

proselytize, it is regrettable that Spitzer did not consider these possible contributors to reorientation. They might have explained more variance than the therapy itself.

In conclusion, a most basic and frequently documented lesson learned by sexologists investigating socially stigmatized populations cannot be overstated: Subject selection impacts research findings. As scientists, we must disbelieve Spitzer's data because they are so compromised by subject selection bias as to raise serious objections to any claims Spitzer might make about their meaning and generalizability. Research that cannot be applied to nonstudy participants is of limited utility in the social and behavioral sciences.

Reconsidering "Sexual Desire" in the Context of Reparative Therapy

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Clarifying the Question

First things first: Is Spitzer's study really "about" changing sexual orientation? In order to answer this question, we need to agree on a definition of sexual orientation and its defining criteria. But, of course, these issues have long been topics of heated debate (e.g., Bailey, 1995; Bem, 1996; Ellis, 1996; Golden, 1987; Rust, 1992; Veniegas & Conley, 2000). Is sexual orientation an innate sexual predisposition or a learned behavioral pattern? Does it primarily influence sexual desire or does it also shape affiliative preferences, affectional feelings, and gender-typed behavior? Such debates might seem shopworn at this point, but they are neither resolved nor irrelevant. To the contrary, the more we learn about the diversity of same-sex sexuality across different populations and contexts, the more we must regularly reevaluate our implicit and explicit models of this phenomenon and the hypotheses they prompt us to test.

Spitzer's central question—whether homosexuals can change into heterosexuals—presumes a fairly reductionistic sexual taxonomy that has garnered increasing scientific skepticism over the years. Kinsey et al. (1948) were perhaps the first and most famous to caution that "The world is not to be divided into sheep and goats" (p. 639) and empirical data increasingly buttress this perspective (Blackwood, 2000; Murray, 2000). For example, representative studies of American adolescents (French, Story, Remafedi, Resnick, & Blum, 1996; Garofalo, Wolf, Wissow, Woods, & Goodman, 1999) and adults (Laumann, Gagnon, Michael, & Michaels, 1994) have

found that most individuals with same-sex attractions *also* report experiencing other-sex attractions, and both changes in, and disjunctures among, sexual behaviors, attractions, and identity are widespread (Baumeister, 2000; Diamond, 2000, 2003b; Golden, 1987; Pattatucci & Hamer, 1995; Rust, 1992; Stokes, Damon, & McKirnan, 1997; Weinberg, Williams, & Pryor, 1994).

Spitzer's research question and methodology do not acknowledge these complexities. Rather, he uncritically treats sexual attractions, fantasies, and emotional longings as coordinated indices of one's underlying "sheep" or "goat" status, despite the fact that (1) it is increasingly unclear whether these discrete types even *exist* as natural categories and (2) it is similarly unclear whether "sheepness" or "goatness" could ever be reliably diagnosed by coordinated and stable patterns of fantasy, desire, and affection. Given these problems, some researchers have argued that "it makes more sense to ask about specific aspects of same-gender behavior, practice, and feelings during specific periods of an individual's life rather than a single yes-or-no question about whether a person is homosexual" (Laumann et al., 1994, pp. 285–286). What, then, might we learn from Spitzer's study if we jettison extrapolations to "sexual orientation" and focus instead on domain-specific changes?

Interpreting the Findings: The Meaning and Experience of Desire

Unfortunately, a number of factors hamper interpretation of Spitzer's data, such as the significant and obvious problems of self-selection and self-report biases. Yet, I will leave aside these concerns, trusting that other commentators will address them in depth. Granting for the sake of argument that some of Spitzer's participants did, in fact, experience declines in their self-reported same-sex desires, how should we interpret such changes?

First of all, as noted above, the phenomenon of plasticity in sexual desire over time has already been documented in several prospective studies, and is not newsworthy in and of itself (Diamond, 2000, 2003b; Pattatucci & Hamer, 1995; Stokes et al., 1997; Weinberg et al., 1994). Spitzer, however, is more concerned with *effortful* changes effected through cognitive-behavioral strategies, such as "thought stopping," avoidance of situations that trigger same-sex attractions, and social support mobilization. Can these techniques actually alter one's subjective desires? Of course they can—just as attending Weight Watchers meetings and keeping "forbidden" foods out of the house can attenuate a dieter's natural, evolved cravings for salty, fatty, calorie-dense foods. Furthermore, any reader of

Shakespeare or Jane Austen will recognize that these cognitive and behavioral techniques have been used for hundreds of years by individuals who had the misfortune of becoming attracted to partners of the right sex, but the wrong family, wrong social class, wrong nation, etc.

