Can sexual orientation change?

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 not fixed but 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—meaning heterosexuality is a more stable condition.

There are different types of change. A person may be attracted to both sexes, but slowly lose attraction for one sex and become exclusively attracted to the other. An increase of attraction for one sex may happen without becoming exclusive. Most interestingly, a person exclusively attracted to one sex may for the first time experience attraction to the other, which is usually a remarkable experience.

Some of the change is therapeutically assisted, but in most cases it appears to be circumstantial. Life itself can bring along the factors that make 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) mean sexual orientation is not genetically dictated or permanent.

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, though there is plenty of evidence for change in both directions. Change has been found so frequently that it has a technical name "fluidity".

It is ironic that the group most insistent that change is not possible is the very group that has greatest fluidity, the transgender community, e.g., if a man attracted to women has a sex change operation it is a 50-50 toss-up whether he will be attracted to men or women afterwards.[1a,1b]

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 sexual partner for two years as a teenager. Two years after the relationship ended, he suddenly realised his homosexual feelings had gone.

> As I look back now I see that part of the reason was that I was working with my father [at that time] 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 origins 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 lessening of his desire for 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.[2]

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 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."[3] 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.[4]

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."[6]

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,[7] 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 behaviour equated to a move from Kinsey homosexual Classes 5 and 6 (predominantly to exclusively homosexual) to Class 2 (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 behaviour. This is a well known clinical feature of lesbianism.[3,5] 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.

Nichols[5] 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."

Dixon[8] 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.

Tanner[11] reported that about half the lesbians she knew were heterosexual before midlife.

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 Pomeroy[9]) 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; but the typical description in those times was "adjustment". 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."[10]

A survey by the well known research team Bell, Weinberg and Hammersmith,[12] published in 1981, also claimed that 2% of the heterosexual population said they had once been exclusively homosexual. Independently, Colorado researchers, Cameron et al.[13] in 1985, reported an identical figure. Both these studies also put the percentage of homosexuality in the population at 4%. In other words nearly half the homosexual sample moved significantly towards heterosexuality. But change was occurring in both directions. About 2% of the heterosexual group became homosexual (**Figure 37**).

More data are available from the comprehensive study by Laumann et al. (1994),[14] who reported that about half those males

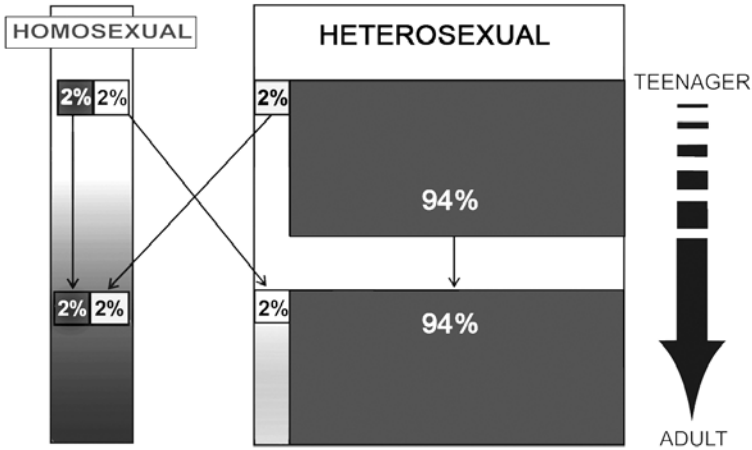

Figure 37. Showing natural movement between sexual orientations

homosexually active as young 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)[15,16] 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. Fox[17] reported various degrees of change among bisexual people (not undergoing therapy to change).

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. This is stated explicitly in Sandfort (1997)[18] And about the same number have changed from being exclusively SSA to bisexual or even exclusively heterosexual (though they obviously make up a much smaller fraction of heterosexuals)

California researcher Hart[19] reported that roughly 1% 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. Had

they been specifically asked, the percentage may have been higher. Similarly in a large web survey organised among gay and lesbian youth by !OutProud![20] when asked what they thought about the possibility of sexual orientation change to heterosexual, 1 % actually volunteered they had made that change!

Studies showing varying degrees of change continue to be published in scientific journals. In a very well-known New Zealand longitudinal study[21] 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, in an international record, a 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 factors.[21] Similarly,[22,23] 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 malleability of sexuality.

From the above we would have to conclude that homosexuality is much more fluid than heterosexuality as shown by the large proportion, 50 % **(Figure 37)** of homosexuals who move toward a heterosexual orientation, compared with the small proportion of heterosexuals who become homosexual.

Kinnish et al.[24] surveyed in detail the type of changes that occurred, and they generally confirm the previous picture. Their results are shown in the next two diagrams, **Figures 38** and **39**, which assume the occurrence of SSA described in Chapter Two. (These figures are complex, see p225 for a simplified summary.) The sample was not random, and might mean that the degree of change 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 over 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.

