COURAGE

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ENCOURAGE SUPPORT GROUP MEETING

Roman Catholic Diocese of Lansing Chapter

When: **Sunday November 15, 2015 from 2:30 to 4:00pm**

Where: **Holy Spirit Catholic Church**
9565 Musch Rd.
Brighton, Michigan 48116

Directions: US-23 to Silver Lake Rd. Exit (exit #55) West on Silver Lake Rd. to Whitmore Lake Rd. (a short distance). South on Whitmore Lake Rd. to Winans Lake Rd.(a three way stop). West on Winans Lake Rd. approximately one mile to Musch Rd. Turn left or West on Musch Rd. to Holy Spirit Catholic Church. The Courage group meets in the new school that connects to the church in the Conference/Lending Library Room. The The EnCourage group meets in the Parish Activity Center. Look for Encourage and Courage Meeting Signs.

As our day draws to a close, we recommend a prayer something like the following: *O God, into your hands I commend my spirit as I lie down for a good night's rest. Hold our loved ones in your heart and touch them with your peace and joy. Surround them with those who love you. Amen.* Offering a little prayer such as this is important in that it reminds us that we are not in charge of our loved one's salvation and that our best contribution is prayer.

Two questions that frequently plague parents and loved ones in how did this happen and how can we fix it. "We don't know." and "We can't" are the simple answers. A more complex response is found in the enclosure, *Sexuality and Identity: Scientific Findings* by Paul R.McHugh, M.D. and Aaron Kheriaty, M.D. that appeared in *Executive Summary of Living the Truth in Love, on October 2, 2015 at the Pontifical University of St. Thomas, Rome, Italy.* The origins of SSA are, indeed, complex and need to be examined, not to 'change' or 'cure' the loved one but to help us to understand the struggles our loved ones endure. Another essay that might aid in your understanding is by Timothy G. Lock Ph.D. in the newly published book Living The Truth in Love that is available through Ignatius Press. In his essay, Dr. Lock explores the psychological genesis of same-sex attraction. (pages 249-278) We would urge you to purchase a copy of this important work.

Please also remember that we unite to pray each Thursday to the Sacred Heart of Jesus in reparation for our sins and the sins against human sexuality such as same-sex behavior and abortion. Reparation is making amends for the wrongs committed through our sinful condition. Additionally, we pray as intercessors for all our loved ones who will, like the prodigal, someday return home. We generally follow the model given to us by St. Margaret Mary Alacoque in the booklet ***Holy Hour of Reparation*** published by CMJ Marian Publishers. If you would like a copy of the booklet, we have a small supply in our office or you can order one by calling the publisher at 1-888-636-6799. Another beautiful prayer is the ***Chaplet of the Precious Blood*** that is available upon request. This beautiful chaplet has been modified to address the specific concerns of Courage and EnCourage members. We have chosen to add this powerful prayer to our Holy Hour of Reparation. Please remember, "that the necessity of reparation is especially urgent today and must be evident to everyone who considers the present plight of the world, 'seated in wickedness'. The Sacred Heart of Jesus promised to St. Margaret Mary that He would reward abundantly with His graces all those who should render this honor to His Heart." (Pope Pius XI Encyclical *Miserentissimus*)

Please note: If you cannot attend the November 15th meeting, our next regular Diocesan EnCourage meeting is Sunday, December 20, 2015. If you would prefer to receive our letter and enclosures via email rather than regular mail please let us know, or if you no longer want to receive our letter please inform us.

For more information regarding our meetings, or to talk about the issue of same-sex attraction in your lives or the lives of loved ones, call our Diocesan office at 517-342-2596 or email us at courage@dioceseoflansing.org We might also mention that the Diocese of Lansing supports this ministry even though more than half of our letters go well beyond our borders. Any financial help you can give us is greatly appreciated.

We look forward to meeting with you. Let us remember, however, to always respect the right of each to complete confidentiality.

Trusting in Jesus,

Bob and Susan

Bob and Susan Cavera

"Rejoice in hope, endure in affliction, persevere in prayer." (Romans 12:12).

