



You're Not Alone

International Healing Foundation / Newsletter Fall 2007

Seventeenth Anniversary 1990 – 2007

GREETINGS,

For your inspiration, education, and illumination, please read:

- Why I believe Olympic gold medalist Greg Louganis has same-sex attractions.
- Scientific research that documents change from gay to straight.
- InterVarsity Press's release of *Gay Children, Straight Parents*.
- DVD for public schools with stories of change and transformation.

HOMOSEXUALITY PROMOTED IN PUBLIC SCHOOLS

We need your help to protect America's children from being taught that there are *no* alternatives to a "gay" life for people who experience same-sex attractions (SSA). Politically correct, gay affirming values are making their way into public school curricula. "The Montgomery County school board [in Maryland] approved new lessons on sexual orientation for use in every middle and high school, introducing homosexuality and gender identity in health classes" (The Washington Post, June 12, 2007, front page). This measure was passed in spite of strong opposition from Parents and Friends of Ex-Gays and Gays (PFOX) and Citizens for Responsible Curriculum (CRC).

One of the tools being used to indoctrinate our public school children into the homosexual myth—born gay and cannot change—is a genre of pro-gay films. To view several examples of these deeply disturbing films, go to the Women's Education Media web site: www.womedia.org. This organization produced "It's Elementary," which has been used to systematically brainwash young children into believing the "gay myth."

This dangerous indoctrination is taking place in schools nationwide. If your child is in school, please investigate the health class curriculum to see if they are advocating homosexuality. If they are, you have a right to demand that students be taught the other side of this issue—**people can change from a homosexual to a heterosexual orientation** (see article of scientific research documenting change).

The reason why teaching *only* pro-gay ideology is so dangerous is that when someone initially experiences SSA, often during the school age years, she or he is very confused and doesn't know where to turn for help. In a curriculum such as Montgomery County's, if children are being taught that the only option for people with SSA is to be "gay" or "lesbian," they are being denied the opportunity to change. These children are taught they were born gay and that it is natural to pursue homosexual relationships and behavior. **We must let all students know that people have a choice to live a gay life or to seek change and come out straight.**

The ex-gay community wants the same rights that the gay community demands: true tolerance, real diversity, and the first amendment right of free speech. If our children are taught that the *only* choice for someone who experiences SSA is to live a homosexual life, then they are being denied the whole truth. This inequity must stop.

PLEASE HELP SET THE RECORD STRAIGHT

To fill in the blanks left by the public school systems' strictly gay-affirming curricula, the International Healing Foundation is set to produce a short DVD. This film is designed to be part of the schools' health education courses, and clearly shows that people can change and come out of homosexuality. The film will feature the true story of a young man and his parents, as well as interviews with several other men and women who have made the change from gay to straight. Half the film's \$40,000 budget has been raised. The International Healing Foundation needs your help in raising the remaining \$20,000 to make this film a reality. **Please help save our children, and set the record straight!**

Once this project is completed, an additional one million dollars will be needed to send a copy of the DVD to every school district in the country. We will urge them to provide a DVD for each of their schools, so the complete story of homosexuality can be told. This historical film will have the power to turn the tide of strictly gay affirmation by proclaiming the truth about

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The Cohen Family (left to right): Yi Hwa (Jarish's wife), Jarish, Richard, Jessica, Jae Sook and Alfred. Jessica's graduation from university in May 2007.

change. Millions of students will then have the opportunity to decide for themselves the kind of life *they* choose to live.

You did not get a vote when your school board introduced a gay-affirming curriculum to the students of your community. But now you can show your support of these facts with your tax-deductible contribution to help produce this film that sets the record straight:

- No one is simply born with same-sex attractions.
- No one simply chooses to have same-sex attractions.
- People can choose to change and come out straight.

Please show your support to promote the truth about homosexuality and the possibility of change, by giving generously to help reach all students in America's schools. Your donation will help save the lives of millions of children. For those who contribute \$200 or more, we will send you a complimentary DVD as soon as it is completed.

WHY I BELIEVE OLYMPIC DIVER GREG LOUGANIS HAS SSA

In this newsletter, you will read my evaluation of why I believe Olympic gold medalist Greg Louganis has same-sex attractions (SSA). In his own words, from his autobiography *Breaking the Surface*, Greg vividly details the life experiences that led to the development of his SSA. This is my fourth in a series of evaluations why some famous people have same-sex attractions. If you haven't already, please read the previous editions of our newsletter about Rosie O'Donnell, James McGreevey, and John Amaechi (available for you to download on the home page of our website). With each evaluation, we can see great similarities in their backgrounds. It becomes crystal clear that SSA is predictable, and therefore likely treatable.

SCIENTIFIC RESEARCH THAT DOCUMENTS CHANGE IS POSSIBLE

Dr. James Phelan has taken the time to organize multiple scientific studies that unequivocally document the fact that people do change from a homosexual to a heterosexual orientation. Many mental health professionals state, "There is no evidence to show that change is possible." Here are scientific studies to counter that erroneous claim. Changing from gay to straight is a reality, it is my personal journey and it is the journey of thousands of others like myself. The motto of the medical and mental health professions is, "Do no harm." This act of gross negligence, keeping this documented information from clients seeking change, must be corrected.

The American Psychological Association (APA) has appointed a six-member task force to study Sexual Reorientation and Reparative Therapies. The task force is made up of active "gay" therapists and those supporting homosexuality. If they determine this type of therapy should not be practiced, they are infringing upon clients' right of self-determination. Many organizations that promote sexual reorientation therapy are voicing their opposition to the APA. *I encourage you to write the APA and voice your opinion* that those who experience unwanted SSA have a right to seek treatment from therapists who practice sexual reorientation or reparative therapies. Let them know that you believe in true tolerance, real diversity and equality for both sides of this issue. If they refuse to allow therapists to assist men

and women who wish to come out of homosexuality, they are violating the client's right of autonomy and the medical and mental health ethical code of "do no harm." Write to the APA: 750 First Street, NE, Washington, D.C. 20002-4242. Tel. (800) 374-2721 or (202) 336-5500. Email: Executiveoffice@apa.org. Web site: www.apa.org.

GAY CHILDREN, STRAIGHT PARENTS RELEASED BY INTERVARSITY PRESS

InterVarsity Press is releasing a new and updated edition of *Gay Children, Straight Parents: A Plan for Family Healing* in mid-October. This book was rewritten and refined, and includes powerful stories by parents about the transformation of their children who discover their true sexuality and gender identity. Unconditional love and respecting their child's choices, while at the same time maintaining their own beliefs about homosexuality — no one is simply born this way, no one simply chooses to have SSA, and change is possible — is the backbone of this plan for parents, family members and friends. The book offers a successful 12-step protocol to create greater love and intimacy within the family and community.

