

Can You Change Your Sexual Orientation?

One of the strongest arguments against homosexuality as an inborn, unalterable condition is change in sexual orientation. In this chapter we describe how the scientific literature shows that sexual orientation is anything but fixed and unalterable; rather, it shows that sexuality is fluid. People move around on the homosexual-heterosexual continuum to a surprising degree in both directions, but a far greater proportion of homosexuals become heterosexual than heterosexuals become homosexual. Some of the change is therapeutically assisted, but in most cases it appears to be circumstantial. Life itself can bring along the factor that makes the difference. This chapter looks at change and its proponents and opponents.

The Implications of Change

Changes either to or from OSA (Opposite Sex Attraction) have implications for genetic control. Kitzuger and Wilkinson⁵⁹ in their survey of changes towards lesbianism remark that there were so many different psychological paths to exclusive SSA (Same Sex Attraction) that it was impossible they were genetically controlled, a point rarely made. But it is supported by the long list of SSA causes important to various people given in chapter 10.

For some reason people find it far easier to believe a person could move from OSA to SSA than the reverse. So we will concentrate mostly on surveying SSA to OSA.

Spontaneous Change Homosexual to Heterosexual

Bob is a former gay man whose father was sick most of his childhood and early teenage life. He grew up feeling homosexual attraction toward other men and had a lover for two years as a teenager. Two years after that relationship, he suddenly realized he wasn't struggling anymore with homosexual feelings.

As I look back now I see that part of the reason was that I was working with my father and having regular time with him for the first time in my life. I didn't realize what was going on, but a need was being met in my life, that I didn't know was there. I didn't struggle with homosexuality at that point.

Bob believes that his homosexuality was a search for male affection and connection that had its roots in the lack of a childhood relationship with his father. He was much closer to his mother. When he began in his late teens to work and relate with his father for the first time, he believes he gained something from the relationship that led to a diminution of his attraction to other men.

One homosexual man found that when he joined the Air Force, he began to notice women. The man was a self-identified homosexual - not seeking to change his orientation.

Being in a totally masculine environment I started to relate to men more spontaneously and feel better about my own masculinity. I felt I bridged a gap between me and the straight males ... like being one of the guys and trusting each other. And as a result, all sorts of blocks broke down. I seemed to start to notice women ... for the first time in my life I started having sex dreams with women in them. I was still mostly turned on by men, but suddenly, women too. It surprised the hell out of me.¹

Being able to trust straight males and become “one of the guys” seemed to bridge a gap between himself and heterosexual men that took him some distance toward heterosexuality. He became, in effect, bisexual. The change led the authors of the paper to remark on “the malleability and temporal unpredictability of sexuality and sexual identity.”

The sexology literature reports a huge number of examples of change of all degrees from homosexuality to or toward heterosexuality. These studies have been so numerous that West (a gay man) in 1977 took an entire chapter in his classic book, *Homosexuality Re-examined*, to review them, and commented: “Although some militant homosexuals find such claims improbable and unpalatable, authenticated accounts have been published of apparently exclusive and long-standing homosexuals unexpectedly changing their orientation.”⁸

West mentions one man who was exclusively homosexual for eight years, then became heterosexual. *Straight*, a book written by a man with the pseudonym Aaron, in 1972, describes Aaron’s thorough immersion in the gay scene, his decision to leave it, and his arousal of feelings for women and subsequent marriage.⁹

Nichols¹⁰ says some life-long female homosexuals spontaneously develop heterosexual interests and become bisexual in mid-life. She even thinks there is evidence (uncited) that this may be getting more frequent.

Another well known author in the field, Hatterer, who believes in sexual orientation change, said, “I’ve heard of hundreds of ... men who went from a homosexual to a heterosexual adjustment on their own.”¹¹

Among the Sambia, a Papua-New Guinean tribe in which homosexual sex was culturally prescribed for growing boys until marriageable age (when they were expected to be exclusively heterosexual), there was a significant change toward heterosexuality. Herdt,¹² who has intensively researched the Sambia, graded individual males on the Kinsey scale for those two periods: before and after marriage. He found that the change from adolescent to married man in attitudes and behavior equated to a move from Kinsey homosexual classes five and six to Class two, predominantly heterosexual. Herdt believed the change was a real change in sexual orientation.

Heterosexual to Homosexual

Exclusively heterosexual women can, in mid-life, develop lesbian feelings and behavior. This is a well known clinical feature of lesbianism.⁸ It often occurs during marriage or after marriage break-up, with no clinically observable hint of prior existence - not even lesbian fantasy, as reported by the following two therapists.

Nichols¹⁰ found among married bisexual women that “many appeared to make dramatic swings in Kinsey ratings of both behavior and fantasy over the course of the marriage” in ways that “cast doubt upon the widely held belief in the inflexibility of sexual orientation and attraction over a lifetime.”

Dixon¹³ surveyed fifty women who became bisexual after the age of thirty. They were exclusively heterosexual before, having had no earlier significant sexual fantasy about females, and quite heterosexually satisfied. They continued to enjoy promiscuous sexual relationships with both sexes.

The work of Kinsey on male and female sexuality in the forties and fifties is probably classic in the field in its conclusions that sexual orientation is fluid and subject to spontaneous change. At an early stage in his research Kinsey (as cited by Kinsey researcher Pomeroy²) discovered “more than eighty cases of [previously homosexual] men who had made a satisfactory heterosexual adjustment.” This was 2% of his sample. Small amounts of homosexual fantasy remained; these men only just failed to make his Category Zero-exclusive heterosexuality. Kinsey also found that most of the changes were as adults.

Commenting particularly on the work of Kinsey et al., Texas researcher Ross says, “Given these data ... sexuality can thus be seen as a fluctuating variable rather than as a constant.”³

Tanner⁴⁶ reported that about half the lesbians she knew were heterosexual before midlife.

A survey by the well known research team Bell, Weinberg and Hammersmith⁴ published in 1981 also claimed that 2 percent of the heterosexual population said they had once been exclusively homosexual. Independently, Colorado researchers Cameron et al.⁵ in 1985, reported an identical figure. Both these studies also put the incidence of homosexuality at 4 percent. In other words nearly half the homosexual sample moved significantly towards heterosexuality. But change was occurring in both directions. About 2 percent of the heterosexual group became homosexual (Figure 21). More data are available from the comprehensive study by Laumann et al. (1994),⁶ who reported that about half those males homosexually active as young

