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IN THIS ISSUE

HIGHLIGHTS

APA's New Pamphlet on Homosexuality De-emphasizes the Biological Argument, Supports a Client's Right to Self-Determination

The APA has now begun to acknowledge what most scientists have long known: that a bio-psycho-social model of causation best fits the data.

A. Dean Byrd, Ph.D., MBA, MPH

In 1998, the American Psychological Association (APA) published a brochure titled "Answers to Your Questions about Sexual Orientation and Homosexuality."

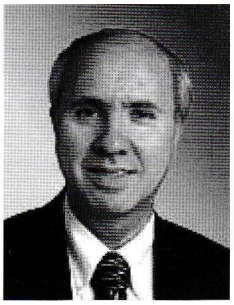
This document was ostensibly published to provide definitive answers about homosexuality. However, few of the assertions made in the brochure could find any basis in psychological science. Clearly a document anchored more in activism than in empiricism, the brochure was simply a demonstration of how far APA had strayed from science, and how much it had capitulated to activism.

The newest APA brochure, which appears to be an update of the older one, is titled, "Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality."

Though both brochures have strong activist overtones (both were created with "editorial assistance from the APA Committee on Lesbian, Gay and Bisexual Concerns"), the newer document is more reflective of science and more consistent with the ethicality of psychological care.

Consider the following statement from the first document:

"There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person's sexuality."



NARTH President A. Dean Byrd

That statement was omitted from the current document and replaced with the following:

"There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles..."

Although there is no mention of the research that influenced this new position statement, it is clear that efforts to "prove" that homosexuality is simply a biological *fait accompli* have failed. The activist researchers themselves have reluctantly reached that conclusion. There is no gay gene. There is no simple biological pathway to homosexuality. Byne and Parsons, and Friedman and Downey, were correct: a bio-psycho-social model best fits the data.

On the question of whether or not therapy can change sexual orientation, the former document offered a resounding "no." However, the current document is much

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more nuanced and contains the following statement: "To date, there has been no scientifically adequate research to show that therapy (sometimes called reparative or conversion therapy) is safe or effective."

Of course, no mention is made of the Spitzer research, the Karten research, or the recent longitudinal research conducted by Jones and Yarhouse -- all of which support the conclusion that some people can and do change.

Of the Spitzer research, psychologist Dr. Scott Hershberger (who is a philosophical essentialist on questions of sexual orientation) conducted a Guttman analysis of the study sample, and declared:

"The orderly, law-like pattern of changes in homosexual behavior, homosexual self-identification, and homosexual attraction and fantasy observed in Spitzer's study is strong evidence that reparative therapy can assist individuals in changing their homosexual orientation to a heterosexual one."

The Spitzer study found no evidence of harm. Neither did the Karten study, nor the Jones and Yarhouse study.

Furthermore, one might ask, does the APA plan to conduct studies on the effectiveness of other therapies in use? Many are entirely without validation, yet practitioners regularly receive Continuing Education credits for teaching these same therapies through APA-approved courses. Perhaps it is time for APA to hold all therapies and all therapists to the standard which they advocate for reorientation therapy.

The Right To Self-Determination Is Finally Recognized

In APA's new document, there is a greater emphasis on ethicality. The pamphlet includes this key statement:

"Mental health organizations call on their members to respect a person's [client's] right to self-determination."

Certainly, client self-determination is one of the cornerstones of any form of psychological care. And any attempt to ban psychological care for those unhappy with their homosexual attractions would be a direct violation of enormous magnitude of APA's own Code of Ethics -- one which neither the federal/state governments nor the American public would respond to favorably. Imagine a media headline, "APA Declares That Homosexuals Are Not Competent To Determine Whether Or Not They Can Seek Psychological Care to Change" or "APA Bans Choice of Psychological Care for Homosexuals."

Additions to the new APA brochure also include sections on adolescents, homosexual marriage and adoption by homosexual couples.

Interestingly enough, the section on adolescents contains fairly good information regarding the differences between homosexual attractions, homosexual orientation and homosexual identity (though the terms are not used). There is an admission of the sexual fluidity of adolescence, with different ultimate outcomes for different sexually confused adolescents.

The section on marriage is simply an advocacy statement suggesting that marriage might enhance the stability of homosexual couples.

The discussion on parenting by homosexual couples was noteworthy for its internal contradictions. There is an admission that there is a dearth of scientific data on children raised by same-sex couples, but the authors conclude that there are "few differences." How can the dearth of scientific studies allow anyone to offer such a conclusion?

Finally and most intriguing are the recommended resources for further reading. The former brochure referred readers to the National Gay and Lesbian Task Force; to Parents, Families and Friends of Lesbians and Gays, and to Sexuality Information and Education Council of the United States (SIECUS), all activist groups.

The current brochure refers readers to the American Psychological Association, Mental Health America, and the American Academy of Pediatrics.

A significant portion of the new brochure was devoted to the role that prejudice and discrimination plays in the lives of lesbian, gay and bisexual people. This theme seemed pervasive throughout the document. Homosexual relationships are viewed as no different from heterosexual relationships. There is no acknowledgement of the substantial

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THE NARTH BULLETIN

Editor: Mike Hatfield

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NARTH

"Victory on the Bow of a Ship"

The President's Message

Science And Ethicality

By A. Dean Byrd, Ph.D., M.B.A., M.P.H.

In the 70's, I was a newly minted psychologist and a university-trained social scientist, working in metropolitan Washington, D. C. I managed both a clinical practice as well as academic appointments.

For reasons not clear to me, a substantial minority of my patients were men who were unhappy with their homosexual attraction. About half of these men were married. They professed love for their wives and families, and had considered becoming involved with other men, but had decided they wanted help in diminishing homosexual attractions and increasing their heterosexual potential.

The other half of this group were single men in their mid-thirties, but were equally as unhappy with their homosexual attraction. They had lived the "lifestyle" and had found little joy. Their presenting complaint was "homosexuality is not working for me. Can you help me explore my options?"

Though gay activism was beginning to emerge within the national mental-health organizations, it was still permissible to treat those individuals whose homosexuality was "ego-dystonic." Translated, this simply means that if homosexuality was distressful to the individual, he/she had the right to receive psychological care.

But even in the 70's, many mental-health professionals were wary of gay activism and the politics of intimidation, and they exercised extreme care in any kind of advertisement about professional services to help this population. I was one of those professionals, a typical psychologist who avoided any unpleasantness. I simply provided psychological care consistent with the requests of my patients.

Therapeutic Outcomes

This patient group was not a homogenous group, and in this respect they were similar to other patient groups: some were more motivated than others, and some worked harder than others. However, the therapeutic outcomes were similar to other groups. Many individuals were able to eliminate or significantly diminish their unwanted homosexual attraction.

Others made substantial improvement, and were slightly bothered or not bothered at all by such attraction. A significant majority of these men reported improved health, virtually no depression (depression was often a co-morbid condition for these men) and seemed overall, much happier.

My reputation for working with this population spread by word of mouth, and soon I found myself on the national scene. Like psychiatrist Robert L. Spitzer, many of my colleagues had bought into the activist notion that homosexuality was innate and immutable and that, though individuals could suppress this behavior, the core features of homosexual orientation would remain unchanged. This myth was pervasive in the national organizations and perpetuated by activist groups within these organizations. Though there were dissenters, they were silenced by threats and tactics of intimidation. The science began to erode, and ethicality was essentially ignored.

Science -- Not Activism

NARTH has changed all of that. As a group of scientists and professional practitioners, NARTH's members can be found in every national and state mental-health organization. Our message is very simple: science must be re-instituted as the ultimate priority if the mental-health profession is to survive. We can no longer allow activism masqueraded as science to go uncritically examined; neither can we allow the rights of patients and professionals to be trampled by activists. Individuals have a right to psychological care for unwanted homosexual attractions, and professionals have a right to provide that care. Patient autonomy, patient self-determination and real diversity (defined as openness to different worldviews) must remain the cornerstones of the mental-health professions.

After years of the perpetuating the notion of biological determinism, the American Psychological Association (APA) recently admitted there is no consensus among scientists about the etiology of homosexuality, and that many scientists think that both nature and nurture play complex roles. (This is a statement that could be made about almost any challenge for which we provide psychological care.) More importantly, APA has made its position on psychological care for this population (or any other population) perfectly clear:

"Mental health organizations call on their members to respect a person's [client's] right to self-determination."

APA is beginning to realize that neither the public nor its members will continue to tolerate position statements and resolutions that have no basis in science. Such destructive trends in mental health cause harm both to individuals and to the profession. Groups are beginning to emerge within the national organizations which decry such activism -- revolutionary groups who are demanding change. The messages from these revolutionary groups are clear: the truth does matter, and we will no longer tolerate political correctness determining our science and our practice.

The universal deceit around the science and therapy of homosexuality is beginning to lose its hold. NARTH and its supporters are making significant strides as we join with others to insure that good science and good practice will prevail---even though to some, this may indeed seem revolutionary. But as George Orwell so beautifully expressed:

"In a time of universal deceit, telling the truth is a revolutionary act." ■

The APA's Pro-Gay "River of Denial"

The author describes her personal journey of change and explains why APA must not ban such therapy.

By Debbie Thurman

Along with ex-gays, will we soon have a network of ex-APA members? The American Psychological Association grows more and more uncomfortable with those in their ranks who counsel homosexual clients seeking to change their sexual orientation. Will these members soon be forced to leave APA?

Debbie Thurman

A six-member APA Task Force has been formed to address the therapeutic interventions used to change same-sex attraction. They will be updating the 10-year-old guidelines for such therapies.

If the APA decides to ban such therapy, not only will it disregard empirical evidence, but it will also close itself off to recognition of the fourth realm (in addition to the bio-psycho-social) where change has been shown to be especially effective — the spiritual. This defines the work of counseling ministries for ex-gays in recovery, more properly referred to as "discipleship." And that omission would, most assuredly, "do harm."

I can count myself among the growing numbers of men and women who have overcome a significant struggle with same-sex attraction. While our stories and the degree to which we have found wholeness may be different, the central themes are often similar. Frequently, you will find we came from broken homes, were alienated from one or both parents, were sexually abused as children, are sensitive by temperament, and suffered from depression.

Preservation Of A Marriage

I raise my hand to all of the above. In fact, I fought a 10-year, life-and-death battle with major depressive disorder. Were it not for my faith and loving, nonjudgmental people coming alongside me — in addition to wise counsel from professional therapists – I might be living in a very different place today. Instead, I am with my husband of 26 years in a marriage that tottered on the brink of failure because of my quest for what I perceived as self-fulfilling wholeness with other women – a "need" that had plagued me since my youth.

Remember the story about a scene in hell where people are trying to feed themselves with spoons that are too long to reach their mouths? That about sums up the state of desperately needing – but never finding – nourishment through a self-destructive, counterfeit version of love. That's why so many of us seek help in changing. Yet, I have had gay activists virtually tell me to my face that I – as I define myself – simply don't exist. Will the APA, too, simply choose to "poof" me away? If so, they'd better think again. The elephant in the living room is getting larger.

Just as many gays remain closeted, so do a number of ex-gays. Not all of us are going to be front and center in discussing our journey. Most of us have no interest in going on the Oprah Show. It's painful for most people to disclose their personal struggles. The time has come, however, when more of us are realizing the need to stand up and be counted.

We have watched pro-gay sentiment, based on lots of raw emotion and little fact, win the day in the court of public opinion as reflected through the established pillars of society – the medical/mental health fields, public education, the mainstream media and, to a growing extent, even the church. This has all been the result of a 30-year, concerted gay propaganda effort. We have drawn the final straw, as far as I am concerned.

Disrespect For The Ex-Gay Experience

In order for gay activists to disparage the very possibility of change in one's sexual orientation – and convince the mental health establishment to do the same – they generally must engage in the predictable ploy of *ad hominem* attacks on ex-gays, and the process by which many claim to have achieved – or be in the process of achieving – stability and meaning in their lives.

It's not a black-and-white process, of course. "Change" covers a range of acceptable degrees for those who have long been unhappy living as homosexuals. No, they are not unhappy because of a society that discriminates against them. Their misery lies much deeper. I believe it is an instinctive recoiling against the new, man-created image of human nature that bears so little resemblance to the divine image we are meant to reflect. Humanity will never be able to draw what it needs from its own shallow, self-contained wells. The most effective therapists are the ones who understand human nature in this way.

Why is this plain and simple, counterfeit quality of homosexuality so hard to see? On an elemental level, two negative or two positive poles simply cannot be united. Neither can two locks ... or two keys. For a person to accept a gay identity, he or she must deny the fundamental truth that we are created for gender complementarity. Deny something long enough, and you may actually believe you are happy in your delusion. Is it ethical for a therapist to facilitate that "happy" delusion? It's certainly the popular path of least resistance. I believe that ultimately, this "swim-

ming-downstream-with-the-crowd" strategy will ultimately fail for both gay activists and the APA.

Isn't it significant that highly respected studies (Laumann, et al) [1] have shown homosexuality to be an unstable trait that can change over time, rather than the immutable identity gay activists insist that it is? Show me just one other instance where the "proof" needed to declare a behavior or trait as inborn boils down to *"But it feels like it's so!"*

Many self-proclaimed lesbians, in particular, have long admitted to choosing their gay orientation as an act of feminist solidarity. Bisexuality is en vogue among women, particularly teen girls. It is something they simply put on or take off at will, in many cases.

It's a dangerous game, of course. Suicidal depression rates are unusually high among young women who are sexually confused, as shown in a study headed by Dr. Elizabeth Saewyc at the University of British Columbia's McCreary Centre Society, reported in 2006. [2]

Sticky problems arise when a number of those who have "always felt" homosexual begin moving along the continuum of feeling less so, and at the same time, actually begin feeling better about themselves. How dare we forsake the gay *cause célebrè*? Like crabs trying to escape from a bucket, the gay rabble will attempt to drag us back down.

Detractors insist that measurable results must be quick, and that change "isn't change" if it requires a long process. These same people generally see life as a continual "journey" in all other respects. But if someone gives up during the long process, that is somehow "proof" that change is a sham. Never mind that overeaters, alcoholics or drug addicts fall off the wagon every day. The standard for sexual identity change remains "all or nothing"!

So where are the mental health professionals who will stand up and challenge these untruths? Why do they allow the APA to hijack the truth?

APA Refuses To Meet With Leaders Holding Dissenting Worldviews

The APA recently dismissed a group of conservative religious leaders and counselors who were requesting input into the proceedings of APA's new Task Force, denying the group's request for a meeting.

The APA cited its need "to keep the emphasis on the science" and maintain their distance from advocacy groups, according to a Sept. 7 letter sent to the conservative coalition.

That "distance from advocacy groups" that the APA said it needed, apparently did not refer to pro-gay groups. Clinton Anderson, director of an APA committee on lesbian, gay, bisexual and transgender (LGBT) concerns, met with Ron Schlittler, former assistant director of Parents and Friends of Lesbians and Gays (PFLAG), prior to the forming of the Task Force, according to bloggers at Ex-Gay Watch.

The meeting between Anderson and Schlittler was to discuss the "aggressive promotion of 'reparative therapy' by right-wing groups," according to Ex-Gay Watch. [3]

"We cannot take into account what are fundamentally negative religious perceptions of homosexuality — they don't fit into our worldview," Anderson is reported to have said. [4] Anderson further insisted that the new APA Task Force "would base its findings on research, not ideology."

But "the concern about 'worldview' didn't stop them from including Dr. Jack Drescher in their Task Force," says Rev. Bob Stith, head of the Gender Issues Office of the Southern Baptist Convention. "He [Drescher] just happens to be the editor of the Journal of Gay and Lesbian Psychotherapy." [5]

If the panel adopts a position that such therapy is unethical, therapists who offer help to homosexuals wishing to change could be censured or lose their licenses to practice.

All this politicization of science is the reason I have chosen to remain a layperson in my own mental-health advocacy and recovery work. I simply refuse to bow to that kind of politically correct pressure. I'll take the freedom to work outside the politicized APA umbrella, over the prestige of having professional credentials, any day. And, I am joined by an entire "army" of similar volunteers.

A new book by Dr. Stanton Jones and Dr. Mark Yarhouse, *Ex-gays?: A Longitudinal Study of Religiously Mediated Change in Sexual Orientation,* concludes that there is little risk of harm from therapy willingly sought by individuals seeking to change their same-sex attraction, and substantiates that change (either the ability to maintain celibacy, or a shift toward satisfactory heterosexuality) does occur in a significant percentage of people, at a success rate at least equivalent to treatment for depression. [6] This study, combined with the growing numbers of people drawn to ex-gay conferences sponsored by Exodus or Focus on the Family, has greatly agitated the gay-activist community.

