

### From Jews Offering Alternatives To Homosexuality (JONAH)

#### Before and After Letters to My Son's School Counselor



LETTER ONE: NOVEMBER 2006

Dear Ms. Therapist,  
My wife and I want to thank you for the E-mail. It sounds like you sincerely have our son's best interest at heart.

It is our sincere hope that you have had the opportunity to read all the information we sent to you regarding same-sex attraction (SSA). After reading this material, we recognized how we made mistakes in raising our son. The consequences are surfacing more and more every day. Recognizing our responsibility is one part of what has become a continuing education course in parenting skills and understanding what causes homosexuality. It is unfortunate that our politically correct world has bought the notion that being gay is genetic. Hopefully, someone will determine how to break the news to our society that no one is born gay. And, more to the point, we are hopeful that you can work with our son to help him recognize his emotional adaptations to childhood pain that in turn resulted in his SSA.

You are correct that ego-syntonic homosexuality was removed from the list of psychological disorders in the 1970's. Sadly, this politically motivated and unscientific decision was a tragic mistake as outlined in "The Trojan Couch" by Dr. Jeffrey B. Satinover which can be found on the NARTH web site ([www.narth.com](http://www.narth.com)) and in the book by Dr. Rogers Wright and Dr. Nicholas Cummings (former President of the APA), *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*. To recover from this tragedy is going to take many years. Unfortunately it will also cause many broken hearts and take the lives of many wonderful people. We do not want our son to be one of them... neither a statistic nor a piece of quilt.

What you appear to dismiss is the fact that ego-dystonic homosexuality is still listed as a treatable psychological disorder. Thus if the person is unhappy feeling SSA, you can ethically treat that individual and help him regain his authentic masculinity even though the APA's and other politically correct groups try to hide this fact.

Because he is young and innocent, our son is under the illusion he is not at risk for getting AIDS. AIDS has been around for over 20 years. Do you not believe that current victims of this heinous disease knew enough about taking appropriate precautions? Our son pointed out how he almost became a victim of AIDS...at least once.

My wife and I feel comfortable with you and the rapport you are developing with our son. We are not asking you to "change" him to heterosexual. We are asking you to help him get to the core of

his feelings, the source of his behaviors and desires. We understand how his same-sex attractions are a by-product of his unfilled emotional needs. Thus, if you can help him really understand his deepest emotional needs, his same-sex attraction will sort itself out. Our son is smart; he will figure things out if together we get to the root of his issues. If this is beyond your scope, perhaps you can help point him in the right direction. We are also willing to put you in touch with professionals in this field that can help you help others.

Intelligent people often ask questions and seek answers. Why is the sky blue? There is an answer. How do fish breathe? There is an answer. Why is a person "gay"? There too, there is an answer, one that apparently is not being heard. The gay activists and the gay agenda are a wealthy, powerful and politically connected group. The gay issue is promoted everywhere you turn. Unfortunately many confuse tolerance with acceptance. As a mental health professional you see this all the time. Yet in spite of the overwhelming propaganda to the contrary, the truth of the matter is there is no evidence as to the genetic cause of same-sex attraction. There is no scientific study that supports the genetic argument. Those who believe in the genetic argument are like a bunch of Emperors showing off their new clothes, only the people on the outside know the difference. They try "I was born this way," but cannot prove it. Being "gay" is the classic Alice's Restaurant Syndrome...."If one person does it, they think he is crazy, if two people do it, they think they are both crazy, but if three people do it, it becomes a movement."

On the other hand, the documentation we sent to you does contain a common denominator. There are markers that are true and unbelievably accurate. We hope you recognize the connections of cause and effect as to our son's SSA. Of course, you have only known him for a short while we have known him all his life. We see the connections and hopefully as you get to know him, you will also. To read this material is like reading our son's diary. All our heartache and grief is nothing compared to what this wonderful young man has gone through. He has carried a burden no one should bear. Asking him to continue to carry this burden is not fair.

As a school counselor, you are at the forefront of a brand new day in the field of "gay" issues and the mental well-being of many children; the future of the world is in your hands. You have the potential to make an incredible difference not just in the life of our son, but for many other troubled youths that are just being told to deal with it, tough break kid, that's the way it is.

