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## The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature

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**Abstract:** In this paper I explore some of the discursive practices that shape scientific knowledge in the debates surrounding conversion therapy. In doing so I identify some of the key rhetorical strategies that promote these debates as being within the realm of science, namely a reliance on foundationalist assumptions about ethics and sexuality, and the use of the 'rhetoric of pseudoscience' (Kitzinger, 1990) to construct what constitutes 'good science'. Following this I point towards the individualism that informs scientific research, and what this means for lesbian and gay psychology more generally. I conclude by outlining possible directions for 'setting our own agendas' within the area, with particular focus on the importance of the political in critical research.

*Keywords: scientific knowledge, politics, ethics, discourses of sameness, sexuality, conversion therapy, lesbian and gay psychology.*

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The social sciences in general deal with topics debated and commented on beyond the specialized scientific circles devoted to their study... [To manage this,] both religion and politics are defined not just as extrinsic to but as incompatible with the pursuit of 'pure' scientific knowledge, and research on homosexuality has, therefore, to deal with the problem of defining its own claims to knowledge as distinct from, and superior to, the claims made from within these competing 'lay' perspectives (Kitzinger, 1987, p. 3).

Recent debates surrounding the 'scientific basis' (or otherwise) of the myriad of practices that constitute what is generically termed 'conversion therapy' may be understood as demonstrating the underlying politics of scientific knowledge. Following Haldeman (1999), I use the term 'conversion therapy' (rather than some of the other terms used in the debate such as 'reparative therapy', 'sexual reorientation therapy', 'ex-gay ministries') to denote the active role that practitioners in the area take in defining what constitutes moral, social and political good in regards to mental health. The term 'conversion' implies a willful 'act of turning or changing from one state or condition to another' (Merriam-Webster Medical Dictionary, 2002). My usage of it thus points towards a) the epistemological foundations that shape

assumptions about the category 'sexuality' (i.e., that it represents a 'real object') and b) that 'conversion' in this sense requires this 'real object' to be acted upon by someone (i.e., an 'expert practitioner'). Other terms such as 'reparative therapy' suggest some level of benevolence on behalf of the practitioner who can help the client to 'repair' or 'restore' something which is broken or wrong (i.e., a 'homosexual orientation'). Thus my use of the term 'conversion therapy' is an explicitly political move aimed at underscoring the terms' connection to discourses of science and sexuality.

Practitioners and academics, both those for and those against conversion therapy, employ what Kitzinger (1990) terms the 'rhetoric of pseudoscience' in order to justify the legitimacy of their theoretical (and indeed moral) positions in relation to the claim that conversion therapy can be effective in assisting individuals to 'change' their sexual orientation. In order to examine these rhetorical strategies, I will outline the *a priori* assumptions that surround discourses of sexuality and ethics, and specifically, I hope to demonstrate how these discourses are constructed as falling under the remit of science as the arbiter of truth.

My focus on the area of conversion therapy is twofold; first, it is an area of much debate currently within lesbian and gay psychology and in the wider psychological community (e.g., Drescher, 2001; Haldeman, 1999; Halpert, 2000; Spitzer, 2003; Tozer & McClanahan, 1999). Second, the debates between supporters and those opposed to the practice of conversion therapy would appear to be a useful site for examining the ways in which science is constituted as a truth dis-covering enterprise. Thus my intention here is not to weigh in on the debate *per se* (though I will briefly outline the oppressive practices that 'conversion therapy' perpetuates), but rather to sketch out the networks of institutionalised power that shape 'lesbian and gay affirmative psychology' through its reliance upon the discourses of individualism (cf. Kitzinger, 1987).