"The APA said it would consider alternate viewpoints, but totally shunned nationally recognized therapists who treat those wanting to leave homosexuality," said Stith. "I wonder why, if they're so committed to 'science,' they would be afraid to hear an alternate viewpoint." [7]

Stith received a letter earlier this year from Dr. Gerald Koocher, a former president of the APA, in which Koocher stated, "Obviously, some people change their sexual orientation: they change from straight to gay and from gay to straight. What has never been shown is that therapy of any type is effective in changing sexual orientation." [8]

"All of this sounds a lot like Orwellian doublespeak," Stith said. "As I expressed in a letter to Dr. Koocher, I think at some point,

rank-and-file Americans are going to lose confidence in therapists because more and more of them are going to see the living proof of that which the APA says 'doesn't happen.'" [9]

Debbie Thurman, award-winning columnist and author of such books as From Depression To Wholeness: The Anatomy of Healing, and Outsmarting Depression: Surviving the Crossfire of the Mental Health Wars, is the founder of Family Mental Health Advocacy. She is a former recovery ministry lay counselor/group facilitator. This article is inspired by a forthcoming book..

End Notes

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4. David Crary, "Psychologists to Review Stance on Gays," The Huffington Post, July 10, 2007.
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2008 NARTH Training Institute and Convention

Location:

Renaissance Denver Hotel, 3801 Quebec St., Denver, CO 80207;
Dates: Nov. 7, 8, and 9, 2008

Theme:

"Sound Scientific Research: In A Time Of Universal Deceit, Telling The Truth Is A Revolutionary Act"

Register for the conference on NARTH's home page.

Hotel Reservations:

For guests wishing to call and make reservations, they can call NARTH's toll free number 800-468-3571 and let the reservationists know they will be attending the National Association for Research and Therapy Conference for the specific dates of their stay. Or make reservations online through the Marriott website www.marriott.com, and enter the group code NARNARA.

The cutoff date to receive the group rate is October 16, 2008. After that date, guests will receive the best available prevailing rate.

Transsexuality Explained

by Sander Breiner, M.D.,
NARTH Scientific Advisory Committee Member

The term transsexuality is somewhat confused in many people's minds with the terms homosexuality and transvestism. These three topics vary in complexity and dynamics for male and female participants. To make this discussion easier to delineate, I will initially deal with males, and leave the topics related to females for a later exploration.

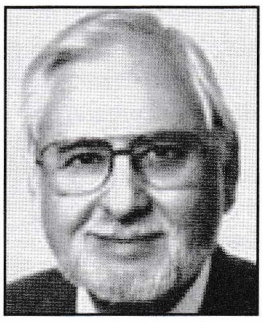
Simple direct definitions are: 1. Homosexuality -- primary sexual attraction for members of the same sex by adults; 2. Transvestism – cross-gender dressing to improve sexual gratification and/ or reduce anxiety; 3. Transsexuality -- believing one's body is of the wrong sex (e.g. "externally I am a male who inside is really a woman that needs to be 'changed' surgically and hormonally").

Homosexuality has many forms of expression. The essential element is the emotional and psychological conception of an adult that their primary sexual gratification would be in some sexual activity with a member of the same sex. This does not require any actual activity in fulfilling that desire. As with any major psychological emotional (dynamic) force in an adult, you can have a variety of manifestations. The expression of homosexuality is determined by two basic elements: 1. What that particular society supports or restricts, and 2. The degree of psychological health of the individual.

Transvestism is not just cross-dressing. Cross-dressing, when a male dresses as a female, can be part of a Halloween party, or some theatrical performance. It can be a way of seducing or manipulating some male to participate sexually with them who has no interest in homosexuality and thinks they're having some romantic activity with a female. Wearing makeup and some effeminate style of attire (but still clearly being a male) also is not transvestism.

Transvestism Reflects An Emotional Need

In fact, none of the preceding is transvestism. Transvestism involves an emotional need that requires a male to wear female attire to meet a sexual need or reduce one's anxiety. There are various forms of transvestism which can be either heterosexual or homosexual. To name just two forms (of many) would be: 1. A heterosexual male who will wear a woman's brassiere or panties while having some romantic activity with a woman, and 2. A married man with children who, with the help and support of his wife, will on occasion completely dress himself as a woman (makeup, wig, etc.). We even sometimes see conventions of such people who gather together with similar interests and activities.


Sander Breiner, M.D.

These men have no interest in functioning homosexually -- either in their fantasies and least of all, in their sexual behavior. An adult man who is psychologically a transsexual is in a different category with a different expression of psychological problems. Transsexuality is far from rare and therefore deserves some discussion. As a psychiatrist and psychoanalyst, I have seen transsexual patients in my private practice as well as while working as a consultant to a university and medical school program which evaluated and "treated" these individuals (at least, with surgery and hormone replacement).

Significant Numbers Of Homosexuals Seek Sex Changes

There are a significant number of male homosexuals who would like to be a female with a penis. There are others who would like to be completely transformed into a female, but can't arrange to have such a complex surgical procedure. Both groups will obtain hormones from various sources; often it will be illegally from a pharmacy. The transsexual male who was not part of a university/medical school treatment program, will often take hormone treatment (self-prescribed and administered), and play a feminine role with unsuspecting heterosexual males (often as a prostitute). They will play the part as if they are a passive feminine object. Their approach has many masochistic behavioral qualities. However, their thinking about how they are tricking, fooling and using others has a clearly sadistic dynamic as well. Their histories almost invariably demonstrate a mother figure who is at least domineering, manipulative and controlling.

Such men have little to no relationship with their family. Unfortunately, their lifestyle has a clearly self-destructive quality. These individuals usually do not stay in any adequate psychotherapy program (i.e., once per week for at least three months). They also have significant problems in certain areas of reality perception; therefore, long-term intensive therapy is the best choice, and long-term supportive therapy with medication is the bare minimum required to prevent them from destroying themselves.

There is a smaller group of transsexuals that includes those individuals who have been involved with a university-sponsored, medical-school treatment program. They have had much more appropriate study and evaluation. In general, what takes place is

that the individual applies to the program, and agrees to participate with full disclosure to one or more psychiatrists, social workers, psychologists and various medical specialists during the entire extended period of evaluation, treatment and follow-up. This usually will extend for about one year before surgical treatment is carried out. No medical or surgical intervention is begun until there is months-long prior evaluation and clearance.

My clinical experience in participating with the Wayne State University program has been corroborated by others at the University, as well as at Johns Hopkins University--a medical school even larger and with a longer-lasting program. The following will be a summary description of my experience that is typical of the cases seen at both of these university programs.

A single male in his middle 20's to early 30's with at least one college degree and some financial and professional success applies to the program. He has had some homosexual experience with partial gratification. He has attempted heterosexual activity with little sexual gratification, if any. His chief complaint is that as long as he can remember he has never felt that his body was "right." By the time he got to be an older teenager, he was certain that something was wrong with his body. The more he thought about it and explored the subject, the more he believed that he was actually a woman inside that needed to somehow come out and be expressed.

Cross-dressing, however, did not make him feel comfortable. He recognized that cross-dressing could produce problems for him socially and economically, so he avoided it.

He is a well-spoken and reasonable, dependable historian regarding the details he reports in all areas -- except how he feels about himself in terms of his gender and his body image. He describes himself as somehow feeling that something inside is trying to come out; that somehow or other, the "real self" is being restricted and limited. More and more "it" is conceived as the woman inside him who has somehow always been there. He thinks that some mistake in genetic expression or development (in some not understood way) has prevented this true womanly self from being expressed. It is as if the real woman inside of him is imprisoned.

This individual is not passive and effeminate in bearing, carriage, or in his approach to life. He is assertive and successful, and competitive socially and intellectually as a man (except in his pursuit of female companionship). He is convinced that he is a woman who somehow or other is trapped in a man's body. His external genitalia, he believes, are an impediment. He wants the body configuration and genitalia to be that of a woman. He desires the full quality of being a woman with all her curves and her qualities.

His discussion is not irrational. His desires, wishes and self-concept on a feeling level are presented in a logical manner. He does not have any scientific proof of his position; he "just knows" that he was meant to be a woman.

All tests by psychologists and psychiatrists in testing his judgment of reality (except in his body image) are within normal limits. There is no evidence of psychosis or any significant problems in any other area than his body image (related to gender only). He is cooperative and patient and helpful in his manner. His only area of insistence is concerning his belief about his body and the need to become a woman. He is not afraid of psychological and psychiatric evaluation. However, he is not interested in intensive psychoanalytic/psychotherapy for a period of months or years. He firmly believes that his problem is not psychological but that it is truly on an organic basis.

After the initial phase of evaluation and study, the patient is instructed to begin dressing himself and living his life (gradually more and more) as a woman. Despite the physical, social and economic discomforts, he is positive and cooperative in every way in the program.

During this entire period, the patient is followed by the medical and surgical teams and by the psychiatrist. This follow-up continues during each phase of the program, including the follow-up period after the completion of all surgical and hormonal treatment. The next phase is the beginning of hormone replacement. This is followed by the addition of surgical change of the perineum from that of a male to a female with a vagina. To do so, procedures are done to form it into a receptive organ with lubrication. This is followed by surgical intervention (if needed, usually) for breast enhancement, etc.

For a period of time after surgery, there is less tension and discomfort psychologically experienced by the patient. He begins to feel better about himself and hopeful about his future as a woman. Upon completion of the program and taking on a new life (which usually includes a legal change of his name), he feels relieved and hopeful and eager to continue his relationship in the follow-up part of this research.

Between six months to two years following the completion and healing of the surgery, the surgeons begin to request more evaluations from the psychiatric division of this program. The surgeons do not understand what is transpiring because the patient is now asking for more surgery.

During the entire pre-surgical treatment the only psychological problems that were clearly defined were related to body image. This is not insignificant from a psychodynamic standpoint. It was considered understandable as a logical response of somebody with this "organic" problem. Since there was no obvious psychological break with reality in any other area, the program continued with each individual.

However, now the surgeons and other medical team members begin to observe that although this patient is now considered a woman, he isn't satisfied with the job that was done. He feels that he now needs something more from medical science. He needs the size or shape of his calves, his hips, his arms or his breasts, etc. "improved." More and more it becomes apparent that no

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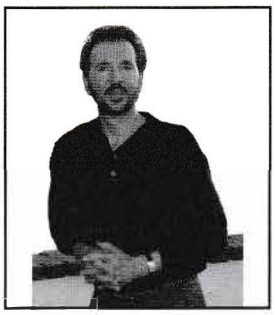
The Paradox Of Self-Acceptance

By Joseph Nicolosi, Ph.D.

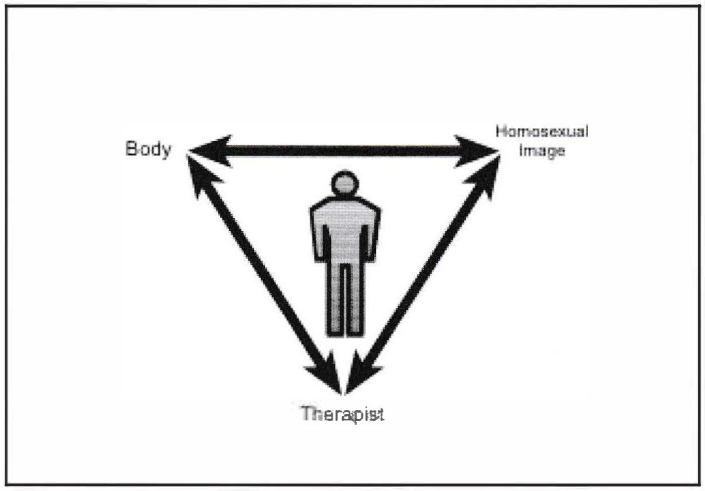
Reparative therapists simply urge clients to suppress, deny and reject their same-sex feelings, according to some critics. But a closer look reveals an approach that is quite different.



Joseph Nicolosi, Ph.D.

This is the paradox of reparative therapy: it can be successful only if the client first faces and accepts his unwanted feelings. The more the person sees the thing inside himself that he rejects, and sees it in the light of truth, the more it dissipates. The task is not to look away from the feelings, but to look through them.

When we use the "Triangle of Containment" in therapy, the client is asked to focus directly on a homosexual thought or fantasy. At the same time, he should actively attend to his bodily sensations. While doing this, he is asked to stay connected to the therapist. When the client is holding on to the homoerotic image, he will usually experience a simultaneous bodily arousal. (Some men describe it as a genital surge, a rush or a "zap.") If he can accept his bodily homoerotic experience while staying connected to the therapist, the sexual feeling soon transforms into something else: the recognition of deeper, pain-generated emotional needs which have nothing to do with sexuality.



Some ex-gay ministries may reject the idea of deliberately facing and attending to the experience of one's homoerotic feelings. (For example, one Scripture passage warns that he who looks with lustful intent, has already sinned in his heart.) But the difference here is the word "intent" – we do not encourage the intent to engage in homosexual behavior, but rather, we encourage the client to honestly feel, without judgment, the shame-associated experience while staying connected to a salient male therapist.

Re-experiencing the feelings in the presence of an accepting therapist helps remove that shame; the client is then better able to see his same-sex desire for what it is. One man described his liberation from shame by looking deeper the homoerotic illusion. "Looking at it in the light of day," he said, "takes the 'leprosy' out of it." No man needs to rely on shame to keep himself on the right path. Shame says, "I am worthless and bad." In contrast, guilt says "I did something bad." Guilt can be appropriate, and convey a needed message. But shame—which is felt on a bodily level as an internal collapsing and deflation--demeans the person at his very core and destroys his worth and dignity. Removing the shame helps to reveal the True Self, and in Judeo-Christian anthropology, that True Self has been designed by its creator for heterosexuality.

Three Examples

One client, a 43-yr-old married accountant, was recalling another man that he had recently seen at the airport while he was on a business trip. This had awakened his sexual fantasies and dreams. I asked him to hold onto that image and observe his bodily sensations while staying connected to me. As he did, he felt an intense sexual longing. But as he followed that fantasy through an imaginary sexual scenario, quite unexpectedly, he then experienced an embodied shift to sadness, longing and emptiness. In tears, he spoke of his sense of deep unworthiness. "I would just love him to be my friend! He's the kind of guy that I always wanted to be close to. How much I just want to be friends with a guy like him." Moving on from that insight, he recalled vivid memories of peer abuse, contempt and rejection, and the loneliness and alienation that had made so much of his childhood miserable. The man in the airport represented the other guy who was always out of reach -- the potential friend who was "always out of my league."

Another client, a 22-year-old student, was placed into the Triangle of Containment with an image from a porn movie that he had recently seen of a fantasized, ideal male figure. This young man had no inhibitions about detailing the nuances of sexual behavior he would engage in with this ultra-macho mythical partner. He went into a scenario describing every possible sexual activity that two men are capable of doing. At the end, he looked at me and--after staying silent for a moment—said sadly, "But still, I want something more." He then proceeded to tell me about the wife and family that he even more deeply desired.

A third client, a middle-aged schoolteacher, attended to his bodly sensations while he held onto the image of a 15-year-old student

with whom he had become obsessed. Following through in a detailed description of what they would do together, he moved on to another feeling: the empty, hollow feeling in his lower chest. Putting words to the feeling, he spoke of how profoundly he really wished he himself could be that masculine, self-assured teenage boy.

When we push the shame aside--facing the feared fantasies directly--we see the true nature of the homoerotic attraction, which is about attachment loss. Homoerotic attraction is different from heterosexual attraction, in that it is driven by a childhood bonding deficit; therefore its roots trace back, not to an outward-directed search for someone who is truly "other-than-me," but to attachment-related pain, deprivation, loss, and emptiness.

The man in reparative therapy fights back by knowing who he really is, even after repeated failures. He learns not to take his setbacks at face value, but to penetrate their meaning. This leads him to look past that erotically charged male symbol--the icon of a missing part of his identity--and to begin to fulfill the male attachment needs that are his deepest longings.

Beyond Therapy: A Process of Gender Affirmation

By Arthur Goldberg, J.D.
Co-Director of Jews Offering A New Alternative To Homosexuality and Member of the NARTH Board

It has been said that what a struggler does outside the therapy room is as important, if not more important, that what goes on inside the therapist's office. Understanding the significance of this concept is essential to clarifying why I refer to the overcoming of same sex attraction (SSA) as a process and more specifically refer to it as a "Gender Affirming Process" or GAP. This symbolic acronym represents the psycho-sexual and psychosocial developmental gap faced by these strugglers. Therapy alone can rarely achieve the desired result.

Alan Medinger's book, *Growth into Manhood*, sets forth a truism that boys who found the process of growth into manhood too difficult or too painful often check out of the growth process altogether. Freud referred to this a "developmental arrest." Other therapists simply recognize that many of these boys are stuck in "perpetual adolescence."