The Pew Research Center conducted a random study of 2,007 adults from Dec 12 – Jan 9 of this year and found that 41% said a close friend or family member was "gay," which means four in ten people know someone dealing with SSA. The time is ripe for *Gay Children, Straight Parents* to become a textbook for families and friends. This is a great resource for therapists, educators and ministry leaders. Please visit our web site for a 20% discount when you order your copy today: www.ComingOutStraight.com.

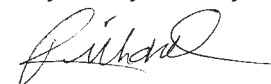
RICHARD COHEN SPEAKS OUT

To set the record straight, I made a short introductory film and posted it on the homepage of our website (www.ComingOutStraight.com), and also on You Tube (<http://www.youtube.com/watch?v=ScYnHISo8g8>). Please watch the film and rate it on You Tube. Soon, I will post more short films on various topics of healing unwanted SSA, and suggestions for family members and friends.

Our work is crucial now that the American Psychological Association (APA) is on a witch hunt to stop reparative and reorientation therapies. Again, the members of this task force are strictly gay affirming. The battle intensifies whether or not a client has the right to seek change! Please support IHF projects with your generous contributions to advance the real truth about SSA and the great hope for change.

I wish you a wonderful fall season full of possibilities, healing and blessing. I appreciate your generous prayers and financial support to keep this work alive and flourishing. Again, please contribute to this DVD project—no amount is too small or too great—so we may spread the truth about homosexuality to all students in schools throughout our nation. Let us be instruments of change.

May God continue to richly bless you and your family,



Richard Cohen, MA
Director

WHY I BELIEVE OLYMPIC DIVER GREG LOUGANIS HAS SAME-SEX ATTRACTIONS (SSA)

By Richard Cohen, MA

Greg Louganis is one of the most celebrated divers of our time, with four gold medals at the Olympics, six time World Champion, and 47 National Championship titles. He also experiences same-sex attractions (SSA). Mr. Louganis is a brave, persistent and extremely sensitive man. He developed SSA through no fault of his own. Throughout Greg's life, as detailed in his autobiography *Breaking the Surface*, he battled with depression and low self-worth. All quotes are taken from his book (page numbers are in parenthesis).

Dr. Joseph Nicolosi describes the triadic relationship of a sensitive boy, detached from his dad, and over-attached to his mother. Greg fits this profile to a tee. In Greg's own words, you may observe the many causes of his SSA: hypersensitive temperament and low self-worth, detachment from his father, over-attachment to his mother, abuse by male peers, body-image wounds, and adoption. All of these early experiences resulted in: substance abuse, same-sex attractions, and abusive homosexual relationships. "What you will read here is the story of a lonely boy who struggled with dyslexia and discrimination, yet discovered he had a great gift for acrobatics and diving. It's about a shy kid who battled low self-esteem, bouts of depression, and conflicts over his sexuality yet still went on to become one of the most accomplished divers of all time" (viii-ix).

HYPERSENSITIVE TEMPERAMENT / LOW SELF-WORTH

"Thank goodness for the acrobatics and the diving. Without them, I'm not sure I would have gotten through what turned out to be a challenging and lonely childhood. Between my doubts over whether my adoptive mother and father truly loved me, getting taunted and beaten up by kids at school, and fighting off my own terrible moods, there were times when I wanted to give up" (25).

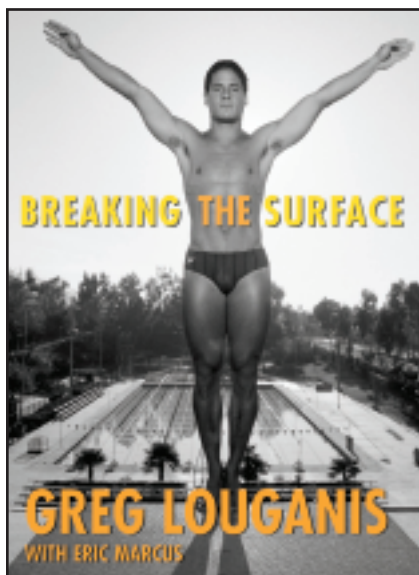
"Because of my stutter, I was put in a speech-therapy class. Most of the kids in that class were mentally impaired in addition to having speech impediments. I didn't feel that I belonged there, but I had this problem, so I thought that I must be like them, that I must be retarded too. After I got put into a special reading class, the other kids started calling me 'retard.' From the start, I had trouble reading, but it got really bad once we got past single words and simple sentences. Unfortunately, the special class didn't help. I got frustrated and withdrew into my shell and wouldn't talk. After school, I went to my room and closed the door" (32). "What I couldn't explain—and what I didn't realize—was that I was dyslexic" (33). Greg's dyslexia was not diagnosed until college.

"By the time I was twelve, I was one miserable kid, even though most of the time I managed to hide it, at least at school.

Still, my self-perception was terrible. When I looked in the mirror, I saw an ugly kid who had a hard time reading. I felt terribly isolated and depressed, and was convinced that nobody could or would want to understand me. I played negative messages over and over again in my head; my natural parents didn't want me; my adoptive parents don't love me; I'm retarded; I'm ugly" (37).

"But sissy and fag were just two of the many sneering things I was called. They all blended together to make me feel that I was truly worthless and had no right to live" (71). "I'm also shy, and it seemed easier to keep to myself." (77) "And it always felt like they admired someone else, that if they knew the real me, they'd take it all back." (78) "I still tied my self-worth almost entirely to diving." (89)

Greg was highly sensitive. He didn't feel strong enough to stand up for himself, and therefore internalized all the negative messages around him. Depression was a major issue throughout his life. He attempted suicide three times. His self-worth was always tied to his diving, trying to earn the love and approval he desperately needed.



ABUSIVE RELATIONSHIP WITH HIS DAD

"Dad never helped take care of us, and he always liked things quiet. He couldn't stand it when we cried, so when Despina [Greg's older sister] and I were young, most of the time Mom had to put us to bed before he got home from work" (27-28). "Mom said that Dad was born an angry man. Dad wasn't the type of father who would give you a hug and say that he loved you. He was stoic and, except for anger, not very good at expressing his emotions" (28).

"It was like we were always walking on eggshells at home because of Dad....he'd fly off the handle, especially when he was drinking, and he drank every night. It was pretty typical for him to come home after work and have two or three martinis before dinner" (29). "Because of Dad, Mom got very withdrawn, and over the years she and Dad said less and less to each other. It wasn't an overnight thing, but by the time I was twelve or thirteen, it wasn't out of character for all of us to sit through dinner in silence" (29). Greg would run away from home when his Dad drank and threatened to beat him.