In seeking to examine the 'rhetoric of pseudoscience' within the debates surrounding conversion therapy, I employ a constructionist approach to understanding social practices. Within this framework social objects (such as sexuality, ethics and science) are understood as being contingent upon their enactment within particular contexts, rather than as representing universal truths (Clarke, 2000). In this way I seek to examine some of the practices that shape sexuality as being located within the body, and thus as an object that can be 'objectively measured' through 'good scientific methods'. My use of social constructionism as a deconstructive practice is also intended to point towards some of the (mis)applications of constructionist theory that are deployed within the conversion therapy debate. In my reading, much of the literature in this area draws upon notions of the 'social construction of homosexuality' in order to argue either for or against conversion therapy, yet in doing so all of the research fails to subject the category sexuality (and more specifically, heterosexuality) to the same analysis. Thus in contrast to Zucker (2003, p. 399-400), who suggests that both 'camps... have often argued that sexual orientation is more fluid than it is fixed', I hope to demonstrate that this position is premised upon a rather misguided reading of social

constructionism. Consequently, rather than taking constructionism as representing a theoretical position, I employ it as a means to better understanding the practices that reify social objects as 'facts'. And it is through this lens that I examine the 'materialisation of sexuality', and the corollary discourses of sameness (i.e., that homosexuality is a 'normal variant of human sexuality') that shape much of the work in the conversion therapy debate. In doing so I seek to demonstrate the limits that are created when we employ the rhetoric of pseudoscience to refute scientific research that produces findings that we disagree with politically, and the possibility for generating alternate understandings of what lesbian and gay identities mean.

### **Conversion therapy and the materialisation of sexuality**

One man [who went through an 'ex-gay' programme] slashed his genitals and poured Drano [caustic cleaning fluid] on his wound. Another man impulsively underwent an incomplete sex-change operation because he believed his sexual desires might receive divine approval were he biologically a woman (Michael, reported in Mills, 1998, p. 8).

Tears rolled down my face... It was true, and I finally knew it. I was whole! I no longer desired men sexually. I was one of them, not their opposite. I didn't need a man to complete me. Yet the irony is, I felt more bonded and connected to men and manhood than I had all of my life (Ben, reported in NARTH, 2002).

The central tenets of conversion therapy are that individuals who are 'conflicted' by their homosexual identity can be assisted in 'recovering' from their 'disorder' by 'learning to be heterosexual' (Nicolosi, 1991). Such an approach focuses predominantly on the reduction of homosexual behaviours, with the aim being to replace such behaviours with those presumed to represent heterosexual behaviours. Conversion therapy is also aimed at assisting clients in repressing same-sex desires, in order to achieve a 'stable heterosexual identity'. Whilst this may seem like a relatively straightforward practice, and indeed it is often positioned by proponents of conversion therapy as being simply a response to the wishes of the client, it may instead be understood as actively constructing homosexuality as pathological, and as reifying the categories of 'sexuality' as reflecting important sites of difference.

Such constructions of homosexuality-as-pathology are evident in the work of (self-termed) 'reparative therapists' working in conjunction with the National Association for Research and Therapy of Homosexuality (NARTH) in the United States. Researchers and practitioners in this area adhere to the (most often unstated) belief that same-sex attractions are pathological, and thus should be subjected to therapeutic interventions aimed at 'curing' them. Whilst seeking to distance themselves from right wing religious groups that advocate for therapy on the basis that 'homosexuality is a sin', it would appear that NARTH draws on similar foundationalist assumptions about same-sex attraction in order to warrant intervention (Bessen, 2003). Thus NARTH

(2002) advocates for an understanding of homosexuality as 'choice', as 'not genetically determined' and therefore as 'open to change'.

Supporters of conversion therapy also make use of a constructionist argument (of sorts) about sexual orientation in order to substantiate their claims. Throckmorton (1998), for example, manages accusations that there 'is no research concerning [sexual orientation] change' (p. 286) by suggesting that the term itself is problematic and difficult to define. In doing so he shifts the focus from the implicit conflation of sexuality with heterosexuality, to examining the changing status of same-sex attraction in the evidence that he provides for the efficacy of conversion therapy. Yet he unwittingly demonstrates the paradox that structures conversion therapy – at the same time as it seeks to challenge the claim that homosexuality is a 'normal variation of human sexuality' (American Psychiatric Association, 1999), it is reliant upon the category 'homosexual' to prop up the boundaries of heterosexuality, and thus reinforce its normative status (Drescher, 2001). This paradox is managed through the construction of sexuality as being located within the body (which is accompanied by the assumption that the normative state of sexuality is heterosexuality), and thus the supposition that non-heterosexual identities deviate from this *a priori* norm.