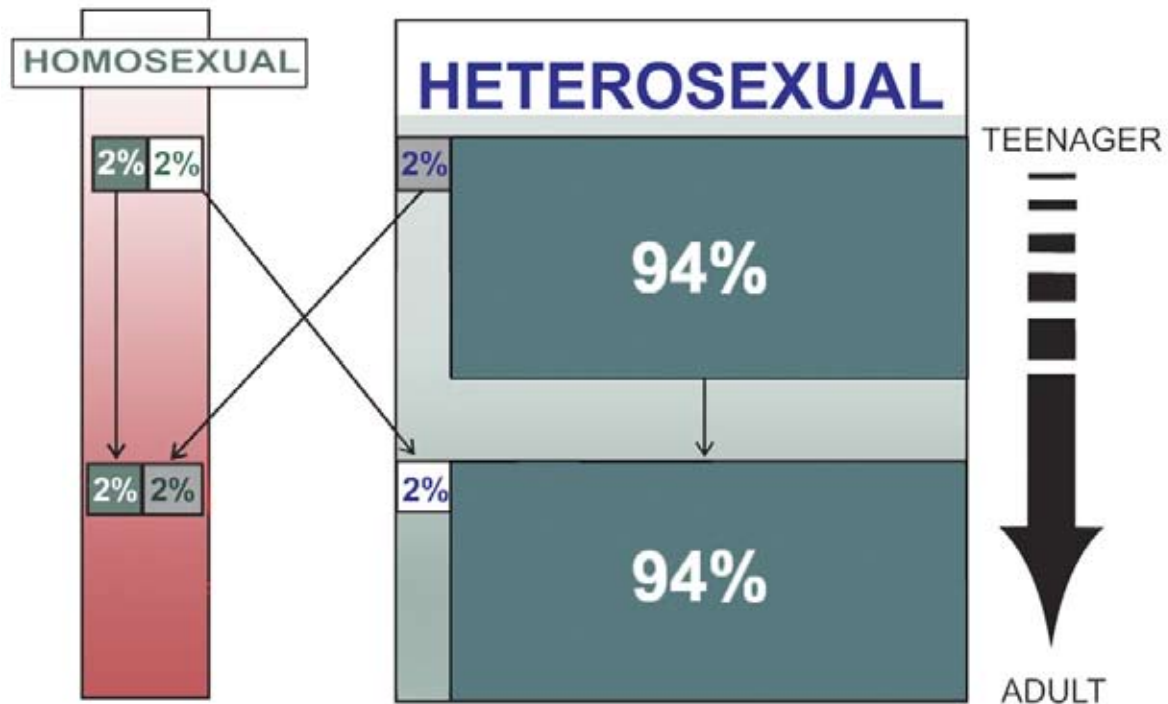


Figure 21

adults were no longer active later. Granted, only one or two incidences of activity were recorded in each case, and questions were directed at activity rather than identity, but, as far as it goes, the survey supports the other studies. Rosario et al. (1996)^{51,52} similarly reported in a longitudinal study that 57% of their gay/lesbian subjects remained exclusively gay/lesbian, but that the remainder had changed to varying degrees. Fox⁵⁷ reported various degrees of change among bisexual people.

The summary of these studies and an excellent rule of thumb is that about half of those with exclusive SSA were once bisexual or even heterosexual. And about the same number have changed from being exclusively SSA to bisexual or even heterosexual. This is stated explicitly in Sandfort (1997)⁷⁴.

California researcher Hart⁷ reported that roughly one percent of a group of conservative Christian men spontaneously reported in an anonymous questionnaire on sexual orientation, attitudes and behaviours (but not on change), that they had once been exclusively homosexual but now were happy and adjusted heterosexuals. How many more did not report various changes in their lives? Similarly in a large web survey organized among gay and lesbian youth by !OutProud!⁵³ when asked what they thought about the possibility of sexual orientation change to heterosexual, 1% actually volunteered they had made that change! What they were doing answering a gay/lesbian questionnaire is not clear; maybe they were simply curious about what was happening among their close friends in the gay/lesbian world and decided to complete the questionnaire anyhow..

The studies showing varying degrees of change continue to come out in the scientific journals. In a New Zealand longitudinal study⁵⁴ 1000 children were followed from birth. From age 21-26 1.9% of men moved away from exclusive OSA, and 1% moved to exclusive OSA. However among women an international record-high 9.5% moved away from exclusive OSA. A more usual 1.3% moved to exclusive OSA. These and similar changes within the group led the researchers to say sexual orientation was almost certainly not caused by genetic factors⁵⁴. Similarly^{55,56}, various degrees of change over a few years were shown among young women in the USA. Some readers may already have heard of the LUG fad in women undergraduates at some USA universities – Lesbian Until Graduation – which shows the degree to which they consider sexuality to be changeable.

From the above we would have to conclude that homosexuality is much more fluid than heterosexuality as shown by the large proportion (50%, Fig 21) of homosexuals who move toward a heterosexual

orientation, compared with the small proportion of heterosexuals who become homosexual.

Kinnish et al.⁴⁹ surveyed in detail the type of changes that occurred which generally confirm the previous picture. Their results are in the next two diagrams (Figs 22, 23), which assume the SSA occurrence percentages described in chapter 2. The sample was not random, and might mean that the degree of change