If you prefer a video, we would be happy to drop one off by Dr. Joseph Nicolosi. Read what other mental health professionals are saying about his work at <http://www.narth.com/docs/repair.html>.

There is a tremendous amount of material and documentation on the NARTH web site. The organizations linked to this site only want to help these troubled men, women, and children. Help, that's all. No political agenda, just help. On the other hand, visit



some pro-gay web sites. Care for a real treat? Do a Google search on "How do I know I am gay?" and see what pops up. Then imagine you are a troubled 14-21 year old confused about your sexuality. These sites have many ways to suck these lonely individuals into a dark abyss... a place where they are welcome... a place where they believe they are understood. Oh yes, all are welcome into the "gay family." But if you try to leave, that is another story. One needs to watch out because the propaganda machine is well oiled, well funded and fueled by hate of those who want to leave the "gay family." Check out [www.truthwinsout.com](http://www.truthwinsout.com) for a sampler. **If being "gay" was such a natural thing, who would care if people came and went as they chose?** It is a house of cards and breezy days are ahead.

All we are asking from you is an open mind and an open heart to our troubled son. Please do not be an enabler and support any whim of the patient. Would you do it for the heroin addict? Would you do it for the pedophile? You said it best when you wrote "the most helpful I can be to him is to support him in his quest to discover who he truly is and what his sexual orientation is." Once the roots of his issues surface, our son will be able to express his true inner being. He will figure this out on his own as long as the underlying issues are treated, not the symptom. Same-sex attraction is a marker of other underlying emotional issues. Same-sex attraction is a result of an individual's perceptions. Same-sex attraction is a cry for help. Same sex attraction is not something we are born with. Same sex attraction is not a conscious choice. My wife and I understand this, and we hope you do too.

Please keep in mind how history repeats itself. As a reference point, please recall how the Union of Soviet Socialist Republics taught that communism was the way to go for over 60 years. They preached it, taught it, tried to spread it around the world. The Communists killed a lot of innocent people to prove their point, only for the world to find out they were wrong. Conventional wisdom would make one think, gee whiz, there are a lot of dead people that wished they figured it out much sooner. Our son deserves much better than that fate.

Our assumption is that you will have reviewed the information we sent prior to our meeting on Friday evening.

Sincerely,  
Jose Schwartz

---

#### **LETTER TWO: DECEMBER 2006**

Dear Ms. Therapist,  
My wife and I thought we should send an explanation of our reluctance to make additional follow up appointments with you for our son.

At our last meeting, you mentioned that when our son first came to you, he expressed confusion about whether he was "gay" or not. Now that he identifies as gay, it seems to indicate to us that whatever treatment or counseling you gave to him sent him on

this "gay" pathway. Your "gay affirmative" philosophy appears to have taken root.

We find this to be totally irresponsible and unconscionable. How could a mental health professional allow a person on the brink of such a troubling decision send him down this slippery slide to loneliness, rejection, isolation, hatred of others and total disregard for his own safety and well being?

I could rattle on for hours about the changes taking place in this wonderful human being on a daily basis...it is a heartbreaker. Even his previous therapist, a self proclaimed lesbian PhD, said she did not think he was gay. Her comments were clear: if there was ever a client of hers on this thin ice, she would never send them in this direction.

To find out that you never even explored further what he revealed at our last meeting about his experiences as a 12 year old (after I asked a few questions), and borders on malpractice. In spite of your protestations to the contrary, it is well documented that homosexuality is not innate, and nobody is simply born that way.

Our son disclosed at our last meeting that something happened at the age of 12 that started his exploration of his same-sex attraction. He did not wish to talk about it (I presume because we were there). You gave him the out by suggesting there were "boundary issues" present.

That was an opportunity to help him. This may have been the root of where his SSA began, a bright waving red flag signaling this is where attention is needed. He needs to get this burden off his chest. As a mental health professional, to us anyway, it seems only logical that your job is to find the source of the problem and treat it. You could have explored it at other meetings with him.

Our son, as you are aware by now, is not always truthful. Your comment "it was not lying, he was protecting himself," is an insult to intelligence. When Bill Clinton tried to "protect himself," it turns out, he was just lying. Lying is lying.

