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SAME-SEX ATTRACTION (SSA): BEYOND THE RHETORIC[1]

It has become increasingly common in the Orthodox community for young men to turn to a therapist because of concerns regarding their ñsexual orientation.ò Sometimes, even if they give other reasons for their interest in therapy, the concern over same-sex attraction (SSA) later emerges as an underlying concern that permeates their subconscious mind.

Sometimes the concern over SSA relates only to their fantasy life. At other times the impetus for their concern is the fact that these young men have acted out sexually with others of the same gender. In the past, when this happened the participants ñonlyò had to struggle with guilt feelings over sinful behavior. Since the advent of the ñgay revolutionò and its fabrication of the concept of ñbeingò gay with its attending supposition that people are born this way, many youngsters react to such events with the alarming fear that their actions prove that they are indeed gay - a fear that overshadows feelings of guilt. The anxiety over ñsexual orientationò touches off many secondary problems of difficulties concentrating, depressed mood, poor self-esteem, etc.

The Fallacy of the "Gay Gene"

Due to the highly effective public relations efforts of the gay activists, many people find it difficult to believe that there is an absence of credible scientific evidence for the existence of a ñgay gene,ò since it flies in the face of what is presented as fact in the world at large. There have been a few attempts by self identified gay scientists to present evidence of genetic causes of homosexuality, but these endeavors have never withstood scientific scrutiny, a point that some gay activist researchers now concede.[2] Most people are unaware of the fact that gay rights advocates have often written in their internal documents that it advances their agenda to popularize the concept of a ñgay geneò (in spite of the lack of scientific evidence).[3]

[1] An earlier version of this paper was published in *Dialogue,* Fall 2013, No. 4, pp. 218-233.
[2] See https://www.narth.com/gay---born-that-way for documentation.
[3] For example, LeVay, the noted gay activist researcher, has written: ñé people who think that gaysé are born that way are also more likely to support gay rightsò (cited in the website noted in previous note).

The manner in which the question of being ñborn gayò is framed in the popular culture is in itself a political ploy on the part of gay activists. The public is presented with two possible ways to understand homosexuality; that people are born gay or that they ñchoose to be gay.ò Since it is very far-fetched to assume that someone would choose in a conscious, deliberate manner to be gay, it forces reasonable people to conclude that gay people must be born that way. When they are told that the cause is genetic, they see this as part of the advance of science, i.e., uncovering the specific mechanism of being ñborn that way.ò[4]

This choice, however, is a false dichotomy. The third, unacknowledged possibility is that factors in a personôs developmental environment bring into being the emotional, subconscious basis for homosexual feelings. Genetic determination is not the sole explanation for what many gay people experience as having ñno choiceò other than homosexual attraction. These same types of compulsions are also experienced by many people for purely psychological reasons.

Those who grew up in a very abusive home may feel compelled to distrust everyone. Or they may feel compelled to assume that they will fail in everything they do. Or they may experience uncontrollable anger at the slightest provocation. Does the great difficulty they would experience in trying to change these mind sets compel us to conclude that they must have been ñborn that wayò? Or can we understand that powerful psychological forces can also create compelling drives?

Even if evidence of a gene associated with homosexuality were to be found (which has not actually happened), it would be grossly inaccurate to describe such a gene as ña gene for homosexuality.ò The popular image of ñfinding a geneò for a disorder or a human attribute is that having that gene dictates that the person will definitely develop that disorder or attribute. This is simply not so. It is almost universally accepted by serious researchers that biological factors that influence human attributes do so only in ways that are significantly shaped by environmental factors (Dar-Nimrod & Heine, 2011).

As a researcher in the field of stuttering emphasizes (Starkweather, 2002):

> Genetics do not determine behavior in the same way that they determine physical traits, such as eye color. With behavior, the environment itself is substantially involved in genetic transmission, even when the proportion of variation attributable to genetic influence is highé . Genes do not produce behavior; they do not even determine behavior, they only influence the probability that behavior will occur, given a specific environmental influenceé .[p. 275] Caution is warranted [even in interpreting twin studies that purportedly shows evidence of genetic influences since] the difference between monozygotic and dizygotic concordance overestimates heritability to an indeterminate degree [p. 274].

[4] The political motivation for insisting that gay people are born that way was highlighted when Cynthia Nixon, a well-known actress, stated in front of a gay audience that she ñchose to be lesbian.ò The gay audience did not take kindly to this declaration. ñThey tried to get me to change [my declaration], because they said it implies that homosexuality can be a choiceò [Reported in *The Week* magazine, Feb. 10, 2012, p. 8].