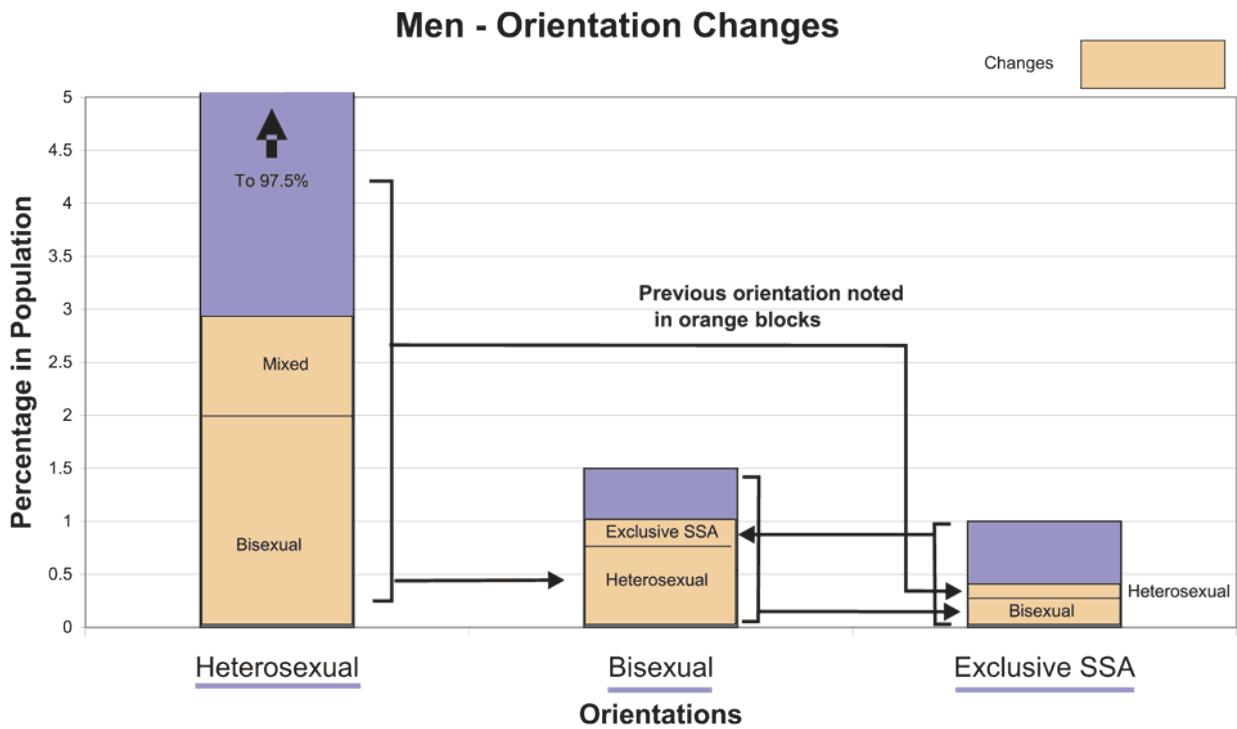


Figure 22

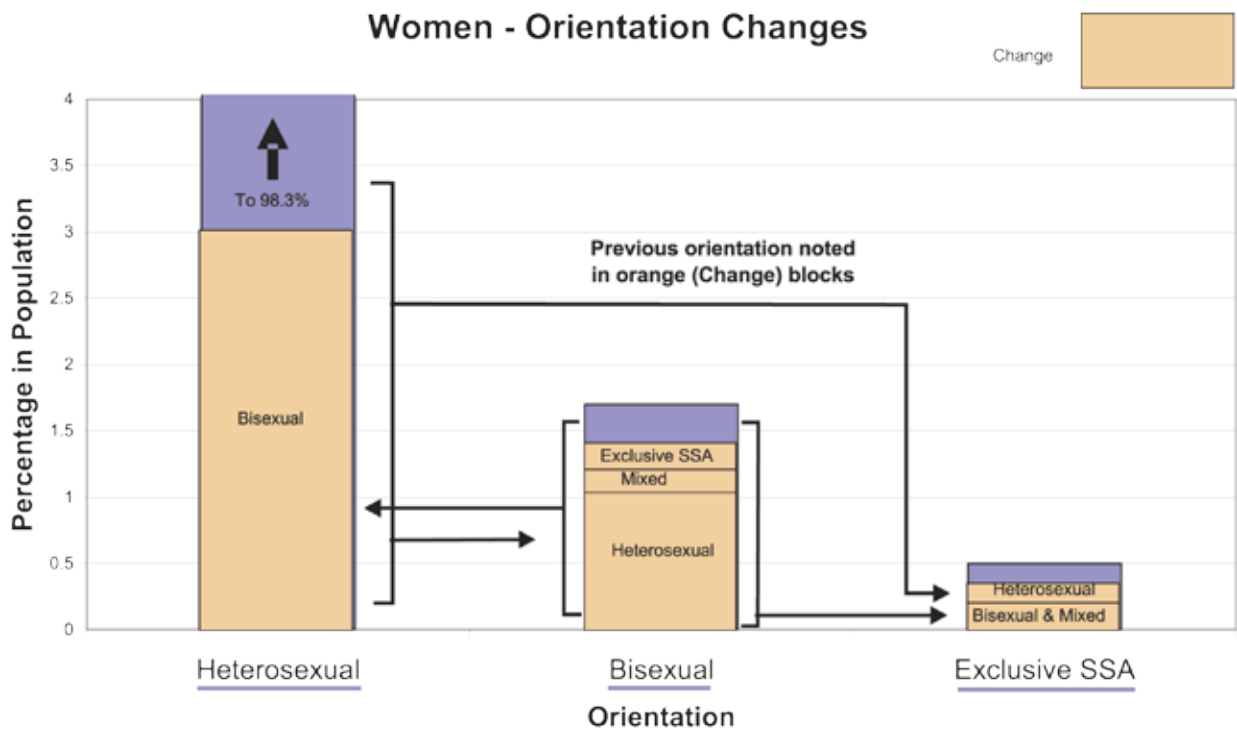


Figure 23

was less than shown here, because a study on sexual orientation might attract those who had changed and were curious about why – in other words they might be over-represented in the group. The criteria was self-ascribed sexual orientation. The changes were during the whole lifetime, and seem to have included the unstable adolescent years. Figures do not add to 100% for the second diagram because of complications involving the “mixed” category, and insufficient detail in the paper.

Figures 22 and 23 can be summed up like this:

1. Most changes are towards exclusive heterosexuality
2. Those changes towards exclusive OSA are greater than the current total numbers of bisexuals and exclusive SSA people combined. This surprisingly supports the folk saying circulating nearly ten years ago: “ex-gays outnumber actual gays.” About 3% of both men and women with exclusive OSA claim to have once been something else.
3. Exclusive OSA is 17x as stable as exclusive SSA for men, and exclusive OSA is 30x as stable as exclusive SSA for women. Thus women move about on the sexual orientation continuum much more than men.
4. The degree of change in bisexuals was exceptionally high – many more changed than stayed stable.

No direct changes from exclusive SSA to OSA were reported in this sample. But it certainly confirms lots of change takes place spontaneously in the population.

Adolescent Change

Some of the most remarkable change data is on adolescents – changeable as always and defying reasonable expectations. This is from the large USAADD-Health survey - Savin-Williams and Ream (2007)⁷⁵.

We present the data in visual form to make them easier to follow. In the Figures that follow red represents attraction to the opposite sex only (in the year of interview) lilac represents those who were attracted to both sexes, and blue represents those attracted to the same sex only. The diagram shows the changes in attraction in those three classes between ages 16 and 17. The survey used the term “romantic attraction” in its questions about attraction to one sex or the other, but we shall shorten it to “attraction”.

The first diagram below (Figure 24) shows the bars on the left represent 100% i.e. all those in one particular class at the age of 16, and the bars to the right show the percentage of those people ending up

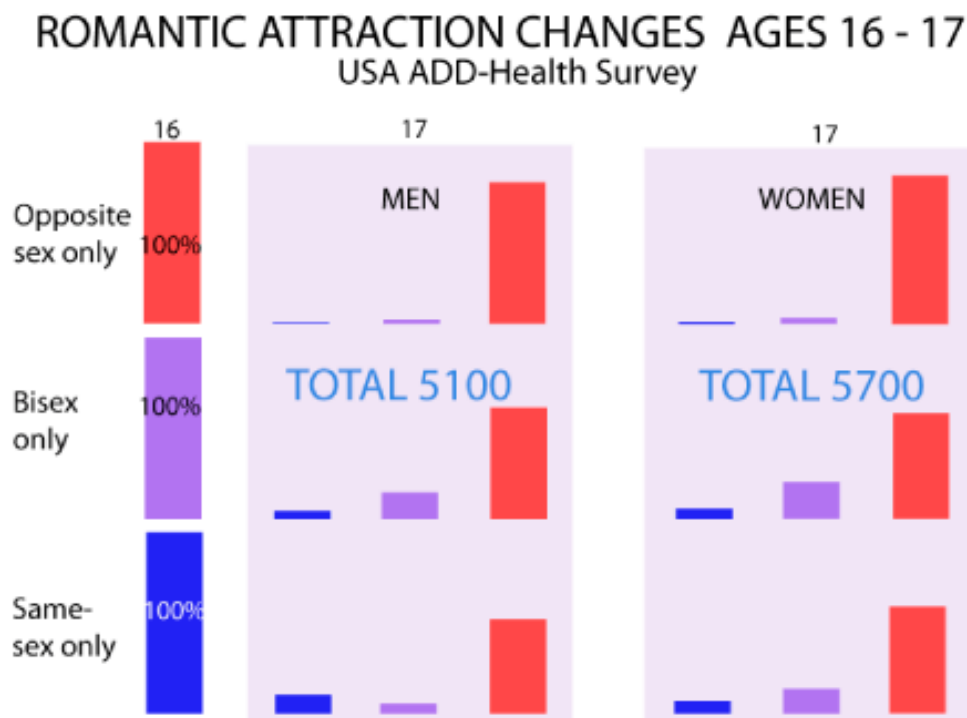


Figure 24

in the three attraction classes a year later at age 17. The answers do not always add up to the height of the left-hand bar, because 15% of respondents who had romantic attraction in the first year, said they had none towards either sex in the second. Sometimes they did not answer the question at all.

Taking those attracted towards the opposite sex only (the top row) we see that a very very small percentage said in the second year they had attractions towards only the same sex or both sexes. A vast majority continued to have attractions only towards the opposite sex, both for men and women.

For those (much fewer) who had attractions towards both sexes (“bisex only” row) we see something interesting. The number attracted to both sexes at age 17 drops very dramatically. A very small percentage lose their attraction to the opposite sex and become attracted exclusively to the same sex, but the greatest proportion by far has no longer any attraction to the same sex but experiences only attraction to the opposite sex. This is a decrease in same-sex attraction.

For the “same sex only” row (also interesting) only a small proportion stay exclusively attracted to the same sex from one year to the next. Some switch to bisexual and experience both attractions, but most experience a large change and become attracted only to the opposite sex.

There was no intervention to bring about any changes between ages 16 and 17. It seems life-experiences were mainly responsible.

We now show the same results between mean ages 17 and 22, a five year gap rather than a one year gap (Figure 25).