Greg's father didn't like his dancing and acrobatics: "I just thought it was because he didn't think that dancing and acrobatics were the kind of thing he wanted his son doing. So when the kids at school started calling me 'sissy' and 'faggot,' I thought my father was saying the same thing by not coming to my performances, and maybe he was. His interest in my diving was the other extreme—it felt like my father was too involved, like it was more about him than it was about me" (21).

Greg's relationship with his father was fractured. He developed a defensive detachment toward his dad at a very young age. His father was authoritative, stoic, unaffectionate, unemotional and alcoholic. This deep homo-emotional wound laid the groundwork for Greg's future same-sex attractions.

Greg got close to his father during the latter years of his life, when he was diagnosed with cancer. Even though their relationship improved, the devastating wounds of Greg's childhood still had not healed.

OVER-ATTACHMENT WITH HIS MOTHER

"My mom was great. Besides making my costumes, she also took me to my classes and never missed a performance" (17). "She was interested in my diving...she never pressured me. What was most important to her was that I be happy with whatever I was doing" (23). "Mom was more affectionate. I could run to her side and put my arm around her or massage her neck. She would fuss with my hair or put her arm around me or take my arm" (28). "If Dad got mad, she usually just shut up. She said she didn't want to give him any excuse to do anything. Mom learned from being with her dad that you don't talk back to a drunk. That's how she learned to keep the peace. Unfortunately, that's how I learned, too" (30).

Greg's mother's father was an alcoholic, and so was her husband. She was unable to have children, so they adopted Despina two years before they adopted Greg. As with many SSA men, Greg was extremely close to his mother and quite distant from his dad. Being a sensitive boy, he more easily connected to her. Throughout his life, Greg had a very special and close relationship with his mother, as many homosexual men do.

Fathers please pay attention! When you have a sensitive and gifted son, be sure to join in his world and then bring him into yours. The first critical bonding time that is essential for the healthy development of a boy's sense of masculinity, is from the ages of 1¹/₂ to 3 years old. During this period of time the boy learns to walk and talk. He then differentiates and individuates from his mother, and must identify with his own gender role model, his dad, or a substitute father figure. If this doesn't happen, then the boy will continue to gender identify with his mother. This is one theory why there is more male homosexuality than female homosexuality, because girls, even though they too will differentiate and individuate from their mothers, they will continue to gender identify with her. The boys have this extra developmental task, which is why dads are so important for their sons during the important developmental years. The good news for Dads of SSA sons, is that you may restore the relationship with your adolescent or adult son at anytime (of course, the same holds true for Moms with SSA daughters). It is never too late to heal (please read Gay Children, Straight Parents for the "how to's" of reconnecting to your SSA children).

ABUSE BY MALE PEERS

"At school my classmates were always calling me 'retard,' because I had trouble reading" (15). "School was hardly a refuge from what was going on at home. From almost the first day at Chase Elementary School the other kids started calling me names. At first they teased me because I stuttered, and they called me 'nigger' because my Samoan complexion got very dark in the San Diego sun. Almost all the kids at my school were white" (32). "They started calling me 'sissy.' I went to my teacher and told her it made me feel 'red hot' when the kids called me names. I told her the names they called me, and she said, 'They could have called you a lot

worse.' I took her remark to mean that I deserved what I was getting and that I was worse than what they were calling me. I never said a word about this to my mother, and she had no idea why I always seemed so unhappy, beyond that fact I was having trouble reading" (33).

In third grade, "I started getting beat up a lot, mostly by the tough kids at the bus stop. If I didn't fork over my lunch money to some bully or if I happened to bump into one of those kids in the lunch line, they'd pick a fight. I usually told them that I didn't want a fight. I would say, 'I know you can kick my ass, so why bother?' Then they would call me a 'sissy-boy faggot.' They'd say, 'See, we knew you were retarded.' That would really get me going. I would want to fight back, and of course I'd get my ass kicked" (34).

"I didn't have any close friends at school. Most of the other kids had a best friend, but I never did. I got beat up often enough that it seemed like a lot to me. The boys picked the fights, and some of the girls cheered them on. I internalized all of it. I always thought that right prevailed, so since I got my butt kicked, I figured I must be wrong. They must be right to call me names and beat me up. Since I got my butt kicked, it had to be true that I was a sissy. Since I got beat up, I must be a bad person. Since I was a bad person, I must deserve it. If I didn't deserve it, I would have won the fights. Such convoluted logic, but it made sense to me then, and it still makes sense to too many kids today" (35).

Greg was very passive in relationship to all the tough boys. He learned this pattern of behavior from his mother, his primary source of love. From her, he learned to keep his mouth shut, to keep the peace at all costs. This cost Greg dearly, especially in the relationship with his partner Tom later on.

When Greg was ten, he was in a very bad fight. A kid punched him and slammed his head into the asphalt until he bled. His father witnessed the entire episode without intervening whatsoever. "He might as well have been the one throwing the punches. That he would be there and not help me was so terrible that I blocked it from my memory. All I remembered was the fight itself and feeling that my father thought I deserved what I got" (36).

Greg didn't know how to stand up for himself, as his father never taught him how to do it. Greg also had distorted thoughts about himself and others, being disconnected from his father, peers, and ultimately, himself. Greg used his diving to gain affection, attention, and approval from others. This is known as performance based behavior, a substitute for self-acceptance and self-worth. This never works because children need to be loved for who they are, not for what they do. Adults who use their talents and abilities to gain acceptance are internally troubled, trying to avoid their core pain.

BODY IMAGE WOUNDS

"To them, I was this sexy Olympic icon, an image the newspapers seemed to encourage when they described me as having a 'muscular, brown, supple body,' I may have been all those things to others, but at sixteen, when I looked in the mirror I didn't see anyone different from the skinny, dark-skinned sissy I'd been before I went to the Olympics. That would prove to be an ongoing problem for me. No matter how many nice things people would say about my looks, no matter how many times I would be photographed for maga-

zine spreads, no matter how many men and women would make passes at me, I could never accept that I was attractive, let alone a sex object. Only now, in my mid-thirties, am I beginning to explore with a professional counselor why I've always had a bad self-image" (66).