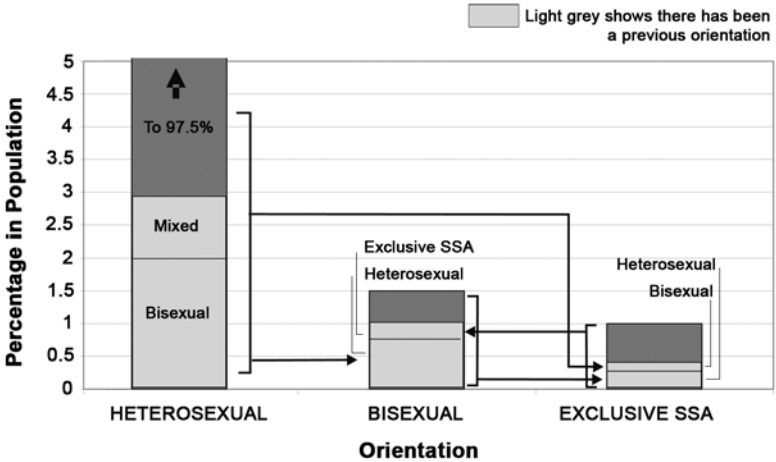

Figure 38. Movement of male adults between homosexuality and heterosexuality over a lifetime. Most movement is towards heterosexuality. Within each vertical column light grey labelled blocks indicate the previous orientation

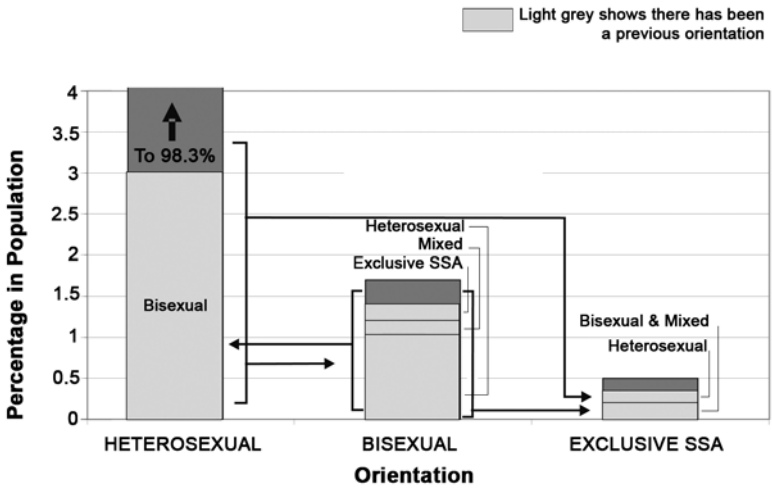

Figure 39. Movement of female adults between lesbianism and heterosexuality. Most movement is towards heterosexuality

Figures 38 and **39** can be summed up like this:

- Most changes are towards exclusive heterosexuality
- Numbers of people changing towards exclusive OSA are greater than the current total numbers of bisexuals and exclusive SSA people combined. This surprising figure supports the catch-phrase circulating 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.
- Exclusive OSA is 17x as stable as exclusive SSA for men, and Exclusive OSA is 30x as stable as exclusive SSA for women. So women move about more in their sexual orientation than men.

The degree of change in bisexuals was exceptionally high—many more changed to some form of exclusivity than stayed bisexual.

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.

Mock and Eibach[24a] found that over ages 40-50, 64 % of exclusive lesbians change to something else, and 65 % of bisexuals. Among SSA men, 9.5 % changed, and 47.1 % of bisexuals. No therapy was involved.

Katz-Wise and Hyde[24b] found 63 % of SSA women and 50 % of SSA men, ages 18-26, had changed attraction at least once. About 20 % had multiple changes, and the first change had been in late adolescence. No therapy was involved.

Adolescent change

Some of the most remarkable data on change is in adolescents. This is taken from a very large USA ADD-Health survey—Savin-Williams and Ream (2007).[25]

We present the data in visual form to make them easier to follow. In the Figures below, black represents attraction to the opposite sex only, medium grey represents those who were attracted to both sexes, and light grey those attracted to the same sex only. The diagram shows the changes in attraction in those three categories 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."

In the first diagram below **(Figure 40)**, the bars on the left represent 100%, i.e., all those in each of the three categories at the age of 16. The bars to the right show the percentage of each category ending up in one of 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.

