

## LETTERS TO THE EDITOR

## Spirituality

I THOROUGHLY enjoyed Heshey Zelcer's masterful presentation of the "The Mystical Spirituality of Rabbi Joseph B. Soloveitchik," in *Hakirah* Vol. 11 (Spring, 2011).

While the author has chosen to place much of his emphasis upon the personal stories and vignettes that Rabbi Soloveitchik shared with his disciples about his own acute awareness of God, it is of interest to note as well that Rabbi Soloveitchik frequently conveyed the possibility and the availability of the Divine encounter for all who seek it: "Man is overcome by a great passion to be in communion with the Almighty and as close to Him as possible...There is a romance between man and God... Man has an uncontrollable, powerful longing, an invisible craving and desire to unite with God, to be close with him, to submerge in him" (*Abraham's Journey, MeOtzar HoRav* Series, p. 22). Moreover, as far as the Jew in particular is concerned, he adds: "The fundamental commandment of Judaism is not simply to know God, but to be aware of Him...This awareness

must be a permanent state of mind, not a transient mood" (Ibid. p. 25).

Rabbi Soloveitchik surely believed that Divine encounters could and did occur in his life, in what the author considers a "mystical" sense. But he also envisioned in Halakha, an effort to arouse such awareness in a normative sense. While there are clear sources in Jewish Tradition that establish such a notion, for example, in regard to prayer—"One should see himself as if he is standing before the Divine presence" (*Sanhedrin* 22a), or, "Wherever ten gather the *Shekhinah* comes" (*Berakhot* 6a), Rabbi Soloveitchik extended this idea to his interpretation of halakhic concepts, with special regard for those that require a remembering and reliving of national historic events.

In *U-Vikkashtem mi-Sham* (Translated in *And From There You Shall Seek*, The MeOtzar HoRav Series, p. 139), Rabbi Soloveitchik comments that the reading of the Torah, according to R. Meir of Rothenburg, is envisioned as a reenactment of the revelation of the Torah at Sinai, and thus requires the listener to stand. In an effort to

explain why not only a benediction, but also *Barkhu*, must precede this ritual, he adds that this event “contains an element of revelation of the *Shekhinah*, and whenever or wherever man feels the presence of the Holy One Blessed Be He, he is obligated to sanctify God’s name and to praise Him.” It seems that while one cannot bring the fiery mountain of Sinai, the lightning, or the thunder to the synagogue in revisiting this historic drama, the *Shekhinah*, which knows no limitations, can genuinely be recast, and is actually there according to Rabbi Soloveitchik, “whenever the Torah scroll is removed from the Ark (for reading in the synagogue).”

Another case in point addresses the holiday of *Pesah* and the well-known mandate in the Haggadah: “In every generation a person is obligated to see himself as if he went out of Egypt.” In regard to this requirement to re-experience a historic event that cannot possibly allow for the profound suffering, for all of the detailed occurrences and for the wonders that took place to be relived, Rabbi Soloveitchik takes note of the statement in the Haggadah: “*‘u-vi-morah gadol’ zu gilui Shekhinah*,” that when the Jews left Egypt, they did so “with great awe’ which refers to the revelation of the

Divine Presence.” He comments: “We are accustomed to say that the *gilui Shekhinah* was a one-time spectacle. But the way the Haggadah interprets it, the same drama is reenacted every *Pesah* night... each and every Jew is confronted with *gilui Shekhinah*” (Schreiber, *Noraot Harav*, pp. 188-89). Once again, while we may be limited in our ability to relive this experience, the *Shekhinah* is not, and is an essential aspect of the reenactment.

Rabbi Soloveitchik expresses a similar insight with reference to the *mitzvah* of the *arbah minim* (four species) on *Sukkot*. The *Mishnah* in *Sukkah* 41a explains that the Torah required the fulfillment of this ritual outside of the Temple confines only on the first day of the holiday, while seven days of celebration with them were to take place in the Temple itself. As Rashi comments, this is determined by the proper understanding of the verse that describes this *mitzvah* in the Torah: “And you shall take on the first day... and you shall rejoice before the Lord your God seven days” (Leviticus 23:40). After the destruction of the Temple, Rabban Yoḥanan Ben Zakkai legislated a rabbinic ordinance, “in remembrance of the Temple,” that required that the *arbah minim* be taken for all seven days of the holiday. But

Rabbi Soloveitchik indicates that Rabban Yoḥanan Ben Zakkai did much more than merely export the obligation to utilize these religious items outside of the Temple for those seven days, as is generally understood. He also exported the notion of “before the Lord” (*lifnei Hashem*) from the Temple—where one is considered to be in such a setting—and brought it to Jews everywhere, thereby expressing the idea that “the great experience of standing before the Lord should be continued even after the destruction of the Temple. Even after everything was taken away from us, we must perpetuate that experience throughout the generations, regardless of place and regardless of time. Nothing can deprive a Jew of the experience of standing before the Lord” (Schreiber, *Noraot HaRav*, Vol. 7, pp. 146-7).

