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Biological and Psychological Lens to View LGBT Identities

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Abstract

In attempt to understand LGBT studies, it's important to view it from an interdisciplinary lens. Studies focusing on LGBT people have not been subject of any single discipline with single object of study. The objects to large extend has been lives of LGBT people themselves. Hence, it is important not to isolate their experiences from social and scientific context. This implies that LGBT studies can only be practiced in amalgamation with different disciplines, in particular sociology, anthropology, biology, psychology, literature, law and history. At present in India and in many other cultures, all orientations and behaviours other than heterosexuality have been seen as “unnatural”, “abnormal” or “sinful”. In such a situation it is even more critical to understand Biological and Psychological perspective and theories behind variant sexual orientations, put forward in this paper.

[**Keywords:** LGBT, biological, psychological, sexual orientation]

Biological perspective

Biology indicates what is possible, often, what is pleasurable or painful. But biology does not imply what is proper and improper. Religion, traditions, culture and philosophy guides these judgments. The biological perspective typically has explained human sexuality through reference to research concerning both human biology and sexual behaviour in other species.

Cross-species Sexual behaviour

Biologists have asserted that we might arrive at a “natural” course of sexual behaviour by observing sexual activities among animals. Since animals are incapable of thinking like humans, they are thus unlikely to be influenced by confounding layers of socialization, tradition and belief.

For instance “All male mammals masturbate” (Beach, 1951) and animals also display homosexual behaviours. Female rodents and carnivores are most likely to mount other females when they are in estrus, the time of the month when they can conceive. Females in estrus usually show female mating behaviour in the presence of a male animal. Beach believes that role reversibility “reveals a potential for bisexual behaviour” in these mammals (1976). Chevalier-Skolnikoff agrees with Beach that primates appear capable of displaying both “male” and “female” sexual behaviour pattern. The sexual behaviour of lower animals is highly varied (Chevalier-Skolnikoff, 1976). If we were to accept their behaviours as standard for ourselves, we would probably widely expand rather than limit

the range of human sexual activities to penile-vaginal intercourse leading to reproduction.

Theorizing Origins of Sexual Diversion

There are numerous biological theories that try to explain the origin of homosexuality, bisexuality and transgendered roles in humans.

a) The Genetics of Homosexuality

Over the past hundred and fifty years, volumes have been written in the professional disciplines and literature to explain the roots of one's sexual orientation, particularly if it is homosexual or bisexual. Heterosexuality is assumed to be "normal" and therefore needs no causal explanation. Examination of sexual behaviour and orientation from cross culture, evolutionary and interspecies perspectives bring forth a wide variety of sexual expressions, hence substantiating the non-universal and not natural reasons behind it. Still a lot of work is being done by biologists to discover the root cause of variant sexual orientation.

"Kallmann's (1952) studies with monozygotic (identical) and dizygotic (fraternal) twins were once taken as powerful evidence for genetic influence on sexual orientation. Among 40 pairs of identical twins, Kallmann found 100 per cent concordance rate for homosexuality. Among fraternal twins, only 57.7 per cent of the probands of homosexuals were exclusively heterosexuals. In Kallmann's report, siblings with an identical genetic code in variably shared the homosexual orientation." (Frederick L. Whitam, 1993)

However, more recent studies (Parker, 1964; Zuger, 1976; McConaghy & Blaszczyński, 1980) have failed to replicate Kallmann's extremely high concordance rate.

b) Hormonal Imbalance and Homosexuality

Mating behaviour among lower animals can be modified through hormonal treatment, leading a number of investigators to theorize that hormonal "imbalance" may play a role in human sexual orientation. A study at the Masters and Johnson Institute (Maurice Philip Feldman, 1980) studied 30 homosexual male students who showed lower sperm counts and testosterone level than a reference group of heterosexual students. Six studies run since that time found no difference in testosterone levels between the groups. A similar study report by Loraine in 1971 stated lower than normal estrogen and higher than normal androgen level in the urine of four lesbians (Maurice Philip Feldman, 1980) However, more recent studies have found sex hormones at normal levels among the great majority of lesbians (Diamond, 2008). Thus it can be concluded that these differences could result from rather than cause the various sexual orientations and hence are invalid to be stated as the cause for variant sexual orientation.

