

Book Review of Lisa M. Diamond's

Sexual Fluidity: Understanding Women's Love and Desire

by Mary Beth Patton, Janelle M. Hallman, and Shirley E. Cox¹⁰

¹⁰ Mary Beth Patton, MA, is a licensed professional counselor working full-time in private practice. Her areas of specialty include sexual and gender identity issues along with sexual abuse recovery, sex therapy, and marriage counseling. She is the author of "Working with Lesbian and Bisexual Women" (see references).

Janelle M. Hallman, MA, LPC, is a licensed professional counselor in Denver, Colorado, specializing in the treatment of female homosexuality and emotional dependency. She is the founder and executive director of Desert Hope Ministries and an adjunct professor at Denver Seminary, and the founder and director of Janelle Hallman & Associates, a counseling clinic specializing in serving women with unwanted same-sex attraction and GLBT issues. She is the author of *The Heart of Female Same-sex Attraction: A Comprehensive Counseling Resource* (see references).

Shirley E. Cox, DSW, LCSW, earned her PhD/DSW from the University of Utah and her MSW from Howard University in Washington, DC. She is a licensed, board-certified clinical social worker, in practice over the past forty-four years. She has written twenty-three articles and book chapters on same-sex attraction, including "Understanding Different Types of Therapy Used to Treat Unwanted Same-Sex Attraction" and "A Comparison of Counseling Women vs. Men, Who Struggle to Diminish Same-Sex Attractions" in the recently published book *Understanding Same-Sex Attraction* (2009), published by the Foundation for Attraction Research.

Lisa Diamond's book, *Sexual Fluidity: Understanding Women's Love and Desire*, (Cambridge, MA: Harvard University Press, 2008), is principally intended for therapists who want to understand the changeability or fluidity of women's reported same-sex sexual orientation, identity, or sexual preference. Readers may find *Sexual Fluidity* to be either a valuable resource or disappointing, depending on whether they are clinicians or researchers and whether they are more or less ideologically committed to the beliefs that female homosexuals are "born that way" and that their sexuality is not only innate but unchangeable,.

Overview of the Book

In 1995, Diamond set out to "study variability in women's sexual pathways" (p. 54) by tracking the experiences of one hundred women ranging in age from sixteen to twenty-three. Diamond recruited these women through a variety of settings, including: gay, lesbian, and bisexual (GLB) community events; GLB youth and student groups; and college courses on gender and sexuality. As she finished the first round of interviews in 1995, Diamond decided to include an additional eleven heterosexual participants she recruited from a college course on sexuality.

Participants reportedly came from both large urban cities and small rural towns in the large eastern state where Diamond was attending graduate school. The participants were largely middle class, a designation determined by their own and/or their parents' occupation and/or highest level of education. By the tenth year of the study, 90% of respondents had completed college and more than half had earned a graduate degree or professional degree.

Using a longitudinal research design, Diamond interviewed the participants over ten years—for the first time in 1995, and subsequently in 1999, 2000, 2003, and 2005. Diamond compiles the responses of eighty-nine participants between the ages of sixteen and twenty-three and documents her findings in the text.

Of the eighty-nine women documented in the book, 43% initially identified themselves as lesbian (reporting between 90 and 95% of their attractions for women), 30% as bisexual (reporting between 40 and 60% of their attraction for women), and 27% as nonheterosexual or unlabeled, not claiming a “sexual minority” status (reporting between 30 and 80% attractions for women, although most fell in the same category as the bisexuals.) Of this group, the majority of participants (85%) were Caucasian; 5% were African-American, 9% were Latina, and 1% were Asian-American. Diamond reports that she lost contact with some of the original participants, so that at the conclusion of the study in 2005, the sample contained seventy-nine of the original eighty-nine sexual minority women and ten of the added eleven heterosexual women.

