

Homosexual Inclinations: Health Risks and Treatment

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- ✦ Catholic Medical Association (2000) *Homosexuality and Hope*, www.cathmed.org

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- ★ Fitzgibbons, R.(1999) *Origins and Healing of Same-Sex Attractions* in Wolfe, C. (ed.) *Homosexuality and American Public Life*. Spence Pub, www.narth.com

Motivation for therapy

- ✱ Did not find the lifestyle emotionally satisfying (85% males;70% females)
- ✱ Conflicts between SSA and tenets of their faith (79%)
- ✱ Desire to get married or stay married (males 67%; females 35%).
 - ✱ Spitzer, R. L. (2003), “Can Some Gay Men and Lesbians Change Their Orientation?” *Archives of Sexual Behavior*, 32(5), 403-417.

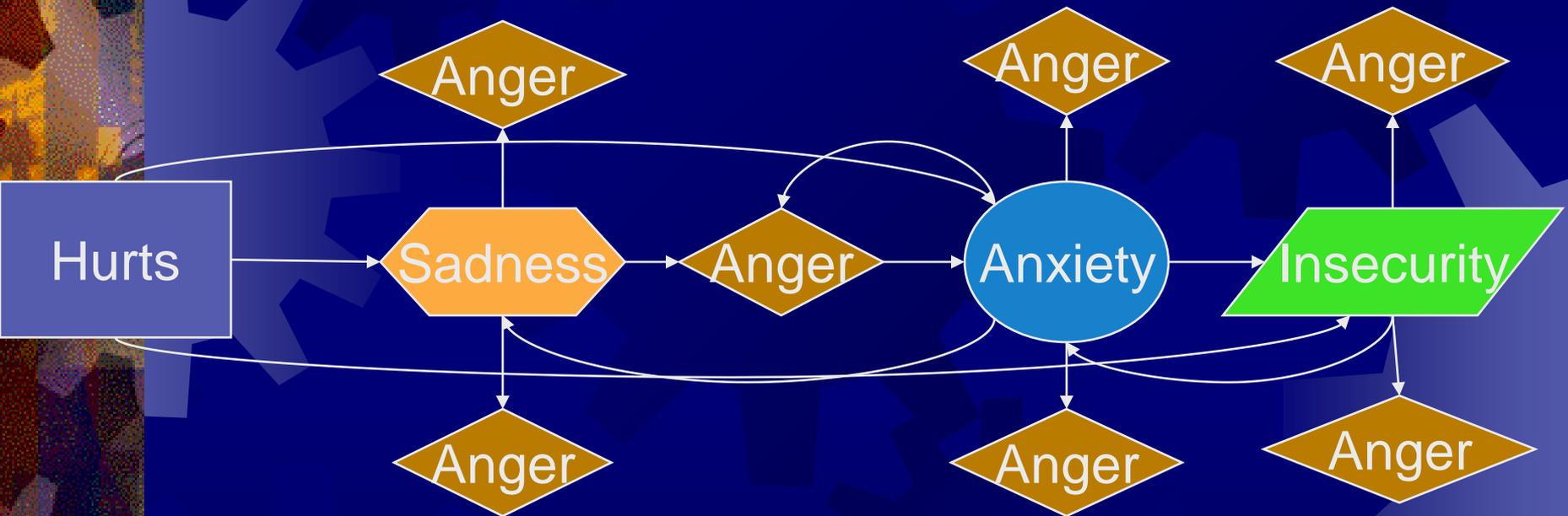
Treatment and depression

- ★ Depression has been reported to be a common side effect of unsuccessful attempts to change orientation. This is was not the case for our participants, who often reported that they were “markedly” or “extremely” depressed prior to treatment (males 43%, females 47%), but rarely that depressed after treatment (males 1%, females 4%). To the contrary, after treatment the vast majority reported that they were “not at all” or only “slightly” depressed (males 91%, females 88%). *Ibid*, p. 412