So, what does one need to do to overcome homosexuality? Hear what Alan Medinger advises: "Now, 15, 20 or 40 years later, if you want to resume your growth, you will have to venture back out into the world of men and boys. Essentially, you are going to have to develop your manhood the same way that young boys do, through a process of learning, testing, failing, getting back up and testing again, and finally succeeding. We grow into the fullness of manhood by doing the things that men do."

To truly heal, in my judgment, a struggler must engage in a holistic strategy involving a broad range of activities designed to change one's emotional response patterns. This holistic approach to intervention results in accessing a client's inner drives, dismantling his defenses, intensifying his affective involvement in the overall treatment plan, identifying the transference patterns and projections as they arise, and unblocking the unconscious patterns of behavior.

Many men desirous of overcoming homosexuality often become frustrated or discouraged when they find their fantasies, arousals, or behavior doesn't change either as quickly or as substantially as they had hoped. My judgment, based upon nearly a decade of involvement and close observation of these men, leads me to conclude that their frustration and discouragement occurs because their efforts at change often are insufficiently comprehensive.


Arthur Goldberg

What do I mean by "insufficiently comprehensive"? I mean that regardless of their intensity and sincerity, their work was not broad enough — it did not cover enough areas of life to bring about real change. A struggler, for example, may work on either connecting in the first instance or reconnecting with G-d on the assumption that G-d will heal his wounds. He prays for the "silver bullet." However, G-d often works through human messengers. Thus, the more appropriate prayer, in my opinion, is to ask G-d to provide the struggler with the strength to face his fears, walk through his pain, and come out whole on the other side. Thus, simultaneously with the necessary spiritual healing he must undertake, attention must be paid to healing his underlying emotional wounds by identifying his unfilled earthly needs and fulfill them in healthy non-sexual ways. Simply repressing unfilled needs never works. Core needs are non-negotiable. Another example involves the situation where a struggler focuses on the cognitive causes of his wounds and intellectualizes what he ought to do but then spends little time focusing on his emotional needs and on building healthy relationships with other men.

Rebuilding Masculine Sufficiency

Feelings of same-sex attraction did not develop overnight nor did they occur from a single event. Rather, it involved a gradual process of one experience compounding upon another, a confluence of factors, which in turn deepened the negative emotional patterns that gradually took away the struggler's sense of masculine sufficiency — to the point where he began to feel same sex attractions. As these attractions intensified, the longings began to be felt in a sexual way. A person's envy of other men became eroticized or sexualized. At some point in their life, many of these men begin to act on those feelings...in some way, whether in thought, in self-sex, or through sexual behavior with other men.

(Continued on next page)

It may be helpful therefore to set forth several facets of the multiple healing strategies we have developed at JONAH in order to treat men with homosexual attractions. It is a holistic program.

Bibliotherapy

To begin, it is important to provide an intellectual framework for the person struggling with SSA. As Dr. Joseph Nicolosi points out in his classic work, *Reparative Therapy of Male Homosexuality: A New Clinical Approach* (p. 204), the therapeutic utilization of books, reading materials, web sites, tapes, video cassettes and other educational sources permits the individual struggling with SSA to gain beneficial insights.

The knowledge gained from biographical information of recovered homosexuals lends credence to their own struggle and hope for recovery. We find that our members are inspired when they can relate their own experiences to those who have successfully resolved the underlying emotional issues that cause SSA and this simultaneously lessens the concern that they are alone in their struggle. Reading material enables the individual to understand the causes, the healing strategies, and the basic of the therapeutic process, thereby enabling them to apply this new-found knowledge to their own situation.

So many strugglers reading (or listening) to this material are shocked to see their own lives profiled. They come to realize the commonality of the causes that the strugglers reflect.

Importantly, bibliotherapy, in the words of Joe Nicolosi, can offset the "demoralizing confusion created by gay propaganda and the popular media of our culture." (p. 204)

Bibliotherapy is a vital part of the healing process. It is valuable not only for the struggler but equally as important for spouses, siblings, and parents. Families need to be brought into the healing process. We encourage family and friends to likewise get involved in bibliotherapy.

The material can provide a psychological framework and encouragement for the struggler. An added benefit occurs when the struggler is working with a therapist who is unfamiliar with the principles of GAP. Often the materials may help a struggler better educate his own therapist who may not be as familiar as we are about appropriate strategies to overcome homosexuality. Among the many books we recommend are:

- *Reparative Therapy of Male Homosexuality* by Dr. Joseph Nicolosi
- *Coming Out Straight* by Richard Cohen,
- *Growth into Manhood* by Alan Medinger,
- *Willpower is Not Enough: Why We Don't Succeed at Change* by Dean Byrd and Mark Chamberlain,
- *Homosexuality and the Politics of Truth* by Jeffrey Satinover
- *My Genes Made Me Do It!* By Neil and Briar Whitehead
- *You Don't Have to Be Gay* by Jeff Konrad
- *Desires in Conflict: Answering the Struggle for Sexual Identity* by Joe Dallas.

Because there are almost no books written from a Jewish point of view, I wrote *Light in the Closet! Torah, Homosexuality, and the Power to Change* (2008) that fills a major void in the literature.

Websites highly recommended include www.jonahweb.org, www.narth.com, www.peoplecanchange.com, www.comingout-straight.com, www.pathinfo.org

Individual Psychotherapy

Of course, individual therapy is an essential component of GAP. It is pivotal to healing, particularly when:

- The struggler is ready to explore previously hidden emotions and motivations;

- The therapist believes in (or is willing to learn) the principles of GAP;

- The client and therapist can establish rapport and trust;

- The client is emotionally and intellectually ready to seriously look at his emotional responses to life's challenges, and

- The client is willing to do the work necessary to change.

We believe that the type of therapist who can best help these men is not the classical psycho-analytic emotionally-detached therapist. Such therapy, in the words of NARTH co-founder Joseph Nicolosi, "reactivates memories of earlier frustration from the cold and distant father." (*Reparative Therapy for Male Homosexuality*, p.20) Nicolosi continues: "Withholding personal involvement merely frustrates the homosexual client, who particularly needs intimate male connectedness, and whose healing comes primarily through the therapeutic relationship." Thus, Nicolosi concludes, the therapist must be emotionally involved with his client, create a directive approach, exude an air of masculinity, "and, within therapeutic guidelines, permit dependency." There are many forms of therapy that work well for SSA including, for example, psychodynamic models, cognitive-behavioral, multi-modal paradigms, EMDR for trauma issues etc.

JONAH works with those who either seek to grow out of their same-sex attractions or are ambivalent about such attractions. Should a prospective client request to become more comfortable with their homosexual attractions or with the gay lifestyle, we will refer them elsewhere and make no value judgments about their choice.

However, for those who seek assistance, JONAH maintains a global referral list of therapists, both for in-person therapy and for phone therapy. Therefore JONAH is always seeking therapists who agree with and are skilled in reparative and directive therapy and will adopt the gender-affirming healing processes we advocate.

We believe that gender identity determines sexual orientation and that one sexualizes or eroticizes that with which he does not iden-

tify. To successfully treat someone with a homosexual condition, our experience shows that a directive and activist therapy program is critical in assisting a client to internalize his gender identity, demystify his romantic attractions to the same sex, and satisfy his unmet developmental needs for attention, affection, and approval from others of the same gender without sexualizing these needs.

Networking, Support Groups, Daily Internet E-Mail Listserv Networking

The process of gender affirmation encourages strugglers to create new support structures such as facilitated or peer support groups. These programs can dramatically change old negative emotional patterns. Before agreeing to involvement support groups, many of these strugglers often feel isolated and alone in their struggle. Or, alternatively, for those who have been active in the gay world, they find a circle of comrades they believe they could never find in the "straight" world. Thus, to create a feeling of belonging and comradeship, we believe it is critical for our members to network with others in the process of recovery or with those who have completed their journey to sexual wholeness. (This is accomplished through group support meetings, a daily E-mail listserv, mentoring or networking).

Members report that fellow journeyers on the road to recovery help them by sharing experiences, understanding their fears, and providing accountability and support. The benefits are immeasurable. Group support sessions and daily E-mail listservs provide opportunities for strugglers to make connections and bond with others sharing similar concerns.

Although some therapists believe networking between those in recovery to be risky, others encourage individuals within their support groups to network with each other outside the group sessions. I wholeheartedly agree. Within the JONAH support network, to date we are unaware of any sexual liaisons taking place between our members. Instead, we find the members provide each other with a social camaraderie that clearly outweighs any perceived risks. Our experience is thus similar to other self-help groups where affected individuals assist others who have not progressed as far as the person providing the assistance.

Remember the person who was active in the gay lifestyle often found a sense of belonging among other gays that overcame his sense of alienation and loneliness. To replace that sense of belonging, it is critical for mentoring and networking to take place. Without these opportunities, it is difficult to establish non-sexual intimate relationships. We believe that the therapist who works individually with his patient and who does not recommend getting involved in support groups and networking is doing his client a major disservice. Our observable experience is that strugglers leap forward when they maintain communication with others who have healed or are in the process of healing from SSA and are able to establish relationships with empathetic mentors.

An interesting footnote to this process is the fact that many of our members who begin to help others heal found that they strengthened their own healing process. Many report a greater sense of self-confidence and affirmation of their own value because their own past experiences helped others heal. In a spiritual sense, they felt good about the ability to perform the "mitzvah" (commandment) of helping others.

The gender-affirming process enables a person to step into a totally new support structure. It provides both encouragement and direct assistance while the member travels the road to recovery. An important aspect of his masculine empowerment is the ability to connect to his brothers in recovery, thus overcoming the detachment and alienation he experienced from the world of men. Two other important tools to accomplish this goal are support groups and a daily email listserv.

JONAH runs several facilitated support groups. They include a young men's group, an older men's group, a married men's group, a parents, spouses, and friends group, and a group for those beginning the dating process.

For men who do not live near the existing support groups or where there is an insufficient number of individuals in a particular location, we initially arranged teleconferencing into our in-person support groups. We found, however, that these combined groups were not as effective as unmixed in-person or teleconferenced groups. By separating the groups, we found that each group standing by itself can better maximize interpersonal relationships and significantly reduce the isolation and loneliness of the members.

Daily Internet E-Mail Listserv: Men and woman from all over the world post messages on a private confidential JONAH listserv (hosted by Shamash.org, a service of the Hebrew College) and report how welcome they feel in our ever-growing healing community. People Can Change also runs several non-denominational support groups on the Internet. Postings range from loving support of another's personal struggle to deep discussions on issues directly relevant to SSA.

The Daily E-Mail Listserv is an excellent method to reach strugglers with special needs: those in geographically isolated locations; those unable to afford private therapy; those who have just learned that a healing process for SSA is possible and seek to learn more about the "GAP" process; those who require daily support in their struggle.

Experiential Healing Weekends, Seminars, and Training Events

We refer our members to several experiential weekends, some of which contain a generic spiritual component involving a Higher Power unconnected to any particular religion. Our own JONAH weekends involve Sabbath services.

Weekends may consist of discussions, psychodrama, journaling, and individual "guts work" which enable participants to reach feelings not usually accessible in the short time frame of the typical therapeutic session. Because of the intensity of these weekends, it may well be equivalent to six months of weekly therapy.

The most popular and effective programs, as reported by our members, are several complimentary and synergistic weekends:

- *Journey into Manhood (web site: peoplecanchange.com),*
- *New Warrior Training Adventure (web site: mkp.org),*
- *Love, Sex, & Intimacy Seminars (web site: gaytostraight.org),*
- *Adventure in Manhood Training Retreat (web site: www.adventureinmanhood.com),*
- *Call of the Shofar, Dare to Soar,*
- *Sports Camp,*
- *Love Won Out Conference,*
- *JONAH Shabbatons*

The objective of the Journey Into Manhood is to provide "an experiential weekend for men who experience unwanted homosexual feelings and are sincerely self-motivated to work to lessen homosexuality identity, attractions, and behaviors and to increase masculine identity and desires. The training is designed to teach these men, through words and processes, that mature heterosexual masculinity can be achieved through authenticity (or internal integrity), need fulfillment, masculine identity, and male bonding." (People Can Change Journey into Manhood Protocol)

These objectives are accomplished by challenging men to examine their beliefs, perceptions and judgments about themselves and others that may be producing a sense of gender inferiority experience trust and bonding with other men in non-sexual ways process deep feelings related to their pasts, themselves and their relationships with others, experience at least an initial release of those feelings that may be blocking growth into heterosexual masculinity, and become ready to embrace a new way of seeing themselves and of being in the world, particularly in the world of men.

Adventure in Manhood is an outdoor, activity-based experiential training in which the struggler dealing with unwanted SSA attends with a male mentor who is not SSA. Together, the participant and the mentor experience a weekend of teamwork, bonding, education, and adventure at a wilderness location in Arizona.

Love, Sex, Intimacy Healing Seminars are intensive weekend seminars in which the struggler and his family members may participate. The training includes experiential processes such as visualizations and psychodrama to help participants touch authentic emotions and open themselves to healing.

Sports Camp is sponsored by Courage, the Roman Catholic faith based ministry, usually in the spring of each year. It is a weeklong camp to help men overcome fear of athletics and sports and is open to men of all faiths. Call of the Shofar, Dare to Soar are religious based men's weekends. The former is for observant Jews, the latter for Christians.

Men return from these weekends nearly euphoric from the experience of accessing their inherent masculine power. For some, this is the first time in their lives they could take ownership of their own masculinity and deal with deep personal issues (such as same-sex peer wounds, mother wounds, or father wounds) in a safe, supportive environment which encourages them to break down destructive behavior patterns to which they had clung for many years. These concentrated and intense emotional experiences yield significant results and give hope to many.

Additionally, our members report that when they have an opportunity to staff these weekends, they find the experience to be even more powerful than the initial weekend because of the leadership role they are able to assume.

Overcoming Body Image and Sports Wounds

At its core, male homosexuality is a matter of undeveloped manhood. True healing requires a resumption of the journey into manhood. The boy who physically grew into an adult male but missed out on certain developmental stages will need to go through them now. Nicolosi points out, for example, that the pre-homosexual boy who missed out on rough and tumble play with his father, and later, did not take part in the physical competitions characteristic of his age often ended up removing himself from such competition and thereby diminished his own sense of masculinity. (*Reparative Therapy of Male Homosexuality*, p. 193)

A basic issue in healing SSA involves reconnecting the individual from the alienation he experienced from his own gender. To help SSA individuals take ownership of their G-d given masculinity is a formidable task, but we have developed several tactics to assist in this regard. The person with same-sex attraction must learn how to experience trust and how to bond with other men in non-sexual ways.

To illustrate a program we employ to assist men with their masculine development, it is useful to refer to a two-hour weekly sports activity we developed following certain support groups. We utilize knowledgeable coaches to lead these activities. We receive outstanding feedback from group members as to the effectiveness of the sports therapy. They learn teamwork, including how to trust other men and to bond with other men who play with them.

Men who are not able to attend our group meetings find that having a coach or a friend teach them a team sport, such as baseball or basketball, is invaluable in developing their masculine identity. We do not seek to make any of these men into athletic stars but rather use this exercise to reinforce their connection to other men.

They are doing things that men do. In the process, they discover within themselves a masculine strength, which they had previously believed was lacking and receive external affirmation of their inherent masculinity.

Since masculinity is connected to the use of the body, when men are not using their body, they often disconnect from it. Playing sports heals the disconnection with body from which our members suffer. Members report that playing sports and learning the skills helped them heal that disconnection while simultaneously increasing their sense of masculinity. They empower themselves by doing something they think they can't do, gaining mastery over fear, ineptitude, and inadequacy.

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In addition, playing sports helps our members overcome the problem of passivity. Men learn that the ball is not going to come to them unless they are in a position to catch it. This insight is a lesson of life. Healing from SSA will not happen unless the person does the work required to overcome it.

There is another aspect of engaging in sports activities as part of the strategy of resuming the growth into manhood. Many of our members report that their fear of sports stemmed from early childhood same-sex peer wounds and that learning how to play sports in a safe environment permitted them to overcome these wounds. They found themselves able to bond with other men, many for the first time in their lives. And, as Nicolosi makes clear, central to the repairing of homosexuality is the establishment of nonsexual intimate relationships with men (Reparative Therapy of Male Homosexuality, p.194). Being involved in traditional men's activities, such as sports, is a direct way to heal those wounds.

Mentoring

Individuals trying to heal from SSA need role models and guidance from heterosexuals of the same-sex in order to heal the wounds caused by defensive detachment from the same-sex parent and peers. Such role models become mentors. Qualities needed by a mentor include compassion, empathy, a non-judgmental attitude, and most importantly, knowledge about how to help others heal from SSA, or at least a strong desire to learn.

