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INFORMATION ANALYTICAL REPORT

**RHETORIC OF HOMOSEXUAL MOVEMENT**

in the light of scientific facts

UDC 304.2  
BBK 60.54  
L88

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Lysov, V.G.  
Information and analytical report. Rhetoric of the homosexual movement in the light of scientific facts / V.G. Lysov. - Krasnoyarsk: Research and Innovation Center, 2019.- 750 p. - doi: 10.12731 / 978-5-907208-04-9

ISBN 978-5-907208-04-9  
DOI: 10.12731 / 978-5-907208-04-9

In recent years, ideologists and activists of the movement, which advocates that, from the point of view of morality, physiology and the rule of law, romantic and sexual relations between individuals of the same gender are perceived as absolutely equal (and sometimes even superior) to relations between people of different sexes. In their activities, these activists often cite a series of arguments that turn into slogans on the basis of which they criticize opponents of the changes they require. Among such arguments, for example, “every tenth person is gay,” “gay are born,” “orientation cannot be changed,” “homosexuality is found among 1,500 species of animals,” etc. This report focuses on the analysis of the validity of some of the allegations used by these activists. The aim of this work is to disseminate information that is currently becoming less accessible due to the political situation that has developed over the past decades. The purpose of this work is not to justify violence against individuals; the author categorically condemns the infliction of physical and mental violence and illegal activities to the same extent as condemns the lie, manipulation of facts and intolerance of the opinions of others. The author categorically advocates for fundamental human rights listed in the original resolution of the United Nations 217 A (III) of December 10, 1948, in particular in article 19 and part 3 of article 16 (UN 1948) without any distortion or addition to for certain political interests. At the same time, the author also opposes the infringement of the right to access to information, to freedom of expression and opinion, to protect one's own beliefs. The report is structured in such a way that, as much as possible, the author refrains from expressing his own position (which, of course, obviously exists), and, basically, gives the opinion of third researchers.

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**Can homosexual attraction be eliminated?**

**Key Findings**

*(1) There is a substantial base of empirical and clinical evidence that homosexual attraction can be effectively eliminated. (2). An important condition for the effectiveness of reparative therapy is the patient's informed participation and desire to change. (3). In many cases, homosexual attraction, which can occur during puberty, disappears without a trace at a more mature age.*

**Introduction**

Specialized care for people who want to get rid of unwanted homosexual attraction (UHA) is called recovery therapy, SOCE.[[1]](https://translate.googleusercontent.com/translate_f" \l "_ftn1)or reparative therapy. Also, such help is called reorientation, conversion, hetero-affirmative or reintegrative therapy. One of the arguments of the “LGBT +” movement is the assertion that the help of specialists is supposedly not able to eliminate the GBV. This statement is not true.

**Elimination of UHA by working with specialists**

In 2009, the American Psychological Association issued a statement stating that reparative therapy is ineffective ( [APA 2009](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf) ). It is this statement that LGBT + activists refer - movements in discussions about the possibility of a therapeutic effect on homosexual attraction. A group of APA members who are also members of the Alliance for Therapeutic Choice professional organization[[2]](https://translate.googleusercontent.com/translate_f" \l "_ftn2), in response to the APA statement in the same year, published a review of the APA statement, which listed the shortcomings of the APA report such as selective source selection ( [Phelan 2009a](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://static1.squarespace.com/static/55efa8b5e4b0c21dd4f4d8ee/t/56f1f6535559863ea9a5c1bb/1458697818646/A%2BCritical%2BEvaluation%2B-%2BJournal%2Bof%2BHuman%2BSexuality%2Bvol.%2B4%2B(2).pdf) , p. 45), arbitrary application of the criteria for reparative therapy ( [Phelan 2009a](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://static1.squarespace.com/static/55efa8b5e4b0c21dd4f4d8ee/t/56f1f6535559863ea9a5c1bb/1458697818646/A%2BCritical%2BEvaluation%2B-%2BJournal%2Bof%2BHuman%2BSexuality%2Bvol.%2B4%2B(2).pdf) , p. .48), the application of double standards ( [Phelan 2009a](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://static1.squarespace.com/static/55efa8b5e4b0c21dd4f4d8ee/t/56f1f6535559863ea9a5c1bb/1458697818646/A%2BCritical%2BEvaluation%2B-%2BJournal%2Bof%2BHuman%2BSexuality%2Bvol.%2B4%2B(2).pdf) , p. 49), and others.

So, what is actually indicated in the APA statement, if you carefully analyze it? The general conclusion was the condemnation of reparative therapy as ineffective and harmful. However, if you look at the last pages of the conclusion, you can see the facts that the authors of the report were forced to note in order to avoid forgery, but they do not include these facts in their comments and press statements:

“*... We found that non-versatile and modern methods of reparative therapy have not been thoroughly investigated. Given the limited amount of methodologically reliable research, we cannot conclude whether modern forms of reparative therapy are effective or not ... ”(*[*APA 2009*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf) *, p. 43).*

What are APA experts talking about in essence? The fact that they did not find clear evidence that reparative therapy is ineffective. They simply do not have accurate data in order to draw such a conclusion, although they did everything possible to reduce, as much as possible within the limits of scientific analysis, the methodological significance of studies that do not correspond to the negative interpretation of reparative therapy[[3]](https://translate.googleusercontent.com/translate_f" \l "_ftn3). Ultimately, among the facts listed in the same APA document, there is only evidence that reparative therapy - naturally under certain conditions, the main one of which is the patient’s desire to change - is effective. LGBT + activists - movements are trying to connect same-sex attraction with biology and genetics, arguing that it is not able to change, but this position contradicts the results of various studies listed in the APA statement.

Consider quotes from an APA document:

“*... HE Adams and Sturgis (1977) analyzed seven studies that they classified as methodologically controlled, and found that 34% of 179 individuals showed a decrease in homosexual attraction .... Among the studies that they classified as methodologically uncontrolled, they found that a decrease in homosexual drive was observed in 50% of 124 individuals (p. 36)*

*- McConaghy (1976) found that approximately half of men undergoing one of four treatment regimens reported a decrease in sexual interest in men after 6 months. Most participants noted a decrease in sexual interest in men immediately after treatment (p. 3*

*- McConaghy and Barr (1973) found that about half of the men who received therapy reported a decrease in homosexual drive (p. 38).*

*- Tanner (1975) found that as a result of therapy, the level of reflex homosexual erection decreased in response to visual stimuli (p. 38).*

*- Birk and colleagues (1971) found that 62% of men who received therapy reported a decrease in homosexual drive (p. 38).*

*- McConaghy and colleagues (1981) reported that 50% of treatment respondents reported decreased sexual desire after 1 year (p. 38).*

*- In another study, HE Adams and Sturgis (1977) reported that 68% of 47 participants reported a decrease in homosexual drive (p. 37).*

*- McConaghy (1976) found that a year after therapy, 25% of men completely stopped homosexual acts, in 50% of men their frequency decreased, and 25% remained unchanged (p. 38).*

*- In another study, McConaghy and Barr (1973) reported that 25% of men who received therapy decreased their homosexual activity after 1 year (p. 38).*

*- Tanner (1975) reported a significant decrease in homosexual drive as a result of treatment (p. 38).*

*- Bancroft (1969) noted that 4 out of 10 men treated had reduced homosexual activity during follow-up. Freeman and Meyer (1975) reported that 7 out of 9 men in their study abstained from homosexual activity 18 months after treatment (p. 38).*

*- According to other publications with clinical cases and case studies, those who underwent therapy showed a decrease or disappearance of homosexual activity (Gray 1970; Huff 1970; B. James 1962, 1963; Kendrick & McCullough 1972; Larson 1970; LoPiccolo 1971; Segal & Sims 1972 ) (p. 39) ... ”(*[*APA 2009*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf) *).*

So, even APA does not state in its conclusion that treatment is ineffective. An efficiency of 30–50% is significant enough for any research method, if only to exclude the characteristic of such a method as “useless”. In addition, NARTH published its own report the same year, “What Research Shows: NARTH's Response to the American Psychological Association's (APA) Claims on Homosexuality” ( [Phelan 2009b](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://docs.wixstatic.com/ugd/ec16e9_04d4fd5fb7e044289cc8e47dbaf13632.pdf) ). In this report, they reviewed publications in the form of clinical case studies, controlled trials and observations over the past hundred years.

