

Prohibition Against Advising People to Attempt Conversion Therapy

We, the undersigned rabbis and rabbaniyot, who are committed to *Halakha*, *kalla k'vahamura* (slight and grave obligations alike), believe that it is forbidden according to Halakhic principle and ethos, for anyone, including a rabbi, rabbanit, educator, or therapist to recommend to any person to undergo treatment for the purpose of changing a person's sexual orientation, commonly known as "conversion therapy".

This is because conversion therapy is harmful, does not work, and because same-sex attraction is not a mental health problem.

The details of our reasoning follow:

1. The treatment is harmful

Any treatment where the purpose is to change a person's sexual orientation is degrading and humiliating, and causes deep psychological harm. This harm is inherent to the treatment because the underlying assumption of the treatment is that the person, as they are, is undesirable, and as such it is incumbent upon them to replace their identity with something else.

The treatment is based on strengthening the person's feelings of shame, in order to encourage a change in behavior which is unnatural to the person. When the person's sexual orientation does not change and their natural desires inevitably surface, the person experiences humiliation, feelings of helplessness and inadequacy due to the impossibility of changing one's sexual orientation, overwhelming feelings of guilt, embarrassment, and self-loathing. These, in turn, lead to a tarnished self-image and extremely stressful psychological difficulties.

In many cases, the results of the treatment are many years of unbearable psychological anxiety, depressive symptoms, social isolation, difficulties forming relationships, loss of trust in other people, self-hatred, and, in a significant number of cases, even suicidality.¹ For these reasons, so-called conversion therapy has been outlawed in several Western countries, and has been rejected by leading health organizations around the world,² including the American Psychiatric Association,³ the World Medical Association,⁴ the American Psychological Association,⁵ 20 leading health, counselling and psychotherapy organizations in the UK, including the U.K. National Health Service and the Royal College of Psychiatrists,⁶ and the Israel Psychological Association.⁷ The specific interventions used to change the person's behavior vary, including talking therapies, compelling the person to engage in outlandish forms of sexual behavior, strong medications and more — all are harmful.

We emphasize that even therapists who claim that they don't employ any behavioral method other than talking therapies — that is to say, they only speak with their client — cause great harm. Any treatment where the goal is to change the person's sexual orientation, and the underlying assumption of the treatment is that being attracted to someone of the same gender is undesirable and should be changed, is harmful, no matter the intervention.

Even an apparently innocent comment made by a rabbi, rabbanit, advisor, family member or friend, along the lines of “maybe it's worth trying to change,” communicates a negative and harmful message. Bringing up the possibility is not a reasonable and responsible step to take, as the person suggesting it might imagine. The suggestion implies to the person asking for guidance that they are undesirable, and that if they are incapable of changing their sexual orientation, then their lives are little more than a surrender to negative qualities.

Those who support so-called conversion therapy might be motivated by the belief that they are preventing people from sinning, and they may even delude themselves that there can sometimes be benefit to the treatment. However, even according to their own reasoning: is it permissible to recommend a mode of therapy that leads to suffering and sorrow, to depression and sometimes to suicide, when the scientific community maintains that there is no way that the treatment can work, and that the treatment is harmful?! Even if the treatment is carried out with the person's apparent consent, so to speak, according to *Halakha*, “a person does not have ownership of themselves”, and consequently does not have permission to injure themselves or to allow another to injure them.

Having said all this, it should be emphasized, that one should certainly refer someone to professional help if the person feels distress, as long as the solution to the distress is not an attempt to convert the person's sexual orientation.

Additionally, from the perspective of people who are attracted to others of the same gender, the very existence of so-called conversion therapy is a serious insult and a severe affront to their feelings, as the existence of such treatment implies that people with same sex orientation are undesirable to society, and undesirable before the Creator, G-d forbid.

The Torah commands us to relate to every person as created *be'tzelem Elokim*, in the image of G-d, and degrading another person is defined as the sin of “*ona'at devarim*” (wounding a person's feelings). It is difficult to imagine a greater denigration of a person's *tzelem Elokim* than the degradation and suppression that bring many victims of so-called conversion therapy to the brink of suicide, self-harm, or to actually take their own lives.

