

by the Thornhills, and absence of reference by the Shields, indicates a greater commitment to theory than to data (Lenington 1985).

Harding (1985) outlines data purported to represent the level of male fitness attained by rape. Starting with a theoretical number of 1000 attempted rape cases, eliminating all segments of the population that would not be able to successfully reproduce (i.e., those too young or old, those during the infertile period of their cycles, etc.), the author comes up with a figure of 1.6 viable pregnancies out of the 1000 attempted rapes. Harding states that a figure of 0.16 percent rate of pregnancy can hardly be construed as a successful reproductive behaviour for rapists. For fitness to be accurately measured, the surviving offspring would have to attract mates and reproduce.

CONCLUSION

In conclusion, one can see that Wilson's work of 1975 has spawned a great deal of research and theorizing on the subject of rape within sociobiology. More specifically, Shields and Shields (1983) and Thornhill and Thornhill (1983) have extrapolated the research on animal 'rape' and applied it to humans. A critical analysis indicates that, through re-interpretation and re-definition, they have adjusted the data to fit their theories, rather than revise their theories in light of contradictory information.

SCIENCE FICTIONS AND FAIRY TALES: Narratives of Cure and Fulfilment in Homosexuality Research

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ABSTRACT

The interpretive concept of narrative, as outlined in some recent anthropological writings, is applied to 'scientific research' in the journal, *Archives of Sexual Behaviour*, in order to explain why the nature of research into homosexuality in the journal has undergone a radical transformation since 1983.

RÉSUMÉ

Le concept interprétif de la narrative, tel qu'élaboré dans plusieurs documents anthropologiques récents, est appliqué à la 'recherche scientifique' dans le journal *Archives of Sexual Behaviour*, afin d'expliquer pourquoi la nature de la recherche sur l'homosexualité dans ce journal a été radicalement transformée depuis 1983.

INTRODUCTION

From time to time events conform with one another in such a way that those caught up in them have no choice but to be swept along in their current, and be transported to wherever some ethereal other has predestined. These events do not necessarily "conform against" in the Shakespearean sense. Rather, they sometimes become the catalyst for something truly enriching and enlightening. This paper represents just such a conformity for me; the confluence of two independent streams of interest. The first is my recent, and long overdue, interest in the contemporary textual controversies in anthropology. The other was made apparent to me while pursuing research on orgasm in the journal, *Archives of Sexual Behaviour*. While flipping through the various volumes in search of information about orgasm, I became aware of certain patterns in the research on homosexuality. All of this research had to do with 'helping' homosexuals. But help them to do what? That became the significant question.

In the earlier volumes of the journal 'helping' meant attempting to find a cause, and subsequently a cure, for homosexuality. At a very distinct point, 1983, the nature of the research changed, however, to helping homosexuals cope with life in a largely 'non-homosexual' society. What was so surprising was that the shift in research was so radical and pervasive that it was apparent even to someone who had, at the time, a strictly peripheral view of the issue.

That there should be a story behind the genesis of this paper is not surprising as its focus is story, or more precisely, narrative. Over the last two decades in anthropology it has become insufficient to interpret cultures relativistically, in their own context. With the realization that research in anthropology is directed by our own cultural biases, some anthropological writers have directed our interests towards how anthropological research is understood in terms of our own cultural 'texts', the stories that we tell about other people, and about ourselves (Bennett 1989; Bruner 1985; Cicourel 1985; Clifford 1986; Marcus and Cushman

1982; Rabinow 1986). This paper examines the interpretive concept of narrative as it has been recently examined in the anthropological literature, discusses the application of this concept to 'science' research, and shows how narratives have underlain research into homosexuality presented in the journal *Archives of Sexual Behaviour*. Finally, the context of who controls the narratives (domination), who and how the narratives control (exploitation), and how power relations influence the "identity of individuals and groups" (Rabinow 1986:260) will be explored.