The overly simplistic picture drawn by the popular press of a gene that ñmakesò a person gay is only partially a result of the gay activistsô propaganda. It also reflects the very American tendency to oversimplify complex matters (a la ñKabbalah for Dummiesò). In a recent article in the *American Journal of Psychiatry*, a researcher decried the ñGene Talkò prevalent in both the lay and professional writings about psychiatric disorders and other complex behaviors, misleadingly implying a direct link between a gene and a trait or disorder (Kendler, 2005).[5] Likewise, a noted genetic researcher stated in a special issue of *Science* (Mann, 1994):

> é the interaction of genes and environment is much more complicated than the simple ñviolence genesò and ñintelligence genesò touted in the popular pressé . The same data that show the effect of genes, also point to the enormous influence of non-genetic factors [p. 1687].

The following true incident illustrates the overriding impact of environmental factors (e.g., parental attitudes), even when dealing with behaviors with a genetic base (Neubauer & Neubauer, 1990):

> *[Identical twin] girls were separated in infancy and raised apart by different adoptive parents…. When the twins were two and a half years old, the adoptive mother was asked a variety of questions. Everything was fine with Shauna, she indicated, except for her eating habits. "The girl is impossible. Won't touch anything I give her. No mashed potatoes, no bananas. Nothing without cinnamon. Everything has to have cinnamon on it. I'm really at my wit's end with her about this. We fight at every meal. She wants cinnamon on everything!"*
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> *In the house of the second twin, far away from the first, no eating problem was mentioned at all by the other mother. "Ellen eats well," she said, adding after a moment: As a matter of fact, as long as I put cinnamon on her food she'll eat anything"* [p. 20].

The preponderance of scientific evidence indicates that environmental factors play the dominant role in causing someone to experience same sex attraction (SSA) with any possible biological factors playing a minor role of making some particular people more vulnerable to environmental influences. Some people find this difficult to accept, because they have felt SSA from a very early age. This fact is seen by many as conclusive evidence that such feelings must be ñhardwired.ò One wonders if they would feel the same about those who have always felt a sexual attraction to children (or for bestiality, for that matter), or those who always felt an impulse for promiscuousness. Are we to assume that they are also hardwired to feel this way, and if so, do we then conclude that it must therefore be a normal variant of human sexuality?

The abundant evidence from the rigorous scientific research on Attachment Disorders makes it clear that the earliest interactions between a caretaker and child have a profound impact on the developing child, so there is no reason to doubt that it can also impact gender identity and

[5] See also Whitehead, 2011a.

sexual orientation.[6] We have seen that the dominant and most direct causes of SSA are the environmental ones. Let us now discuss these factors.

Environmental Factors in SSA

When discussing the environmental factors that can lead to SSA, it is important to keep in mind the dangers of overgeneralization inherent in discussing the cause of any psychological symptom. There are many factors that can, for example, cause poor self-esteem. Still, it most often involves having been overly criticized. Likewise, we can say that SSA is most often a result of problems with gender identity, where a young boy fails to identify with his fatherôs masculinity. This, in turn, is most often the result of a distant, uninvolved or overly harsh and punitive father. The impact of this dynamic is often exacerbated by an overly involved and intrusive mother.[7] Obviously, this explanation does not fit every case of SSA, nor does every child raised in such an environment develop SSA, as there are many variations and complexities in the lives of all individuals, both regarding the temperament they are born with and the environmental forces they are exposed to (Whitehead, 2011b).

It is certainly plausible to suggest, for example, that the parents of a boy who has a ñsensitive temperamentò may find it more challenging to help him develop a comfortable masculine gender identity. This is no different than the challenges faced by parents of a child who is more easily distractible. The more emotionally healthy the parents are individually and the family is as a unit, the more likely it is that the parents will have the capacity to help their child develop normally in spite of these obstacles.

A boy, who, for whatever reason, has not been successful in developing a comfortable masculine gender identity, will face many challenges in his emotional development. He may feel alienated from other boys and their interests. When the other boys reach the age of feeling attracted to girls, heôll be interested in boys. This is not the result of some inborn sexual desire for males, as the problem of gender identity starts before the age of sexual interest. In fact when his age mates were at the stage where they disdained girls he only wanted to play with girls.

In evaluating the nature of a specific familyôs dynamics it is important to keep in mind that people often present a less than accurate picture of their familial relationships, so that they may paint a much rosier picture of their relationship with their parents than is factually true. I

[6] See e.g., Atkinson, L. & Zucker, K.J., (Eds.), 1997, *Attachment and Psychopathology.* New York: Guilford [see especially the discussion on gender identity issues in the chapter from S. Goldberg].