One may assert that it was Rabbi Soloveitchik’s own experience of God’s presence that inspired him to suggest such ideas. Alternatively, it may be that his understanding of the sources inspired him to be sensitive to such Divine encounters. What we see, however, is that not only did Rabbi Soloveitchik believe that he personally experienced the presence of God as a living reality at various occasions of his life, but he also believed that

such an experience is readily available to the individual who participates in the Halakhic system, where God’s presence was legislated, in the reenactment of elements of the nation’s spiritual history. It is, therefore, part and parcel of the normative Halakhic experience of the Jew, to have the opportunity to have a rendezvous with the Almighty, much as Rabbi Soloveitchik was aware of such encounters even outside of these situations. One might even suggest that the formal framework of the Halakha in its highlighting of extraordinary spiritual episodes in the life of the nation, serves as a constant reminder of the possibility of such encounters in the ordinary life of the individual.

*Rabbi Hanan Balk*  
Cincinnati, Ohio

## Homosexuality

AS ACADEMIC psychiatrists, we would like to point out a number of errors, fallacies, and misrepresentations of psychiatric perspectives in the article on homosexuality by Joseph Berger MD (Vol. 12, Fall 2011). Most egregious, in our view, is Dr. Berger's unsubstantiated claim that homosexuality entails a "failure to reach full psychosexual maturation." His view does not represent the predominant opinion either of modern-day psychiatry, or of allied mental health disciplines. Moreover, the supposedly "sound scientific reasons" Dr. Berger provides to substantiate his opinion are neither scientific nor logical.

To provide some background to this discussion: there was a time when most psychiatrists thought of homosexuality as a mental disorder. However, while psychiatrists tried to "cure" and change homosexuality, sex researchers of the mid-20th century were studying a wider spectrum of individuals that included non-patient populations. In earlier times, psychiatrists and other clinicians drew conclusions from a biased sample of patients seeking treatment for their homosexuality, or for other difficulties, and then published findings on this self-selected group as case

reports. Sex researchers, on the other hand, went out and recruited large numbers of *non-patient subjects* for their studies.

Most prominent was the research of Kinsey and his collaborators, as presented in *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953). The Kinsey reports surveyed thousands of people and found homosexuality to be more common in the general population than was generally believed at the time. These findings were sharply at odds with psychiatric claims of the time that homosexuality was extremely rare in the general population. Ford and Beach's (1951) *Patterns of Sexual Behavior*, a study of diverse cultures and of animal behaviors, confirmed Kinsey's view that homosexuality was more common than psychiatry maintained, and that it was found regularly in nature. In 1957, Evelyn Hooker, a psychologist, published a study that disproved prevailing psychiatric beliefs of her time, as it showed that non-patient gay men were no more psychologically disturbed than a control group of heterosexual men.

American psychiatry, influenced at the time by psychoanalytic theories, mostly ignored this growing body of sex research and—in the case of Kin-

sey—expressed extreme hostility to findings that contradicted prevailing psychoanalytic theories. Dr. Berger does get it partly right as regards gay and lesbian activists, who believed psychiatric theories to be a major contributor to social stigma and who disrupted both the 1970 and 1971 annual meetings of the American Psychiatric Association (APA). However, the San Francisco meeting was in 1970, not 1971, as Dr. Berger erroneously writes.

The protests succeeded in getting organized psychiatry's attention and led to unprecedented and groundbreaking educational panels over the next three APA meetings, including the 1973 one mentioned by Dr. Berger. APA's Nomenclature Committee listened to arguments from colleagues, both pro and con. It was evident that the research presenting homosexuality as a normal variation of human sexuality was broader and more rigorous than the psychoanalytic literature claiming homosexuality was an illness. The absence of any scientific studies substantiating the claim that homosexuality *per se* met criteria for a mental disorder contributed to the decision to remove homosexuality as a mental disorder from the DSM, leaving the diagnosis of "ego dystonic homosexuality." The latter

designation was removed in 1987, with the reasoning that the discomfort with one's sexuality for some would be normative, given the hostility, prejudice and lack of affirmation of same-sex orientation in the family and/or society. The Committee concluded that homosexuality was not a mental disorder, and several other APA committees and deliberative bodies reviewed their findings and agreed with them. Indeed, in December 1973, APA's Board of Trustees voted to remove homosexuality from its diagnostic manual, the DSM. In terms of Dr. Berger's claims regarding "European" psychiatrists, it should also be noted that the international medical and psychiatric community eventually followed suit and removed homosexuality as such from the International Classification of Diseases (ICD) in 1990.