Sexuality and Identity: Scientific Findings

Paul R. McHugh, MD
Aaron Kheriaty, MD

Key Findings

Sexual Attraction

- Today, terms like "homosexual persons" and "sexual orientation" are used as if they had a univocal meaning and described objective, even obvious realities existing in the world. But phrases like "homosexual persons" and "sexual orientation" can be misleading, and words like "homosexual" and "homosexuality" are ambiguous.
  - "Sexual orientation": this term can refer to (1) complex patterns of desires and attractions, (2) sexual behaviors, or (3) a self-proclaimed identity. But for many individuals these three phenomena often do not align.
  - "Sexual orientation" doesn't necessarily accurately reflect an innate and immutable biological or psychological trait.
  - The term "homosexual" doesn't pick out stable, clearly measurable and verifiable biological or psychological traits.
- Sexual attractions are shaped by many factors (including environmental and experiential ones), and are sometimes fluid and subject to change across a person's lifetime. Substantive changes—typically toward heterosexual desire—often occur even without deliberate effort as adolescents and young adults mature.
- "Neuroplasticity" shows that the brain—including regions involved in sexual arousal and behavior—can be reshaped over time by life experiences, including relationships, and by sexual behaviors and habits.
- While many today still believe that individuals identifying as gay or lesbian were "born that way," there is little scientific evidence that homosexual attraction is simply fixed by genes or by prenatal hormonal influences. In fact, a robust body of evidence suggests that it is shaped far more by a person's relationships, culture, and other experiences. Scientific research suggests that while genetic factors may modestly influence same-sex inclination and behavior, subsequent environmental factors play a larger role.
- The assumption that romantic or sexual desire, attraction, interest, or longing automatically implies a particular "sexual identity" or "orientation" is problematic. While these terms may sound as though they are derived from biological or medical science, they are not. Research and pastoral practice would best be served by distinguishing among inclination, behavior, and identity, and by acknowledging that these may sometimes change over time.
- As human beings, all of us have desires and longings for deep intimacy with other human beings. These desires—sexual, romantic, or otherwise—are influenced by many factors, including the decisions that we make to cultivate, shape, and channel them over time.
- Insisting on language better suited to scientific and anthropological realities will help clarify the truth about our identity as human persons and the true basis of our dignity, for those within and beyond our religious communities.

Sexual Identity

- Biologically rooted sex differences between men and women have been shown to run through all levels of human biology—from organism-wide traits, to subtle features of organs and tissues, and even to differences on the cellular and molecular level. The differences are not just physiological and anatomical, but also psychological; aside from our reproductive organs, the most sexually differentiated human organ is the *brain*.
  - Men and women differ in terms of our experience of emotion, our memory, our vision, and our hearing; men and women differ in our perceptual processing of faces, as well as in pain perception, navigation, neurotransmitter levels in our brain, and stress hormone effects on our bodies. Men and women are prone to different diseases and respond differently to the same medical treatments. Many of these differences are innate and built into our created nature—they are present from before birth and persist throughout life.
  - Accurate knowledge of these differences will allow us to more effectively conduct research and educational approaches to the unique needs of men and women, precisely so that we help each to reach their full potential.

- These truths have become increasingly clouded today by a nonscientific gender ideology, which claims that "gender" can be divorced from our biological sex; it claims that gender is not limited to male and female but exists on a spectrum; it even claims that individuals can choose to radically remake their gender according to their subjective preferences.
- But scientific evidence runs contrary to this sharp division between biological sex and socially constructed gender. This fact of sexual differentiation goes beyond our reproductive organs, to encompass our thoughts, perceptions, emotions, and interactions.
- Rare "intersex" conditions, which are caused by genetic or hormonal abnormalities, do not undermine the basic biological norm of male and female. Modern medicine understands these conditions to be *anomalies* or *disorders* of sexual development; they are typically characterized by sexual or reproductive problems like infertility and other functional deficiencies.
  - There is no credible scientific evidence that people suffering from gender-identity disorder or gender dysphoria were somehow "born in the wrong body." Some researchers have tried to show that these individuals have brain features closer to their "desired gender" than to their biological sex. But these studies have shown inconclusive results at best, and the weight of the current scientific evidence contradicts this notion.
  - The personal distress of individuals with gender dysphoria is analogous to the distress found in other psychiatric conditions like anorexia or body-dysmorphic disorder—which involve believing that one is obese when the opposite is true, or focusing obsessively on physical traits that one hasn't accepted. All of these conditions involve discomfort with one's own body, a distorted body image, a strong and persistent desire to have different physical traits, and difficulties with identity.
  - Gender reassignment procedures (like sex-change operations and associated hormonal therapies) do not typically help such people, as shown by studies of mental- and physical-health outcomes after such procedures.