Many men transitioning out of homosexuality find real healing synergy when they enter into mentoring relationships with heterosexual men they respect and who are willing to give them time, affirmation, and teaching. If the struggler is lucky enough to have parents willing and able to help, and the struggler is able to reconnect with the same-sex parent, this is the obvious first choice for a mentor. For those whose parents are unavailable, mentors can be sought from among clergy, teachers, members of social groups to which the struggler belongs or any other appropriate group. The man in transition is effectively "refathered" by a father figure or a big brother figure, particularly when dealing with the question what does it mean to enjoy heterosexual masculinity, or to learn what it means to feel "man enough" within his inner being.

The mentor and the participant do "guy stuff" together, stuff that the man in transition may have never experienced such as going to a ball game together or even watching it on TV, but having the mentor explain the game; enjoying activities together such as touch football, soccer, or bowling; working together on home improvement projects. Simply spending time together may be important so that the mentee may feel comfortable sharing things that he may never have felt comfortable about either doing or speaking about before.

The importance of healthy male-to-male mentoring cannot be emphasized enough. It is not uncommon for strugglers to suffer from feelings of inadequacy and low self-esteem. The mentor is the role model that takes the mystery out of masculinity and supports the struggler's journey to his own masculine power.

Multiple mentors are better than a single mentor. Different individuals may assist in disparate areas: a spiritual coach, a masculinity coach, someone who can help on issues relating to dating women, a personal sports coach, etc. The importance of having multiple coaches is the lessening of a reliance and emotional dependence on a single individual. Also, from the mentor's point of view, it lessens the amount of time that a mentor may either have available or is willing to provide.

Friendships

In his book, *Coming Out Straight*, Richard Cohen reasons that the most efficient way for a male struggler to build a completely new social network is to start with a basic mix that contains at least one male representative—but preferably several more than one—from each of four distinct categories of relationships.

We have already mentioned the first category, that is, the mentor, an elder who can teach him the ways of men. We have already likewise discussed the need to relate to fellow strugglers on the journey towards healing.

There are however two categories of friends that need to be brought into the picture. The need for same-sex non-sexual friendships is very important: one of which involves a friend(s) who is secure in his gender identity, is supportive, and knows about his struggle. The other is a friend(s) who is secure in his gender identity, is supportive, and is unaware of his struggle. By learning to be open and honest with these men brings about positive energy that is critical to the healing process. Associating with other men who are secure in their gender identity, reinforces, rather than undermines, the struggler's own sense of masculinity. Nicolosi speaks of the importance of this relationship when he stated, "same-sex friendships have shown themselves to be therapeutic" (p.194). These friendships come both from other men in recovery and from men who never had SSA.

Healing of the Family System

I believe that homosexuality frequently can be viewed as a family system problem, not just an individual problem. When parents, in particular, can become a part of the healing process, it is extremely beneficial to the whole family system. Often, parents inadvertently contributed to the development of their child's SSA. Much has to do with the child's perception of the relationship between him and his mother and father. Once the parents understand the sources of their child's problem, we found many are able to assist their child in the developmental growth process required to overcome the condition.

Even when parents cannot be brought into the healing process because of physical or emotional abuse, extreme neglect, or emotional incapacity, there are siblings, extended family, or close family friends who can participate. Sometimes, just to openly discuss the issues with close family or friends brings immeasurable relief to an overcomer who has kept this part of his being hidden for so many years.

(Continued on page 20)

(Transsexuality, continued from page 8)
matter how successful the procedure and continued hormone replacement have been, it seems that each patient still feels that something is lacking -- that though they were now a woman, it somehow isn't enough.

However, after some minor attempts at surgical assistance by surgeons and endocrinologists, the surgeons finally refuse to do any more. In their judgment, nothing further should or could be done.

Typically, the surgeons were all pleased initially with the success of their transformation of a man into a nice--if not a beautiful--young woman. Now, the medical staff becomes dissatisfied with the patient's dissatisfaction, and they turn the case back to the psychiatric division to "solve" the problem.

The Problem Is Psychological, Not Organic

At this point in the process, I, along with other psychoanalyst colleagues, must tell the surgeons that the disturbed body image was not an organic at all, but was strictly a psychological problem. It could not be solved by organic manipulation (surgery, hormones), no matter how well-intentioned or brilliantly successful it was done.

In psychologically evaluating any patient, it is always important to understand how the patient sees himself. There are certainly age variations as well as gender and cultural elements involved in this evaluation. However, when an adult who is normal in appearance and functioning believes there is something ugly or defective in their appearance that needs to be changed, it is clear that there is a psychological problem of some significance.

The more pervasive and extensive is this misperception of oneself, the more significant is the psychological problem. The more the patient is willing to do extensive surgical intervention (especially when it is destructive), the more serious is the psychological problem. It may not be psychosis. It may not require psychiatric hospitalization. But the significance of the psychological difficulty should not be minimized by a patient's seeming success, socially and professionally, in other areas. This principle of isolated significant psychopathology indicating serious psychological problems (despite the patient's ability to function in all other areas of life) is well known psychiatrically, historically, and by the judiciary.

This conclusion became so well established at Wayne State University that the program was eventually discontinued. The much larger and more extensive program at Johns Hopkins University and medical school in Baltimore, Maryland was discontinued for the same reason.

The psychological problems that are focused on issues related to gender need to be better understood -- not denied.

GID Child's Gender Disturbance Supported By Public School

By Mike Hatfield

An eight-year-old boy in Castle Rock, Colorado, is being permitted to come to school as a girl and to have access unisex restrooms. The child can wear girl's clothing if he wishes and will be addressed as a girl, according to news reports.

The child's Gender Identity Disorder is being treated as gender variant identity that is a normal part of development. According to Kim Pearson, with TransYouth Family Advocates: "Until a child like this gets this piece of the puzzle in place, they can't learn, they can't get an education, they can't form relationships with other people." Pearson's 15-year-old daughter believes she is really a boy.

The normalization of GID as an acceptable gender and a normal developmental process is far advanced in the U.S. A network of pediatricians and other agenda-driven physicians are promoting the idea that gender is a social construction that can be fluid.

What a person "feels" about himself trumps what he actually is in a biological sense. A person who "feels" trapped in an opposite-sex body, is permitted to believe this falsehood about his or her identity and society is expected to accommodate to these feelings.

Instead of treating this eight-year-old boy for a Gender Identity Disorder, he is being permitted to live the fiction that he is actually a girl. In addition, parents and children who view this as abnormal will be offered counseling by therapists in Colorado. Thinking otherwise will be considered bigoted, insensitive, and will create a dangerous educational environment for the child.

The pathological behavior is normalized, while those who still view this behavior as abnormal are stigmatized as uninformed and bigoted against the development of a child's gender identity.

Former NARTH President Joseph Nicolosi, Ph.D. has observed:

> This situation reflects the misguided notion that we can be whoever we feel we are -- (except ex-gay!). This boy would benefit from psychodynamic counseling that explores why he is rejecting his innate maleness.
>
> Surgery, however, is not the answer. Even if the cause of that rejection appears to be a biological 'wiring' problem, one fact remains: no boy can ever make himself into a girl by dressing differently and having his body surgically changed.

The Influence Of Mothers And Fathers In The Development Of Same-Sex Attraction

By Neil Whitehead, Ph.D., New Zealand

Researcher Dean Hamer, whose name is associated with "gay gene" studies, has an interview segment on a YouTube video from an ex-*ex*-gay website where he says that upbringing has nothing at all to do with the development of homosexuality (SSA). In support of that claim, he cites the Bell, Weinberg and Hammersmith study from 1981.

But a recent paper from Taiwan (Lung and Shu, 2007) shows, for the first time in a modern sociological survey, that in some places and in some cultures, the influence of mothers and fathers and upbringing can be extremely strong in the development of SSA; in fact, likely accounting for most of the influences (although the influence of neuroticism was also shown to be important).

This research from Taiwan shows that cultural factors are influential, and that they cause the relative importance of genetic and environmental factors to shift.

In this paper, I review the intellectual history of this argument in order to put the Taiwanese paper in context.

A Little History

In the West, there have been two main sources of material on the importance of parents-- one backing their importance, and the other, not.

The first consists of reports from psychiatrists and therapists, taken from work with their clients as they described their parental backgrounds. These reports went back to the mid-twentieth century and even earlier. These reports could hardly be disputed as influential in the backgrounds of the particular population of clients, but they did not enable us to make statements about the SSA population as a whole. For that purpose, sociological surveys were necessary. The basic impression from the papers published by psychiatrists and therapists was that in male SSA, "smothering mothers" could be to blame, and emotionally or physically absent fathers. Sissiness, perhaps resulting from maternal over-protection, was another facet of the same family configuration.

The second source was researchers Bell, Weinberg and Hammersmith (1981). They published the results of a large sociological survey on a sample gathered by the Kinsey Institute before 1970, which contained a high percentage of homosexually oriented people, and hence allowed statistically reliable conclusions (though it wasn't a random sample, so we have to be a bit careful about the conclusions). They tried to present this study as definitive—assembling a list of almost every social factor asserted by someone at some time that possibly influenced their development, and then checked to see if they did correlate with later homosexuality. Their results were at odds with the previous anecdotal evidence gathered by the clinicians. Each of the family factors correlated with a homosexual outcome in only a small minority of cases. Other, unknown factors were more important.

Explaining The Disparity

One possibility to explain the disparity between the Bell and Weinberg research and the earlier clinical studies is that Bell and Weinberg could have asked the wrong questions. But in that case, the therapists would also have been wrong, since their explanations for SSA had apparently failed Bell and Weinberg's test.

A second possibility is that biological causes were predominant, not social ones, and the authors speculated that might indeed be so. Yet a third possibility was not even considered – that random reactions to common environmental factors predominated. (Whitehead, 2007). The evidence points fairly strongly to the latter being the case.

Combining all the apparently relevant social factors, the authors were able to explain 30% of homosexuality using their mathematical model (Bell, Weinberg & Hammersmith 1981) (or download chapter 11 from *www.mygenes.co.nz*). However, in one part of their book, they said the 30% finding was "significant," but at another part, they called it "not significant." The contradiction between these two statements led to many subsequent writers simply stating that "no social factors" produced homosexuality.

Researchers Van Wyk and Geist (1984) pointed out that this dismissal of a 30% correlation was incorrect, but they were ignored. The truth is that a finding of 30% in any study using this type of statistical method is significant. But as to explaining most homosexuality, it was indeed "not significant." Most homosexuality was not explained (Bell, Weinberg & Hammersmith 1981).

No more studies of this extent or on this scale have been done until now, and the literature, deferring to Bell/Weinberg/Hammersmith's paper, perpetuated the untruth that "family factors have no effect (at all)".

Neuroticism was also associated with SSA in some studies, but not others, and the general conclusion was that the association between homosexuality and neuroticism was inconsistent.

Twin Studies Show No Social Factors?

Twin studies, especially from the year 2000-on, seemed to support the idea that social factors had no causal influence on homosexuality. Twin studies subdivide influences into genetic factors;

shared environmental factors; and environmental factors experienced by one twin but not the other. Twin studies could not detect a significant influence on homosexual development from shared environmental factors. (Kendler, Thornton, Gilman, & Kessler, 2000; Bailey, Dunne, & Martin, 2000; Bearman & Bruckner, 2002; Santtila et al., 2008).

But this conclusion was not as clear as it seemed, because (Whitehead & Whitehead, 2007) the twin study methodology for homosexuality tends to overestimate the genetic percentage at the expense of the influence of the percentage of shared environment. As noted by Visscher et al. (Visscher, Gordon, & Neale, 2008) "...the twin literature based upon the classical twin design and model selection procedures could be severely biased..." – that is, twin studies will simply not detect shared environmental influences unless sample sizes are very large, and shared influences are very strong.

But more importantly, twin studies actually conceal the level of shared environmental influences. This shows up instead as non-common environmental influence, that is, people reacting in a very individualistic way to the same influence. A case could even be made that individualistic erratic reactions are predominant with the common environmental influences, and that the individualistic erratic reactions to biological factors are minor. This point has already been made in Whitehead (2007; and in a much fuller way in another paper submitted for publication. See also chapter 10 on the website above).

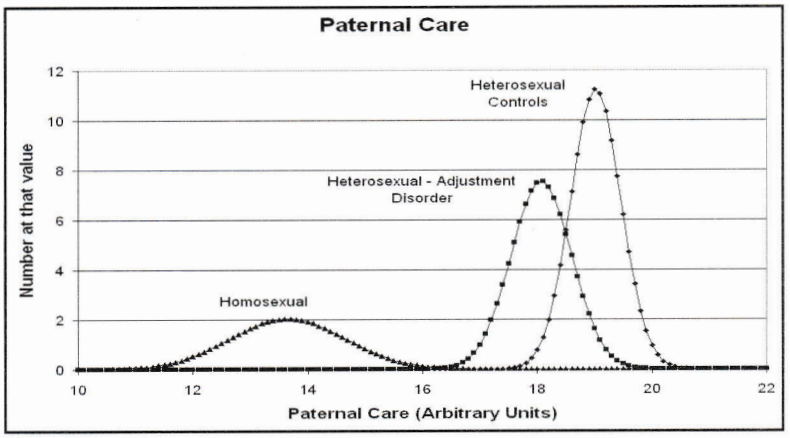
Enter Lung And Shu Into The Debate

At this point in the debate, the paper by Lung and Shu (2007) appeared. In the Taiwanese subjects, the study showed a very strong influence of parental style on the development of homosexuality, as well as significant neuroticism in the homosexual subjects. This was not a marginal result like so many research results tend to be, but it was unequivocal. It showed that these influences were predominant.

This seemed to contradict much of the research that had gone before (interestingly, Lung and Shu don't seem to have heard of Bell, Weinberg and Hammersmith, or the twin studies!). But how can the papers be so contradictory? I believe there are good reasons; they are cultural, and they shed light on why we obtained different results in the West.

Lung and Shu seem to be associated with the military in Taiwan and their subjects were drawn from the annual intake of 140,000 young recruits. In that country, military service is compulsory, hence the recruits represent the whole population of men. There are inevitably those who find military training almost unbearable, and many in Taiwan are diagnosed with Adjustment Disorder (a DSM mental health category). From these, the authors selected 51 homosexuals, and 100 non-homosexuals. The controls were 124 recruits without Adjustment Disorder. Recruits with mental-health issues other than these were eliminated from the study.

It seems obvious that this study was possible because Lung and Shu were told by the authorities to study recruits who could not cope with military life. However, it means that the study of homosexuality is complicated by the Adjustment Disorder, which the authors had to take into account in the interpretation of their results. No other study has involved those with an accompanying mental condition like this. However, it seems to me that the authors allowed for the Adjustment Disorder quite adequately, using a control group. Overall, the sample is much more representative than many in the West.



The homosexual recruits had much higher neuroticism than controls. There was no control group for neuroticism; this is a weakness in the study. We don't know absolutely clearly whether this group was inherently neurotic and it led to homosexuality, or the neuroticism was produced by interactions with their parents (which is what the authors present as the causal pathway).

Regardless, it is an important factor. To give the flavor of the extraordinarily clear-cut results, we need only look at the well-known Parental Bonding Instrument that the authors used (a questionnaire which measures relationships to parents). I present here the results for Paternal Care.

These are numbers on a scale, but you don't need to know how that compares with the realities of the family – merely compare the numbers. The results were 13.65 ±1.00 (standard deviation) for the homosexual group, 18.07 ±0.53 for the non-homosexual group and 19.02 ±0.44 for the controls.

This means the heterosexual Adjustment Disorder group had parental issues indistinguishable statistically from the controls (In Fig 1, the curves for both groups mostly overlap.) But the parental issues for the homosexual group were much, much more important. (There is no overlap at all between the curves.) In fact, the homosexual group is so far separated from the non-homosexual that it represents some kind of record – a Taiwanese man (with Adjustment Disorder, and more neurotic than usual) is classed as homosexual or non-homosexual depending (almost entirely) only on the absence of care he received from his father -- i.e., a distant father. There would be a very low error rate, because the standard deviations are so relatively small. I know of no other indirect social indicator of homosexuality with such a power to discriminate.

(Continued)

Similarly, the homosexuals were found to be very significantly deprived of maternal care; but also, there was a very high degree of "protection" by both mothers and fathers. This seems paradoxical--but the general picture is of parents who are psychologically very distant, but performing their parental duties, and over-protecting the proto-homosexual by keeping him a little Mommy's boy, and not exposing him to the difficulties of life.

Allowing for the Adjustment Disorder, other results showed the homosexual men were also much more introverted and neurotic. Some critics query the absence of all the control groups they would like to see. It is true some are missing. However in the next section we explain why many researchers think this is not important, because Lung and Shu use a technique which relies on statistical models and how well it fits the evidence. This is probably good enough.