Money (1971) stated that prenatal sex hormones can masculinize or feminize the brain. Hormonal imbalance in the mother, especially during the early months of pregnancy, may create a predisposition towards homosexuality in the embryo or foetus (A A Ehrhardt, 1979).

Feldman and MacCulloch (1971) presented a theory that straddles biological and psychological approaches. They argued that there are “primary” and “secondary” homosexuals. Primary homosexuals have never responded to heterosexual stimulation. Secondary homosexuals may have had numerous heterosexual contacts. They suggested that the brain of primary but not secondary homosexuals were “preset” towards homosexuality by prenatal sex hormones (Maurice Philip Feldman, 1980).

Simon LeVay’s 1991 research where he examined the brain of forty-one men and women, many of them were gay men who died of AIDS, and included no lesbian women in his research sample stated- the hypothalamus, the part of the brain that produce sexual feelings is much smaller in gay men than in straight men. As a result he argued that gay men may after all be born rather than made i.e. homosexuality and heterosexuality is biological, perhaps innate, rather than social and cultural (LeVay, 1993). Sexologists later made a very important point by dividing homosexual men and women into those who were congenitally inverted (born with the condition) and those whose homosexuality was acquired (Garber, 2000) While liberal opinions and support for the former group, the latter could often be seen as deviant, led astray and potentially recoverable for heterosexuality. Michael Biley and Richard Pillard in one study, Dean H. Hamer and associates at the National Cancer Institute in other gave the gay gene. Hamer’s investigation, gay brothers and determined that identical pieces of the end tips of the X chromosome (inherited from the mother) appeared in thirty-three pairs to predispose them genetically to homosexuality. He identified a genetic marker, known as Xq28, appeared to influence male sexual attraction on the X chromosome. Adding on to his research Hamer said that it would be unethical to assess or alter a person’s current or future sexual orientation and if his theory gained popularity parents would want to know sexual orientation of the child even before birth and even try to get it altered by getting the gay gene removed (Garber, 2000).

Overview of Intersected Individuals

Only XX or XY chromosome arrangement is considered normative genetic sex in our culture. There are, however, a number of other X and Y combinations that do occur. Three of the most common are Turner’s Syndrome, Klinefelter’s Syndrome, and XYY Syndrome (formerly known as Super Syndrome).

Turner’s Syndrome represented by an X or XO combination, occurs in about 1/4000 live births. These individuals often have number of sever physiological problems and frequently die in their twenties. They are sterile, have incomplete or rudimentary ovaries, uterus, fallopian tube, a blind vagina that may be corrected surgically and immature post pubertal external genitalia, are often short, and have webbed neck or fingers (Money and Ehrhardt, 1972).

Klinefelter’s Syndrome, represented chromosomally as XXY, occurs in about 1/500 to 1/1000 live births. Such individuals have an essential male phenotype. They are sterile and tend to have underdeveloped primary and secondary sex characteristics. Atrophied testicles produce low level of testosterone, frequently resulting in gynecomastia, or breast enlargement, low libido, problems with erectile ability and more fat than muscular mass

per overall body composition. In essence, both male and female secondary sex characteristics appear.

The XYY Syndrome receive attention because of the alleged aggressive and physically violent tendencies due to the extra Y chromosome, produce not only taller and more muscular than XY males, but who also have a greater propensity for acting out violently (Allgeier and Allgeier, 1991). 50 per cent of these individuals are sterile and rest fertile XYY males do not appear to be more likely to produce XYY sons than XY males. Other prenatal differentiations are Congenital Adrenal Hyperplasia (CAH), Androgen Insensitivity Syndrome (AIS), Ovotestes (formerly called true Hermaphrodites), but are rarely found (Whelehan, 2009).

These syndromes are believed to occur randomly. Our society relies heavily on genetic, hormonal and phenotypically sex characteristics to assign gender identity and gender role therefore, Hijras in India, Mahu in Hawaii, Xanith in Oman and Nadle among the Navajo are never accepted as equals.