Dr. Berger is correct in arguing that the removal of homosexuality from the DSM did not mean that APA, at the time, was saying homosexuality is a "normal variation" of human sexuality. However, since 1973, this conceptualization has evolved and become more prevalent among psychiatrists. Moreover, among mental health professionals, psychiatrists are not alone in this view. Here, for example, is a statement from the American

Psychological Association (ApA):

There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.... lesbian, gay, and bisexual orientations are not disorders. *Research has found no inherent association between any of these sexual orientations and psychopathology. Both heterosexual behavior and homosexual behavior are normal aspects of human sexuality.* Both have been documented in many different cultures and historical eras. Despite the persistence of stereotypes that portray lesbian, gay, and bisexual people as disturbed, *several decades of research and clinical experience have led all mainstream medical and mental health organizations in this*

*country to conclude that these orientations represent normal forms of human experience. Lesbian, gay, and bisexual relationships are normal forms of human bonding...* (italics added.)<sup>1</sup>

Furthermore, both the APA and the ApA have pointedly disputed the claim that homosexuality as such is a condition that either warrants or responds to psychological “treatment.” Thus, the ApA statement notes,

To date there has been no scientifically adequate research to show that therapy aimed at changing sexual orientation (sometimes called reparative or conversion therapy) is safe or effective.<sup>1</sup>

Similarly, in December of 1998, the APA Board of Trustees issued a position statement that the American Psychiatric Association opposes any psychiatric treatment, such as “reparative” or conversion therapy, that is based upon the assumption that homosexuality as such is a mental disorder or based upon the a priori assumption that a patient should change his/her homosex-

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<sup>1</sup> <http://www.apa.org/helpcenter/sexual-orientation.aspx>

ual orientation. In doing so, the APA joined many other professional organizations that either oppose or are critical of “reparative” therapies, including the American Academy of Pediatrics, the American Medical Association, the American Psychological Association, The American Counseling Association, and the National Association of Social Workers.<sup>2</sup>

Finally, Dr. Berger claims that “...the most accurate description of exclusive same-sex orientation is a failure to reach full psychosexual maturation. By full psychosexual maturation I mean the ability to be in a fully committed long-term relationship with a person of the opposite sex, with the potential of producing a biological family.”

Dr. Berger’s “scientific” rationale for this view is that, “Biologically, we have been able to preserve ourselves throughout history only by reproducing through the union of a man and a woman, and any student of human anatomy and physiology knows that biologically men and women ‘fit’ in a manner that is ‘designed’ for reproduction, and

two people of the same sex do not and cannot.”

Aside from the lack of any large-scale, controlled studies showing reduced “psychosexual maturation” among homosexual individuals, it should be evident that Dr. Berger’s argument is entirely tautological. If, a priori, one defines “psychosexual maturation” as entailing a committed relationship “with a person of the opposite sex,” then, of course, homosexuals can never hope to achieve psychosexual maturity! Moreover, Dr. Berger’s argument based on reproductive capacity conflates *evolutionary adaptation* with *psychosexual maturation*. This is simply a non-sequitur. If geese have evolved to fly south in the winter, leading to increased survival and ability to reproduce, it does not follow that they are somehow more “mature” than birds who lack that adaptation. Indeed, employing Dr. Berger’s logic, a single, heterosexual person who chooses to live alone and bear no offspring is evincing reduced “psychosexual maturity.”

We believe that *Hakirah’s* readers are entitled to more accurate historical and scientific information than that provided by Dr. Berger. He is, of course, entitled to his opinion. However we would respectfully urge him to re-examine his views, in light

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<sup>2</sup><http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200001.aspx>

of the most recent scientific research, as well as the growing professional consensus that homosexuality as such does not entail psychopathology. Indeed, it appears increasingly likely that homosexuality is a normal variant in the spectrum of human sexuality.