2. The treatment does not work

Conversion therapy, or any other treatment where the purpose is to change a person's sexual orientation, is based on the belief that it is indeed possible to change a person's sexual orientation. However, many studies report in an open and detailed manner, including the names of people who survived such treatments, that the treatments do not work at all.⁸

There are advanced assessment methodologies that test an individual's sexual orientation. For instance, instruments can track blood flow in the genital regions as a response to arousal or can map parts of the brain and track their activity in response to stimuli. These assessments, compared with similar assessments performed on heterosexual people, consistently demonstrate that a person's sexual orientation does not change with treatment. In every case in which a person claimed that their sexual orientation had changed through treatment, and who then agreed to undergo a scientific test, these assessments indicated that their sexual orientation had not changed at all.⁹

In contrast, there does not exist a single peer-reviewed scientific study which describes the success of any method of so-called conversion therapy, despite endless attempts to demonstrate efficacy. Any anecdotal information attesting to the success of so-called conversion therapy treatment is anonymous. As such, it is impossible to independently follow up with the patient or to verify facts. Furthermore, these attestations are almost always made by an individual or organization with a conflict of interest, such as a therapist who earns money from such treatments. The conclusion of the World Psychiatric Association from 2016 is unambiguous: "There is no sound scientific evidence that innate sexual orientation can be changed."

The entire field of so-called conversion therapy is pseudoscientific, that is, treatment whose results have never been substantiated by the scientific community, and it encourages false hopes in the patient, which will eventually result in deep disappointment.

There are those who claim that one should not interfere with the free choice of a person who wants to change their sexual orientation. According to this claim, just as one should not stop a person who wants to change their external appearance through plastic surgery, one should not interfere with another person's decision to change their sexual orientation. However, this comparison does not hold up to scrutiny, because if a person chooses to change the size of their nose, or to remove fat from their body, the surgery will succeed at accomplishing what they want. In contrast, conversion therapies do not change the sexual orientation of a person.

Maximal Possible "Success": The Ability to Mechanically Perform

The best-case scenario that can be achieved through so-called conversion therapy, however infrequently, is that the person will find a way to perform during physical heterosexual relations. The goal of the treatment is to enable the person to go through the motions of physical union, and even be able to marry, despite the patient's lack of attraction to their partner. Those who support these treatments claim that since there has been some success in doing this, it is incumbent on people who are attracted to others of the same gender to try.

However, it is important to note that even in the rare case that the treatment succeeds on a purely physical/mechanical level, the person will never have desire towards people of a different gender to them; their longing for a romantic and intimate relationship with the same gender will remain unchanged, and that desire will never be satisfied or answered. Even worse, should the patient marry a person of a different gender to them, their partner will need to cope with being in

a relationship where they are not and never will be desired – a marriage where their spouse is in the marriage only to appease their conscience or fulfill their religious obligation, not because he or she is attracted to them emotionally and/or physically. It is a relationship doomed to unbearable suffering from its inception.

Therefore, if a person says that despite all evidence, they want to try such a treatment, one ought to warn them that in addition to the expected damage the treatment will cause, it will not change their sexual orientation. Additionally, one ought to warn them that even if they succeed in reaching a point where it is possible to perform sexually and consummate a marriage with a person of a different gender to them, it will be at the expense of having a relationship with desire and romantic attraction, and it will require coping with this huge sacrifice on the part of both partners, for the entire period of their relationship. Finally, such an individual is *Halakhically* obligated to inform the prospective marriage partner that they are entering such a relationship.

***Ona'at Mamon* (monetary exploitation)**

Any therapist ought to clarify to the patient, from the outset of treatment, the likelihood of the treatment's success and the best that can be hoped to achieve. According to *Halakha*, it is forbidden to lie or to bend the truth to cause a customer to purchase any item or service, and any such lie is a transgression of the prohibition of *ona'at mamon*. A rabbi or advisor who refers a person to so-called conversion therapy is engaging in *ona'at mamon*, because such treatment has never succeeded in changing a person's sexual orientation.

