

EXHIBIT 49

From: healingtherapy at embarqmail.com (Robert L. Vazzo, LMFT)
Subject: [NARTH-MembersL] Membersl Digest, Vol 62, Issue 30
Date: Friday, August 14, 2009 12:00:29 AM

<<For the post gender -more masculine- type we see traumatic attachment loss disrupting affectional needs, regarding affect regulation.>>

Right now I have a client who does not present with the same symptoms as many of the clients that I have seen over the years. For example, he does not complain of feeling inferior to other males or to having difficulty relating to them. Likewise, I never hear about peer group alienation, fear of sports, etc. In short, this client has a very strong male identity and his presentation is quite different.

BUT . . . he was sexually abused for years by a cousin and laments the fact that his parents, specifically his father, did nothing to protect him. His homosexual activity occurs during increases in stress and anxiety and currently, he has difficulty accessing and regulating his emotions. As you can imagine, depression is a major issue.

So, for me the theory still holds true. The sexual abuse is a form of shaming which the client has internalized and which he tries to resolve (control?) in the repetitive/compulsive act of engaging in sex with males. In addition, I can not fathom how he could have had any meaningful attachment with his father given the way his complaints were dismissed.

I keep looking for exceptions to this theory, but I really can't find any. I can't imagine that WT's clients are any different.

----- Original Message -----

From: "Joe N" <jntherapy at yahoo.com>
To: "NARTH Discussion List" <membersl at narth.com>
Sent: Thursday, August 13, 2009 4:50:47 PM GMT -08:00 US/Canada Pacific
Subject: Re: [NARTH-MembersL] Membersl Digest, Vol 62, Issue 30

Beside the possibility of biological predetermination -which has yet to be discovered- yes, we do believe homosexuality is the result of trauma, specifically, an attachment trauma. At the clinic, we have found two types of attachment trauma, occurring at different developmental phases.

For the pre-gender -more feminine- type we see traumatic disruption in the establishment of same sex identification. This occurs during the gender identification phase of about 1 and a half years to three years old. For the post gender -more masculine- type we see traumatic attachment loss disrupting affectional needs, regarding affect regulation. This traumatic period occurs during the latency phase, from about 5 years old to about early adolescence.

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--- On Thu, 8/13/09, kmunnev at aol.com <kmunnev at aol.com> wrote:

From: kmunnev at aol.com <kmunnev at aol.com>
Subject: Re: [NARTH-MembersL] Membersl Digest, Vol 62, Issue 30
To: membersl at narth.com
Date: Thursday, August 13, 2009, 2:14 PM

Re: Warren Throckmorton's comparison of task force and NARTH review of papers..

I tend to agree to with Jim. Granted he did make a direct reference to Joe suggesting that Joe believed the only way you can get homosexuality is if the child is traumatized in some way. I don't think that is what you believe is it Joe? It is becoming more apparent that there are multiple paths into a homosexual orientation albeit perhaps a very common path which does include self perceived if not overt trauma. The summation I thought was very good, "People on both sides can agree that erotic responsiveness is extremely durable for men and perhaps less so for women, but behavior and self-identity reflection is alterable. People on both sides agree that conclusions about benefit and harm are not possible in any general sense. Also, I hope we can agree that full informed consent should be conducted prior to engaging in counseling. Regarding health status, both sides can agree that homosexuals have higher levels of problems but there is little agreement about what the differences mean." I would suggest one reason why orientation in the Jones and Yarhouse study seemed to change less than identity is that the Christian subset with which they were working might have a fundamental prejudice against heterosexuality not based on sexual orientation cognition per se but on poor Christian upbringing in reference to sex in general. If they have been taught since a young age that heterosexual sex is dirty, risky, bad, results in sin, and heartache and then subsequently develop a homosexual orientation but later gain the counseling tools to better control their now minimal homosexual orientation this might bring them to a functional place which provides considerable life satisfaction. Moving forward to a full heterosexual orientation may present apparent risks which the Christian client may be reluctant to pursue unless these biases have been fully worked through. If the client defines success why should the previously described end be considered in any way not fully successful? Put another way which of the following two is better functioning? A heterosexual male who struggles constantly with sexual attractions to any female but with considerable effort is able to avoid doing anything that gets him into trouble with his wife or the community or a formerly homosexual male who after therapy has minimal homosexual attractions but good heterosexual attraction to his wife and good functioning and doesn't have to struggle much at all in the area of sexual attractions toward men or women and is not getting into any trouble? I would suggest the latter is more healthy even though his degree of heterosexual attraction would be pronounced deficient by most males. Throckmorton seems to be looking to functional MRIs as a methodology to try to quantify sexual orientation. Given the complexity of human sexuality and the fact that change often involves movement down a continuum any tool to help definitively quantify it would be helpful. I rather doubt that fun