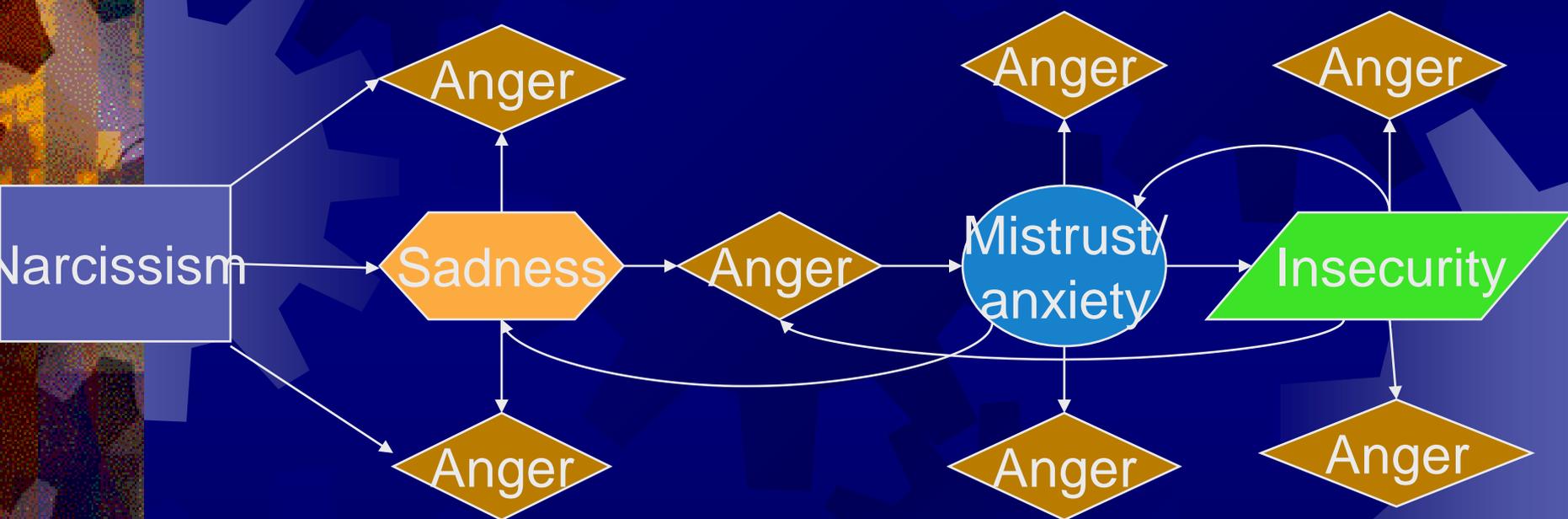
Benefits of therapy

- ★ Participants were presented with a list of several ways that therapy might have been “very helpful” (apart from change in sexual orientation). Notable were feeling more masculine (males) or more feminine (females) (87%) and developing more intimate nonsexual relations with the same sex (93%). *Ibid*, p. 412