The debate over appropriate ways to conduct research into the efficacy of conversion therapy is one particular site where sexuality is materialised in psychology (see also Riggs, in-press). Both supporters and opponents of the practice suggest that 'objective evidence' is needed to determine participants' sexuality. In the most recent turn of the debate, Spitzer (2003, p. 412), commenting on his controversial publication supporting conversion therapy, suggests that 'the study would also have greatly benefited by also using *objective measures* of sexual orientation, such as penile or vaginal photoplethysmography'<sup>1</sup> (emphasis added). Similarly, Beckstead (2003, p. 422), in his critique of Spitzer's study concurs that 'phallometry'<sup>2</sup> would be a more reliable and valid measurement of sexual orientation because it distinguishes erotic arousal patterns in men'.

These constructions of sexuality as being located within the body work to reify sexuality as an *a priori* object, and thus to justify research into the possibility of 'changing sexual orientation'. In this way, the materialisation of sexuality works to render 'important' Spitzer's research that finds support for sexual orientation change. In other words, it is because sexuality is taken as a meaningful category (whether it be conceptualised as an immutable essence or as a choice that we make) that any change (or lack of it) is deemed to be evidence for a particular stance on conversion therapy. As I will discuss later, these assumptions about the category of sexuality work to normalise

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<sup>1</sup> Plethysmographic determination is the term used to define the method by 'which the intensity of light reflected from the skin surface and the red cells below is measured to determine the blood volume of the respective area' (<http://cancerweb.ncl.ac.uk/omd/>).

<sup>2</sup> Phallometry is the term given to the measurement of penile circumference and penile volume change following presentation of stimulus, the aim being the assessment of sexual arousal in men.

particular world-views about same-sex identifications, and thus justify the co-option of our identifications within the framework of heteropatriarchy.

### **'Scientific ethics' and the 'rhetoric of pseudoscience'**

Radicals who expose the research of their colleagues as pseudoscientific are conforming precisely to the rules of scientific endeavor and, in arguing that other people are not playing by the rules, they necessarily reinforce the validity of those rules (Kitzinger, 1990, p. 68).

Having briefly outlined the practices of conversion therapy, and pointed towards the underlying assumptions about sexuality that inform them, I now draw upon Celia Kitzinger's (1987; 1990) research on the 'rhetoric of pseudoscience' to examine some of the ways in which recent debates surrounding conversion therapy work to reinforce the hegemony of science. Kitzinger suggests that 'the rhetoric of pseudoscience constitutes an attempt to persuade the reader that certain alleged findings should not be believed' (1990, p. 62). Both advocates and antagonists of conversion therapy employ this rhetorical strategy to counter the claims of their opponents. For example, in a critique of Spitzer's findings of support for the efficacy of conversion therapy, Bancroft (2003, p. 420) states that 'it was not clear how these subjects were recruited, although unquestionably they constitute a highly unrepresentative sample of those who had come under the influence of religion-drive "reparative therapy"'. Hartman (2003, p. 436-437) goes further in suggesting that 'Spitzer relies wholly on self-reporting and on one 45-min telephone interview. That is understandably convenient and cheap, but allows rather easy evasion, distortion and lies', and Worthington (2003, p. 460) summarises Spitzer's 'pseudoscience' by stating that 'Spitzer extended his analysis far beyond the data and drew conclusions that result from faulty, non-scientific logic'. Spitzer (2003) also deploys the rhetoric of pseudoscience in his justification for research into conversion therapy. As a response to the American Psychiatric Association's (1999) statement that 'there is no published scientific evidence' that supports conversion therapy, Spitzer (2003) counters that

If scientific evidence requires a study with randomized assignment of individuals to a treatment condition, reliable and valid assessment of target symptoms before treatment, when treatment is concluded, and at follow-up, then it is certainly true that there are no such studies of reparative therapy. However, the same can be said about many widely used types of psychotherapy, including gay affirmative therapy, whose efficacy has never been subjected to a rigorous study (p. 404).