Causes for the existence and expression of transsexual identity

The father of the study of transsexualism, Dr. Harry Benjamin (1966) favoured biogenic variables, even in those cases where socialization may have clearly been a factor. Researchers have focused their energies on several biogenic variables including chromosomal, hormonal and brain dimorphisms, although no clear correlation could be seen. Transsexuals have found to have 'normal' hormonal profile and chromosome level when matched to heterosexuals. Cohen-Kettenis and Gooren, 2000; Zhou and colleagues (1995) examined the brain of homosexual men, heterosexual men and women and six male-to-female transsexuals. They found that male Bed nucleus of the Stria Terminalis (BSTc) i.e. is a structure in the brain consisting of a band of fibers running along the lateral margin of the ventricular surface of the thalamus were larger in male than female and that the male-to-female transsexuals BSTc were within the size range for females, but was only 52 per cent of the volume of the BSTc in heterosexuals men and 46 per cent of homosexual men. Hence, the size of BSTc can possibly be a reason behind transsexual identity. However, since this research is in its infancy, it is not known when BSTc difference appears in individuals, and further evidence may support possible long-term exposure to specific hormones as influencing the variable. The etiology of the transsexual identity remains majorly undetermined. Although there is a strong support among some researchers for atypical socialization variable, other research indicates the potential for a fetal hormonal atypicality or other biogenic factors.

Simon LeVay noted, that people were more tolerant of homosexuals and bisexuals when they thought they "were born that way" than when they thought it was a "lifestyle choice." The advantage of grounding sexuality in biology was to prove that variant sexual orientation was innate rather than chosen, genetic rather than optional and capricious, biological rather than behavioural (LeVay, 1993).

Given that we spend little time in explaining the cause and desire to be heterosexual, the amount of energy invested in explaining homosexuality is a clear

indication of our cultural discomfort with the topic, the narrowness of our range of culturally acceptable sexual orientation and behaviour, and our continuing value on sex for reproduction. Theories explained above assume some level of “unnaturalness” about homosexuality, and tend to be more explanatory to male (gay) than female (lesbian) homosexuality. Biological theories tend to focus on prenatal and/or postnatal determinants which are inconsistent and inconclusive (Maurice Philip Feldman, 1980). The weakness of many biological based theories include a homophobic bias, their research –admitted inconsistency, the post hoc nature of the explanation, their androcentric or male oriented bias, and non-recognition of homosexuality as an intra-and interspecies-wide behaviour. (Maurice Philip Feldman,1980). We know very little about the causes of sexual orientation in general. The controversial nature of biological theories about causes of homosexuality may feed the belief that homosexuality is unnatural or deviant. It is extremely important that we maintain a relativistic stance and regard sexual minorities as evidence of our human variability. Keeping this view in mind Olympic Games suspended gender verification tests in 2000, after enough evidence had emerged that “atypical chromosomal variations” are far too common(Express, 2012).

Psychological perspective

Psychology was one of the first scientific disciplines to become involved in the study of variant sexuality. Since its early involvement, both the perspective of and the attention to differential sexual orientation have developed within psychology in several respects. In beginning, a pathological approach was dominant. Subsequently, extensive research has been carried out to prove the normality of LGBTs and to criticize heterosexual assumptions within psychology (Theo Sandfort (Editor), 2000). Psychological research into sexual diversity can be divided into the following categories

Tracing the causes and existence of sexual minority

The first psychological theories about homosexuality dealt with its origin and were developed from the middle of the nineteenth century and its early twentieth century by writers such as Ulrich and Hirschfeld (G.Hekma, 1994). Psychologists, independently or in collaboration with professionals from other disciplines such as endocrinology and genetics, looked for a variety of causes. These studies applied either a psychoanalytic or social learning perspective or studied factors such as parental background, parenting style, family constellations, birth order, sibling sex ratio, parental age. Sex-role enforcement, gender non-conforming behaviour and sexual abuse experiences in childhood.

Virtually nothing was known about the prevalence of homosexuality until 1948, when Alfred C.Kinsey and his associates shocked the world by presenting evidence that homosexuality and heterosexuality are not dichotomous rather continuum. On the basis of interview with 5,300 American males, Kinsey reported that 37 per cent of his male sample had had at least one homosexual experience to orgasm after the onset of adolescence, while data on women indicated much lower incidence of homosexual

experience-only 13 per cent (Alfred Charles Kinsey, 1948). Kinsey's report has been criticized on a number of points most important being the fact that he did not segregate between sexual role and sexual behaviour. Other psychological perspectives on sexual minority include:

Psychoanalytic views

It clearly suggests that children enter the world polymorphously perverse. Prior to internalizing social inhibition, children are open to all forms of sexual stimulation. According to Sigmund Freud a girl who does not resolve her penis envy may "manifest homosexuality" and exhibit markedly masculine traits, choose a masculine vocation. A boy who does not properly resolve the Oedipus complex may sexually identify with the mother and even be effeminate. Freud had speculated that women may desire fellatio and men may desire another's penis as they might be fixated to oral stage. Another explanation, at least for anal intercourse, is that some men are fixated in the anal stage. As a liberal thinker in many ways, Freud wrote that homosexuality is not a vice, nothing "to be ashamed of". In noting that homosexuality "cannot be classified as an illness" Freud foreshadowed a 1973 decision of the American Psychiatric Association. Psychoanalyst Irving Bieber (1962) claimed to find a "classic" pattern of a dominant mother and a passive father among 106 gay males. The parents were often unhappy and lead to "close-binding" relation between the mother and the son. "Maternal close-binding intimacy and paternal detachment-hostility is the classic pattern and most conducive to promote homosexuality". The classic pattern creates heterophobia or fear of contact, especially coitus, with the opposite sex. Kinsey Institute found that the role of parent-child relationship in the development of homo/bisexuality was grossly exaggerated and in particular that the connection between boys and their mothers is in significant. Parent-child relations were only weakly linked to development of a diverse sexual orientation (Richard R. Bootzin, 1988).

Probably because of the lack of convincing result and the subjects not being able to represent well-adjusted LGBTs, as all were in analysis, psychological research into the origins of such variant sexual orientation is becoming rare. This could also because the biological approach, offering some support for both genetic and prenatal hormonal explanations, seems more encouraging.

Social Learning views

Social learning theorists refer to conditioning and observational learning and not on unconscious like Psychoanalysts. According to the principles of classical conditioning, a child may learn to become sexually aroused by stimuli that have brought sexual pleasure in the past. Thus, enjoyable homosexual encounters may condition the child to seek same sex partner. Similarly, pain, anxiety, or threat of social disapproval may lead the child to respond to homoerotic stimulation with anxiety. According to operant conditioning, children learn to repeat activities that are pleasant or that permit to escape punishment or anxiety. If sexual motivation is high and the only outlets are homosexual, as has been the case during adolescence of students of same sex schools, people may experiment with these outlets. If these experiments are reinforced by pleasure, they may become habitual.

Through observational learning also one can learn sexually diverse behaviour and The Humanistic-Existential perspective has been in fore-front of the movement to recognize sexual variance as potentially valid form of sexual expression (Richard R. Bootzin, 1988).

Anti-Sexual variance attitudes and attempt to change them

One of the major topics in psychological research is people's attitudes towards sexually diverse individuals; various labels, such as homophobia, anti-homosexuals sentiments, anti-gay prejudice and homonegativity are applied. Studies have most often focused on attitudes towards gay men, studies that specifically focus on attitudes towards lesbians, bisexuals and transgender are rare (B.E.Whitley, 1998)

In the classical approach, studies tried to identify demographic, social and psychological correlations of 'anti-homosexual' attitudes. Less favourable attitudes are more or less systematically found to be more prevalent among men than women, older people than young, among less educated and religious people, and people who live in rural rather than urban area (B.E.Whitley, 1998).

Psychological functioning

The first studies assessing the psychological functioning of sexually variant people focused on the mental health status. Aim was to challenge the generally accepted idea that being LGBT is a mental disease. The classical example in this approach is Evelyn Hooker's study (1957), in which she let professional blindly judge the responses of homosexual and heterosexual men to various projective tests. She found that these professionals were unable to distinguish between the two groups and concluded that the groups did not differ in their level of psychological adjustment. 'The issue of whether sexual variance per se is a sign of psychopathology, psychological maladjustment or disturbance has been answered and the answer is NO' (J.D.Weinrich, 1991).

Acknowledging the socially oppressive climate, 'self-esteem' has been a central concept in research among LGBT studies since the early 1970s. Several studies looked at intended and attempted suicide in LGBTs particularly in relation to coming out process. Since suicide rate differs widely between countries, these figures naturally can't be generalised. Studies supporting problematic drinking can be seen as an effect rather than cause of sexual variance (B.R.S.Rosser, 1996).