Greg was detached from his physical appearance, which is common among same-sex attracted individuals. Once someone detaches from their primary gender role model, in this case his father, and once he detaches from his same-gender peers, then he rejects his own sense of masculinity, gender identity, and physical appearance, as if to say, "I don't want to be like dad or the other guys." He then spends the rest of his life looking for that unattained self-acceptance and love in the arms of other SSA men. However, it never works because both are looking for the same thing that neither one of them experiences, the fullness of their own masculinity and gender identity. This was quite evident in the lives of James McGreevey, John Amaechi and Rosie O'Donnell.

ADOPTION

"The first time my parents saw me, I was nine months old. They'd gotten a call from the Children's Home Society that a Polynesian baby was available for adoption" (25). The first nine months of his life, Greg lived with a foster family. His biological father was Samoan and his biological mother was a blond and blue-eyed Northern European, like his adoptive mother. Eventually, Greg accepted the love of his adopted parents. "But the emotional damage had already been done, and I've struggled throughout my life with trusting whether anyone genuinely cared for me" (43).

Adoption was yet another source of rejection. This core belief was a great source of pain throughout Greg's life—rejected by his biological parents, adopted father, and male peers.

SUBSTANCE ABUSE

"The kids I wanted to fit in with smoked pot, and some of them were also smart. I didn't think I had the brains to keep up with them, but I could be a part of their group when I got high" (39). "At fourteen, I drank too much, and I'd been smoking since I was nine" (48). "Before I met Tom, it was typical for me to have a six-pack of beer a day. I'd been drinking since junior high, and a few times over the years my coaches told me I should cut back, but compared to my father's drinking, a six-pack didn't seem like that much" (161).

Greg smoked cigarettes and marijuana, did drugs, and drank alcohol to anesthetize his pain. Eventually he stopped smoking and drinking, but he continued to use pills until he began therapy in his thirties.

SUBSTITUTE DADS (DIVING COACHES)

John Anders was Greg's second coach. "I envied John's sons, because he was the kind of father I wanted. They spent a lot of time doing the things fathers and sons do together. My father always made me feel like I was putting him out, that I was a bother, that he'd rather be doing other things than spending time with me...I was very sensitive to my father's unspoken words. Coach Anders, on the other hand, always gave us the sense that he cared, that he wanted to be there with us, and that he wanted us to do our best" (19).

In Jan. of 1976, Greg moved in with his next coach, Dr. Lee. "I loved Mrs. Lee, who welcomed me with open arms. I spent a lot of time helping her with the chores and cooking, and we really enjoyed each other's company" (49). "Dr. Lee was like my father. Both stoic, stern, often unbending and uncompromising. I always wished Dr. Lee had been more like John Anders, more like the fantasy father I wished I'd had" (60).

His relationship with Mrs. Lee, intimate with a female figure, is once again typical behavior for many SSA boys. They feel more comfortable in the world of women and detached from the world of men. Mr. Lee's harsh character served to make Greg withdraw even more.

"The turning point for me was when I started diving with Ron O'Brien. ... Ron reminded me of John Anders. He was the kind of esteem-building coach who taught his divers the difference between competition and competitiveness—in other words, to be good sportsmen rather than focusing on winning at all costs" (89). "I learned that he believed it was important for his divers to get a good education and become happy and successful people. ... Somehow I still tied my self-worth almost entirely to diving. He was more nurturing, and he tried to instill a sense of calm in us" (89). Greg found out in 1987 that he was HIV positive. He shared this with Ron, who was very loving and supportive. He had to take medication every four hours. Ron said, "We'll get through this together" (178).

In spite of Ron's positive support of Greg, he still harbored the pain experienced from his dad and male peers. Time doesn't heal all wounds. They only fester until we heal them.

HOMOSEXUAL RELATIONSHIPS

Greg had a crush on Soviet diver, Yuri, at his first Olympics: "He was older than I was and absolutely beautiful, and I was instantly attracted, with a breathless, overwhelming desire you read about only in romance novels" (68). "Being with Yuri was wonderful. It felt wonderful to be held by him and to caress him. It wasn't bad or sinful. It was the most natural thing in the world, and I felt no guilt. He wasn't repelled by me and it felt great to know that he found me attractive. I wanted to stay there forever. ... It was easier to think that I was simply looking for a big brother to put his arm around me and protect me from the world than to think of myself as gay. But of course I was, and my feelings for Yuri were both emotional and physical" (70).

"I can remember being attracted to men, as far back as 7 or 8. I didn't understand what it meant, but I knew what my feelings were. At that age, I just assumed that's how everyone felt" (70). "I had few adolescent experiences of playing around with other teenagers, the kind of thing that happens when boys stay over at each other's houses" (71). "I was still confused about my attraction to men, but after my experiences with Yuri, I longed to be held by a man again" (74).

Greg had his first sexual experience when he was 16, with a man in his 30s: "He put his arms around me and kissed me. I really liked being held, and I was thrilled that this guy found me attractive. While it was happening, I enjoyed what we were doing, but afterward, I felt guilty and ashamed for having sex with a man. On the one hand, it felt right; I was attracted to men, I wanted to be held, and I enjoyed being physical with a man. But on the other hand, it felt wrong; sex

between two men was a sin according to my church. It upset me that he was so much older, not because I felt molested or anything—I had been a more than willing participant—but the difference in our ages somehow made the experience even more shameful. But where could I go to meet gay people my own age?" (75).

Greg experienced a conflict in his soul. I believe that everyone who experiences SSA initially goes through this stage. They know that sexual relationships between those of the same gender are inherently wrong. But, because Greg never successfully bonded or connected with his dad and same-gender peers, he longed to be loved. This is a natural desire for every child. That core need must be met in the critical years of child development, otherwise they will look for love through sexual relationships after puberty. What were once legitimate needs for male bonding then becomes eroticized after adolescence. Greg wanted to be held and feel safe, which he never experienced with his father or male peers. If only he had received the right kind of support and love from men who understood the meaning of SSA, he would never have had to experience so much heartache and pain in abusive homosexual relationships.

Greg had three short-term boyfriends, a six year relationship with Tom, and a four year relationship with Steven. "My first big crush at school was on Daniel. I was clinging to Daniel with such desperation that he couldn't breathe" (96). His second boyfriend was Jeff, who dated women throughout their relationship. Third relationship: "Kevin loved me more than anyone else I have ever been with, and I loved him with a passion I couldn't control" (118). "We fought about everything...He'd get high on pot with his friends, and I didn't like it and felt left out. I wasn't exactly a saint myself at the time, because I was using cocaine—which probably contributed to the explosions. Most of the time, when our arguments would get physical, we would get into a wrestling match and it would end there, but on two or three occasions we threw punches at each other" (119).

