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The Collapse of Ascetical Discipline And Clerical Misconduct: Sex and Prayer

by

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(With research data from
Daniel Thoma, Ph.D.)

*A Reflection on the Relationship Between the
Lack of Asceticism and Sex Abuse*

*Sponsored by the Linacre Institute and
The Catholic Physicians' Guild of Chicago*

Preface

The Linacre Institute and the Chicago Catholic Physicians' Guild commissioned this analysis of the priest abuse crisis because we feel that the National Review Board and the John Jay Reports, valuable as they are, do not uncover the fundamental cause of the scandal nor do they make suggestions to correct that cause. This short forward will 1) note the NCCB efforts to define the scandal but without really discussing the basic cause, which was an absence of priestly asceticism; 2) define the role of asceticism as essential to obtain holiness in priestly formation and, 3) briefly summarize this book's content.

The priest sex abuse scandal, since it first received national media attention in Boston in 2002, has been a major source of concern for the American Catholic Church. For a religious institution that promotes the highest standards of morality, particularly in the area of sexual ethics, the acknowledged cases of sexual abuse by priests are, by definition, a major scandal.

The Catholic Church in the United States, even with nativist and denominational prejudice directed against it, has enjoyed a favorable

reputation for morality and charitable works. In a society that promotes materialism and sexual license it is a bit ironic that the Church is the victim, given the overall facts as we know them, of what might be characterized by media overkill. However, as has been noted, one case is too many, and this scandal has to be analyzed and its causes exposed and corrected.

The Church, at the direction of the National Conference of Catholic Bishops, formed the National Review Board that issued a report. The John Jay Law School issued a separate report.

In general, these two reports were descriptive of aspects of the problem such as demographics, incidences, time frames and associated circumstances. They did not analyze in any depth the causes of the scandal.

The Catholic bishops, on the basis of the two reports, instituted a "Zero Tolerance" policy that was somewhat draconian, in that virtually any priest ever accused of sexual impropriety was removed from ministry. Many feel that the Zero Tolerance Policy was more a public relations quick fix rather than an effort to address and correct the underlying causes of the problem. The Commission discussed many issues in its 162-page report. It also, if ever so tangentially, alluded to the role of asceticism, or lack thereof, in the sex abuse scandal.

Asceticism is the branch of theology pertaining to the development of virtue in one's life, which leads to perfection and holiness. Tanquerey defines asceticism as "the efforts of the Christian soul to struggle to acquire perfection."¹ The concept of asceticism can be traced back to the Greeks who taught that the good life consisted in the development of the virtues of prudence, temperance, fortitude, and justice. The early Church Fathers and St. Thomas took this concept and baptized it, so to speak, by giving it a Christian orientation. There are human mental and physical inclinations militating against the practice of the virtues. These drives can be controlled by spiritual and bodily discipline otherwise traditionally known as asceticism.

We live in a materialistic culture that frowns on self-control and discipline: witness the current media-highlighted obesity epidemic. Even theologically, one interpretation of Vatican II's zeitgeist of "love not law," suggests that social good works are of more spiritual value than fasting and abstinence. We feel that the Council Fathers actually recommended an emphasis on "resourcement" or a return to the ideas of the earlier Church, which promoted asceticism.

The Chicago Catholic Physicians' Guild is concerned about the priest sex abuse crises. It is our contention that the traditional promotion of asceticism in the Church in general, and in seminarians in particular, has been de-emphasized in the past fifty years. We also feel that a lack of ascetical discipline in the priesthood contributed to the scandal. The Guild

has supported the present thorough review in the hope that it will receive a wide readership, particularly among the Catholic Bishops and the directors of formation in all our seminaries.

Essentially the book is a psychological study of the 1) meaning of holiness or asceticism, 2) how holiness is either developed or lost in an individual, 3) how sexual abuse precludes the development of holiness and, 4) how a return of holiness is essential to eliminating the current sex abuse crisis.

Patrick Guinan, M.D.
President
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Consultant to the Linacre Institute

Linacre Institute papers in the past which have been published either in the *Linacre Quarterly* or as separate documents have always reflected the authorship of consultants to the Linacre Institute who have made major contributions. We acknowledge the fact that the major contributor to the *Collapse of Asceticism* was Richard Cross, Ph.D., a consulting psychologist from Leominster, MA. Dr. Cross is a previous contributor to the *Linacre Quarterly* (LQ 69:183, 2002) and his original perspective on the relationship of the collapse of asceticism to the clerical pederast crisis is widely recognized.

Also contributing to the research and literature review was Daniel Thoma, Ph.D.

This issue is of book length because of the need to educate physicians, clergy, and behavioral scientists on this most original and vital topic. This study will be printed in an unabridged form by Authorhouse.

