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

Benzion Sorotzkin, Psy.D.
www.DrSorotzkin.com
bensort@aol.com

February 29. 2020

It has become increasingly common in the Orthodox community for young men to turn to a therapist because of concerns regarding their sexual orientation. 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 "only" had to struggle with guilt feelings over sinful behavior. Since the advent of the gay revolution and its conceptualization of the notion of "being" 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 sexual orientation 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 "gay gene," as this 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.[2] Most people are unaware of the fact that gay rights advocates have written in their internal documents that it advances their agenda to popularize the concept of a "gay gene" (in spite of the lack of scientific evidence).[3]

The way the question of being "born gay" is framed in the popular culture is 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 choose to be gay. Since it is far-fetched to assume that someone would choose in a conscious, deliberate manner to be gay, it forces

[1] To be published in the forthcoming book: *Sexual Modesty, Gender Separation, Homosexuality: Rabbinic and Psychological Views*. Seymour Hoffman – Editor (2020). An earlier version of this paper was published in *Dialogue,* Fall 2013, No. 4, pp. 218-233.

[2] See https://www.therapeuticchoice.com/frequently-asked-questions - "Is homosexuality essentially genetically or biologically determined?" for documentation.

[3] In the beginning years of gay activism, a noted gay researcher stated: "People who think that gays are born that way are also more likely to support gay rights".

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 "born that way."[4]

This choice, however, is a false dichotomy. The third, unacknowledged possibility is that factors in a person's 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 no choice other than homosexual attraction. These same types of compulsions are also experienced by many people for predominantly psychological reasons.

Those who grew up in a very abusive home may feel compelled to distrust everyone. 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 "born that way"? 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, it would be grossly inaccurate to describe such a gene as "a gene for homosexuality." The popular image of "finding a gene" 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 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 high…. Genes do not produce behavior; they do not even determine behavior, they only influence the probability that behavior will occur, given a specific environmental influence…. [p. 275].

The overly simplistic picture drawn by the popular press of a gene that "makes" a person gay is only partially a result of the gay activists' propaganda. It also reflects the very American tendency to oversimplify complex matters (a la "Kabbalah for Dummies"). In an article in the *American Journal of Psychiatry*, a researcher decried the "Gene Talk" 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):

[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 "chose to be lesbian." The gay audience did not take kindly to this declaration. "They tried to get me to change [my declaration], because they said it implies that homosexuality can be a choice" [Reported in *The Week* magazine, Feb. 10, 2012, p. 8].

[5] See also Whitehead, 2011a.

> …the interaction of genes and environment is much more complicated than the simple "violence genes" and "intelligence genes" touted in the popular press…. 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!"*
> *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 particular people more vulnerable to environmental influences. Some people with SSA 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 "hardwired." 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?

A recently published study should lay to rest the myth of the "gay gene."

> An international study finds that same-sex sexual behavior is influenced by both genes and non-genetic factors, with thousands of genetic variants that each have a small influence and together explain only a minority of the trait.
> In a peer-reviewed study published in *Science*, researchers found evidence that many genetic variants contribute to same-sex sexual behavior, but each has a small influence. When taken together, the variants explain only a minority of a person's likelihood of ever engaging in sexual behavior with a person of the same sex.
> The study concludes that both genetics and non-genetic factors play important roles.
> Five locations in the human genome were associated with this trait at a statistically significant level, but these five loci capture only a tiny fraction of the genome's overall contribution (far less than one percent). The analysis further revealed that thousands of other variants also make tiny contributions that, together with the five loci, account for between 8 and 25 percent of the variation in self-reported same-sex sexual behavior. Much of the remainder is likely due to non-genetic factors….

> According to the study, there is no "gay gene" that determines whether a person will have same-sex partners in their lifetime. The findings indicate that it is impossible to meaningfully predict an individual's same-sex sexual behavior from genetics….[6]

In case you are wondering why you haven't heard about this important study published in a prestigious journal, I offer the following from Gabor Maté (2011):

> The unexamined assumptions of the scientist both determine and limit what he or she will discover, as the pioneering… stress researcher Hans Selye pointed out. "Most people do not fully realize to what extent the spirit of scientific research and the lessons learned from it depend on the personal viewpoints of the discoverers," he wrote in *The Stress of Life*. "In an age so largely dependent upon science and scientists, this fundamental point deserves special attention." In that honest and self-revealing assessment Selye, himself a physician, expressed a truth that even now, a quarter century later, few people grasp [pp. 3-4].

