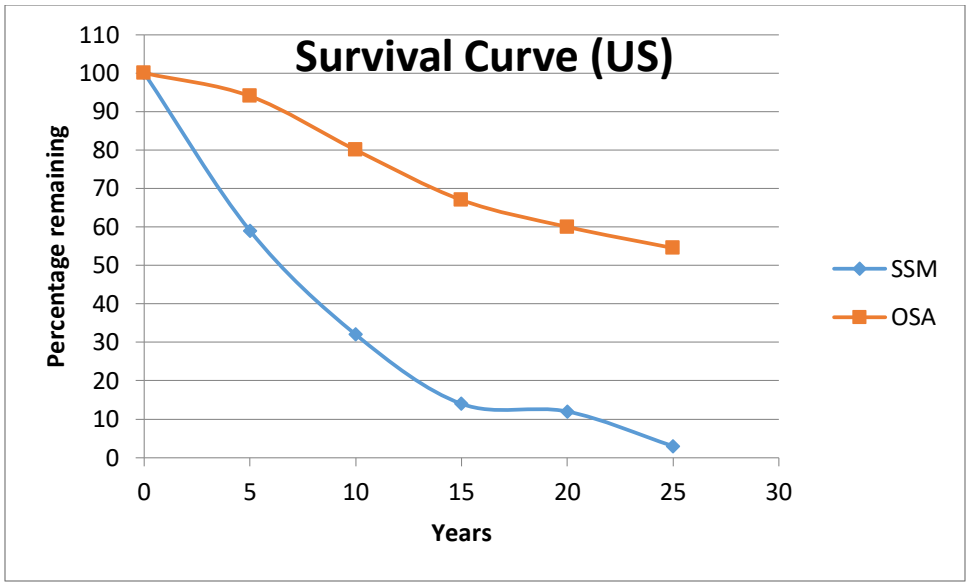

Figure 4. Relationship data for OSA (Cohn, 2010) (Bureau of the Census, US Department of Commerce, 2004) and for comparison, SSM (Campbell, 2000), drawn from nearly contemporaneous data.

Figure 4 shows that for the US, where the GL relationship papers were overwhelmingly researched, there is slightly better than a 50% chance of reaching the heterosexual Silver wedding anniversary at 25 years, and it may be calculated there is a median of 26.7y, very similar to the UK figure of 27.7y. Death and divorce, mainly divorce, produce the OSA marriage curve. The OSA data level off at rather more than 50%, and very few more divorce past that point. There is not enough data to reach a firm conclusion about a possible plateau for the GL relationships. We can merely say that in that particular survey, few have survived to 25 years.

Homosexual/Heterosexual Comparisons

The results above lead to the following summary diagram for US data, and a diagram produced from the UK data would be almost identical:

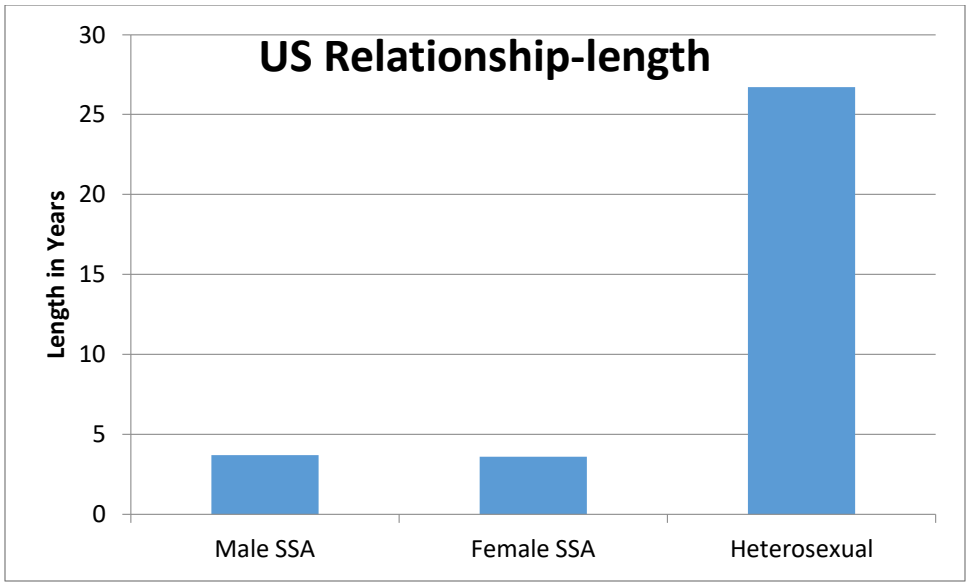

Figure 5. Visual comparison of median lengths of relationships (US data).