*Jack Drescher, MD*  
*Ronald Pies, MD*  
*Marshall Forstein, MD*

*The writers are, Clinical Associate Professor of Psychiatry, New York Medical College, and Member, DSM-5 Workgroup on Sexual and Gender Identity Disorders (Dr. Drescher); Professor of Psychiatry at SUNY Upstate Medical University, Syracuse NY, and Tufts University School of Medicine (Dr. Pies); and Director of Training, Division of Adult Psychiatry, Cambridge Health Alliance; Associate Professor of Psychiatry, Harvard Medical School (Dr. Forstein).*

IN HIS ARTICLE “Why the Recent Modern Orthodox Rabbis’ Statement on Homosexuality is Unhelpful” Joseph Berger, reviewing Conservative responsa, refers to “Rabbi Roth” and “another conservative scholar, Levy” and in between cites a rabbi who disagrees with him. This is Dr. Elliot Dorff, Rector

and Professor at the American Jewish University, author of seventeen books (including several on Jewish law) awarded the Journal of Law and Religion’s Lifetime Achievement Award, Chair of the Conservative Movement’s Committee on Jewish Law and Standards, Immediate Past President of the Academy of Judaic, Christian, and Islamic Studies and a distinguished expert on bioethics (with service on Presidential panels, among other accomplishments). Dr. Berger refers to this extremely well-known scholar as “a person named Elliot Dorf” (sic). Deprived of the title Rabbi and the designation scholar, given by his colleagues, Rabbi Dorff is referred to dismissively. This subtle ad hominem argument is unworthy and should not appear in the pages of *Hakirah*.

*Rabbi David Wolpe*  
Sinai Temple  
Los Angeles, CA

YOUR MOST recent issue includes an article by Dr. Joseph Berger that on the whole criticizes with admirable politeness “The Statement of Principles on Homosexuality and Judaism,” which I co-edited. There is certainly room to say that it was unhelpful, and to detail ways in which that may be so. There is

also certainly legitimate room to disagree with prescriptive and descriptive statements contained therein.

But I was troubled by the paragraph stating “As a psychiatrist, I don’t expect any rabbi to know or even read with real understanding scientific literature, and be able to discern what makes sense and what doesn’t, what may be scientifically valid, what is pure speculation, and what may be political posturing.” If Dr. Berger had said “every rabbi,” or even “most rabbis,” I would have no issue—surely I do not expect most therapists to be able to distinguish valid from invalid halakhic arguments, etc.—but I am aware of quite a few who can, and I think the same is true with regard to rabbis and science. The formulation as it stands seems to me overbroad in a way that diminishes *kevod haTorah*. On the other hand, Dr. Berger is entitled to his opinion, and to have it published, and so I will content myself with stating my disagreement. Or perhaps the formulation was imprecise, and we actually agree.

Dr. Berger is also entitled to believe that the editors of the statement, myself included, were unaware of the legitimate sources who disagree with our positions. However, I believe

that this is simply not true—as an example, I have read much of the literature he cites, and I have discussed this issue in depth with several prominent Orthodox-identifying psychiatrists, including past officers of the American Psychiatric Association, as well as Rabbi Leonard Levy. (Incidentally, I’m not clear on why Dr. Berger gives Rabbi Roth the title rabbi but not Rabbi Levy, but perhaps Dr. Berger knows them better than I do; my own position is that this is an injustice to Rabbi Levy, whose courage and integrity on this issue alone entitle him to better treatment.)

On the substance:

- a. The statement in no way endorses any position about transformation therapy, and it explicitly brackets the question of the etiology of homosexual orientation. What it says is that a reasonable person, reading the available scientific literature—both from the APA and from NARTH, and in neutral venues—might reasonably conclude that transformation therapy as currently practiced is ineffective and/or potentially harmful, and that Halakhah does not mandate that one attempt a therapeutic regimen that one reasonably believes to be ineffective and/or potentially

harmful—even if some *poskim* strongly disagree with that reasonable belief. This seems to me a very interesting halakhic point, and I would be honored to engage in a full-scale discussion of this question in the pages of *Hakirah*.

I note that this does not seem to me to in any way contradict the religious positions reported in the name of Rav Shmuel Kaminetsky *sblita* in the preceding article, as the belief that not-sinching is possible does not require belief that a particular route to not-sinching is effective. Again, I would be honored to engage in a full-scale discussion of this issue in *Hakirah*.