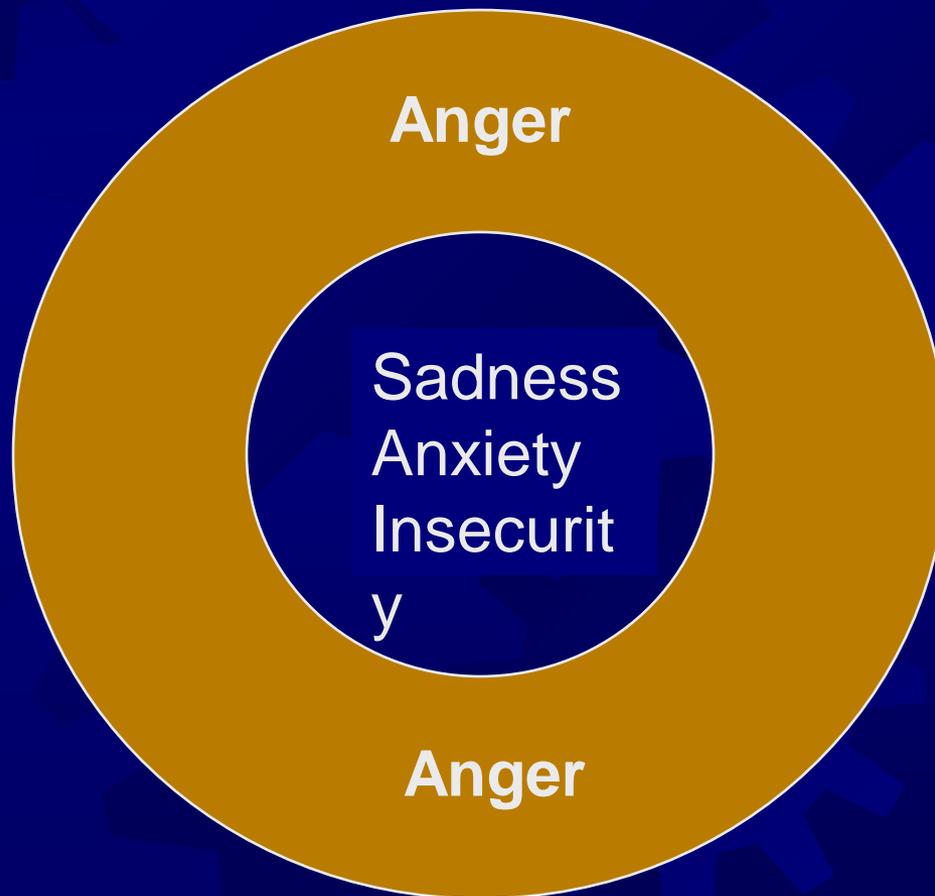
Unjust Hurts & Emotional Pain



Selfishness & Emotional Pain



Anger limits healing: Remain a prisoner of one's past



Dr. Spitzer on Youtube

- ★ www.youtube.com/watch?v=qBhW2q11qu8&feature=related

Why people seek treatment

In a study of 200 SSA men the reasons were

- ✱ 77% - for the healing of emotional pain
- ✱ 22% - outside “pressure”

- ✱ www.peoplecanchange.com

Other major motivators

Response to 18 different factors

- ☀ 68% - personal spirituality
- ☀ 63% - desire for wife & children
- ☀ 63% - religious teaching
- ☀ 63% - desire for nonsexual male friends
- ☀ 63% - conscience
- ☀ 63% - unhappiness in SSA life

What is treated?

- ✦ The emotional conflicts which lead to SSA
- ✦ SSA is a symptom
- ✦ Males - primarily male confidence
- ✦ Females - primarily mistrust

Causes of SSA 2004 Survey

- ✦ Father-son relationship problems
- ✦ Relationship conflicts with male peers
- ✦ Unhealthy mother-son relationship
- ✦ History of sexual abuse
- ✦ Personality traits

✦ www.peoplecanchange.com

Emotional factors leading to treatment

- ✦ Sadness related to promiscuity in lifestyle and the inability to find a stable commitment
- ✦ Weaknesses in confidence leading to depressive and anxiety disorders
- ✦ Fears related to promiscuity and substance abuse
- ✦ Guilt over sexual acting-out
- ✦ Anger and sadness over abusive treatment

Factors leading to treatment

- ★ Recommendation by a family member or friend based on a desire for the good and happiness of the other
- ★ Recommendation by a priest/confessor/spiritual director.
- ★ Had the latter occurred, as it should have over the past 35 years, much sexual abuse could have been prevented

Health Risks of SSA

- ★ “As a physician, it is my duty to assess behaviors for their impact on health and well being. When something is beneficial, such as exercise, good nutrition, or adequate sleep, it is my duty to recommend it. Likewise, when something is harmful, such as smoking, overeating, alcohol or drug abuse or homosexual sex, it is my duty to discourage it.”
 - ★ Dr. John Diggs, 2002. The Health Risks of Gay Sex, www.catholiceducation.org

Informed Consent - knowledge of lifestyle

- ✦ Serious health problems denied by major health organizations such as AMA, APAs, Amer. Academy of Pediatrics, APAs, NASW,
- ✦ Two statements of USCCB on homosexual inclinations fail to document the health risks of the lifestyle.
- ✦ NARTH and the Catholic Medical Association attempt to provide knowledge of the health risks in the lifestyle.

Psychiatric Illnesses and SSA

- ★ Numerous psychiatric studies reveal far greater prevalence of psychiatric disorders in the lifestyle in countries where SSA is widely accepted.
- ★ Major studies are overlooked by professional organizations.
 - ★ Catholic Medical Association, 2003, *Homosexuality and Hope*, www.cathmed.org

SSA Agenda Claims

- ✦ Psychological morbidity is due to persecution and the homophobia of heterosexism.
- ✦ This rejection produces numerous symptoms and makes people feel sad and bad.
- ✦ Heterosexual attitudes toward SSA are the primary cause of illness, not the SSA lifestyle.
- ✦ SSA lifestyle does not predispose people to illnesses.