In doing so, Spitzer preempts critiques of his own work by suggesting that 'gay affirmative therapy' is also lacking in scientific evidence. This ongoing use of a critique of opponents 'pseudoscience' in the conversion therapy debate thus serve the purpose of reifying science as the appropriate

arbiter of 'objective truth' (cf. Kitzinger, 1987). Many of those against conversion therapy have spent considerable time elaborating the need for 'good scientific research' in order to discount conversion therapy (see also Kitzinger, 1995). Besen (2003, p. 241) suggests that 'it is a shame that [Spitzer] did not conduct a rigorous study that embraced objective measures' as it would have allowed for 'his study to examine the effects reparative therapy had on the individuals who took part in it'. Similarly, Tozer and McClanahan (1999, p. 732, citing Slick, 1997) suggest that 'researchers have yet to show conclusively that conversion therapy is indeed harmful'. Whilst they acknowledge that this is a problematic aim, at the same time they affirm that 'other sampling methods [than those that would be 'unethical'] could solicit individuals who have gone through such treatment' (p. 733).

As well as suggesting that all that is needed is good science (i.e., 'objective measures' and 'good methodologies'), many of the commentaries on conversion therapy propose that there are a number of key 'ethical issues' that should be considered in any assessment of conversion therapy.<sup>3</sup> In her discussion of feminist ethics, Laura Brown (1997) suggests that it is precisely the assumption that 'good ethics will save the day' which perpetuates a belief in the 'natural superiority' of science. Brown suggests that such an approach is reliant upon the individualism of psychological ethics in order to make good the claim that an ethical code is sufficient to protect clients from harm. Moreover, this individualistic approach continues to warrant the hierarchal networks of power that shape institutional practices such as psychology (cf. Riggs & Selby, 2003, in relation to the hierarchies that structure psychology as a practice of whiteness/race privilege). Thus as Brown (1997) suggests, the provision of ethical codes to monitor psychologists who practice conversion therapy may be understood as 'merely strategies to silence through cooptation', rather than representing 'genuine attempts to transform the meaning of ethics codes in psychology' (p. 53). As I shall elaborate further on, the tenets of individualism that psychological ethics stand upon work to ignore the sociopolitical context within which debates are located (such as that surrounding conversion therapy; cf. Riggs, 2004).

Additionally, the use of 'scientific ethics' to ward off the potentially detrimental effects of conversion therapy relies upon the acceptance of science as the locus for determining the merits of conversion therapy. This ignores the (ongoing) histories of scientific knowledge, in which science has played a key role in the construction of same-sex attraction as pathological, thus throwing into question the utility of science for challenging such constructions (cf. Clarke, 2000; Mills, 1998). I would suggest, therefore, that rather than engaging in critiques of the ethics of conversion therapy, we need to examine what counts as science, and how this criteria works to make possible certain research questions (cf. Brown, 1997). And finally, a reliance on 'scientific ethics' to counter conversion therapy means that we are expected to take on board the *a priori* assumptions of sexuality that shape the

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<sup>3</sup> A review of the ethical issues that are raised by commentators is beyond the scope of this article, but see Drescher, 2001; Halpert, 2000; Tozer & McClanahan, 1999 for examples.

discourses surrounding conversion therapy, and which continue to co-opt us into the frameworks of heteropatriarchal understandings of sexuality.

### **Discourses of sameness as justificatory practices**

If both choice and determinism can be used to defend gay and lesbian rights, they can equally be deployed against those rights – to damn lesbian and gays as genetic freaks on one hand or moral degenerates on the other (Rahman & Jackson, 1996, p. 122).

In her research on lesbian and gay families, Victoria Clarke (2002a; b) suggests that discourses of sameness (i.e., that same-sex attracted individuals are ‘just like’ heterosexual individuals) work to reinforce heterosexist and gender stereotypical norms. More specifically, Clarke suggests that such discourses of sameness mask the radical challenges that lesbian and gay identifications (and in particular feminist critiques) can present to the hegemony of heterosexuality. Following on from this research, I will now briefly examine some of the ways in which assumptions that ‘homosexuality is a normal variant of human sexuality’ (a position that is promoted by the American Psychiatric Association, [1999]) work to mask the historical location of the category ‘sexuality’ within research on conversion therapy. In so doing I develop some of the critiques of individualism that I outlined in the previous section, and connect this to my analysis of the ‘rhetoric of pseudoscience’ in order to demonstrate some of the foundational assumptions that structure the conversion therapy debate.