[7] A reader of an earlier version of this paper shared with me the following observation]: This stereotype may have been true in the past but, nowadays, I find that most of the men I meet with SSA don't have this background. The exceptions to this dynamic are so frequent that I don't think the words, "most often", apply. Often the father is involved but is perceived by the child as weak or defective. And not infrequently, the father has a fairly regular relationship with the child but he simply doesn't know how to relate to this particular child's temperament or interests, which are different to his own. Furthermore, Nicolosi now speaks more of the inconsistent mother than of one who is overly involved or intrusive. For example, she can be loving and nurturing, while at other times she self-absorbed or disapproving.

cite abundant research evidence for this in my article ñChemical Imbalance or Problems in Living?ò[8]

SSA is a symptom of a disorder and not the disorder itself

In my understanding, SSA [Same-Sex Attraction] is a symptom reflecting an emotional disorder and not in itself a disorder. Since SSA is reflective of an emotional deficit, it is usually accompanied by other emotional difficulties.[9] Poor self-esteem, lack of assertiveness, excessive concern for the approval of others etc. are often part of the larger picture. The particular same-sex others the person will be attracted to are usually those who have qualities he so desperately wants for himself (e.g., looks, assertiveness, confidence). The desire for physical closeness is often a magical wish to physically incorporate these admired qualities into oneôs self.

In my clinical experience there is often a substantial difference in the very nature of the search for a partner among heterosexuals and homosexuals. Heterosexuals generally tend to look for other-gender partners who **complement** them. A heterosexual male could feel very adequate in all that he feels he is supposed to be, yet he needs to find a partner who, by design, possesses qualities he isnôt supposed to have in order to complement his masculinity. My male patients with SSA, in contrast, tend to seek out other males who they feel are very accomplished in areas they have always felt themselves to be inadequate, in order to **compensate** for their own inadequacies.[10] Since they are trying to compensate for what they believe is missing in themselves, (usually qualities they identify as masculine) they need to attach themselves to someone of the same gender.[11]

James Giles (2006, 2008) has expressed a similar understanding of sexual attraction.[12] According to Giles, a fundamental element of human existence is the awareness that one has a

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[8] Available on my website, www.DrSorotzkin.com.

[9] See the research evidence from the *Archives of General Psychiatry* which concluded that homosexuals are at a higher risk for depression, anxiety, etc. - cited in www.narth.com/docs/innate.html. This is true even in Scandinavian countries that have long ago accepted homosexuality as a normal variant on human sexuality, so it would be difficult to attribute the higher rate of psychopathology among gays in those countries to ñhomophobia.ò

[10] Needless to say, there are many heterosexuals who also seek partners in order to compensate for their own inadequacies. I am merely sharing an observation as to which motivations typically dominate.

[11] In a similar vein, Rabbi Nosson Sherman notes in his audio series on the Holocaust: ñThatôs another strange thing about the leaders of the Nazi party. They deified the beautiful German, Northern, blond beast ï tall, slim, long legs, blond hair, blue eyes, and narrow face. And yet, none of the top leaders of the Nazi party looked that way, not a single one.ò This is also related by Heather Pringle in her book *The Master Plan: Himmler's Scholars and the Holocaust,* (2006, Hyperion: NY): ñAt a social event one evening é the wife of a high-ranking SS officer é broached the problem with Himmler. She observed that the Nazi party would instantly lose its entire leadership-ó The Fuhrer, you Herr Himmler, Dr. Goebbelsé ô-if the principles of racial selection were strictly applied [p. 42]. In other words, the Nazis obsessed over idealized physical characteristics that they felt sorely lacking in themselves. These underlying feelings of inadequacy that drove much of the Nazi obsession with being a ñsuperior raceò is again highlighted by Pringle when she reports that Hitler complained about ñHimmlerôs passionate enthusiasm for northern European [Nordic] prehistory. ówhy do we call the whole worldôs attention to the fact that we have no pastô? he grumbled on one occasion to Albert Speer. ódtôs bad enough that the Romans were erecting great buildings when our forefathers were still living in mud huts; now Himmler is starting to dig up these villages of mud huts é ô [p. 66]ò

[12] My thanks to David G, a psychology doctoral student, for calling my attention to Giles' writings.

gender which includes the awareness that one is lacking something that the other gender has. Giles elaborates:

> An integral aspect of the awareness of gender is a sense of incompleteness or emptiness [that] is fundamentally connected to sexual desire. This is because sexual desire is experienced as the desire to incorporate into one's body another gender, either in reality or in fantasy [in order] to fill out the emptiness ... [to] receive what they lack through an intimate blending. This ... typically involves engaging the genitals ... for it is just these features of the body that constitutes the genders of the persons involved. [Giles, 2006, pp. 234-235]

Giles further explains how this applies to homosexual desires, where the object of desire is of the same gender. Based on Tripp's (1988) discussion of a homosexual's "felt-shortage" of his own gender, Giles explains that:

> the homosexual is someone who intensely admires the attributes of same-gender persons ... because he feels himself to be lacking in these attributes. This intense admiration is engaged in to the point that the person begins to eroticize the same- gender attributes and seeks to absorb them into himself by sexually engaging same-gender persons. [Giles, 2008, pp. 128-129]