Social Factors Explain 62% Of Homosexuality

In their statistical model to explain homosexuality, Lung and Shu managed to explain 62% of the variance by parental factors and neuroticism level; i.e., 62% of homosexuality of their sample can be explained by parental factors, with higher-than-normal levels of neuroticism. It is quite rare to get a figure as high as this when a sociological survey is involved.

The relative strengths of the factors found important were Maternal Care 0.42, Maternal Protection 0.21, Paternal Care 0.21, Neuroticism 0.64. Paternal Protection, although individually the most important, and highlighted by the authors, exerted its effect through production of neuroticism. (General mental health itself did not directly affect development of homosexuality.) Unfortunately, because of the peculiarities of modeling mathematics, we cannot directly add the parental factors together to get an overall effect and compare them with the neuroticism result, but we can say that other parental factors and neuroticism are roughly comparable in effect.

Interestingly there is evidence that the fathers did not find the sons' homosexuality and reject them. The parental protection was high, and this was evidence that they were concerned to protect and shield them.

(Continued on page 34)

Social-Change Seminar Encourages Boys To Explore Homosexuality

The Boys to Men group in Portland, Maine held a seminar at its May 2008 conference to encourage boys to explore homosexuality and transgenderism.

The seminar, "Queer, Questioning, Quiet: Developing Gender Identity & Male Sexual Orientation," featured speakers from Proud Rainbow Youth for Southern Maine.

The Boys to Men website said that the seminar targets middle and high school boys and adult male mentors. The core values section of the web site says: "Traditional media and cultural representations of masculinity and femininity are too narrowly defined and contribute to destructive and damaging behavior toward individuals of all genders and ages. We are committed to eliminating the inequalities and institutional injustices that result from these traditional media and cultural representations of masculinity."

Mike Heath with the Christian Civic League of Maine expressed concern over the seminar. "I think it's outrageous. This is now starting to happen in public schools throughout our state. The public needs to wake up, become aware, and speak out against it."

He continued: "This continues to happen to impressionable young boys. The sad thing is the boys who are least able to endure this message, this confusion," are the ones these groups seek out.

NARTH 2008 Conference Presentation Proposal Form

INSTRUCTIONS FOR PROPOSING A PRESENTATION

All proposals for presentations should be received no later than August 1, 2008. Notification of acceptance will be no later than September 15, 2008. Please submit proposal to Kim Niquette at kniquette@cfl.rr.com, and include:

• Presenter information (professional affiliation, email, phone, fax, address)
• Presentation Title, Format, Abstract (300 words)
• Behavioral Learning Objectives for a professional audience
• Presenter qualifications (200 word bio-sketch with includes degrees, license, and professional affiliations)
• Level of difficulty (Beginner, Intermediate, Advanced).

Review Of Two Recent Studies On Correlations Between Gender Identity And Sexual Orientation

By James E. Phelan, LCSW, Ph.D., BCD

Drummond, K. D., Bradley, S. J., Peterson-Badali, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. Developmental Psychology. 44(1), 34-45.

A panel of experts well known for treating gender identity disorder (GID) have recently released data of their longitudinal follow-up with 25 girls who had been diagnosed as having a gender identity disorder (GID). Standardized assessment data in childhood (mean age, 8.88 years; range, 3-12 years) and at follow-up (mean age, 23.24 years; range, 15-36 years) were used to evaluate gender identity and sexual orientation.

At the assessment in childhood, 60% of the girls met the Diagnostic and Statistical Manual of Mental Disorders criteria for GID, and 40% were sub-threshold for the diagnosis. At follow-up, 3 participants (12%) were judged to have GID or gender dysphoria. Regarding sexual orientation, 8 participants (32%) were classified as bisexual/ homosexual in fantasy, and 6 (24%) were classified as bisexual/homosexual in behavior. The remaining participants were classified as either heterosexual or asexual.

The rates of GID persistence and bisexual/homosexual sexual orientation were substantially higher than base rates in the general female population derived from epidemiological or survey studies. There was some evidence of a "dosage" effect, with girls who were more cross-sex typed in their childhood behavior more likely to be gender dysphoric at follow-up and more likely to have been classified as bisexual/homosexual in behavior (but not in fantasy).

Rieger, G., Linsenmeier, J. A. W., Gygax, L., & Bailey, J. M. (2008). Sexual orientation and childhood gender nonconformity: Evidence from home videos. Developmental Psychology. 44(1), 46-58.

This interesting study asserted that homosexual adults tend to be more gender nonconforming than heterosexual adults in some of their behaviors, feelings, and interests. Retrospective studies have also shown large differences in childhood gender nonconformity, but these studies have been criticized for possible memory biases. The authors studied an indicator of childhood gender nonconformity that is not subject to such biases: childhood home videos. They recruited homosexual and heterosexual men and women (targets) with videos from their childhood and subsequently asked heterosexual and homosexual raters to judge the gender nonconformity of the targets from both the childhood videos and adult videos made for the study. Pre-homosexual children were judged more gender nonconforming, on average, than pre-heterosexual children, and this pattern obtained for both men and women. This difference emerged early, carried into adulthood, and was consistent with self-report. In addition, targets who were more gender-nonconforming tended to recall more childhood rejection.

Recommended Reading From NARTH Web Site

Review Of Book, "Ex-Gays? A Longitudinal Study Of Religiously Mediated Change In Sexual Orientation" by Stanton L. Jones and Mark A. Yarhouse
George A. Rekers, Ph.D.

The "Trojan Couch": How the Mental Health Associations Misrepresent Science
Jeffrey B. Satinover, M.S., M.D.

Interview With Michael Glatze: A Former Gay Activist Explains How He Left Homosexuality

The Role Of Free Agency In Sexual Identity Development
Douglas Abbott, Ph.D.

The Meaning Of Same-Sex Attraction
Joseph Nicolosi, Ph.D.

Helping Women With Same-Sex Attraction
Janelle M. Hallman, MA, LPC

The Three Phases Of The Transformative Experience
Joseph Nicolosi, Ph.D.

Facts, Not Flattery, About Same-Sex Attraction
The Ad Hoc Committee On Homosexuality And Scientific Research

Homosexuality 101: What Every Therapist, Parent, And Homosexual Should Know
Julie Harren, Ph.D., LMFT

Homosexuality:The Essentialist Argument Continues to Erode
A. Dean Byrd, Ph.D., MBA, MPH

Myths and Misconceptions About Behavioral Genetics And Homosexuality
Douglas A. Abbott Ph.D.

"We support the freedom of individuals with unwanted homosexual attractions to seek safe, effective psychological care, and we defend the right of mental-health professionals to provide that care. Individuals certainly have the freedom either to claim a gay identity, or to pursue a path of change." -- NARTH President A.Dean Byrd, Ph.D., 2007 Conference speech.

(Gender Affirmation, continued from page 14)

We encourage our members to openly discuss their issues with family members and to provide educational material to those in his "circle" who are willing to learn about the underpinnings of homosexual attractions. Several of our members have attended, together with the families, the Love, Sex, and Intimacy Seminars given by Richard Cohen of the International Healing Foundation. In doing so, they reported experiences which enabled them either to begin or to accelerate the process of peeling back their own defensive detachment from their father figure, untangling their mother enmeshment issues, and repairing the fractured relationships with siblings and other family members.

For those who are married, we often find that the struggler was leading a double life. Most wives who are informed of the homosexual condition by their husbands (which we strongly encourage) respond favorably and perform a major role in the healing process. Again, couples who have attended the Love, Sex, and Intimacy Seminars and utilize appropriately trained reparative therapists for couple's therapy in their follow-up work, reported favorable results. Today's politically correct notion that homosexuality is merely an alternative lifestyle can complicate the healing process, particularly when the family member or spouse incorrectly believes the struggler was born that way or has a so-called "gay gene."

Therefore, we must redouble our efforts to educate the entire community that homosexuality is a treatable condition.

Elizabeth Moberly expressed the importance of family in treating the homosexual condition. In a 1985 lecture given to the Royal Society of Health, she said, "The homosexual condition -- although often an occasion for sexual expression -- is in itself a state of unfulfilled developmental needs. For this reason, homosexuality may best be evaluated, not by comparison with sexuality in general, but by comparison with the parent-child relationship and facilitating of human maturation."

Spiritual Development – Moral Absolute Vs. Moral Relativism

Although JONAH is an outreach organization that works with all Jews, from the strictly observant Orthodox to the most secular of Jews, we stress certain aspects of our religious teachings. We blend lessons from the Torah (what Christians refer to as the Old Testament) with other Jewish sources in order to help individuals access their inner souls and thus recapture their G-d given inherent heterosexuality.

Part of the reason for this emphasis is to provide the person struggling with SSA with the ability to distinguish a moral right from a moral wrong in today's culture war. The Torah's eternal values integrate the principles of deferred gratification and the exercise of restraint in sexual activity into the human psyche. In doing so, we note how this view is antithetical to today's prevalent moral relativism in which the only factor to restrain human behavior is mutual consent. Simply stated, this attitude can be summed up as follows: "If two or more consenting adults want to (fill in th blank), then no one else need be concerned."

When we understand that the homosexual cohabitation prohibi ed by Lev.18.22 and explained in the Talmud (Nedarim 51a) is mistaken response to an unfilled emotional need, we are able t remove an oppressive guilt from the person who was mistakenl led (most often by forces initially beyond his/her control) int such activity. By understanding the root causes, and the unfille needs for which the behavior (or fantasy) attempts to compen sate, a program of remediation becomes achievable. We find it helpful to employ a combination of both the Jewish concept c "teshuvah" (a process of transforming one's inner being, com monly translated as "return" or "repentance") and the secula understandings of gender affirming processes.

Jewish law creates a delicate balancing act: accepting the indi vidual as a human being who deserves love and compassion bu rejecting the homosexual activity in which he/she may partici pate. But this "love the person but not the behavior" principle i equally true of any illicit sexual behavior, whether it be hetero sexual or homosexual.

For example, we accept the community philanderer as a perso but disapprove of his/her sexual brokenness. It is incumben upon the community to understand the mentality and inner devel opment of the persons who perpetrate the act and find a way t assist them in their healing. JONAH makes special efforts t reach the Jewish community through synagogues and the larg network of Jewish organizations in order to spread this messag of hope and healing.

Summary

Feelings of same sex attraction occur in the present but they ar based upon or connected to negative experiences (perceived o real) of many years ago. These experiences created negativ emotional patterns during childhood and have been maintaine into adulthood. Thus, when one is emotionally distressed (o involved in the HALT syndrome: Hungry, Angry, Lonely, o Tired), the pain strikes at the core of one's masculine sufficiency

Whenever this happens, the struggler may lose his sense of mas culinity, feeling that he is not man enough, or he simply may los connection to his maleness within. It is at this time that the urg to reach for a comfortable old shoe occurs, when one reaches fo an "experience," whether imagined or real, that he believes wi provide a substitute for his perceived lack of masculine suff ciency. SSA men have a number of residual negative emotiona patterns. In turn, this creates a constant longing or desire fo something positive, usually expressed as some type of sexua closeness with another male. All of this occurs in the preser tense based upon old emotional patterns that were establishe and reinforced over many years.

Recognizing that SSA feelings are held in place by negative emo tional patterns felt in the present is important because when thos patterns change, SSA diminishes and in many cases is replace by heterosexual feelings. That is why GAP deals holistically wit

a man at several layers of his personality.

Of course, a relapse to homosexuality may occur if one returns to the old negative emotional patterns. Thus, our efforts must work to undo – "interrupt" if you will – long-set patterns of response and create new patterns of response by creating a new more positive lifestyle that prevents the patterns from returning.

GAP helps an individual to learn how his old emotional patterns functioned, how they can be changed, and most importantly, how to keep his new more positive emotional patterns alive.

American Psychoanalytic Association (APsaA) Supports Gay Marriage

By Mike Hatfield

The American Psychoanalytic Association went on record March 12, 2008 in support of gay marriage.

According to Ethan Grumbach, Ph.D., chair of the APsaA's Committee on Gay and Lesbian Issues, "We want people to think about the broad impact the denial of same-sex marriage has on American families today. Families exist in many different ways and it is important for same-sex couples to have legal and societal recognition of their unions for themselves, their children, and their extended families."

The association justifies its support of gay marriage by citing surveys and a study claiming that children reared in gay households are no different than children from heterosexual homes.

One prominent reference cited is the work of lesbian activist Charlotte Patterson, whose research was rejected by a court in which it was presented. In NARTH President A. Dean Byrd's paper, "When Activism Masquerades As Science: Potential Consequences of Recent APA Resolutions," he describes a court case in Florida where Patterson's research and scientific impartiality were considered lacking by the judges.

The court noted:

Dr. Patterson's impartiality also came into question when prior to trial, she refused to turn over to her own attorneys copies of documentation utilized by her in studies. This court ordered her to do so (both sides having stipulated to the Order), yet she unilaterally refused despite the continued efforts on the part of her attorneys to have her do so. Both sides stipulated that Dr. Patterson's conduct was a clear violation of this Court's order. Her attorneys requested that sanctions be limited to the exclusion of her personal studies at trial and this Court agreed to do so.

Dr. Patterson testified as to her own lesbian status and the Respondent maintained that her research was possibly tainted by her alleged use of friends as subjects for her research. This potential was given more credence than it should have been by virtue of her unwillingness to provide the Respondent as well as the Petitioner, with the documents ordered to be produced" (1997, JUNE AMER, Petitioner v Floyd P. Johnson, p. 11).

The APsaA also quoted a couple of surveys of attitudes of gay parents about the importance of parenthood. The attitudes were positive toward marriage, but these surveys hardly prove that children in gay households are not harmed by such relationships.

NARTH Board Member George A. Rekers, Ph.D., has written extensively on the impact of gay parenting on children and has testified before state legislatures on the importance of the two-parent home with a mother and father. His paper, "Review Of Research On Homosexual Parenting, Adoption, And Foster Parenting" describes the negative impact that gay parents have on their children. ■

Excerpts From Preface To *Destructive Trends In Mental Health,* Edited by Rogers H. Wright And Nicholas A. Cummings

"Why would two lifelong activists, I an octogenarian and my colleague nearly so, edit this controversial book when our lives have been characterized by progressive social and political advocacy? Why, when we could be resting on our laurels at the twilight of our careers, do something that is certain to ignite accusations that we are right wing extremists? Why, after decades of fighting to establish the rightful role of professionalism in psychology, do we now question the validity and integrity of some of the prevalent practices in our profession?

The answer is simple: psychology and mental health have veered away from scientific integrity and open inquiry, as well as from compassionate practice in which the welfare of the client is paramount.

***

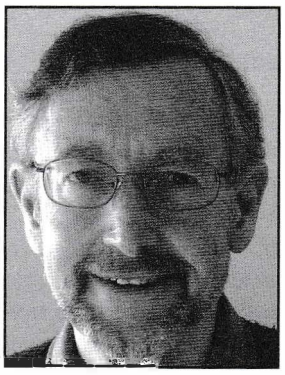
We decry the extremism on the right, but we do not address it in this volume because that is not the problem within organized mental health today. Psychology, psychiatry, and social work have been captured by an ultra-liberal agenda, much of which we agree with as citizens. However, we are alarmed with the damaging effect it is having on our science, our practice, and our credibility."

Latest Twin Study Confirms Genetic Contribution To SSA Is Minor

As in previous studies, identical twins usually differ for SSA.

By N.E. Whitehead, Ph.D.

Twin studies are favorites of mine because of the potential light they throw on the origins of same-sex attractions (SSA). The latest one (Santtila et al., 2008) is three times larger than any previous study – in fact, larger than all the rest put together.



Neil Whitehead, Ph.D.

Does this latest study teach us something new? Quick answer: No. It confirms the best recent studies, which tell us that genetic factors are minor; non-genetic factors are major.

The paper's title is "Potential for Homosexual Response is Prevalent and Genetic." This implies to the average reader that homosexuality is sometimes hidden, but commonly occurring, and that it is predominantly genetic. But we shall see this title is not representative of the study's actual findings.

This is the fifth systematically sampled twin study to look at SSA independently in men and women. Of the four previous studies, two were from Australia (Buhrich, Bailey & Martin, 1991; Bailey, Dunne & Martin, 2000), and two were from the USA (Hershberger, 1997; Bearman & Bruckner, 2002).

This latest study is from Finland. Using the very centralized records typical of Scandinavian states, they assembled a large, genuinely random sample of twins (6,001 female individuals and 3,152 males) for a study that was primarily on aggression. With that constraint, they were permitted only two questions about SSA: "What same-sex sexual contact have you had in the last year?" and (in essence) "If there was no prospect of anyone finding out, and you were sexually propositioned by someone of the same sex you liked, what would be your chances of accepting?"