ETHNOGRAPHY: TEXT, FICTION, AND NARRATIVE

Geertz (1973:15) suggests that ethnographic writings are fictions, not in the sense that they are lies, but rather in the sense that they are constructed by the ethnographer, and are a story told by the anthropologist about the society being studied. Edward Bruner goes even further and suggests that anthropological writing and, in fact, any discourse, is guided by "implicit narrative structures" (1985:139). These narrative structures establish what topics we study, what we consider to be data, and how we interpret that data (*ibid*:147). These narratives reflect our own social milieu more than some cultural 'other', directing how the anthropologist constructs his or her ethnographic fiction (Crapanzano 1986:74).

The interpretive 'school' of anthropology, as Geertz and others who follow the 'ethnography as fiction' concept are called, has attempted to address the problem of "how anthropology produces and legitimates its knowledge" (Morris 1990:4). The question concerns how one decides what is a proper interpretation of a different culture, or even what is a proper way to examine our own culture, and seeks to know what gives any interpretation its "ethnographic authority". In an interesting paradox, authority is bestowed upon the author by the very assertion that what follows is simply the truth as the anthropologist can tell it, full as the ethnography is of personal bias and preconceptions. This explicit confession is seen as a positive step of analysis as each ethnographic fiction is an experiment in anthropological interpretation (Marcus and Cushman 1982:38-9), and as such there can be no hope for any final, conclusive statement. Each new social milieu must formulate its own texts, its own ethnographies, as new social determinants modify meanings in the anthropologist's own society (Bennett 1989:71). Ethnographic authority, then, is a function of non-authoritativeness, or a lack of finality. It is only what the ethnographer can tell us, within the confines of his/her own conceptual framework.

The concept of narrative as interpretive tool has gained acceptance among some anthropologists for a number of reasons. For one, it fully embraces the idea of historicism (the construction of the past, present, and future of the people being studied) in anthropology. Anthropologists can only study a culture in its present, as the ethnographer experiences it. That present, however, must be situated in a time frame bounded by both past and future (Bruner 1985:141). If anthropology is the study of cultures and the meanings of their interactions, symbols, and so forth, and "meanings are revalued as they are practically enacted" (Sahlins 1985:vii), then the concept of historicism is necessary to understand how the present cultural meanings developed and what they eventually may become.

However, anthropologists do not simply examine the present meanings and "reconstruct the past and anticipate the future" (Bruner 1985:142). Rather, they begin with a narrative framework that contains a beginning and an end that "frame and hence enable us to interpret the present" (ibid:142). Bruner's examination of the narrative structures implicit in the interpretation of Native North American cultures, for instance, demonstrates the presumptions and conclusions that had been made long before the data had been collected or examined. He also argues convincingly for a sudden and radical shift in the interpretive narrative structure from one of glorious past, present disorganization, and future assimilation to a new narrative of the past as exploitation, the present as resistance, and the future as "ethnic resurgence" (ibid:139). The most important things to note about these master narratives are their complete pervasiveness through its era of predominance, the suddenness of its change, and its almost complete extermination of the old narrative.

The concept of narrative can be effectively applied to 'scientific' research as well. A paradigm, according to Kuhn, has two characteristics: that new ideas are sufficiently unprecedented to attract "an enduring group of adherents away from competing modes of scientific activity" (1962:10), and that it is sufficiently open-ended to allow for numerous problems to be redefined and solved. Where the difference lies between paradigm and narrative, however, is that under the umbrella of paradigm, redefined problems are still formulated under an old conception of what the proper problems are.

We can explore the difference between narrative and paradigm by comparing theoretical changes in anthropology and psychology. Although anthropology went through numerous transformations of theory during this century (i.e., Boasian Historical-Particularism, Structural-Functionalism, Cultural Materialism, etc.) the concept that native North American culture was on the decline and headed for certain acculturation still held sway (Bruner 1985:139). Despite these transformations in theory

the inevitability of acculturation was not questioned. In a similar way, psychologists have developed various methods for the 'treatment' of homosexuality. Implicit in this, however, is the idea that homosexuality can and should be cured. The modes and methods of psychology changed, but the underlying message about homosexuality had not.

