

同性戀的迷思

改變—可能嗎？有害嗎？

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有關同性戀的最大迷思

同性戀是天生，正常和不能改變

企圖改變性傾向會令同性戀者產生
更強的自我憎恨，抑鬱，甚至自殺

同性戀 是否天生？

同性戀是先天 vs. 同性戀是後天

有關同性戀先天因素的研究

1. 同性戀基因 *gay gene* 研究
2. 同性戀者腦部結構與普通人士的分別
3. 孿生兒/女的研究(同卵及異卵孿生)
4. 懷孕期母親性激素對胎兒影響的研究
5. 後天的性激素與性傾向的研究

"Gay gene" researcher Dean Hamer

Hamer et al (1993)

從一個愛滋病治療計劃挑選76個男人，這些男人都有同性戀兄弟，他們的母方家族大多有同性戀傾向，而父方家族則沒有。

研究員檢查這一群男人的X染色體，發現40對同性戀兄弟中，33對兄弟的X染色體某區域的模樣是相同的，遠高於預期的隨機併存水平 (Random Concurrence Level)。

研究員便假定這區域涉及決定人類的性傾向

"Gay gene" researcher Dean Hamer

Stanton & Yarhouse (2000)

1. 其他研究隊進行相同的研究，卻不能得到相同的實驗結果
2. Hamer所指的「同性戀」不是一般的同性戀，而是基於強烈的「母體傳遞」 (Maternal Transmission)
3. 研究員發現這種染色體標記並不是引致同性戀的必需的 (Necessary) 或足夠的 (Sufficient) 條件

這些染色體標記並不會決定人的性傾向，它們只能夠使人有較大的機會發展出同性戀傾向，間接引致同性戀出現

"Gay gene" researcher Dean Hamer

1. He was asked by Scientific American if homosexuality was rooted solely in biology. He replied:
2. "Absolutely not. From twin studies, we already know that half or more of the variability in sexual orientation is not inherited. Our studies try to pinpoint the genetic factors...not negate the psychosocial factors."

性傾向的醫學研究

- ☑ 近期「人類基因學」(*Journal of Human Genetics*)的學術期刊中，刊登美國科學家一項同性戀與基因有關的研究，**證實並無一種「男同性戀基因」(Gay Gene)**
 - ☑ **並相信性傾向是由多種基因加上環境因素造成**
- Mustanki et al 2005. A genomewide scan of male sexual orientation. Human Genetics*

LeVay(1991)研究男同性戀者屍體腦部結構

發現同性戀者的INAH-3(腦部一種組織)較一般人細小

研究方法出了嚴重問題

1. 數目太少 35具屍體
2. 按著死者的醫療記錄來分辨他們的性傾向
3. 愛滋病病毒及愛滋病療法均可能改變INAH3的大小及形狀，我們不能肯定他的研究結果是跟同性戀有關還是跟愛滋病或其療法有關
4. 研究員無法確定是細小的INAH-3導致同性戀傾向，還是同性戀傾向導致INAH-3出現變化

孿生子研究

Bailey and Pillard的研究(1991, 1993)

男性同卵孿生子兒 (Identical Twins)	的一致比率 (concordance rate)	52%
男性異卵孿生子兒 (Fraternal Twins)	的一致比率是	22%
女性同卵孿生子兒	的一致比率	48%
女性異卵孿生子兒	的一致比率	16%

**樣本偏誤 (Sample Bias)

孿生子研究

Bailey, Dunne & Martin (2000)

澳洲雙生子登記處登記了的雙生子寄出問卷，調查他們的性偏好及性經驗

男性同卵孿生子兒 (Identical Twins)	的一致比率	20%
男性異卵孿生子兒 (Fraternal Twins)	的一致比率	0%
女性同卵孿生子兒	的一致比率	24%
女性異卵孿生子兒	的一致比率	0%

若完全是基因引致一致比率應該是100%

孿生子研究

最新的大型孿生子研究(約六千女性和三千名男性)在芬蘭進行(Santtila et al, 2008)，結果顯示，引致同性戀傾向的後天環境因素遠遠比先天遺傳因素更重要

懷孕期母親性激素對胎兒影響的研究

Ellis和 Ames (1987)

根據動物作實驗

提出在懷孕期的第二至第五月，
若胚胎受到多種性激素刺激，
性傾向便從此定型
但是人類的情況不一定和動物的相同

懷孕期母親性激素對胎兒影響的研究

Money (1987)

認為單憑懷孕期的激素作用，
並不足以注定一個人永遠是同性戀者，還
要考慮他/她的成長經歷
沒有證據顯示所有同性戀者都受到產前激
素作用的影響

產後性激素的研究

同性戀者和異性戀者的激素成份
和生理結構都沒有明顯的分別

Kaplan and Sadock's Synopsis of Psychiatry

美國權威性的精神醫學教科書
在提及性屬身分疾患 *Gender Identity
Disorder* 和同性戀傾向的成因時，只
將先天/生理 *genetic/biological* 和心理
psychological 的因素並列，並沒有將成
因全歸咎於先天/生理因素