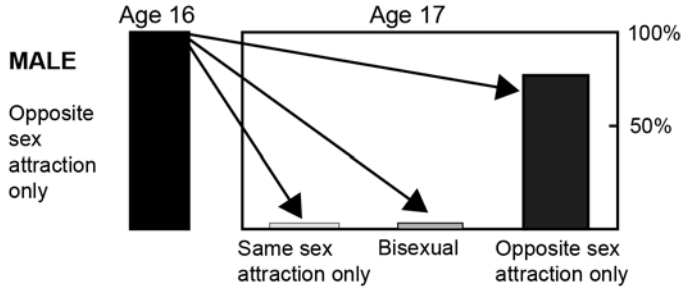

Figure 40: Male Opposite sex attraction

For those (many fewer) who had attractions only towards the same sex, we see something interesting in **Figure 41.**

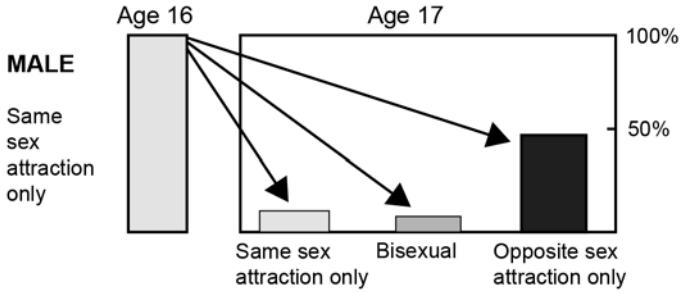

Figure 41: Male same sex attraction

A very small percentage remain 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. Same-sex attraction ceases in the course of a single year, or changes to an opposite sex attraction or perhaps these are transient attractions and there are no compatible individuals of the same sex available at age 17.

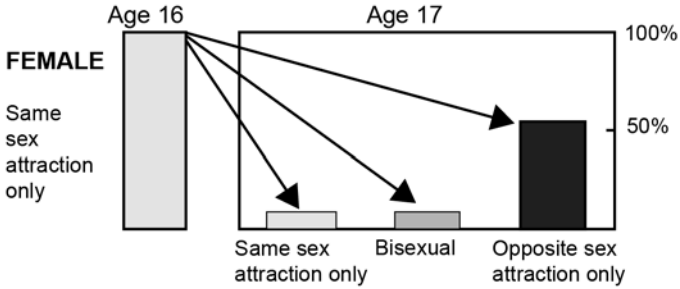

Figure 42: Female same sex attraction

Again, in **Figure 42** we see considerable change from exclusive same-sex attraction to exclusive opposite-sex attraction.

There was no intervention to bring about any changes between ages 16 and 17. It seems maturation or chance was mainly responsible. **Figures 43-45** are data for ages 17-22.

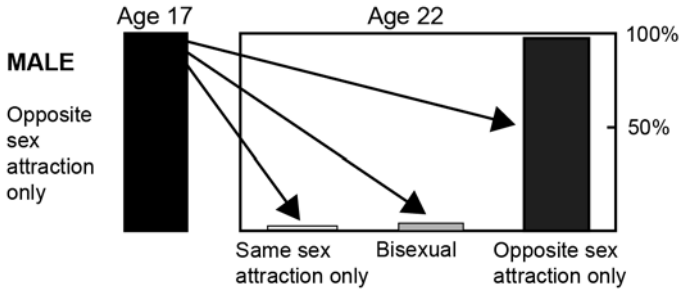

Figure 43: Male opposite sex attraction, 17-22 years

This again confirms that exclusive opposite sex attraction persists, and for both sexes.

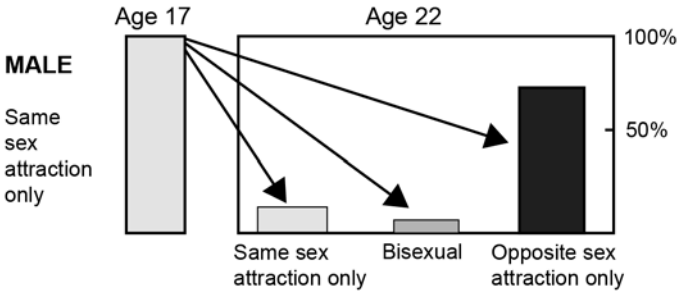

Figure 44: Male same sex attraction, 17-22 years

This again confirms that those who are attracted only to the same sex initially, in the usual course of events will mostly end exclusively attracted to the opposite sex. A surprisingly small percentage of those same-sex attracted in adolescence remain that way.

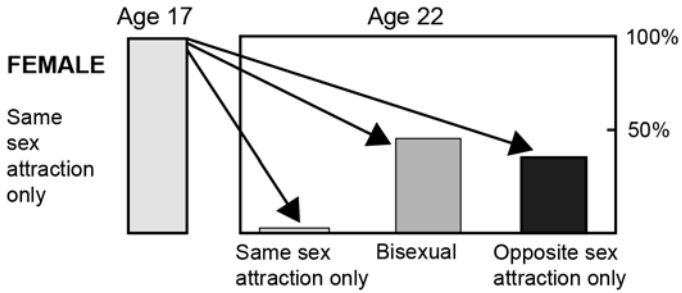

Figure 45: Female same sex attraction, 17-22 years

The pattern for females is that only a very few stay exclusively same-sex attracted long term. Many become bisexual, i.e., they acquire an attraction to the opposite sex as well.