Kuhn's model of 'normal science' presents paradigms as a unified body of ideas under which individual scientists carry out their research (Kuhn 1962:10). Eventually, however, some research concludes with anomalous results that do not fit the standard. Normal science has "a built-in mechanism" that relaxes the restrictive boundaries of the paradigm whenever these anomalies appear (ibid:24). Shifts in the paradigms are the result of an accumulation of anomalous results that the paradigm can no longer "evade". As these anomalies accumulate they cause the old paradigm to collapse under their weight, and a new paradigm is built that can accommodate them (ibid:6). As these new interpretive paradigms emerge they "attract most of the next generations' practitioners", causing the older school of thought eventually and gradually to disappear (ibid:18). This model of paradigm shift, however, is inadequate and does not represent the way shifts occur in science research. An examination of the literature will show why.

NARRATIVITY IN RESEARCH ON HOMOSEXUALITY

The research conducted in the area of homosexuality and published in the *Archives of Sexual Behaviour* presents an opportunity to witness not only the changing of narratives in a field of research, but also to observe the necessary process of negotiation by which any new dominant narrative emerges. Before we can discuss the transition from one narrative to the other, we must first identify the genesis and structure of the first narrative.

Homosexuality as a classification, and the classificatory homosexual, are inventions of the late nineteenth century and the medicalization of what were seen as a wide range of social ills. In this period, advances in medicine and industrial technology "brought into being a large public constituency for ambitious scientists who sought to create a scientifically based and scientifically directed culture purged" of a variety of social problems (Greenberg 1988:402-403). What were regarded as social problems or, more precisely, what was regarded as socially acceptable, was determined by those who controlled the medical profession (Foucault 1978:30). As this was overwhelmingly the domain of middle class males,

whatever was regarded as normal by that class became the normative behaviour expected (and subsequently demanded) of all people. As the middle class became dominant socially, and as scientifically inclined physicians were imbued with greater power and authority, their middle class morality, the product of Old and New Testament dogma, grew into the norms under which scientific research was carried out.

Until the advent of the normative science of medicine, homosexuality was not viewed as a pathology. The specific means of the physical expression of homosexual relationships (i.e., oral-genital sex, anal intercourse) were, in a large number of societies, illegal and punishable by law. However, these activities were illegal in heterosexual relationships as well, and were unacceptable not because of their association with homosexuals, but because they did not conform to the Judeo-Christian sexual ethics prevalent in these societies. Such activities in both homosexuals and heterosexuals were viewed as moral deficiency, signs of religious transgression, collusion with the devil, and other assorted canonical infractions (Greenberg 1988:305-312; St. Christian per. comm.).

With the advent of a medical definition of proper social behaviour, however, homosexual activity fell, and was medically classified as being, outside the realm of 'normal' sexual response. Prior to this anyone who engaged in homosexual activity was transgressing moral prohibitions. The question of psychological (medical) peace of mind was irrelevant, and with it the question of sexual orientation contentment (St. Christian per. comm.). With the medicalization of homosexual activity, however, it became something of which people should rid themselves and, if they could not, or would not, then they ought to be relocated from the population in general, into restricted and monitored institutions (Foucault 1978:4).

Hence the narrative of 'homosexuality as disease' emerged. The story goes something like this: in the past homosexuals have suffered because of their confused sexual orientation. Homosexuality has a cause: once determined, the task of the present is to define a treatment. In the end (the future), the powers of science will prevail and rid the poor sufferer of his or her terrible burden. The narrative held sway through the end of the nineteenth century and through most of the present century. As recently as 1972 the *Diagnostic and Statistical Manual (DSM-II)* of the American Psychiatric Association still listed homosexuality as a sexual deviation that was amenable both to diagnosis and cure (Davison and Neale 1982:363).

This old narrative is evident in the research on homosexuality reported in *Archives of Sexual Behaviour* by the use of terms such as "disease", "disturbance", and "treatment" (cf Acosta 1975; Canton-Dutari 1974; Phillips et al. 1976; Whitam 1980), by the connection of homosexuality to and with other diagnosable pathologies and socially unacceptable behaviour such as pornography, paranoid elusions, and schizophrenia (cf Bobys and Laner 1979; Goldstein et al. 1971; Lester 1975; Rossi and Terraciano 1971), and by its efforts to draw cause-effect relationships between homosexuality and biology (cf Perkins 1981; Pillard et al. 1974).