Obsessive Envy

Since homosexuals are driven by the negative and painful emotion of envy resulting from feelings of inadequacy, the interest they take in their object of interest often has an obsessive quality. In an interview describing her research findings on enviousness (Hill et al. 2011), Sarah Hill reported that: ñWe canôt get our minds off people who have advantages we want for ourselves, é But coveting also takes up a lot of energy. Reading about class mates who are rich and good looking made students quicker to give up on tasks that required prolonged mental efforté "[13]

Compassion and Tolerance

Many who support the gay agenda do so in the name of compassion. The first question we need to ask is if it is compassionate to pretend a symptom is not reflective of an emotional disorder if it truly is? If someone has a medical condition that required urgent care but he is in denial, would it be compassionate to join his denial? Of course, gay activists claim that homosexuality isnôt reflective of an emotional disorder. That is a scientific question that should be explored via research and not political rhetoric. If it is indeed reflective of an emotional disorder then it certainly wouldnôt be compassionate to pretend otherwise. As mentioned above, there is evidence that emotional disorders are more common in the homosexual community.

[13] *The Week* Magazine 10/28/11 (Health & Science, p. 22).

Shaping the debate by attaching the label ñhomophobiaò on anyone who believes that homosexuality is reflective of a disorder is another example of the political genius of radical gay activists who invented this term in order to delegitimize anyone who dares question any aspect of their agenda.[14]

It is ironic that gay activists demand tolerance when they are often very intolerant with those who don't go along with their agenda. It was recently reported that the gay community "was on the prowl" after conservative gay commentator Andrew Sullivan had the nerve to come to the defense of a tech executive who was forced to resign by pressure from gay activists because he supported an anti-marriage equality bill. Sullivan felt that this was "an infringement of an individual's freedom of speech and worried that this could lead to hindrances of individuals to speak their mind in unrelated to work experiences."[15]

In addition, it is important to remember that the gay community is not asking for compassion or even acceptance. They are demanding that society accept their view of homosexuality as a normal variant of human sexuality. In the earliest years of the gay movement they only demanded protection from harassment and discrimination (i.e., compassion). They reacted with great indignation when anyone suggested that they will eventually demand gay marriage. Yet from articles written by gay activists for internal consumption it is clear that full equality - including gay marriage - was their ultimate goal from the beginning.

One component of compassion is being non-judgmental. It is unfortunate, though, that many people equate refraining from being judgmental with avoiding forming a judgment. So, if someone forms a judgment that homosexuality is undesirable - either for religious reasons, since the Torah explicitly prohibits homosexual behavior, and/or for mental health reasons, because there is evidence that homosexuality is associated with higher incidence of emotional disorders ï the person is accused of being judgmental, or worse a ñhomophobe.ò This is, of course, nonsense. In fact, it is a deliberate misuse of a scientific term for political gain. A phobia refers to a fear that is patently irrational. Whatever one thinks of the belief that the Torah forbids homosexual acts or that it is indicative of emotional distress, it certainly doesnôt qualify for irrational.

> A gay acquaintance once insisted that I ñmust beò judgmental of him since I believe that homosexuality is not a normal variant of human sexuality. I responded that I could prove that he was judgmental of me. He protested vigorously, as being a self-proclaimed liberal, he sees being judgmental as a major sin. I reminded him that he was a vegetarian who believed that it was unethical to eat meat. So, by his own criteria, he must be judgmental of someone like myself who eats meat (he might even label me as

[14] Another example of a propaganda success by the gay lobby is reflected in a recent report in *The Week* Magazine (June 10, 2011 p. 21). When asked to guess what percentage of the population is gay or lesbian, Americans estimate, on average, that 25% are. A new, population-based survey puts the actual number of adults who identify themselves as lesbian, gay, or bisexual at 3.5% [Gallup Poll]. This misperception is clearly the result of the gay lobbyôs efforts to create the illusion that homosexuality is very common, thus reinforcing the notion that it is a normal variant of human sexuality.

[15] Andrew Sullivan sparks ire of gay community over defense of former Mozilla CEO Brendan Eich, by Joseph Mayton, *Tech Times,* April 12, 2014.

ñvegi-phobicò). I, on the other hand, believe that one can have a judgment without being personally judgmental of the other person.

It should go without saying that we should treat all human beings, regardless of their condition, with respect and compassion. That is **not** the issue. The question of how to relate to homosexuals as individuals should not be confused with the question of how to deal with homosexuality.

Is Change Possible?

The popular notion that SSA is unchangeable (ñbecause it is geneticò) is also part of the gay political agenda. Here again, even if a genetic/temperamental factor is found to be associated with homosexuality, it would still not necessarily mean that it is unchangeable.