Publications in English on the results of successful reparative therapy are shown in the table below.

|  |  |  |
| --- | --- | --- |
| **English-language written sources with the results of effective treatment of UHA** | | |
| **A source** | **Type of therapy** | **Result** |
| Carl Jung, cited in [Fordham 1935](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/72333758) | psychoanalysis | described the successful treatment of a homosexual man |
| Gordon 1930 | psychoanalysis | described successful treatment for a homosexual patient |
| Stekel 1930 | psychoanalysis | described the successful treatment of four homosexual patients |
| Regardie 1949 | hypnosis techniques | noted the effectiveness of practices based on practice |
| [London 1950](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/878336372) | psychoanalysis | described the successful treatment of two gay men |
| Allen 1952 | psychoanalysis | described the successful treatment of two homosexuals, a man and a woman |
| [Poe 1952](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/14900293) | adaptation therapy | described the successful treatment of a homosexual man |
| [Caprio 1954](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/890142454) | psychoanalysis | described the successful treatment of homosexual women: “ *many of my patients, former lesbians, informed me long after the treatment ... that they would never return to a homosexual lifestyle*” (p. 299) |
| Eliasberg 1954 | group therapy | described the treatment of 12 homosexual men, success was achieved in 5 cases (42%) |
| [Bergler 1956](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/678700) | psychoanalysis | described the successful treatment of 100 homosexual patients, which accounted for 33% of all cases of therapy |
| Eidelberg in [Lorand 1956](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://archive.org/details/perversionspsych00lorarich) | psychoanalysis | successful treatment of 2 patients out of 5 (40%) |
| [Ellis 1956](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1037/h0044762) | psychoanalysis | successful treatment of 40 patients (18♂, 12♀) |
| [Berg 1958](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/536641) | psychoanalysis | successful treatment of 14 patients |
| [Hadden 1958](https://doi.org/10.1176/ajp.114.9.810) | group therapy | described the treatment of 3 homosexual men, success was achieved in 1 case (33%) |
| [Hadfield 1958](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2029087/) | psychoanalysis | successful treatment of 9 patients |
| [Ross 1958](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/13558782) | combination of techniques | noted the effectiveness of practices based on practice |
| [Robertiello 1959](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/881360539) | psychoanalysis | successful treatment of a homosexual patient |
| [Ellis 1959](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://onlinelibrary.wiley.com/doi/abs/10.1002/1097-4679(195907)15%25253A3%253C338%25253A%25253AAID-JCLP2270150335%253E3.0.CO%25253B2-Q) | behavioral therapy | described the successful treatment of a homosexual man |
| [Monroe 1960](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/14423621) | psychoanalysis with the technique of free association | successful treatment of 7 homosexual men |
| Finny 1960 | combination of techniques | noted the effectiveness of practices based on practice |
| [Glover 1960](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/468187461) | psychoanalysis, in 7 cases hormone therapy | described the treatment of 113 patients, success achieved in 44% |
| [Beukenkamp 1960](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://jamanetwork.com/journals/jamapsychiatry/fullarticle/487857) | individual and group psychoanalysis | described the successful treatment of a homosexual man |
| [Stevenson 1960](https://doi.org/10.1176/ajp.116.8.737) | assertive training | described the successful treatment of 2 gay men |
| [Bieber 1962](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/123215150) | psychoanalysis | described the treatment of 106 patients, success achieved in 27% |
| [Coates 1962](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/13880029) | psychoanalysis | described the treatment of 45 patients; improvement (cessation of homosexual behavior) was achieved in 7 cases (16%) |
| [Ovesey 1963](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1001/archpsyc.1963.0172013002100) | psychoanalysis | described the successful treatment of 3 gay men |
| [Buki 1964](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/14142791) | combination of techniques | noted the effectiveness of practices based on practice |
| [Cappon 1965](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/433647264) | psychoanalysis | described the treatment of 150 patients, success was achieved in 30% of men, 50% of women, and among bisexual patients - 90% |
| Mayerson in [Marmor 1965](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/847789898) | psychoanalysis | described the treatment of 19 patients, success was achieved in 47% of cases |
| [Mintz 1966](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5933613) | psychoanalysis | described treatment for 10 homosexual men, success was noted in 3 (30%) |
| [Mather 1966](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1177/002580246600600404) | behavior therapy and aversive techniques | described the treatment of 36 patients, success was achieved in 25 cases (69%) |
| [Hadden 1966](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5900671) | group therapy | described the treatment of 32 patients, success was achieved in 38% |
| [Kaye 1967](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1001/archpsyc.1967.01730290114015) , p. 633 | psychoanalysis | described the treatment of 15 homosexual women, success was achieved in 8 (55%) |
| [Alexander 1967](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1080/00029157.1967.10401955) | hypnosis techniques | noted the effectiveness of practices based on practice |
| [Roper 1967](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/6017544) | hypnosis techniques | noted the effectiveness of practices based on practice |
| [MacCulloch 1967](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1842087/) | aversive therapy | success in treating 43 gay men |
| [Kraft 1967](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/6065666) | psychoanalysis and systemic desensitization | described success with a homosexual man |
| [Serban 1968](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5664070) | behavioral therapy | described success in 25 homosexual patients |
| [Miller 1968](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1037/h0088646) | combination of techniques | noted the effectiveness of practices based on practice |
| [Ramsey 1968](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1016/0005-7967(68)90013-2) | desensitization techniques | described success with a homosexual man |
| [Freud 1968](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/888969753) , p. 251 | psychoanalysis | success in treating 2 out of 4 patients (50%) |
| [Jacobi 1969](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5386652) | psychoanalysis | described the treatment of 60 patients, success was noted in 6 (10%) |
| [Fookes 1969](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5794129) | aversive therapy | described success in treating 60% of homosexual patients |
| [McConaghy 1969](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5806864) | aversive therapy | described success with a homosexual man |
| Lamberd 1969 | psychoanalysis | described success in 3 homosexual patients |
| [Bergin 1969](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1037/h0088727) | desensitization techniques | described success with a homosexual man |
| [Ovesey 1969](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/353790623) | psychoanalysis | described success in 3 gay men |
| [Wallace 1969](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5359768) | psychoanalysis | described success with a homosexual man |
| [Larson 1970](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4192789) | behavioral therapy | described the effectiveness of the method according to their practice, but did not give exact numbers |
| [Birk 1970](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4394903) , p. 37 | group therapy | described the treatment of 26 patients, success was achieved in 9 cases (35%) |
| [Huff 1970](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5422898) | desensitization techniques | described success with a homosexual man |
| Bancroft in [Burns 1970](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/875747428) | desensitization methods | described the treatment of 15 patients, success was achieved in 5 cases (33%) |
| Kraft 1970 | psychoanalysis and systemic desensitization | described success with a homosexual man |
| [McConaghy 1970](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5480705) | aversive therapy | described success with a homosexual man |
| [Mandel 1970](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4192936) | desensitization techniques | described the effectiveness of a practice based method |
| [Hatterer 1970](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/8658937) | behavioral therapy | described the treatment of 149 patients, success was achieved in 49 cases (34%) |
| [Cautela 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1007/BF03393987) | behavioral therapy | described success in 37% of cases |
| Bieber in [Kaplan 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/43029104) | group therapy | described success in 40% of cases |
| [Truax 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5146429) | group therapy | noted the effectiveness of the method in comparison with the control group |
| [Hadden 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5155171) | group therapy | described success in 30% of cases |
| [Birk 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4398980) | behavioral therapy | described success in 30% |
| [Pittman 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1080/00207284.1971.11491802) | group therapy | described the treatment of 6 patients, success was achieved in 2 cases (33%) |
| [Feldman 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/807236927) , p. 156 | behavioral therapy | described the treatment of 63 homosexual men, success was achieved in 29% of cases |
| [Van den Aardweg 1971](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5060593) | behavioral therapy | described the treatment of 20 patients, success was achieved in 9 cases (42%) |
| [Shealy 1972](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1037/h0086753) | behavioral therapy | described success with a homosexual man |
| [Kendrick 1972](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1016/0005-7916(72)90081-X) | desensitization techniques | described the effectiveness of a practice based method |
| [Segal 1972](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/5075872) | desensitization techniques | described the effectiveness of a practice based method |
| [McConaghy 1972](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4668539) | aversive therapy | described success with a homosexual man |
| [Barlow 1973](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1016/S0005-7894(73)80158-3) | behavioral therapy, "flooding technique" | described success in 30% |
| [McConaghy 1973](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4714829) | reflex techniques | described success in 25% |
| [Maletzky 1973](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4777658) | behavioral therapy | described the treatment of 10 homosexual men, success was achieved in 90% of cases |
| [Herman 1974](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1016/S0005-7894(74)80084-5) | reflex techniques | described the treatment of 3 homosexual men, success was achieved in 33% of cases |
| [Birk 1974](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4470589) , p. 41 | group therapy | described the treatment of 66 patients, success was achieved in 52% of cases |
| [Bancroft 1974](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/643651549) | behavioral therapy | described success in 30% |
| [Cantón-Dutari 1974](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4134549) | desensitization techniques, aversive therapy | described the treatment of 54 patients, success was achieved in 48 cases (89%) |
| [Orwin 1974](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/4836898) | aversive therapy | described success with a homosexual man |
| [Tanner 1974](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1016/S0005-7894(74)80083-3) | aversive therapy | described the effectiveness of the method in 8 gay men |
| [Freeman 1975](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1016/S0005-7894(75)80142-0) | behavioral therapy | described success in 78% |
| [McConaghy 1975](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/1191169) | aversive therapy | described success with a homosexual man |
| [Cantón-Dutari 1976](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/952610) | desensitization techniques, aversive therapy | described complete successful treatment in 11 of 22 cases of homosexual men (50%) |
| Callahan in [Krumboltz 1976](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/715242750) | desensitization techniques | described success with a homosexual man |
| [Phillips 1976](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/952607) | systemic desensitization techniques | described success with a homosexual man |
| [Socarides 1978](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/746132163) , p. 406 | psychoanalysis | described the treatment of 44 patients, success was achieved in 20 (45%) |
| [James 1978](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1016/S0005-7894(78)80051-3) | systemic desensitization techniques | described success with a homosexual man |
| [Bieber 1979](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/487335) , p. 416 | psychoanalysis | described the treatment of more than 1000 homosexual patients, successful treatment ranged from 30% to 50% |
| Birk in [Marmor 1980](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/988116167) | group therapy | described the treatment of 14 homosexual men, success was achieved in 10 cases (71%) |
| [Pradhan 1982](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3012889/) | behavioral therapy | described the treatment of 13 homosexual men, the effectiveness was noted in 8 (61%) |
| Cafiso 1983 | hypnosis techniques | described success with a homosexual man |
| [Van den Aardweg 1986a](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/424153549) ; [1986b](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/12079467) | cognitive therapy | described the treatment of 101 patients, success was noted in 30%, improvement - in 60% |
| [Siegel 1988](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/3223810) | psychoanalysis | described the treatment of 12 homosexual women, success was noted in 50% |
| [Berger 1994](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://psycnet.apa.org/record/1994-42087-001) , p. 255 | psychoanalysis | described success in 2 homosexual patients |
| Consiglio 1993 | pastoral care | described a complete transition to heterosexual activity in 85% |
| [MacIntosh 1994](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/7868786) | psychoanalysis | analysis of 1215 cases of treatment of homosexual patients, success was observed in 23%, and 84% showed significant positive effects of treatment |
| [Schaeffer 1999](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1177/009164719902700405) | pastoral care | described that in a group of 140 participants, in 29% there was a complete transition to heterosexual activity |
| [Nicolosi 2000](https://doi.org/10.2466/pr0.2000.86.3c.1071) | psychoanalysis, pastoral care, training | described that in a group of 882 patients (689 men and 193 women) in 34.3% of cases a complete transition to exclusively or almost exclusively heterosexual activity was noted. Before therapy, 67% indicated exclusively homosexual attraction, after therapy - 12.8%. |
| [Shidlo 2002](http://dx.doi.org/10.1037/0735-7028.33.3.249) | psychoanalysis | the authors initially set the goal of the study to detect the harm of reparative therapy. For example, user search ads were posted in homosexual magazines under the heading “Help Us Document the Harm!” The authors described a group of 202 patients (182 men and 20 women), of which 12.9% considered the transition to heterosexual activity successful. |
| [Spitzer 2003](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1023/A:1025647527010) | psychoanalysis,  pastoral care | studied a group of 200 patients (143 men and 57 women) who underwent reparative therapy and considered its results to be successful. All respondents noted the presence of heterosexual attraction, in 17% of men and 54% of women this attraction was exceptional. Before therapy, 46% of men and 42% of women indicated exclusively homosexual attraction, after therapy - 0%. |
| Karten 2006, not published in peer-reviewed source | psychoanalysis | investigated a group of 117 men undergoing reparative therapy. There was a significant decrease in homosexual attraction from 4.81 to 2.57 on the Kinsey scale |
| Cummings 2007, not published in peer-reviewed source | psychoanalysis | speaking at the NARTH conference in 2005, reported that in 1959-1979. 18,000 homosexuals turned to his clinic with various problems, of which approximately 1,600 were aimed at changing their sexual orientation. During therapy, many patients underwent positive mental changes, as a result of which 2400 of them became heterosexual. |
| [Jones 2007](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/237196565) | pastoral care | described that in a group of 73 participants, 15% showed a significant decrease in homosexual drive and a significant increase in heterosexual drive |
| [Phelan 2017](https://doi.org/10.14687/jhs.v14i1.4282) | psychoanalysis | described a group of 30 men, in which a year after completion of therapy, it was noted: sexual attraction exclusively to the opposite sex - 23% (0% before treatment), mainly to the opposite sex - 17% (0% before treatment), in which then the degree to the opposite sex is 10% (0% before treatment). |