The OSA medians are 7.4x and 7.2x greater than the SSM/SSF medians, respectively.

Other Ethnic Groups

The unplotted results from Blacks (M<1.44y, F<1.6y (Peplau, Cochran, & Mays, 1997)); Chinese (M<1y (Pan & Aggleton, 1996)); and Australians (M<2y, (Kippax et al., 1997), M+F <2.5y (Sarantakos, 1996)) are reasonably consistent with Figure 3, but may be shorter in length. They are certainly quite different from OSA results.

Longest Relationships

Some studies recorded only the longest relationship. Studies of exclusively SSA women (Caldwell & Peplau, 1984; Peplau, Padesky, & Hamilton, 1982) gave respective medians of 3y and 2.5y. Cameron, Cameron, and Proctor (1989) found <1y but included the very restrictive criterion of complete faithfulness. (For SSA men and the same criterion, the median result was 3–4 years, which seems surprisingly long.) Weinberg, Williams, and Pryor (1994) found longest median relationships of 4y for both sexes. Even the median longest relationships are much shorter than the median OSA results.

Bisexual Data

There are few surveys on bisexual people. Gebhard and Johnson (1979) found median relationship lengths of 2y/3.1y (m/f). The most comprehensive study (book length) was Weinberg et al., (1994, p. 335) with median lengths of 3.5y/3.2y (m/f), which are similar. One might have expected that the bisexual relationships would have had median lengths intermediate between SSA and OSA cases. Instead they cannot be shown to be different from the SSA lengths (t test: $p>0.05$). Weinberg et al. (1994, p. 404) found the longest bisexual relationships had medians of 8y/6y (m/f), and it was interesting that these longest bisexual relationships were with opposite-sex partners, rather than same-sex partners.

Implications

Are Lesbians' Relationships Longer?

There is a persistent anecdotal impression that lesbians have far fewer partners and much longer relationships. This extreme view is not supported by the data in this paper, and may have arisen because of impressions caused by the extreme promiscuity among a minority of male gays. But it does seem, if we follow Lau (2012), that at least in some cultures, lesbians' relationships may be slightly longer than male gays', and the error on even the best US data cannot exclude that conclusion for the US.

Possible Explanations for SSA Relationship Lengths

Could the difference between OSA and SSA be a lack of children, which might be thought to be a stabilizing factor for OSA? However, many bisexuals have children (Herek, Norton, Allen, & Sims, 2010) (25%/49% m/f) yet have SSA-length relationships, so children do not seem the predominant reason. Also, although there are differing percentages of exclusive SSA people with children (4.8%/16.6% SSM/SSF) (Herek, Norton, Allen, & Sims, 2010), the lengths of relationships are the same for SSM and SSF. A concerning implication of the short medians is that if children are found associated with such relationships, they are very likely to suffer through a relationship breakdown of their caregivers very similar to a divorce.

Could the differences be that the SSA experience OSA hostility, which makes their relationships unstable? However, far fewer in the bisexual population experience hostility compared with SSA (Male:

50%/24% SSM/Bisexual; Female: 54%/17% SSF/Bisexual (Bostwick, Boyd, Hughes, West, & McCabe, 2014)), yet their median relationships lengths are indistinguishable from those of SSA couples. Also, the Figure 3 data show no change in median since WWII, so hostility itself does not seem the predominant reason.

Could the formal arrangement of marriage and the lack of it for many SSA people be the reason for instability? But many bisexual people are heterosexually married (Herek et al., 2010) (29%/45% m/f), so marriage, per se, does not seem to be the predominant reason.

If GL couples are "married," the data show the dissolution rate of their relationships is about 50% higher and 2.5 times (m/f), respectively, than for OSA couples; see also Kurdek, 1998), though the numerical strength of the factors needs confirmation. Therefore, again, factors other than the marital state are mostly responsible for the greater instability.

Could cohabitation rather than marriage be a strong negative factor? Figure 6 shows that OSA cohabitors have much less stable relationships than OSA married people, but by comparison are more stable than SSM and SSF (e.g., Figure 2). Cohabitation itself does not seem to be the predominant reason. (Figure 6 data from an older and more limited source than Figure 2.)