Psychological conflicts: Lack of Commitment

- ✦ Length of relationships - 6 months
- ✦ Laumann discovered that most of those with same sex attractions spend their lives in “transactional” relationships (short term commitments that last than six months on average).
- ✦ Professor Laumann’s research provides additional evidence that males with SSA, in particular, experience pervasive loneliness and many short-lived relationships.
 - ✦ Laumann, E. 2004. *Sexual Organization of the City*. U. Chicago Press

Lack of commitment in those with homosexual inclinations

- ✦ In 2,583 older men with HI the modal range for numbers of sexual partners ever was 101-500.
 - ✦ Paul Van de Ven et al. (1997) “Comparative demographic and sexual profile for older homosexually active men.” *J. of Sex Research* 34:354

Lack of committment

- ✦ Few homosexual relationships last longer than two years, with many men reporting hundreds of lifetime partners
 - ✦ Pollack, M. (1985) *Male Homosexuality in Western Sexuality: Practice and Precept in Past and Present Times*, cited in J. Nicolosi in *Reparative Therapy of Male Homosexuality*.

Lack of committment

- ✦ The average live in male homosexual relationship lasts between two and three years.
 - ✦ Saghir, M.& Robins, E. (1973) *Male and Female Homosexuality*. Baltimore: Williams & Wilkins

Lack of committment

- ★ The rate at which SSA men with a steady partner acquire casual partners averaged 8 casual partners per year.
- ★ Men in casual relationships acquire an average of 22 casual partners per year.
- ★ Xiridou, M. (2003) The contribution of steady and casual partnerships to the incidence of HIV infection among homosexual men in Amsterdam. *AIDS* 17:1031

Lack of commitment

- ✱ Consensual infidelity was the norm.
- ✱ Mean duration of steady relationships
 - .75 - 2.25 year
- ✱ Mean rate of acquiring partners per year:
 - Casual - range 16 to 28
 - Steady - range 6 to 10

Xiridou, M. (2003) AIDS 17:1029-1038

Promiscuity and HIV

- ★ A study conducted in Amsterdam reported that 84% of all newly reported cases of HIV came from men who were in steady relationships.
 - ★ Xiridou, M. 2003. AIDS.17, 7:1029-1038

Promiscuity

- ★ Study of 957 men - averaged 20 sexual partners over the previous 6 months.
 - Leobon, J., et al. (2006) Journal Sex Research. 43:35.

Risky, promiscuous behaviors

- ★ About one half (49%) engaged in unprotected anal sex. Most men (62%) reported having group sex.
 - Crosby R, Mettey A. (2004) A descriptive analysis of HIV risk behavior among men having sex with men attending a large sex resort. *J Acquir Immune Defic Syndr.* 2004 Dec 1;37(4):1496-9.

Anonymous Sex

☀ *The Centers for Disease Control warns that men who have sex with men "have large numbers of anonymous partners, which can result in rapid, extensive transmission of sexually transmitted diseases."

- Centers for Disease Control and Prevention, Resurgent Bacterial Sexually Transmitted Disease Among Men Who Have Sex With Men -- King County, Washington, 1997-1999, September 10, 1999 / 48(35);773-777
- www.cdc.gov/mmwr/preview/mmwrhtml/mm4835a1.htm

Lifetime abuse victimization

- ★ Heterosexual males - 7 %
- ★ Homosexual males - 39% of men
 - Greenwood, G. et al. (2002) Battering Victimization Among a Probability-Based Sample of Men Who Have Sex With Men. *American J. Pub Health.* 92, 12:1964-69.

Physical abuse and SSA

- ★ 499 ethnically diverse homosexual, bisexual, and transgendered teenagers and adults
- ★ 44% in male relationships
- ★ 55% in female relationships
- ★ Turrell, SA. 2000. "A Descriptive Analysis of Same-Sex Relationship Violence for a Diverse Sample. *Journal of Family Violence*, 13: 281-293.