Summing up the evidence available to date, we can say that on average one third of people participating in psychodynamic reparative therapy report a complete disappearance of homosexual attraction and the formation of an attraction to the opposite sex, a third - a significant shift towards heterosexual attraction and an overall improvement in psychological well-being and social functioning, and a third report a lack of results. The most important factor in successful reparative therapy is the patient’s desire, awareness of the reasons for his attraction to his own sex and the underlying emotional needs.

**Spontaneous elimination of homosexual attraction**

Back in 1916, Freud in his essay “Leonardo da Vinci: A Psychosexual Study of an Infantile Reminiscence” noted:

“*... By directly observing individual cases, we were able to demonstrate that a man who seems able to respond only to male stimuli actually responds to female stimuli, like any normal individual, but each time he ascribes his excitement to a male object ...” (*[*Freud 1916*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.bartleby.com/277/3.html) *, III: 14).*

In 1992, Shechter described a case of a spontaneous transition from homosexual activity to heterosexual activity in a man who was undergoing psychoanalytic therapy, but not for NVH, but for a different reason ( [Shechter 1992](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1080/08037069208412327) ). The man stopped relations with his homosexual partner, stopped homosexual activity, he developed sexual fantasies with women. After he began a sexual relationship with a woman, he described his condition with the words:

“*... I can’t tear myself away from her, and she loves it! ... Can anyone, like me, suddenly become heterosexual? ... ”(*[*Shechter 1992*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://dx.doi.org/10.1080/08037069208412327) *, p. 200).*

Researchers at Michael and colleagues in 1994, based on an analysis of a major study, found that in some individuals, homosexual attraction can, of course, go into heterosexual attraction without resorting to reparative therapy ( [Michael 1994](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/973791462) ).

Professor Lisa Diamond, a researcher in age psychology, member of the APA expert committee, who does not hide her homosexual preferences, said in an interview with New Scientist: “Sexuality is changeable ... we must accept the fact that sexuality can change” ( [Grossman 2015](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.newscientist.com/article/mg22730310-100-sexuality-is-fluid-its-time-to-get-past-born-this-way/) )

In an article in The Journal of Sex Research, Diamond summed up scientific research, according to which 26-45% of men and 46-64% of women report a change in sex drive over the period of time (from 3 to 10 years), most of which reporting a change, reported a change towards heterosexuality. ( [Diamond 2016](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1080/00224499.2016.1139665) ).