In structuring the debate around assumptions of sameness, those opposed to conversion therapy rely upon an implicit individualism that reinforces the hegemonic status of scientific knowledge. This perpetuates an asocial approach to psychological research on two levels: by locating sexuality within the bodies of individual people, and by attributing ‘the bad science’ of conversion therapy to individual ‘evil homophobic scientists’ (cf. Riggs & Selby, 2003). Such positionings fail to locate these people within a range of social contexts that shape their beliefs and experiences. Indeed, more than simply failing to locate the social, these approaches assume ‘the individual’ to be the *a priori* unit that precedes the social (Kitzinger, 1987). Because of this, much of the research and theoretical commentary that seeks to challenge claims to the efficacy of conversion therapy does just the opposite – it reasserts the individual-object-of-science as the key locus for determining the worth of conversion therapy research, and thus, on the whole, fails to adequately explore the historical contingencies that have shaped the social practices that surround discourses of sexuality. For instance, in his discussion of the ‘ethics of conversion therapy’, Halpert (2000, p. 24) suggests that ‘when psychologists attempt to change the sexual orientation of clients they behave unethically. It is detrimental to clients to be led to believe that their sexual orientation is pathological or inferior, and this position is usually attributed to the belief system of the psychologist engaging in conversion therapy’. This particular example demonstrates some of the key assumptions of individualism that inform the conversion therapy debate;

namely, that sexual orientation is located *within individuals*, and that in attempting to 'change the sexual orientation of clients', *individual* psychologists are responsible (as previously suggested).

By perpetuating an individualist approach to psychological research, the sociopolitical contexts within which 'individuals' seek change, and the social practices that shape the beliefs of 'individual psychologists' are ignored. Thus whilst some of the research in this area (including that of Halpert) encourages a critique of systems of exclusion and privilege, and attempts to demonstrate the histories of conversion therapy itself, it stops short of examining to any great extent the role that science as a practice has played in constructing and perpetuating the debate. In this way it is possible for researchers to focus on 'individual change', rather than exploring the practices that render intelligible concepts such as 'sexuality' and 'change'. Thus as Kitzinger (1990) suggests, demonstrating the bad science of other researchers does not equal social change.

Similarly, the continued focus on 'the individual' as the site of scientific research works to mask the networks of power that shape the intelligible subject positions of sexuality in Western society (Kitzinger, 1987; Kitzinger & Wilkinson, 1993). In other words, by relying on the testimonies of individual people who have experienced conversion therapy, or the viewpoints of practitioners and researchers in the area, the privileges that accrue to researchers, and more specifically, to researchers who claim a heterosexual identity, are overlooked in favour of an epistemological position that assumes 'equality between individuals' (cf. Kitzinger, 1987). In much the same way, discourses of sameness (as reifying same-sex attractions as 'a normal variation of *human sexuality*') work to locate same-sex attractions within the realms of heteropatriarchy (c.f., Kitzinger & Coyle, 1995), thus masking heterosexual privilege and constructing sexuality as an *a priori* category (as discussed earlier). As I will now conclude, rather than continuing to reify the individualism of science as a definitive truth, we need to explore alternate ways of conducting research in the area of lesbian and gay psychology.

### **The politics of sexuality - Setting our own agendas**

Research on lesbian and gay parenting... would appear to find a place for lesbian and gay families inside psychology, adding lesbians and gay men into the framework of mainstream psychology without disrupting it... This kind of psychological research is conducted in response to mainstream agendas and not in response to our interests as lesbians and gay men (Clarke, 2002b, p. 110).

Typically, much of the research in the area of lesbian and gay psychology assumes a defensive and apologetic position, the effect being that heterosexuality is continually recentred as the normative position (Clarke, 2002b, Kitzinger, 1987). In addition, there is the issue of politics, and its role within psychological research. Politics are most often understood to be outside of (and indeed a hindrance to) scientific research (e.g., Wakefield,

2003). This supposition thus translates into the construction of psychological research that is critical of heteropatriarchy as being 'radical', 'non-scientific' and therefore not worthy of consideration. Yet, as I have attempted to demonstrate, this position is dependent on the masking of the politics that shape scientific knowledge as a fact-making enterprise. If we are instead to continue to develop research practices that challenge these assumptions, it may be possible to better understand the rhetorical strategies that continue to reinforce the hegemony of science.