同性戀是先天 vs. 同性戀是後天

綜合近代有關同性戀研究所得的結論，
性傾向是由多種基因加上環境因素互動
造成 先天+後天

若單單強調先天或後天因素，都是
誤導的

先天的因素如何影響性傾向？

1. 孩童的性情 *child temperament*
較剛陽的女仔
較陰柔敏感的男仔
剛陽或陰柔的性情可進一步影響性屬
身分的發展，繼而影響性傾向的形成

男仔易焦慮，懼怕受傷的性情

先天的因素

2. 樣貌 *physical attractiveness*
3. 兄弟姊妹的性別比例 *sibling sex ratio*
4. 排行的先後 *birth order*

Causations of Homosexuality

Homosexuality develops during an individual's formative years through an interaction of parenting, peer, social and biological influences

同性戀傾向的後天因素

1. 不健全的父母子女關係
2. 童年及青少年期同儕的拒絕或傷害
3. 性侵犯或同性間的性經驗
4. 因異性戀引致嚴重的情感傷害
5. 性別身分和角色混淆

為何同性戀是天生的觀點 深入人心？

1. 是同志運動在傳媒中不斷宣傳的成功例子
2. 不少同性戀者自少自然地發現自己被同性性吸引；錯誤理解自然便是天生，忽略了童年時家庭及朋輩對日後性傾向的重要影響

Sexual Orientation 性傾向

性傾向全是天生的
(不合同性戀醫學研究結論)
所以不能改變
(不成立)

性傾向可以改變嗎？

Fixed or Fluid

Sexual Orientation 性傾向

是形容一個人的性衝動或興奮的對象
describes the object of a person's sexual impulses(Synopsis of Psychiatry 9th Ed.)
heterosexual 異性戀傾向
homosexual 同性戀傾向
bisexual 雙性戀傾向

青少年期的同性吸引

Same Sex Attraction

被同性在愛情上和性慾上所吸引

romantic and erotic attractions to the same sex

心性發展 Psychosexual Development

性傾向 (*sexual orientation*)

開始形成 11-14歲
小六中一

性傾向漸漸確立 14-20歲

Remafedi, Resnick, Blum & Harris

Pediatrics. 1992 Apr; 89(4 Pt 2): 714-21

為約三萬五千個學生進行性傾向調查

*12歲學生有25.9%不肯定自己性傾向

*18歲學生只有5%不肯定自己性傾向

發現十八歲的學生表示有同性戀或
雙性戀傾向的比率比十二歲學生有
兩種性傾向的比率減少了一半

心理學家發現，在青少年中期
(14至17歲)有短暫的同性吸引或同
性性經驗，並不一定演變成長期的同
性戀傾向

因此，要提醒青少年不要過早為自己的
性傾向定型或標籤別人為同性戀者

心性發展 Psychosexual Development

20歲過後，性傾向仍可改變

30多歲才改變性傾向的例子

異性戀變同性戀不需別人幫助

同性戀變異性戀卻困難重重

需要個人的決心堅持和別人的
協助才能改變

COMPILED AND OVERALL AVERAGE OUTCOME

Historical Review of Documented Success in Sexual Reorientation

Reorientation assistance includes a variety of approaches, such as psychoanalysis, behavior and cognitive therapies, group therapies, sex therapies, hypnosis, pharmacological treatment, and religiously-mediated activities

Meta-Analyses

Clippinger's (1974)
 785 homosexuals treated,
 307 (40 percent) either significantly improved in the direction of their desired goal, or had made at least some shift toward heterosexuality

E. C. James (1978)
 the results of all research studies before 1978
 35 percent had shifted to heterosexuality
 27 percent had improved
 37 percent had neither changed nor improved.

Meta-Analyses

Jones and Yarhouse (2000)
 review 30 studies conducted between 1954 and 1994
 Of the 327 total subjects from all the studies, 108 (33 percent) were reported to have made at least some heterosexual shift.