Explanatory Essay

Sexual Desire

Drawing upon extensive research in the biological, psychological, and social sciences regarding sexuality and identity (to be summarized in a forthcoming publication), we wish to offer thoughts that we hope will help the Conference participants. We offer them as a commentary on language and terms often borrowed from popular culture in our religious communities' pastoral writings and discourse.

Today, terms like "homosexual persons" and "sexual orientation" are used as if they had a clear meaning and described objective, even obvious realities existing in the world. But we think that scientific findings tell a different story. In light of the biological and psychological sciences, we believe that phrases like "homosexual persons" and "sexual orientation" are misleading, and that words like "homosexual" and "homosexuality" are ambiguous (similar problems likely plague the words "heterosexual" and "heterosexuality").

Consider "sexual orientation": this term can refer to (1) complex patterns of desires and attractions, (2) sexual behaviors, or (3) a self-proclaimed identity. But research shows that for many individuals these three phenomena often do not align. Ignoring these distinctions may thus hinder efforts to develop pastoral guidance—or design research—aimed at helping those who identify as homosexual in any of these senses. Besides being ambiguous, the concept of "sexual orientation" is misleading; it carries a false scientific veneer. "Sexual orientation" doesn't actually capture an innate and immutable biological or psychological trait; indeed, the notion didn't emerge from any research in biology or psychology. It is, instead, a social construct invented in the nineteenth century—one whose ambiguity makes it difficult for science to study.

Likewise, the common popular belief that "homosexual" and "heterosexual" describe different types of human beings is not based on science; such terms don't pick out stable, clearly measurable and verifiable biological or psychological traits. Indeed, new "sexual orientations" could be multiplied indefinitely to match the vast range of human sexual behavior and expression. Some advocates have already pushed for civil law to recognize asexuality, polyamory, and even pedophilia as sexual orientations in the same sense. And psychiatric clinical literature and research

identify countless fetishes—more or less stable patterns of sexual desire and behavior—that one could, by this logic, call orientations.

Research on human sexuality demonstrates not only that sexual desires are complex and difficult to measure, but that they are shaped by many factors (including environmental and experiential ones), and often subject to change across a person's lifetime. Of course, no one wakes up and simply *chooses* to have these or those desires. But recent scientific findings demonstrate that sexual desire is often fluid and changeable—most fluid perhaps in women, but also remarkably so in young men. As several large and robust studies have shown, substantive changes—typically toward heterosexual desire—often occur even without deliberate effort as adolescents and young adults mature. The most comprehensive of these studies found that 80 percent of boys reporting predominant *same-sex* attraction as adolescents—and 80 percent reporting *both-sex* attractions—by their twenties came to report *exclusively opposite-sex* attractions. The same was true of more than half of both-sex attracted adolescent girls. (Heterosexual attractions, by contrast, were found in this study to be quite stable.) [1]

These findings cohere with recent research on "neuroplasticity," which shows that the brain—including regions involved in sexual arousal and behavior—can be reshaped over time by life experiences, including relationships, sexual behaviors, and habits. As one prominent psychiatrist and researcher puts it: "The human libido is not a hardwired, invariable biological urge but can be curiously fickle, easily altered by our psychology and the history of our sexual encounters.... Sexual taste is obviously influenced by culture and experience and is often acquired and then wired into the brain" [2]. This is not to suggest that same-sex attractions are always able to change; for some individuals these attractions may remain more stable across the life span.

While many today still believe that individuals identifying as gay or lesbian were "born that way," there is little scientific evidence that homosexual desire is simply fixed by genes. In fact, a robust body of evidence suggests that it is shaped far more by a person's relationships, culture, and other experiences. Several large studies have shown that genetically identical twins aren't much more likely than nonidentical siblings to report both experiencing homosexual desire or behavior wherever one sibling does (with concordance rates for identical twins ranging from 5 percent to 24 percent, depending on the study and its criteria for defining "homosexual") [3].