It is our feeling our son likes seeing you because you are a nice person. He is hurting, and you tell him what he wants to hear and he loves the praise and acceptance.

We feel further visits with you will be counter productive. Your apparent disinterest in the written material we sent by E-mail, the books and DVD's we offered to deliver to you, is disheartening. In our opinion, you feel this information is either invalid, irrelevant, or that you already know all you need to know. Expanding your knowledge base in order to help others is obviously of no interest to you. This is a shame and comes at a great expense to such wonderful people as our son.

In the meantime, our son is unable or unwilling to work at anything productive. He spends too much time running around with his GAYDAR palm pilot and cruising the Internet for the love he so much wants and deserves but unknowingly will not be able to attain in a homosexual relationship. Our greatest fear is he will

fall into the promiscuous habits of most SSA men and be exposed to HIV/AIDS. We feel he is living a life of Russian Roulette, and one which you, as his school counselor, are telling him is OK.

It is our sincere hope and desire that you do more research on Same-Sex Attraction Disorder (SSAD, not gay) and share this with others. Due to political pressure there are too many school districts sending good kids down this tough, tough road.

Sincerely,  
Jose Schwartz

---

## Letter to My Father by "Joshua"

The following is letter was written by a young man after he went to a Journey Into Manhood Weekend. This is reprinted by permission of Jews Offering New Alternatives To Homosexuality (JONAH).

Dear Dad,

I have so many things I want to tell you and share with you, that I'm not sure where to start. I will start by saying that I love you very much and I don't ever want you to forget that. I say it from the bottom of my heart with the greatest sincerity. I love you, Dad.

Last weekend I had a wonderful experience, of which I cannot share very much for reasons of confidentiality, but of which I can say was the most important experience of my life! I participated in a weekend retreat called "Journey Into Manhood" which I found out about on the internet.

Needless to say I was a little apprehensive about going on my own to a place where I didn't know anyone, out of mobile signal here, and where we were told to switch everything off and have no contact with the outside world for two and a half days. But I knew that I had to do this, for myself, and I knew that I had a choice to opt out at any time.

I want to tell you something that will probably change the way you see me forever, and I know that you will likely be confused for some time. Let me tell you now, I have been confused for quite a long time! Hold out till the end and please call me at any time so we can talk about it more. I am writing this to you because my thoughts are very clear at the moment and I think it will be better for your understanding and you can take as much time as you need to take it all in and process this information.

Since I was about 13, I have experienced attractions to men which caused me to wonder whether I might be homosexual. (Deep breath!) I never told anyone for many years. In my head I have had an inner conflict going, sometimes incessantly, sometimes it would go away, but always the attractions kept coming

back. I thought there was something wrong with me.

I NEVER wanted to be gay. I will NEVER be gay. I know and have known all along that being gay is not compatible with being myself.

I feel a strong need in my life to make union with a woman and to raise a family, and to have male friends as brothers. The problem was that my need to bond with men in a wholesome way became sexualized, because I felt this need so strongly. The result was a difficult and addictive cycle of lust, masturbation and shame.

There, that is it. This has been my story for a number of years, and as time has gone on, I have realized that I need to confront this thing head on. I need to change the way I live in a number of ways in order to break the cycle and to be free as a man.

That was the purpose of going on this weekend retreat. All of the men there (apart from some of the staff) are struggling with SSA (same-sex attraction) which they know is destructive to their lives and they want to get rid of.

Although I knew that there were lots of guys who shared my experiences, being amongst them and meeting them face to face was empowering and reassuring. It has helped me to find the strength to write this letter to you Dad, to be fully open and honest with you for the first time in many years. I never want to go back to the way it has been, with me withholding things from you.

Giving you the "Manhood" book by Steve Biddulph was halfway towards me getting to this step of telling you about my SSA. From now on, there will be only complete honesty and integrity in our relationship.

We have lost some time, but I am thankful and grateful that we still have plenty of time to really get to know each other and to share our struggles, needs and true feelings.