If an initial attraction was opposite sex, but a succeeding one was same-sex, depression increased.[90]

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

Are these (largely teenage) feelings real? Are they true SSA? It could easily be argued that whether OSA or SSA they not the mature form of these attractions. However, they are certainly real enough to trigger suicide 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 the degree of change from OSA. Making the mathematical assumption that those with missing data will not affect the results, it is possible to calculate how much more likely it is that a homosexual orientation will become heterosexual than the reverse.

Men: SSA compared with OSA. 38x more likely
Bi/OSA. 57x as likely
Women: SSA compared with OSA. 28.9x more likely
Bi/OSA. 29.8x more likely

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-attraction 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 bi-sexuality or homosexuality.) This is comparable to, but even higher than, the figures derived earlier in this chapter from other papers.

Most teenagers will change from SSA. In fact, in the 16 to 17 year age group, 98 % will move from homosexuality and bisexuality towards heterosexuality, perhaps experiencing some or exclusive opposite sex attraction for the first time.

Most teenagers thinking they are gay/lesbian/bi and will be for the rest of their life, will in fact probably be different the following year. It is therefore totally irresponsible, and flatly contradicted by

the facts, to counsel affirmation of same-sex feelings in an adolescent on the grounds that the feelings are intrinsic, unchangeable, and the individual is therefore homosexual.

This is not a new finding. Tiffany Barnhouse, Professor of Psychiatry at Southern Methodist University angrily remarked 25 years ago,

> It is impossible for me to state strongly enough that to present this [homosexual] model to young people, or to allow them—as often happens in the contemporary climate of open discussion—to imagine that their transitory adolescent experiments are truly indicative of a settled homosexual disposition, is not only evidence of psychiatric ignorance, but is specifically wicked as well.[77]

On the other hand 16-year olds who claim they are OSA will overwhelmingly remain that way and this is a realistic assumption.

So whether adult or adolescent, a large degree of spontaneous change takes place. Rather than SSA being an unalterable condition, it is actually 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 all the ex-gays?

At this point the natural question arises—if there are so many "ex-gays" in the population, where are they? Very few readers will ever have met any that they know of. It is no wonder the GLB community is very sceptical about whether real change occurs, though the best estimate of the researchers involved is that it does, and spontaneously, without clinical intervention, as life goes on.

There are good reasons why this group has remained hidden.

- Most who have changed to OSA have some embarrassment about their previous life, and don't like to talk about it
- Many believe the change to OSA has been real and permanent, and OSA is now their core identity. They don't want to talk about their previous sexual orientation. Life has moved on.

- If they are now heterosexually involved, admission of previous SSA may jeopardise a present relationship
- If they publicly admit their previous SSA they will be subject to often hostile, public and relentless attacks by members of the gay community. Since many of these "ex-gays" are on the more timid end of the confidence scale, they keep their heads down. The late Dean Byrd from his experiences with clients said

> …do you know what happens when someone says he or she is ex-gay? Their lives and the lives of their families become a living hell. They are taunted by the activists, their families humiliated

- Few of the changes are to 100% OSA and many people who have changed are perhaps 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 willing to discuss his previous identity—often for political reasons.

The degree of hostility towards those who have changed is extreme, and close to a total denial of free speech. Posters that appeared nation-wide in the USA in the nineties showing a large group of people and a message saying: "Can gays change? We did" infuriated members of the gay community. Some posters were torn down.

A national advertising offensive was mounted in disparagement and denial. Most heterosexual people would find such a claim intriguing, but not insulting to the GLB community. But one gay spokesman at Penn State 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 organisations on campus backing their message. Why? This threatens SSA people to a degree which heterosexuals find hard to appreciate. Maverick gay activist Camille Paglia[26] talked of

> …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 secure than heterosexual orientation, so suggestions that change is possible naturally stir up much anxiety.

The best summary of this section would be that there is a large degree of spontaneous change, admitted by all researchers except the extremely ideologically motivated.

Assisted change

If considerable swings in sexual orientation toward OSA can happen without therapeutic intervention, it follows they might go further or faster if they are therapeutically assisted in a motivated person.

The first recorded instance of assisted change may be in the New Testament. In I Co 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 behaviours—that the change was not merely behavioural.

Assisted change has been attempted since last century, using many techniques, including hypnosis, aversion therapy, behavioural 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"[9] 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.