Environmental Factors in SSA

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 sexual orientation.[7] We have seen that the dominant and most direct causes of SSA are the environmental ones. Let us now discuss these factors.

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 father's 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. 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 "sensitive temperament" 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 as individuals, and the family is as a unit, the more likely it is that the parents will have the capacity to help their child develop in a healthy manner despite these obstacles.

---

[6] "Perspectives on the complex genetics of same-sex sexual behavior." *By Broad Communications* 08/29/2019 - https://www.broadinstitute.org/news/perspectives-complex-genetics-same-sex-sexual-behavior

[7] 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].

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, he'll 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 agemates were at the stage where they disdained girls he only wanted to play with girls.

In evaluating the nature of a specific family's 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 cite abundant research evidence for this in my article "Chemical Imbalance or Problems in Living?"[8]

SSA is a symptom of emotional distress and not a disorder itself

In my understanding, SSA is a symptom reflecting emotional distress 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 one's 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 isn't 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 where 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.

James Giles (2006, 2008) has expressed a similar understanding of sexual attraction. According to Giles, a fundamental element of human existence is the awareness that one has a gender which includes the awareness that one is lacking something that the other gender has. Giles elaborates:

---

[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 the link below. This is true even in countries that have long ago accepted homosexuality as a normal variant on human sexuality (such as the Netherlands), so it would be difficult to attribute the higher rate of psychopathology among gays in those countries to "homophobia." https://web.archive.org/web/20070513142651/http://www.narth.com/docs/innate.html.

[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.

> 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:

> [T]he 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 often driven by the negative and painful emotion of envy resulting from feelings of inadequacy, the interest they take in their object of admiration often has an obsessive quality.[11] In an interview describing her research findings on enviousness (Hill et al. 2011), Sarah Hill reported that: "We can't get our minds off people who have advantages we want for ourselves, … 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 effort…"[12]

Compassion and Tolerance

Many who support the gay agenda do so in the name of compassion. The first question we need to ask is, is it 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?[13] Of course, gay activists claim that homosexuality isn't 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

---

[11] In a similar vein, Rabbi Nosson Sherman notes in his audio series on the Holocaust: "That's another strange thing about the leaders of the Nazi party. They deified the beautiful German, Northern, blond beast – 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." This is also related by Heather Pringle (2006): "At a social event one evening … the wife of a high-ranking SS officer … broached the problem with Himmler. She observed that the Nazi party would instantly lose its entire leadership - 'The Fuhrer, you Herr Himmler, Dr. Goebbels…'- if the principles of racial selection were strictly applied [p. 42]." In other words, these Nazis obsessed over idealized physical characteristics that they felt sorely lacking in themselves.

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

[13] See Addendum A.

certainly wouldn't be compassionate to pretend otherwise. As mentioned above, there is evidence that emotional disorders are more common in the homosexual community.[14]

Shaping the debate by attaching the label "homophobia" 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.[15]

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."[16]

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 would 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 – the person is accused of being judgmental, or worse a "homophobe." 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 fact that the Torah forbids homosexual acts or the belief that it is indicative of emotional distress, it certainly doesn't qualify for irrational.

> A gay acquaintance once insisted that I "must be" 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

---

[14] See Addendum B.

[15] 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 estimate 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 lobby's efforts to create the illusion that homosexuality is very common, thus reinforcing the notion that it is a normal variant of human sexuality. See Addendum C.

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

> 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 "vegi-phobic"). I, on the other hand, believe that one can have a judgment without being personally judgmental of the other person.[17]

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 ("because it is genetic") 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 unchangeable…. The fallacy of this assumption is well documented in many areas of psychology…. changes in a child's psychosocial context can clearly alter how his or her temperament is manifested. (Frick & Loney, 2002 p. 122)[18]

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 achieves 90 percent improvement in therapy, 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.[19] 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 Association's 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 person's basic

---

[17] See Addendum D.