In regards to research in the area of lesbian and gay identificatory practices, it is not necessarily the case that we need to discard these categories. Instead, we may focus on redefining the terms 'lesbian and gay' in ways that challenge the *a priori* assumptions that structure sexuality under heteropatriarchy (Riggs, in press). In this way our research need not be rendered complicit with heteropatriarchal assumptions about what classifies as 'sexuality', 'desire' and indeed 'scientific research' (Riggs & Riggs, 2004). Thus rather than continuing to reify the normative categories of sexuality, or to do the opposite – of disposing of the terms altogether, we may define 'identifications' in our own terms – as the outcome of complex histories of oppression and achievement (see also Butler, 1993).

In relation to conversion therapy, then, what is needed is an ongoing focus on the political practices that shape sexuality as a site of difference. How is it that sexuality as a category warrants certain assumptions? How is it dependent upon 'the individual' as a legitimate site in order to materialise bodies? And what does this mean for social change in regards to psychological research? Obviously these questions are above and beyond the scope of this paper, yet at the same time they inform the ways in which we conduct research, and the epistemological positions that we bring to determining what counts as 'good research'. Through the use of a social constructionist approach I have hoped to draw out some of the most often unmarked assumptions that structure the debates surrounding conversion therapy, the goal being the unsettling of science as the legitimate site for determining the outcomes of the debate. Thus rather than attempting to posit an answer to the debate, or arbitrating on how research should be done to resolve it, I have sought to question the nature of the debate itself. Obviously this is not to say that such a position negates the possibility for discussing the oppressive practices that inform the belief in the pathology of homosexuality, but instead it means that we may examine the ways in which the debate gains its status through discourses of sexuality, ethics and science. By doing this we may make possible a more thoroughly situated approach to research that values, rather than ignores, the political.

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Lesbian, gay, and bisexual (LGB) individuals report higher levels of problematic alcohol and substance use than their heterosexual peers. This disparity is linked to the experience of LGB-specific stressors, termed minority stress. Additionally, bisexual individuals show increased rates of psychopathology, including problematic alcohol and substance use, above and beyond lesbian and gay individuals.Â Postgraduate Program in Psychology, Pontifical Catholic University of Rio Grande do Sul, Brazil. Reviewed by. Roberto Baiocco.Â Review of the moderated mediation indicated that there was no significant moderation of sexual orientation on the mediational effects of DERS total score (Index of Moderated Mediation = -0.05, SE [Boot] = 0.05, Bootstrapped 95% CI [-0.17, 0.03]). 1 Seeing Gay and Lesbian People as People. 2 Realizing It's Not a Choice. 3 Changing How You Think About Love. 4 Interacting with Gay and Lesbian People. + Show 1 more - Show less...Â Some gay and lesbian people fit into all the popular stereotypes, some fit into none of them, and most fit into some, but not all. Some straight people "seem gay," and some gay people "seem straight." There is no sure-fire way to tell someone's sexual orientation by looking at them, listening to the way they speak, or watching their mannerisms.Â All tip submissions are carefully reviewed before being published. Submit. Thanks for submitting a tip for review! Support wikiHow's Educational Mission. She is former editor of Lesbian & Gay Psychology Review and editorial board member of the Journal of Gay and Lesbian Psychotherapy. Her current research centres on the management of chronic illness (especially diabetes), understandings of health related technologies (such as neuroimaging techniques), same sex relationships and the intersections of LGBTQ psychologies and critical health psychology. Lesbian & Gay Psychology Review, 5(2): 54-70. Rasmussen, M. L. (2004) The Problem of Coming Out. Theory Into Practice, 43(2): 144-150. Ritter, K. (2006) Insider and outside of the dilemma: Perspectives from a heterosexual ally, academician and clinician. Lesbian & Gay Psychology Review, 7(3): 297-300. Simoni, J. M. (2000) Confronting heterosexism in the teaching of psychology. In B. Greene and G. Croom (Eds), Education, research, and practices in lesbian, gay, bisexual, and transgendered psychology: A resource manual (pp. 74-90). Thousand Oaks, CA: Sage. Smith, T. E. and Yost, M. R. (20