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Homosexuality and Hope: The Statement of the Catholic Medical Association

Part I. Considerations

Introduction

The Catholic Medical Association (CMA) is dedicated to upholding the principles of the Catholic Faith as related to the practice of medicine and to promoting Catholic medical ethics to the medical profession, including mental health professionals, the clergy, and the general public.

No issue has raised more controversy in the last decade than that of homosexuality and therefore the CMA offers the following statement in an effort to educate the Catholic clergy, physicians, mental health professionals, educators, parents, and the public.

CMA supports the teachings of the Catholic Church as laid out in the revised version of the Catechism, in particular the teachings on sexuality: "All the baptized are called to chastity." (2348) "Married people are called to live conjugal chastity; others practice chastity in continence." (2349) "...tradition has always declared that homosexual acts are intrinsically disordered... Under no circumstances can they be approved." (2233)

Sin is, in a certain sense, a mystery. It seems impossible that any person in full possession of reason would freely choose to reject God and His just laws and embrace that which is intrinsic evil. And in many cases, psychological disorders create in the individual a vulnerability to temptation which may lessen or even extenuate moral culpability. Such vulnerability does not, however, negate free will or eliminate the power of grace. Not every one who sins is suffering from a psychological problem. In some cases, the person freely chooses to act contrary to the moral law, to rebel against society, or to seek the pleasure the sin affords.

We cannot, therefore, say that every person who engages in homosexual sexual behavior does so because he or she suffers from a psychological problem. Some persons freely choose to engage in homosexual acts; for others the temptation toward homosexual acts is rooted in psychological or emotional trauma. Many homosexual men and

women say that their sexual desire for those of their own sex was freely chosen. They feel that it is a "given." (Chapman 1987)¹ Many initially resisted same-sex desires. Some surrendered to homosexual temptations because they were told that they were born that way and that it is impossible to change one's sexual orientation. When a person ceases to resist homosexual temptations and embraces a "gay" identity, he may feel oppressed by the fact that society and religion, in particular the Catholic Church, do not accept the expression of his desires in homosexual acts. (Schreier 1998)²

The research referenced in this report counters the myth that homosexuality is genetically predetermined and unchangeable and offers hope for prevention and treatment.

1) Not Born that Way

A number of researchers have sought to find the biological cause for homosexual attraction. The media has promoted the idea that a "gay gene" has already been discovered (Burr 1996)³, yet none of the much-publicized studies (Hamer 1993)⁴; (LeVay 1991)⁵ has been scientifically replicated and there is no credible scientific evidence that homosexuality is genetically determined. (Rice 1999)⁶; (Gadd 1998); (Horgan 1995)⁷; (Byrne 1963)⁸; (Crewdson 1995)⁹; (Goldberg 1992); (McGuire 1995)¹⁰; (Porter 1996)

If homosexuality were genetically determined then identical (monozygotic) twins would always be identical and fraternal (dizygotic) twins would be no more likely than siblings to be homosexual. Researchers have found a number of monozygotic twins discordant for homosexuality. (Bailey 1991); (Eckert 1986); (Green 1974); (Friedman 1988); (Heston 1968); (McConaghy 1980); (Rainer 1966); (Zuger 1976) The histories of discordant monozygotic twins reveal the way environmental factors which adequately explain the development of different orientations in genetically similar children and support the theory that homosexuality is primarily a product of environmental factors. In several cases, the male twins were psychologically "divided" between the parents. The twin psychologically given to the mother became homosexual and the twin emotionally closer to the father heterosexual. (Friedman 1988) In another case, the mother treated one male twin as a girl. (Parker 1964)¹¹.