Yet, we are already ahead of ourselves—this entire discussion skirts a far more important but unanswered question lying just beneath the surface of this and other studies of sexual orientation: *Just what do we mean by “desire?”* Given that sexual desire is generally considered the primary indicator of one’s sexual orientation (Marmor, 1980), one might expect that researchers would have spent considerable time validating and cross-checking our conceptualizations and measures of its phenomenology, but this has not been the case. Instead, we typically ask respondents to estimate their balance of same-sex and other-sex desires without clarifying what types of experiences “count” as desire, naively assuming that (1) these experiences are fairly uniform from person to person and (2) we all “know them when we feel them.”

Yet, qualitative research increasingly demonstrates that individuals have strikingly different personal definitions and experiences of “desire” and “attraction” (Diamond & Savin-Williams, 2000; Tolman, 2002), including, for example, “liking to look at a woman’s face or body”; “the urge to have sex”; “a fluttery feeling in my belly”; “wanting to be physically near someone”; “not needing to care about her personality”; “feeling really really happy around someone”; “electric energy”; “wanting to talk all night long.” Such ambiguity makes it impossible to reliably interpret self-report data on everything from “age of first attractions” to “ratio of same-sex to other-sex attractions” to—most notably—“stability of attractions.”

Which types of feelings might Spitzer’s respondents have been talking about? How might it influence our interpretation of his findings if, for example, an individual’s “fluttery belly feelings” exhibited little change, but “liking to look at face/body” changed markedly? How exactly do these phenomena relate to the specific frequency with which one’s sexual fantasies are populated with same-sex versus other-sex individuals? We currently have no empirical or theoretical basis on which to interpret such phenomenological nuances and their relevance for models of sexual orientation, just as we have long lacked clear-cut conceptualizations of the specific relevance of love and affection for such models (Diamond, 2003b). Without greater empirical and theoretical rigor, we will remain hamstrung in our attempts to interpret the causes and implications of *any* self-reported changes in same-sex sexuality.

Final Evaluations: What Gets Repaired?

Where does this leave us? Does reparative therapy work? What does it work *on*? On this point, it bears noting that perhaps the most salient and striking changes recollected by Spitzer’s research participants concerned their overall happiness and self-concept. Prior to the therapy, they were bothered by their same-sex feelings, they were at odds with their own personal or religious beliefs, many were unhappily unmarried, and one third were suicidal. After the therapy, over 75% of the men and over 50% of women were married, less than 10% reported that they were still bothered by their same-sex attractions, and measures of “heterosexual functioning” (participation in a “loving” heterosexual relationship, regular and satisfying sex with partner, etc.) had apparently improved markedly.

Are these successful outcomes? For individuals embedded in social-relational contexts that fundamentally forbid same-sex sexuality and prioritize traditional marriage, how can they not be? Of course, such outcomes could have been achieved through therapeutic interventions *other* than effortful control, redirection, and reconditioning of sexual and affectional feelings; at the very least, these individuals might have attempted to change—or escape—their stigmatizing and restrictive social contexts instead of their sexuality.

But for some this is not an option. Living in Salt Lake City (the worldwide headquarters of the Church of Latter Day Saints), I have come to know numerous men and women who have struggled with the gulf between their same-sex sexuality and their passionate devotion to the Mormon faith, *both* of which may be experienced as inextricably woven into one’s deepest sense of self. As long as some individuals’ chosen communities (whether based on faith, ethnicity, geography, etc.) invalidate the possibility of living openly with same-sex desires, clinicians must develop, analyze, test, and validate different approaches for helping members of those communities to make peace with, and decisions about, their irreconcilably conflicting life choices and chances.

At the very least, our evaluations of “reparative” interventions must be scrupulously attentive to clients’ motives and the unique nature of their experiences in order to guard against inappropriate generalizations about “sexual orientation.” Studies such as Spitzer’s provide valuable information about how individuals with stigmatized experiences actively manage those experiences, in concert with their own narratives of adjustment, coping, and personal growth. In the final analysis, however, such studies have little to tell us about “change in sexual orientation” or even “change in sexual desire.” If anything, Spitzer’s findings should prompt sex researchers to revisit our own

assumptions about the phenomenology and ontology of same-sex and other-sex desires, fantasies, and attractions in order to improve the validity and interpretability of future research on these phenomena over the life course.