Greg transferred onto other men his tremendous need for love and acceptance, that which he didn't experience with his dad or male peers. This creates an emotional time warp, re-enacting the father-son relationship, trying to get the "guy" to like him. The key, core issue is his need for male acceptance. Greg began dating Tom in 1982. They moved in together after the 1984 Olympics. They were together for six years. As Harville Hendrix states on page 26 of his book, Getting the Love You Want, "Each of us enters adulthood harboring unresolved childhood issues with our parents, whether or not we know it or will admit it. Those needs have to be met, because their satisfaction is equated, in our unconscious minds, with survival. Therefore, their satisfaction becomes the agenda in adult love relationships."

"Many of the memories I have about Tom are painful to recall. I'm embarrassed by what I allowed Tom to do to me and by the fact that I stayed in a relationship with him for as long as I did" (131). "He was bigger than I, which was something that had always appealed to me. He was about six feet tall, and he had broad shoulders and a good-size upper body. He was about five years older than I was. I was twenty-two at the time" (132).

"Tom was very logical and methodical, much like my dad. He was very articulate, and it sounded to me like he knew what he was talking about...Very quickly, he made himself indispensable to me" (133). "This was my fantasy:

to be loved and taken care of. And I loved Tom all the more because he showered me with so much attention" (134).

Again, Greg is like a little boy searching for his father's love and acceptance in the arms of his boyfriend. He thought he struck gold!

Before they moved in together, Greg dated other men. When Tom found out, he went ballistic. "Tom demanded that I tell him who the other men were. He made me write down their names and telephone numbers. I wrote down the names of the five men." Tom accused Greg of infidelity, even though they had made no commitment. "Now I wonder what made me instantly assume that it was all my fault, but I guess I've always reacted like that. I blamed myself for everything, even for my confusion. I was so afraid of losing him that I would have given in to almost anything he asked me to do. Tom made me call each of the five men and tell them that I was sorry, that I'd been in a relationship, that I hadn't been honest with them, and that I couldn't see them again. It was humiliating. After I made the phone calls, Tom grew even more enraged. He kept calling me 'slut,' and 'lying whore.' I was paralyzed with fear. All I could do was stand there and take it. Then he said, 'I'll show you!' and he went into the kitchen and grabbed a knife. I was terrified. Tom grabbed me from behind, held the knife to my neck, and forced me facedown onto the bed. With the knife to my throat, he tore off my clothes. To keep control, he grabbed one of my arms and held it behind my back. Then he raped me. All I can remember saying to him while it was happening was 'Please don't.' I was crying and begging him to stop, but he told me I deserved it and didn't stop until he finished. Part of what made it so terrifying was that I didn't know if Tom would go a step further and kill me. When Tom was done, he got off me and stood there, still holding the knife, not saying anything. I was crying and telling him that I was sorry, sorry for what I'd put him through, sorry that I'd pushed him over the edge and made him so angry, sorry that I'd forced him to punish me like that" (136). Tom was violent on other occasions.

"Tom would tell me that the main reason I wasn't getting the big endorsements was because I wasn't masculine enough. He'd always say it as a put-down: 'Just think of the endorsements we could have had if...' He made me feel guilty, as if I wasn't doing my best to earn a living for us" (145).

Tom's rules according to Greg: Don't ever bother him when he's on the phone; he has to win all games; Greg serves him all his meals; he controls all of Greg's schedule; he showed almost no affection after living together; and Greg couldn't ask questions about his late night outings. Years later, Greg found out that all through their relationship, as Tom accused Greg of being unfaithful, Tom was a prostitute, hustling on Santa Monica Boulevard! "Looking back, it seems pathetic and sick that I was so deferential to Tom. But I never wanted him to get upset with me, because he really knew how to hurt me. He could have me feeling stupid in a matter of seconds, and I'd retreat with my tail between my legs. So I tried to keep the peace and not rock the boat. You had to play by 'Tom's rules,' which meant that Tom always had to win" (158).

As you can see, Greg was treated by Tom, as his mother was treated by Greg's father. He reacted to Tom, as his mother reacted to his father. He was re-living his parent's relationship. His inner

child, so desperate for his father's love, was trying to change the abuser, who represented his dad. This never works, as Greg eventually discovered.

"All I really wanted from Tom was for him to love me and to show me affection, but he was never the kind of man you would describe as loving or affectionate. When we did have sex, it felt like he was doing me a favor" (159).

Again, Greg's description of Tom is similar to his description of his father. Eventually, Greg stood up to Tom and asked him to move out. Tom threatened Greg with blackmail, to reveal his homosexuality to the public and speak slanderous things about him. Finally, they reached a settlement where Greg would support him for the rest of his life (as Tom was living with AIDS by that time). Tom remained abusive toward Greg until the end. He passed away in 1989, the same year Greg's father died!

Then Greg met Steven: "Steven gave me something that none of my friends and family, or the gold medals ever could. He gave me hope that there could be life after Tom. I didn't know for sure that we'd wind up in a relationship together, but there was the possibility, and that was enough" (218). They were together for four years before splitting up.

"One important lesson I've finally learned is not to jump from one relationship into the next. For the first time in my adult life, I've been single for an extended period...Therapy is helping me learn how to live as a full person proud of who he is and tolerant of what he's not. Perhaps most important, it's helped me understand my ongoing problems with depression and why I've always felt so bad about myself. I've been off antidepressant medication for a couple of months now, and I've been feeling good. I still have ups and downs, but not like I used to...Wish me luck" (282).

LIVING WITH AIDS

"Growing up, I learned that being gay was a bad thing. I'd rejected those lessons long ago, but the negative feelings about being gay stayed with me. Now I was infected with what many people misguidedly called a 'gay disease.' So it just followed that God was punishing me for acting on my feelings. Rationally, I knew those thoughts made no sense. If AIDS was God's way of punishing gay people how can you explain that babies and children get AIDS and that lesbians have the lowest incidence of the disease?" (180).

Of course, God didn't give AIDS to Greg or anyone else. It is the result of sexual behavior, infected needle exchange, or tainted blood. Greg was looking for love the best way he knew how. If only he had been given the truth about SSA in his youth.

CONCLUSION

Now you know more deeply about the life of Olympic gold medalist Greg Louganis. It is amazing what he has been through. He practiced diving five to six hours daily, year after year. Internally, he was suffering so deeply. The greatest pain in my heart is that Greg should not have suffered like this. Greg's child-like need for male affection could have been satisfied in healthy, same-gender, non-sexual relationships. This is why I am so passionate about disseminating the truth about SSA: *No one is simply born with SSA, and change is possible.*

That is why I am determined to make the DVD for use in public schools. We must let all children know that they have a **choice**—to be gay or to come out straight. It is life and death. Let us pray for Greg and all men and women who suffer needlessly. Let us reach out and embrace them, so they may experience unconditional love.