Abuse and SSA

- ★ 29.7 % of gays & 47.5 % of lesbians reported being or having been the victim of relationship violence.
- ★ 22 % of gays and 38% of lesbians admitted using violence against their partners
- ★ 283 adults
 - Walder-Haugrad, L, et al., (1997) Victimization and Perpetration Rates of Violence in Gay and Lesbian Relationships: Gender Issues Explored. *Violence and Victim*, 12: 173-184

SSA and abuse

- ★ 32.4% (n = 265) of participants in the Chicago area reported any form of relationship abuse in a past or current relationship
- ★ Depression and substance abuse were among the strongest correlates of intimate partner abuse.
 - ★ Houston, E & McKirnan, D.J. (2007) Intimate partner abuse among gay and bisexual men: risk correlates and health outcomes. *J Urban Health*. 2007 Sep;84(5):681-90.

SSA Relational Abuse

- ★ 54% reported a history of past violence in SSA relationships
 - Cochran, BN. 2006 Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment. *J. Substance Abuse Treatment*, 30: 135-146.

Confidence and unhappiness

- ★ Study of 7,076 adults
- ★ Lesser quality of life in men was predominantly explained by low self-esteem.
- ★ Suggests the importance of finding out how lower sense of self-esteem comes about in homosexual men.
 - ★ Sandfort, T.G., et al. (2003) Same-sex sexuality and quality of life: findings from the Netherlands Mental Health Survey and Incidence Study. *Arch Sex Behav.* 32: 15-22

Adolescents with SSA and Mental Health

- ✦ Study of 866 Dutch high school students, 13 to 15
- ✦ 74 (8.5%) reported having feelings of SSA
- ✦ higher levels of depression and lower levels of self-esteem and lower school performance
 - ✦ Bos, H.M. (2008) A mediation analysis revealed that differences in psychosocial functioning resulted from differences in the quality of the SSA youths' social relationships, especially with fathers and peers. *Dev Psychol.* Jan;44(1):59-68.

SSA & Mental Health

Study of adults aged 21-26 homosexual vs. heterosexual

- ✦ Major depression - 71.4% to 14.5%
- ✦ Suicidal ideation - 70% to 10.9 %
- ✦ Suicidal acts -28.6% to 1.6%
- ✦ Illicit drug dependence - 42.9% to 11.1%
- ✦ Fergusson, DM,et al. (2005) Sexual orientation of and mental health in a birth cohort of young adults. *Psychological Medicine*,35, 971-981.

Psychiatric Disorders in Young Adults

- ★ New Zealand 21 year study of 1007 children.
 - 4 fold greater risk of major depression
 - 5.4 fold greater risk of suicidal ideation
 - 6.2 fold greater risk of suicidal attempts
- Fergusson DM, et al. (1999). Arch Gen Psychiatry, 56, 876-80.

Psychiatric Disorders

- ★ Lifetime Prevalence of Psychiatric Disorders in Homosexuals vs. Heterosexuals in 5,998 adults
 - 3x more Mood Disorders
 - 3x more Depressive Disorders
 - 2.5x more Anxiety Disorders
 - 2.5x more Multiple Disorders
 - Significantly lower self-esteem in men.
 - Sandfort, T.G., et. al. (2001) *Archives of General Psychiatry*, 58.
 - 2.1% identified as homosexual.

Suicidal Ideations and Self-Harm

- ✱ A survey of 946 homosexual adults, aged 26, in New Zealand found:
- ✱ Men: 3.1x more likely to have suicidal ideations
- ✱ Women: 2.0x more likely to have suicidal ideations
- ✱ Men: 5.5x more likely to self-harm
- ✱ Women: 1.9x more likely to self-harm
 - ✱ Skegg, K. (2003). Sexual orientation and self-harm in men and women. *American Journal of Psychiatry*. 160(3): 541-546.

SSA and Psychiatric Illness

Survey of 2, 917 adults

- ★ Males with SSA experienced a higher prevalence of depression, panic attacks, and psychological distress than heterosexual men.
- ★ Lesbian-bisexual women showed greater prevalence of generalized anxiety disorder than heterosexual women
 - Cochran SD, et al. (2003) Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *J Consult Clin Psychol*;71(1):53-61

Health risks

- ✦ Gay men and bisexual and homosexually experienced heterosexual individuals had higher levels of psychological distress compared with exclusively heterosexual individuals.
- ✦ Cochran, S.D. & Mays, V.M, (2007) Physical Health Complaints Among Lesbians, Gay Men, and Bisexual and Homosexually Experienced Heterosexual Individuals: Results from the California Quality of Life Survey. Am J Public Health. 2007 Apr 26.