3. Same-sex attraction is not a mental health problem

There are those who believe that any sexual orientation that is not heterosexual is a disease or a perversion. This view is based on old social stigmas, and not on facts on the ground. Organizations for physical and mental health in Israel and around the world have stated that same-sex attraction is not a mental health problem. Homosexuality has not been considered a psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) since 1973. Similarly, the Israel Psychological Association states that “LGBTQ+ identity is not the product of a psychological disorder, does not reflect a mental problem and does not constitute deviation.”¹⁰

For a person's behavior to be considered a psychological disorder it must meet three criteria: (a) behaviors or thoughts that are anomalous in relation to what is accepted in society; (b) a drastic decrease in the patient's ability to perform basic tasks; and (c) emotional distress. But most people who are attracted to others of the same gender are a functioning part of society and do not meet these criteria, and many have successfully achieved high accomplishments in all different sectors of life and society. While it is possible to find many people who are attracted to others of the same gender who suffer from emotional distress and/or psychological disorders, these are not caused directly by their sexual orientation. Rather, they are usually a result of the various traumas they endure by experiencing a lack of acceptance in their families and society at large. It seems clear, that were we to cease treating people who are attracted to others of the same gender in an

insulting manner, the high rates of distress and psychological disorders among them would normalize to levels that approximate the general population.

Summary:

When a person who is attracted to others of the same gender seeks advice from a rabbi, rabbanit, educator, therapist, family member or friend, it is essential that the advisor respect the person as they are. Instead of telling a person who reveals their sexual orientation that they have the option of changing it, one must affirm them as they are, and insist that they are loved and accepted before the Creator and in the community, just like every other person. Attraction to others of the same gender, as such, does not require mental health intervention. Only if it becomes clear that the person requesting advice would benefit from emotional or mental health guidance for any of a wide range of other reasons, only then would it be appropriate to suggest they engage with a mental health professional.

For decades, the scientific community has recognized that being attracted to people of the same gender does not require any treatment, that so-called conversion therapy does not work, and that such treatments cause immense suffering. It is also incumbent on every member of the religious Jewish community, to internalize that under no circumstances does *Halakha* permit one to recommend such false and harmful treatments. If the *mitzva* of “do not stand over the blood of your fellow” commands us to engage, and not to let others be harmed, how much more so is it forbidden to send those who come to us for advice, to serious harm. We must accept people attracted to others of the same gender with love. Not only do we not encourage sin by doing so, but in fact, we fulfill the *mitzva* “love your neighbor as yourself,” or as Hillel formulated it, “what is loathed by you – do not do to your friend.”

The 75 signatories (alphabetically):

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Rabbi David Polsky
Rabbanit Devora Renert
Rabbi David Rosen
Rabbi Alan Rosenbaum
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Rabbanit Devorah Evron	Rabbi Ysoscher Katz	Rabbanit Leah Shakdiel
Rabbi Steven Exler	Rabbanit Rahel Keren	Rabbanit Dr. Anat Sharbat
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Rabbi Baruch Finkelstein	Rabbi Daniel Landes	Rabbi Daniel Silverstein
Rabbi Jeffrey Fox	Rabbi Michael Langer	Rabbi Prof. Daniel Sperber
Rabbi Avidan Freedman	Rabbi Steven Langnas	Rabbi Michael Stein
Rabbi Eitan Gavson	Rabbi Hayim Leiter	Rabbi Alana Suskin
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Rabbi Daniel Geretz, BCCC	Rabbi Asher Lopatin	Rabbi Dr. Boaz Tmsky
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Rabbanit Nechama Goldman Barash	Rabbi Levi Mastrangelo	Rabbanit Yaara Wiedman Samuel
Rabbi Dr. Mel Gottlieb	Rabbanit Idit Mevorach Shaag	Rabbi Dr. Shmuly Yanklowitz
Rabbi Steve Greenberg	Rabbi Mike Moskowitz	

Endorsement of Professional Organizations:

Additionally, we, senior certified professional sex therapists working in the fields of therapy and medicine, agree with the opinions expressed by the rabbis and rabbaniyot who have signed this document, from a professional standpoint, and add our signatures.