IS GAY TO STRAIGHT POSSIBLE? WHAT THE RESEARCH SHOWS

By James E. Phelan, LCSW, BCD, ICADC, Psy.D

Organizations such as the American Psychological Association have issued warnings against the use of therapies aimed at changing sexual orientation, however a vast amount of reports about change in sexual orientation from homosexual to heterosexual are documented in the literature. The outcomes of interventions, using a variety of techniques, aimed at changing sexual orientation, are vast and varied and examined in this review.

Reports about change in sexual orientation from homosexual to heterosexual began to appear in literature as early as the nineteenth century. Charcot, in 1882, published a paper entitled, "Inversion of the Genital Sense." Charcot, already famous for his treatment of hysterics through hypnotic induction, applied the same therapeutic modality to homosexual men and reported success when "the homosexual patients became heterosexual" (Horstman, 1972, p. 5). Albert von Schrenck-Notzing (1892) also recounted a case of treatment success using suggestion and hypnosis therapies. Prince (1898) reported treatment of sexual paraphilias, including homosexuality, and stated that 70% were essentially improved or cured (Fine, 1987).

Psychoanalysis

The field of psychoanalysis manifested many reports. Freud suggested that a homosexual could change his or her orientation if desired (Freud, 1951). According to Fordham (1935), Jung helped a male homosexual change his sexual orientation through dream analysis and the break down of the negative child-mother bond, which had intensified his sexuality.

Following in the tradition of Freud, Gordon (1930) reported a case where his homosexual patient made a heterosexual adjustment. Stekel (1930) reported 3 cases of complete cure using psychoanalysis after a 1-year follow-up. Anna Freud (1949, 1952) referred to 4 cases that she claimed led to complete heterosexual orientation.

London and Caprio (1950) reported successful psychoanalysis with two men who reported becoming heterosexual. After 18 years of treating lesbian women, Caprio (1954) reported that many patients who resolved former childhood conflicts were restored to complete heterosexuality.

Citing his 30 years of practice during which he successfully concluded analysis of one hundred homosexual men, Bergler (1956) reported a 33% cure rate; these patients were able to function heterosexually, whereas, prior to treatment, they were exclusively homosexual. Ellis (1956) showed distinct changes in orientation with 11 out of 40 of his patients, or 28%, while 48% showed considerable improvement. Eidelberg (1956) claimed that 2 out of 5 cases were successful after a 3-year

follow-up.

An unpublished report by the Central Fact-Gathering Committee of the American Psychoanalytic Association in 1956 was one of the first surveys that compiled results of treatment. Of those who completed treatment, eight were cured and 13 were improved. Another 16, who did not complete treatment, were also considered improved. In all reported cures, follow-up communications indicated full heterosexual role and functioning (Socarides, 1978).

In their study, Curran and Parr (1957) demonstrated one subject who completely changed in orientation and five who made a change toward heterosexuality. In Berg and Allen's (1958) work, three out of ten homosexual males showed successful treatment in terms of the diminution of homosexual interest and actions. Hadfield (1958, 1966) reported a 53% treatment success rate after a 30-year follow-up.

I. Bieber et al. (1962), in a nine-year study of homosexual men, used an analyst team of seventy-seven members and provided information on two patient samples consisting of 106 homosexuals who undertook psychoanalysis. The results found that 29 out of 106, or 27% of those completing treatment, became exclusively heterosexual. I. Bieber (1967) found in a five-year follow-up that 15 out of 20 subjects, who they kept in contact with, remained exclusively heterosexual. After seven years, this success rate remained consistent (I. Bieber, 1969). The subjects were followed for as long as twenty years, and treatment success, defined by exclusive heterosexuality, was still confirmed (I. Bieber & T. B. Bieber, 1979).

Coates (1962) treated 33 males and reported an outcome in which 15% of the men resolved homosexual activity as a result of psychoanalytic intervention. Ovesey, Gaylin, and Hedin (1963) successfully treated three men and followed them as long as seven years, reporting that all of them remained heterosexual. Cappon (1965) reported a 50% treatment success rate for males, and 30% for females. Mayerson and Lief (1965) reported that 47% of their nineteen patients who had been in treatment were functioning heterosexuals after a follow-up with a mean time of four and a half years.

Mintz (1966) claimed to have successfully treated two out of ten patients during an eight-year period. Kaye et al.'s (1967) report of a research committee documented that 50% of homosexual women in treatment could be helped by the use of psychoanalysis. They also found that 56% of exclusive homosexual women treated made a shift to heterosexuality.

Socarides (1968) cited a 50% success rate in the psychoanalytical-based conversion treatment of homosexuals. Ten years later, treatment success was still supported; twenty out of forty-four patients (44%) treated by psychoanalysis had developed to full heterosexual functioning, having no homosexual thoughts, behaviors, or fantasies (Socarides, 1978).

Jacobi (1969) referred to 60 patients who were treated, in which six of them made a *definite* transformation to heterosexuality. While working with twelve homosexual women, Siegel (1988) found that more than half of them became fully heterosexual.

Finally, a survey of 285 anonymous members of the American Psychoanalytic Association, conducted by MacIntosh (1994), revealed that out of 1,215 homosexual patients analyzed by those members, 23% changed from homosexual to heterosexual, and 84% of the total group received significant therapeutic benefits.

Behavioral Therapy

Behavioral-based therapies have not only been used to treat ego-dystonic homosexuality, those with unwanted same-sex attraction, but are also used to treat a variety of sexual conditions, such as impotence, frigidity, voyeurism, exhibitionism, transvestism, fetishism, and others (Rachman, 1961). Davison and Wilson (1973) rated over two hundred behavioral therapists and found a mean of 60% who claimed success in treating homosexuality.

By use of adaptational therapy, a 40-year-old man who practiced homosexuality for 22 years was successfully treated; he ceased his homosexual behavior, married, and stated that he was completely cured (Poe, 1952). Albert Ellis (1959) by use of Rational-Emotive Therapy (RET), which he made famous, reported a patient changed to heterosexuality after a three-year follow-up. Shealy (1972) reported another patient changed from homosexuality to heterosexuality by use of RET.