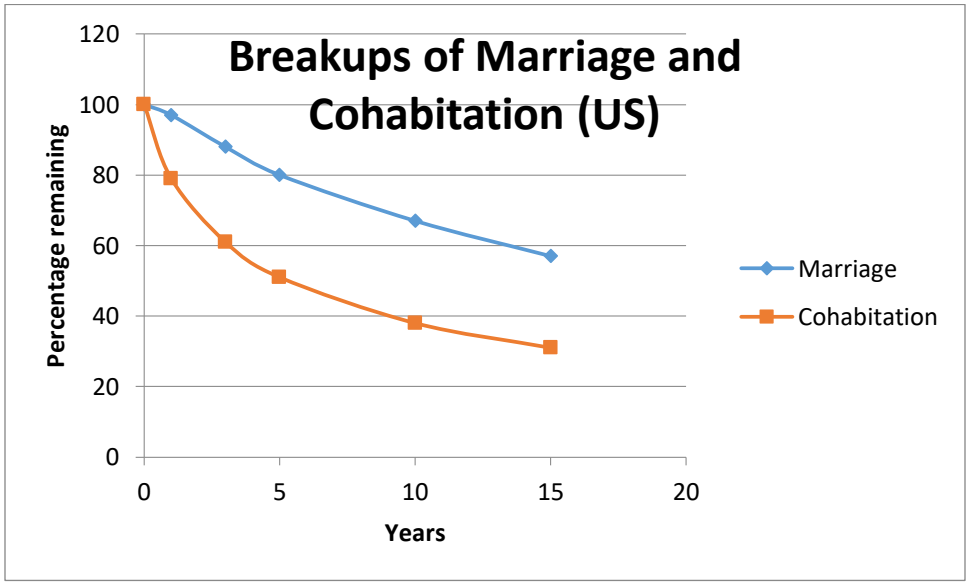

Figure 6. Breakups of relationships (CDC, 2002). Opposite-sex cohabitation figures consider only breakups of the relationships, not losses from the category due to marriage, and are therefore different from Figure 2.

One might expect a significant difference between median lengths for SSM and SSF because the reactions to living together could easily be quite different for each gender. However, there is a large difference between SSA and OSA, and remarkably, a strong similarity for SSM and SSF. Gender does not seem to be a significant factor.

There may be other factors or combinations to be considered which affect breakup, but a factor which remains explanatory is simply involvement in same-sex relationships, which might, more than opposite-sex relationships, suffer from over-familiarity with the same sex and/or be violent and/or have lesser commitment/exclusivity (Bem, 1996; Tjaden, Thoennes, & Allison, 1999; Kurdek, 1991). This supports the old suggestion of West (1977) that instability arises from within the particularities of SSA relationship.

OSA/SSA Contrasts

This study suggests that there is a factor of about seven difference in median length, which is large. This also neglects the qualitative difference seen between OSA and male gay relationships. OSA marriage is traditionally and cross-culturally, with some exceptions, sexually exclusive (though there are about 10% unfaithful spouses in the West per year (Paik, 2010)). In great contrast SSA (male) primary relationships are not sexually exclusive, but usually have a median of an additional two concurrent partnerships per person per year (Rosenberg, Sullivan, Dinenno, Salazar, & Sanchez, 2011).

The excluded data for different ethnicities do not directly contradict the short lengths for SSM SSF relationships found in Figure 2, so the conclusions may even hold cross-culturally.

Typical tentative statements such as, “There seems to be general agreement that, while there are undoubtedly examples of long-term, stable and sexually faithful relationships, gay, lesbian and bisexual relationships have tended to be less long-lasting than heterosexual ones” (House of Bishops, 2013, para.

209), wrongly suggest that the difference in lengths might be a few tens of percentage points. Far from being merely a tendency, a more accurate statement would be that "... gay, lesbian and bisexual relationships strongly contrast with heterosexual ones in being about seven times shorter."

Counseling Implications

Since only about 5% of GLB partnerships reach the 25y mark compared with about 50% for OSA partnerships, this means that a therapist or counselor cannot responsibly counsel SSA clients that a stable, long-term gay relationship is probable. The odds are well against it. These numerous breakups are one of the most important factors in the increased suicidality rate in SSA people even cross-culturally (Bell & Weinberg, 1978; Chen, Li, Wang, & Zhang, 2015), and clients should be warned of the risks.