On a purely *lomdishe* level, while I do not see *ones* as a generally useful category for this issue, it may be worth clarifying that the claim of *ones* may not require the claim that one could not have chosen otherwise, only that doing so would be difficult enough that one should not be held legally responsible, or at least fully legally responsible, for failing to choose otherwise. I have argued this at length in my *shiur* on “Crimes of Passion in Halakhah,” available at [www.torahleadership.org](http://www.torahleadership.org).

b. There is much room for discussion of the facts as well, although I’m not sure *Hakirah* is the proper forum. It may emerge that we were excessively naïve in some cases—I have, for example, become more aware that the statistics about suicide attempts and those about successful suicides need to be carefully distinguished—or that critical new information has since been collected. But I think that it is unfair at present to state that there is a strong, let alone a dispositive, scientific case that **all** people identifying themselves as homosexual can effectively change their sexual orientation **using existing therapeutic methods**. I do think it is fair to say that there is a strong case that some people identifying themselves as homosexual can effectively change their identification and behavior, but I’m not convinced we can accurately identify the good candidates for change in advance. I think that a reasonable person can conclude from various reports and professional group statements that transformation therapy is potentially harmful, although I agree that there is little if any scientific evidence on the question, es-

pecially if one limits the query to therapy undertaken freely and voluntarily.

Thank you again for your stimulating journal.

*Rabbi Aryeh Klapper*  
Dean, The Center for  
Modern Torah Leadership

I READ WITH much interest the two articles on homosexuality published in the Fall, 2011 issue of *Hakirah*. Being a former student of the Talmudical Yeshiva of Philadelphia and a recently retired psychologist, I would like to share some personal reflections that I hope will add light to this timely topic:

1. The Torah camp—which includes Orthodox Jews and sincere Noahides—and the non-Torah camp (everyone else) are coming to their conclusions from irreconcilable perspectives concerning homosexuality. Therefore, attempts by either side to “convert” the other side will repeatedly fail. Nevertheless, we are obligated to protest against lies. The Torah point of view, so cogently expressed by Rabbi Shmuel Kamenetsky, is that “anything the Torah forbids, the human being is able to control.” Furthermore, the Torah condemns immoral behavior but it most certainly does not condemn the person who committed the sin. On the contrary, he/she is encouraged to seek appropriate counseling and realignment with Torah. The non-Torah perspective, secular humanism by any other name, follows the “inner moral compass” in its many guises, stretching all the way from Adam and Chava, attaining mental gymnastics in Kant, and settling into a whimper with today’s moral relativism. Secular humanism, or as some of its apologists would rather call it, “rational” humanism, views the source of our moral obligations as man and not G-d. No amount of fancy window dressing will change this axiomatic difference between the Torah camp’s and the non-Torah camp’s world views.
2. Dr. Joseph Berger valiantly takes on the non-Torah camp on its own battleground: claims for unchangeable behavior stemming from immutable genetics are unreliable because the studies are flawed or the interpretation of the data is suspect. I understand Dr. Berger’s article as a plea to the leaders of Modern Orthodoxy to cease all equivoca-

tion, and proclaim that homosexual activity is immoral and reparative therapy does work. He is correct on both counts. Kudos to Arthur Goldberg and other therapists who offer treatment to clients who have acknowledged their struggles and are seeking counseling. I am cautiously hopeful that the Goldberg and Berger articles will facilitate a strengthening of Torah *hasbkafah* among prospective clients and therapists. But I'm worried. My own experience of discussions with Modern Orthodox clinicians is that they are especially vulnerable to the onslaught of indoctrination by the non-Torah camp of secular humanism. Consequently, I fear that challenging the validity of studies cited by the homosexual lobby or truthful reinterpretation of the data may not convince the Modern Orthodox clinician. He or she has begun to wear a different pair of eyeglasses; with continued wearing of secular glasses, the Modern Orthodox mental health professional might even come to the conclusion, *chas vesholom*, that the Torah needs modification. The first story about humans in the Torah anticipated this clash between the human ego and

G-d's will. Adam and Chava saw in the Tree of Knowledge of Good and Evil exactly what the snake wanted them to see. The snake was not a charmer, he was an optometrist (no offense intended). Of course, after Adam and Chava did *teshuvah*, they snapped back into the world of essential reality and truth—i.e., seeing correctly that the physical and moral universes have the same Author/Creator, and, therefore, physical laws and moral laws are universal and eternal.

3. Behavioral conformity is damaging to our Torah way of life. At least as hazardous to our moral health is the more insidious, below the radar, attitudinal impact of moral subjectivism and moral equivalency. Rabbi Samson Raphael Hirsch warned us about the growing danger of “reverse *Marranoism*”—acting like a Jew but thinking like a non-Noahide *goy* and internalizing anti-Torah values. Public schools and universities fervently and exclusively preach the religion of rationalism and scientism. Pity our children who attend those institutions.