Becoming and being LGBT

Most studies into the process of coming out are based on the retrospective accounts of people who self-identify as gay, lesbian, bisexual or transgender. Based on these researches various models have come up describing the stages people go through.

- i. Awareness of being different from peers i.e. Sensitization.
- ii. People start to question their sexual identity i.e. Identity Confusion.
- iii. Subsequently they start to explore practically the options of being LGBT and learn to deal with the stigma i.e. Identity Assumption.

- iv. In the final stage, they integrate their sexual desires into a positive understanding of self-i.e. Commitment.

Rust (1993) concluded that coming out is not a linear, goal-oriented, developmental process, but continues during maturity and takes place in a changing social context (P.C.Rust, 1993). There are cases where individuals do not accept one's variant sexuality. Jordan and Deluty (1998) showed in a study, that disclosure of sexual orientation was negatively related to anxiety and positively to self-esteem and levels of social support (R.H.Deluti, 1998).

Treatment of Sexual diversion

LGBTs experience the full range of adjustment problems encountered by heterosexuals. They also feel social pressure at work, at home and in society at large and they might locate psychologists, social workers etc. Only very few LGBTs seek treatment to change their sexual orientation. Professionals have tried to help LGBT clients change their orientation in a variety of ways. A number of horror stories have emerged concerning "intervention" like castration, shock therapy to shamans, mystics, hormonal treatments and psychosurgery have been practiced on sexual minority of our country. There is no evidence that they were effective. Here is an overview of some psychological efforts to help LGBTs who wished to change their orientation (Richard R. Bootzin, 1988).

Psychotherapy

Psychotherapy usually tries to provide clients with insights into the conflicts that are presumed to underlie sexual diversion. Psychoanalysts may thus attempt to help client "get in touch" with their reaction to the events of the phallic period. Psychoanalysts help gays or bisexuals to express feelings about their mother (often presumed to be "close-binding") and father (presumed to be detached and hostile). Recognition of Oedipal conflicts may help the client reduce the castration anxiety that is assumed to be linked to wishes for sexual contact with women. Lesbians, similarly, would be encouraged to recall and express feelings of penis envy, jealousy of male siblings and playmates and hostility towards the mother. These psychoanalytic assumptions are fraught with problems. Freud himself despaired at the thought of helping homosexuals modify their orientations.

Behaviour Therapy

Behaviour therapy applied principles of learning to help people modify problems behaviour. It is usually presumed that LGBT reflect conditioned preferences and that what was learned can be unlearned. From social learning view, homosexuals are sexually aroused by homoerotic stimuli and inadequately aroused by heteroerotic stimuli. Therapists seek directly to reverse this pattern by different approaches including pairing homoerotic stimuli with electric shock for example (Maurice Philip Feldman, 1980). Thus, it was assumed that anxiety became linked to images of nude males (for gays) and that the behaviour of switching to an image of a female was reinforced by reduction of this anxiety. This approach is reported to have about a 60 per cent success rate in one-year follow-ups. Other approaches include Systematic desensitization, where clients may gradually overcome the fear of approaching the opposite sex by relaxing in a reclining

chair and viewing slides of heterosexual interaction. In a Modelling approach, the therapists or a group member may demonstrate dating skills which the client then imitates. It is important that early approach to the opposite sex be reinforced. The Masters and Johnson (1979) use this behaviour approach where the partner is supposed to bring their own partner and the client learns to give and receive pleasure in a heterosexual relationship without pressure to perform. Sensate focus then extends to the genitals and any fear of the anatomic feature of the opposite sex is gradually extinguished. Only then is coitus undertaken. A positive feature of this behavioural approach is that no effort is made to link the thought of homo/bi sexual contact with anxiety.

A very crucial question to be asked at this junction is Should We Treat Sexually Diverse Individuals? In an article called “Homosexuality, The Ethical Challenge”, psychologist Gerald Davison (1976) argued that it is unethical to help LGBTs change their sexual orientation, even when they request help in doing so. LGBTs do not choose their orientations any more than heterosexuals do. Thus, they would not request a change if they had not encountered discrimination in the social and business world. LGBTs could only make free choice to change their orientations in a society devoid of prejudices and the entire community will be happy with their orientation in a non-prejudiced society. Assisting LGBTs to change their orientations justifies the prejudice against them. Thus, they must be offered “treatment” other than changes in sexual orientation.