In 2007, Savin-Williams and Ream conducted a multi-year cohort observation of adolescents from the age of 17 years and evaluated how the characteristics of sexual development change. They found that 75% of adolescents who had any degree of homosexual interest in the 17–21 year old age subsequently developed exclusively heterosexual attraction ( [Savin-Williams 2007](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1007/s10508-006-9088-5) ).

While 98% of adolescents who had a heterosexual attraction in the age period of 117–21 years old, such attraction remained subsequently stable ( [Savin-Williams 2007](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1007/s10508-006-9088-5) ). That is, heterosexual attraction is at least 25 times more stable than homosexual.

Whitehead and Whitehead's (2007) completed a detailed review of studies by Savin-Williams and Ream (2007), Michael and colleagues (1994), and others, and concluded that in some cases homosexual interest becomes heterosexual without any impact ( [Whitehead 2007](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://static1.squarespace.com/static/55efa8b5e4b0c21dd4f4d8ee/t/563ba5e6e4b06324f5a6eef9/1446749670638/Adolescent%2BSexual%2BOrientation%2B-%2BWhitehead.pdf) )

In a study by Ott and colleagues (2011), as a result of an analysis of a group of 13,840 adolescents, it was found that 66% of those who claim to be “unsure” of their sexual preferences subsequently become exclusively heterosexual ( [Ott 2011](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://doi.org/10.1007/s10508-010-9691-3) ).

Also, an analysis of cases of spontaneous transition from homosexual to heterosexual activity, available in the journalistic literature, was carried out in 2007 by Sorba ( [Sorba 2007](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.massresistance.org/docs/gen/08a/born_gay_hoax/TheBornGayHoax.pdf) , p. 61–73).

**Treating specialists and stories of successful cure for UHA**

In 1956, the distinguished psychiatrist of his time, Edmund Bergler wrote the following:

“*... Psychiatric experience and research have unequivocally proven that the supposedly irreversible fate of homosexuals (sometimes even attributed to non-existent biological and hormonal conditions) is in fact a therapeutically altered unit of neurosis. Today, psychoanalytic psychotherapy can cure homosexuality. Can we cure every homosexual? - Not. Certain prerequisites are necessary, and most importantly, the desire of a homosexual to change ...*

*At first glance, this sexual disorder is invariably combined with serious subconscious self-destruction, which inevitably manifests itself outside the sexual sphere, since it covers the entire personality. The real enemy of a homosexual is not his perversion, but his ignorance that he can be helped, plus his mental masochism, which makes him avoid treatment. This ignorance is artificially supported by homosexual leaders ... ”(*[*Bergler 1956*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/678700) *).*

*Edmund Bergler. Source: edmundbergler.ca*

Professor of Psychiatry Nikolai Vladimirovich Ivanov (1907–1976), one of the founders of Russian sexopathology, identified three important factors for the successful treatment of homosexual attraction: (1) the patient’s attitude - does he or she resist the attraction, is it burdened by its attraction, is it aware of its inadequacy, Does it anticipate social consequences in the event of a concession to attraction? (2) the patient’s presence of homosexual experience - this circumstance was considered by N.V. Ivanov to be decisive. If the patient is a young man or girl, and homosexual attraction is still a dream and gentle friendship - urgent systematic psychotherapy is required, which will be quite promising, leading to a complete restructuring of attraction on a heterosexual orientation; (3) a group of other internal and external factors influencing the patient - the patient's awareness of the moment of inversion (for example, a very strong sexual impression without any prerequisites for homosexuality before the onset of puberty, in other words fixation on sex); expressed mental crisis of a person living in a homosexual partnership or having homosexual experience, the presence of simultaneous heterosexual attraction, etc. ( [Ivanov 1966](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.libex.ru/detail/book458868.html) , p. 134).

Professor Ivanov considered “constitutional” or behavioral inversion to be factors preventing reparative therapy (but here, in the opinion of the psychiatrist, there is no need to refuse treatment); hope for a “pill” (for a miracle); skepticism of the patient (that is, in fact, active unwillingness to change).

In all these cases, Ivanov would suggest that the patient better “openly refuse treatment, citing the fact that he does not have an internal need to become different, suggest that the patient return to the doctor when life itself sharply and menacingly raises the painful question of the impossibility of further existence with perversion, when with the whole being he wants to get rid of his ailment ”( [Ivanov 1966](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.libex.ru/detail/book458868.html) , p. 134).

Ivanov’s student, Dr. Yan Genrikhovich Goland, applied the teacher’s ideas to the development of an effective consistent method of treatment of homosexual attraction, which he has been successfully using to this day. Goland accepts for treatment those homosexuals who demonstrate a desire to get rid of their homosexual interest (Goland 1972, 1973).

The American psychiatrist Joseph Nicolosi (1947–2017) developed an effective method of reparative therapy based on the concept that homosexual attraction is the result of the so-called “lack of sexual identification” caused by estrangement from one’s gender, lack of support from parents and peers in the formation of gender identity, and also active promotion of sexual experimentation by society ( [Nicolosi 1991](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/64059377) , [1993](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/56416781) , [2009](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/699010029) ). Nicolosi also published a number of scientific papers in peer-reviewed publications.[[4]](https://translate.googleusercontent.com/translate_f" \l "_ftn4).

Spanish psychologist Elena Lorenzo Rego[[5]](https://translate.googleusercontent.com/translate_f" \l "_ftn5)successfully helping young homosexuals seeking help. In her practice, there are already a significant number of cases of termination of a homosexual lifestyle and transition to relationships with the opposite sex ( [Portaluz 2014](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.portaluz.org/la-homosexualidad-no-es-una-enfermedad-elena-lorenzo-y-su-terapia-642.htm) ).

According to researcher Jeffrey Satinover, in an arbitrary group of patients the level of successful reparative therapy reaches 50%, and in a “carefully selected group of highly motivated individuals - about 100% ( [Satinover 1996](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/43699060) , p. 51).

One of the prominent Russian-speaking specialists in the treatment of UHA in Eastern Europe is the Kiev psychiatrist and sexologist Professor Garnik Surenovich Kocharyan.

Over the years, the revelations of many people who have successfully abandoned their homosexual lifestyle and have formed a heterosexual attraction have been published. For example, W. Aaron wrote in his autobiographical essay:

“*... For 20 years I was homosexual (...) today, many years later (...) I lead a heterosexual life and enjoy it ...” (*[*Aaron 1972*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/863303886) *, p. 14).*

Some other examples are presented in the works of [Rekers (1995)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/604554515) , [Worthen (1984)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/949853688) , [Konrad (1987)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/814451304) , [Comiskey (1988)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/37969910) , Judkins (1993). Breedlove (1994), Strong (1994), [Davies (1993)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/34557646) , [Goldberg (2008)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/319715183) , [Pabon (2015)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://thoughtcatalog.com/luis-pabon/2015/02/why-i-still-dont-want-to-be-gay-anymore/) , [Baley (2014)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.lifesitenews.com/news/ex-gay-homosexuality-is-just-another-human-brokenness) , [Glatze (2007)](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://web.archive.org/web/20080918193441/http:/www.worldnetdaily.com/news/article.asp%3FARTICLE_ID%3D56487) . About 100 autobiographical examples of successful rejection of homosexuality are given in the book Voices of Hope: Latter-day Saint Perspectives on Same-Gender Attraction — An Anthology of Gospel Teachings and Personal Essays (2011) ( [Mansfield 2011](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.worldcat.org/oclc/793691757) ).

Community sites that unite people who successfully get rid of homosexual attraction and homosexual lifestyles have a wealth of testimonies and revelations, such as [Voices of Change](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.voicesofchange.net/) , [Voices of Hope](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.ldsvoicesofhope.org/) , and [Voice of the Voiceless](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.voiceofthevoiceless.info/) .

**Myths about Aversive Therapy**

In the “LGBT +” rhetoric aimed at discrediting rehabilitation therapy, the myth that, earlier, until the 1970s, homosexuals were treated exclusively by passing an electric current through the brain, holds a prominent place. You can often hear compassions and sympathies aimed at provoking compassion among the ignorant inhabitants of history, as before people with a homosexual desire were thrown by force almost onto an electric chair.