Before we go further, let's address one small difficulty. Unfortunately, different studies use different measures for SSA. Some ask for total number of partners – this one asked only the frequency of contacts in the last year. Other surveys ask the frequency of same-sex fantasy. This one asked respondents to fantasize (perhaps for the first time) about what sexual contact with a same-sex partner might be like. The authors then say this is measuring "potential homosexuality," but you and I would probably conclude that such a measure is fairly clearly indicating something other than SSA. This measure obviously would include bisexual people, and casts the net so wide, that it also could well be testing for something like novelty, curiosity, or sensation-seeking, rather than actual sexual orientation. In this study, 32.8% of men and 65.4% of women replied "yes" to that question about fantasy, in contrast to 3.1% of men and 1.2% of women who described themselves as actually homosexually active.

The results were:

Activity	Genetic	Shared Environment	Non-shared
Men	27% (2.7-38)	0% (0-18)	73% (62-85)
Women	16% (8.3-24)	0% (0-3.6)	84% (76-91)

Potential Genetic		Shared Environment	Non-shared
Men	37% (12-47)	0% (0-19)	63% (53-73)
Women	46% (32-52)	0% (0-11)	54% (48-60)

Table 1. Relative influence of various factors for the Santtila and Sandnabba (2008) data. Error ranges in parentheses are the 95% (2 sigma) error range.

The table shows that the estimated genetic contributions are a few tens of percent, but that the error ranges (in brackets) are quite large and this could possibly mean the genetic contribution is zero. This is exactly the same as has been found previously. They also show that the non-shared environmental contribution (i.e. environmental factors particular to the individual) greatly predominate – in other words they are the largest group of causes of SSA.

Are genetic contribution results of say 27% important? No. In the twin studies world the influence would be classified as weak to modest. And any influence is indirect – it is likely to be something like an innate tendency to be very sensitive to the opinions of others. However, even this weak or modest genetic contribution is probably greatly overstated.

Twin study researchers usually involve the siblings of identical twin subjects as much as possible, because they are genetically related to the same degree as fraternal twins, hence like substitute fraternal twins. This sibling/twin comparison is very interesting because it tests for any special twin environment. For example, did the twins influence each other to be SSA? Or did the genetic similarity between the identical twins and siblings cause some lesser SSA in the siblings also? In this case, the siblings were tested along with the identical twins and fraternal twins and the results were meaningless-- i.e., they did not yield results compatible with genetic influence in SSA. Although the authors do not specify exactly what the problem was, it must have been severe ("...attempts at fitting uni-variate and bi-variate extended-family scripts for categorical data were not successful...." which is scientese for the explanation I give above). This would usually be enough to destroy a study of genetic influ-

(Continued on bottom of page 36)

Syphilis Rates On Rise Again

Syphilis rates rose again in 2007, largely reflecting outbreaks among men who have sex with men, the nation's public health agency said in March 2008.

The news dampens hopes of eliminating the ancient sexually transmitted disease (STD), which in 2000 looked close to eradication in the United States.

"STDs remain a major threat to the health of gay and bisexual men, in part because having an STD other than HIV can increase the risk of transmitting or acquiring HIV," said Dr. Kevin Fenton, director of the Centers on Disease Control and Prevention's (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

"The resurgence of syphilis among MSM [men who have sex with men] represents a formidable challenge to our STD prevention efforts, but one that is surmountable," Dr. Fenton said at the agency's STD prevention conference in Chicago.

Screening and treatment should be a central part of medical care for gay and bisexual men, as well as finding innovative ways to help them avoid STD infections, including HIV, in the first place, he said.

Based on preliminary data, the 2007 syphilis rate was 3.7 cases per 100,000 population, or 11,181 cases. It was the seventh increase in a row and pushed rates 76 percent higher than in 2000, when the rate was 2.1 cases per 100,000. (Source: *The Washington Times*, March 13, 2008.)

Australia Report Predicts Upsurge In HIV Infections

A new report published by the National Centre in HIV Epidemiology and Clinical Research predicts that HIV infection rates will increase by 75% in the next seven years in Queensland if current trends continue. The study found that an increase in risky unprotected sex and the rise in sexually-transmitted infections (STIs) was likely behind the increase in HIV transmissions among gay men seen since 1999.

According to Dr. David Wilson, "While the raw numbers are not as large as they were at the peak of the HIV/AIDS crisis in 1988, this is a worrying trend." Sexually-transmitted diseases such as chlamydia, syphilis, and gonorrhea appear to be major factors in the increasing spread of HIV.

One in three such infections was transmitted by the 13% of men who had undiagnosed HIV. In addition, one in five transmissions among gay men were attributable to the three percent of men who had been recently infected.

The number of infections dropped 30% in the 1990s and climbed back up between 2000 and 2006. (Source: AAP General News, Australia, March 3, 2008.)

'Versatility' In Same-Sex Intercourse Spreads HIV in Peru

"Role Versatility among Men Who have Sex with Men in Urban Peru," (*The Journal of Sex Research*, Vol. 44, Issue 3, 2007) analyzed the sex practices of more than 2,000 Peruvian men who engage in same-sex intercourse.

The study was designed to discover the extent to which Men Who Have Sex With Men (MSM) vary their sex roles during anal intercourse. Three roles were studied: passive, insertive and versatile (the man would switch between passive and insertive during intercourse).

The study noted, "given the differences in transmissibility [of HIV] for insertive and receptive anal sex, such men are capable of both becoming infected efficiently while receptive and then transmitting efficiently while insertive."

Subjects were recruited from six large cities in Peru and received risk reduction counseling, condoms and lubricants.

They underwent a structured interview using Computer-Assisted Self-Interviewing (CASI) to determine their sex habits with other men and women.

The study found that 10.3% of those interviewed viewed themselves as heterosexuals. In addition, 16% of all those interviewed engaged in versatile behaviors. "Behavioral bisexuality is common among these men; 35% reported a female partner among their most recent three partners in the last three months."

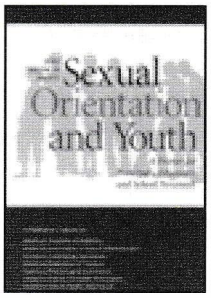
Researchers discovered that "men who are exclusively receptive during UAI (unprotected anal intercourse) with male partners have a higher prevalence of HIV infection (16.6%) than either versatile (12.9%) or insertive (6.5%) men."

"We find that an individual man who is always insertive during UAI with other men is potentially exposing more women to HIV than is a man who is either receptive or versatile."

They conclude with this suggestion: "...it is clear that stronger messages are called for on the high indirect risk to a man's wife, girlfriend, or other female partners when he engaged in unprotected insertive anal sex with men."

A Response to the APA's "Fact Sheet"

By Dale O'Leary, A. Dean Byrd, Ph.D., Richard P. Fitzgibbons, M.D. and James E. Phelan, Ph.D.



The APA and the other twelve organizations [1] that comprise the Just the Facts Coalition have recently published a new edition of "Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel." The Coalition has mailed copies of the fact sheet to all 16,000 public school superintendents in the United States.

It is important that parents understand the threat this document poses and are able to respond to the so-call "facts." The full text of the Just the Facts booklet is available at http://www.apa.org/pi/lgbc/publications/justthefacts.pdf.

The fact sheet claims to present accurate scientific information, which will help schools protect at-risk students, and prevent violations of the separation of church and state. The fact sheet fails to accomplish any of these objectives.

- It is not a fact sheet, but a political statement.

- It puts youth at risk – particularly adolescent males experiencing Same Sex Attraction.

- It violates separation of church and state.

What Are The Real Facts?

(1) Persons with Same Sex Attraction (SSA) are more likely than those without SSA to suffer from psychological disorders, including depression, suicidal ideation, substance abuse problems. [2] Recent well-designed studies with large samples consistently find dramatically higher rates of a number of problems among persons with SSA. These studies do not include problems of sexual addiction or paraphilias. Were these included, the rate of psychological disorders among persons with SSA would be even higher.

Before 1999 there were small studies which appeared to show no differences between persons with SSA and those without it. However, since 1999 a number of large well-designed studies have found significant differences. [3] It should also be noted that persons sympathetic to the gay agenda conducted the majority of these studies.

(2) Several well-designed studies have found that a significant percentage of persons with SSA have been victims of Childhood Sexual Abuse (CSA) or rape. [4]

(3) There is no replicated scientific evidence that SSA is genetically or hormonally predetermined and unchangeable. [5] If it were, identical twins would virtually always have the same pattern of sexual attraction and they do not. In a study of a large sample of male identical twins when one twin had SSA in only 11% of the cases so did the other. [6]

(4) A significant percentage of persons with SSA as adults had symptoms of Gender Identity Disorder in childhood. [7] In most cases, this was not treated and caused significant emotional and mental distress.

(5) Men who have sex with men are at extremely high risk for contracting a sexually transmitted infection. [8]

(6) If a male has sex with other males, the younger he is when he begins. the greater the risk of becoming HIV positive or contracting another sexually transmitted infection (STI). [9]

(7) A significant percentage of persons experiencing SSA in adolescence will no longer have homosexual attractions by the time they reach 30. [10]

(8) The resolution of same sex attractions as a result of therapy or other interventions had been documented in numerous studies done before and after the 1973 APA decision. [11]

Gay activists have been forced to explain why persons with SSA are at "elevated" risk for addictions, anxiety, depression and suicidality. They blame the problem on the stress of living in a rejecting, heterosexist culture. [12] If this were true then one would expect to see lower levels of such problems in cultures which are more accepting of homosexuality such as the Netherlands, but this is not the case. [13]

The fact sheet misrepresents therapy for SSA and the work of the various religious ministries that address this problem. Such therapy is directed toward understanding the origins of SSA for this particular person, resolving early childhood and adolescent emotional wounds, establishing the capacity for non-sexual same-sex friendships, overcoming compulsive behaviors and recognizing emotional vulnerabilities. While many factors contribute to the development of SSA, there is no single cause for SSA and there-

(Continued on next page)

The National Association for Research & Therapy of Homosexuality (NARTH) is committed to freedom of choice in therapy for individuals with unwanted same-sex attractions.

fore each person who seeks help will follow their own unique path to freedom.

The Influence Of Political Activists

The fact sheet relies for its "facts" not on an analysis of well-designed studies, but on the statements of professional organizations. The public may assume that these statements are themselves the result of careful debate within these organizations and analysis of well-designed studies, but this is not the case.

These statements were generated by political pressure from activists within these professional groups. In his book *Homosexuality and American Psychiatry: The Politics of Diagnosis,* Ronald Bayer, who supports the gay agenda, documents how gay activists pressured the American Psychiatric Association to remove homosexuality from its *Diagnostic and Statistical Manual*. According to Bayer, the decision, from which 39% of the voting members dissented, was not the result of science, but of politics:

> "A furious egalitarianism that challenged every instance of authority had compelled psychiatric experts to negotiate the pathological status of homosexuality with homosexuals themselves. The result was not a conclusion based on an approximation of scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times." [14]

According to Bayer, "The status of homosexuality is a political question, representing a historically rooted, socially determined choice regarding the ends of human sexuality. It requires a political analysis." [15]

The takeover of the statement-making process in professional organizations by activists is causing great concern among those who believe that professional organizations should restrict themselves to science and to their fields of expertise. Rogers Wright and Nicholas Cummings (a past president of the American Psychological Association) have brought together a collection of essays, *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*, which highlight their concern about this trend. [16]

Opinions Presented As Data

The fact sheet references several authors in support of its "facts." However, if one reads the articles referenced and written by these authors, one finds that they are not presenting conclusions based on an analysis of large well-designed studies, but are political, ethical, and even religious opinions about the data.

Douglas Haldeman, author of numerous articles on SSA, argues in the article referenced in the fact sheet that reorientation therapies are unethical because they are "predicated on a devaluation of homosexual identity and behavior." It is true that a number of religions hold that homosexual behavior is always objectively wrong. Haldeman is free to disagree with these religions, but his opinion is not science *per se*.

An article by G. C. Davison is referenced in the fact sheet to support the following statement: "No data demonstrate that reparative/conversion therapies are effective, and in fact they may be harmful." Davison chose to ignore the massive body of pre-1973 reports of successful therapy. In fact, a recently published longitudinal study by Jones and Yarhouse of clients of religious ministries found no unusual reports of harm.

The title of Davison's article "Constructionism And Morality in Therapy for Homosexuality" suggests that Davison's concern is philosophical and theological. He writes:

> ... even if one were to demonstrate that a particular sexual preference could be modified by a negative learning experience, there remains the question of how relevant these data are to the ethical question of whether one should engage in such behavior-change regimens. The simple truth is that data on efficacy are quite irrelevant. Even if we could effect certain changes, there is still the more important question of whether we should. I believe we should not.
>
> Change of orientation therapy programs should be eliminated. Their availability only confirms professional and societal biases against homosexuality, despite seemingly progressive rhetoric about its normality.... Viewing therapists as contemporary society's secular priests rather than as value-neutral technicians will sensitize professionals and laypeople alike to large-scale social, political, and moral influences in human behavior. [17]

Haldeman, Davison, and the members of the Coalition are, of course, free to have whatever social, political, moral, ethical, and religious views they choose. However, to present these as supported by science and therefore the only acceptable view, is willfully to deceive. This is one more attempt to use the schools to present a political agenda as scientific fact.

Denies Students Appropriate Help

According to an article referenced in the fact sheet:

> GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance abuse. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than their peers. [18]

As is often the case, those who advocate the homosexual agenda in schools assume that because it has identified a problem, it has a right to prescribe the solution. There is no evidence that pro-homosexual programs prevent these problems. The Coalition members claim to be motivated by a desire to protect students with SSA, but their idea of protection is to encourage students

(Continued on page 31)

Can Homosexuals Change? Is the Attempt Harmful?

A Longitudinal Study Of Religiously Mediated Change In Sexual Orientation: Implications For NARTH.

Stanton L. Jones, Ph.D. (Wheaton College)

My co-author Mark Yarhouse and I recently reported in our book *Ex-Gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation* (Jones & Yarhouse, 2007a) the findings of our study of men and women seeking sexual orientation change through involvement in Christian ministries affiliated under the umbrella organization Exodus International.

Our findings address directly two of the most contentious and disputed questions of our day: *Is change of sexual orientation, particularly change of homosexual orientation, possible at all? And is the attempt to change sexual orientation harmful?*

We are evangelical Christians committed to the truth-seeking activity of science who accepted funding for this study from Exodus, while pledging to Exodus that we would report publicly the results of our outcome study regardless of how encouraging or embarrassing Exodus might find those results.

In this study we found empirical evidence that change of homosexual orientation is possible for some through involvement in Exodus ministries. Success took two forms. One form of success was an embrace of chastity with a reduction in prominence of homosexual desire. These persons regard themselves as having reestablished their sexual identities in some way other than their homosexual attractions.

The second form of success was marked by a diminishing of homosexual attraction and an increase in heterosexual attraction, with resulting satisfactory, if not uncomplicated, heterosexual adjustment. These latter individuals regard themselves as having changed their sexual orientation from homosexual to heterosexual. Further, we found little evidence of harm incurred on average as a result of the involvement of the participants in the Exodus change process.

These findings would appear to contradict directly the commonly expressed views of the mental health establishment that change of sexual orientation is impossible and that the attempt to change is highly likely to produce harm for those who make such an attempt.

In this paper I repeat much of the initial summary of our findings (Jones and Yarhouse, 2007b), but also respond to several criticisms of the study and extend discussion to matters of concern to the constituency of NARTH.

I should mention further that while my name appears as sole author of this paper, this work and all of our interpretations thereof reflect my close collaboration with my valued co-author Yarhouse on this project.

What Questions Were We Trying To Answer In This Study, And Why?

This study focuses on two questions: Is change of sexual orientation, specifically homosexual orientation, possible? And is the attempt to change sexual orientation harmful? We framed these questions in the context of strong declarations by sectors of the mental health community that change of sexual orientation is impossible, and that the attempt to change is harmful. There are two sets of methods employed today by those seeking change in sexual orientation: One set of methods involves professional psychotherapy of some kind as typified by the constituency of NARTH. Independently, there are religious ministries of various kinds that use a combination of spiritual and psychological methods to seek to produce orientation change. Our study addresses the generic questions of whether sexual orientation change is possible at all and whether the attempt is harmful by focusing only on the religiously mediated change approaches to change. Ours is not a study of professional psychotherapy.

APA Claims

The declarations by the mental health community are emphatic. The American Psychological Association (undated), our professional organization, asserts an absolute answer to the thorny question of change on their public affairs website: "Can therapy change sexual orientation? No. . . . [H]omosexuality is not an illness. It does not require treatment and is not changeable."1 The same website offered a suitable description of our study: In answering the question "What About So-Called 'Conversion Therapies'?" the APA states such "claims are poorly documented. For example, treatment outcome is not followed and reported over time as would be the standard to test the validity of any mental health intervention." In this study, we report exactly such long-term, longitudinal treatment outcome data, thus meeting accepted professional standards for these findings. In the next paragraph, the APA raises the issue of harm, saying "The American Psychological Association is concerned about such therapies and their potential harm to patients."