*Robert Kovacs, Ph.D.*  
Merion Station, PA

*Joseph Berger Responds:*

THERE ARE three terms that are probably the most widely used to describe Jewish religious leaders or teachers: Rav, Rebbe, and Rabbi.

'Rav' is a term usually used for the rabbinical leader of a right-wing orthodox *shul*, or authority on Halacha.

'Rebbe' is a term commonly used for either a teacher in a Jewish educational institution, or the leader of a Chassidic group.

The term 'Rabbi' is to be found on almost every page of the Talmud, and it originally referred to a teacher, or a leader making a decision on what is to be the Halacha. But in modern times it has also been used as the equivalent of a university academic degree, and non-traditional Jewish movements have awarded such 'degrees' and used the term to describe their leaders.

When I came to North America, while I became aware that there were those in the orthodox community who as a behavior of mutual respect would refer to graduates of non-orthodox rabbinical schools or leaders of non-Orthodox schools as 'Rabbi,' there were also many people in the orthodox community who would *not* refer to such people as 'Rabbi,' especially if they saw

those people as undermining in some way traditional Orthodox Jewish teachings.

For such reasons I personally won't refer to people such as Stephen Greenberg or Elliot Dorff as 'Rabbi.'

I thank Rabbi Klapper for noting my oversight regarding Rabbi Levy whose paper I also much admired, and I would add as suggested reading from the Conservative perspective another beautifully written and quite traditional response from Rabbi Baruch Frydman-Kohl of Toronto, which was submitted to the Conservative movement's Committee on Jewish Law and Standards that debated the issue of Halacha and Homosexuality in 2007.

On my last visit to Israel, I noticed a phenomenon that concerned me. For many years in the *shuls* that I attended, one would find on Friday evening many brief publications with *divrei Torah* about the weekly *parasha* or a festival, and these publications frequently carried small advertisements for apartments, and occasionally for new books or vacation trips.

But on this most recent visit many of these publications now contained advertisements for 'psychological counseling' directed towards the *frum* community, and as we physicians

here in Canada are most definitely not allowed to ‘advertise’ our services in such a manner I doubted that these advertisements in Israel were from qualified psychiatrists.

For some years I taught and supervised family doctors who worked in a clinic where they could do psychotherapy with patients. I did this because I knew that many family doctors were interested in such work—especially as they became older and much more aware of how much distress that may even be reflected as physical symptoms arises from emotional tension and psychological conflict, and were doing this work because obtaining an appointment for psychotherapy with a qualified and well-trained psychiatrist was often very difficult because of a shortage of such experts in the face of great demand.

But a number of my professional colleagues disapproved of family doctors—who essentially were untrained in this area—attempting to do psychotherapy.

Their position was that the family doctors should *refer* patients who might need and benefit from psychotherapy to a person specifically trained in this area.

My position is similar when it comes to rabbis doing ‘counseling.’ I appreciate that a number have taken courses and may

even have degrees in ‘counseling’—just as some doctors are indeed *talmidei chachamim* and learn in depth on a daily basis (I am on my 3<sup>rd</sup> Daf Yomi cycle, but most definitely do *not* consider myself to be a *talmid chacham*)—but I think that people have to be careful not to step too far outside their area of expertise and what they ‘practice’ on a full-time basis. I think that this is pertinent either for the *talmid chacham* doctor who would try to keep up with all current *she’eilot* and *teshuvot*, or for the rabbi trying to keep up with the latest scientific literature—especially if the rabbi does not have a sufficient background in the field to know and discern which claims make sense and which don’t.

Rabbi Klapper refers to ‘orthodox-identifying psychiatrists including past officers of the American Psychiatric Association’ in the plural. I have known of only one in the many years I spent as a representative to the Assembly (parliament) of the APA, and while I have a high personal regard for Paul and was in a sense his ‘mentor’ the first time he performed as an Examiner for the American Board of Psychiatry and Neurology, nevertheless we have differed on various issues. I am also aware that another Orthodox-

identifying psychiatrist, Dr. Abba Borowich, has expressed negative views regarding psychological treatment for self-identified homosexuals, but my experience and my reading of the literature has been different from his.

I would also repeat that I recognized none of the names who signed the Helfgot statement as being mental health professionals that I knew or who had made contributions to the literature in this area. I had also been in contact with two other people who have contributed significantly in different ways to helping people struggling with same-sex issues. One was not asked, the other told me he had actually offered to participate and was rejected.

On the other hand, there has recently been published a statement titled 'Declaration on the Torah Approach to Homosexuality' signed by a large number of orthodox rabbis, as well as a number of identified mental health professionals, some of whose names and reputations I am very aware of, and in at least two cases are religious professionals for whom I have the greatest admiration and respect.