- Israeli Society for Sex Therapy (ISST)
- Israel Psychological Association
- Israeli Union of Social Workers
- The Israel Association for Couple and Family Therapy
- The Israeli Society for Sexual Medicine (ILSSM)
- Israeli Association for Creative Arts Therapies (YAHAT)



In order to save space and avoid overwhelming the reader, the endnotes below are not an exhaustive list of sources used to compile this paper, but only a sample of the abundant literature on the topic, referring mainly to summaries at the end of papers.

¹ American Psychological Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009), pp 41-3, 50-1 67-8.

<https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>;

American Medical Association, Issue brief: LGBTQ change efforts (so-called "conversion therapy")

<https://www.ama-assn.org/system/files/2019-12/conversion-therapy-issue-brief.pdf>;

Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2020). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. Journal of Homosexuality, 67(2), pp. 8-10

<https://doi.org/10.1080/00918369.2018.1538407>;

² For an exhaustive list, see ILGA World: Curbing Deception: A world survey on legal regulation of so-called "conversion therapies" (2020), Annex 1

https://ilga.org/downloads/ILGA_World_Curbing_Deception_world_survey_legal_restrictions_conversion_therapy.pdf

³ American Psychiatric Association, Position, Statement on Conversion Therapy and LGBTQ Patients. 2018
<https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Conversion-Therapy.pdf>;

⁴ World Medical Association, WMA Statement on Natural Variations of Human Sexuality, 2013
<https://www.wma.net/policies-post/wma-statement-on-natural-variations-of-human-sexuality>.

⁵ American Psychological Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009) (link in Endnote 1)

⁶ Memorandum of understanding on conversion therapy in the UK
<https://www.bacp.co.uk/media/13265/memorandum-of-understanding-on-conversion-therapy-in-the-uk-september-2021.pdf>;

⁷ הסתדרות הפסיכולוגים בישראל, נייר עמדה בנושא טיפולי המרה, נובמבר 2011

Israel Psychological Association, Position Paper on Conversion Therapies, 2009,
https://www.health.gov.il/NewsAndEvents/SpokemanMessegas/Documents/05102014_1.pdf.

⁸ Dehlin JP, Galliher RV, Bradshaw WS, Hyde DC, Crowell KA. Sexual orientation change efforts among current or former LDS church members, Journal of Counseling Psychology, 62(2), 2015, pp 101, 103-4.
<https://psycnet.apa.org/record/2014-09735-001>;

Lon B. Johnston PhD, LCSW & David Jenkins PhD, LCSW (2006) Lesbians and Gay Men Embrace Their Sexual Orientation After Conversion Therapy and Ex-Gay Ministries, Social Work in Mental Health, 4:3, p. 74-5
https://doi.org/10.1300/J200v04n03_04

American Psychological Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009), pp 10-1. (link in Endnote 1)

⁹ Bailey JM, Vasey PL, Diamond LM, Breedlove SM, Vilain E, Epprecht M. Sexual Orientation, Controversy, and Science. Psychological Science in the Public Interest, 17(2), 2016, p.86.
<https://journals.sagepub.com/doi/pdf/10.1177/1529100616637616>

¹⁰ גילוי דעת- התבטאויות לגבי להט"בים, הסתדרות הפסיכולוגים בישראל, 2016

Public Statement – Remarks regarding LGBTQ+ People, Israel Psychological Association, 2016
https://www.psychology.org.il/sites/psycho/UserContent/files/%D7%92%D7%99%D7%9C%D7%95%D7%99%D7%93%D7%A2%D7%AA-%D7%9C%D7%94%D7%98%D7%91_20_07_16.pdf