When I come home in August, I would like you to have read the "Manhood" book. We are going to go away somewhere, away from civilization for a couple of days to say EVERYTHING that we feel about each other. Nothing must be left unsaid. I have so much I want to say, but we must do it in person. Are you willing to do this? This is absolutely not a subject to talk about with Mum or anyone else for that matter. This is about us, me and you, only. As I said, take as much time as you need to think, reflect, whatever. I will be happy to answer your questions.

As always,  
Your loving son,

"Joshua"



(Continued from page 24)

with SSA to self-identify as gay, lesbian, or bisexual and to “come out.” This will lead to a number of serious and negative consequences as follows:

(1) The SSA may be a temporary condition, immaturity, or simple confusion about sexuality that if not acted on, would resolve itself in time. [19] Acting on SSA before age 21 can have serious psychological, social and health consequences.

(2) Several well designed studies have demonstrated that a significant percentage of adolescents with SSA may have been victims of childhood sexual abuse. Focusing on “coming out” rather than addressing the abuse is not in the best interest of the student and may leave the student vulnerable to additional abuse, substance abuse, involvement in high risk sexual activity (including hustling for adolescent males), depression, and suicidal ideation.

(3) Students who self-label as LGBT early are more likely to engage in sexual activity at an early age. Because these children are psychologically needy and emotionally wounded, such relationships may cause serious emotional and psychological pain, which they do not have the emotional resources to cope with.

(4) Boys who begin to engage in sexual activity with males at an early age are more likely to become HIV positive or contract a sexually transmitted disease. Intensive condom education has failed to prevent infections.

(5) Adolescents who self-identify as LGBT are more likely to use drugs and alcohol. [20] The Gay community is in the midst of an epidemic of Crystal Meth, which has in turn led to a dramatic increase in unsafe sex and an increase in STIs including HIV. If for no other reason, schools should do everything possible to discourage young men with SSA from self-identifying or coming-out in adolescence.

(6) A high percentage of adolescents with SSA had symptoms of Gender Identity Disorder in early childhood, which was not properly addressed. Some may have been teased and told they were “gay” and accepted this label. These students do not benefit from having this labeling confirmed by authority figures.

(7) The pro-gay school officials keep the parents in the dark about the students’ SSA, until it is too late for the parents to take action, thus causing alienation between parents and children.

(8) The pro-gay policy directly attacks the religious beliefs of some parents and students, causing alienation and strife.

(9) Students with SSA have a right to know that reorientation and other therapies and religious ministries that can address their problem are available. The purpose of the fact sheet is specifically to deny them this information. According to the fact sheet, “The promotion of ‘reparative therapy’ and ‘transformational ministry’ is likely to exacerbate the risk of harassment, harm, and fear.” There is no footnote for this statement because this is an unsubstantiated myth promoted by activists. There is every rea-

son to believe that adolescents to whom the theories of causation, prevention, and treatment of SSA which motivate therapy and ministry, are explained, are more likely to be compassionate and less likely to harass their peers with SSA.

(10) The homosexual activists consistently engage in name-calling and insults, referring to those who oppose their agenda as bigots, homophobic, heterosexist, discriminatory, prejudiced, and [as] perpetrators of violence, bullying, harassment, intimidation and hate speech. They lump people of faith who truly care about persons with SSA with criminals. This creates a victim mentality among persons with SSA and leads them to fear persons of faith and cuts them off from spiritual support. In fact, there has been a major change in the attitude of religious communities toward those who struggle with this problem. While not changing their belief that homosexual behavior is always contrary to the Creator’s plan for sexual intimacy, many churches support ministries for persons with SSA through Exodus or Courage. Hearing the testimony of those who have struggled with SSA and those who consider themselves ex-gay has changed attitudes within the churches.

Students with SSA need to have their real problems properly addressed, their religious beliefs respected, and their health safeguarded. The programs recommended in the fact sheet will put them at psychological and medical risk. Other students need to have access to information about both sides of this debate--not biased, non-factual information from those with a clear agenda. This information properly presented, plus exposure to ex-gays, has been shown to lead to a more compassionate attitude to persons with SSA and a reduction in peer harassment.