Diamond strived to answer the following questions:

- How much stability and continuity was there in female same-sex sexuality over time?
- Could the long-term course of female same-sex sexuality be predicted from childhood and adolescent experiences?
- Was there any truth to the distinction between “born” lesbians (that is, “real” lesbians) and “political” lesbians (that is, “fake” lesbians)?
- “What could we say about the development of bisexual women, given that all the previous research examined only lesbians?” (p. 54)

To assess sexual behavior, participants were asked “to report the total number of men and women with whom they had had sexual contact (defined as sexually motivated intimate contact more substantial than kissing)” (p. 60). Diamond audiotaped all but the first of the interviews and included excerpts from the interview transcripts in the book. The voices of the women who participated are well represented as Diamond discusses the various topics covered in her study.

Diamond notes four findings as particularly important:

- Change in sexual identity—Over the ten years of the study, a “majority of the women repeatedly changed their sexual identity” (p. 82).
- Lack of closure—The women in Diamond’s study “became increasingly willing to acknowledge the potential for future change in their attractions and relationships” (p. 83).
- The prevalence of nonexclusivity—The study suggests “that nonexclusive attractions are the norm rather than the exception.Over time, the majority of women in the study—including lesbians—acknowledged the possibility that they might experience attractions to or relationships with both sexes. Moreover, they underwent identity changes (such as adopting bisexual or unlabeled identities) specifically to accommodate such possibilities” (p. 83).
- Early experiences do not predict later ones—The “study indicators and milestones predicted nothing about women’s eventual development, nor did the types of factors that initially caused women to question their sexuality” (p. 84).

Diamond reports that her most significant discovery caught her by surprise. She had not set out to study, nor had she expected to find, the phenomenon referred to as *sexual fluidity*. Diamond reports that this term, which became the eventual title of the study, was first used by the women themselves in their interviews. Woman after woman spontaneously described the “fluid,” “flexible,” “plastic” (p. 134) nature of their attractions. As Diamond reports of previous studies she states:

Most important in terms of sexual fluidity, women show more discontinuous experiences of same-sex sexuality than do men. In other words, they report more changes in sexual attractions and behaviors over time and in different situations. Women are also more likely than men to report sexual behaviors or attractions

that are inconsistent with their identity (for example, other-sex behaviors in self-identified lesbians and same-sex behaviors in self-identified heterosexuals) and to grant a role to choice and circumstance. (p. 50)

The sexual fluidity of the participants is illustrated by the changes in their reported sexual identity self-labeling and/or gender of actual or preferred sexual partner(s). Diamond states that 57% of the bisexual/unlabeled women reported increases in their other-sex sexual contact, 33% reported decreases, and 10% reported no consistent pattern of change (p. 116). Similarly, twice as many of the women reported having become more attracted to men than did those who became more attracted to women (p. 145). Diamond states that over the ten years, “more women undertook identity changes that accommodated attractions and relationships with men (that is, switching to bisexual, unlabeled or heterosexual labels) than switched to lesbian labels” (p. 146).

Diamond observed that overall, women endorsed a notion of fluidity potential but not a notion of universal bisexuality (this refers to Freud's belief in a universal human *ambisexuality* that is molded by culture and experience into homosexuality or heterosexuality). A woman's once-reported sexual orientation did not provide the last word on her lifetime experience of love and desire (p. 135). Diamond noted two types of personal transformations: changes in patterns of attraction over time and the development of attractions specifically for a single individual. The issue of attraction to the person and not the gender surfaced as the women discussed their “fluidity” (p. 125).

Diamond states that “the most accurate conclusion is that though women's sexual orientations are fairly stable, they nonetheless accommodate an increasingly broad range of attractions as time goes by” (p. 147). Nonetheless, she cautions that fluidity does not necessarily mean the capacity to change. She states that “variability typically only occurs within a certain range, and it appears unrelated to any conscious attempt to control it” (p. 249).

Intentional or Assisted “Fluidity”?

Having established the fluid nature of female sexuality, a distinction must still be made. The concept of *sexual fluidity*—defined as the spontaneous evolution or transformation of one’s sexual attractions, preferences, behaviors, or identity—is not identical to the concept of *changeability*—intentional effort directed toward altering or changing one’s sexual attractions, preferences, behaviors, or identity. The fact that sexual preference does spontaneously change for some women does not directly translate into proof that any woman with same-sex attraction (SSA) can easily change or alter her same-sex attractions. It does, however, confirm that sexual feelings and behaviors are not absolutely immutable or unchangeable, and “if considerable swings in sexual orientation can happen without therapeutic intervention, it makes sense they would be even more considerable if they are therapeutically encouraged in a motivated person” (Whitehead & Whitehead, 2010, p. 237).