Clients could be told that long-term SSA relationships are much less likely than some change in sexual orientation (SOCE) itself. The chance of varying degrees of change of sexual orientation for those coming to a support group for a few years is more than 50%. Hence, it is about ten times as likely that a person will alter sexual orientation to some degree, in such a group or in therapy, compared with finding outside it a same-sex partnership which lasts 25y (Jones & Yarhouse, 2007; Jones & Yarhouse, 2011; Santero et al., submitted). For a 15–25% probability of profound change in therapy (derived again from the above papers) from near-exclusive SSA to near exclusive OSA, the probability is several times greater than of finding a long-term stable relationship if it is defined as reaching the 25y mark.

In Weinberg's study (1994), the lengths of longest relationships for bisexuals and exclusive SSA couples had medians of about 6–8 and 3–4 years, respectively. Respondents were also asked to estimate how long their current relationship would last. About 70% thought it would be significantly in excess more than 10 years, but the data are otherwise, showing a degree of self-deception reminiscent of, but more extreme than, the optimistic self-prognoses of newlywed OSA couples (Baker & Emery, 1993). Because of this, counseling by therapists about the dangers of relationships would be difficult for either group, and would be better received by those just considering entering the gay lifestyle.

The estimates of length in this paper would be improved if better data were available from truly random surveys and/or further longitudinal studies. However, although this might impact epidemiological research on the spread of HIV, the conclusions about relationships would probably not change very much.

Conclusion

There is general concordance between the Lau, Kinsey, and Carpenter results for relationship length and between them and others. Relationship lengths for gays and lesbians are about 3.5 years, whether from the 1950s or the 2000s. These results are all not "slightly less" but "much less" than the 27y mean estimate for median OSA marriage length from UK/US demographic data. It would be brave to predict that legalised "gay marriage" would make a dramatic difference to the short lengths, in view of the time span and social change already covered by these surveys. More importantly, therapists should not advise that the formation of a stable long-term same-sex relationship is likely, and could advise that some therapeutic shifting of sexual orientation is much more likely.

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Appendix 1.

If prefixed by "<" the median figure is a maximum, which is because of the possibility of volunteer error. Those medians with inferred minimum volunteer error are in a bold font. Numbers in parentheses refer to the data position in Figure 3. The Gebhard/Johnson data are from surveys in 1947–1971. The Carpenter data are weighted pooled medians, which have been calculated from the following means: M living apart/together 5.3y/9.6y; F living apart/together 1.4y/7.8y; and using the numbers from the paper, that 42% males live together and 56% of females.

Papers surveyed: (Peplau, Cochran, Rook, & Padesky, 1978)(University sample), *(Gebhard & Johnson, 1979)(13)(**M2.7/F3.9y**)* (Peplau & Cochran, 1981)*(1)(M+F <1.25y),* (Peplau et al., 1982)(Longest relationship), *(Blumstein & Schwartz, 1983)(2)(M<4.4,F<2.8),* (Caldwell & Peplau, 1984)(Longest), *(McWhirter & Mattison, 1984)(3)(M<5y),* (Schneider, 1986)(Small sample), (Eldridge & Gilbert, 1990)(Only 2+y), (Bryant, 1994), (*Weinberg et al., 1994*)*(4)(M<4, F<4y), (Green et al., 1996)(5)(M<4, F<3.5y),* (Pan & Aggleton, 1996)(Chinese), (Sarantakos, 1996)(Australian), (Alexander, 1997), (Buunk & Bakker, 1997), (Kippax et al., 1997)(Australian), (Peplau et al., 1997)(Black), (Kurdek, 1998)(Only 5+y), *(Campbell, 2000)(6)(M<4.5y), (LaSala, 2000)(7)(M<4.5y),* (D'Augelli & Grossman, 2001)(Only ages>60y), (Beals, Impett, & Peplau, 2002)(Only mode), (Bevan & Lannutti, 2002)(Longest), *(Gaines & Henderson, 2002)(8)(M+F 4.7)*, (Haas, 2002)(Small sample), *(King & Smith, 2004)(9)(M<2.6y),* (Henderson et al., 2002), (Blair & Pukall, 2005), *(Mohr & Fassinger, 2006)(10)(M+F <4.2y),* (Otis, Rostosky, & Riggle, 2006), (Smith, Grierson, Pitts, & Pattison, 2006), (Blair & Holmberg, 2008), *(Carpenter & Gates, 2008)(11)(**M 4.7y F 3.3y**),* (Roisman, Clausell, Holland, Fortuna, & Elieff, 2008), (Eaton, West, Kenny, & Kalichman, 2009)(Both HIV-), (Brown & Trevethan, 2010), (Hoff & Beougher, 2010)(Small sample), *(Neilands, Chakravarty, Darbes, Beougher, & Hoff, 2010)(12)(M<4y),* (Riggle, Rostosky, & Horne, 2010)(Committed couples), (Maisel & Fingerhut, 2011)(Probably activist sample), (Chakravarty, Hoff, Neilands, & Darbes, 2012)(Both HIV-), (Darbes, Chakravarty, Beougher,