If there is no credible evidence that homosexual attractions are genetically determined, why has the idea received so much publicity?(Marmor 1965)¹² It is possible that the search for a biological cause may be part of a political agenda. Several studies have suggested that when people believe that homosexuality is genetically determined and

immutable, they are more likely to respond positively to demands for changes in laws and in religious teachings. (Ernulf 1989)¹³; (Piskur 1992)¹⁴; (Green 1988)¹⁵

2) Same Sex Attraction as a Symptom

Different individuals experience homosexual attractions for different reasons. While there are similarities in the patterns of development, each individual has a unique, personal history. In the histories of homosexually attracted persons, one frequently finds one or more of the following:

Alienation from the father in early childhood, because the father was perceived as hostile or distant, violent or alcoholic. (Bieber 1962)¹⁶; (Bene 1965)¹⁷; (Apperson 1968)¹⁸; (McCord 196*)¹⁹; (Sipova 1983); (Mallen 1983)²¹; (Pillard 1988)²²; (Fisher 1996)²³

Mother was overprotective in first five years. (boys) (Bieber, 1976; 1962)²⁴ (Snortum 1969)²⁵

Mother was needy and demanding. (boys) (Fitzgibbons 1999)²⁶ (Newman 1976)²⁷

Mother emotionally unavailable during the first four years. (girls) (Siegle)

Parents failed to encourage same-sex identification. (Zucker 1995)²⁸

Lack of rough and tumble play in the first two years of life. (boys) (Hadden 1967)²⁹ (Friedman 1980)³⁰

Failure to identify with same-sex peers in first five years. (Hockenberry 1987)³¹ (Whitman 1977)³²

Dislike of team sports. (boys) (Thompson 1973)³³

Lack of hand/eye coordination and resultant teasing by peers (boys)(Fitzgibbons 1999)³⁴ (Bailey 1993)³⁵ (Newman 1976)³⁶

Sexual abuse or rape (Engel 1981)³⁷ (Finkelhor 1986)³⁸

Social phobia or extreme shyness (Golwyn 1993)³⁹

Parental loss through death or divorce (Zucker)

Separation from parent during critical developmental stages (McCord 196*)⁴⁰

In some cases, homosexual activity is a symptom of a more serious psychological problem, such as borderline personality disorder (Parris 1993)⁴¹, (Zubenko 1987)⁴² schizophrenia or pathological narcissism. (Bychowski 1954)⁴³; (Kaplan 1967)⁴⁴ In a few cases, homosexuality appears later in life in a response to a trauma such as abortion (Berger 1994)⁴⁵ (de Beauvoir)⁴⁶

3) Homosexual Attraction is Preventable

If the emotional and developmental needs of each child are properly met, a homosexual outcome is unlikely. Not all parents, however, recognize their children's needs and not all parents are themselves psychologically able to provide the emotional support their children need. It would be wrong to judge all parents of homosexual children. Many sincerely loved their children and believed that they were providing a supportive environment. Others saw the problem emerging, sought help, and were given inadequate information.

The symptoms of a child at-risk for a homosexual outcome are often obvious – gender identity disorder, (DSM IV 1994)⁴⁷, (Newman 1976), (Zucker 1995) (Harry 1989)⁴⁸ or chronic juvenile unmasculinity (boys) (Friedman 1986) ((Phillips 1992)⁴⁹.

Aggressive intervention if supported by the parents can often have a positive outcome. (Rekers 1974)⁵⁰; (Newman 1976) The earlier the intervention the better. Unfortunately, many parents who report these symptoms to their pediatricians are told not to worry about it (Hadden 1967)⁵¹. The symptoms often seem to disappear when the child enters the second or third grade, but may have only gone underground, to reappear as intense same-sex attraction.

It is important that pediatricians, clergy, teachers, parents, and the public know the symptoms which signal that a child is at-risk for same-sex attraction and know where to find appropriate help for such children. (Bradley 1963), (Brown 1963)⁵² (Acosta 1975)⁵³

4) At-Risk, not Predestined

Children who have been sexually abused, children exhibiting the symptoms of GID and boys with CJU are at risk for homosexual attractions in adolescence and adulthood, but a significant percentage of these children do not become homosexual as adults. (Green 1985)⁵⁴; (Bradley 1998)

For some, negative childhood experiences are overcome by later positive interactions. Some make a conscious decision to turn away from temptation. The presence of grace cannot be discounted. To label an adolescent, or worse a child, as unchangeably homosexual does the child a great disservice, particularly since with positive intervention the child can be healed of early emotional traumas.