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.[27]

Bernard Berkowitz and Mildred Newman:

> We've found that a homosexual who really wants to change has a very good chance of doing so.[28]

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.[29]

After twenty years of comparative study of homosexuals and heterosexuals, Irving Bieber wrote:

> Reversal [homosexual to heterosexual] estimates now range from 30% to an optimistic 50%.[30]

Bieber followed some of his psychoanalytical clients for as long as ten years and found they had remained exclusively heterosexual.[31]

Charles Socarides said:

> There is…sufficient evidence that in a majority of cases homosexuality can be successfully treated by psychoanalysis.[32]

Scientists Masters and Johnson, after work with 67 homosexuals and 14 lesbians who requested reversion therapy, reported a success rate of 71.6% after a follow-up of six years. Although they have been criticised for serious flaws in their post-therapy follow-up and assessment, it seems certain they produced many real and lasting reversions.[33]

Psychologist, 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.[34]

Psychiatrist William Wilson claimed a 55 % success rate in treating homosexuals who were professing Christians.[35]

According to Robert Kronemeyer, a clinical psychologist,

> About 80 % of homosexual men and women in syntonic therapy have been able to free themselves, and achieve a healthy and satisfying heterosexual adjustment.[36]

Ex-gay support groups say hundreds of homosexuals have moved significantly toward a heterosexual orientation as a result of Christian commitment and the specialised support and services they offer.

UK sexuality researcher, West, summarising the mainstream material up to the seventies[3] says that behavioural techniques appeared to have the best rate of success (never less than 30 %). Although psychoanalysis claimed a great deal of success, the average rate seemed to be about 25 % (but 50 % of bisexuals achieved exclusive heterosexuality.)

One developmental research psychologist, 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 reflecting 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 twenty years is reflected in the higher than average levels of change 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."[3]

Reuben Fine similarly remarks,

> all studies from Schrenk-Notzing [Victorian era] on have found positive effects virtually regardless of the kind of treatment used."[27]

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.

Brutal methods such as aversion therapy, e.g., electric shock) do not seem to have been used for many decades. Therapists these days strive to achieve professional standards of therapy as understood currently. Their rule of thumb is still that about one third of clients achieve rather dramatic change, one third achieve significant change and one third do not change. These rates are much higher than non-therapeutic spontaneous adult change. However we must reflect that in the current climate therapists are more likely to see the extreme cases. Given that, the reported clinical rates of change are quite good.

One well-documented change[37] happened by accident, and involved medication. 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 Phenelzine 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 behaviour, in three months, became exclusively heterosexual. This is an exceptionally fast change.

Homosexuality and the mental health professions

In 1973

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 could 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.[39]

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

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% 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% of the 2500 psychiatrists who responded opposed the 1973 action[40] the effect of the decision was to stop

scientific research. In an age of minority rights and gay activism, reparative therapy became politically incorrect.

According to Nicolosi, one of the founders of NARTH (see below), the decision effectively silenced professional discussion of homosexuality as a disorder.[41] Many mental health professionals are now simply rejecting 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.

In 2000

In 2000, the APA went 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 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…

This rigorous research was not demanded of other therapies.

And such rigorous research would have been unethical. It would have demanded a treatment and non-treatment group, and the suicidality, substance abuse, depression and sexual abuse issues of those coming for help meant non-treatment was simply not an option.

In 2009

The second APA, the American Psychological Association, came out with a long study in 2009. (APA Task Force, 2009)[42] This included the following comments

> …The APA concludes that there is insufficient evidence to support the use of psychological intervention to change sexual orientation
>
> …The APA 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. But this APA was demanding a level of proof that reparative therapy worked that it was not requiring for other therapies. Politics resolutely overrode the evidence.

The criticisms take little account of the fact that most who come for treatment are strongly motivated to change, and disillusioned by their experiences in the gay lifestyle. Reparative therapists would strongly agree that care must be taken not to harm clients, and they will rarely use the word "cure", but they may insist that it is potentially lethal to remain in the gay lifestyle and worth trying to change. Nor 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.

Intimidation by professional bodies

The National Association for Research and Therapy of Homosexuality (NARTH) was founded in 1992 by those psychiatrists who believed homosexuality was treatable. It sought to provide services to such clients and publish scientific evidence of change. 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 organisations in spite of rumours to that effect.

It continues to operate in the face of denigration and strong opposition from the professional organisations and gay activism, e.g., the publisher of a book by Joseph Nicolosi—a founder of NARTH—received dozens of angry phone calls and about 100 letters protesting at the publication of his book discussing reparative therapy for male homosexuals.[43]

By 2005 the attitude of the professional organisations had become so politically driven, that a number of dissident senior members of the American Psychological Association in 2005 published a book[44] in which they said,

> The APA 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 "many…declined to be included, fearing loss of tenure or stature and citing previous ridicule and even vicious attacks".

They 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 all a damning indictment of a professional organisation. The APA is now complicit in attempts to silence and intimidate researchers and practitioners of reparative therapy. These are tactics as bad as those used in the former Communist bloc.