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

[19] Alcoholics Anonymous' *Big Book* touts about a 50% success rate [considered by many experts to be a serious over-estimation], stating that another 25% remain sober after some relapses. Alcoholics Anonymous World Services, Inc. (2001). *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*.

makeup. Later, Dr. Spitzer restudied the issue, interviewing many people who successfully underwent therapy for homosexuality. In 2003 he made the following public statement:

> I am convinced from the people I have interviewed, that many of them… have made substantial changes toward becoming heterosexual… I think that's news… I came to the study skeptical. I now claim that these changes can be sustained.[20]

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.[21]

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 or assured, it is equally inaccurate and unethical to say that it is impossible.[22]

Mindset

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. One explanation for this is that such a person has been thoroughly indoctrinated with the belief that he was born with a genetic makeup that has predetermined that he must absolutely be gay. Is it any wonder that he will find it extremely difficult to change?! Carol Dwek's (2006) groundbreaking work found that those who have a "fixed mindset" believe that their talents and abilities are fixed, i.e., unchangeable, while those with a "growth mindset" see themselves as fluid, a work in progress, with a potential for change. Not surprisingly, Dwek found that those with a fixed mindset are less likely to achieve change (a self-fulfilling prophecy). It is ironic that the same people who convince those with SSA that they were born that way and that it is unchangeable – thus making it, in fact, more difficult for them to change – then point to that difficulty as proof to their "fixed mindset."

> *I once worked with a 25-year-old man who identified as gay. He came to therapy for anxiety and depression. He accepted the politically correct assumption that he was born "genetically" gay. He recalled that the few times he was physically intimate with a female in his teenage years he was repelled by the female body which, in his eyes, confirmed that he must have been born gay. In the course of his therapy, it was revealed that he was sexually molested by a single aunt who lived with his family. This molestation began when he was 8 and continued until he was 14. This certainly would explain why he found the female body repulsive! The people who discussed his SSA with him over the years shared*

[20] Cited in https://web.archive.org/web/20070513142651/http://www.narth.com/docs/innate.html.
[21] In 2012, Dr. Spitzer issued a "retraction" of this study. This "retraction" however, was more of a capitulation to political pressure than a scientific statement. See Addendum F].
[22] See Addendum E.

his belief that SSA is genetically determined so his sexual trauma remained unknown.[23] *While he agreed that it made perfect sense that the molestation had most likely caused his SSA, he felt that, after all this time, it would be too difficult to change.*

There is another reason that those who are more involved in the gay culture are more difficult to help even when they desire change. Many people with SSA have always felt rejected by their overly critical parents (pre-dating their revelation regarding 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 "came out" and most often experienced even more overt rejection, or at least disapproval from their family, 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.

The oppressed become the oppressors

Many people in the general community are unaware of how far reaching the radical gay agenda is. In classic example of the oppressed becoming the oppressor, they are determined to impose their point of view on all of society to the point of suppressing free speech.[24] Not satisfied with achieving gay marriage in many states, there has been a movement among gay activists in many mental health organizations to declare it unethical for a therapist to treat a client who requests help in overcoming SSA! 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![25] It is amazing that those who are usually the most passionate advocates of self-determination suddenly reverse roles and decide that adults cannot be permitted to decide how to help their children! Even more amazing is that most of the activists who don't 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!

---

[23] In a similar vein, Read, van Os, Morrison, & Ross (2005) cite many studies that point to a significant overlap between the diagnostic constructs of schizophrenia, dissociative disorders and post-traumatic stress disorder (PTSD). Since many contemporary clinicians are biased in their perception of schizophrenia as a biological disease, they don't ask the questions that would uncover the history of abuse that would allow the diagnosis of PTSD.

[24] I was scheduled to speak about treating SSA on two occasions, once to a lay audience and once in a professional conference, only to have the events cancelled because of threats of financial retribution to the sponsoring organization and threats of disruptions to the event! Nowadays, most organizations, understandably, don't even attempt to hold such events.