Moreover, homosexuality isn't distributed evenly across different environments and experiences, as genetically set traits are. According to the largest and most comprehensive study of sexual behavior in the United States, rates of male homosexual behavior depend to a remarkable extent on whether the person spent his adolescence in a rural or urban area; adult males who had spent adolescence in an urban area were four times more likely to have had a same-sex partner in the past year. The same survey found that adult men are two times more likely—and adult women are *nine* times more likely—to identify as gay, lesbian, or bisexual if they attended college [4]. In short, scientific research suggests that while genetic factors may modestly influence same-sex desire and behavior, environmental factors play a larger role [5].

To summarize, the concept of orientation, and related categories like "homosexual" and "heterosexual," often obscure the subtlety, complexity, and fluidity of sexual desire and related phenomena. The automatic inference from romantic or sexual desire, attraction, interest, or longing to "sexual identity" or "orientation" is therefore problematic. While these terms may sound as though they are derived from biological or medical science, they are not. Research and pastoral practice would best be served by distinguishing among desire, behavior, and identity, and by acknowledging that these may sometimes change over time.

These scientific findings confirm what many religious traditions, including Christianity, have long understood regarding the human person: while our biological and psychological constitution as *male* and *female* represents pervasive and innate features of our sexual and personal identity, sexual orientation categories do not. Too often the language now used in religious contexts suggests, unwittingly, that "homosexual persons" or "homosexuals" constitute a particular species of individual, differentiated from the rest of humanity by clearly identifiable biological or psychological features. We hope our brief analysis has demonstrated that this is not what science shows about human sexuality. Research suggests that a person's sexual desires do not constitute a stable or genetically fixed feature of his or her biological or psychological makeup; neither do such desires and attractions influence the person's constitution in such a way that science suggests we should understand their well-being in radically different terms. It is worth noting here that the same could be said of the terms "heterosexual" or "heterosexuality" [6].

Regarding sexuality and identity, the most basic category and the most important distinction is that we are *men* or *women*. As we describe in the next section, there are important and scientifically measurable perceptual, cognitive, affective, social, and relational differences derived

from this sexual differentiation between male and female—differences that run deeper than our reproductive organs, and that constitute essential features of our sexuality.

By contrast, our complex, often fluid sexual desires and attractions constitute a more peripheral and variable feature of our biological and psychological constitution. As human beings, all of us have desires and longings for deep intimacy with other human beings. These desires—sexual, romantic, or otherwise—are influenced by many factors, including the decisions that we make to cultivate, shape, and channel them over time.

We believe that the language used in religious and pastoral documents should strive to accurately reflect these realities. To avoid these "sexual orientation" categories—now widely, though misguidedly, accepted and employed—may prove challenging when writing or speaking on these issues. But distinguishing among homosexual desire, behavior, and identity—and avoiding misleading or confusing uses of "orientation" terms—will in the long run better serve pastoral practice, research, and other aims of our religious communities. We believe that insisting on language better suited to scientific and anthropological realities will help clarify the truth about our identity as human persons and the true basis of our dignity, for those within and beyond our religious communities.

We wish to respond to the possible objection that by rejecting the utility of this terminology, we are ignoring or implicitly denying the pastoral or moral challenges that people face in the sexual realm. To the contrary, we fully recognize these challenges. Indeed, we are motivated by the belief that they can be adequately addressed only *if* we begin from scientifically responsible starting points. If these issues are framed in categories that serve (even just unintentionally) to encase or entrap people in social constructs—which can artificially limit their development—we risk laying a burden on them too great for any man or woman to bear, rather than helping them toward the freedom to which they are all called.

Gender Identity

Men and women—mothers and fathers—are not interchangeable parts in a family. Science is increasingly discovering the remarkable and subtle ways that men and women are differentiated, with each one beautifully suited to complement the gifts of the other. As a result of this complementarity, the unique relationship of marriage has beneficial effects on the mental and physical health of both husbands and wives. To cite just one example, marriage lowers men's risks of aggressive or impulsive behaviors, because the stable marital relationship with a woman modulates a man's levels of testosterone.

Biologically rooted sex differences between men and women have been shown by scientific studies to run through all levels of human biology—from organism-wide traits, to subtle features of organs and tissues, and even to differences on the cellular and molecular level. The differences are not just biological, but also psychological; it turns out that aside from our reproductive organs, the most sexually differentiated human organ is the *brain*.