Now let me turn to the letter from Dr. Drescher et al. The first thing readers of *Hakirah* should know is that Dr. Drescher has for many years been one of the leading, most-

vocal advocates of gay activist positions at the American Psychiatric Association. He has been instrumental in pushing the APA to take positions in favor of same-sex marriage and more recently on the 'normalization' of homosexuality as a 'normal' variant of human sexuality.

He is the editor of the 'Journal of Gay and Lesbian Psychotherapy,' and also co-authored a book with Dr. Judith Glassgold, the psychologist whose appended contribution to Dr. Dorff's submission to the recent Conservative Jewish Law review of their position on homosexuality I was very critical of in my article.

Dr. Drescher devoted a whole edition of his journal a few years ago to attacking and attempting to discredit the findings of Dr. Robert Spitzer—which were that a large proportion of self-identified homosexual people could become comfortably heterosexual through voluntarily undertaken long-term psychotherapy, including psychodynamic psychotherapy.

Many papers had been published in the scientific literature supporting that observation, and the website NARTH can be consulted for lists of such publications. Gay activists have repeatedly attacked such claims and indeed had even campaigned

to have psychotherapy for homosexuals 'forbidden' as a medical or psychological treatment.

Dr. Robert Spitzer is a very widely respected psychiatric researcher, who is often called the 'father' of DSM 3, the modification of the American Psychiatric Association's Diagnostic Manual that radically changed the 'official' formal approach to psychiatric diagnosis when it was first published in 1980.

Dr. Spitzer was looked on by most people as a neutral, unbiased researcher—actually he had been one of the psychiatrists involved in originally advocating the *removal* of the term 'homosexuality' as a diagnostic category from the DSM—and a little over ten years ago he agreed to evaluate about 200 people whose names were supplied by therapists and whom the therapists suggested as people who had presented themselves to the therapists as self-identified homosexuals, and who had become comfortably heterosexual with psychotherapy.

Dr. Spitzer interviewed the patients, confirmed that the claims were true in a large proportion of the patients, and presented and then published his results. As a consequence, he became the target of a huge amount of abuse. As I noted, Dr. Drescher devoted a whole issue

of his journal to writers attacking and attempting to discredit Dr Spitzer's findings.

I think it is necessary for readers of *Hakirah* to understand this background to appreciate my surprise that Dr. Drescher and his colleagues would seek to intervene in what I view as an internal dispute within the Orthodox community.

The discussion and debate between myself and Rabbi Helfgot and those who signed his statement is not about such issues as the etiology of homosexuality, nor is it about the history of diagnosing or not diagnosing homosexuality as an illness, and it is not even about a positive outlook towards a much warmer acceptance of self-declared homosexuals within the orthodox community. Rabbi Helfgot and his colleagues and I agree on the need for such better acceptance.

It is not even about whether same-sex sex and same-sex marriage are acceptable or not acceptable according to Halacha. As far as I know, neither the whole spectrum of the Orthodox community, nor the 'right-wing' of the Conservative movement, are challenging the non-acceptance of same-sex sex or same-sex marriage in terms of Halacha.

The debate and our differences are focused on the matter

of treatment for those who voluntarily wish treatment.

My strong disagreement with Rabbi Helfgot—and thus possibly with his ‘mental health’ or medical advisors—is dependent upon my personal experience as a psychiatrist and published author and presenter in this field, and my awareness that the clinical literature overwhelmingly supports the fact that numerous people presenting themselves to therapists as people identifying themselves as homosexual have become comfortably heterosexual with treatment.

My article certainly made no claim that *every* such self-identified homosexual person can become comfortably heterosexual with treatment. I think that is a grossly exaggerated claim that I would dissuade any therapists or religious leaders from believing, nor do I believe that any person who is comfortable with their homosexuality and has no interest in psychotherapy should in any way be coerced into undertaking psychotherapy.

My disagreement also focused on what appeared to me to be a feature of the Helfgot statement regarding treatment, and which is apparent also in the letter from Dr. Drescher and his colleagues, which is that their attacks and criticisms appear to

center on one particular type or approach of psychotherapy that has been called ‘Reparative Therapy,’ and my own practice and the practices of other colleagues from what I have read is actually better understood as the much better known and more widely used traditional psychodynamic psychotherapy.

The lengthy references to the outdated and long-discredited Kinsey material, for example, are totally irrelevant to the concerns within the Orthodox community about the Helfgot statement and its signatories.