ctional MRI or any of these type tools will ever be good enough. Jones and Yarhouse give it the best shot by using the best assessments currently available perhaps better ones can be devised. One should remember that the client population that they studied did not receive intensive therapy directed at change such as reparative therapy but were members of faith based small groups and utilized bibliotherapy. It would be interesting to study clients who did receive the full range of therapy available. They would have to complete the best assessments prior to commencing therapy. I would conjecture that they would show greater shifts toward heterosexuality. Of course the gay activists would only be satisfied if they became heterosexual serial rapists claiming that they were probably repressed heterosexuals to start with!

-----Original Message-----

From: membersl-request at narth.com

To: membersl at narth.com

Sent: Thu, Aug 13, 2009 1:00 pm

Subject: Membersl Digest, Vol 62, Issue 30

Send Membersl mailing list submissions to
membersl at narth.com

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membersl-owner at narth.com

When replying, please edit your Subject line so it is more specific
than "Re: Contents of Membersl digest..."

Today's Topics:

1. Throckmorton's review of the differences between the recent
APA report and NARTH's What Research Shows Report (James Phelan)
2. To take a lead from a popular bumper sticker, let me ask
"What would Judge Judy do."?(I am channeling her or her me, I
don't know) (Albert Levy)
3. Re: Throckmorton's review of the differences between the
recent APA report and NARTH's What Research Shows Report (Joe N)
4. Re: Throckmorton's review of the differences between the
recent APA report and NARTH's What Research Shows Report (Joe N)

Message: 1

Date: Wed, 12 Aug 2009 20:01:58 -0700 (PDT)
From: James Phelan <jpmphelan at sbcglobal.net>
Subject: [NARTH-MembersL] Throckmorton's review of the differences
between the recent APA report and NARTH's What Research Shows Report
To: membersl at narth.com
Message-ID: <105157.65411.qm at web81003.mail.mud.yahoo.com>
Content-Type: text/plain; charset=iso-8859-1

Warren Throckmorton does a fairly objective review outlining the differences
between the recent APA report and NARTH's What Research Shows Report.? It is
good to see our report has not be ignored, at least:? <http://wthrockmorton.com/2009/08/12/thoughts-on-the-status-of-the-reorientation-wars/>

Message: 2

Date: Wed, 12 Aug 2009 22:37:52 -0700
From: Albert Levy <alrlev at earthlink.net>
Subject: [NARTH-MembersL] To take a lead from a popular bumper
sticker, let me ask "What would Judge Judy do."?(I am channeling her
or her me, I don't know)
To: Narth listserve List <membersl at narth.com>
Message-ID: <07681525-B45F-4B46-AA5A-865DDC295AD9 at earthlink.net>
Content-Type: text/plain; charset=US-ASCII; format=flowed; delp=yes

Dear colleagues:

Re: Much ado about () in East Michigan, Julea Ward's school, Julea Ward herself, their clinical program as well as the faculty there.

I can imagine Judge Judy would be thinking and asking them (or her) following questions:

1. Why would she apply to any school that was not Christian unless she is sort of dumb? Or wanting to stir up trouble? Who didn't tell her that this school was not for her? It would be as if I (Albert, not Judge Judy now) applying for an internship at a Jehovah's Witness counseling training program!