Despite problematic behavioral intervention, Freund (1960) reported that 26% of his patients treated, who were exclusively homosexual, reached heterosexual adaptation. Stevenson and Wolpe (1960), by use of assertiveness training, reported treatment success of two homosexuals, which led to their establishment of heterosexuality. Treatment success was also confirmed at a four-year follow-up. Schmidt, Castell, and Brown's (1965) treatment outcome, after assessment by independent raters, found 30% of the study's exclusive homosexuals had changed to heterosexuals. Serban (1968) reported treatment of 25 homosexuals using existential therapeutic approaches. He conducted a case review and concluded that after his subjects' erotic perceptions were changed, so did the subjects' sexual orientations.

Feldman, MacCulloch, and Orford (1971) reported follow-up results on research, done between the years of 1963-1965, with sixty-three male homosexual patients. They reported that 29% of the patients who had no prior heterosexual experience had changed. Change was indicated by the cessation of homosexual behavior, only occasional homosexual fantasies or attractions, and strong heterosexual fantasy, behavior, or both. Van den Aardweg (1971) related that nine out of twenty patients treated using exaggeration therapy were completely cured, meaning no homosexual fantasies or behaviors were reported.

Barlow and Agras (1973) found a 30% decrease of homosexual behavior in patients up to six months in follow-up, utilizing the flooding technique. Using avoidance conditioning, classical conditioning, and backward conditioning, McConaghy and Barr (1973) found one-fourth of their patients ceased homosexual behavior after a 1-year follow-up. Freeman and Meyer (1975) used behavioral approaches and reported a 78% successful treatment rate in patients who were exclusively homosexual after an eighteen-month follow-up.

Pradhan, Ayyer, and Bagadia (1982) demonstrated that by utilizing behavioral modification techniques, eight out of thirteen male homosexuals showed a shift to heterosexual adaptation that was maintained during a six-month and one-year follow-up. Van den Aardweg (1986a, 1986b) reported treating over one hundred homosexuals using cognitive approaches, and found that one-third of them had been *radically changed* in heterosexual adaptation.

Finally, the level of success in decreasing homosexuality

claimed by behavioral therapists, is essentially a third or more in reported cases (Birk, Huddleston, Miller, & Cohler, 1971; Bancraft, 1974). As stated previously, a high percentage of behavioral therapists surveyed said that they were successful when they had a goal of helping patients achieve heterosexual shifts (Davison & Wilson, 1973).

Group Therapy

Group therapy is another modality that has shown treatment success. Eliasberg (1954) presented an account of group therapy with twelve homosexuals and found three members who were able to experience a shift from homosexuality to heterosexuality. Hadden (1958) reported that he treated three homosexual subjects where one experienced a shift to heterosexual adjustment. Smith and Basin (1959) treated two men in group therapy and noted one as having had marked improvement while the other sought heterosexual adjustment.

According to Litman (1961), a homosexual man was reported to have changed his sexual orientation facilitated by group therapy. Hadden (1966), after treating thirty-two homosexuals in group therapy, reported a 38% success rate in which subjects progressed to an exclusively heterosexual pattern of adjustment. Birk, Miller, and Cohler (1970) also reported a similar success rate of 33% and claimed significant improvements in a number of cases.

T. Bieber (1971) related over a 40% success rate by use of group therapy. Hadden (1971) confirmed a one-third success rate. Pittman and DeYoung (1971) expressed that two out of six, or one-third, of homosexuals treated received maximum benefit and established the goal of heterosexuality.

Truax and Tourney (1971) related that group treatment of thirty patients, compared to twenty untreated controls, increased heterosexual orientation, decreased homosexual preoccupation, reduced neurotic symptomatology, improved social relations, and increased insight into the causes and implications of homosexuality. Birk (1974) reported a 38% success rate after a six-year period from a sample of twenty-six subjects. Birk (1980) reported that ten out of fourteen, or 71% of men in treatment for over two and a half years, and who were exclusively homosexual prior to treatment, were heterosexually adjusted and married at follow-up.

Group therapy combined with other therapies has shown various treatment successes over a ten-year period (Ross & Mendelsohn, 1958; Finny, 1960; Buki, 1964; Mintz, 1966; and Miller, Bradley, Gross, & Wood, 1968). Like behavioral therapy reports, group therapy reports tend to reveal a treatment success rate of one-third or more of cases making a shift in orientation.

Sex Therapy

Sex therapists have shown success at treating homosexuality. Alfred C. Kinsey reported treatment of more than eighty homosexual men who had made satisfactory heterosexual adaptation (Pomeroy, 1972). In Masters and Johnson's (1979)

treatment of ninety homosexuals, a 28.4% failure rate was reported after a six-year follow-up (Schwartz & Johnson, 1984). Masters and Johnson chose to report failure rates to avoid vague concepts of success. Although the failure rate was not equated in terms of success rate, it seemed valid to compare the success of their work with those reported in other studies dealing with change of orientation, according to Diamant (1987).

Hypnosis

As reported earlier, Charcot, in 1882, applied hypnotic induction to homosexual men and reported success in that "the homosexual patients became heterosexual" (Horstman, 1972, p. 5). Albert von Schrenck-Notzing (1892) had similar findings (Fine, 1987). Cafiso (1983) related success in treating a homosexual man by strengthening his ego through hypnosis. This result corresponds with the positive reports of hypnosis from Regardie (1949), Alexander (1967), and Roper (1967).

Other Interventions

Whitener and Nikelly (1962) related that thirty homosexual college students in treatment showed good results, that is they became more masculine identified and became attracted to females. The Braaten and Darling (1965) study, also conducted on college students, showed that out of 76 male homosexuals treated in a college setting, 29% moved toward a heterosexual reorientation.

Dr. Nicholas Cummings is a past president of the American Psychological Association. During his twenty years as Chief of Mental Health at Kaiser-Permanente Health Maintenance Organization (1959-1979) in San Francisco, he saw over 2,000 patients with same-sex attraction, his staff saw another 16,000, and he reported a 27% reorientation rate (Cummings, 2007).

Spontaneous Change

Wolpe's (1969) patient, who was in treatment for assertiveness training, reported a spontaneous shift to heterosexual behavior, even when the focus was not on changing it. Fluker (1976), a medical doctor treating gay-identified men for sexually transmitted diseases (not homosexuality), learned from one of his patients, who was not in conversion therapy, that he no longer had homosexual inclinations and was happily married to a woman. Cameron and Crawford (1985) discovered that 2% of their random sample of 170 claimed they had once been homosexual, which was not reportedly due to any intervention.

Nichols' (1988) study mentioned a client who had spontaneously developed heterosexual interests and transformed from a bisexual to a heterosexual in mid-life. Shechter (1992) reported spontaneous change in a male client who had been in psychoanalysis (not for treatment of homosexuality).