5) Therapy

Those promoting the idea that sexual orientation is immutable frequently quote from a published discussion between Dr. C.C. Tripp and Dr. Lawrence Hatterer (1971) in which Dr. Tripp stated: "...there is not a single recorded instance of a change in homosexual orientation which has been validated by outside judges or testing. Kinsey wasn't able to find one. And neither Dr. Pomeroy nor I have been able to find such a patient. We would be happy to have one from Dr. Hatterer."

To which Dr. Hatterer replied: "I have 'cured' many homosexuals, Dr. Tripp. Dr. Pomeroy or any other researcher may examine my work because it is all documented on 10 years of tape recordings. Many of these 'cured' (I prefer to use the word 'changed') patients have married, had families and live happy lives. It is a destructive myth that 'once a homosexual, always a homosexual.' It has made and will make millions more committed homosexuals. What is more, not only have I but many other reputable psychiatrists (Dr. Samuel B. Hadden, Dr. Lionel Ovesey, Dr. Charles Socarides, Dr. Harold Lief, Dr. Irving Bieber, and others) have reported their successful treatments of the treatable homosexual."

Reviews of the literature on treatment and surveys of therapists demonstrate that treatment for unwanted homosexual feelings is as successful as treatment for similar psychological problems: about 30% experience a freedom from symptoms and another 30% experience improvement. (Bieber 1962)⁵⁵, (Kaye 1967)⁵⁶, (Clippinger 1974)⁵⁷, (Throckmorton)⁵⁸, (Fine)⁵⁹, (MacIntosh 1994)⁶⁰, (Marmor 1965)⁶¹, (Rogers 1976)⁶², (Nicolosi 1998)⁶³, (Satinover 1996)⁶⁴, (West)⁶⁵

Reports from individual therapists have been equally positive. (Hadden 1967)⁶⁶, (Barnhouse)⁶⁷, (Cappon 1960)⁶⁸, (Caprio 1954)⁶⁹, (Bergler 1962)⁷⁰, (Bieber 1979)⁷¹, (Ellis 1956)⁷², (Hadden 1958)⁷³, (Hadfield 1958)⁷⁴, Hatterer)⁷⁵, (Kronmeyer 1989)⁷⁶. Indeed the list of therapists reporting successful results is too large to be included in this statement.

There are also numerous autobiographical reports from men and women who once believed themselves to be homosexual and engaged in homosexual behaviors and are now free. Most of these individuals found freedom through participation in religion based support groups, although some also had recourse to therapists. Unfortunately, a number of influential persons ignore this evidence (APA)⁷⁷, (Herek 1991)⁷⁸. "The distortion of reality inherent in the denials by homosexual apologists that the condition is curable is so immense that one wonders what motivates it." (Barnhouse)⁷⁹

6) The Goal of Therapy

Those who claim that change of sexual orientation is impossible usually define change as total and permanent freedom from all homosexual behavior, fantasy, or attraction in a person who had previously been completely homosexual in behavior and attraction. (Tripp 1971)⁸⁹⁰ Even when change is defined in this extreme manner the claim is untrue. Numerous studies report cases of total change. (Goetz 1997)⁸¹

Those who deny the possibility of total change admit that change of behavior is possible (Coleman 1978)⁸² (Herron 1982)⁸³ and that bisexuals are often able to become exclusively heterosexual. (Acosta 1975)⁸⁴ A careful reading of the articles opposing therapy for change reveals that the authors who see therapy for change as unethical (Davison 1982)⁸⁵ (Gittings 1973)⁸⁶ do so because they view such therapy as oppressive to those who do not want to change (Begelman 1977)⁸⁷, (Murphy 1992)⁸⁸, (Begelman 1975)⁸⁹; (Smith 1988)⁹⁰ (Sleek)⁹¹; and view those homosexuals who express a desire to change as victims of societal or religious oppression. (Begelman 1977)⁹² (Silverstein 1972)⁹³

It should be pointed out that Catholics cannot support forms of therapy which encourage the clients to replace one form of sexual sin with another. (Schwartz 1984) Some therapists, for example, do not consider a person "cured" until he or she can comfortably engage in sexual activity with the opposite sex, even if the client is not married. Others encourage clients to masturbate using opposite sex imagery.