We now know that men and women differ in terms of our experience of emotion, our memory, our vision, and our hearing; men and women differ in our perceptual processing of faces, as well as in pain perception, navigation, neurotransmitter levels in our brain, and stress hormone effects on our bodies. Men and women are prone to different diseases and respond differently to the same medical treatments. Research has demonstrated that many of these differences are innate and built into our created natures—they are present from before birth and persist throughout life [7].

A recent report of the prestigious National Academy of Sciences in the United States stated: "Sex matters. Sex, that is, being male or female, is an important basic human variable that should be considered when designing and analyzing studies in all areas and at all levels of biomedical and health related research" [8]. Rather than providing a basis for male-female inequality, biological sex differences suggest complementarity, which is perfectly compatible with equality. Accurate knowledge of these differences will allow us to more effectively tailor research and educational approaches to the unique needs of men and women, precisely so that we help each to reach their full potential.

However, these truths about the complementarity of men and women have become increasingly clouded today by a gender ideology that rejects our embodied sexual nature. To adopt this gnostic ideology requires that we ignore not only common sense but also extensive research findings in modern biology, neuroscience, and medicine. This ideology claims that "gender" can be divorced from our biological sex; it claims that gender is not limited to male and female but exists on a spectrum; it even claims that individuals can choose to radically remake their gender according to their subjective preferences. We can take as a representative of this view the phrase of Simone de Beauvoir, who in the last century heralded this gender ideology with her famous claim, "One is not born a woman; one becomes a woman" [9].

But scientific evidence in the biological, psychological, and social sciences runs contrary to this sharp division between biological sex and socially constructed gender. This fact of sexual differentiation goes beyond our reproductive organs, to encompass our thoughts, perceptions, emotions, and interactions. It influences the unique and irreplaceable way that men and women bond, not only in the creation of new human life, but in the institution of the family, which provides such life with the most suitable social context in which it can develop and flourish. Men and women are finely tuned at every level—biological, psychological, social, and spiritual—to complement one another in the process of cocreating, educating, and raising new members of the human family. The unique roles of man and woman in marriage are therefore irreplaceable. This truth has been taught for centuries by the world's great religious traditions, and it is confirmed also by the fascinating and beautiful findings of modern scientific research.

It may be helpful to point out that rare "intersex" conditions, which are caused by genetic or hormonal abnormalities, do not undermine the basic biological fact of sexual dimorphism—the biological norm of male and female. Modern medicine understands these conditions to be *anomalies* or *disorders* of sexual development; such conditions are typically characterized by sexual or reproductive problems like infertility. They involve biological and functional deficiencies when measured against the natural norm of male and female.

A comprehensive treatment of the issue of gender-identity disorder, gender dysphoria, or what is popularly called transgenderism lies outside the scope of this short work. We will mention briefly, however, that there is no credible scientific evidence that people suffering from gender-identity disorder or gender dysphoria were somehow "born in the wrong body." Some researchers have tried to show that these individuals have brain features closer to their "desired gender" than to their biological sex. But these studies have shown inconclusive results at best; and the weight of the current scientific evidence contradicts this notion.

Rather, the subjective distress of individuals with gender dysphoria is analogous to the distress found in other psychiatric conditions like anorexia or body-dysmorphic disorder—which involve believing that one is obese when the opposite is true, or focusing obsessively on physical traits that one hasn't accepted. All of these conditions involve discomfort with one's own body, a distorted body image, a strong and persistent desire to have different physical traits, and difficulties with identity.

Individuals suffering from these feelings indeed call for compassion, as well as sensitive psychological and pastoral assistance—but assistance that actually helps them. But so-called gender-reassignment procedures do not actually help such people, as shown by studies of mental- and physical-health outcomes after such procedures. One Swedish study of seven hundred people ten years after gender-reassignment surgery showed that these individuals tragically continued to suffer: they had suicide attempts at seven times the rate of the general population; they completed suicide at rates nineteen times that of the general population; their mortality rate was four times higher than the general population; and their rate of psychiatric hospitalization was also four times higher than the general population. In short, the procedure did not fix their distress or their mental-health problems.

Treatment approaches based upon notions of gender that do not comport with the truth about the human person, not surprisingly, appear to be ineffective. Better treatment and pastoral approaches are most certainly called for; otherwise, we risk abandoning individuals who are suffering, or offering them a solution that does not get to the root of the problem, and so does not resolve their distress.