[25] 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, is politically naive. It is worth noting that much of the controversy surrounding the treatment of SSA relates specifically to a specific form of treatment – 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."

Conclusion

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 validated.

Many therapists have experienced the frustration of hearing people in social conversation make statements that: "Therapy is a waste of time and money: no one changes from therapy." After all, they themselves have helped countless clients make significant changes in their lives! That is how I feel when I hear almost everyone these days proclaiming that it's highly improbable for someone with SSA to change in therapy! To believe that I'd have to deny what I myself have seen happen countless times in my work.

Addendum

A. The accusation that claiming that SSA is changeable shows lack of compassion brings to mind the following. Many years ago, a number of members of the *frum* community in Israel were involved in a horrific car accident. Tragically, most of those involved were killed. A while later Rav Wolbe discussed this tragedy in a speech at the Bais HaMussar where he said the following. "We can't know Hashem's calculations in these events, but we can know the human calculations. It is common to invoke the terms גזירה משמים, קרבן ציבור etc. in these situations but often this isn't the case. In many of these cases the drivers were speeding and/or driving recklessly. People need to take responsibility for their actions!"[26] We can assume that this was a painful message to hear for those involved in the accident and their families. Would it have been more compassionate for Rav Wolbe not have said this and just agree that it was an "act of G-d"?

B. There are more glaring examples where people with a disorder insist that it isn't a disorder. Note the following item in the *Wisconsin Law Review*, 235 (1995) under the heading: "Making decisions for deaf children regarding cochlear implants: the legal ramifications of recognizing deafness as a culture rather than a disability."

> In June 1990, the US food and drug administration approved the use of cochlear implants for deaf children age two through 17. Ever since, a bitter and emotional debate has emerged between hearing parents desiring to make use of the new technology by implanting their deaf children, and deaf advocates claiming that deafness is not a disability to be cured, but rather a unique, linguistics subculture….[27]

---

[26] הובא בספר "סוד החינוך" (תשע"ו) מאת הרב אליהו פרידלנדר (עמ' קסא').

[27] Apparently, some activists wanted to appeal to the courts to prevent parents from implanting these devices in their children because it would rob them of their "deaf culture." http://heinonline.org/HOL/ViewImageLocal?handle=hein.journals/wlr1995&div=14&collection=&method=preview&ext=.png&size=3

C. Vilifying anyone who disagrees with their agenda with the epithet "homophobic" is only one of the delegitimizing techniques used by the gay lobby. Another is to assume that any disagreement with their agenda can only be based on outdated religious beliefs. I was once interviewed by the Forward newspaper [A liberal Jewish newspaper] about an earlier version of this paper. I made it very clear during the interview that my objection to the law prohibiting therapists from helping minors overcome SSA even when that is their wish and the wish of the parents was based solely on my experience as a Doctor of Clinical Psychology and had nothing to do with my being a religious Jew.[28] In spite of repeating this point a number of times they wrote "**Rabbi** Sorotzkin" rather than "Dr. Sorotzkin" under my picture accompanying the article. This was either done maliciously or was a very telling "Freudian slip."

D. An example of how the fear of being seen as judgmental inhibits the expression of opinions (expressing a judgement without necessarily being judgmental): A professor was being interviewed on a podcast. The interview was mostly about her personal life and beliefs. At one point the interviewer asked what she believed was the purpose of life. In her response, the professor reiterated several times that she is only speaking about her belief regarding what she sees as the purpose of **her** life. It's not her place to give an opinion for other people. Would it be so terrible if she expressed **her opinion** regarding what the purpose of everyone's life was?

E. The pressure to deny the possibility of people changing their sexual orientation is particularly interesting since it wasn't that long ago when it was commonly accepted by therapists and by the politically correct to speak of "sexual or erotic plasticity" referring to the degree to which the sex drive is shaped by social, cultural, and situational factors. Suddenly this has changed and if a boy in junior high school tells the school counselor that he feels sexually attracted to another boy he is told that this indicates that he's gay and that he should embrace it. The concept of erotic plasticity seems to have vanished.