For a Catholic, the goal of therapy should be: freedom to live chastely according to one's state in life. Some of those who have struggled with homosexual temptations believe that they are called to a celibate life. They should not be made to feel that they have failed to achieve freedom, because they do not experience heterosexual desire. Others wish to marry and have children. There is every reason to hope that many will be able, in time, to achieve this goal. They should not, however, be encouraged to rush into marriage, since there is ample evidence that marriage is not a cure for homosexual attractions.

Part II. Recommendations

1) The role of the Priest

Priests are frequently faced with penitents confessing homosexual temptations and sins. The priest needs to carefully discern the needs of each penitent.

While the priest can refer a troubled penitent to Courage¹ or to therapists who support Catholic teachings, the priest is in a unique position to provide the specific help for those experiencing homosexual temptations. The grace of the sacrament can be a powerful part of the healing process.

a) Homosexually tempted persons often carry deep resentment and bitterness toward their parents, peers, and sexual molesters. Helping them to forgive can be the first step toward spiritual freedom. (Fitzgibbons 1999)²

b) Approximately 40% of homosexually tempted persons have been sexually abused (Doll 1992)³. Homosexually active persons are more likely to have engaged in sexual activity with another person at a young age. (Stephan 1973)⁴; (Bell)⁵ Many have never told anyone about these experiences (Johnson 1985)⁶ and carry tremendous guilt and shame. In some cases, those who were sexually abused feel guilty because they reacted to their trauma by enticing other children into sexual activity. (Finkelhor 1986)⁷ The priest can delicately ask about early sexual experiences.

c) Homosexually attracted persons are more likely to engage in masturbation.(Saghir 1973)⁸ (Beitchman 1991)⁹ While such habits are not easy to break, frequent recourse to confession can be a first step to freedom. Homosexuals are also more likely to have engaged in extreme forms of sexual behavior.(Saghir 1973)¹⁰ or to have exchanged sex for money (Saghir)¹¹

d) Homosexually active persons are more likely to abuse drugs or illegal drugs.(Fifield 1977)¹² (Saghir 1973)¹³ Such abuse may weaken resistance to sexual temptation.

e) Homosexually attracted persons report falling into despair or contemplating suicide. (Beitchman 1991)¹⁴ The priest can assure the penitent that there is every reason to hope that the situation will change and that God loves them and wants them to live a full and happy life.

f) It is important that the homosexually tempted penitent not be treated as though sex were the only problem. Homosexually attracted persons may have problems with envy (Hurst), self-pity,(van den Aardweg) and other sins and temptations. Sexual fantasy and behavior can be used as a way to deal with anxiety and low self-esteem.

g) The priest can offer hope, encourage frequent confession, prayer, daily mass and communion (when in a state of grace) and remind the penitent that no matter how many times he falls, he will always be welcomed back.

A number of therapists believe that religious faith plays a crucial part in the recovery from homosexual attraction and compulsion.

2) Catholic Medical Professionals

Pediatricians need to know the symptoms of Gender Identity Disorder (GID) and Chronic Juvenile Unmasculinity (CJU). With early identification and intervention there is every reason to hope that the problem can be successfully resolved. (Zucker 1995)¹⁵ (Newman 1976)¹⁶ While the primary reason for treating children is to alleviate their presnet unhappiness (Newman 1976)¹⁷ (Bradley 1998)¹⁸ (Bates 1991)¹⁹, treatment of GID and CJU can prevent the development of same-sex attraction and the problems associated with homosexuality in adolescence (Garafalo 1998)²⁰ (Osmond 1994)²¹ and adult life (Stall 1988b)²² (Rotello 1997) (Signorille 1997)²³

Most parents do not want their child to become homosexual, but parents of children at risk are often resistant to treatment. (Zucker 1995) (Newman 1976) Informing them that estimates are that 75% of children exhibiting symptoms of GID and CJU will without intervention become homosexually involved (Bradley 1998) and letting them know the risks associated with homosexuality may help to encourage their cooperation in therapy, which is crucial to its success.

Pediatricians should familiarize themselves with the literature on treatment. George Rekers has written a number of books on the subject. (Rekers 1988)²⁴ Zucker and Bradley provide a comprehensive review of the literature in their book *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*, (1995) as well as numerous case histories and treatment recommendations.