Eugene F. Diamond, M.D.
Director,
Linacre Institute

Chapter I. Introduction

This study is for readers who are interested in understanding that a spiritual crisis in the Catholic Church caused the sex abuse scandal involving the priests and bishops of the United States. This idea opposes the common opinion about the scandal, which states that the defective personalities of the abusive priests combined with the bishops' defective management to create the scandal. Some critics further state that the power structures that maintained secrecy at all costs concealed the inherent weakness of the Church's disciplinary requirements of celibacy, fueling serial abuses and cover-ups. These opinions are plausible but they are mistaken.

We recognize that policy changes by the US bishops on sexual misconduct are appropriate, but observe that they do not address the scandal's first cause. A spiritual malaise that was building throughout the twentieth century created psychologically untenable conditions for many priests and bishops. This malaise was the prime mover in the failure of sexual discipline. Its most visible signs were a defiance of authority and the collapse in ascetical discipline – a collapse that formed the uniquely sexual features of the scandal. Ascetical discipline was practiced better in the early part of the twentieth century when sexual misconduct by priests was relatively rare. The things that changed between the first and second halves of the twentieth century were not the management policies on sex abuse and secrecy at all costs – these remained a constant throughout – rather, they were changes in spiritual focus, quietly signaled in the rise of allegiance to the therapeutic mentality.

For centuries the ascetical life of Catholic priests and religious brothers included a strict discipline that by today's standards would appear as nothing less than self-abusive. Prayer at hours through the night, a severely restricted diet, sleeping on wooden planks covered with a thin layer of straw, donning coarse woolen clothing in all seasons of the year, not to mention the practice of strapping oneself with small knotted chords, were seen by many as necessary steps for a life dedicated to the service of God. The belief in ascetical discipline endured throughout Christendom, in the East and in the West, because the Church understood that self-denial and periods of bodily deprivation were necessary to check human passions, especially the strong sexual appetite. The reforms over the centuries in the Church tell a history that the ascetical life was not always lived well. Nevertheless, driving the development of the ascetical tradition was a

religious culture of hope and love – hope that one can genuinely overcome his or her spiritually destructive passions, and the expectation that the meek and merciful would achieve a love of Jesus Christ.

This ancient understanding of the ascetical tradition has faded in the Catholic Church. Fasting and abstinence – until recently, core features of ascetical discipline – are not mentioned in the apostolic exhortation *Pastores Dabo Vobis* (1992) or in the encyclical *Sacerdotalis Caelibatus* (1967); these are the most important statements on the formation of Roman Catholic seminarians and priests since Vatican Council II. References to ascetical discipline in popular books on priestly formation and religious life are rare and mention of fasting is virtually non-existent. The lifestyles of many diocesan and religious priests are indistinguishable from the laity that they serve.

Allegiance to the therapeutic mentality has dislodged the habits and the manners of asceticism, and it now holds sway over the attitudes of priests, just as it strengthened its grip on western societies for nearly a century. Psychologists and educators, who are the main purveyors of the therapeutic mentality, know little of the spiritual life and are silent about ascetical discipline; nevertheless, they advocated for a liberalization of sexual standards before the sexual scandal in the Church, and then attempted to advise the bishops and to treat problem priests as the scandal unfolded. Bishops, who have oversight of the parish priests and seminaries, and who have been at the center of the scandal's management, do not speak much, if at all, about ascetical discipline. Priests give few signals that they know or care about ascetical discipline. However, when the surge in pagan sexuality overwhelmed the natural defenses of the clergy in the 1950s and 1960s, those without the spiritual anchor of ascetical discipline were set adrift – perpetrators, managers, advisors and even the observers. As the storm surge receded, a homosexual spawn of the therapeutic mentality remained in the tidal pools.

Estimates vary widely of the number and sexual activity of homosexuals in the priesthood. Although there is some doubt about the number and proportion of homosexual priests, there is no debate over their presence, and that their presence is significant. Why homosexually inclined men enter the seminary in the first place is a question that can only be partially answered. However, questions on why sexually compromised men – homosexual as well as heterosexual – would remain in training for ordination, the spiritual dangers they pose for their parishioners, whether careful attention to ascetical formation during seminary training matters,

and whether ongoing ascetical discipline after ordination attenuates sexual problems, are all issues that can be answered more completely. The answers to these questions give some insight, also, into why the seminary enrollments in the United States have remained stubbornly low for over thirty years.

Ascetical discipline is a spiritual exercise that provides a potent psychological resource for chastity. The psychological status of the practiced ascetic is also a core feature of his pastoral effectiveness. The priest's effectiveness in his pastoral mission to the laity and his fellow priests, in addition to his belief or confidence in his vocation, are rooted in prayer. The following ideas outline the common notions in the psychology of asceticism, but throughout the crisis the bishops have not broadcast them:

- Habits of prayer for the priest are crucially important to his effectiveness in the parish.
- Frequent confession and penance for sin (including the "mortification of the flesh") have an integral role in prayer life and in the performance of priestly or episcopal duties.
- Far short of outright sexual behavior, the sexual fantasies and desires of the priest shape his moral and spiritual character as "father" toward those in his care. Sexual orientation weighs heavily in this regard.
- Sexual behavior of the priest – even that which is far short of illegal – has a corrosive influence on prayer life and a profoundly debilitating effect on pastoral effectiveness.