Similarly, those who are asexual, having no sexual feelings for either gender, are told that this is just another variant of normal sexuality. A group dedicated to those who are asexual - Asexual Visibility and Education Network (AVEN) – states on their website: "Unlike celibacy, which is a choice, asexuality is a sexual orientation."[29] The possibility that asexuality might be the result of significant trauma – a consideration that any entry-level therapist would have explored not that long ago - is not even considered. Likewise, in a podcast hosted by an Orthodox clinical psychologist there was a discussion of the halachic implications if someone who is asexual wants to marry. Not once in the lengthy discussion did the host mention the possibility that this disorder may be a reaction to trauma and can be successfully treated.

[28] Just as my article against the "chemical imbalance" model of emotional disorders had nothing to do with religion: See footnote 8.

[29] http://www.asexuality.org/home/

F.

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 1/23/2017 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 "retraction" 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 Spitzer's 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. Spitzer's change of interpretation hinges on his new belief that reports of change in his research were not credible. Instead, he now asserts that participants' accounts of change were "self-deception or outright lying" (Spitzer, 2012)....

3. The case for the credibility of participants' account of change still remains. Remember that nothing about the science of Spitzer's 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, "...there was a marked reduction on all change measures....

4. There is an unspoken double standard in the reports of Spitzer's 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 Spitzer's 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 Spitzer's 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 Parkinson's 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 Spitzer's decision to "retract" his study, but I can say that it is hard for me to conceive how they would not.

REFERENCES

Atkinson, L. & Zucker, K.J., (Eds.), (1997), *Attachment and psychopathology.* New York: Guilford.

Dar-Nimrod, I. & Heine, S.J. (2011). Genetic essentialism: On the deceptive determinism of DNA. *Psychological Bulletin, 137,* 800-818.

Dwek, Carol (2006). *Mindset: The New Psychology of Success.* NY: Random House.

Frick, P.J. & Loney, B.R. (2002). Understanding the association between parent and child antisocial behavior. In R. J. McMahon and R. D. Peters (Eds.), *The effects of parental dysfunction on children*. (pp. 105-126). NY: Klewer Acacemic.

Giles, J. (2006). Social constuctionism and sexual desire. *Journal for the Theory of Social Behaviour, 36,* 225-238.

Giles, J. (2008). *The nature of sexual desire,* University Press of America.

Hill, S. E., DelPriore, D., & Vaughan, P. (*2011*). The cognitive consequences of envy: Attention, memory, and self-regulatory depletion. *Journal of Personality and Social Psychology*, *101*, *653-666.*

Kendler, K. S. (2005). "A Gene for…": The nature of gene action in psychiatric disorders. *American Journal of Psychiatry, 162*, 1243-1252.

Mann, C. (1994). Genes and behavior. *Science, 264*, 1686-1689.

Maté, G. (2011). *When the Body Says No: Exploring the stress-disease connection*. Hoboken, NJ: Wiley.

Neubauer, P. B., & Neubauer, A. (1990), *Nature's thumbprint: The new genetics of personality.* Reading, MA: Addison-Wesley.

Nicolosi, J. (1991). *Reparative therapy of male homosexuality.* Northvale, NJ: Jason Aronson.

Pringle, H. (2006). *The Master Plan: Himmler's Scholars and the Holocaust.* NY: Hyperion.

Read, J., van Os, J., Morrison, A. P., & Ross, C. A. (2005). Childhood trauma, psychosis and schizophrenia: A literature review with theoretical and clinical implications, *Acta Psychiatrica Scandinavica, 112*, 330-350.

Starkweather, C. W. (2002). The epigenesis of stuttering. *Journal of Fluency Disorders, 27,* 269- 288.

Tripp, C. A. (1988). The *homosexual matrix,* (2nd ed.) NY: Meridian.

Whitehead, N. E. (2011a). Neither genes nor choice: Same-sex attraction is mostly a unique reaction to environmental factors. *Journal of Human Sexuality, 3,* 81-114.

Whitehead, N. E. (2011b). Sociological studies show social factors produce adult SSA. *Journal of Human Sexuality, 3,* 115-136.