> There is often a tendency to assume that, if a behavior pattern is related to a biologically based temperament, the pattern is unchangeableé . The fallacy of this assumption is well documented in many areas of psychologyé . changes in a childôs psychosocial context can clearly alter how his or her temperament is manifested. (Frick & Loney, 2002 p. 122)[16]

The fact that overcoming SSA is indeed difficult and is often only achieved imperfectly, with incidences of relapse, is also cited as evidence of the unchangeable nature of sexual orientation, thus making the apparent change not authentic. This claim is absurd! All psychological problems are difficult to change. Is it easy to help someone improve his self-esteem? Is it easy to help someone develop confidence? Or to overcome years of abuse? When the person makes progress, do we belittle his progress because he is still struggling? And if he improves with his issue 90 percent, do we not see this as a tremendous success even though vestiges of his problem remain? 12-step programs are considered by many to be the gold standard for treatment of addiction, yet they are very far from 100 percent effective and there is significant relapse. Why is the treatment of SSA held to standards so ridiculous, illogical and dramatically different than the standards to which other areas of psychotherapy are held to? Only because of a political agenda, it seems.

This political agenda has become obvious in the reaction of radical gay activists to scientists who report research findings contrary to the gay agenda. Dr. Robert Spitzer, the prominent Columbia University psychiatrist, was the architect of the 1973 American Psychiatric Associationôs decision to remove homosexuality from the list of psychiatric disorders. This decision was based, to a large degree, on the belief that homosexuality was an unchangeable part of the personôs basic makeup. Recently, Dr. Spitzer restudied the issue, interviewing many people who successfully underwent therapy for homosexuality. He then made the following public statement:

[16] Eric Kandel was awarded the 2000 Nobel Prize in Medicine, for discovering that life events impact brain structure and even the fundamental underlying genetics!

> I am convinced from the people I have interviewed, that many of themé have made substantial changes toward becoming heterosexualé I think thatôs newsé I came to the study skeptical. I now claim that these changes can be sustained.[17]

The gay activists responded to this statement, not with reasoned debate, or by challenging his findings on scientific grounds. Rather he was maligned and vilified by gay activists and the politically correct.[18]

Therapists have had as much success helping people overcome SSA as they have had helping them overcome other psychological problems. The probability of success with treating SSA is dependent on the same factors (motivation, hope, support, resources, insight, etc.) that success in psychotherapy is always dependent on. So, while it would be inaccurate and unethical to suggest that overcoming SSA is easy, it is equally inaccurate and unethical to say that it is impossible.[19]

One important factor that I find contributes to the difficulty of helping someone overcome homosexuality is the degree to which he has become involved with gay organizations. My understanding of this is that many people with this issue had always felt rejected by their overly critical parents (for reasons unrelated to SSA). The yearning for acceptance had therefore become a primary motivator in their life. When they began to experience SSA they had begun to feel like even bigger outcasts (even if no one else knew about it), intensifying the need for acceptance. When they ñcame outò and most often experienced even more overt rejection, or at least disapproval, the longing for approval became focused almost exclusively on being accepted as gay, since in their own minds this was their most glaring defect. When the gay community embraces them with an unconditional acceptance that they may be experiencing for the first time, the pull can be intense and very resistant to any intervention even when the SSA is primarily unwanted and egodystonic.

Liberals against Self-Determination

Many people in the general community are unaware of how far reaching the radical gay agenda is. Not satisfied with achieving gay marriage in some states, there has been a movement in many mental health organizations to declare it unethical for a therapist to treat a client who requests help in overcoming SSA! As of this writing, New Jersey and a number of other states have already declared it unethical for a parent to bring their minor child for treatment for SSA![20] It is amazing that those who are usually the most passionate advocates of self-determination

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[17] Cited in www.narth.com/docs/innate.html.

[18] More recently, Dr. Spitzer issued a "retraction" of this study. This "retraction" however, is more of a capitulation to political pressure than a scientific statement (see addendum).

[19] *The Week* Magazine, 11/29/13, p. 9: Report on NYôs new mayor elect, Bill de Blasio. ñ[His wife] Chirlane McCray didnôt seem like a good match for de Blasio when they met in 1991é McCray was an African-American lesbian six years older than [de Blasio but he] set his sights on winning her over, calling her repeatedly and flirting even after she made it clear she was gay. Eventually, McCray relented, and the couple married in 1994. Theyôve since had two childrené ò

[20] Anyone who doesn't realize that this step is only the first step of an effort to declare all treatment for SSA - even for adults - as unethical, has to be politically naive.

suddenly reverse roles and decide that an adult cannot be permitted to decide how he wants to be helped! Even more amazing is that most of the activists who donôt trust a male client to decide to try and change the object of his attraction from male to female have no problem with permitting a male to decide to undergo a sex-change operation! The power of political correctness!

Same-Sex Attraction: Clinical Observations

"Michael"[21]

Michael was a single, *frum bochur* who came for therapy at the age of 26 at the advice of his Rebbi because he had been dating unsuccessfully for 5 years. He had finally confided to his Rebbi that he has been struggling with SSA for many years with only minimal attraction to females.