2. Why was she even accepted into their counseling or therapy program knowing she was this much of a fanatic and would surely be trouble and surely unsupervisable? (When I was a grad student at Berkeley, we had 3 grad students who were dropped from the PhD program because they were too defensive as well as unsupervisable. Or they wouldn't listen to anything the supervisor said. The school gave them a terminal Masters degree and wished them well. Done in a nice way as well and suggesting that a couple of them immediately get into good therapy!)

Don't they screen people for their program or they afraid of being sued because she is black?? I have no idea. On what basis do they reject applicants??

3. She should be dropped from the program not because she is "Christian" but because she does not know the first thing about therapy or counseling and the questions that were put to her I would also have also put to her especially about sex, abortion, relationships, or about anything. She obviously has not been in therapy herself nor can I believe she has any life experiences about people. She is not psychologically minded at all and has no idea what therapy (counseling) is about. She thinks it is her job to agree or disagree whatever the patient wants to think about rather than explore with the patient what they (and not what she thinks) wish to talk about. She is unqualified to be a therapist and I think even if she were at a Christian counseling or pastoral counseling program she would have trouble since she thinks it OK to dictate what is to be talked about or not talked about.

\$. And she ain't all to blame. Obviously the faculty there don't know how to teach students to do therapy and how a therapist is obliged, as best they can, as best they can, to keep their own values and personal reactions out of the therapy (What would she do if a patient told Ms. Ward she didn't like black people, or women, -- would she then get rid of the patient?). I think they are right to drop her from the program not because of religion or homosexuality but because she is not Counseling psychology material. She is in way over her head. It is their duty for her sake, to suggest she go to a different school and that their program is not for her. That is not a good fit! That would be a correct thing to do but the faculty seem incompetent to (as well as getting caught up in the homosexual issue). I think they are afraid of her because she is black and they don't want to get involved in a law suit or have the race card dealt to them.

5.I also think the faculty there are unprofessional and do not know how to teach properly.I think the counseling program there is awful and I would never refer any patient to Ms.Ward or to their Clinic.I also think that if any therapist tried to help a patient struggling with all sorts of issues about their sexual identity or homosexuality-- I think that if the therapist was appropriately neutral and not suggest anything,the school or their PC faculty might give therapist like me or NARTH members a very very tough time too.This is what happens when people do not think psychoanalytically but politically.

I hope Ms.Ward leaves on her own accord and I hope the faculty at that school learns something from all this.

But this is what I think Judge Judy(not me of course) would think or do.Judge Judy would award no damages.Final verdict:Both parties are at fault.Case dismissed.

Me,I am neutral and have no opinions about this.

Albert R.Levy

PS Forgive me if she isn't black but I thought I saw reference to the fact she is and maybe wanting "diversity",they accepted her.Even so,my(or Judge Judy's) arguments would still hold.Skin color aside.

Message: 3
Date: Thu, 13 Aug 2009 04:59:08 -0700 (PDT)
From: Joe N <jntherapy at yahoo.com>
Subject: Re: [NARTH-MembersL] Throckmorton's review of the differences between the recent APA report and NARTH's What Research Shows Report
To: NARTH Discussion List <membersl at narth.com>
Message-ID: <600400.16657.qm at web37403.mail.mud.yahoo.com>
Content-Type: text/plain; charset=iso-8859-1

Jim, is NARTH so desperate for any kind of attention that we welcome WT's evaluation of us? Read a little closer and a little more critically.

?

His assessment of?"What Research Shows" is hardly "a fair and objective review"?but rather a repetition of his flippant generalizations to misrepresent and dismiss our work.???

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To: membersl at narth.com
Date: Wednesday, August 12, 2009, 8:01 PM

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Membersl mailing list
Membersl at narth.com
http://narth.com/mailman/listinfo/membersl_narth.com

Message: 4
Date: Thu, 13 Aug 2009 04:59:11 -0700 (PDT)
From: Joe N <jntherapy at yahoo.com>
Subject: Re: [NARTH-MembersL] Throckmorton's review of the differences between the recent APA report and NARTH's What Research Shows Report
To: NARTH Discussion List <membersl at narth.com>
Message-ID: <992978.28583.qm at web37402.mail.mud.yahoo.com>
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End of Membersl Digest, Vol 62, Issue 30

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