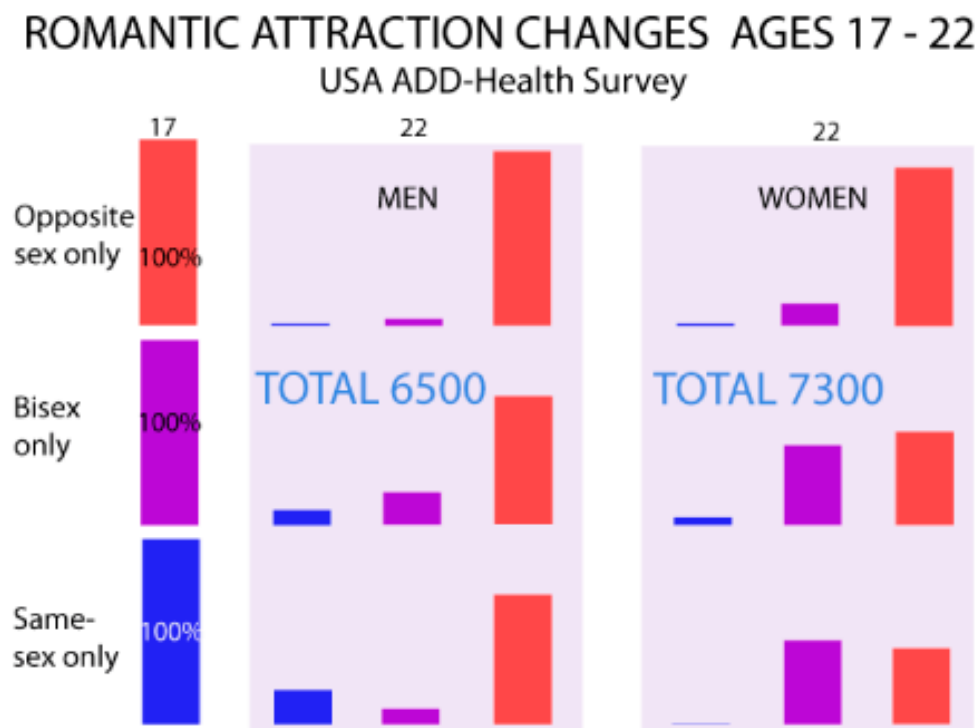


Figure 25

This pattern looks broadly similar. However we have to be a little careful with the interpretation because this is a set of data comparing responses at dates five years apart, and we don't know what happened in between. Probably there have been further changes from year to year, decreasing in frequency towards age 22. In other words greater stability with age seems likely.

Most of those exclusively opposite-sex attracted stay that way for the second interview. However the bisexual pattern is not quite the same as for the 16-17 year-olds, particularly for women. A significant number again report bisexual attraction.

About 75% of men with initial same-sex attraction say they are now exclusively opposite-sex attracted.; 25% again report same sex attraction. For those women initially exclusively same-sex attracted, very few report exclusive same-sex attraction at the time of the second interview. Almost all the women moved from SSA to add OSA at some stage.

The conclusion of this is that there is a huge amount of experienced change in attraction with time, certainly over five years, but even over as short a period as a year. These changes are profound compared with even those for adults.

Can these feelings honestly be real? Are they really true SSA? Well, they are certainly real enough to trigger suicide attempts when the person is rejected by their special friend, particularly if the attraction is SSA or bisexual.

From the above data for 16-17 year olds, it is possible to estimate the degree of change from bi or SSA, compared with degree of change from OSA. Making the assumption that those with missing data will not affect the results, it is possible to calculate how much more changeable SSA is than OSA:

SSA/OSA(men) 38x,
Bi/OSA(men) 57x,
SSA/OSAwomen) 28.9x,
Bi/OSA(women) 29.8x.

To err on the conservative side, Bisexual or exclusive SSA is at least 25x as likely to change as OSA. (That is, 16 year olds saying they have an SSA or Bi- orientation are 25 times more likely to change towards heterosexuality at the age of 17 than those with a heterosexual orientation are likely to change towards bisexuality or homosexuality.) This is comparable to, but even higher than the figures derived earlier in this chapter from other papers.

Most teenagers who think they are gay/lesbian/bi now and will be for the rest of their lives, will, in fact, be different the following year. It is therefore totally irresponsible to counsel affirmation of same-sex feelings in an adolescent on the grounds that the feelings are intrinsic and the child is therefore homosexual. On the other hand a 16-year old who claims they are OSA will overwhelmingly remain that way and this is a reasonable label.

So whether adult or adolescent a large degree of spontaneous change takes place. Rather than SSA being the unalterable condition it is said to be, it is a good example of a changeable condition. So much change takes place that Savin-Williams and Ream questioned whether the idea of sexual orientation of teenagers had any meaning at all.

Where are the "ex-gays"?

At this point the natural question arises – if there are so many "ex-gays" in the population, where are they? Most readers will never have met any. It is no wonder the GLB community is very skeptical about whether real change occurs, though the best estimate of the researchers involved is that it does, and spontaneously, without clinical intervention, just in the normal course of life.

There are good reasons why this group has remained hidden.

1. Most who have changed to OSA have some shame about their previous life, and don't like to talk about it, to the extent that some are embarrassed to have books visible on their shelves which describe the change process.
2. Many think it was a real and permanent change, and their present OSA reflects their core identity. They don't want to talk about their previous sexual orientation.
3. If they are now heterosexually involved, admission of previous SSA may threaten a present relationship.
4. If they publicly defend the authenticity of their change to OSA they will be relentlessly, openly and endlessly attacked and cross-examined by gay activists. Since many of these "ex-gays" are on the more timid end of the confidence scale, they prefer to keep quiet.
5. Few of the changes are to 100% OSA and many people who have changed are uneasy about the few percent SSA that remains, since activists tend to argue in an absolutist fashion that even a remnant few percent SSA shows that real change does not happen.

In contrast, a currently exclusive gay who was once OSA is likely to say his previous OSA was a

superficial layer covering a core SSA identity, and will be more open to discuss his previous identity, though that's probably less likely for those who come out of a marriage.

The degree of hostility towards those who have changed is extreme, and disturbing, because of its almost total denial of free speech. Posters that appeared in the USA, in the '90s, showing a largeish group of people and a message to the effect: "Can gays change? We did" infuriated members of the gay community. Some were torn down. Most heterosexual people would find such a claim intriguing, but not insulting to the GLB community. But one gay spokesman at Penn State in 1990 where this occurred called this "the most dangerous expression of heterosexism I have yet seen". Faculties in universities have sometimes intervened to order removal of such posters and have shut down organizations on campus backing their message. Why? This must threaten SSA people to a degree which heterosexuals find hard to appreciate. Maverick gay activist Camille Paglia mentioned⁵⁸ "...fascist policing of public discourse in this country by nominal liberals who have become as unthinkingly wedded to dogma as any junior member of the Spanish Inquisition. Why should the fluidity of sexual orientation threaten any gay secure in his or her identity?" But, as we saw above, gay/lesbian orientation *is* much less stable than heterosexual orientation, so suggestions that change is possible naturally stir up considerable anxiety.

To summarise this section: there is a large amount of spontaneous change, admitted by all researchers except the extremely ideologically driven.

Assisted Change

If considerable swings in sexual orientation can happen without therapeutic intervention, it makes sense they would be even more considerable if they are therapeutically encouraged in a motivated person.

The first recorded instance of assisted change may be in the New Testament. In I Corinthians 6:9ff, Paul, writing to the Corinthians, said about homosexuals (the word translated homosexuals is *arsenokoitai* in the Greek, meaning "male/coitus"): ". . . that is what some of you were. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God." They changed, and it is reasonable to believe - given the emphasis in Christianity on inward attitude rather than merely outward behaviors - that the change was not merely behavioral. From the known dates of Paul's missionary activity in Corinth and his first letter we may infer that any change occurred in a time span significantly less than 4 years and possibly within the 18 months of his stay there.

Assisted change has been attempted since last century, using many techniques, including hypnosis, aversion therapy, behavioral therapy, psychoanalysis; some methods rather brutal, some a lot more successful than others. At an early stage in his research Kinsey "recommended a pattern of treatment to those who wished to change"² In prescribing this course to those who wanted to take it, Kinsey always warned that "he had known it to be successful in many cases, but he had also seen it fail." But it seems whatever the therapy used there was always some change toward heterosexuality as reported by the following therapists. Dr. Reuben Fine, Director of the New York Centre for Psychoanalytic Training, remarked: "If patients are motivated to change, a considerable percentage of overt homosexuals (become) heterosexuals."¹⁴ Dr. Bernard Berkowitz and Mildred Newman: "We've found that a homosexual who really wants to change has a very good chance of doing so."¹⁵ Dr. Edmund Bergler concluded after analysis and consultations with 600 homosexuals over thirty years: "Homosexuality has an excellent prognosis in psychiatric/psychoanalytic treatment of one to two years duration ... provided the patient really wishes to change. Cure denotes not bi-sexuality, but real and unfaked heterosexuality."¹⁶ After twenty years of comparative study of homosexuals and heterosexuals, Dr. Irving Bieber wrote: "Reversal [homosexual to heterosexual] estimates now range from 30 percent to an optimistic 50 percent."¹⁷ Bieber followed some of his psychoanalytical clients for as long as ten years and found they had remained exclusively heterosexual.¹⁸