Health risks

- ✦ Gay men and lesbians were more likely than heterosexuals to have consulted a mental health professional in the past, deliberately harmed themselves and used recreational drugs.
- ✦ Lesbians were more likely to have experienced verbal and physical intimidation and to consume more alcohol than heterosexual women.
 - ✦ King, M., et al. (2003) Mental health and quality of life of gay men and lesbians in England and Wales: controlled, cross-sectional study. *Br J Psychiatry*. 2003 Dec;183:552-8.

Mental Illness and SSA

- ★ Nearly two-thirds of this community sample of gay men was affected by psychiatric morbidity with new evidence for co-morbidity, sub-threshold disorders, and low levels of awareness of psychiatric disorders and their treatment. This population needs to be a priority in psychiatric epidemiology and mental public health.
 - ★ J. Wang, et al. (2007). High prevalence of mental disorders and co-morbidity in the Geneva Gay Men's Health Study. *J Soc Psychiatry Psychiat Epidemiol*. May;42(5):414-20. Epub 2007 Apr 2

SSA and mental illness

- ★ Homosexual orientation, defined as having same-sex sexual partners, is associated with a general elevation of risk for anxiety, mood, and substance use disorders and for suicidal thoughts and plans. Further research is needed to replicate and explore the causal mechanisms underlying this association.
- Gilman SE, et al.(2001) Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Co-morbidity Survey. Am J Public Health 2001 Jun;91(6):933-9

SSA and Self-Harm

- ✱ Study of 1,019 young adults
- ✱ Odds for suicidal ideation 3.1 for men and 2.9 for women
- ✱ Odds for having deliberately self-harmed for men 5.5 and 1.9 for women.
 - ✱ Skegg K, et al. 2003. American J. of Psychiatry 160(3): 541-6.

Suicide study in twins

- ★ 103 middle age male-male twin pairs in which one had SSA
- ★ Twin with SSA had a 4.4 fold greater risk for suicidal ideation
- ★ Twin with SSA had a 6.5 fold greater risk for attempted suicide
- ★ Twin with SSA had a 5.1 fold greater risk for any suicidal symptoms.
 - ★ Herrell R, et al. 1999. Sexual Orientation and Suicidality:A Co-twin Control Study in Adult Men. *Arch Gen Psychiatry* 56: 867-874.

Suicide and SSA

- ★ These data provide further evidence of an increased risk for suicide symptoms among homosexually experienced men. Results also hint at a small, increased risk of recurrent depression among gay men, with symptom onset occurring, on average, during early adolescence.
 - ★ Cochran, S.D. & Mays, V.M. (2000) Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: results from NHANES III. *Am J Public Health*;90(4):573-8.

Female SSA - 1925 women

- ★ 50% had thoughts about suicide
- ★ 18% had attempted suicide.
- ★ 37% had been physically abused as a child or adult
- ★ 32% had been raped or sexually attacked
- ★ 19% had been involved in incestuous relationships while growing up.
 - Bradford J, et al. (1994) National Lesbian Health Care Survey: implications for mental health care. J Consult Clin Psychol. 1994 Apr;62(2):228-42.

Suicide and SSA

- ★ This study suggests that even in a country with a comparatively tolerant climate regarding homosexuality, homosexual men were at much higher risk for suicidality than heterosexual men.
- ★ de Graaf, R., et al. (2006) Suicidality and sexual orientation: differences between men and women in a general population-based sample from the Netherlands. *Arch Sex Behav*, 35(3):253-62.

Suicide Risk

★ “The ‘gay life’ provides no more than an alienated and isolated existence for many homosexuals. Continuity of relationships between two homosexuals is rare, although many homosexuals spend a lifetime seeking it. Rejection or disappointment signifies not merely abandonment, but despair over the inability to escape emotional isolation.”

- Herbert Hendin, (1995), *Suicide in America*, p. 146. Executive Director American Suicide Foundation. Professor of Psychiatry, New York Medical College.

