

## Shedding Light on the Gay Issue

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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 interests in therapy, the concern over same-sex attraction (SSA) is 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 other boys. In the past, when this happened, the participants “only” had to struggle with guilt feelings. Since the advent of the “gay revolution” and its fabrication of the concept 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”

Many people find it difficult to believe that there is not a shred of credible scientific evidence for the existence of the “gay gene,” since it flies in the face of what is presented as fact in our culture. There have been a few attempts by self identified gay scientists to present evidence of genetic contributions to homosexuality, but these endeavors have never withstood scientific scrutiny, a point that gay activist researchers now concede.<sup>1</sup> 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 “gay gene” (regardless of the lack of scientific evidence).<sup>2</sup>

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 “a gene for homosexuality.”

*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] 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].<sup>3</sup>*

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 “The Idiot’s Guide to ...”). In a recent article in the *American Journal of Psychiatry*, a researcher decried the misleading “Gene Talk” prevalent in both the lay and the professional writings about psychiatric disorders and other complex behaviors, misleadingly implying a direct link between a gene and a trait or disorder.<sup>4</sup> Likewise, a noted genetic researcher stated in a special issue of *Science*:

*...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].*<sup>5</sup>

The preponderance of scientific evidence indicates that environmental factors play the dominant role in causing someone to experience same sex attraction (SSA). 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 “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?

The abundant evidence from the rigorous scientific research on Attachment Disorders<sup>6</sup> makes it clear that the earliest interactions between a caretaker and child, has a profound impact on the developing child, so there is no reason to doubt that it can also impact on gender identity and sexual orientation.

### **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 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, as there are so 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.

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 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 (this can happen even if he is considered popular). 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 age mates were at the stage where they disdained girls he only wanted to play with girls.

Since SSA is reflective of an emotional deficit, it is usually accompanied by other emotional difficulties.<sup>7</sup> Poor self-esteem, lack of assertiveness, excessive concern for the approval of others etc. are often part of the larger picture. The particular boys the person will be attracted to are usually those who have qualities he so desperately wants for himself (e.g., looks, tallness, assertiveness, confidence). The desire for physical closeness is often a desire to physically incorporate these admired qualities into ones self.<sup>8</sup>

In evaluating the nature of a specific family’s dynamics it is important to keep in mind that people often have a less than accurate picture of their familial relationships. I cite abundant research evidence for this in my article “Chemical Imbalance or Problems in Living ?”

### **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 involvement for homosexuality is ever discovered, it would still

not mean that it is necessarily 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 child's psychosocial context can clearly alter how his or her temperament is manifested [p. 122].<sup>9</sup>*

The fact that overcoming SSA is indeed difficult and is often only achieved imperfectly 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? Or to 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%, do we not see this as a tremendous success even though vestiges of his problem remain? Why is the treatment of SSA held to such ridiculous and illogical and dramatically different standards than other areas of psychotherapy? Only because of a political agenda, it seems.

This political agenda has become obvious in the reaction of gay activists to scientist 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; based, to a large degree, on the belief that homosexuality was an unchangeable part of the person's basic makeup. Recently, Dr. Spitzer restudied the issue, interviewing many people who successfully underwent therapy for homosexuality. He then made the following public statement:

*I am convinced from the people I have interviewed, that for many of them, they 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.<sup>10</sup>*

The gay activist 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.

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.

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1) See [www.narth.com/docs/innate.html](http://www.narth.com/docs/innate.html) for documentation.

2) For example, LeVay, the noted gay activist researcher has written: "...people who think that gays... are born that way are also more likely to support gay rights" (cited in the website noted in previous note).

3) Starkweather, C.W., 2002. The Epigenesis of Stuttering. *Journal of Fluency Disorders*, 27, 269-288.

4) Kendler, K.S. 2005. "A Gene for...": The Nature of Gene Action in Psychiatric Disorders. *American Journal of Psychiatry*, 162, 1243-1252.

5) Mann, C. 1994. Genes and Behavior. *Science*, 264, 1686-1689.

6) E.g., Mills, J. 2005. *Treating Attachment Pathology*. Lanham, Maryland: Aronson.

7) 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](http://www.narth.com/docs/innate.html).

8) Rabbi Noson Sherman relates in his tape 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."

**9)** Frick, P.J. & Loney, B.R., 2002. Understanding the Association between Parent and Child Antisocial Behavior. In *The Effects of Parental Dysfunction on Children*, eds. R.J. McMahon and R.D. Peters, 105-126. NY:Klewer Academic.

**10)** Cited in [www.narth.com/docs/innate.html](http://www.narth.com/docs/innate.html).