Dr. Charles Socarides said: "There is ... sufficient evidence that in a majority of cases homosexuality can be successfully treated by psychoanalysis."¹⁹ Scientists Masters and Johnson, after work with sixty-seven homosexuals and fourteen lesbians who requested reversion therapy, reported a success rate of 71.6 percent after a follow-up of six years. Although they have been criticized for serious flaws in their post-therapy follow-up and assessment, it seems certain they produced many real and lasting reversions.²⁰

Psychologist Dr. Gerard van den Aardweg, after twenty years research into treatment of homosexuality, stated: "Two thirds reached a stage where homosexual feelings were occasional impulses at most, or completely absent."²¹ Psychiatrist Dr. William Wilson claimed a 55 percent success rate in treating homosexuals who were professing Christians.²² According to Dr. Robert Kronemeyer, a clinical psychologist: "About 80 percent of homosexual men and women in syntonetic therapy have been able to free themselves, and achieve a healthy and satisfying heterosexual adjustment."²³

One of the well-documented changes²⁴ happened by accident. Two Florida medical professionals reported in 1993 that they treated a homosexual man for social phobia — he had extreme anxiety in any social setting. He had been exclusively homosexual in fantasy and practice since adolescence, but this was unconnected with his request for treatment; he was quite happy as a homosexual. The drug Phenezine helps many cases of social phobia and certainly did in his case. By the fourth week, he had become more outgoing, talkative, and comfortable in social situations. He spoke spontaneously in groups without blushing. But, curiously, he reported a positive, pleasurable experience of meeting and dating a woman.

During the next two months, he began dating females exclusively, reportedly enjoying heterosexual intercourse and having no sexual interest in males. He expressed a desire for a wife and family, and his sexual fantasies became entirely heterosexual.... In retrospect [he] decided that the combination of his anxiety when approaching and meeting people, the teasing rejection by heterosexual males, and the comfortable acceptance by homosexual males who pursued and courted him, had helped convince him of his homosexuality.

So this report is of someone clearly exclusively homosexual whose behavior, in three months, became exclusively heterosexual. This is an exceptionally fast change.

UK sexuality researcher West, summarizing the mainstream material up to the '70s⁸ says that behavioral techniques appeared to have the best rate of success (never less than 30 percent). Although psychoanalysis claimed a great deal of success, the average rate seemed to be about 25 percent. (But 50 percent of bisexuals achieved exclusive heterosexuality.)

One developmental research psychologist, Dr. Elizabeth Moberly, argued that the success rate of psychotherapy in homosexual reparative therapy has not been higher because of inadequate understanding of the causes of homosexuality. Rates of success obviously reflect the relevance of the treatment model. Moberly maintains that, until the eighties, psychotherapy was still viewing homosexuality as an opposite-sex problem rather than a difficulty in relating with the same sex. In her opinion, this explains the disillusionment of many homosexuals who unsuccessfully sought therapy in the past. It may be that the increasingly widespread adoption of Moberly's treatment model in the last fifteen years is reflected in the higher than average change percentage figures claimed by various more recent groups.

However, even where it is inadequately informed, psychotherapy produces change wherever it impinges on issues relevant to the causes of homosexuality. This means that even dealing with the depression, substance abuse or suicidality commonly accompanying SSA may make some difference to the SSA. As West comments in his review of the literature, "Every study ever performed on conversion from homosexual to heterosexual orientation has produced some successes."⁸ Dr. Reuben Fine similarly remarks, "all studies from Schrenk-Notzing [Victorian era] on have found positive effects virtually regardless of the kind of treatment used."¹⁴ According to West, those most likely to respond to treatment are clients with a good level of motivation, a history of some heterosexual feelings, and who have entered the gay lifestyle later.

But, in 1973, the American Psychiatric Association (APA) removed homosexuality as a disorder from its Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-II), and redefined it as a condition only to be treated if the client was distressed - in which case he or she should be counselled to come to terms with the orientation. More recently, the APA Board recommended a resolution banning homosexual reparative therapy. The move failed only because of aggressive lobbying by the resolution's opponents.²⁶

In view of the evidence that change is possible, what was going on?

The official attitude of the professions

The APA's decision to declassify homosexuality as a disorder has been acknowledged by gay activists as one of their victories. The details are well documented, and the role of gay activists in the process is not

really disputed. The APA, after months of harassment and intimidation by activists (who disrupted scientific research and conferences, forged credentials, and physically intimidated psychiatrists) made a “medical judgment” to remove homosexuality from the diagnostic manual by a vote of only 34 percent of its members. It was acknowledged at the time that the motive was mostly to prevent discrimination against people with SSA, and that research needed to be done to demonstrate that there was no abnormality associated with SSA. However the research was never done, in fact was then strongly discouraged as “discriminatory”. Although a survey conducted by the journal *Medical Aspects of Human Sexuality* four years later showed 69 percent of the 2500 psychiatrists who responded opposed the 1973 action²⁷ the effect of the decision was to stop scientific research, and, in an age of minority rights, make reparative therapy politically incorrect. According to Nicolosi, one of the founders of NARTH (see below), the decision effectively silenced professional discussion of homosexuality as a disorder.²⁵ Many mental health professionals are now simply ignorant or disbelieving of change, don’t know how to bring it about, lack the personal courage to stand against the tide, or are ideologically committed to the gay agenda. The pressure on the APA to put an end to reparative therapy has continued.

In 2000, the APA went even further. Its Commission on Psychotherapy by Psychiatrists issued a statement, approved by the entire APA leadership, that made the following recommendations:

“1. APA affirms its 1973 position that homosexuality *per se* is not a diagnosable mental disorder. Recent publicized efforts to repathologize homosexuality by claiming that it can be cured are often guided not by rigorous scientific or psychiatric research, but sometimes by religious and political forces opposed to a full civil rights for gay men and lesbians. APA recommends that the APA respond quickly and appropriately as a scientific organization when claims that homosexuality is a curable illness are made by political or religious groups.

2. As a general principle, a therapist should not determine the goal of treatment either coercively or through subtle influence. Psychotherapeutic modalities to convert or “repair” homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of “cures” are counterbalanced by anecdotal claims of psychological harm. In the last four decades, “reparative” therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, APA recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm.....

In 2009 the American Psychological Association (also APA), came out with a long study in 2009. (APA Task Force, 2009)⁶⁷ This included the following comments:

...The American Psychological Association concludes that there is insufficient evidence to support the use of psychological intervention to change sexual orientation

...The American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or other’s sexual orientation.

...advises parents, guardians, young people and their families to avoid sexual orientation change efforts that portray homosexuality as a developmental disorder.

The APA in its study was simply not convinced that change was possible, but readers of this book will be able to judge this for themselves. Change to varying degrees unquestionably happens.

Those opposing therapeutic assistance fail to acknowledge the strong motivation of most who come for treatment and their disillusionment with the gay lifestyle. The other criticisms seem to be that “the therapy is not yet perfect, therefore it should be banned” and “any criticism of homosexuality is wrong”. Therapists who work with SSA people would strongly agree that care must be taken not to harm clients, rarely use the word “cure” but would insist that it is potentially lethal to remain in the gay lifestyle and worth trying to change. Neither do they make exaggerated claims about the outcomes of therapy. Whether the trait is a mental illness or not, seems a very minor issue among them compared with the importance of helping by any valid means clients with a considerable burden of difficulties.

Many other professional associations have adopted similar stances to the APA's, relying on their supposedly authoritative statements. Gay activists targeted Nicolosi's publisher with dozens of angry phone calls and about 100 letters protesting at the publication of his book discussing reparative therapy for male homosexuals.²⁹

The National Association for Research and Therapy of Homosexuals (NARTH) was founded in 1992 by those psychiatrists who believe the condition treatable and who seek to counteract the effect of pro-gay propaganda on official policy and on individual psychologists and psychiatrists. After one year, about 50 professionals had joined, and by 2007, membership had swelled to over 1500, showing considerable dissatisfaction with the APA stance. It operated on a rather shoe-string budget and certainly did not receive monies from right-wing organizations in spite of rumours to that effect.