It's a lie. It is designed to intimidate and demotivate those homosexuals who are trying to find an opportunity to get rid of UHA. The aforementioned report ( [Phelan 2009b](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://docs.wixstatic.com/ugd/ec16e9_04d4fd5fb7e044289cc8e47dbaf13632.pdf) ) convincingly shows that men and women interested in eliminating NVH successfully achieved their goal without any “passing electric current through the brain”. In the 1970s, it was a well-known scientific fact that the central press freely wrote about.

For example, a 1971 article in the New York Times entitled “More homosexuals aided to become heterosexual” talks about a wide variety of treatment methods — psychodynamics, group therapy, a combined method, etc.:

“*... Using a number of psychological approaches, therapists found that young homosexuals, determined to change their sexual orientation, have excellent chances of success. In addition, therapists report that they helped 25-50% of their homosexual patients to make heterosexual correction, regardless of their age or initial motivation (...) Treatment approaches range from the traditional psychoanalytic method to targeted psychotherapy, group therapy, behavioral therapy and any their combinations (...) [Dr. Lawrence] Hatterer is trying to help his patients understand the origin of their homosexual behavior by exploring family relationships and childhood experiences. At the same time, he is trying to change the homosexual behavior by working with his patients to identify and avoid life aspects that provoke homosexual episodes, and replacing them with heterosexual incentives and relationships. He can, for example, offer the patient to refuse to visit “gay” bars and go to regular ones instead, or replace homosexual pornography and images of men with images of women.*

*The doctor said that one 30-year-old patient made a complete heterosexual correction in three months of treatment. A man without the slightest heterosexual experience began therapy being on the verge of suicide, having parted with the man with whom he lived for two years. “After only nine 45-minute sessions and 27 listening to tapes, the man was engaged and had successful sexual relations with his fiancée several times a week,” says Dr. Hatterer.*

*The most important aspect of treatment is to inform the patient that there is an opportunity to somehow help his problem.*

*At the Institute of Behavioral Therapy at Temple University, Dr. Joseph Walp and his colleagues attempt to treat homosexuals exclusively by modifying their reactions using behavioral methods.*

*Their “tripartite attack” affects the fear of homosexuals over physical contact with a woman, his attraction to men and his general interpersonal fears. For example, to eliminate fears about women, the patient enters into a state of deep relaxation, and then introduces women. To erase their sexual interest in men, patients are also subjected to such “aversive” stresses as light electric shocks while displaying images of naked men ... ”(*[*Broody 1971*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://timesmachine.nytimes.com/timesmachine/1971/02/28/90677716.html) *).*

So, here it is - a mention of electric current! What really happened?

In medicine, there really exists such a treatment method as passing an electric current through the patient’s brain for 0.1 to 1 second - it is called electroconvulsive therapy (ECT). This method was proposed in 1938 for the treatment of severe schizophrenic disorders ( [Wilson 2017](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.independent.co.uk/news/long_reads/electroconvulsive-therapy-is-back-but-is-it-worth-the-risk-a8084631.html) ). ECT is still used today to treat various psychiatric disorders in which other types of therapy do not have the desired effect. As noted in a review in the peer-reviewed journal Clinical Psychopharmacology and Neuroscience:

“*... Electroconvulsive therapy is a time-tested method of treating various psychiatric diseases. Over the decades, the ECT method has received a number of improvements. Despite a lot of criticism, ECT is still routinely used in clinical practice ... ”(*[*Singh and Kumar Kann 2017*](https://doi.org/10.9758/cpn.2017.15.3.210) *).*

Currently, about 1 million patients a year resort to electroconvulsive therapy to treat various psychiatric and neurological diseases, usually severe depression, catatonia and manic syndrome. As the BBC Psychology writes:

“*... Electroconvulsive therapy helps patients in 80% of cases - but the stigma associated with this method suggests that ECT does not help all people whom it could help ..." (*[*Riley 2018*](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=http://www.bbc.com/future/story/20180502-the-surprising-benefits-of-electroshock-therapy-or-ect) *)*

*ECT in Britain, 2013. Source: BBC / Newsnight*

Of course, there is heated debate about the effectiveness, safety and ethics of ECT. But they are irrelevant to the topic - **the ECT method has never been officially used in the treatment of homosexuality**.

Terrible images of agonizing convulsions of people beating electric discharges and referring to the character of Jack Nicholson from the movie "Flight Over the Cuckoo's Nest" of 1975, which are full of resources of "LGBT +" - movements on the topic of treatment - have nothing to do with the issue.

The light electric shocks described in the above article in The New York Times relate to the aversive therapy method. **Averse therapy is not electroconvulsive therapy. With aversive therapy, electric current is not passed through the patient’s brain**.

Aversive therapy, based on Pavlov’s classic conditioning, is engaged in the formation of aversion to unwanted stimuli at the level of the conditioned reflex. This method was used to voluntarily get rid of addictions, phobias, aggression, sexual dysfunctions, and even spasms ( [McGuire and Vallance 1964](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1812608/pdf/brmedj02611-0043.pdf) ). This is achieved by associating an unwanted irritant (cigarettes, sexual fantasies, pornography, etc.) with unpleasant sensations (pain, nausea, fear, etc.). Electric current is produced by a device operating on a 9-volt battery, where the patient himself establishes a discharge level tolerable for him, which is supplied through the cuff electrode to the biceps or lower leg (in no case to the genital area).

It was this method of aversive therapy that was used with the consent of patients to get rid of HBV. By the 70s, behavioral therapy had gained wide popularity, and aversive stun guns were sold even for home use.

Aversive therapy with the help of electric current is not used today in the treatment of UHA due to a number of disadvantages associated with the instability of the effect. Aversive therapy refers to behavioral therapy, which, as its name implies, deals only with behavior - i.e. external symptoms of the problem. In solving problems based on underlying psychological factors (as in homosexuality), its effectiveness is unlikely to be long-term, since the work is not aimed at eradicating the underlying cause, but at suppressing its visible manifestations. Conditioned reflexes arise under certain conditions and disappear in their absence. Thus, to maintain a constant conditioned reflex aversion to a particular stimulus, regular reinforcement of the former is necessary. In the absence of systematic reinforcement, the extinction of the conditioned reflex will be predictable. Thus, a 1968 study showed that as a result of aversive treatment of sexual deviations, improvement occurred in 23 of 40 cases (57%), but when checked a year later, it turned out that full success was preserved only in 6 cases (15%) ( [Bancroft and Marks 1968](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1902433/pdf/procrsmed00153-0074.pdf) ) The improvement rates for transvestites, fetishists, and sadomasochists were high, the results were less impressive for homosexuals, and very low for transgender people. In comparison, patients who completed the course of pshododynamic therapy remained exclusively heterosexual and twenty years later ( [Bieber and Bieber 1979](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.ncbi.nlm.nih.gov/pubmed/487335) , p. 416).

Aversive therapy is part of the Federal treatment standards and is used to treat a number of problems. Experts agree that the use of aversive therapy is possible and sometimes even necessary, but in order to achieve the best and most stable results, it is desirable that it be carried out together with other psychotherapeutic methods.

It should be noted that activists of the “LGBT +” movement, demanding to ban at all any methods of treating unwanted homosexual attraction, refer to “horrors and tortures” allegedly suffered by individuals who allegedly underwent such therapy. For example, during a hearing on the prohibition of reparative therapy in a U.S. court in 2013, Briel Goldani (a man who underwent a medical and legal procedure for changing a woman) was heard. According to these testimonies, at the age of 13 (1997), his parents forcibly sent him to a “Christian homosexual correctional camp” called “True Directions” in Ohio, where children were forced to attend “hateful” church services and masturbate on heterosexual images , they were given intravenous emetic preparations and electrodes with current were applied to their hands for two hours. It sounds really awful and shocking: "Christian gay camp."

However, as a result of a thorough check, no evidence in support of the stated Goldani was found, none of the other children allegedly being treated in the camp showed up, the prosecutor's check did not confirm the existence of such a camp. The only place where a “gay camp" called True Directions existed was ... a 1999 Hollywood movie made by a lesbian director who played the famous transvestite RuPaul ( [Doyle 2013](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture/) ; [Sprigg 2014](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.christianpost.com/news/ex-gay-therapy-debate-the-truth-matters-125479/) ). Naturally, no charges were brought against Goldany's perjury.