Reluctantly therefore we must conclude that no statement about homosexuality from the APA, and other professional organisations following suit, can be trusted without scrutiny in spite of their aura of authority.

By 2010 in a few instances, papers actually accepted for publication by various journals and approved on scientific grounds were subsequently rejected at higher editorial levels on political grounds only.

Burden of proof now on the APA

Because of the politically hostile atmosphere in these official bodies, there is now an enormous burden of proof upon them to establish they are putting forward an unbiased scientific case on this subject rather than making politically correct statements backed by misrepresented science. This level of hostility towards those who claim that change is possible, has almost no historical precedent in a professional organisation. However modern research supporting the assertion that change is possible continues to be published in spite of the great difficulties.

Robert Spitzer, a prime mover in the 1973 decision to remove SSA from the Diagnostic Manuals as a mental illness, nearly thirty years later interviewed 200 people who claimed they had changed. He concluded that real and extensive change had occurred in many cases. This was an extreme and self-selected sample, but showed unequivocally that change, sometimes large, is possible for some motivated individuals.[45] The study, published in 2003, attracted a large amount of criticism and abuse from the gay lobby, though any impartial observer would have agreed Spitzer had established beyond reasonable doubt that change does take place for some people. In

view of the previously published literature, Spitzer's conclusion was no real surprise.

But after his study Spitzer 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 seeking those who had experienced some harm was then undertaken, and indeed showed harm to some people who had passed through therapy,[46] the harm showing up in poorer self-image and suicidal thoughts. It also included accounts of people who said they had been helped. This was followed by a doctoral project by Karten[47] 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. He described "considerable change in sexual identity."

Jones and Yarhouse[48,48a] found very substantial changes in 15 % of their survey group, with many others changing significantly. This study was non-random like all the others, but a unique longitudinal study, and subsequent to the APA review. Many testified, "It felt like a complete change of orientation." Although the authors could find traces of homosexuality in these people they described them as "heterosexual in a real sense". About half had had professional therapy. This is clear evidence that change can take place, at least in those religiously motivated. Very similar results were obtained by Santero et al. (in preparation, 2016) and almost all their group had professional therapy.

An important book by Janelle Hallman (2008)[49] describes various degrees of change reported among lesbians and details of the process.

In 2012 Spitzer said he no longer wanted to assert that change was possible for a few motivated individuals because they might have been lying to him. The problem with accepting his statement is that if this sceptical and veteran researcher took the line that his respondents may have been lying to him then all survey results on sensitive matters cannot be trusted.[49a]

One study[49b] found few changes and some harm amongst LDS people who had tried change. However the local specialist LDS ex-gay group had declined to participate in the survey because of

past research abuses. The Santero survey which did include them showed typical amounts of change.

Surveys like those of Jones and Yarhouse show degrees of harm indistinguishable from standard psychotherapy of other conditions, i.e., 5-10 %,[49c] and the harm is mostly slight.

Of course even one published case of documented change would be sufficient to disprove the assertion that change is impossible, but there are hundreds. Those changes are of varying degree, but the majority 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 American Psychiatric Association's decision in 1973 and the companion move by the American Psychological Association. Looking for therapeutic help that was no longer available, men seeking to change their orientation began to set up support groups to help each other. Late in the seventies, they began to network and proliferate. There are now scores 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 which disbanded itself in 2013 following strong internal dissension. Most of its member groups are now regrouping under a new organisation, the Restored Hope Network, which continues to affirm that change is possible. Few of them like the word "ex-gay" however, and have actively sought alternatives, e.g., gender-affirming groups, none of which has generally caught on. We continue to use the term "ex-gay" here, but agree to some extent with the term's detractors.

In 2016 a similar Jewish group was forcibly disbanded by a court relying only on the dubious statements of the APA.

Parallels with AA

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 believed alcoholism was incurable, or at least didn't know how to help. Bill Wilson, a recovered alcoholic

and founder of AA, was invited to speak on May 24, 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.[50]

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 APAs distanced themselves 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 plenty of 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 and relish any failures.

AA today has wide credibility and an unofficial success rate of something like 25%. At some point in the future the general public may be as 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 former homosexual can form non-erotic relationships with other males and long-term sexual relationships with women.

Those who insist on 100% 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, do not work the program. Success rates of about 25% are not uncommon in many programs offering recovery from problem behaviours with a strongly addictive component. Therapists talk of clients who find it easier to continue with the default solution

than deal with underlying drives. 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 with any other personality disorder."[51]

Voluntary therapeutic groups have now been in existence for more than 30 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 these groups.

But numerous surveys now show that many people change their sexual orientation without targeted interventions. Those who come for therapy are the hardest cases, and not typical. So 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 "internalising" the "homophobia" that is forcing change on them.