Michael was the oldest of 5 children. He grew up in a large Orthodox Jewish community in the Midwest. His father was a very successful executive in the financial services sector. His job took up most of his time and energy, and Michael saw little of him in his formative years. Michaelôs mother had a terrible temper and was obsessive over cleanliness and neatness.Michael recalled that he was always desperate to please her but she was impossible to please.

Michael recalled an unhappy and insecure childhood with many psychosomatic issues. At first he described himself as having a ñvery close relationship with my parentsò and he declared ñmy parents loved me and were not abusive.ò As he spoke in more detail about his early history he realized that he never told them about his insecurities and certainly did not tell them about his SSA, so it seemed a stretch to say that he was close to them. He also recalled an incident when he was eleven years old, when his mother ñwas out of controlò with anger. He yelled out ñI hate youò and ran to his room and locked the door. His mother yelled and banged on the door until he opened it. She yelled; ñYou know how much it hurt me!ò and slapped him hard. His father was more reasonable but avoided all emotions.

Michael was always envious of the "cool" kids in his class, especially in his younger years when he was very weak in sports. He later became obsessed with becoming better in sports and did, in fact, become very good at it, but never enough to make him feel truly masculine. Some of the ñcoolerò kids would brag about the size of their male organs and this made Michael particularly self-conscious of, what he perceived to be, his inadequate size. This became the focal point of his general feelings of shame and inadequacy, particularly his inadequate masculinity. He was convinced that he would never be able to please a girl physically. He became obsessively envious of (and, therefore, sexually attracted to) other boys who, he was convinced, were much more masculine than he.

At some point in high school he tried to escape these torturous obsessions by throwing himself into learning and ñavodas Hashemò in a perfectionistic manner. He cut himself off from

[21] All names and details have been changed to preserve confidentiality.

his friends and ñtried to be a robot.ò In spite of his best efforts, he could not control his masturbation and this resulted in intense shame and guilt. He became so intense that his Rebbi tried to get him to ñtone down.ò

When he started dating, his underlying insecurities became more intense. Since his mother and sisters were very critical, he assumed that all women were like that and so he worried what he was getting himself into. He also felt undeserving so he could not imagine enjoying an engagement when there were older single boys who were still suffering.

Michael also realized that he needed an exceptionally pretty girl. First of all, because he felt that that would make it more likely that he would be attracted to her and he would be able to perform sexually. But a more potent factor was that, in his mind, the value of being masculine was that you could get a pretty girl. If he got an exceptionally pretty girl it would prove that he was masculine.

Process of Therapy

Over the course of our therapy, I helped him connect his current difficulties to his early life experiences. He began to clearly see that his SSA was only the tip of the iceberg, a manifestation of many psychological insecurities. He began to work on developing self-esteem that does not require perfection. He became more assertive, especially with his mother. His mother began to act toward him in a more reasonable fashion, to the point that he was the only one of his siblings who could maintain a relationship with her.

I also encouraged him to see the girls he was dating as people, rather than objects. Likewise, to focus on his own experience of the relationship rather than obsessively concerning himself with how others will see him.

Michael eventually met a young lady who was very open and accepting. With my encouragement he was open with her about the many emotional challenges he had dealt with, with an emphasis on his pride at having taken a proactive role in improving his life. When he met her parents, he was able to respond to their warmth and acceptance without feeling undeserving.

I also encouraged him to view physical intimacy as an expression of a desire to be emotionally close to someone, rather than as a test to his masculinity.

After he got married, he was pleasantly surprised that the physical intimacy worked out much better than he expected. The difficulties he faced were not unlike those faced by many whom never dealt with SSA but have other emotional issues that interfere with their sexual relationships (e.g. performance anxiety).

His wife made it clear that she very much enjoyed the physical intimacy and felt no need for him to be more masculine than he already was. Nonetheless, it was a lengthy process for him to overcome the years of shameful trauma of feeling masculinely inadequate.

When I last spoke to him approximately five years after he married, he reported that he is doing great, if imperfect. He half-jokingly said that he has only one complaint about our therapy: ñWhy didn't you **guarantee** me when we first started that it will all work out well.ò

I would like to share some other clinical insights gleaned from psychotherapy with patients struggling with same-sex attraction. These observations highlight the importance of understanding the specific psychological meaning of symptoms and the necessity of resolving problems regarding the patientôs sense of self before attending to gender identity issues.[22]

"David"

David was a 26-year-old single, *frum bochur* struggling with same-sex attraction. Davidôs father was critical and rejecting and his mother was over-involved. David was also expected to mold himself in a matter that met his parentôs unmet emotional needs rather than have his parents adjust themselves to meet **his** unique developmental needs (Broucek, 1991; Miller, 1996).