Dr. Drescher and his colleagues refer to research literature that they claim demonstrated that homosexuality is a ‘normal’ variant of human sexuality. I know of no such solid research. I don’t know how anyone can conduct a study based upon such a subjective opinion—and call the result scientific fact.

On the other hand, there has been much research demonstrating that the presence of very significant psychological distress is far commoner among self-identified homosexuals than heterosexuals. Gay activists have claimed that this is a consequence of the effects of ‘external’ factors such as stigma, rejection, etc., while many researchers and clinicians have observed that such significant distress occurs

even in countries where there has been a very much greater degree of acceptance of and tolerance towards self-identified homosexual individuals and couples.

When Dr. Drescher and his colleagues make comments about ‘scientific opinion’—in a manner similar to frequent comments made by journalists and other writers about what they perceive to be ‘current opinion’—people should understand that the writers are usually talking about the views heard from half a dozen couples around the dinner table over the weekend.

There have been many articles about the whole topic of ‘normality.’ If one takes the notion of the ‘Bell curve’ and the 95% within the Bell curve as being ‘normal’ and the two and a half percent on each side as being ‘abnormal,’ then obviously homosexuality becomes defined as abnormal, because all the latest very large-scale studies have shown the prevalence of adult exclusive homosexuality in either sex in freer western societies to be about 1%, with some variation to at the most 2-3%.

In spite of my careful warning, Dr. Drescher and his colleagues resort frequently to quoting position statements from organizations, and as I tried to

make clear, position statements are political pronouncements—in the case of the American Psychiatric Association pushed by advocates like Dr. Drescher—and are not necessarily scientifically accurate. Indeed, the authors confirm what I have said publicly for a long time, which is that the position taken by the American Psychiatric Association in removing the diagnosis of Homosexuality from the DSM was because it was perceived by homosexuals as supporting or encouraging stigma and not for any scientific demonstration that ‘homosexuality was a normal variant of human sexuality.’ The problem that has emerged is that the outcome of that action became solidified, so that the next generation came to believe that this was a scientific fact rather than just a well-intentioned political decision.

That is a reality that we see reflected in many other areas of life. Many of us in the Jewish community are deeply concerned that the increasingly widespread manifestations of anti-Semitism and the demonization of and attempts to delegitimize Israel will become similarly solidified in the minds of the next generation so that even many young Jews will grow up convinced that Judaism and the State of Israel are the source of

all evil and should be eradicated.

“Sexual orientation” is an abstract construct. There is no objective evidence for its existence as a ‘real’ entity. This is similar to the fact that psychoanalysts since Freud and his early followers have had to come to terms with accepting that the ‘ego’ and the ‘id’ and the ‘superego’ don’t exist as real entities in the human brain but are artificial constructs that refer to various pressures, needs, resources, capabilities, etc., that we develop as we grow up. Gay activists have tried to claim for some years that such a thing as a fixed sexual orientation exists, but there is no objective scientific evidence to support such a notion. A much better understanding is that we as humans have far greater capabilities to choose whom and what we want in terms of our sexual choices and behaviors.

It should also be very clear that the vast majority of human beings since the beginning of human history have ‘chosen’ a partner (or partners) of the opposite sex without even ‘thinking’ too much about their choice, and as I indicated in my article, that would seem to be the ‘natural’ outcome of the anatomy, physiology, and psychology that we are born with and that lead to the perpetuation of us as humans.

That we as humans may also ‘choose’ to avoid or reject the opposite sex and apparently be more comfortable with someone of our own sex has also been recognized since the beginning of human history; that is why there is mention of it in the Torah.

Dr. Drescher and his colleagues have essentially tried to interpose themselves in an internal debate within the Orthodox community in order to spread their propaganda that homosexuality is a normal human sexual variant. That notion occurs a number of times in their letter, and they include such material as the discredited Hooker paper of many years ago.

Although they dispute my psychological explanation of same-sex preference, they essentially note that there has been no research that has proven beyond doubt a body, brain or other ‘physical’ explanation for homosexuality. I can understand someone who identifies himself or herself as homosexual not being very comfortable hearing the suggestion that their sexual partner-behavior choice reflects a degree of psychosexual developmental immaturity, but I have not seen any better explanation than mine.

I would add in conclusion that I have been impressed to hear and read that a number of

younger, qualified, traditionally observant colleagues with clinical experience in this very difficult area, hold very similar views to those I have outlined—irrespective of the political posi-

tions of certain organizations such as both APAs, and I have been much encouraged by the many personal comments of appreciation of my article that people have made to me. ❧