COMPILED AND OVERALL AVERAGE OUTCOME

Recent Surveys of Reorientation Therapy Consumers Report

Survey	N	Number and percent reporting exclusive opposite-sex attraction shift, fully successful
<u>Nicolosi et al. (2006)</u>	318	114 (36%)
<u>Stidlo & Schroeder (2002)</u>	202	8 (4%)
<u>Spitzer (2003)</u>	183	96 (52%)
<u>Total</u>	703	218 (31%)

Retrospective studies
Sampling bias

A longitudinal (prospective) study of religiously mediated changes in Exodus group participants (Jones and Yarhouse 2007)

Examined about 100 homosexuals who seek change

- Change is possible for some

Success conversion/heterosexual shift	15%	+
chastity (reduced SSA)	23%	= 38%
Modest change (continuing)	29%	
Non-response (not given up on change)	15%	
Failure (given up on change process)	12%	

有關同性戀的最大迷思

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 - Modest change(continuing) 29%
 - Non-response(not given up on change) 15%
 - Failure (given up on change process) 12%
- On average the attempt to change is not harmful

Haldeman (2001), a gay-activist clinician

Haldeman has treated dissatisfied former consumers of reorientation therapy, writes:

Not all individuals appear to be harmed by conversion therapy. It is not uncommon, in fact, for some to report that a failed attempt at conversion therapy had an odd, indirectly beneficial effect [such as] an individual's final "letting go" of the denial surrounding his sexual orientation.

He qualifies his risk assessment by asserting, "This is not to suggest that all conversion therapies are harmful, or that the mental health professions should try to stop them"

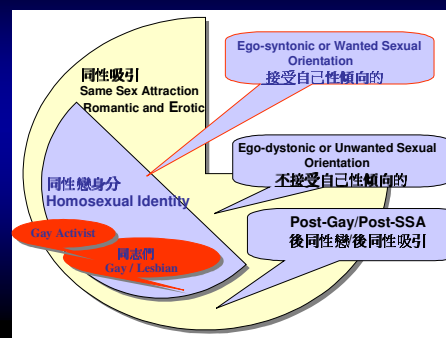
Is Reorientation Therapy Harmful?

The present literature does not support the conclusion that predominant harm is a regular result of reorientation therapy

Banning therapy for those who want it would potentially create much greater harm

On the basis of such evidence, it would be highly unethical to deny therapy to all informed clients who seek it

Categories of People with SSA



Reasons for Wanting to Change

Pressure from family or society is not one of the most common reasons for wanting to change

Reasons for Wanting to Change (Spitzer 2003)

"Gay life-style not emotionally satisfying"	81%	
"Religious conflict"	79%	
"Desire to get, or stay married"	Male 67%	Female 35%

Commentary: Psychiatry and Homosexuality
Robert L. Spitzer, M.D. Wall Street Journal, May 23, 2001

*However, I continue to hold
that desire for change
cannot always be reduced to
succumbing to society's
pressure.*

Helping people with Unwanted Sexual Orientation
幫助不接受自己性傾向的人士

1. *Gay affirmative approaches*
幫助接受自己的同性戀傾向
2. *Reparative/conversion/
reorientation therapies*
幫助改變自己的同性戀傾向

*Both approaches of therapy have
reported successes, but also failure
in certain cases*

*Is APA still justified
in banning
reorientation therapy?*





Commentary: Psychiatry and Homosexuality
Robert L. Spitzer, M.D. Wall Street Journal, May 23, 2001

Many patients, informed of the possibility that they may be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions.

Commentary: Psychiatry and Homosexuality
Robert L. Spitzer, M.D. Wall Street Journal, May 23, 2001

Sometimes, such a choice can be a rational, self-directed goal
The mental health professions should stop moving in the direction of banning such therapy

Former President of the American Psychological Association: Dr. Robert Perloff

"The individual has the right to choose whether he or she wishes to become straight. It is his or her choice, not that of an ideologically driven interest group"

Many renowned American psychiatrists and psychologists also respect the right of choice and self-determination of struggling homosexuals in seeking conversion therapies

They include :
former President of American Psychiatric Association, Dr. Robert Spitzer,
former Presidents of American Psychological Association, Dr. Robert Perloff, Dr. Nicholas Cummings and Dr. Martin Seligman,
former President of the American Mental Health Counselors Association, Dr. Warren Throckmorton, and
Dr. Mark Yarhouse of Regent University

****APA has recently revised its policy in relating to this issue**

APA's New Pamphlet on Homosexuality includes this key statement:

"Mental health organizations call on their members to respect a person's [client's] right to self-determination."

性屬身分和性傾向是性格的一部份

1. 性格的形成是先天或後天？
2. 性格形成後是否可以改變？

Acknowledgement

Part of the slides in English are adopted from Dr. Melvin Wong's power points

問答時間

網上參考文章

<<同性戀全面睇>>網上版/香港明光社
<http://www.truth-light.org.hk/>

香港性文化學會：
<http://www.sexculture.org.hk>

黃偉康博士
<http://www.christianmentalhealth.com>

同性戀過來人見證

國際 <http://www.exodusglobalalliance.org/>

Exodus見證 http://www.exodus-international.org/testimonials_left_HomoSexuality.shtml

New Hope Ministries(Frank Worthen),
<http://www.newhope123.org/>

新造的人協會 <http://www.newcreationhk.org>

台灣 走出埃及 <http://www.rainbow-7.org.tw/enter.html>