

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 cultururation, 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 hermaphroditism, 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.

Debate 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 assignment which later gets reinforced through socialization and cultururation. 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. Lawrence Hatterer, Dr. Robert Kronmeyer, 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 Kronmeyer (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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