During one session David expressed amazement that his friend Samuel had to struggle not to lust after pretty women. The cause for Davidôs amazement wasnôt that someone could lust after women. Rather it was the fact that Samuel was not particularly good looking. ñWhat makes him think that a pretty woman would ever agree to be intimate with him!?ò he wondered. This amazement reflected the superficial nature of the attitudes and relationships in Davidôs family. There was neither emotional depth nor an appreciation of the multifaceted nature of human motivations, needs and emotions. In such an atmosphere, the idea that someone might very well like you for internal, non-superficial reasons, such as personality, character, sense of humor etc. seemed impossible. (Davidôs mother once reacted to my suggestion that her daughter sounded depressed by showing me a picture of her daughter. ñHow can she be depressed? Sheôs beautiful!ò) Likewise, growing up in a very critical family makes it very difficult to imagine that someone would overlook minor flaws because of their appreciation of other qualities.

Not surprisingly, Davidôs ideas regarding attraction to others were also totally superficial. In spite of being intelligent, knowledgeable and articulate, years of criticism and rejection by his father made it difficult for him to believe that anyone would be interested in him for anything other than his body. (As a result he became extremely anxious over the earliest signs of thinning hair.)

David couldnôt lust after females, but not because he inherently wasnôt capable of desiring females. Rather, it was because he couldnôt imagine them desiring him. The source of this belief wasnôt, at its root, gender related. In fact, as a result of his fatherôs lack of interest in him (as a separate individual) it was difficult for him to believe that **anyone** would be interested

[22] The following section is excerpted from my article published in the *NARTH* (National Association for Research and Therapy of Homosexuality) *Bulletin,* (Vol. 10, # 2, August 2001). NARTH maintains a website (www.narth.com) that is a helpful resource for those struggling with same-sex attraction.

in him. However, since he had some same-sex sexual experiences in high school, he could imagine males being interested in his body.

Another interesting feature in Davidôs same-sex attraction was the underlying motivation for his sexual interest in males. What ñturned him onò was the fact that he could get them to desire him, rather than his desire for them. (The sexual component was necessary because he needed **concrete** evidence of their interest in him.) For someone who never felt cared for by his parents, being desired for any reason could be quite a powerful experience.

A related feature of his attraction was that he was primarily interested in males whom he perceived to be (based on their external appearance) very religiously devout. The subconscious reasoning went as follows: This very religious person obviously has no sexual desires (!). If he, none-the-less, is willing to have a sexual relationship with me, it must be that he really cares about **me**. The fact that, in Davidôs imagination, someone was more concerned with his (Davidôs) needs than his own was in sharp contrast with his experience with his parents.

At times David found himself attracted to low status, disheveled looking males. This surprised him, especially since he was so focused on external appearances. Further exploration revealed that when David was feeling particularly unlovable, he would be convinced that a high status, good-looking person would never take an interest in him. He would then have to settle for an object of interest that he considered a ñsafe bet.ò

The primary purpose of Davidôs sexual acting out was to feel wanted by someone ï a feeling he was sorely lacking. The enhancing of his masculine identity was secondary.

"Joseph"

Joseph was a 16-year-old student in a yeshiva high school. It was later revealed that, at 9 years of age, an older male had sexually molested him. Since then he has had ongoing sexual contact with a number of males. At first, it was always with peers, but then he molested a boy 4 years younger than himself. He was discovered and referred for psychotherapy. Joseph related that by the age of 11 he realized that there was something wrong with his sexual acting out. When I inquired why he didnôt ask his parents for help, he exclaimed, ñI would rather have killed myself!ò

I explored with Joseph the reason for this reaction. We eliminated the usual culprits. He wasnôt afraid that they would react punitively or that they wouldnôt be supportive. Rather, since 7th grade he had become a star pupil and a source of tremendous pride for his parents. In fact, his father described him as having been the ñapple of our communityôs eye.ò He was seen as the model that the children of their tight-knit religious community were encouraged to emulate. Joseph couldnôt tolerate the thought of disappointing his parents.

In his younger years, Joseph was a mediocre student while his two older brothers were highly accomplished in their academic studies and in their level of religious observance. In retrospect it became clear that his parents required the success of their children in order to

counteract their own feelings of inadequacy. It became Josephôs subconscious goal to also bring pride to his parents. His motivation for academic success was not the healthy internal drive for accomplishment and growth. Rather, it was the need to satisfy his parentsô unmet emotional needs. This led to the ñquest for perfectionò where any evidence of imperfection has to be disavowed (Sorotzkin, 1985, 1998). Since his sense of self depended on bringing pride to his parents, the thought of losing this status was intolerable.