However, in the meantime, the atmosphere in the official professional organizations had grown so politically correct, that a number of senior members of the American Psychological Association in 2005 published a book⁴⁷ in which they said "The American Psychological Association has chosen ideology over science....censorship exists.....even under the McCarthy era there was not the insidious sense of intellectual intimidation that currently exists under political correctness". The authors, attempting to recruit writers for chapters in their book found "manydeclined to be included, fearing loss of tenure or stature and citing previous ridicule and even vicious attacks". The authors said the attacks on reparative therapy "deny the reality of data demonstrating that psychotherapy can be effective in changing sexual preferences in patients who have a desire to do so." This is a terrible indictment of a professional organization and resembles the kind of intimidation exercised by dictatorial regimes.

Reluctantly therefore we must conclude that no statement about homosexuality from these organizations can be unreservedly trusted in spite of the aura of authority they have.

Because of the politically hostile atmosphere in the American Psychological Association, there is now an enormous burden of proof imposed upon them to establish they are putting forward an unbiased scientific case on this subject rather than just than accepting and regurgitating the misrepresented science produced by its Gay and Lesbian sub-committee. The atmosphere of hostility toward those who claim change is possible has almost no historical precedent in a professional organization, but is certainly reminiscent of the general public hostility aroused by challenge to any established sexual behavior, homosexual or heterosexual. One is tempted to invoke the adage "Touch an addiction, get a reaction". However modern research supporting the assertion that change is possible continues to be published in spite of the great difficulties.

Dr Robert Spitzer, a prime mover in the 1973 decision to remove SSA from the Diagnostic Manuals as a mental illness, nearly 30 years later interviewed 200 people who claimed they had changed, and he concluded that real and extensive change had occurred in many cases. This was probably an extreme sample, but showed unequivocally that change, sometimes large, is possible for some motivated individuals.⁴⁸ The study published in 2003, attracted a large amount of criticism and abuse from the gay lobby, but any impartial observer would say he has established beyond reasonable doubt that change does take place for some people, and that in view of the previously published literature, this is no real surprise.

Spitzer after his study, received death threats so disturbing that he withdrew from making public comment about the subject because he said he had to protect his family.

A contrary study, showing harm to some people who had passed through therapy⁵⁰, particularly showing up in poorer self-image and suicidal thoughts, but including accounts of people who said they had been helped by therapy, was followed by a doctoral project by Karten⁶¹ who interviewed other people who claimed they had been helped and had changed. His results were very similar to Spitzer's, and support the idea that change is possible.

A book by Jones and Yarhouse in 2007⁶⁵ interviewing those who had been through the (non-professional) Exodus program (see below) also concluded that much real change had occurred but described the resulting predominant heterosexuality for many of the participants as "rather complicated", meaning tinges of same-sex feelings remained. Nevertheless, in their sample the degree of change was actually greater for predominant homosexuals than bisexuals.

An important book by Hallman⁷⁶ published in 2008, published by IVP, described various degrees of change reported among lesbians and clinical details of the process.

Of course even one published case of documented change would be sufficient to disprove the assertion that change is impossible, and there are hundreds. Those changes are of varying extent, but the majority of changes are satisfying to those involved – and that is one of the main ideals of psychotherapy.

The Formation of “Ex-gay” Groups

An interesting development followed the APA's decision in 1973 and the companion move by the American Psychological Association. Looking for therapeutic help that was no longer available, men in the process of changing their orientation began to set up support groups to help each other. Late in the seventies, they began to join forces and to proliferate. There are now at least 150 of these groups in the USA, Europe, South East Asia, and Australia. They came to be known as “ex-gay” groups - the largest being a confederation of groups called Exodus International. Few of them like the word “ex-gay” however, and have actively sought alternatives, none of which has generally caught on. We continue to use it here, but agree to some extent with the term's detractors.

Exodus is basically Protestant. Smaller groups have other affiliations: Evergreen (Mormon), Courage (Roman Catholic), Jonah (Jewish). No group had emerged by 2007 within the Islamic community though there are definite stirrings of interest.

There is an interesting parallel between the rise of ex-gay groups and that of Alcoholics Anonymous (AA). AA came on the scene at a time when the medical profession professionally viewed alcoholism as incurable, or at least didn't know how to help. Bill Wilson, a recovered alcoholic and founder of AA, was invited to speak on 24 May 1949 at an alcoholism symposium presented by the APA in Montreal. According to the record, a past president of the APA said to him later: “Outside of the few AAs in the room, and myself, I do not think a single one of my colleagues believed a word of your explanation.” When Bill Wilson expressed surprise because of the applause he had received, the man replied, “Well, Mr. Wilson, you AAs have a hundred thousand recoveries, and we in the psychiatric profession have only a few. They were applauding the results much more than the message.”³⁰

Alcoholics Anonymous came on the scene when the medical profession had no answers for the alcoholic; ex-gay groups surfaced at a time when the APA distanced itself from reparative therapy for homosexuals.

AA had its detractors: people said the stories sounded spurious or they didn't like the “God rackets” (AA's Twelve Steps require a relationship with God - as He is understood). Bill Wilson's right hand man relapsed, some members got drunk again, one at least committed suicide. The ex-gay movement has its detractors too, and for similar reasons. Gay activists in particular like to quote the relapse of an ex-gay leader, Michael Bussee, in the ex-gay movement's early history. AA today has wide credibility and an unofficial success rate of something like 25 percent. At some point in the future the general public may be aware that gays can change their orientation as they are now aware that alcoholics can achieve permanent sobriety - the difference being that the reformed alcoholic cannot take another drink, but the ex-gay movement believes the former homosexual can form non-erotic relationships with other males.

It appears that those who insist on 100 percent success rates in any field of therapy as proof of its effectiveness will never find them. AA believes that those who “work the program” will find their way out, and that many, for their own reasons, simply do not work the program. Success rates of about 25 percent are not uncommon in many programs offering recovery from problem behaviors with a strongly addictive component. Behaviors can become addictive when they are used to relieve emotional pain. Those in therapy often find it easier to continue the addiction than to begin to deal with underlying motivations. Homosexuality appears to be little different. According to psychiatrist Cappon, psychologists can be confident that change occurs “at least as frequently in homosexual persons as in people afflicted by any other personality disorder.”³¹

The voluntary therapeutic groups have now been in existence for about 25 years in spite of bitter opposition. They continue to exist because they have observed sufficient change in people to make it worthwhile to continue, surveys have shown general client satisfaction even amongst those with minimal change and the number of disaffected clients has been small enough that they have not launched a successful challenge to the groups.

We re-emphasise – most people change without help. Therefore we propose that those who come for therapy, are the hardest cases, and are not typical. It follows that change is much easier on average, than

generally thought.

Why does the gay activist resist change?

Gay activism usually comes up with any or all of the following arguments.

- The individuals concerned were never homosexual in the first place.
- The alleged change in orientation that has taken place is brief and illusory. (Given time the person will revert; the change is only the result of suppression of homosexual feelings which will resurface.)
- A person can change his or her identity but not the orientation. (You can stop acting homosexually, but you can't stop being inwardly homosexual.)
- Those who say change is possible are "homophobic" (hating or fearful of homosexuality and homosexuals). That is, they are forcing homosexuals to become heterosexual because they don't like homosexuality or homosexuals.
- Homosexuals who undergo this change are emotionally damaged in the process, become depressed, lose self-esteem, and become suicidal because they are doing violence to their true selves and "internalizing" the "homophobia" that is forcing change on them.

We estimate gay activists comprise 1 to 10 percent of all sexually active homosexuals. They have succeeded in defining themselves as a minority group unjustly suffering discrimination and are seeking equality with heterosexuals in all possible respects. Gay activism attempts to discredit any research that shows change is possible or anyone who claims to have changed. Why?