Our Results Conflict With APA's Claims

The tools of scientific study are ideally suited to empirically investigate such strong, absolute claims. Thus, we framed our hypotheses in agreement with the strong positions urged by our profession. We hypothesized first that change of sexual orientation is impossible, and second that the attempt to change is harmful. The logic of scientific inquiry then drives us, based on our results, to reject both hypotheses and to conclude first that change of sexual orientation is *not impossible* because it indeed appears

possible for some, and second, that the attempt to change sexual orientation is not harmful on average.

What Is Unique About This Study?

We have argued previously that claims like that of the American Psychiatric Association (1998) that "[T]here is no published scientific evidence supporting the efficacy of 'reparative therapy' as a treatment to change one's sexual orientation" are questionable. Literally *dozens and dozens* of studies published in professional journals have reported evidence of the possibility of sexual orientation change for some (reviewed in Jones & Yarhouse, 2000; Jones & Kwee, 2005). Much less of this research has been published in the last several decades, as the political climate has more recently made such research professionally threatening, and as the mental health professions have increasingly accepted homosexuality.

In this climate, past research has been dismissed on three principle bases. 1) It has been dismissed cynically as homophobic, biased and hence of no value. 2) It has been dismissed based on contrary anecdotes of failed and traumatic change attempts. 3) It has been dismissed based on methodological shortcomings of the research. This dismissal has been inadequately justified, in our view.

Study Addresses Previous Areas Of Weakness

Nevertheless, past research has not typically met the highest standards of empirical rigor. In particular, and in the words of the American Psychological Association (undated), "treatment outcome is not followed and reported over time as would be the standard to test the validity of any mental-health intervention." Further, many of these prior studies utilized obscure or idiosyncratic measures of sexual-orientation change, often relied on therapist ratings rather than hearing directly and objectively from the clients themselves, and often utilized reports from memory of past feelings rather than sampling subjects prospectively, and following their progress in real time. These flaws have been manifest in some of the research NARTH itself has promoted and relied upon, and I offer this paper today in part to urge you on to greater rigor in the your study of the therapeutic interventions offered by NARTH constituents. Our study was designed to address those exact weaknesses of previous studies. Thus, we report here the results of a rigorous, prospective and longitudinal study of a respectably large and arguably representative sample of those seeking to undergo change in sexual orientation via religiously mediated means through Exodus ministries.

Exodus International is a worldwide, interdenominational, "Christian organization dedicated to equipping and uniting agencies and individuals to effectively communicate the message of freedom from homosexuality, as well as how to effectively convey support and understanding to individuals facing the reality of a homosexual loved one." Exodus began in 1976 and is the largest umbrella organization for Christian ministries to people who are struggling with sexual behavior or sexual identity concerns. Exodus sees itself as articulating a Christian perspective that neither rejects homosexual persons nor embraces a "gay" identity.

Our focus was on the individuals troubled by their sexual orientation and thus participating in specific Exodus-affiliated ministries to achieve "freedom from homosexuality through the power of Jesus Christ."

Most Exodus-affiliated ministry groups rely on small groups as the primary intervention setting, and the typical methods of intervention are comprised of worship, prayer, education and discussion. A variety of additional services are provided through specific groups, including residential programs; seminars; individual, couple and family therapy; support groups for family members; and written materials.

Success is defined differently by different programs. Some focus primarily on one's relationship with God and with others, including freedom from dependence in relationships. Other programs define success in behavioral terms, including what it means to achieve celibacy and chastity, while others are concerned with change of thoughts, fantasies and feelings which are seen as leading to change of orientation. The motives behind the various ministries are grounded in the traditional Christian moral teaching disapproving of homosexual conduct. The individuals who enter these ministries for help may or may not share that motivation initially, but such religious understandings of homosexual behavior -- specifically, a shared belief that homosexual behavior and desire are not God's intention for them -- are the backdrop for their experiences in these groups.

Our study is prospective. In contrast to retrospective methods that ask participants to remember change experiences that happened in their pasts, a prospective methodology begins assessment when individuals are starting the change process and assesses them as the results unfold.

Those who propose that change is possible almost universally agree that change of sexual orientation is a slow process, with substantial change taking five years or more to solidify. Over half of our sample completed their Time 1 assessment when they had been involved in the ministry for less than a year, and a second group of subjects had been involved in the change attempt for between one and three years when they were first assessed for our study. Our study is longitudinal. That is, our study followed participants over time with multiple assessments rather than simply sampling their status at one static moment in time. We report the results of change from the Time 1 assessment through two additional assessments at Time 2 and Time 3, covering a span of thirty months to four years.

This study examines a representative sample of the population of those in Exodus seeking sexual orientation change. We cannot be absolutely certain of perfect representativeness, since no scientific evidence exists for describing the parameters of such representativeness. Still, we are confident that our participant pool is a good snapshot of those seeking help from Exodus.

(This article was excerpted from the NARTH Conference Papers 2007. Order the complete set of papers in the online bookstore for $10.)

From Jews Offering Alternatives To Homosexuality (JONAH)

Before and After Letters to My Son's School Counselor

LETTER ONE: NOVEMBER 2006

Dear Ms. Therapist,
My wife and I want to thank you for the E-mail. It sounds like you sincerely have our son's best interest at heart.

It is our sincere hope that you have had the opportunity to read all the information we sent to you regarding same-sex attraction (SSA). After reading this material, we recognized how we made mistakes in raising our son. The consequences are surfacing more and more every day. Recognizing our responsibility is one part of what has become a continuing education course in parenting skills and understanding what causes homosexuality. It is unfortunate that our politically correct world has bought the notion that being gay is genetic. Hopefully, someone will determine how to break the news to our society that no one is born gay. And, more to the point, we are hopeful that you can work with our son to help him recognize his emotional adaptations to childhood pain that in turn resulted in his SSA.

You are correct that ego-syntonic homosexuality was removed from the list of psychological disorders in the 1970's. Sadly, this politically motivated and unscientific decision was a tragic mistake as outlined in "The Trojan Couch" by Dr. Jeffrey B. Satinover which can be found on the NARTH web site (www.narth.com) and in the book by Dr. Rogers Wright and Dr. Nicholas Cummings (former President of the APA), *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm.* To recover from this tragedy is going to take many years. Unfortunately it will also cause many broken hearts and take the lives of many wonderful people. We do not want our son to be one of them... .neither a statistic nor a piece of quilt.

What you appear to dismiss is the fact that ego-dystonic homosexuality is still listed as a treatable psychological disorder. Thus if the person is unhappy feeling SSA, you can ethically treat that individual and help him regain his authentic masculinity even though the APA's and other politically correct groups try to hide this fact.

Because he is young and innocent, our son is under the illusion he is not at risk for getting AIDS. AIDS has been around for over 20 years. Do you not believe that current victims of this heinous disease knew enough about taking appropriate precautions? Our son pointed out how he almost became a victim of AIDS...at least once.

My wife and I feel comfortable with you and the rapport you are developing with our son. We are not asking you to "change" him to heterosexual. We are asking you to help him get to the core of his feelings, the source of his behaviors and desires. We understand how his same-sex attractions are a by-product of his unfilled emotional needs. Thus, if you can help him really understand his deepest emotional needs, his same-sex attraction will sort itself out. Our son is smart; he will figure things out if together we get to the root of his issues. If this is beyond your scope, perhaps you can help point him in the right direction. We are also willing to put you in touch with professionals in this field that can help you help others.

Intelligent people often ask questions and seek answers. Why is the sky blue? There is an answer. How do fish breathe? There is an answer. Why is a person "gay"? There too, there is an answer, one that apparently is not being heard. The gay activists and the gay agenda are a wealthy, powerful and politically connected group. The gay issue is promoted everywhere you turn. Unfortunately many confuse tolerance with acceptance. As a mental health professional you see this all the time. Yet in spite of the overwhelming propaganda to the contrary, the truth of the matter is there is no evidence as to the genetic cause of same-sex attraction. There is no scientific study that supports the genetic argument. Those who believe in the genetic argument are like a bunch of Emperors showing off their new clothes, only the people on the outside know the difference. They try "I was born this way," but cannot prove it. Being "gay" is the classic Alice's Restaurant Syndrome...."If one person does it, they think he is crazy, if two people do it, they think they are both crazy, but if three people do it, it becomes a movement."

On the other hand, the documentation we sent to you does contain a common denominator. There are markers that are true and unbelievably accurate. We hope you recognize the connections of cause and effect as to our son's SSA. Of course, you have only known him for a short while we have known him all his life. We see the connections and hopefully as you get to know him, you will also. To read this material is like reading our son's diary. All our heartache and grief is nothing compared to what this wonderful young man has gone through. He has carried a burden no one should bear. Asking him to continue to carry this burden is not fair.

As a school counselor, you are at the forefront of a brand new day in the field of "gay" issues and the mental well-being of many children; the future of the world is in your hands. You have the potential to make an incredible difference not just in the life of our son, but for many other troubled youths that are just being told to deal with it, tough break kid, that's the way it is.

If you prefer a video, we would be happy to drop one off by Dr. Joseph Nicolosi. Read what other mental health professionals are saying about his work at http://www.narth.com/docs/repair.html.

There is a tremendous amount of material and documentation on the NARTH web site. The organizations linked to this site only want to help these troubled men, women, and children. Help, that's all. No political agenda, just help. On the other hand, visit

some pro-gay web sites. Care for a real treat? Do a Google search on "How do I know I am gay?" and see what pops up. Then imagine you are a troubled 14-21 year old confused about your sexuality. These sites have many ways to suck these lonely individuals into a dark abyss... a place where they are welcome.. .a place where they believe they are understood. Oh yes, all are welcome into the "gay family." But if you try to leave, that is another story. One needs to watch out because the propaganda machine is well oiled, well funded and fueled by hate of those who want to leave the "gay family." Check out www.truthwinsout.com for a sampler. **If being "gay" was such a natural thing, who would care if people came and went as they chose?** It is a house of cards and breezy days are ahead.

All we are asking from you is an open mind and an open heart to our troubled son. Please do not be an enabler and support any whim of the patient. Would you do it for the heroin addict? Would you do it for the pedophile? You said it best when you wrote "the most helpful I can be to him is to support him in his quest to discover who he truly is and what his sexual orientation is." Once the roots of his issues surface, our son will be able to express his true inner being. He will figure this out on his own as long as the underlying issues are treated, not the symptom. Same-sex attraction is a marker of other underlying emotional issues. Same-sex attraction is a result of an individual's perceptions. Same-sex attraction is a cry for help. Same sex attraction is not something we are born with. Same sex attraction is not a conscious choice. My wife and I understand this, and we hope you do too.

Please keep in mind how history repeats itself. As a reference point, please recall how the Union of Soviet Socialist Republics taught that communism was the way to go for over 60 years. They preached it, taught it, tried to spread it around the world. The Communists killed a lot of innocent people to prove their point, only for the world to find out they were wrong. Conventional wisdom would make one think, gee whiz, there are a lot of dead people that wished they figured it out much sooner. Our son deserves much better than that fate.

Our assumption is that you will have reviewed the information we sent prior to our meeting on Friday evening.

Sincerely,
Jose Schwartz

LETTER TWO: DECEMBER 2006

Dear Ms. Therapist,
My wife and I thought we should send an explanation of our reluctance to make additional follow up appointments with you for our son.

At our last meeting, you mentioned that when our son first came to you, he expressed confusion about whether he was "gay" or not. Now that he identifies as gay, it seems to indicate to us that whatever treatment or counseling you gave to him sent him on this "gay" pathway. Your "gay affirmative" philosophy appears to have taken root.

We find this to be totally irresponsible and unconscionable. How could a mental health professional allow a person on the brink of such a troubling decision send him down this slippery slide to loneliness, rejection, isolation, hatred of others and total disregard for his own safety and well being?

I could rattle on for hours about the changes taking place in this wonderful human being on a daily basis...it is a heartbreaker. Even his previous therapist, a self proclaimed lesbian PhD, said she did not think he was gay. Her comments were clear: if there was ever a client of hers on this thin ice, she would never send them in this direction.

To find out that you never even explored further what he revealed at our last meeting about his experiences as a 12 year old (after I asked a few questions), and borders on malpractice. In spite of your protestations to the contrary, it is well documented that homosexuality is not innate, and nobody is simply born that way.

Our son disclosed at our last meeting that something happened at the age of 12 that started his exploration of his same-sex attraction. He did not wish to talk about it (I presume because we were there). You gave him the out by suggesting there were "boundary issues" present.

That was an opportunity to help him. This may have been the root of where his SSA began, a bright waving red flag signaling this is where attention is needed. He needs to get this burden off his chest. As a mental health professional, to us anyway, it seems only logical that your job is to find the source of the problem and treat it. You could have explored it at other meetings with him.

Our son, as you are aware by now, is not always truthful. Your comment "it was not lying, he was protecting himself," is an insult to intelligence. When Bill Clinton tried to "protect himself," it turns out, he was just lying. Lying is lying.

It is our feeling our son likes seeing you because you are a nice person. He is hurting, and you tell him what he wants to hear and he loves the praise and acceptance.

We feel further visits with you will be counter productive. Your apparent disinterest in the written material we sent by E-mail, the books and DVD's we offered to deliver to you, is disheartening. In our opinion, you feel this information is either invalid, irrelevant, or that you already know all you need to know. Expanding your knowledge base in order to help others is obviously of no interest to you. This is a shame and comes at a great expense to such wonderful people as our son.

In the meantime, our son is unable or unwilling to work at anything productive. He spends too much time running around with his GAYDAR palm pilot and cruising the Internet for the love he so much wants and deserves but unknowingly will not be able to attain in a homosexual relationship. Our greatest fear is he will

fall into the promiscuous habits of most SSA men and be exposed to HIV/AIDS. We feel he is living a life of Russian Roulette, and one which you, as his school counselor, are telling him is OK.

It is our sincere hope and desire that you do more research on Same-Sex Attraction Disorder (SSAD, not gay) and share this with others. Due to political pressure there are there are too many school districts sending good kids down this tough, tough road.

Sincerely,
Jose Schwartz

Letter to My Father by "Joshua"

The following is letter was written by a young man after he went to a Journey Into Manhood Weekend. This is reprinted by permission of Jews Offering New Alternatives To Homosexuality (JONAH).

Dear Dad,

I have so many things I want to tell you and share with you, that I'm not sure where to start. I will start by saying that I love you very much and I don't ever want you to forget that. I say it from the bottom of my heart with the greatest sincerity. I love you, Dad.

Last weekend I had a wonderful experience, of which I cannot share very much for reasons of confidentiality, but of which I can say was the most important experience of my life! I participated in a weekend retreat called "Journey Into Manhood" which I found out about on the internet.

Needless to say I was a little apprehensive about going on my own to a place where I didn't know anyone, out of mobile signal here, and where we were told to switch everything off and have no contact with the outside world for two and a half days. But I knew that I had to do this, for myself, and I knew that I had a choice to opt out at any time.

I want to tell you something that will probably change the way you see me forever, and I know that you will likely be confused for some time. Let me tell you now, I have been confused for quite a long time! Hold out till the end and please call me at any time so we can talk about it more. I am writing this to you because my thoughts are very clear at the moment and I think it will be better for your understanding and you can take as much time as you need to take it all in and process this information.

Since I was about 13, I have experienced attractions to men which caused me to wonder whether I might be homosexual. (Deep breath!) I never told anyone for many years. In my head I have had an inner conflict going, sometimes incessantly, sometimes it would go away, but always the attractions kept coming back. I thought there was something wrong with me.

I NEVER wanted to be gay. I will NEVER be gay. I know and have known all along that being gay is not compatible with being myself.

I feel a strong need in my life to make union with a woman and to raise a family, and to have male friends as brothers. The problem was that my need to bond with men in a wholesome way became sexualized, because I felt this need so strongly. The result was a difficult and addictive cycle of lust, masturbation and shame.

There, that is it. This has been my story for a number of years, and as time has gone on, I have realized that I need to confront this thing head on. I need to change the way I live in a number of ways in order to break the cycle and to be free as a man.

That was the purpose of going on this weekend retreat. All of the men there (apart from some of the staff) are struggling with SSA (same-sex attraction) which they know is destructive to their lives and they want to get rid of.

Although I knew that there were lots of guys who shared my experiences, being amongst them and meeting them face to face was empowering and reassuring. It has helped me to find the strength to write this letter to you Dad, to be fully open and honest with you for the first time in many years. I never want to go back to the way it has been, with me withholding things from you.

Giving you the "Manhood" book by Steve Biddulph was halfway towards me getting to this step of telling you about my SSA. From now on, there will be only complete honesty and integrity in our relationship.

