

## **COMMON QUESTIONS ABOUT SSA**

### **Why do you use the word SSA (same-sex attraction) instead of gay or homosexual?**

*We utilize the term SSA because the feelings of attraction describe something you're experiencing, rather than describing something you are. SSA is a condition, not a state of being. It is an adjective, not a noun. We have found numerous emotional and developmental issues which commonly foster same-sex attraction. Our approach is to address these core emotional and developmental issues.*

### **Is change really possible?**

*There are many individuals who have experienced permanent change in sexual orientation. Change is possible. Unfortunately, our society currently believes it is innate (genetic) and unchangeable. This is a myth unsubstantiated by science. Any good psychologist will admit that orientation is impacted both by genetics and also environment. (Dr. Robert L. Spitzer, Archives of Sexual Behavior, Vol. 32, No. 5, October 2003, pp. 403-417.; Schwartz MF & Masters WH, American Journal of Psychiatry 1984:141, 173-81.; Simon & Schuster, 1978.)*

### **What should I expect from therapy for unwanted same-sex attraction (SSA)?**

*In our observation, there are several different phases a man or woman typically goes through when working to diminish SSA and develop OSA. The first phase involves education and self-awareness. The client will engage much reading and journaling. The second phase leads into goal-setting and behavioral changes. This would include changes in habits and behavior – social changes, sexual sobriety, etc. This would also involve behavior which promotes satiation of emotional deficits. The third phase brings the client toward healing emotional wounds. At this point we often involve the client in group therapy, gestalt work, psychodrama, inner-child work, experiential weekends, or other formats which promote deeper emotional healing. By the fourth phase, the client often reports feeling "neutral" about sexuality. Adults and youth frequently report feeling "nothing" sexually, at this stage. This is common during the recovery process. It's a bit like going back again to re-experience puberty. During this fourth phase we begin to reinforce heterosexual imagery, and encourage healthy OSA behavior. The final phase of recovery involves maintenance. This fifth phase is critical for permanency, just as insulin would be for a diabetic. ("Coming Out Straight: Understanding and Healing Homosexuality," by Richard Cohen, Oakhill Press, 1999.)*

### **How long should therapy take?**

*In the beginning, therapy is best implemented on a weekly basis. However, toward the end – perhaps the final phases – therapy is much less frequent. To get through all phases of recovery may take anywhere from eighteen months to six years. The length of treatment depends upon the depth of emotional wounding and deficits. It also depends upon the man's ability to implement personality and behavioral changes. ("New Study Confirms Homosexuality Can be Overcome," National Association for Research and Therapy of Homosexuality, 1997, narth.com).*

### **What if the new opposite-sex attraction (OSA) doesn't feel as strong?**

*Our clients tell us that the new OSA never feels as "obsessive" as the SSA. At the beginning of treatment the men and youth often describe an incessant preoccupation with the same gender. For some, it's almost a compulsive feeling. The new OSA will not feel obsessive in nature. It will not constantly be on the client's mind. However, at appropriate intimate times, the OSA feelings will be strong and very enjoyable. It is our belief that SSA is more emotionally intense because it is a result of emotional wounds and deficits. Because the OSA comes from a place of healthy attachment and emotional satiation, it should never be as intense as the SSA. ("Desires in Conflict," by Joe Dallas, Harvest House Publishers, 1991.)*

### **Are there people who cannot change orientation?**

*We have not seen anyone who cannot change, but there are many who don't. We have worked with individuals who don't believe that it's possible. Perhaps parents are forcing the individual to come to therapy, or they are receiving pressure from somewhere (e.g., church, social). If they don't gain some sense of hope that change is possible, they won't be empowered to make the necessary changes. It takes time and hard work. The commitment and persistence required won't come from a client who is hesitating or who feels pressured to "change." Due to this dilemma, we are not in the business of pressuring someone to change when they have no desire. We are anxiously engaged helping individuals heal emotional wounds and fill emotional deficits. We cannot work with those who don't want to come. ("You Don't have to be Gay," by Jeff Konrad, Pacific Publishing House, 1987).*

### **Why do people say it's genetic or unchangeable?**

*There are many differing reasons for this myth. Some individuals have gone through counseling that did not deal with the root causes of their SSA. Consequently, they feel as though therapy "didn't work." Some gay psychologists have also done research attempting to find genetic markers. Lobbyists have worked hard to convince politicians that they should be allowed equal status as a minority. Also, the Hollywood crowd and media have introduced the gay lifestyle as acceptable and healthy. These factors and others have all convinced society that you cannot change. ("My Genes Made Me Do It," by Dr. Neil Whitehead.; Human Sexual Orientation: the biological theories reappraised, *Archives of General Psychiatry* 1993:50;228-239.; Satinover J, "Homosexuality and the Politics of Truth," 1996.)*

### **Is change permanent?**

*Change is as permanent as the client makes it. If the client fills the emotional deficits and heals the wounds, the SSA diminishes. If the client makes "permanent" changes in personality, then the change will be "permanent." Those who withdraw back into old ways of relating, or who go back to old patterns of behavior, typically have the SSA return. You must permanently change how you live, for the change in orientation to be permanent. It might be similar to taking insulin for diabetes. The OSA seems to remain constant if you make lifestyle changes. ("Homosexuality: Symptoms & Free Agency," by Scott & Kae Andersen, Bonneville Book, 1998.)*