"Numerous reports about change in sexual orientation from homosexual to heterosexual have been documented in the literature."

Dr. James Phelan

Michael, Gagnon, Laumann, and Kolata (1994) found that based on a national survey, some people even change their sexual orientation without psychotherapy. Even without intervention, studies have shown that sexual orientation is not a unitary, one-dimensional construct (Weinrich & Klein, 2002).

Ex-Gay or Religiously Mediated Therapies

Christians view recovery from homosexuality to have taken place as early as biblical times, citing, "... and this is what some of you (homosexuals) *were*" (1 Corinthians 6:11, New International Version, emphasis added). Robinson (1998) reported on the interviews with seven men from Evergreen International, a ministry affiliated with the Church of Jesus Christ of Latter Day Saints (LDS). Robinson associated "change" of the subjects with nine components, one was that they adopted a new interpretive framework concerning the causes and implications of their same-sex attraction, and another was that they no longer identified themselves as gay.

Successful change of eleven homosexual men while they participated in a Pentecostal fellowship was reported by Pattison and Pattison (1980). On post measures, five of the eleven participants reported no homosexual fantasies, behaviors, or impulses. Mesmer (1992) surveyed more than one hundred people participating in ex-gay ministries who had reported leaving the homosexual lifestyle and found 41% of them had achieved complete heterosexual orientation.

Schaeffer, Hyde, Kroencke, McCormick, and Nottebaum (2000) surveyed 248 men and women at an Exodus International Annual Conference to determine if they were experiencing success in changing their sexual orientation and found a statistically significant effect based on changes over time. Exodus International is an umbrella organization of Christian ministries helping those with unwanted same-sex attraction. In a follow-up study of one hundred and forty of the original participants, Schaeffer, Nottebaum, Smith, Dech, and Krawczyk (1999) found that 61% of the male and 71% of the female participants had maintained abstinence from any same gender sexual contact in the past year of the study. Twenty-nine percent of this sample indicated that they had changed their sexual orientation (0 on the Kinsey scale) in the past year of the study, and 65% said they were in the process of change.

Assemblies of Persons Claiming Sexual Orientation Can Be Changed

Ex-gays have collectively stood up to be counted. On May 22, 1994, in Philadelphia, for the first time in history, the American Psychiatric Association was protested against, not by pro-gay activists, but by a group of ex-gays claiming that they had been cured and that cure was possible for others (Davis, 1994). This was repeated at their 2000 convention in Chicago (Gorner, 2000), and again at the 2006 American Psychological Association Convention in New Orleans (Foust, 2006).

Meta-Analyses

Clippinger's (1974) meta-analysis of the treatment results of homosexuality demonstrated that out of 785 homosexuals treated, 307 (40%) were cured or had at least made some heterosexual shift.

E. C. James (1978) concluded that when the results of all research studies up until that time were combined, approximately 35% of the homosexual clients recovered, 27% improved, and 37% did not recover or improve. Based on this finding, she concluded that pessimistic attitudes about the prognosis for homosexuals changing their sexual orientation are not warranted, saying: "Significant improvement and even complete recovery [from a homosexual orientation] are entirely possible ..." (p. 183).

Goetze (1997) brought together seventeen studies and found a total of 44 subjects, who were exclusively or predominately homosexual, experienced a shift of some sort to heterosexual adjustment.

Jones and Yarhouse (2000) used meta-analysis to review thirty studies conducted between the years of 1954-1994. Of the 327 subjects from all the studies, 108, or 33%, of them were reported to have made at least some heterosexual shift.

Surveys of Consumers

Nicolosi, Byrd, and Potts (2000), with large efforts from the National Association for Research and Therapy of Homosexuality (NARTH), retrospectively surveyed 882 dissatisfied homosexuals with a seventy-item, client-answered scale. After receiving therapy or engaging in self-help, 20%-30% of the participants said they shifted from a homosexual orientation to an exclusively or almost exclusively heterosexual orientation. Of the 318 who identified as exclusively homosexual before treatment, 56 or 17.6% reported that they viewed themselves as exclusively heterosexual at the time of the study.

Shidlo and Schroeder (2002) interviewed 182 men and 20 women, who were consumers of sexual orientation conversion interventions, to find out how they perceived its harmfulness and helpfulness. The researchers recruited participants by advertising on openly gay and lesbian websites, in e-mail lists and newspapers, and via direct mailings to gay and ex-gay organizations. The researchers originally called for participants who failed and were "harmed" by change therapies. Of the two hundred and two participants, one hundred and seventy-six were considered as having failed conversion therapy, twenty-six as having been successful, twelve still struggling in that they reported "slips" or some incidences of homosexuality, six were not still struggling with same-sex attractions, in that they were managing them, and eight were termed to be in a "heterosexual shift period" (p. 253), in which they were rated as three or less on the seven-point Kinsey scale; they were self-labeled as heterosexual, they reported having heterosexual behaviors and being in a heterosexual relationship, and they denied homosexual behavior.

Spitzer (2003), from Columbia University, interviewed 200 subjects, who had participated in sexual reorientation processes, by using a telephonic sexual orientation interview consisting of 114 closed-ended questions. Prior to

intervention, 46% of the males and 42% of the females reported exclusive same-sex attraction. After intervention, 17% of the males and 54% of the females reported exclusive opposite-sex attraction. By way of his findings, Spitzer stated, "Thus, there is evidence that change in sexual orientation following some form of reparative therapy does occur in some gay men and lesbians" (p. 403).

Karten's (2006) dissertation examined the sexual reorientation efforts of 117 dissatisfied same-sex attracted men who had undergone some type of intervention to change orientation. Using a seven-point sexual self-identity scale with one indicating exclusive homosexuality and seven indicating exclusive heterosexuality, he found that, on average, at the onset of intervention, men reported a mean score of 2.57 (2 = almost entirely homosexual; 3 = more homosexual than heterosexual), and at the time of the study (after intervention), he reported a mean score of 4.81 (4 = equally homosexual and heterosexual; 5 = more heterosexual than homosexual). The shift was statistically significant.

Conclusion

Numerous reports about change in sexual orientation from homosexual to heterosexual have been documented in the literature using a variety of therapies as detailed above. This documentation debunks the claim by some that there is no evidence of change. The outcomes of interventions aimed at changing sexual orientation are vast and varied.

Without significant evidence, the American Psychological Association has made public releases in warning against the use of therapies aimed at changing sexual orientation (American Psychological Association, 1997). Because of public pressures by such groups, a shift in the treatment of homosexuality has evolved from amelioration to acceptance and normalization.

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