We have lost some time, but I am thankful and grateful that we still have plenty of time to really get to know each other and to share our struggles, needs and true feelings.

When I come home in August, I would like you to have read the "Manhood" book. We are going to go away somewhere, away from civilization for a couple of days to say EVERYTHING that we feel about each other. Nothing must be left unsaid. I have so much I want to say, but we must do it in person. Are you willing to do this? This is absolutely not a subject to talk about with Mum or anyone else for that matter. This is about us, me and you, only. As I said, take as much time as you need to think, reflect, whatever. I will be happy to answer your questions.

As always,
Your loving son,

"Joshua"

(Continued from page 24)

with SSA to self-identify as gay, lesbian, or bisexual and to "come out." This will lead to a number of serious and negative consequences as follows:

(1) The SSA may be a temporary condition, immaturity, or simple confusion about sexuality that if not acted on, would resolve itself in time. [19] Acting on SSA before age 21 can have serious psychological, social and health consequences.

(2) Several well designed studies have demonstrated that a significant percentage of adolescents with SSA may have been victims of childhood sexual abuse. Focusing on "coming out" rather than addressing the abuse is not in the best interest of the student and may leave the student vulnerable to additional abuse, substance abuse, involvement in high risk sexual activity (including hustling for adolescent males), depression, and suicidal ideation.

(3) Students who self-label as LGBT early are more likely to engage in sexual activity at an early age. Because these children are psychologically needy and emotionally wounded, such relationships may cause serious emotional and psychological pain, which they do not have the emotional resources to cope with.

(4) Boys who begin to engage in sexual activity with males at an early age are more likely to become HIV positive or contract a sexually transmitted disease. Intensive condom education has failed to prevent infections.

(5) Adolescents who self-identify as LGBT are more likely to use drugs and alcohol. [20] The Gay community is in the midst of an epidemic of Crystal Meth, which has in turn led to a dramatic increase in unsafe sex and an increase in STIs including HIV. If for no other reason, schools should do everything possible to discourage young men with SSA from self-identifying or coming-out in adolescence.

(6) A high percentage of adolescents with SSA had symptoms of Gender Identity Disorder in early childhood, which was not properly addressed. Some may have been teased and told they were "gay" and accepted this label. These students do not benefit from having this labeling confirmed by authority figures.

(7) The pro-gay school officials keep the parents in the dark about the students' SSA, until it is too late for the parents to take action, thus causing alienation between parents and children.

(8) The pro-gay policy directly attacks the religious beliefs of some parents and students, causing alienation and strife.

(9) Students with SSA have a right to know that reorientation and other therapies and religious ministries that can address their problem are available. The purpose of the fact sheet is specifically to deny them this information. According to the fact sheet, "The promotion of 'reparative therapy' and 'transformational ministry' is likely to exacerbate the risk of harassment, harm, and fear." There is no footnote for this statement because this is an unsubstantiated myth promoted by activists. There is every reason to believe that adolescents to whom the theories of causation, prevention, and treatment of SSA which motivate therapy and ministry, are explained, are more likely to be compassionate and less likely to harass their peers with SSA.

(10) The homosexual activists consistently engage in name-calling and insults, referring to those who oppose their agenda as bigots, homophobic, heterosexist, discriminatory, prejudiced, and [as] perpetrators of violence, bullying, harassment, intimidation and hate speech. They lump people of faith who truly care about persons with SSA with criminals. This creates a victim mentality among persons with SSA and leads them to fear persons of faith and cuts them off from spiritual support. In fact, there has been a major change in the attitude of religious communities toward those who struggle with this problem. While not changing their belief that homosexual behavior is always contrary to the Creator's plan for sexual intimacy, many churches support ministries for persons with SSA through Exodus or Courage. Hearing the testimony of those who have struggled with SSA and those who consider themselves ex-gay has changed attitudes within the churches.

Students with SSA need to have their real problems properly addressed, their religious beliefs respected, and their health safeguarded. The programs recommended in the fact sheet will put them at psychological and medical risk. Other students need to have access to information about both sides of this debate--not biased, non-factual information from those with a clear agenda. This information properly presented, plus exposure to ex-gays, has been shown to lead to a more compassionate attitude to persons with SSA and a reduction in peer harassment.

Freedom Of Religion

The fact sheet insists that "public schools may not promote religion, endorse particular religious beliefs or seek to impose such beliefs on students." This is true, *but the fact sheet itself promotes particular religious beliefs, going so far as to list religious organizations which agree with its views*. The title of its press release states: "Education, Health, and Religious Organizations Unite to Keep Students Safe." Not only does the coalition insert "religion" into the public schools, it takes sides in a contentious battle that is tearing the religious community apart. This is a violation of church and state.

The pro-LGB religious groups are credited with promoting "love and acceptance." Religious organizations that believe sexual intimacy should be restricted in marriage between a man and a woman are, by implication, to be considered unloving and unaccepting. Freedom of religion requires public schools to refrain from promoting a strictly religious doctrine but it also means that they cannot publicly demean religious beliefs of the students or their students' parents.

The fact sheet states: "public officials may not impose discriminatory burdens or unequal treatment on gays and lesbians." We would add "neither on Christians, Orthodox Jews, Muslims, or Mormons." (Continued)

Persons with SSA may decide to identify with a traditional religion rather than with the gay or lesbian subculture. They have a right to religious freedom and to seek the kind of help for their problems that reflects their religious convictions.

End Notes

1. Members of the coalition are the American Academy of Pediatrics, the American Counseling Association, the American Association of School Administrators, the American Federation of Teachers, the American Psychological Association, the American School Counselor Association, the American School Health Association, the Interfaith Alliance Foundation, the National Association of School Psychologists, the National Association of Secondary School Principals, the National Association of Social Workers, the National Education Association and the School Social Work Association of America.
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In Memoriam

The following is a tribute given by Dr. Joseph Nicolosi at the funeral of Hector Roybal this February in Southern California. He was a good friend of NARTH and a longtime supporter of men coming out of homosexuality.

I am very glad to be here today to honor Hector and to celebrate his life.

Anyone who knew Hector knew that he was fully engaged in life, and fully engaged with people. If you spent just a half-hour with him, you might well be interrupted a dozen times by calls coming in to his cell phone. He was always talking, networking, and connecting with people around the world. Even when I was in Europe giving conferences, people would come up to me afterward to say, "You know Hector, don't you?" They would tell me that they knew him and were thankful for his work and support.

Hector did not want to die. It was not that he was afraid of death, since from every thing I knew of him, he had a rock-solid faith. But the reason he didn't want to die, was because he did not want to be separated from the people he loved. And he loved a lot of people--and because we felt his love, we loved him. That's how it works, and Hector knew that; we love people when we feel their love for us, and you couldn't help but love Hector.

And you couldn't help be annoyed by him: strong-willed, pushy, opinionated and controlling. But if he was pushy, it was because he pushed himself. If he was demanding, it was because he was equally demanding of himself. And if you called him on that, he'd back down---he did not want to hurt you.

Hector and I went out to lunch together about a month before he died. We were talking about his work, his life, the fact that his cancer treatments were no longer helping, and about his expectation that the end would soon come. It was at that time that he asked me to speak at his memorial, and I agreed.


Hector Roybal

What we said must have remained on his mind, because a few days later he told me again, "Thanks, Joe for saying you'd speak at my memorial service." Discussing a memorial with a man who will soon die, I guess made me a little nervous, so I said something silly -- "Oh, don't worry Hector, it'll go great. It's just too bad you won't be there to hear it." Without skipping a beat, Hector answered calmly, "That's O.K. Joe, you can tell me all about it when we meet in the next life."

Hector was driven by a sense of mission -- not only to perfect his Christian walk, but especially, to help other men…men who struggled with homosexuality, but sometimes, even just strangers he met that he'd give his time and energy to. After battling to overcome his own boyhood insecurities and self-doubts, he had become a leader of men. That's a lesson for all of us; whatever our struggles, we can work to grow beyond them and offer a life of service.

To Hector's wife Sharon, we want you express our deepest condolences. To his children, we want to say that the older you get, the more you will understand the man your Dad was, and the more you will appreciate his determination to be what he wanted to be--a leader, a Christian, and a loving family man. ■

(Importance of Mothers & Fathers, continued from page 18)

I should add a caveat about this type of modeling. It neglects rigorous control groups in favor of using the criterion of how well the model accounts for the data, on the kind of basis of "if the shoe fits, wear it." It even assigns causes on this basis. This is not an absolute proof, because the well-fitting shoe could be a coincidence, and it's even possible that two unrelated shoes might fit equally well. This will make traditional sociologists uneasy, but when the results are as strong as those here, there is not likely to be much error.

In another way the good fit of a statistical model can be compared to the finding of the answer to a clue in a cryptic crossword – so many things fit the answer statistically that it is very unlikely there is another answer which fits so brilliantly.

This is twice as successful an explanation for homosexuality that Bell, Weinberg and Hammersmith found, and has an extra-fascinating implication: for the first time, a careful modern study finds that social factors predominate, and hence other factors, such as genetics (at least in Taiwan), must be minor!

Results Support Parental Influence

These results support those who implicate over-close mothers and distant fathers as causes of male homosexuality. But why were Lung and Shu's results so clear, compared with results from the West, which were much less clear? Could the authors have manufactured their results? Are they too good to be true? I think not, because the authors seem largely unaware of the details of the ongoing controversy in the West, though they understand it existed. It seems that they do not appreciate the deep significance of their own results.

They do mention a cultural difference. They say that Taiwanese society is very traditional and conservative. This presupposes a high degree of social control, and a suppression of any genetic predispositions there might be. The role of family factors is likely to be highly magnified under such circumstances.

I conclude that the results reflect one extreme – what happens in a society where family influences are very strong. That itself is useful, because it gives a picture of what would happen at one extreme even in the West, in social groups where family influence is very intense (the close communities of the Amish?). However, generally in the West, things are very different. Why? Because in comparison with Taiwan we are hyper-individualistic.

Our high divorce rate and extreme diversity of belief and custom are evidence of this. Hyper-individualism seems to be one of our most prized and politically correct values. Therefore in the West, even two genetically identical twins are likely to react in a different way to family factors which might tend to trigger homosexuality.

My belief is that if the twin studies done in the West were also done in a society like Taiwan, the results would be totally different, and show a much higher contribution from common factors, with much diminished contributions from genes and non-shared environment. (This is already known for various traits – in Japan, twin studies mostly give a much lower genetic contribution than in the West).

This has significant research implications. We should deliberately sponsor studies in societies with extreme conditions to get a clearer picture of influences in our own!

So for the Western situation, if some male client seems to have the pattern of a distant father, or a family dynamic which has enforced conformity and discouraged initiative and rough-and-tumble play, these factors are inherently credible, and should not be dismissed, though they will not be politically correct. However, reactions to these factors will be very variable, and individualistic.

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(APA Pamphlet, continued from page 2)

research that clearly demonstrates that homosexuals are at greater risks for some forms of mental illness (Herrell, Ferguson, Sandfort).

It's unfortunate that APA does not move beyond its single-minded focus on "discrimination and prejudice" to allow honest and open study of GLBT issues. In areas such as homosexuality, political correctness seems to have gone amok. On this front in particular, APA seems to have surrendered its professionalism and its science to political correctness.

Some Say That Truth Doesn't Matter

Consider the following statement made by a prominent member of the American Psychological Association and published by the Harvard University Press: "...it may be that for now, the safest way to advocate for lesbian/gay/bisexual rights is to keep propagating a deterministic model: sexual minorities are born that way and can never be otherwise. If this is an easier route to acceptance (which may in fact be the case), is it really so bad that it is inaccurate?"

Where are the guardians of our professional ethics? Will they really allow such Machiavellian statements to go uncritically examined? Is there an ethical violation when a self-identified psychologist and a member of APA supports activism masqueraded as science, and states that it is not so bad?

Political correctness would suggest that there will be no response from the APA.

In his book, *Destructive Trends in Mental Health*, former APA president Nicholas Cummings notes that he and his co-author lived through the abominable McCarthy era and the Hollywood witch hunts; still he notes, there was "not the insidious sense of intellectual intimidation that currently exists under political correctness." He says, "Now, misguided political correctness tethers our intellects."

Perhaps the British playwright, self-identified secularist atheist Pat Condell, is indeed correct: "Political correctness is like a drug that we just can't stop injecting, even though we know it's going to kill us."

In summary, if one reduces the recent APA document to one based on scientific merit and ethicality, it might translate into something like the following:

"We at APA acknowledge that there are probably many factors that lead to one to claim a gay identity, likely different for different folks. However, what is clear is that homosexuality is not simply a biological phenomenon. We are not sure about the effectiveness of reorientation therapy (or any other therapies for that matter!) but political correctness demands that APA take a position of extreme caution, even though there is no evidence to support such a position. And APA believes that though homosexuality may be fluid for some people, it is certainly not a matter of choice for anyone. However, having expressed these reservations (and fears), it is important that all mental health professionals respect client self-determination (including those who seek reorientation therapy)."

The APA should be commended for its greater reliance on science and ethicality in this document. Perhaps now is the time for the association to abide by its commitment that accompanied then-APA President Nicholas Cummings' proposal to remove homosexuality as a mental disorder in 1974: "a proscription that appropriate and needed research would be conducted to substantiate these decisions." None, however, was ever conducted. Such research should include a study of the efficacy of psychological care for those unhappy with unwanted homosexual attractions, as well as for its counterpart--gay-affirmative therapy for those who wish to claim a gay identity.

(Twin Study, continued from page 22)

ences, but rather incredibly, the authors simply and blithely ignore the siblings for the rest of the paper, and use the twins only, to present a calculated genetic influence. Rather, no genetic influence at all is shown when all the data are included.

This is an unusual problem for the method, so the authors with the general approval of the scientific community, including the referees of the paper, implicitly say "Well, there is an inconsistency here that will take years to sort out but in the interim here is what the results would be using the traditional methods if we ignore this." This is some use to the researchers, though laymen may shake their heads at the procedure.

As usual in these studies, family upbringing ("shared environment") was consistent with a zero percentage influence, as shown in the table, but I contend again as I have in previous talks and articles that many family factors are hidden in the non-shared environment contribution, and highly individualistic and important to the people concerned. Thus for example, the influence of a distant father may well be critical for many individuals – but might not affect an identical twin at all.

The results, by my calculations, do in fact, reinforce one conclusion drawn from previous studies. **That is, if one identical twin--male or female--has SSA, the chances are only about 10% that the co-twin also has it. In other words, identical twins usually differ for SSA.**

(Continued on bottom of next page)

NARTH Organizational Update

By David Pruden, M.S., NARTH Executive Director

The 2008 NARTH Convention

Beautiful Denver, Colorado will host the 2008 NARTH Training Institute and Convention on November 6, 7, and 8th as we meet at the Denver Renaissance Hotel. Visit the web site to keep up with registration information, book your hotel room, find out about featured speakers, and review the convention schedule as they become available. Dr. Neil Whitehead of New Zealand has agreed to present a keynote address.

Our new Toll-Free Telephone Number

NARTH now has a new toll-free telephone number 888-364-4744 that will make it even easier for our members to get in touch with our staff and access NARTH services. Individuals or families looking for a therapist referral, media representatives asking about our perspective on the treatment of unwanted homosexuality, as well as organizations seeking reliable scientific information or the latest research will now find it easier than ever to get the help they need.

The NARTH Training Institute

Dr. Joseph Nicolosi will direct the 2008 NARTH Training Institute at the convention this year. Friday will feature a clinical and a leadership training track. The clinical track will be taught by experienced therapists and is designed to enhance the ability of psychotherapists, professional counselors and supervised interns to successfully treat unwanted homosexuality. The leadership track is designed to develop expert community, ministry, family, and academic leaders as they are called upon to educate and assist in their sphere of influence.

Workshop Presenters And Seminar Leaders Wanted!

NARTH seeks to continue its tradition of offering workshop and seminar leader opportunities to all our members at the annual convention and training institute. If you are interested in participating as a presenter please call the NARTH office or find the presenters applications link on the NARTH web site homepage and download an application.

New Materials in The NARTH Bookstore

We are always adding new books and audio visual materials to the bookstore. Both Janelle Hallman and Joseph Nicolosi have new books that are now available through NARTH. A electronic copy of the 2007 NARTH Conference Report can also be ordered for only $10.00.

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(Twin Study, continued from page 35)

In spite of the above-cited criticisms, some useful points emerge from the study. The sample is probably the least biased so far. The authors believe prenatal hormonal theories as a cause of SSA do not hold up, because they should lead to greater similarity between identical twins, not less similarity as we see above. Also, we see a continuation of an already-established trend -- *the more recent and better-conducted the study, the smaller the detected genetic influence on SSA.* In the meantime, the reader should continue to assume that genetic causal effects on SSA are minor, and that other, very individualistic factors predominate.

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