Here is our theory. People who came to adulthood in the last several decades of the 20th century lived for a long time with the growing awareness of their homosexual orientation, well-aware of prevailing attitudes towards homosexuality, fearful of disclosure, and not knowing what to do about it all. Many tried alone for years to change but failed. Some genuinely sought help from counsellors, ministers of religion, psychologists, or psychiatrists - often at considerable expense - but got nowhere. It's not too surprising that many believe it's impossible to change. "If it were possible, I would be heterosexual today," some of them say. If they turned to religion, as many of them did, and found only censure, rejection, and no power to change, they will be cynical about the church unless it accepts them unconditionally. (Nearly 40 percent of gays say that, because of their homosexuality, they have become less religious than they were.³²) Gays who find no way to change their orientation have few options, but one of them is to summon the considerable personal courage required to accept the label "homosexual" and "come out" to themselves, families, and others. But an identity in which there is such an enormous personal investment then has to become acceptable to society at large and gay activism has worked hard to this end on many fronts. Naturally, when governments begin granting political protections, and homosexuality begins getting backing from the church, the judiciary, education, the medical and caring professions and the media, and apparent "scientific" backing, change is not something a self-identified gay person needs to give much thought to - especially if there are rewarding patterns of sexual gratification and intense emotional attachment to give up. As one ex-gay, Frank Worthen, put it, after about thirty years out of homosexuality, "Sex (for males) has met their needs for closeness for so long that the prospect of giving it up is very threatening." He goes on to say, "There is no one in the lifestyle who cannot make the change - but many will be too fearful to seek it."³³

Now, of course, the 'right' to be gay and sexually active is so enshrined in the West that any suggestion that change might be a better option is often considered ridiculous.

It is much easier to argue that heterosexual intolerance and discrimination are the only reasons homosexuals want to change their orientation than to believe change is possible or beneficial. Ross, for example, argues no homosexual's request for help to change is voluntary³ in spite of surveys showing that the main reasons for seeking therapy are a genuine dislike of the gay life-style and its consequences, and that pressure from others is a very minor factor.

In the seventies about half of lesbians and about 62 percent of gay men wanted to change their orientation at some time in their lives.³⁴ According to Bell and Weinberg³² in 1978, about one in four lesbians and one in five males actually tried to do something about it, and almost half of them made two or more attempts.

There are no figures available for the period since, and almost certainly changed attitudes towards

homosexuality have greatly lowered those figures. But people still seek help to change. They come for the following reasons.

Short-lived and Unstable Relationships

A good number of homosexuals find after a time that, homosexuality does not yield the promised satisfaction. Mr. Right doesn't appear, or does, but sooner or later becomes Mr. Wrong.³⁵ One gay man described the lifestyle as "the search for monogamy, from bed to bed." Researcher Hooker³⁵ found that almost all homosexuals have "an intense longing for relationships with stability, continuity, intimacy, love and affection but are unable to find it." West comments that male relationships frequently break up "from internal dissension rather than outside pressure." Sixty percent of male relationships last less than a year, and most lesbian relationships less than three years. Affairs of five years or more are exceptional.⁸ The real life of the overt male gay is "replete with jealousy, competitiveness, insecurity, malice, tantrums and hysterical mood shifts" says West. Pollak says homosexual relationships are "often bedevilled from the start by dramas, anguish and infidelities," intense dependency, jealousy, and rage.⁶⁰

The median relationship length for all studies we have been able to find is 2.5 y for both gays and lesbians. In contrast, even in the United States, heterosexual couples have almost a 50:50 chance of reaching their silver wedding anniversary (25 years).

The reason for this may be shown in the work of Karten⁶¹ who found that 86% of those in his subject group who had sought change reported that being gay was not emotionally satisfying. This was the second most common reason for therapy; the most common was religious reasons.

Even sexual difficulties within homosexual relationships are about twice those within heterosexual relationships⁶⁹.

Unfaithfulness

Even in spite of "intense longings for stability and continuity," gay monogamous relationships are rarely faithful. "Monogamous" seems to imply some primary emotional commitment, while casual sex continues on the side.⁴² McWhirter and Mattison⁴³, a gay couple who are psychiatrist and psychologist, attempted to disprove the notion that gay relationships did not last. In their book, *The Male Couple*, they report the results. They finally located 156 male couples who had been together between one and thirty-seven years, two thirds of whom had entered their relationships with expectations of faithfulness. Only seven had been able to maintain sexual fidelity, and, of those, none had been together more than five years. They could not find one couple who had been faithful beyond five years.

Compulsive Behavior

Terms like "compulsive," "hyper-sexual," and "addictive" are turning up more and more in studies of gay sexuality. It is 3 times as common among SSA people as OSA people^{69,70,71}. Researchers Quadland and Shattls, remark:

"For some a lack of choice is involved.... They reported not feeling in control of their sexual behavior, reported having more sex than they wanted, and reported feeling victimized by their frequent sexual activity ... the primary motivation and satisfaction appeared often not to be purely sexual.... A pattern of sexual control emerged which seemed most closely related to that of overeating".³⁷

Another researcher Pincu, comments that the main features of addictions are present in much gay sexual behavior, and the behavior is mood-altering.

"The excitement is not unlike that of a child discovering something new or forbidden, is a strong motivating force in the continued search for gratification and temporary self-esteem.... All the traditional defences of repression, rationalizing, minimizing, and intellectualizing are used by the compulsive individual to avoid admitting there is a problem and that his life is out of control."³⁸

Homosexual promiscuity is well documented. Before AIDS almost half of white homosexual males had had at least 500 different partners, and 28 percent had had 1000 or more, mostly strangers.³² Homosexuals still have 3-4 times as many partners as heterosexuals^{6,66} (when medians rather than means are compared),

and between 13 percent and 50 percent of gays continue to practice high risk sex post-AIDS, evidence of an addictive drive. This is in spite of high levels of knowledge of HIV transmission routes, AIDS prevention counseling, positive HIV status, special safe-sex campaigns, and deaths of friends through AIDS.^{39,63} It seems clear that a significant amount of homosexual behavior is out of control. NARTH therapists mention a figure of 30% sexual addiction among their clients⁶²

Sexual behavior that is out of control does not increase anyone's self-respect; ultimately a cycle of using and being used leads to a sense of helplessness and depression.⁴⁰ Ex-gay groups say men seeking help often say they feel used. This is not to say that all homosexuals are promiscuous. Some are celibate, but they appear to constitute only a small minority of self-identified homosexuals. According to a long term study of homosexual men in England and Wales published in 1992, only 6 percent had had no sex in the last year.⁴¹ West noted an "obsessive preoccupation with sexual topics whenever gay circles foregather" and "often a dislike of being tied down, leading to many partners".

Loneliness with Increasing Age

Male homosexuals become isolated with age. Kinsey Institute sociologists Gagnon and Simon comment, "serious feelings of depression or loneliness are often attendant on ... the middle to late thirties."^{36,72}

A future with no family life, children, or grandchildren can mean a bleak future for the non-married homosexual who becomes less attractive as he ages and does not feel accepted by the heterosexual community.

Early Death

A less common motive for therapy (41%) is fear of death. After AIDS emerged there was an initial concentration on safe-sex precautions, but the campaigns since 2005 are increasingly being ignored. And even anti-HIV drugs are not preventing deaths as they might. The risk of cancer in AIDS patients is 20 times higher than in the general population⁶⁴ and epidemiologists consider 20 times an astonishingly high factor. The inevitable medical truth is also that unprotected promiscuity whether associated with OSA or SSA is the ideal milieu for infectious disease, some of which will be life-shortening.

Rotello²⁸ points out the hard mathematical fact that a community becoming HIV+ at current typical rates of 1-2% per year will lead to 50% infection and death in the long-term, which would mostly occur in cities in suburbs in which gay people predominate.