The degree to which a woman with SSA can or will experience change in her same-sex attractions or orientation is uniquely determined by a number of factors. Those include the nature of biological influences on her psychosexual differentiation; other innate traits; her environmental history; the degree of exclusivity of her same-sex feelings (and whether she also experiences bisexuality); the nature of her same-sex behaviors and patterns of emotional dependency; her level of identification with homosexuality; her current circumstances; and her motivation to change (Hallman, 2008).

In general, Diamond’s findings about the fluidity of female sexual orientation are consistent with both the historical and recent body of clinical and social science literature (Jones & Yarhouse, 2007; NARTH, 2009). As Neil Whitehead and Briar Whitehead (2010) explain: “There is abundant documentation that people with SSA do move toward a heterosexual orientation, often with therapeutic assistance [cf. pp. 237–259], but mostly without it [cf. 224–237; 264–265]. Some achieve great change, some less, but it is clear that sexual orientation is fluid, not fixed . . .” (p. 259).

Therapeutic Relevance

One of the authors of this review found that this study helped explain the ambiguity in sexual attraction that she was seeing in so many of her clients who presented with unwanted SSA. She had found herself labeling (at least in her head) many of her clients as “bisexual” based on their histories, despite the gender of their current partner. Diamond’s research has given her new insights and understanding of the many apparently “bisexual” women in her practice, as well as offering new terms and concepts to work with that she can then bring to her discussion of SSA with those clients.

Overall, readers may be thankful for the language Dr. Diamond has developed as a means to discuss her research. Therapists and future researchers can now openly discuss the phenomena of female sexual fluidity—in other words, loving the person and not the gender. The narratives provided in the women’s own words unpack this concept of fluidity. As the authors of this review have sat with clients, they have heard how confusing the experience of fluidity can be for a woman. These women ask, “Why am I different?” “What happened to me that I don’t fit the norm?” “I’m not gay—but I’m not sure I’m straight.” Many have described themselves as a heterosexual woman who fell in love with a woman. Many also admit that if their current relationship with a woman ended, they would be open to pursuing a relationship with a man. In a culture riddled with labels, these women have difficulty knowing how to identify themselves.

Many women have come to therapy to work through these deep confusions and the contradictions they subsequently feel. They experience confusion about their sexual attractions in context of their ongoing roles as wives, mothers, women of faith, and friends. Most of the people in their lives do not easily understand let alone accept their experience of SSA in the midst of a seemingly heterosexual lifestyle. Many also have husbands, children, churches, and friends who don’t understand their attractions. As therapists, our job is to allow them the time, space, safety, and language to explore and come to understand their own experiences of loving and desire. We are not to tell them who they are or what they should do. Diamond’s book offers support to therapists striving to do exactly that.

The book would have been easier to read if it had included charts or graphs of the information presented. It was distracting to stop and try to visualize the various conclusions.

A greater criticism, however, is that Dr. Diamond's discussion of the ethics of treating unwanted SSA is unfair and harsh. The authors of this review do agree that therapists should avoid any coercive methods that might be used to persuade an individual to "change" her sexual orientation. But Diamond's clear rejection of therapists' ability to offer ethical psychological care to persons who want relief from unwanted SSA is inconsistent with her research that indicates the majority of women do—or want to at some point—accommodate relationships with men. Further, her harsh criticism of "change-oriented" psychological care is also inconsistent with her apparent support of gay-affirming therapists who encourage a female client to accept a lesbian lifestyle when she presents with SSA.

Ethical practice requires that therapists "stay with the client," allowing her a safe place to "hold" and freely examine her conflicting ideas and values. As part of that, therapy should provide a safe environment for clients to explore not only their sexual attraction but also their religious beliefs and values. Therapists should be as neutral as possible when working in this area (Patton, 2009). The authors assert and hope that a woman is supported within therapy to explore her religious beliefs and her sexuality with the goal of discovering how she might uniquely remain true to her sexual self while keeping true to her faith. Genuine diversity includes not just sexuality but also ethnic, cultural, and religious beliefs.