High Risk Behaviors

- ★ The types of sexual activities found in the gay lifestyle that promote STDs:
 - High Prevalence of Unprotected Sex
 - High Prevalence of Anonymous Sex
 - Multiple Sex Partners

High Risk Behaviors

- ★ Among 4295 men, 48% and 54.9% respectively, reported unprotected receptive and insertive anal sex in the previous 6 months. Drug and alcohol use were significantly associated with these behaviors.
- Koblin, B.A., et al. (2003) High-Risk Behaviors Among Men Who Have Sex With Men in 6 US Cities: Baseline Data From the EXPLORE Study. *Amer. J. Pub. Health* 93: 926-932.

Health Risks

- ★ U.S. Centers for Disease Control and Prevention reported that more than 56,000 people in the United States become newly infected with the human immunodeficiency virus each year, far more than previous estimates of about 40,000. September 2008.

Substance abuse & SSA - 3492 men 15-26

- ★ Nearly one-third of men surveyed in the US who had sex with other men said they used drugs at least once a week, and lifetime use of cocaine was nearly twice as high as that of the general age group. Two out of three of the men said that they had used drugs in the previous six months.
 - ★ Valleroy, L, et al. (2003) *American Journal of Public Health*
- ★ "The people that we spoke to were in an environment that was surrounded by drugs," said Linda Valleroy, an epidemiologist and one of the report's authors. "There were synchronized epidemics of HIV, drug use and depressive behaviors."

Physical Illness & Homosexual Inclinations (HI)

- ✱ Men and women with HI report more acute mental health symptoms than heterosexual people.
- ✱ Men and women with HI has poorer general mental health.
- ✱ They report more acute physical symptoms and chronic conditions also.
 - ✱ Sandfort TG, et al. (2006) Sexual Orientation and mental and physical health status: findings from a Dutch population. *Amer. J. Pub. Health* 96:1119-25

American Psychiatric & HUs

- ★ “Same-sex couples experience several kinds of state-sanctioned discrimination that can adversely affect the stability of their relationships and their mental health.”
- ★ American Psychiatric Association (2005) Support of legal recognition of same sex civil marriage.
www.psych.org/edu/other_res/lib_archives/200502.pdf
- ★ Anger - rebelliousness

Phases of treatment

- ✦ Uncovery - emotional conflicts
- ✦ Decision -
 - informed consent of morbidity associated with SSA
 - possibility of resolving conflicts
 - treatment goals
- ✦ Work phase -

Goals of Treatment

- ✦ Identify and work to resolve the emotional pain which causes SSA
- ✦ Uncover sadness, anger, weak confidence, mistrust, poor body image, narcissism
- ✦ Engage in the hard work to resolve these emotional conflicts
- ✦ Build male confidence
- ✦ Role of spirituality as in addiction treatment
- ✦ Strengthen same sex friendships

Spitzer Study - Columbia Univ.

- ✦ A study of 200 men and women reported a sustained change from a homosexual to heterosexual orientation for at least five years.
- ✦ 61% of the males and 44% of the females satisfied the criteria for good heterosexual functioning.
 - Spitzer, R. L. (2003), "Can Some Gay Men and Lesbians Change Their Orientation?" *Archives of Sexual Behavior*, 32(5), 403-417.

Motivation for therapy

- ✦ Did not find the lifestyle emotionally satisfying (85% males;70% females)
- ✦ Conflicts between SSA and tenets of their faith (79%)
- ✦ Desire to get married or stay married (males 67%; females 35%).
 - Spitzer, R. L. (2003), "Can Some Gay Men and Lesbians Change Their Orientation?" *Archives of Sexual Behavior*, 32(5), 403-417.

Barriers to treatment - APAs

★ “Mental health professionals should stop moving in the direction of banning therapy that has, as a goal, a change in sexual orientation. Many patients, provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions.”

- Spitzer, R. L. (2003), “Can Some Gay Men and Lesbians Change Their Orientation?” *Archives of Sexual Behavior*, 32(5), p.413

Barrier: The claim that treatment is harmful

- ☀ “To the contrary, they reported that it was helpful in a variety of ways beyond changing sexual orientation itself.”
- ☀ SSA affirming therapy has “no rigorous scientific evidence of effectiveness.”
- ☀ “The ability to make a choice should be considered fundamental to client autonomy and self-determination.”
 - ☀ Ibid, p.413

Studies on Recovery

★ Schwartz et al	65% (54 pts.)
★ Mayerson et al	47% (19 pts.)
★ Bieber	27% (106 pts.)
★ Ellis	64% (28 pts.)
★ Ross et al	73% (15 pts.)
★ Monroe et al	57% (7 pts.)