THE NEGOTIATION AND EMERGENCE OF THE NEW NARRATIVE

Since the 1950s homosexual men and women have been insisting that their chosen sexual orientation is not an (innate) pathology. 'Coming out of the closet' was not simply an admission of sexual behaviour, but rather an expression of preference. The 'sexual revolution' of the late 1960s and early 1970s, however, was the catalyst for the negotiation of a new narrative. Heterosexual pre-marital sexual relations, and multiple, non-exclusive sexual relations were presented as open choices in sexual expression, and this dissatisfaction with the conceptualization of heterosexual behaviour was joined by the increasingly militant homosexual community (Greenberg 1988:458). For nearly a century, homosexuals had been defined, classified, tested, and physically and psychologically poked and prodded in an attempt by heterosexual doctors to cure them of something that homosexuals had not complained about; that is until these doctors told them that they were deviant. If Hall's (1976:6) contention that "powerlessness and lack of self-affirmation lead to aggression" is correct, then it is no surprise that eventually homosexuals became aggressive about sexual choices, both intellectually and politically. Homosexual men and women began to resist, openly, the classification of deviance that had been applied to them, and attempted to renegotiate the narrative concerning their sexual orientation. The new narrative told of past repression and attempted extermination of their sexual orientation. The present, however, is a time for liberation from their shackles of "dysfunction". In the future there will be a homosexual community that will be accepted by and integrated into society.

One way in which they attempted to affect this change was through the lobbying of the American Psychiatric Association. In 1973 the DSM-II was modified, and 'homosexuality' as a pathology was replaced with "Sexual Orientation Disturbance". Though not entirely a satisfactory

victory for the homosexual community, it was at least viewed as a step toward destigmatizing the term homosexual. Individuals no longer displayed "disturbances of sexual orientation", but rather were "disturbed by, in conflict with", or wished to change their sexual orientation (Davison and Neale 1982:363) Further development and evolution of the DSM led to the publication of DSM-III in 1980. In this edition the term "Sexual Orientation Disturbance" was changed to "Ego-dystonic Homosexuality", a group of conditions that refer to individuals who are homosexually aroused but find such arousal distressing, and wish to become heterosexual (ibid:363). It is important to note here that the "dysfunction" is still placed within the realm of homosexual response. There was no category in DSM-III for sufferers of "Ego-dystonic Heterosexuality", or even an indication of whether it is possible for someone to suffer from such an 'ailment'.

Thus far this paper would seem to support the idea that homosexuality is still within the realm of the old narrative, the efforts of homosexual liberators notwithstanding. Two important factors have influenced what I see as the emergence of a new narrative in homosexuality research. One of these is an internal factor, the other has leapt up from outside medical research and asserted its influence.

Although earlier I asserted that the Kuhnian idea of paradigm shift was not the best way of looking at changing perceptions in science, there is an aspect of homosexuality research that is similar to the idea of anomaly. The idea of 'truth' in scientific research is based on the concept of proof. Proof in science rests not on the idea "I can prove something because reality is the way I say it is", but: "as long as I can produce proof, it is permissible to think that reality is the way I say it is" (Lyotard 1984:24). However, in the research carried out under the old narrative, no proof of a cause for homosexuality was produced; neither was an effective treatment for it. The lack of proof, coupled with male and female homosexuals quite content with their sexual orientation was anomalous. If one follows Lyotard, the concept of homosexuality as pathology becomes untenable because reality was not as the researchers said it was. Continuing in this vein, if scientific paradigms, and not just scientific methods, changed based on the accumulation of anomalies, then the fact that biomedicine offered no 'proofs' in the area of homosexuality should long ago have produced a change in the formulation of homosexuality as pathology. Eventually, "Ego-dystonic Homosexuality" was removed from the DSM, and was replaced in 1987 in the DSM-III-R by a final inclusive category of "Sexual Disorders Not Otherwise Specified". The third subcategory lists "persistent and marked stress about one's sexual orientation" (A.P.A. 1987:296) as one of the disorders, finally liberating homosexuality from its exclusively pathological categorization.