Research Reservations

Researchers may have serious concerns about Diamond's quantitative and qualitative research methodology as well as her reporting errors. Examples follow:

1. While Diamond makes a case for conducting personal interviews over a long-term period, she excuses a plethora of sampling problems with, "I had no research funding, so I was unable to place newspaper advertisements. The lack of funding also meant that I could not offer women financial compensation for the time. . . . I simply hoped that women would be motivated to participate in a study that took their unique experiences seriously" (p. 55–56).
2. Though Diamond surveyed her participants five times over ten years (every two years), between 1995 and 2003, she reports some loss of subjects (p. 55–56), but she does not explain which participants were eliminated over time and in what numbers.
3. Diamond's study was based on a convenience sample drawn from lesbian/gay/bisexual youth community events, student groups at various (predominately women's) colleges, and college courses on gender and sexuality. Given that it is unclear how the women in this sample were similar to or different from women in the general population, any conclusions drawn from the study are limited to this group of women alone. Conclusions that would generalize to the entire population of women cannot be made based on this study.
4. There are serious holes in the data collection process that generate a certain content validity problem. For example, throughout the book but particularly in the section, "Do Different Types Have Different Histories?" (p. 70–74), Diamond ignores the possible impact of sexual abuse/rape on the women in her study.
5. Though there was abundant opportunity, the findings as reported lack numbers and/or percentages, and there were no tests or significance noted for any of the data—especially the identity change ("fluidity") reported.
6. The authors quoted or cited by Diamond appear to be well-grounded in lesbian philosophy and lifestyle and sympathetic to sexual minority women. However, Diamond neglected to offer an explanation or theory for why two-thirds of her

sample moved toward a heterosexual identification. Additionally, Diamond and the authors she references fail to mention the small minority of women who are distressed by their SSA and who purposefully seek to explore heterosexual relating. The authors of this review wish that Diamond had offered a theoretical basis for these results of the study and had been more sympathetic to the personal experiences of women who do desire change.

Closing Thoughts

While Diamond's book does help to clarify the unique experiences of some women who have SSA and/or same-sex behaviors for at least a season of their lives, additional research is needed. As complex and detailed as this study is, many important questions remain unanswered. For example, what in these women's histories allows them to see and experience their sexuality as "fluid"? What is it about their temperaments and experiences that influenced them to be and act this way? What has brought about this unique view of gender in these women's lives? And why or how have these women failed to define gender as a part of their attraction?

Whatever combination of biological and environmental factors is at work, it is important to know more—especially how so many women come to experience and express their sexuality with such fluidity. Such information will enable our discussions with our clients to be more informed, beneficial, and supportive of their unique experiences and their rights as human beings. It will also enable us to grant each client the opportunity to direct her own life, choose her own experiences, determine her own destiny, and define herself as she deems best.

References

- Diamond, L. (2008). *Sexual fluidity: Understanding women's love and desire*. Cambridge, MA: Harvard University Press.
- Hallman, J. (2008). *The heart of female same-sex attraction: A comprehensive counseling resource*. Downers Grove, IL: InterVarsity Press.
- Jones, S. L. & Yarhouse, M. A. (2007). *Ex-gays?: A longitudinal study of religiously mediated change in sexual orientation*. Downers Grove, IL: InterVarsity Press.
- National Association for Research and Therapy of Homosexuality (NARTH) Scientific Advisory Committee (2009). What research shows: NARTH's response to the American Psychological Association's (APA) claims on homosexuality. *Journal of Human Sexuality, 1*, 1–128.
- Patton, M. B. (2007). Working with lesbian and bisexual women. In J. Hamilton & P. Henry (Eds.), *Handbook of therapy for unwanted homosexual attractions: A guide to treatment* (pp. 89–133). Longwood, FL: Xulon Press.
- Whitehead, N. & Whitehead, B. (2010). *My genes made me do it: Homosexuality and the scientific evidence*. Lower Hutt, New Zealand: Whitehead Associates. (Available at <http://www.mygenes.co.nz/MGMMDIInfo.htm>.)