Neilands, & Hoff, 2012)(Both HIV+), (Garst, 2012), (Leeker & Carlozzi, 2014), (Totenhagen, Butler, & Ridley, 2012), (Shukusky, Bowler, Markey, & Markey, 2013)(University sample).

A Review of Sheila Jeffreys's

Gender Hurts: A Feminist Analysis of the Politics of Transgenderism

Carolyn Pela

Sheila Jeffreys's book, *Gender Hurts: A Feminist Analysis of the Politics of Transgenderism*, provides the history of the construction of the transgenderism narrative, a discussion of the political relationship of transgenderism and feminism, and details of the psychological and physical harm that transgenderism inflicts on transgender-identified individuals and those in relationship with them. Chapter 1 lays out the thesis of transgenderism as a social construct, and Chapter 2 evaluates the key interactions between transgenderism and feminism. Chapters 3–6 review the harm of transgenderism from different perspectives and for diverse populations. Chapters 7–8 close the book with a more detailed analysis of transgenderism from a feminist perspective. The book is accessible to a wide audience and should be of interest to all who want to broaden their understanding of the development of transgenderism within a sociopolitical context as well as learn of the psychological and physiological risks associated with its medicalization.

Throughout the book, Jeffreys uses scientifically accurate descriptors based upon genetics when referring to transgender-identified individuals. Specifically, she uses "male-bodied transgender" in place of the unscientific but commonplace acronym MTF (male to female) transgender, and "female-bodied transgender" in place of FTM (female to male) transgender. Similarly, she uses the biologically congruent pronoun when referring to individuals who claim a transgender identity. She argues that using the opposite sex pronoun supports the unscientific belief that individuals can change their sex, when in fact it is medically impossible to do so. Also consistent with a constructivist perspective, Jeffreys uses transgender as a verb (i.e., transgender, transgendered, transgendering). This review retains these language choices in order to effectively reflect the tone of the book.

Social Construction

The premise of transgenderism as a social construction is an important theme of the book as it frames the examination of the impact transgenderism has had on individuals and society. The story of transgenderism, contends Jeffreys, began with transgenderism as a chosen role, then with the help of the psychiatric community, endocrinologists, surgeons, and other medical professionals, it developed into a

pathology, or a condition. The final, or at least the current version of the transgenderism narrative, is that it is an inborn identity, an essence. Perhaps surprisingly, as a self-identified lesbian, Jeffreys denies the dominant cultural belief that some people are born biologically hard-wired for immutable same-sex attraction as she demonstrates parallels between the development of the modern transgenderism narrative with that of homosexuality. Her arguments in support of the social construction perspective are compelling. They provide a necessary critique of a pharmacological and surgical response to a psychological and sociopolitical phenomenon.

Feminism

As promised by the title, the book reflects Jeffreys' political and philosophical perspective as a feminist. She explicitly discusses her view that transgenderism is a manifestation of a male-dominated gender hierarchy used by men to further subordinate women. Jeffreys discusses the impact of recently enacted laws that allow male-bodied transgenders to enter women's private and formerly protected spaces. Male-bodied transgenders, the majority of whom are attracted to women and many of whom have retained their penises, now have legal access to women's restrooms, showers, prisons, etc., violating women's psychological safety, and posing a threat to their physical safety.

The book includes a discussion of the trends and controversies in the transgender subcultures related to feminist issues to which the reader may not have access. For example, she discusses the cotton ceiling. The cotton ceiling is referring to women's underwear and the lack of access to women's vaginas by male-bodied transgenders. The cotton ceiling theory translates women's sexual self-determination into a form of discrimination (transphobia). Transgender activists compare the cotton ceiling to other barriers experienced by women (i.e., the glass ceiling).