The Spitzer Study and the Culture Wars

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On May 9, 2001, Spitzer presented the current article, in oral form, at the annual meeting of the American Psychiatric Association (APA) in New Orleans and created an international media sensation (Lund & Renna, in press). With the study's publication, history may repeat itself. Given the manner in which subjects were recruited, much of this study's social impact hinges on whether or not one believes their accounts. Spitzer not only believes his subjects, he offers his own belief as "evidence" that some people can change a homosexual orientation.

Although he is not a sex researcher, the media is interested in Spitzer's beliefs because of what he symbolizes. In the 1970s, he served on the APA's Task Force on Nomenclature and Statistics, which recommended to the Board of Trustees that they remove homosexuality from the DSM. When the Board did so, dissenting psychiatrists, mostly psychoanalysts, petitioned the APA to hold a membership referendum on the matter. The APA membership voted to support the Board (Bayer, 1981). Although many psychiatrists were involved in that process over several years (Robert Campbell, Lawrence Hartmann, Judd Marmor, Richard Pillard, and John Spiegel, to name a few), Spitzer was singled out as a favored *bête noire* of the dissenters (Socarides, 1995).

In the following decades, these dissenters were gradually marginalized from the mental health mainstream. In the early 1990s, however, some began to speak publicly—both to and as representatives of—segments of society which regard homosexuality as an unacceptable form of social expression. In the contemporary debate known as the "culture wars" (Drescher, 2002a, 2002b; Dreyfuss, 1999; Shidlo, Schroeder, & Drescher, 2001), the clinical argument that homosexuality is an illness meshed seamlessly with a social-conservative, political message: Heterosexuality is the only normal expression of human sexuality and accepting homosexuality is harmful to society (Socarides, 1994).

These clinicians' antihomosexual arguments, however, are not directed toward a mental health mainstream which vigorously supports gay and lesbian civil rights, but toward lay audiences and policy makers (Lund & Renna, in press). They are intended to counter growing public and

political acceptance of homosexuality by challenging the popular belief that homosexuality is "biological" and "immutable." The recitation that one is not "born gay" because some people can change sexual orientation has become a mantra of those opposed to civil rights protections for gay men and women. Despite its religious roots, however, this movement does not use religion alone to deliver its antihomosexual message. Using the model of creation scientists (Tiffen, 1994), groups like the National Association for Research and Therapy of Homosexuality (NARTH) cite scientific data selectively to support their theories regarding the causes and treatments of homosexuality.

NARTH members have argued on the op-ed page of *The Wall Street Journal* that individuals unhappy about their homosexual feelings should have the right to seek treatment for change (Socarides, Kaufman, Nicolosi, Satinover, & Fitzgibbons, 1997). Their claims of supporting homosexual civil rights notwithstanding, sexual conversion therapists filed affidavits in support of Colorado's antigay Amendment Two (Socarides, 1993). They also supported unsuccessful defenses of sodomy laws in Tennessee in 1995 and Louisiana in 1998 (Cohen, 1998a, 1998b). Why do these therapists want to criminalize homosexuality, even though they believe it to be an illness? NARTH's current President says, "We believe harm would be done if our laws were to affirm homosexuality as indistinguishable from heterosexuality" (Nicolosi, 2000).

So what does this have to do with Spitzer's study? Spitzer's revamping of the American psychiatric diagnostic system in the *DSM-III* (American Psychiatric Association, 1980) gave him a standing among the international scientific community that no sexual conversion therapist has ever achieved. And, although once reviled by reparative therapists as "someone who crosses far over the line, from science to open advocacy of a political position" (Socarides, 1995, p. 166), antihomosexual social forces now seek to harness Spitzer's reputation—and the media attention he attracts—to legitimize their own.

And why so much media attention to this study? At the 2001 meeting of the APA, before Spitzer even presented his preliminary findings, conservative political groups used the event to put out the message to the press that the man who had removed homosexuality from the DSM had changed his mind. However, the media message was ambiguous—perhaps deliberately so—and it was not entirely clear what Spitzer had changed his mind about! It was the public relations machine's implicit message—that Spitzer had changed his mind about homosexuality not being an illness—which drove the media frenzy around his study and left scores of mental health professionals scrambling to respond to misleading headlines.