The question of why the D.S.M. changed its categorization of homosexuality in 1987 can help be explained by examining the table below. This table is a timeline showing the papers in *Archives of Sexual Behaviour*, their dates, and how the focus of research shifts. Papers which follow what I have identified as the old narrative are italicized; those that follow what I consider to be the new narrative are not.

- 1989 The Socialization of Homosexuality and Non-Homosexuality in a Non-Western Society. *Homosexuality in Families of Boys with Early Effeminate Behaviour.*
- 1988 Patterns of Change in Sexual Behaviour Among Gay Males in New York City. *Neuroendocrine Response and Transsexuals.*
- 1987 Heterosexuality/Homosexuality: Dichotomy or Continuum?
- 1986 Recalled Parent-Child Relations and Need for Approval of Homosexual and Heterosexual Men.
- 1985 Sexual Exclusivity versus Openness in Gay Male Couples.
- 1984 Sex Habits, Recent Disease, and Drug Use in Two Groups of Danish Male Homosexuals.
- 1983 'Homophobia' or Homosexual Bias Reconsidered. Definization and Psychological Well-Being Among Male Homosexuals.
Sexual Orientation and Sex Role Conformity. Culturally Invariable Properties of Male Homosexuality: Tentative Conclusions from Cross-Cultural Research.
- 1981 *Female Homosexuality and Body Build*
- 1980 *The Prehomosexual Male Child in Three Societies: The United States, Guatemala, Brazil.*

- 1979 *On the Stability of Stigmatization: The Case of Ex-Homosexual Males.*
- 1976 *Alternative Behavioural Approaches to the Treatment of Homosexuality.*
- 1975 *Etiology and Treatment of Homosexuality: A Review.*
The Relationship Between Paranoid Delusions and Homosexuality.
- 1974 *Combined Intervention for Controlling Unwanted Homosexual Behaviour.*
Plasma Testosterone Levels in Men.
- 1971 *Experience with Pornography: Rapists, Pedophiles, Homosexuals, Transsexuals, and Controls.*
The Problem of the Relationship Between Homosexuality and Schizophrenia.

Although the gay liberation movement had been active for three decades, it was not until 1987 that homosexuality was finally released from its pathological confines. Apparently then, negotiation and the build-up of anomalies in research were not the only factors involved in the emergence of the new narrative. The final catalyst, in my view, seems to have effected change, since about 1983, in a very significant way. Over the last decade, beginning in the early 1980s, a powerful, if sinister, new player has appeared. This new player is AIDS, and the emergence of this real pathology has led to a remarkable shift in the perception of homosexuality in the medical profession.

In its early years as a disease of Haitians, haemophiliacs, homosexuals, and heroin addicts, AIDS was perceived as an unfortunate (or not so unfortunate, depending on one's degree of homophobia) affliction that was yes, not a very nice way to die, but only affected a small percentage of the population who followed socially unacceptable patterns of behaviour anyway. The discovery that the AIDS-causing HIV had become present, and was sure to grow ever larger, in the heterosexual population (or as has been pointed out to me, the white heterosexual population) suddenly, I think, legitimated the disease as, in fact, an important, if not phobic, matter of public concern.

The advent of AIDS presented a much more pressing area of concern for sex researchers, how to keep people from dying, and its influence seems to have manifested itself in the pages of *Archives of Sexual Behaviour*. A large body of research in the journal now centres on the relationship aspects of homosexual couples (Blasband and Peplau 1985); on how homosexual males are coping with the spectre of AIDS and modifying their lifestyles (Ebbeson et al. 1984; Siegel et al. 1988); the well-being of the homosexual population, in general (Harry 1983; Milic and Crowne 1986; Fyfe 1983), and; research into the social construction of sexuality, both within our own culture and cross-culturally (Baldwin and Baldwin 1989; Stokes et al. 1983; Whitam 1983). These topics represent a significant change in the way homosexuality is viewed by sex researchers, and what problems are considered to be of the greatest importance. The conceptualization of scientific research in homosexuality has shifted, and with this shift a new narrative about homosexuality has followed.