### Freedom Of Religion

The fact sheet insists that “public schools may not promote religion, endorse particular religious beliefs or seek to impose such beliefs on students.” This is true, *but the fact sheet itself promotes particular religious beliefs, going so far as to list religious organizations which agree with its views.* The title of its press release states: “Education, Health, and Religious Organizations Unite to Keep Students Safe.” Not only does the coalition insert “religion” into the public schools, it takes sides in a contentious battle that is tearing the religious community apart. This is a violation of church and state.

The pro-LGB religious groups are credited with promoting “love and acceptance.” Religious organizations that believe sexual intimacy should be restricted in marriage between a man and a woman are, by implication, to be considered unloving and unaccepting. Freedom of religion requires public schools to refrain from promoting a strictly religious doctrine but it also means that they cannot publicly demean religious beliefs of the students or their students’ parents.

The fact sheet states: “public officials may not impose discriminatory burdens or unequal treatment on gays and lesbians.” We would add “neither on Christians, Orthodox Jews, Muslims, or Mormons.”

(Continued)



Persons with SSA may decide to identify with a traditional religion rather than with the gay or lesbian subculture. They have a right to religious freedom and to seek the kind of help for their problems that reflects their religious convictions.

## End Notes

1. Members of the coalition are the American Academy of Pediatrics, the American Counseling Association, the American Association of School Administrators, the American Federation of Teachers, the American Psychological Association, the American School Counselor Association, the American School Health Association, the Interfaith Alliance Foundation, the National Association of School Psychologists, the National Association of Secondary School Principals, the National Association of Social Workers, the National Education Association and the School Social Work Association of America.
2. Richard Herrell, et al. (1999) "Sexual Orientation and Suicidality," *Archives of General Psychiatry*, 56 (10) p. 867-874; Susan Cochran, Vicky Mays (2007) "Physical Health Complaints among Lesbians, Gay Men, and Bisexual and Homosexually Experienced Heterosexual Individuals: Results from the California Quality of Life Survey," *American Journal of Public Health*, April 26, <http://www.ajph.org>; Stephen Gilman, et al. (2001) "Risk of Psychiatric Disorders among Individuals Reporting Same-Sex Sexual Partners in a National Comorbidity Survey," *American Journal of Public Health*, June, 91(6) p. 933-939; Keren Skegg, et al. (2003) "Sexual Orientation and Self-Harm in Men and Women," *American Journal of Psychiatry*, 160 (3) p. 541-546; Theo Sandfort et al. (2006) "Sexual orientation and mental and physical health status," *American Journal of Public Health*, June, 96 (6) p. 1119-25; Kimberly F. Balsam et al. (August, 2005) "Mental Health of Lesbian, Gay, Bisexual and Heterosexual Siblings: Effects of Gender, Sexual Orientation, and Family," *Journal of Abnormal Psychology*, "LGB's [Lesbian, Gay, Bisexuals] use mental health services more and are at higher risk for suicidal ideation, suicide attempts, and self-injurious behavior than are heterosexual siblings."
3. Douglas Haldeman (1994) "The practice and ethics of sexual orientation conversion therapies," *Journal of Consulting and Clinical Psychology*, 62, p. 221-227.