Another very similar example is related to homosexual Samuel Brinton, who accused his own parents of “beating him for homosexuality” as a child, and also sent him to a similar “correctional” camp, where he was “injected with thin needles under his nails, through which passed an electric current, applied ice and hot warmers to the genitals while watching homosexual images. ” Giving (paid) interviews for interviews, Brinton became increasingly inflamed, and the details of the inhuman torture became more and more terrible. Nevertheless, a check of his words even from other “LGBT +” activists did not reveal anything that could confirm what he said - on the contrary, many contradictory and frankly false facts were discovered ([Sprigg 2014](https://translate.google.com/translate?hl=ru&prev=_t&sl=ru&tl=en&u=https://www.christianpost.com/news/ex-gay-therapy-debate-the-truth-matters-125479/)).

**Additional Information**

Additional information and details can be found in the following sources:

1. **Phelan JE, et al**. *What Research Shows: NARTH's Response to the APA Claims on Homosexuality A Report of the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality*. Journal of Human Sexuality. 2009b; Volume 1.
2. **Byrd AD, Phelan JE***Facts and Myths on Early Aversion Techniques in the Treatment of Unwanted Homosexual Attractions*. Alliance for Therapeutic Choice and Scientific Integrity, 2005.

**Bibliographic sources**

1. Goland Ya. G. On the stepwise construction of psychotherapy for male homosexuality // Problems of modern sexopathology (collection of works). - M.: Moscow Research Institute of Psychiatry, 1972. - 509 p. - S. 473-486.
2. Goland Ya. G. The main stages of the process of psychotherapy of sexual perversions // Abstracts of reports of a conference on psychotherapy. Repl. ed. Banshchikov V.M., Rozhnov V.E. - M .: 1973. - 204 p. - S. 181-184.
3. Ivanov N.V. Issues of psychotherapy of functional sexual disorders. - M .: Publishing house "Medicine", 1966. - 152 p.
4. Aaron, W. (1972). Straight: A heterosexual talks about his homosexual past. Garden City, NY: Doubleday.
5. Alexander, L. (1967). Psychotherapy of sexual deviations with the aid of hypnosis. American Journal of Clinical Hypnosis, 9 (3), 181–183
6. Allen, C. (1952). On the cure of homosexuality II. International Journal of Sexology, 5, 139–141.
7. APA (2009). American Psychological Association Task Force. Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, DC: American Psychological Association
8. Bancroft, J. (1970). A comparative study of aversion and desensitization in the treatment of homosexuality. In LE Burns & JL Worsley (Eds.), Behavior therapy in the 1970s: A collection of original papers (pp. 34–56). Oxford, England: John Wright & Sons.
9. Bancroft J, Marks I. Electric aversion therapy of sexual deviations. Proc. roy. Soc. Med. Volume 61, August 1968. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1902433/pdf/procrsmed00153-0074.pdf
10. Bancroft, J. (1974). Deviant sexual behavior: Modification and assessment. Oxford, England: Clarendon Press.
11. Barlow, DH (1973). Increasing heterosexual responsiveness in the treatment of sexual deviation: A review of the clinical and experimental evidence. Behavior Therapy, 4, 655–671.
12. Berg, C., & Allen, C. (1958). The problem of homosexuality. New York: Citadel Press.
13. Berger, J. (1994). The psychotherapeutic treatment of male homosexuality. American Journal of Psychotherapy, 48, 251–261.
14. Bergin, AE (1969). A self-regulation technique for impulse control disorders. Psychotherapy: Theory, Research, and Practice, 6, 113–118
15. Bergler, E. (1956). Homosexuality: Disease or way of life? New York: Collier Books.
16. Beukenkamp, ​​C. (1960). Phantom patricide. Archives of General Psychiatry, 3, 282–288.
17. Bieber, I., & Bieber, TB (1979). Male homosexuality. Canadian Journal of Psychiatry, 24, 409-419.
18. Bieber, I., Bieber, TB, Dain, HJ, Dince, PR, Drellich, MG, Grand, HG, Grundlach, RH, Kremer, MW, Rilkin, AH, & Wilbur, CB (1962). Homosexuality: A psychoanalytic study. New York: Basic Books
19. Bieber, TB (1971). Group therapy with homosexuals. In HI Kaplan & BJ Sadock (Eds.), Comprehensive group psychotherapy (pp. 518-533). Baltimore: Williams and Wilkins
20. Birk, L. (1974). Group psychotherapy for men who are homosexual. Journal of Sex and Marital Therapy, 1, 29-52.
21. Birk, L. (1980). The myth of classical homosexuality: Views of a behavioral psychotherapist. In J. Marmor (Ed.), Homosexual behavior (pp. 376–390). New York: Basic Books.
22. Birk, L., Huddleston, W., Miller, E., & Cohler, B. (1971). Avoidance conditioning for homosexuality. Archives of General Psychiatry, 25, 314–323.
23. Birk, L., Miller, E., & Cohler, B. (1970). Group psychotherapy for homosexual men. Acta Psychiatrica Scandinavica, 218, 1–33.
24. Breedlove, J., Plechash, V., & Davis, D. (1994, March). Once gay, always gay? Focus on the Family, 2–5.
25. Broody JE More homosexuals aided to become heterosexual. The New York Times. " February 28, 1971
26. Buki, RA (1964). A treatment program for homosexuals. Diseases of the Nervous System, 25 (5), 304–307
27. Cafiso, R. (1983). The homosexual: The advantages of hypnotherapy as treatment. International Journal of Clinical and Experimental Hypnosis, 24 (1), 49–55.
28. Callahan, EJ, Krumboltz, JD, & Thoresen, CE (Eds.) (1976). Counseling methods. New York: Holt, Rinehart, and Winston.
29. Cantón-Dutari, A. (1974). Combined intervention for controlling unwanted sexual behavior. Archives of Sexual Behavior, 3 (4), 367–371.
30. Cantón-Dutari, A. (1976). Combined intervention for controlling unwanted sexual behavior: An extended follow-up. Archives of Sexual Behavior, 5 (4), 323–325.
31. Cappon, D. (1965). Toward an understanding of homosexuality. Englewood Cliffs, NJ: Prentice-Hall
32. Caprio, FS (1954). Female homosexuality: A psychodynamic study of lesbianism. New York: Citadel Press.
33. Cautela, J., & Wisocki, P. (1971). Covert sensitization for the treatment of sexual deviations. Psychological Record, 21, 37–48
34. Coates, S. (1962). Homosexuality and the Rorschach test. British Journal of Medical Psychology, 35, 177–190
35. Comiskey, A. (1988). Pursuing sexual wholeness. Los Angeles: Desert Stream Ministries
36. Consiglio, W. (1993). Homosexual no more: Ministry and therapy for the recovering homosexual. Social Work and Christianity: An International Journal, 20 (1), 46–59.
37. Cummings, N. (2007). Former APA president Dr. Nicholas Cummings describes his work with SSA clients. Retrieved April 2, 2007, from http://www.narth.com/docs/cummings.html
38. Davies, B., & Rentzel, L. (1993). Coming out of homosexuality: New freedom for men and women. Downers Grove, IL: InterVarsity Press.
39. Dean Baley Baklinski P. Mon Oct 20, 2014 https://www.lifesitenews.com/news/ex-gay-homosexuality-is-just-another-human-brokenness
40. Diamond, LM, & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and its role in US legal advocacy for the rights of sexual minorities. The Journal of Sex Research. Advance online publication. doi: 10: 1080 / 00224499.2016.1139665
41. Doyle C. Transgender "woman" lies about therapy "torture". WND.com. March 21, 2013. https://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture/
42. Eidelberg, L. (1956). Analysis of a case of a male homosexual. In S. Lorand & B. Balint (Eds.), Perversions: Psychodynamic and therapy (pp. 279–289). New York: Random House.
43. Eliasberg, WG (1954). Group treatment of homosexuals on probation. Group Psychotherapy, 7, 218–226.
44. Ellis, A. (1956). The effectiveness of psychotherapy with individuals who have severe homosexual problems. Journal of Consulting Psychology, 20 (3), 191.