Studies on Recovery

- ★ Van den Aardweg 65% (101 pts.)
- ★ Cantom-Dutari 61% (49 pts.)
- ★ Masters & Johnson 65%

Satinover, J. 1996. *Homosexuality and the Politics of Truth*. Hamewith Books, p 186

Can SSA be Treated and Prevented

- ☀ People have the right to pursue their heterosexual potential. Current clinical therapy shows hope for treatment.
 - Spitzer, R.L., 2003. Archives of Sexual Behavior, 32(5), 403-417.
- ☀ Early identification, appropriate psychotherapy and parental support are key factors to successful prevention.
 - Catholic Medical Association. 2003. Homosexuality and Hope. www.cathmed.org

NARTH Study

- ✱ 860 patients treated by 200 mental health professionals
- ✱ One third to one half reported resolution of SSA.
 - ✱ NARTH, 1997, www.narth.com

Recovery

★ “Giving percentages to clients says nothing and is pseudo-scientific in my view. It is better to say: you can change, provided you will do battle for a long period of time. How long depends, among other things, on your resolute will. But the issue is less important than the fact that you will have to fight and grow. Then you will be happy with any improvement.”

- ★ Gerard van den Aardweg (1997) *Battle for Normality*, Ignatius Press.

Recovery

- ★ Many clients stopped treatment after several months. A reason, I believe, was related by St. Augustine when he remarked that in matters sexual, “the combat is common, the victory rare.” Gerard van den Aardweg March 2007.

Evaluation of relationships in males

- ✦ Secure attachment to father
- ✦ Secure attachment to peers/friendships
- ✦ Secure attachment to male siblings
- ✦ Male confidence development
 - ✦ Sports

Uncovering Phase - Males

- ✦ Body image
- ✦ Secure attachment to mother
- ✦ Rejection by females
- ✦ Evaluation of emotional pain of sadness/loneliness, anger, confidence, trust, character development

Evaluation of relationships in females

- ✦ Secure attachment to father
- ✦ Secure attachment to mother
- ✦ Secure attachment to peers/female friendships
- ✦ Secure attachment to female siblings

Uncovering Phase - Females

- ✦ Body image
- ✦ Sexual trauma
- ✦ Rejection by males
- ✦ Character weakness
- ✦ Evaluation of emotional pain of sadness/loneliness, anger, confidence, trust, character development
- ✦ Rebelliousness

Barriers to Treatment

- ✦ Ignorance that treatment is available and effective
- ✦ Acceptance of sexual utilitarian/contraceptive philosophy
- ✦ Anger in adolescent or parents
 - ✦ Towards parents, peers, the Church
- ✦ Mistrust
- ✦ Narcissism - goal in life is pleasure, pleasure, pleasure

Barriers to treatment:

False scientific statements

- ✦ Fairytale reminds us of those simple truths that, as adults, we no longer wish to accept. “The Emperor’s New Robes” shows us that in every generation, on certain matters, a whole society - its experts, its most admired, respected, and trusted leaders and counselors - will adopt as authoritative a complete illusion. Some of my psychiatric and psychological colleagues have woven for themselves their own set of illusory robes of authority, and for the past thirty-five years have been proclaiming doctrines in the public square that depend upon the authority that derives from the public’s belief that these robes exist.

Barriers to treatment:

False scientific statements

- ✦ In particular, they have claimed to the Supreme Court that the scientific data show that homosexuals form a “class” whose boundaries are defined by a stable “trait”. This presumption is false, yet the recent Supreme Court decisions pertaining to same-sex marriage have taken it for granted. Jeffrey Satinover, *The Trojan Couch*, www.narth.com

John Paul II

- ✦ “We are not the sum of our weaknesses and failures. We are the sum of the Father’s love for us and of our real capacity to become the image of Jesus.”
- ✦ John Paul II, World Youth Day, Toronto 2002

New initiatives

- ✦ Provide the truth about the psychological and medical dangers/risks associated with homosexuality to adolescents, college students, educators, parents, clergy and mental health professionals