4. Lynda Doll et al. (1992) "Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men," *Child Abuse & Neglect*, 16, p. 855-864. Over 40% of adult homosexual and bisexual men in this study reported a history of sexual abuse.); Johnson, R., Shrier, D. (1985) Sexual victimization of boys: Experience at an adolescent medicine clinic. *Journal of Adolescent Health Care*, 6: 372-376; Siegel, J., Sorenson, S., Golding, J., Burnam, Stein, J. (1987) "The prevalence of childhood sexual assault: The Los Angeles epidemiological catchment area project," *American Journal of Epidemiology*, 126, 6: 1141; Judith Bradford et al. (1994) National Lesbian Health Care Survey: Implications for Mental Health Care, *Journal of Consulting and Clinical Psychology*, 62 (2) p. 228-242. "41% of the sample reported that they had been raped or sexually attacked at least one in their lives." Of those age 17 to 24 50% reported rape or sexual abuse; Gregory Dickson, Dean Byrd (2006) "An Empirical study of the mother-son dyad in relation to the development of male homosexuality," *Journal of the Association of Mormon Counselors and Psychotherapists*, Vol. 30. The study found that 49% of homosexual men versus 2% of heterosexual men had a history of sexual abuse.
5. John de Cecco, David Parker (ed) (1995) *Sex, Cells, and Same-Sex Desire: The Biology of Sexual Preference*, Harrington Park Press: NY.
6. J. Michael Bailey et al. (2000) "Genetic and Environmental Influences on Sexual Orientation and its Correlates in an Australian Twins Sample," *Journal of Personality and Social Psychology*, March, 78 (3) 524-536..
7. Kenneth Zucker, Susan Bradley (1995) *Gender Identity Disorder and Psychosexual Problems in Childhood and Adolescence* (Guilford: NY; George A Rekers): Gender Identity Disorder, [www.leaderu.com/jhs/rekers.html](http://www.leaderu.com/jhs/rekers.html) (George Rekers, *Handbook of Child and Adolescent Sexual Problems* (Lexington/Jossey-Bass/Simon & Schuster); Susan Bradley, Kenneth Zucker (1998) "Drs. Bradley and Zucker reply," *Journal of the American Academy of Child and Adolescent Psychiatry*, 37 (3) p. 244-245; Friedman, R. Stern, L. (1980) Juvenile aggressivity and sissiness in homosexual and heterosexual males, *Journal of the American Academy of Psychoanalysis*, 8 (3) p. 427-440.
8. Richard Stall, et al. (2003) "Association of Co-Occurring Psychosocial Health Problems and Increased Vulnerability to HIV/AIDS among Urban Men who Sex with Men," *American Journal Of Public Health*, 93 (6) p. 939-942; R. Hogg, et al. (1997) "Modeling the impact of HIV disease on mortality in gay and bisexual men," *International Journal of Epidemiology*, 26 (3) p.657-661; J. Diggs, (2002) "Health Risks of Gay Sex" Corporate Research Council, (480) 444-0030; M. Xiridou, (2003) "The contribution of steady and casual partnerships to the incidence of HIV infection among homosexual men in Amsterdam," *AIDS* 17, 7, pp. 1029-1038; Gabriel Rotello (1997) *Sexual Ecology: AIDS and the Destiny of Gay Men*, Dutton: NY. Binh An Diep et al. (2008) "Emergence of Multidrug-Resistant, Community Associated, Methicillin Resistant Staphylococcus aureus Clone USA300 in men who have sex with men," *Annals of Internal Medicine*, 148 (4).
9. George Lemp et al, (1994) "Seroprevalence of HIV and Risk Behaviors among young homosexual and bisexual men," *JAMA*, 272 (5) p. 449-454. Percentage HIV positive by age at initiation of anal sex with men: age 20-22 -3.8%; age 15-19 -11.6%; age 3-14 15.2%.
10. Edward Lauman et al. (1994) *The Social Organization of Sexuality: Sexual Practices in the United States*, (Chicago: University of Chicago); K. K. Kinnish, et al. (2005) "Sexual Differences in the Flexibility of Sexual Orientation: A Multidimensional Retrospective Assessment," *Archives of Sexual Behavior*, 34 (2), 173-83; Nigel Dickson, et al. (2003) "Same-sex attraction in a birth cohort: prevalence and persistence in early adulthood, *Social Science & Medicine*, 56, p. 1607-1615. Lisa Diamond, (2000) "Sexual identity, attraction and behavior among young sexual minority women over a two year period, *Developmental Psychology*, 36 (2) p. 241-250; Lisa Diamond, (2008) "Female sexuality from adolescence to adulthood: Results from a 10-year longitudinal study,"



*Developmental Psychology*, 44(1) p. 5-14; Warren Throckmorton, "Hiding Truth From School Kids: It's Elementary Revisited," June 16, 2004 <http://www.drthrockmorton.com/article.asp?id=78>.