It should be noted, however, that some researchers still adhere to the old narrative. Two papers, "Homosexuality in Families of Boys with Early Effeminate Behaviour: An Epidemiological Study" - (1989), and "Neuroendocrine Response to Estrogen and Brain Differentiation in Heterosexuals, Homosexuals, and Transsexuals" (1988), represent the old narrative, but it is still readily apparent that by and large the nature of research has shifted.

The onset of the AIDS "epidemic" has reinforced sexuality as classificatory difference, and set back the assimilation of homosexuals as fully accepted members of society at large. By the same interesting paradox that gives ethnographic fiction its authority, however, this same disease has also fundamentally changed what is considered legitimate research on homosexuality. I would in no way suggest that AIDS has had the definitive role in changing the homosexual narrative, or that it started the movement. Discontentment with the old narrative is much older than that. However, I do think that this disease has had an important influence in its emergence.

THE CONTROL OF NARRATIVES

Finally, we come to the question of who or what controls the narratives under which culture is interpreted. Although it has been shown that emerging narratives are negotiated by both those that control the research and those whom the research affects, the fact remains that it is largely those who carry out research and report the results that propagate

the narrative. Yes, a new narrative of homosexuality has emerged, but the story is still being told by those in the medical field. The medical profession still exerts its authority. Instead of being self-legitimizing, however, the concept of a narrative negotiated by those that the narrative affects allows society to bestow the mantle of authority onto the researchers, reconfirming their right to carry on research on society's behalf (Lyotard 1984:30).

Negotiation by the people, however, does not promise the "possibility of counter-hegemony" (Morris 1990:12) by the population outside of the research community. The power of the medical profession is still a matter of its "possession and use of knowledge" (Cicourel 1985:170). But, as has been indicated, 'social' science must have the consensus of the population in order to remain legitimate. The question of who controls the narrative then becomes a question of where one places the concept of control. If one views control as the dissemination of knowledge, then control lies with the practitioners of science, social or otherwise. Although a certain degree of control is affected by what people choose to hear, the fact remains that they are still only able to hear what they are being told, and nothing more. If one considers power to rest with those who direct change, then control of the narrative belongs to those social actors whom the narrative affects. Where each person would like to see the power of control probably depends upon which side of the podium one stands.

CONCLUSIONS

The research presented in the *Archives of Sexual Behaviour* not only shows how the concept of narrativity manifests itself in science research, but also demonstrates that the real changes in interpretive tools in science are narrative, not paradigmatic. The papers in this journal follow the pattern that Bruner set out in his *Ethnography as Narrative*. One story line changes in lieu of another, swiftly, and with no significant historic overlap.

I would, certainly, not contend that the attitudes of the North American population, in general, have changed towards homosexuality. A hundred years and more of scientific dogma that said that "homosexuality was disease" is not easily forgotten. On the other hand, the source of the old narrative, the scientific literature, can also be the medium through which the new narrative is spread. The change has already appeared in *Archives of Sexual Behaviour*, so it is not unthinkable that eventually the change will filter to the general public. There is

always a lag between the source of a narrative and its widespread acceptance.

NOTES

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DISCUSSION

DECIPHERING THE NATURES OF LUST

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We seem a curiously cursed species, caught in a dichotomizing combination of a lusting subjectivity and the experience of being an object of lust. We know we desire and we know we are desired, subject and object in a web of arousals and genders and roles and impersonations of natural order. It is the naturalness of engendered sexuality which is being questioned now, as anthropologists turn the subtlety of our analytic lens on a close examination of what, at least for those of us encultured into the European tradition, is a fundamental attribute of personhood and being. In this discussion I want to extend the range of questions which the insightful papers gathered here raise to a more general concern for how we 'read' sexual meaning from the anthropological evidence. What follows is in two parts. The first questions recent evidence from Brazil regarding the coexistence of mutually exclusive schemes of sexual classification in a single social milieu. My concern in that discussion is how frames of observation applied to novel contexts distort our ability to see sex and sexuality as they are lived. The second section of this discussion considers why Western analysts appear to be trapped in these limiting frames by