Fear of Change

Ex-gays who have spent years in the gay scene say many gays would get out of the scene if only they knew how. Given the abundant statistical evidence of change, the attempt by gay activists to discredit the change process is a form of discrimination against a significant group of homosexuals who want to change. Dr. Fine remarks, "The misinformation ... that homosexuality is untreatable by psychotherapy does incalculable harm to thousands of men and women."¹⁴ Dr. Bergler insists, "The homosexual's real enemy is his ignorance of the possibility that he can be helped."¹⁶ Masters and Johnson comment, "No longer should the qualified psychotherapist avoid the responsibility of either accepting the homosexual client in treatment or ... referring him or her to an acceptable treatment source."²⁰ Dr. Tiffany Barnhouse, Professor of Psychiatry at Southern Methodist University stated: "The frequent claim by 'gay' activists that it is impossible for homosexuals to change their orientation is categorically untrue. Such a claim accuses scores of conscientious, responsible psychiatrists and psychologists of falsifying their data."⁴⁴

Conscience

The gay lifestyle is not unrelieved misery. Some gays and lesbians don't leave it for any of the above reasons. They have plenty of good times and would be happy to stay where they are if it weren't for what they would probably call their conscience - a persistent sense that what they're doing is not what they're meant to be doing. The root of this is often religious conviction and they would be reluctant to describe this as "internalized homophobia," an increasingly common phrase.

The Change Process

Ex-gay groups, and those therapists working with homosexuals seeking to change, identify several major issues needing attention: severe breaches in the relationship with the parent of the same-sex and refusal to role-model, unhappy same-sex peer group relationships, sexual abuse, eroticization of unmet needs for affection, confusion of sex with love, a cultivation of a mind-habit of same-sex erotic fantasy, and an addictive cycle of sexual gratification. In females the addictive cycle is less sexual than emotional. The groups say the problem is deep-seated and to beat it takes dedication, patience, honest self-examination, and a lot of support. Ex-gays tend to say two things are essential: a complete break with the gay lifestyle (leaving the current relationship, and the gay milieu, moving out of the area if necessary), and a strong heterosexual support network to replace the gay support structure. Ex-gay groups belong to a family of support groups dealing with problem behaviors. Most of these make an appeal to a higher power. In ex-gay groups, the appeal is specifically to God, who is represented as loving and understanding - unlike many gay perceptions of God. They work to raise levels of self-esteem. Groups say that accountability, constant support, confrontation, help in dealing with the addictive cycle (identifying and avoiding triggers), formation of non-defensive, non-erotic friendships with people of the same sex (or similar mentoring) and inclusion in families, lead to gradual but steady shifts in sexual orientation toward heterosexuality and the development of heterosexual attraction. Members are encouraged to forgive parents and reconcile. Lesbians in particular receive help for high levels (85 to 90 percent) of male sexual abuse.

Surveys with varying degrees of formality, have shown that the factors most helpful in the process are affirmation by other heterosexual males (e.g. in male "new warrior"-type weekends) and mentoring (if a mentor can be found). These factors were more important than therapy itself, or support groups, though these received some plaudits.

Ex-gay groups are often unwilling to specify a time frame for the transition process, but change appears to be slow and steady. Some therapists and ex-gay groups say compulsive drives can fall to controllable levels in eighteen months to two years and steadily diminish thereafter. It appears that after he or she is no longer acting out compulsively, the "ex-gay" is not too different from people seeking help for heterosexual problem behaviors. Courses run by ex-gay groups often examine and help group members resolve "underlying" attitudes that they say prop up the homosexual condition, like resentment, unforgiveness, fear, anger, insecurity, rejection, envy, isolation, pride, anti-authority attitudes, defensive ways of relating, low self-esteem, manipulation, and the need to be in control. Ex-gay groups claim that those who have worked through the issues are genuinely no longer homosexual on the inside - not merely suppressed homosexuals who appear heterosexual on the outside. (A fuller discussion of the change process may be found elsewhere.³³) Many ex-gays go on to marry, but early marriage with an opposite sex partner is emphatically not recommended as a form of therapy and marriage is discouraged until much later.

Gay activists have attacked the change process, saying it is injurious to self-esteem and can make gays suicidal and depressed⁵⁰. However, a survey by Dr Roger Mesmer found the opposite. Mesmer surveyed 100 people who had sought help toward a change of sexual orientation. He found that 88 percent felt "more able to have friendly relationships" and felt "more self-respect." Ninety-seven percent of men felt more masculine, and 77 percent of women more feminine. Seventeen of the respondents had married, 55 percent reported "exclusively heterosexual interest," and 47 percent some homosexual interest that they "rarely felt compelled to act out." Thirteen per cent still had some homosexual behavior. Ninety four percent felt closer to God.⁴⁵ A NARTH survey also found an improvement in psychological well-being and inter-personal relationships as a result of reparative therapy, as did the Jones and Yarhouse survey.⁷³

Ex-gay groups argue that homosexuality itself is a symptom of poor self-esteem, saying that a boy or girl who has not bonded with a same-sex parent, has felt different from and excluded by peers, and has often been sexually abused, will not have high levels of self-esteem. Sexual behavior which is out of control also leads to depression. Homosexuals and lesbians attempt suicide roughly three times more often than heterosexuals³² a statistic that has often been blamed on societal attitudes. But, according to Bell and Weinberg, gay suicide attempts, when they are directly related to homosexuality, are often over the break-up of a relationship³² The literature shows the rate of attempted suicides amongst SSA in various countries is

unrelated to the degree of liberalism so is not directly related to discrimination and other attitudes in society.

It seems unreasonable, therefore, to claim, as gay activism does, that those who try to help motivated homosexuals change are homophobic. To be consistent, they would have to argue that Alcoholics Anonymous hates alcoholics.

Although gay activists say that those who claim to have changed were obviously never homosexual in the first place, hundreds of homosexuals making the transition can talk of years of homosexual desire and attraction, homosexual activity, or of lovers, live-in relationships, promiscuity and political activism. One former gay man, the Rev. David Kyle Foster, often answers those who doubt he was ever really homosexual in the first place, "Would making love to over 1000 men count?"

Although gays want proof that no homosexual thought will ever occur again, ex-gay groups say such a demand is unrealistic. They report that homosexual urges gradually become controllable and continue to diminish steadily, while heterosexual interest begins to develop. Many ex-gays marry happily. In the words of one 35 -years-plus ex-gay, Alan Medinger, "some little thing might zing `em periodically. But it's really nothing more than a nuisance." Ex-gays in treatment are taught to identify what they are really seeking when a homosexual impulse occurs, and to set about getting it non-erotically. In males, it is often a need to be affirmed as a male by another male.

How much can people change?

We noted the statement of Dr Van den Aardweg, that in two thirds of cases in his therapeutic experience, homosexual impulses became only occasional or completely absent. Those who move among the ex-gay groups will also encounter such people, in spite of the fact that the group's help is less professional. Large change is possible for some individuals.

What does the fact that there are a variety of outcomes mean? It certainly means that change is worth trying if someone is deeply dissatisfied with their current state. The fact that some people change to a remarkable extent is valuable because it shows what may be possible for many more people in future as research continues.

Does the fact that some people do not change negate the change in those who do? Of course not. No-one would not look at failures of cancer therapy and say no cancer therapy should be allowed. But what an ideal those in long-term remission from cancer represent!

In both Spitzer's and Karten's group of subjects there was a lot of religiosity. As in AA, those who had changed, believed they had been helped by a Higher Power. However different degrees of religiosity had little effect. Within his group, Karten did not find a clear correlation between change of feelings and degree of religiosity. The conclusion from other studies is that change occurs more often with some religiosity rather than none. A general conclusion from the Spitzer and Karten surveys is that the more extreme changes are rarer, but that there is general satisfaction with whatever change occurred.

There are no statistics on the extent to which such people ultimately form satisfying opposite sex relationships; anecdotal evidence suggests that quite a proportion of those who change become satisfied singles. In our modern society, which often treats sexual gratification as an inalienable right, opposite-sex sexual experience can be insisted upon as proof of change but the person who merely seeks merely sexual gratification can have little to say to someone who has achieved a personally satisfactory outcome though some years of deep and difficult self-examination.

Summary

There is abundant documentation that homosexuals can move toward a heterosexual orientation, often with therapeutic assistance, but surprisingly often without it. Obviously, sexual orientation is fluid, not fixed, so it is impossible to argue it is genetically pre-determined. There seems a good possibility that various degrees of change may happen with the right support including therapy of various kinds. The problem in the present hostile social climate may be finding such support.

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