In regard to gender and sexuality, we conclude with some remarks from Pope Benedict XVI:

> The human being is not a self-sufficient individual nor an anonymous element in the group. Rather he is a unique and unrepeatable person, intrinsically ordered to relationships and sociability. Thus the Church reaffirms her great "yes" to the dignity and beauty of marriage as an expression of the faithful and generous bond between man and woman, and her no to "gender" philosophies, because the reciprocity between male and female is an expression of the beauty of nature willed by the Creator [10].

Notes

[1] The National Longitudinal Study of Adolescent Health (known by researchers as "Add Health") was a longitudinal study of a nationally representative sample of over 90,000 US individuals, followed prospectively from adolescence to young adulthood. For the data cited here, see J. Udry and K. Chantala, "Risk Factors Differ according to Same-Sex and Opposite-Sex Interests," *Journal of Biological Science* 37 (2005): 481–97; and R. Savin-Williams and G. Ream, "Prevalence and Stability of Sexual Orientation Components during Adolescence and Young Adulthood," *Archives of Sexual Behavior* 36 (2007): 385–94.

[2] N. Doidge, "Acquiring Tastes and Loves," in *The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science* (New York: Viking Penguin, 2007).

[3] J.M. Bailey, M. Dunne, and N. Martin, "Genetic and Environmental Influences on Sexual Orientation and Its Correlates in an Australian Twin Sample," *Journal of Personality and Social Psychology*, 78 (2000): 524–36; P. Bearman and H. Bruckner, "Opposite-Sex Twins and Adolescent Same-Sex Attraction," *American Journal of Sociology* 107 (2002): 1179–205; S. Kendler, L. Thornton, S. Gilman, and R. Kessler, "Sexual Orientation in a U.S. National Sample of Twin and Nontwin Sibling Pairs," *American Journal of Psychiatry* 157 (2000): 1843–46; N. Langstrom, Q. Rahman, E. Carlstrom, and P. Lichtenstein, "Genetic and Environmental Effects on Same-Sex Sexual Behavior: A Population Study of Twins in Sweden," *Archives of Sexual Behavior* 39 (2010): 75–80.

[4] E. Laumann, J.H. Gagnon, R.T. Michael, and S. Michael, *The Social Organization of Sexuality: Sexual Practices in the United States* (Chicago: University of Chicago Press, 1994).

[5] N. Langstrom, Q. Rahman, E. Carlstrom, and P. Lichtenstein, "Genetic and Environmental Effects on Same-Sex Sexual Behavior: A Population Study of Twins in Sweden," *Archives of Sexual Behavior*, 39 (2010): 75–80.

[6] It is instructive to note in this context that, from the perspective of natural-law theory and Catholic moral theology, the essential distinction is between marital acts (which are necessarily sexual acts of the procreative type) and nonmarital sexual acts (including all complete sexual acts that are not procreative in type), and *not* between homosexual and heterosexual acts.

[7] As one leading neuroscience researcher put it: "Sex influences on brain function are ubiquitous, found at every level of neuroscience from the behaving human to the [molecular] ion channel.... Those who know the [research] literature would find it difficult to think of a single domain of brain research that remains untouched by this hugely important development" (L. Cahill, "Oversimplifying Sexual Differences in the Brain, a review of *Man and Woman: An Inside Story*," *Cerebrum* (May 2011). For a good overview summary of brain differences by sex as these relate to cognition, see Diane Halpern, *Sex Differences in Cognitive Abilities* (Mahwah, NJ: Lawrence Erlbaum, 2011).

[8] National Academy of Sciences, "Exploring the Biological Contributions to Human Health: Does Sex Matter?" (Washington, D.C.: National Academy Press, 2001), https://iom.nationalacademies.org/~/media/Files/Report%20Files/2003/Exploring-the-Biological-Contributions-to-Human-Health-Does-Sex-Matter/DoesSexMatter8pager.pdf.

[9] Simone de Beauvoir, *Das andere Geschlecht* (Reinbek bei Hamburg: Rowohlt Taschenbuch, 1968), 265.

[10] Pope Benedict, XVI, Address to participants in the Plenary Assembly of the Pontifical Council *Cor Unum*, January 19, 2013.