Any Christian having a casual familiarity with the spiritual classics widely available only forty years ago (a time when many bishops today were in their training) would have immediately recognized each of these assertions as obvious. Yet, these ideas are no longer serious topics of discussion, even in the wake of sexual abuse scandal.

A sexual apology has wormed its way into the Church over the last half century and is growing. There are declarations by priests and prelates that dismiss the seriousness of consensual sexual behavior in priests and

trivialize the spiritual and psychological significance of sexual temptation. The sexual apology is the cutting edge of the therapeutic mentality that has at once provided the defense for the homosexual priest while dismissing the traditional and time-tested principles on prayer and asceticism. The following points sum up this attitude toward the life of religion:

- The psychology of the priest can be adequately explained from a naturalistic perspective, which ignores the central role of religious devotion in the psychological functioning of the priest.
- The metaphor of the battle between the spirit and the flesh is an outmoded and distorted view of human nature.
- Ascetical disciplines are un-natural and potentially pathological. Some contend that they are pathological because they repress sexual expression.
- Sexual behavior and fantasy are necessary to human happiness.

In spite of the currency these ideas carry in the sexually progressive circles, some can be shown to be highly dubious by a careful reading of available scientific evidence.

So, why do these ideas persist among professionals, even in the wake of the disaster that they helped to create? They persist, in part, because many believe that chaste celibacy is at best an improbable state, and most likely an impossible state for the majority of men who aspire to it; they view the impossible as an unlikely topic of serious scientific study. More fundamentally, these ideas persist because of a deeply held philosophical assumption about the ordering of knowledge illustrated best by the ideas of some ancients. Plato observed, for example, that in the act of healing, the body of man cannot be cured without a knowledge of the soul — the psyche. This principle implies a top-down orientation. That is, the lower part, the body, cannot be understood without understanding first the higher part, the soul, because the body is by nature meant to serve and be governed by the soul. Hence, when the physician treats the patient, he must consider the soul as well as the body. This top-down approach should apply in therapeutic psychology, but it does not.

Rather than begin with the intellect or the spiritual life, most in the sciences today devoutly cling to the idea that man's conscious behaviors about sex can only be understood by first explaining the animal appetites, most importantly sexual urges and desires. No quarter is given to the spiritual side of man in guiding sexual behavior. This is especially true for therapeutic psychology, the branch of behavioral science that treats persons with emotional concerns. In large measure, therapeutic psychology believes that much of human motivation is energized or formed, directly or indirectly, by sexual desire. This belief has been the rule since Freud, who still retains enormous leverage on the thinking of therapeutic professionals, as well as some priests and bishops.

The assumption that the psychology of the spiritual life in general (and priest psychology in particular) is best understood by therapeutic psychology, without guidance from the spiritual and ascetical traditions, remains largely uncontested. Yet, there is little evidence to support these ideas, and compelling evidence that contradicts them. In fact, there is a body of literature in biology and in experimental psychology that points to the connection between the spiritual part of man, his mental health and his sexual behavior, and provides support for the ideas advanced by Church Doctors on the importance of voluntary poverty, fasting, and self-denial.

The prejudices of therapeutic psychology have thus far prevented it from developing a psychological theory of the Christian ascetic; virtually nothing is found on the subjects of asceticism, chastity or virginity, and prayer is addressed only superficially. Absent this theory, therapeutic psychology has no rational basis on which to assist in the psychological treatment of the fallen ascetic in his return to ascetical practice, nor does it have any basis on which to direct the ascetical formation of seminarians or priests.

To remedy this difficulty we will take the first steps in articulating a psychological theory of asceticism by relying upon the Church Doctors and experimental science in both psychology and biology. To mark a path toward diminishing the influence of the therapeutic mentality in the Church we will lay out the scope of the problem as it is now, and in the recent past and will attempt to show in some detail, first, how the sexual apology grew out of the therapeutic sciences and infiltrated the Church, and how ascetical tradition can be framed to reform therapeutic psychology and to address the problems we face today.

Chapter II. The Problem –A Collapse of Chastity

The number of Catholic priests and bishops so far plausibly accused or convicted of sexual abuse has revealed a crisis of major proportions in the Catholic Church. Throughout the 1960s and 70s, the documentation on pederasty suggested a peak in this particular form of sexual misconduct, which declined, at least on the national level, throughout the 1980s and 90s.