Gay activism attempts to discredit any research that shows change is possible or anyone who claims to have changed. Why? We believe this is why.

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 help to change, they will be cynical about the church unless it accepts them unconditionally. (Nearly 40 % of gays say that, because of their homosexuality, they have become less religious than they were.)[52]

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. Some gays organise themselves into lobbies and campaign for policy changes in all institutions. Naturally, when governments begin granting political protections, and homosexuality begins getting backing from the church, the judiciary, education, the medical and mental health 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 and emotional gratification to give up.

As one ex-gay, Frank Worthen, put it, after about 35 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."[53]

Now, of course, the "right" to be gay and/or sexually active is enshrined in large parts of the West, so that any suggestion change might be a better option can almost be a criminal act, e.g., an Anglican bishop in north-west England wondering publicly whether being homosexual was an advisable lifestyle was visited by police and grilled. There is widespread and increasing official resistance to anything but acceptance of the homosexual orientation.

In Australia a few years ago, a counsellor who enrolled in a post-graduate sexology course was soon expelled, solely on the grounds that she was in favour of change therapy, and told "Don't try to fight this. We have friends in high places."

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 voluntary[10] in spite of surveys showing that a main reason for seeking therapy is genuine dissatisfaction with the gay life-style, and that pressure from others is a very minor factor.

In the seventies about half of lesbians and about 62 % of gay men wanted to change their orientation at some time in their lives.[54] According to Bell and Weinberg[52] 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.

Why do gays seek to change their sexual orientation?

Short-lived and unstable relationships

Some 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.[55] One gay man described the lifestyle as "the search for monogamy, from bed to bed." Researcher Hooker[55] 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.[3] 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.[56]

Sexual difficulties within homosexual relationships are about twice those within heterosexual relationships.[57]

The median relationship length for the 50+ studies we have been able to find is 4.7 ± 2 years for both gays and lesbians (Whitehead 2016, in press, *Journal of Human Sexuality*). In contrast, even in the United States, heterosexual couples have almost a 50:50 chance of reaching their silver wedding anniversary (25 years). The contrast with heterosexual couples is so great that it is obvious there is much less stability. The chances of achieving a 25 year relationship are only a few percent and cannot ethically be recommended by counsellors.

The reason for this could lie in the work of Karten[47] 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.

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.[58] McWhirter and Mattison,[59] a gay couple (psychiatrist and psychologist), attempted to disprove the notion that gay relationships did not last. In their book, *The Male Couple*, they reported the results. They finally located 156 male couples who had been together between one and 37 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. Unfaithfulness is less tolerated in lesbian relationships than gay. Although faithfulness is not promoted as a gay norm, unfaithfulness is the norm, and another reason why some seek change. Frank Worthen again, "Gay relationships may start out with idealistic dreams of life-long loving companionship but this usually degenerates into impersonal sex; a snare of using and being used." [53]

Compulsive behaviour

Terms like "compulsive," "hyper-sexual," and "addictive" are turning up more and more in studies of gay sexuality, sexual addiction being three times as common than among heterosexuals.[60,61,62] 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.[63]

Another researcher Pincu, comments that the main features of addictions are present in much gay sexual behaviour, and the behaviour 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.[64]

Homosexual promiscuity is well documented. Before AIDS almost half of white homosexual males had had at least 500 different partners, and 28 % had had 1000 or more, mostly strangers.[52] Homo-

sexuals still have 3-4 times as many partners as heterosexuals,[14,65] (when medians rather than means are compared) and between 13 % and 50 % 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 counselling, positive HIV status, special safe-sex campaigns, and deaths of friends through AIDS.[66,67] A significant amount of homosexual behaviour is out of control. NARTH therapists mention a figure of 30 % sexual addiction among their clients.[68]

Sexual behaviour that is out of control does not increase self-respect; ultimately it leads to a sense of helplessness and depression.[69] 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 % had had no sex in the last year.[70] West noted an "obsessive preoccupation with sexual topics whenever gay circles foregather" and "often a dislike of being tied down, leading to many partners".[3]

Loneliness with increasing age

Male homosexuals become isolated with age.[72] Kinsey Institute sociologists Gagnon and Simon comment, "serious feelings of depression or loneliness are often attendant on…the middle to late thirties."[71]

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 feels less accepted by either the homosexual or the heterosexual community. Modern gays seek to deal with that by pressing for gay marriages and families.

Other problems

Those who come for help are often burdened with depression, suicidality, substance abuse (with a mean of three such problems) and are seeking answers for those as well.[71a]

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 increasing 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 population[73] and epidemiologists consider 20 times an astonishingly high factor. Even in HIV + (but non-AIDS) patients the paper reported percentages about three times higher. 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.

Rotello[74] 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.

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 "internalised homophobia," an increasingly common phrase. Conscience is the most commonly cited reason for seeking therapy.