Sexual Diversity and Mental Health Establishment

Society’s picture of the sexually variant individuals includes an image of furtiveness, of tortured secrecy. There is obvious truth to this stereotype. After all, they have commonly been rejected by their families, fired from jobs and beaten when their sexual orientation came to light. This situation can make a person acutely unhappy. But it can also lead to responses that are not only healthy but sometimes unusually satisfying. Two main aspects of their mental health establishment are:

a. *Adjustment of LGBT*: By and large, it seems that LGBTs are about as well adjusted as heterosexuals. Homosexuals in the military (Wayne et al., 1947) and among the general population could not be differentiated from heterosexuals by their responses to psychological test that measures adjustment, needs and the accuracy of social perceptions. Saghir and Robins (1973) could not distinguish gay males from heterosexuals in terms of anxiety, depression and psychosomatic complaints like headaches and ulcers (Saghir, 1973). Siegelman concluded that the similarities in adjustment between heterosexual women and lesbians, but lesbians are more self-accepting and goal-directed. All in all, it seems that differences in adjustment are more likely to reflect the life style of the homosexual than the sexual orientation.

b. *Is sexual diversity a mental illness?*

LGBT may be reasonably well adjusted, but is diverse sexuality itself a “mental illness”? Behaviours like the following lead professionals to conclude that one may be mentally ill: unusual, socially unacceptable, dangerous, or self-defeating behaviour, faulty

perception or interpretation of reality and signs of personal distress (Spencer A. Rathus, 1991)

How does LGBT behaviour stack up against these criteria? Sexual diversion is unusual relative to heterosexuality-but so is genius and great musical talent. Is Sexual diversion socially unacceptable? That is up to us. Few would link faulty perception to Sexual diversion. Is Sexual diversion dangerous? Few LGBT force sexual attention on others and homo/bisexuality is no more contagious than heterosexuality and another research states that eighty per cent of child molesters are heterosexual. Is Sexual diversion self-defeating? The answer is only when society punishes LGBT. Do Sexually diverse experience personal distress? Many people who suffer prejudice experience personal distress. Still, LGBT are generally as well adjusted, for better or worse, as the rest of the population. Thus homosexuality and heterosexuality may be separate personality dimension rather than opposite ends of one continuum.

The trend towards a more tolerant view towards sexual minorities is reflected in official psychiatric nomenclature. In the first six printings, DSM-II (The Diagnostic and Statistical Manual of Mental Disorder is published by the American /psychiatric Association and is the handbook used most often in diagnosing mental disorder) listed homo/bisexuality as a “sexual disorder” along with paedophilia, fetishism, sadism and so forth. Then in 1973, the board of trustees of American Psychiatric Association voted to drop it from the list. Homosexuality, they wrote in their report, was “a normal form of sexual life” (1974). In 1980, the diagnosis of “Transsexualism” was introduced in the DSM-III and in 1994 was replaced with the nomenclature Gender Identity Disorder (GID) (Richard R. Bootzin, 1988).

Recently, after the historic Supreme Court judgment on Section 377 of Indian Penal Code, Indian Psychiatric Society declared that “homosexuality is not a mental illness”. A joint statement was issued by Dr. T.V Asokan, President and Dr. N. N. Raju, the General Secretary of IPS on their website, “Based on existing scientific evidence and good practice guidelines from the field of psychiatry, Indian Psychiatric Society would like to state that there is no evidence to substantiate the belief that homosexuality is a mental illness or a disease. IPS will issue a more detailed statement in due course of time.”

Hence it is important to understand that as a group, LGBTs are as well-adjusted as heterosexuals. Numerous attempts have been made to help requesting LGBTs to change their orientation but medical treatments have failed to generate final and permanent success. Thus psychologists have to broaden their horizon, once working in the fields of sexual diversity and realize that being sexually diverse does not make someone mentally ill. In some studies the basic assumption of LGBT, as such is even implied to be the explanation for differences found from heterosexual groups. Scrutinizing this assumption will help to determine the direction in which LGBT studies should develop further and it's important to keep in mind that since there is no inventory of all LGBT people from which random samples can be drawn, researches are usually dependent on convenient sampling, leading to both deflated as well as inflated images of reality. But it is really crucial to

reconstruct the emancipatory nature of LGBT studies, which will not survive for long if chained in the stringent divides of disciplines.

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