45. Ellis, A. (1959). A homosexual treated with rational therapy. Journal of Clinical Psychology, 15 (3), 338–343.
46. Feldman, MP, MacCulloch, MJ, & Orford, JF (1971). Conclusions and speculations. In MP Feldman, & MJ MacCulloch (Eds.), Homosexual behavior: Therapy and assessment (pp. 156–188). New York: Pergamon Press.
47. Finny, JC (1960). Homosexuality treated by combined psychotherapy. Journal of Social Therapy, 6 (1), 27–34.
48. Fookes, BH (1969). Some experiences in the use of aversion therapy in male homosexuality, exhibitionism, and fetishism-transvestism. British Journal of Psychiatry, 115, 339–341
49. Fordham, F. (1935). An introduction to Jung's psychology. New York: Harmondsworth / Penguin Books
50. Freeman, WM, & Meyer, RG (1975). A behavioral alteration of sexual preferences in the human male. Behavior Therapy, 6, 206–212.
51. Freud S. Leonardo da Vinci. A Psychosexual Study of an Infantile Reminiscence. Translated by AA Brill. New York: Moffat, Yard & Co., 1916. New York: Bartleby.Com, 2010. http://www.bartleby.com/277/3.html
52. Freud, A. (1968). Studies in passivity (1952 [1949–1951]): Part 1 Notes on homosexuality. In The writings of Anna Freud: Vol. 4. Indications for child analysis and other papers (pp. 245–256). New York: International Universities Press. (Original work published in 1952.)
53. Glatze, Michael (July 3, 2007), "How a 'gay rights' leader became straight", WorldNetDaily, https: //web.archive.org/web/20080918193441/http: //www.worldnetdaily.com/news/ article.asp? ARTICLE\_ID = 56487
54. Glover, E. (1960). The roots of crime: Selected papers in psychoanalysis: Vol. 2. New York: International Universities Press.
55. Goldberg, A. (2008). Light in the closet: Torah, homosexuality, and the power to change. Los Angeles: Red Heifer Press.
56. Gordon, A. (1930). The history of a homosexual: His difficulties and triumphs. Medical Journal and Record, 131, 152-156.
57. Grossman L. Sexuality is fluid - it's time to get past 'born this way'. New Scientist. 07/22/2015. https://www.newscientist.com/article/mg22730310-100-sexuality-is-fluid-its-time-to-get-past-born-this-way/
58. Hadden, SB (1958). Treatment of homosexuality by individual and group psychotherapy. American Journal of Psychiatry, 114, 810–815.
59. Hadden, SB (1966). Treatment of male homosexuals in groups. International Journal of Group Psychotherapy, 16 (1), 13–22
60. Hadden, SB (1971). Group therapy for homosexuals. Medical Aspects of Human Sexuality, 5 (1), 116–127.
61. Hadfield, JA (1958). The cure of homosexuality. British Medical Journal, 1 (2), 1323-1326.
62. Hatterer, LJ (1970). Changing homosexuality in the male: Treatment for men troubled by homosexuality. New York: McGraw-Hill
63. Herman, SH, Barlow, DH, Agras, WS (1974). An experimental analysis of classical conditioning as a method of increasing heterosexual arousal in homosexuals. Behavior Therapy, 5, 33–47.
64. Huff, F. (1970). The desensitization of a homosexual. Behavioral Research Therapy, 8, 99-102
65. Jacobi, J. (1969). Case of homosexuality. Journal of Analytical Psychology, 14, 48–64
66. James, S. (1978). Treatment of homosexuality II. Superiority of desensitization / arousal as compared with anticipatory avoidance conditioning: Results of a controlled trial. Behavioral Therapy, 9, 28–36.
67. Jones, SL, & Yarhouse, MA (2007). Ex-gays? A longitudinal study of religiously mediated change in sexual orientation. Downer's Grove, IL: InterVarsity Press
68. Judkins, LR (1993). Someone to devour. Alliance Life: A Journal of Christian Life and Missions, 128 (16), 8–12.
69. Karten, E. (2006). Sexual reorientation efforts in dissatisfied same-sex attracted men: What does it really take to change? Unpublished doctoral dissertation, Fordham University, New York
70. Kaye, HE, Berl, S., Clare, J., Eleston, MR, Gershwin, BS, Gershwin, P., Kogan, LS, Torda, C., & Wilbur, CB (1967). Homosexuality in women. Archives of General Psychiatry, 17 (5), 626–634
71. Kendrick, S., & McCullough, J. (1972). Sequential phases of covert reinforcement and covert sensitization in the treatment of homosexuality. Journal of Behavioral Therapy and Experimental Psychiatry, 3, 229–231
72. Konrad, J. (1987). You don't have to be gay. Newport Beach, CA: Pacific Publishing House.
73. Kraft, T. (1967). A case of homosexuality treated by systematic desensitization. American Journal of Psychotherapy, 21 (4), 815–821
74. Kraft, T. (1970). Systematic desensitization in the treatment of homosexuality. Behavior Research and Therapy, 8, 319.
75. Lamberd, WG (1971). Viewpoints: What outcome can be expected in psychotherapy of homosexuals? Medical Aspects of Human Sexuality, 5 (12), 90–105
76. Larson, D. (1970). An adaptation of the Feldman and MacCulloch approach to treatment of homosexuality by the application of anticipatory avoidance learning. Behavioral Research and Therapy, 8, 209–210.
77. London, LS, & Caprio, FS (1950). Sexual deviations: A psychodynamic approach. Washington, DC: Linacre Press.
78. MacCulloch, MJ, & Feldman, MP (1967). Aversion therapy in management of 43 homosexuals. British Medical Journal, 2, 594-597
79. MacIntosh, H. (1994). Attitudes and experiences of psychoanalysis in analyzing homosexual patients. Journal of the American Psychoanalytic Association, 42, 1183-1207.
80. Maletzky, BM, & George, FS (1973). The treatment of homosexuality by “assisted” covert sensitization. Journal of Behavior Research and Therapy, 11 (4), 655–657
81. Mandel, K. (1970). Preliminary report of a new aversion therapy for male homosexuals. Behavioral Research and Therapy, 8, 93–95
82. Mansfield T., comp. Voices of Hope: Latter-day Saint Perspectives on Same-Gender Attraction — An Anthology of Gospel Teachings and Personal Essays. Deseret Book Company 2011.
83. Mather, NJ (1966). The treatment of homosexuality by aversion therapy. Medicine, Science, and the Law, 6 (4), 200–205
84. Mayerson, P., & Lief, H. (1965). Psychotherapy of homosexuals: A follow-up study. In J. Marmor (Ed.), Sexual inversion: The multiple roots of homosexuality (pp. 302–344). New York: Basic Books
85. McConaghy, N. (1969). Subjective and penile plethysmographic responses following aversion-relief and apomorphine aversion therapy for homosexual impulses. British Journal of Psychiatry, 115, 723–730.
86. McConaghy, N. (1970). Subjective and penile plethysmograph responses to aversion therapy for homosexuality: A follow-up study. British Journal of Psychiatry, 117, 555-560.
87. McConaghy, N. (1975). Aversion and positive conditioning treatments of homosexuality. Behavioral Research and Therapy, 13, 309-319.
88. McConaghy, N., & Barr, RE (1973). Classical, avoidance, and backward conditioning treatments of homosexuality. British Journal of Psychiatry, 122, 151–162.
89. McConaghy, N., Proctor, D., & Barr, R. (1972). Subjective and penile plethysmography responses to aversion therapy for homosexuality: A partial replication. Archives of Sexual Behavior, 2, 65–78.
90. McGuire RJ, Vallance M. Aversion Therapy by Electric Shock: a Simple Technique. Britisch Medical Journal. 18 Janury 1964, pp. 151 - 153. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1812608/pdf/brmedj02611-0043.pdf
91. Michael, RT, Gagnon, JH, Laumann, EO, & Kolata, G. (1994). Sex in America: A definitive survey. Boston: Little, Brown.
92. Miller, PM, Bradley, JB, Gross, RS, & Wood, G. (1968). Review of homosexuality research (1960–1966) and some implications for treatment. Psychotherapy: Theory, Research, and Practice, 5, 3–6
93. Mintz, E. (1966). Overt male homosexuals in combined group and individual treatment. Journal of Consulting Psychology, 30, 193–198