Jeffreys describes the impact of transgenderism on the causes of feminism. For example, she notes a growing trend among lesbian feminists to pursue synthetic hormones and various surgeries to pass as men. While Jefferys reports that 75% of transgender-identified individuals are men, she also laments the increasing number of lesbian feminists who, in her assessment, have spent their lives attempting to

protect women from male domination but have now rejected womanhood and joined the ranks of their oppressors, as female-bodied transgenders.

Harm

Jeffreys effectively shifts the readers view from the accepted narrative that transgenderism is a normal, natural variation of sexuality as she writes detailed, often graphic descriptions of surgical procedures and hormone interventions for both male-bodied and female-bodied transgender adults and children. She discusses the side effects of surgeries and hormone treatments, including accounts of progressive and permanent damage to the body's systems. These treatments, explains Jeffreys, also negatively impact the psychological health of individuals throughout the transition process. Further, she presents data demonstrating that changing the body does not improve social and psychological functioning, and disputes the notion that the disproportionate level of psychological problems of transgender-identified individuals are caused by minority stress. The book also features poignant personal accounts of individuals who have transitioned and now have regrets, including interviews with an individual who was administered hormones as a child.

An entire chapter titled "Gender Eugenics" (Chapter 6) is dedicated to the transgendering of children. As implied by the title, Jeffreys contends that the transgendering of children is a type of eugenics. She argues that the social engineering of transgendering is similar to historical eugenics practices as the procedures aim to cure behaviors and social problems by altering individuals' physical bodies in ways that result in infertility. The book includes a discussion of international trends in the practices of transgendering children and the associated laws allowing for these practices. For example, Australia allows physicians to administer puberty-delaying hormones to children as young as ten years old and cross-sex hormones at sixteen years of age. Amputation is allowed at age eighteen.

Jeffreys provides examples of unethical actions by the medical community in the treatment of children and highlights the seeming absurdity of projecting current gender norms onto young children, and then labeling them as transgender if they fail to conform. She describes a UK government-published

pamphlet intended as guidance for physicians and parents in which the pamphlet authors admit that there are no clear differences between transgendered and other children to inform diagnosis. In light of this lack of diagnostic criteria, the pamphlet states that parents and physicians should rely on the child's account of his or her feelings in order to make the diagnosis and to guide their decisions. Jeffreys effectively argues that if these children were born at a different time and place, a time and place where their preferences were within the current gender norms, they would not become victims of these eugenic-like practices.

As a relationship therapist, I particularly appreciate the book's discussion of the impact that transgenderism has in the lives of the women who are in relationships with transgender-identified individuals. Since male- and female-bodied transgenders are predominately attracted to females, their partners are typically females. The dominant challenges for these women include financial exploitation, changing roles, loss of community, and the pressure to attest to the narrative that their partners are now the opposite sex. The pressure for the partners to align with the current narrative about transgenderism often comes from therapists who specialize in working with these couples. Jeffreys reports that these therapists typically see the transgender-identified individuals as heroes and attempt to persuade their partners to set aside any dissenting thoughts and feelings.

Jeffreys argues that transgenderism is ultimately the result of the social construction of gender. She also insists that the very concept of gender necessitates a hierarchy, male over female—that without hierarchy, there would be no gender. Clearly, male over female oppression exists; however, Jeffreys' frequently interjected lesbian-feminist mantra that where there are male-female romantic/sexual relationships, there will be oppression and male domination is not convincing and sometimes seems out of context.

The mainstream transgenderism narrative teaches as fact that some people are born in the wrong-sexed body and that these individuals hold within them the very essence of the opposite sex.Sheila Jeffreys's book, *Gender Hurts: A Feminist Analysis of the Politics of Transgenderism*, provides a necessary critique of this mainstream and scientifically unsubstantiated narrative currently promulgated in the media, schools, churches, academe, and medical offices. Jeffreys challenges the laws that allow

female-attracted, male-bodied transgenders to undress, penis and all, next to women in women's private spaces. She also challenges the medical community as they treat transgendered individuals, including children, with life-altering hormone treatments, amputation, and other forms of surgical mutilation. Perhaps more importantly, she challenges the reader, who is perhaps a participant in the telling and retelling of the current cultural narrative, to consider the significant physical and psychological harm they may be visiting upon themselves, loved ones, friends and society at large.