Lest someone thinks that this scenario is far-fetched, let me share with you a conversation I had with Josephôs father many months into the treatment. I commented that it would have been helpful if Joseph had felt comfortable enough to confide in his parents regarding his sexual acting out. ñThat would have been reflective of a lack of honor for oneôs parents to cause them such aggravation,ò he protested. He totally rejected my suggestion that giving parents the opportunity to help you solve your difficulties is more honorable to them in the long run. Is it any wonder then that Joseph felt that ñkillingò his ñselfò was preferable to causing aggravation to his parents? If he hadnôt been discovered, Josephôs need to serve as a ñselfobjectò (Kohut, 1997) for his parents ï i.e., to exist for the purpose of satisfying their emotional needs - would have prevented him from seeking help and thus he would have most likely become actively homosexual as an adult.

Conclusion

These brief vignettes underscore the importance of attending to deficits in the sense of self, in addition to the deficit in gender identity, when helping patients who suffer from same-sex attraction. Despite the objection of some therapists to what they term ñself-pity,ò it is insufficient to merely exhort patients to ñmove forwardò and ñdonôt dwell on the past.ò It is imperative that they work through the rage and grief resulting from existing for the purpose of gratifying their parentsô narcissistic needs rather than their own developmental needs.

The three tenets of faith regarding homosexuality demanded by political correctness are that homosexuals are born that way, that it is unchangeable and that it is a normal variant of human sexuality. We have seen that these beliefs are neither compassionate nor scientifically valid.[23]

[23] It is worth noting that much of the controversy surrounding the treatment of SSA relates specifically to a specific form of treatment ï Reparative Therapy (Joseph Nicolosi, 1991). It has become an assumption that any therapist who treats SSA is using reparative therapy. This is certainly not the case, just like with other forms of emotional difficulties there are different approaches used by different therapists and even by the same therapist in different circumstances. My own approach to treating SSA is closer to traditional psychodynamic therapy than to reparative therapy.

Addendum

Spitzer's 'retraction' of his sexual orientation change study: What does it really mean?

Excerpted from: **Christopher H. Rosik, Ph.D -** Thursday May 31, 2012 - [Retrieved 10/19/2014 from: https://www.lifesitenews.com/opinion/spitzers-retraction-of-his-sexual-orientation-change-study-what-does-it-rea]

May 31, 2012 (NARTH.com) - A great deal of attention is currently being given to the recent "retraction" by Robert Spitzer, M.D., of his important study of sexual-orientation change (Spitzer, 2003a). The quotation marks around ñretractionò are purposeful, for what has happened should not be characterized as a retraction. While this turn of events has now become a favorite talking point for those opposed to sexual orientation-change efforts (SOCE), the language of retraction reflects politically motivated speech rather than scientific analysis. What follows is intended to help those confused by Spitzerôs actions and the subsequent media feeding frenzy to understand what has really occurred. I have outlined below some key points that seem to have been lost in the partisan utilization of this turn of events.

1. Spitzer has not retracted his study. The proper term for what Spitzer has done is provided in the title to his recent letter of apology: He has reassessed his interpretation (Spitzer, 2012)....

2. Spitzerôs change of interpretation hinges on his new belief that reports of change in his research were not credible. Instead, he now asserts that participantsô accounts of change were ñself-deception or outright lyingò (Spitzer, 2012)....

3. The case for the credibility of participantsô account of change still remains. Remember that nothing about the science of Spitzerôs research was flawed. Like all research pursuits, the methodology had limitations, but a reasonable case for accepting the validity of these accounts was made at the time, and still stands today. At the time his study was published, Spitzer (2003a) reported, ñ...there was a marked reduction on all change measures....

4. There is an unspoken double standard in the reports of Spitzerôs reassessment.... It is unfortunate but not surprising that reports of sexual-orientation change are subject to unrelenting skepticism while other self-report data such as that of Shidlo and Schroeder (2002) seem to be reified as universal fact even though they suffer from similar limitations. If Spitzerôs study is to be rejected for its use of self-report data, should not methodologically equivalent research against SOCE receive a similarly skeptical reception? While scientific fairness would seem to demand this, political interests clearly do not.

5. Personal and sociopolitical contexts may provide insights into Spitzerôs reassessment.... It is hard to imagine the fall from professional grace that Spitzer took due to this study. In a very short period of time, his status within his profession changed from that of a heroic pioneer of gay rights to that of an unwitting mouthpiece for practitioners of SOCE, whom many of his colleagues deem morally reprehensible. Before and after the study was published, Spitzer confirmed that he was getting a high volume of hate mail and anger directed at him (Spitzer,

2003b; Vonholdt, 2000). A decade of being hammered by your friends, colleagues, and the gay community that once revered you would surely take a toll on any of us.

Spitzer currently suffers from Parkinsonôs disease and is in the twilight of his life, which makes it understandable that he would reflect on what sort of legacy he wants to leave. Hero or villain, icon or pariah-which legacy would anyone prefer to have? I can not say for sure that these non-scientific considerations influenced Spitzerôs decision to ñretractò his study, but I can say that it is hard for me to conceive how they would not.

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