94. Monroe, RR, & Enelow, RG (1960). The therapeutic motivation in male homosexuals. American Journal of Psychotherapy, 14, 474-490.
95. Nicolosi, J., Byrd, AD, & Potts, RW (2000b). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. Psychological Reports, 86, 1071-1088
96. Nicolosi, Joseph (1991). Reparative Therapy of Male Homosexuality: A New Clinical Approach. Jason aronson, inc
97. Nicolosi, Joseph (1993). Healing Homosexuality: Case Stories of Reparative Therapy. Jason Aronson, Inc.
98. Nicolosi, Joseph (2009). Shame and Attachment Loss: The Practical Work of Reparative Therapy. InterVarsity Press
99. Orwin, A., James, SR, & Turner, RK (1974). Sex chromosome abnormalities, homosexuality, and psychological treatment. British Journal of Psychiatry, 124, 293–295
100. Ott, MQ, Corliss, HL, et. al. (2011), Stability and Change in Self-Reported Sexual Orientation Identity in Young People: Application of Mobility Metrics, Archives of Sexual Behavior, June; 40 (30): 519-532. Published online 2010 December 2. doi: 10.1007 / s10508-010-9691-3
101. Ovesey, L. (1969). Homosexuality and pseudohomosexuality. New York: Science House
102. Ovesey, L., Gaylin, W., & Hendin, H. (1963). Psychotherapy of male homosexuality: Psychodynamic formulation. Archives of General Psychiatry, 9, 19–31
103. Pabon Luis. Why I Still Don't Want To Be Gay Anymore. ThoughtCatalog. February 23rd 2015. https://thoughtcatalog.com/luis-pabon/2015/02/why-i-still-dont-want-to-be-gay-anymore/
104. Phelan JE, et al. A Critical Evaluation of the Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation, Resolutions, and Press Release. 2009a. National Association for Research and Therapy of Homosexuality. https://static1.squarespace.com/static/55efa8b5e4b0c21dd4f4d8ee/t/56f1f6535559863ea9a5c1bb/1458697818646/A+Critical+Evaluation+-+Journal+of+Human+Sexuality+vol.+4+%28%
105. Phelan JE, et al. What Research Shows: NARTH's Response to the APA Claims on Homosexuality A Report of the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality. Journal Of Human Sexuality. 2009b; Volume 1. https://docs.wixstatic.com/ugd/ec16e9\_04d4fd5fb7e044289cc8e47dbaf13632.pdf
106. Phillips, D., Fischer, SC, Groves, GA, & Singh, R. (1976). Alternative behavioral approaches to the treatment of homosexuality. Archives of Sexual Behavior, 5, 223–228.
107. Pittman, FS, III, & DeYoung, CD (1971). The treatment of homosexuals in heterosexual groups. International Journal of Group Psychotherapy, 21, 62–73.
108. Poe, JS (1952). The successful treatment of a 40-year-old passive homosexual based on an adaptative view of sexual behavior. Psychoanalytic Review, 39, 23–33.
109. Portaluz. "La homosexualidad no es una enfermedad". Elena Lorenzo y su terapia de cambio. 06/20/2014. https://www.portaluz.org/la-homosexualidad-no-es-una-enfermedad-elena-lorenzo-y-su-terapia-642.htm
110. Pradhan, PV, Ayyar, KS, & Bagadia, VN (1982). Homosexuality: Treatment by behavior modification. Indian Journal of Psychiatry, 24, 80–83.
111. Ramsay, RW, & van Velzen, V. (1968). Behavior therapy for sexual perversions. Behavior Research and Therapy, 6, 233
112. Regardie, FI (1949). Analysis of homosexuality. Psychiatric Quarterly, 23, 548-566.
113. Rekers, GA (1995). Handbook of child and adolescent sexual problems. New York: Lexington Books.
114. Riley A. The surprisin benefits of electroconvulsive therapy. BBC Psychology. May 3, 2018.www.bbc.com/future/story/20180502-the-surprising-benefits-of-electroshock-therapy-or-ect
115. Robertiello, RC (1959). Voyage from Lesbos: The psychoanalysis of a female homosexual. New York: Citadel Press.
116. Roper, P. (1967). The effects of hypnotherapy on homosexuality. Canadian Medical Association Journal, 96 (6), 319–327
117. Ross, MW, & Mendelsohn, F. (1958). Homosexuality in college: A preliminary report on the data obtained from 143 students seen in a university student health center and a review of pertinent literature. American Medical Association Archives of Neurology and Psychiatry, 80, 253–263.
118. Satinover J. Homosexuality and the politics of truth. Grand Rapids, Mich. : Baker Books, 1996
119. Savin-Williams, RC and Ream, GL (2007), Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood, Archives of Sexual Behavior, 36, 385-394.
120. Schaeffer, KW, Nottebaum, L., Smith, P., Dech, K., & Krawczyk, J. (1999). Religiously motivated sexual orientation change: A follow-up study. Journal of Psychology and Theology, 27 (4), 329–337.
121. Segal, B., & Sims, J. (1972). Covert sensitization with a homosexual: A controlled replication. Journal of Consulting and Clinical Psychology, 39, 259–263
122. Serban, G. (1968). The existential therapeutic approach to homosexuality. American Journal of Psychotherapy, 22 (3), 491-501
123. Shealy, AE (1972). Combining behavior therapy and cognitive therapy in treating homosexuality. Psychotherapy: Theory, Research, and Practice, 9, 221–222
124. Shechter, RA (1992). Treatment parameters and structural change: Reflections on the psychotherapy of a male homosexual. International Forum of Psychoanalysis, 1, 197–201.
125. Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer's report. Professional Psychology: Research and Practice, 33 (3), 249–259.
126. Siegel, K., Bauman, LJ, Christ, G. H, & Krown, S. (1988). Patterns of change in sexual behavior among gay men in New York City. Archives of Sexual Behavior 17 (6), 481–497.
127. Singh A, Kar SK. How Electroconvulsive Therapy Works ?: Understanding the Neurobiological Mechanisms. Clin Psychopharmacol Neurosci. 2017; 15 (3): 210-221. https://doi.org/10.9758/cpn.2017.15.3.3.210
128. Socarides, CW (1978). Homosexuality: Psychoanalytic therapy. New York: Jason Aronson
129. Sorba R. The “Born Gay” Hoax. Wilmington DE, 2007.
130. Spitzer, RL (2003). Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. Archives of Sexual Behavior, 32, 403-417.
131. Sprigg P. Ex-Gay Therapy Debate: The Truth Matters. The Christian Post. August 27, 2014. https://www.christianpost.com/news/ex-gay-therapy-debate-the-truth-matters-125479/
132. Stekel, W. (1930). Is homosexuality curable? Psychoanalytic Review, 17, 443–451.
133. Stevenson, I., & Wolpe, J. (1960). Recovery from sexual deviations through overcoming nonsexual neurotic responses. American Journal of Psychiatry, 116, 737-742.
134. Strong, G. (1994). Once I was gay and what I did to change. Social Justice Review, 85 (5-6), 75–76.
135. Tanner, BA (1974). A comparison of automated aversive conditioning and a waiting list control in the modification of homosexual behavior in males. Behavior Therapy, 5, 29–32.
136. Truax, RA, & Tourney, G. (1971). Male homosexuals in group therapy: A controlled study. Diseases of the Nervous System, 32 (10), 707–711
137. van den Aardweg, GJM (1971). A brief theory of homosexuality. American Journal of Psychotherapy, 26, 52–68.
138. van den Aardweg, GJM (1986a). Homosexuality and hope: A psychologist talks about treatment and change. Ann Arbor, MI: Servant Books.
139. van den Aardweg, GJM (1986b). On the origins and treatment of homosexuality: A psychoanalytic reinterpretation. New York: Praeger.
140. Wallace, L. (1969). Psychotherapy of a male homosexual. Psychoanalytic Review, 56, 346–364
141. Whitehead, NE, & Whitehead, BK (2007).) My genes made me do it! A scientific look at sexual orientation (2nd ed.) [Web book]. Retrieved February 5, 2009, from http.//www.mygenes.co.nz
142. Wilson R. Electroconvulsive therapy is still being used today - with mixed results. The Independent. December 4, 2017. https://www.independent.co.uk/news/long\_reads/electroconvulsive-therapy-is-back-but-is-it-worth-the-risk-a8084631.html
143. Worthen, F. (1984). Steps out of homosexuality. San Rafael, CA: LIA