11. Robert Spitzer, (2006) "Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation," (in J. Frescher, K. Zucker, eds., *Ex-Gay research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture*, Harrington House; NY) p. 35-66. Stanton Jones, Mark Yarhouse, (2007) *Ex-Gays' A Longitudinal Study of Religiously Mediated Change in Sexual Orientation*, (Intersity Press: Downers Grove IL). Irving Bieber et al, *Homosexuality: A Psychoanalytical Study*, Vintage Books: NY; Elaine Seigle (1988) *Female Homosexuality Choice without Volition* (Analytic Press: Hillsdale, NJ) .
12. Mark Cochran, op. cit.
13. Mark Sandfort, op. cit.
14. Ronald Bayer's *Homosexuality and American Psychiatry: The Politics of Diagnosis*. Basic Book, NY Ibid, p.3-4
15. Ibid, p. 5.
16. Rogers Wright, Nicholas Cummings, eds., (2005) *Destructive*

*Trends in Mental Health: The Well-Intentioned Path to Harm*, Routledge: NY.

17. G. C. Davison, (1982) Politics, ethics and therapy for homosexuality. (in Gonsiorek, J. *Homosexuality and Psychotherapy*. NY Haworth Press) 89 - 96.
17. Robert Garofalo, et al. (1998) "The association between health risk behaviors and sexual orientation among a school-based sample of adolescents," *Pediatrics*, 101 (5) p. 895-898.
19. Lauman, op. cit.
20. Milton Wainberg et al. (2006) *Crystal Meth and Men who Have Sex with Men: What mental health care professionals need to know*, Haworth Medical Press, NY; Perry Halkitis, Leo Wilton, Jack Drescher, ed. (2005) *Barebacking: Psychosocial and Public Health Approaches*, Haworth Medical Press: NY; Sean Esteban McCabe, et al (2005) "Assessment of Difference in Dimensions of Sexual Orientation: Implications for Substance Use Research in a College-Age Population", *Journal of Studies on Alcohol*, 66, p. 602-629. "Consistent with results of several other recent studies, "nonheterosexual" identity, attraction or behavior was associated with a more pronounced and consistent risk of substance use in women than in men."

---

## In Memoriam

*The following is a tribute given by Dr. Joseph Nicolosi at the funeral of Hector Roybal this February in Southern California. He was a good friend of NARTH and a longtime supporter of men coming out of homosexuality.*

I am very glad to be here today to honor Hector and to celebrate his life.

Anyone who knew Hector knew that he was fully engaged in life, and fully engaged with people. If you spent just a half-hour with him, you might well be interrupted a dozen times by calls coming in to his cell phone. He was always talking, networking, and connecting with people around the world. Even when I was in Europe giving conferences, people would come up to me afterward to say, "You know Hector, don't you?" They would tell me that they knew him and were thankful for his work and support.

Hector did not want to die. It was not that he was afraid of death, since from every thing I knew of him, he had a rock-solid faith. But the reason he didn't want to die, was because he did not want to be separated from the people he loved. And he loved a lot of people--and because we felt his love, we loved him. That's how it works, and Hector knew that; we love people when we feel their love for us, and you couldn't help but love Hector.

And you couldn't help be annoyed by him: strong-willed, pushy, opinionated and controlling. But if he was pushy, it was because he pushed himself. If he was demanding, it was because he was equally demanding of himself. And if you called him on that, he'd back down---he did not want to hurt you.

Hector and I went out to lunch together about a month before he died. We were talking about his work, his life, the fact that his cancer treatments were no longer helping, and about his expectation



*Hector Roybal*

that the end would soon come. It was at that time that he asked me to speak at his memorial, and I agreed.

What we said must have remained on his mind, because a few days later he told me again, "Thanks, Joe for saying you'd speak at my memorial service." Discussing a memorial with a man who will soon die, I guess made me a little nervous, so I said something silly -- "Oh, don't worry Hector, it'll go great. It's just too bad you won't be there to hear it." Without skipping a beat, Hector answered calmly, "That's O.K. Joe, you can tell me all about it when we meet in the next life."

Hector was driven by a sense of mission -- not only to perfect his Christian walk, but especially, to help other men...men who struggled with homosexuality, but sometimes, even just strangers he met that he'd give his time and energy to. After battling to overcome his own boyhood insecurities and self-doubts, he had become a leader of men. That's a lesson for all of us; whatever our struggles, we can work to grow beyond them and offer a life of service.

To Hector's wife Sharon, we want you express our deepest condolences. To his children, we want to say that the older you get, the more you will understand the man your Dad was, and the more you will appreciate his determination to be what he wanted to be--a leader, a Christian, and a loving family man. ■