Physicians encountering patients with sexually transmitted diseases acquired through homosexual activity can inform the patients that psychological therapy and support groups are available, and that approximately 30% of motivated clients can achieve a change in orientation. In terms of disease prevention, an additional 30% are able to remain celibate or eliminate high risk behavior. They should also question these patients about drug and alcohol abuse, and recommend treatment when appropriate, since a number of studies have linked substance abuse to infection with STDs. (Mulry 1994)²⁵

Even before the AIDS epidemic a study of homosexual men found that 63% had contracted a sexually transmitted disease through homosexual activity. (Bell 1978)²⁶ In spite of all the AIDS education, epidemiologists predict that for the foreseeable future 50% of men who have sex with men will become HIV positive (Hoover 1991) (Morris 1994) (Rotello 1997)²⁷

Mental health professionals should familiarize themselves with the works of therapists who have successfully treated homosexually troubled persons. Because homosexual attraction is not a single condition, different

clients may require different types of treatment. Combining therapy with support group membership and spiritual healing is also an option that should be considered.

3) Catholic Educators

Catholic educators have a duty to defend the teachings of the Church on sexual morality, to counter false information on homosexuality, and to inform at-risk or homosexually tempted adolescents that help is available.

Catholic educators should resist pressure to include condom education in the curriculum to accommodate homosexually active adolescents. Numerous studies have found that such education is ineffective at preventing disease transmission in the at-risk population. (Stall 1988a)²⁸ (Calabrese 1987)²⁹ (Hoover 1991)³⁰ (Kelly 1989)³¹

Gay rights activists have insisted that at-risk adolescents and children be turned over to gay support groups which will help them "come out." There is no evidence that such participation in such groups prevents the long-term negative consequences associated with homosexuality. Such groups will definitely not encourage the adolescent to refrain from sin and live chastely according to his state in life. At-risk children do, however, need special help since it is possible that as many as 40% are victims of sexual child abuse.

Educators also have a duty to stop teasing and ridicule of children who do not conform to gender norms.

4) The Catholic Community

Those experiencing homosexual temptations, those who have fallen into homosexual sin, and their families, often feel that they are excluded from the loving concern of the Catholic community. Prayer for homosexually tempted persons and their families offered as part of the intentions during mass is one way to let them know that the community cares for them.

5) Bishops

The ordinary of the diocese has a duty to see to it that the fullness of Catholic teaching on sexual morality is presented in all Catholic institutions. The CMA looks forward to the day when Courage, a support group for those struggling with homosexual temptations which faithfully promotes Catholic teaching, and Encourage, for families, will be established in every diocese. The CMA offers to work with local bishops

to develop a list of mental health professionals who are experienced in treating homosexual problems and who support the Church's teaching on sexuality and to provide workshops for priests and educators on prevention and treatment of homosexual problems.

6) Hope

There is every reason to hope that every homosexually attracted person who seeks help from the Church can find freedom from sinful behavior and many can find much more.

Jeffrey Satinover writes of his experience working with homosexuals:

I have been extraordinarily fortunate to have met many people who have emerged from the gay life. When I see the personal difficulties they have squarely faced, the sheer courage they have displayed not only in facing these difficulties but also in confronting a culture that uses every possible means to deny the validity of their values, goals, and experiences, I truly stand back in wonder ... It is these people – former homosexuals and those who are still struggling, all across America and abroad – who stand for me as a model of everything good and possible in a world that takes the human heart, and the God of that heart, seriously. In my various explorations within the worlds of psychoanalysis, psychotherapy, and psychiatry, I have simply never before seen such profound healing. (Satinover 1996)

Leanne Payne, (1981) who through Pastoral Care Ministries helps persons suffering from sexual brokenness, begins her book *The Broken Image: Restoring Personal Wholeness Through Healing Prayer*, with the following words of hope:

As a sexual neurosis, homosexuality is regarded as one of the most complex. As a condition for God to heal, it is (in spite of the widespread belief to the contrary) remarkably simple.

Those who wish to be free from sexual temptations frequently turn first to the Church. CMA wants to be sure that they find the help and hope they are seeking.

(List of references available on request)

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