Ignorance of the possibility 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 culpable form of discrimination against a significant group of homosexuals who want to change. Fine remarks,

> The misinformation…that homosexuality is untreatable by psychotherapy does incalculable harm to thousands of men and women.[27]

Bergler insists,

> The homosexual's real enemy is his ignorance of the possibility that he can be helped."[29]

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.[33]

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.[75]

The change process

Ex-gay groups, and those therapists working with homosexuals seeking to change, identify several major issues often needing attention. There is frequent co-occuring suicidality, sexual abuse, depression and substance abuse. Specifically associated with homosexuality there are often severe breaches in the relationship with the parent of the same-sex and refusal to role-model, rejection by same-sex peer groups, usually eroticisation of unmet needs for affection, confusion of sex with love, a mind-habit of same-sex erotic fantasy, and frequently an addictive cycle of sexual gratification. In females the addictive cycle is less sexual than emotional.

The groups say the problem is deep-seated (at least in those who come for help) and to beat it takes commitment, 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 behaviours. 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, help in dealing with the addictive cycle (identifying and avoiding triggers), and forming non-defensive, non-erotic (or mentoring) friendships with people of the same-sex, and inclusion in functional 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) % of male sexual abuse.

Surveys with varying degrees of formality—particularly now one very careful 6-7 year study[75a] —have shown (for males) that the factors most helpful in the process are affirmation by other heterosexual males, male group activity, e.g., for 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, with relapses. 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 behaviours.

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 heter-

osexual 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 usually a disastrous form of therapy and 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 depressed[46]. However, a survey by Mesmer found the opposite. He surveyed 100 people who had sought help toward a change of sexual orientation. He found that 88% felt "more able to have friendly relationships" and felt "more self-respect." Ninety-seven percent of men felt more masculine, and 77% of women more feminine. Seventeen of the respondents had married, 55% reported "exclusively heterosexual interest," and 47% some homosexual interest that they "rarely felt compelled to act out." Thirteen per cent still had some homosexual behaviour. Ninety four percent felt closer to God.[76] A NARTH survey also found an improvement in psychological well-being and inter-personal relationships as a result of reparative therapy as did the careful study of Jones and Yarhouse,[48] and the study of Santero et al.

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 or excluded by peers, and has often been sexually abused, will not have high levels of self-esteem. Sexual behaviour which is out of control also leads to depression.

Bisexual women have a 20x higher rate of self-cutting than heterosexuals[51a] and GLB people attempt suicide roughly three times more often than heterosexuals[52] a statistic that has often been blamed on societal attitudes. But, two of the most important reasons for gay suicide attempts, when they are directly related to homosexuality, are over the break-up of a relationship—romantic, friendly or familial—and inability to accept one's sexual orientation, not discrimination by others.[52,83,84,89] The literature also shows the rate of attempted suicides amongst SSA in various countries is not directly related to discrimination and other attitudes in society,[87] though they are probably an indirect factor.[85] Self-rated health and well-being are similarly not directly related to perceived level of GLB acceptance in European countries.[86] Studies which have tried

to demonstrate the direct influence of societal oppression have so far not succeeded, rather they have identified psychological coping mechanisms (emotion-based, rather than problem-solving) as being the major factor.[78-82,88]

It is 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 attraction and sexual activity, or of lovers, live-in relationships, promiscuity and political activism. One former gay man, 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 - like saying a former alcoholic will never again have a momentary urge to reach for the bottle. Such an urge can be seen for what it is: some old trigger which has now lost its power. Groups report that homosexual urges gradually become controllable and continue to diminish steadily, while heterosexual interest begins to develop. Many ex-gays marry happily. One former homosexual man, a veteran in the ex-gay movement, Alan Medinger, said, "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, he said.

How much can people change?

We have noted van den Aardweg's statement, that in two thirds of cases in his therapeutic experience, homosexual impulses became only occasional or completely absent. Ex-gay groups also speak of such people, even though their 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. Long-term remission from cancer occurs and inspires greater efforts to overcome it.

In both Spitzer's and Karten's group of subjects there was a lot of religiosity (mainly Judeo-Christian). 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 and Jones/Yarhouse-surveys is that change from exclusive homosexuality to exclusive heterosexuality is rarer, but that there is general satisfaction with whatever change occurred.

There are no sound 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 reasonably satisfied singles. Many in our modern society, view sexual gratification as a human right and object that heterosexual celibacy is insufficient evidence of change. But the person who opts for easy 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 people with SSA do move toward a heterosexual orientation, often with therapeutic assistance, but mostly without it. Some achieve great change, some less, but it is clear that sexual orientation is fluid, not fixed, so that it is impossible to argue it is genetically pre-determined. There is a good possibility

that various degrees of change will happen with the right support, including therapy of various kinds. The problem in the present social climate may be finding such support.

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