Less well known and more difficult to define is the collapse of chastity signaled by the rise of homosexuality in the ranks of priests and bishops; knowledgeable insiders have estimated the rise both in terms of the total number of homosexual priests as well as their proportion of all clergy. That there is more than a token presence of homosexuals in the clergy is universally accepted; that homosexual priests were at the center of the pederasty crisis has been pointed out by others and is demonstrated below; that homosexual priests present a serious and ongoing concern is also demonstrated. However, it is more a matter of conjecture estimating the number and trends of homosexual priests and the problems that they pose. Researchers do not know the proportion of homosexuals in the clergy.¹ The question of homosexuality warrants some consideration in light of the collapse of ascetical practice – a collapse in the seminary, parish, and bishop's chancery that has encouraged sexually compromised men to enter and remain in the priesthood.

Mental health professionals, who have been advising the bishops for years, have downplayed what one commentator has called, "the (homosexual) elephant in the sacristy". But the elephant can no longer be ignored, both in terms of the abuse problem itself, and in terms of what it signifies for the spiritual vitality of the Church. Data contained in the John Jay Report clearly contradict the professionals who have been at the table advising the bishops. It is clear that this study, "The Nature and Scope of the Problem of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States,"² along with the companion report from the National Review Board, "A Report on the Crisis in the Catholic Church in the United States" adds considerable evidence to the debate that homosexual clergy pose a serious problem to the spiritual vitality of the Church. If there remains more than a token presence and influence of homosexual clergy, and we think that there is, it can be traced to the collapse of ascetical discipline, first and foremost, with the bishop, but also at the seminary and the parish. However, the problem of ascetical collapse transcends the problem of sexual orientation, and touches every member of the Church.

Why pederasty is the best descriptor

News reports tend to use the term pedophilia, experts tend to use the term ephebophilia but, in this study, we chose the term pederasty. Pedophilia is used in diagnostic manuals to describe the sexual abuse of pre-pubescent children either male or female. When referring only to the adolescent male, the technical term is ephebophilia – a term used in the research literature, but, interestingly, not in the diagnostic manuals. Each of these terms is appropriate within the proper context, but each term can be misleading when used to describe the nature of the clerical abuse scandal. We use the term pederasty because it is a subset of homosexual behavior, and describes the sexual contact of mature men with pre-adolescent, adolescent or in some cases, young adult males. This term may not pertain to all cases of the current crisis, but it describes the vast majority of them. Although the three terms, pedophilia, ephebophilia, and homosexuality usually describe separate behavioral categories, the behavior of individual priests (and we will see in a later chapter, of most child sex offenders) make these age boundaries of victim demarcation somewhat arbitrary. Hence our use of the term pederast seems the apt description for the majority of cases of priest sex abuse. The John Jay Report data as well as anecdotal reporting suggests that many sexual relationships between the priest and his victim continue for months or even years. Hence, what began (in some instances) as a case of pedophilia, culminates over time as a case of ephebophilia. Or, what began as a case of ephebophilia culminates as a case of simple homosexuality. Furthermore, strict diagnostic categories determined by the age of the victim would blind one to the possibility that a network of abusers, some with a preference for victims of a particular age, could coordinate their efforts, passing the victims up the ladder as they “age out”. So these three terms are useful for the purposes of abstract categorization of behavior, but the term pederasty is an accurate description of the behavior in most of the clerical abuse cases. The term pederasty describes a distorted character trait of homosexual desire that targets younger males of any age up to early adulthood for frank sexual pleasures and unnatural affections. This description would also apply to seminary teachers who seduce seminarians, and bishops who seduce their male subordinates.

Not all dioceses are equal

The John Jay Report provides important documentation on the nature and extent of the pederasty crisis. This is what it sets out to do, and it accomplishes this task reasonably well. However, we begin our analysis of

the John Jay Report with some criticisms of it. The John Jay Report shows that at its peak, sex abuse by clergy was widespread across dioceses, and was epidemic within some regions of the United States. It is unfortunate and unusual (from the perspective of standard research practices) that the study does not provide a breakdown of the number of reported cases within each diocese. Nor does it provide a listing of the bishops who governed their respective dioceses over the reporting period and a listing of the seminaries of the offending priests. This kind of information, could give important indications on the nature of the problem as well as administrative solutions. However, the summary tables do indicate that there were some regions of the country that reported no incidents of abuse. It is also unfortunate that the study does not provide information regarding the age of particular dioceses. The fact that some dioceses had no reported incidents may be a function of their having been recently formed. Those diocesan regions with no reported sexual abuse are in stark contrast to other regions that reported over 20 percent of priests having been accused of sexual misconduct with minors of the same sex. (John Jay Report Table 2.3.3) The fact that there were numerous dioceses that reported no abuse, whereas others seemed to be a sexual playground for pederasts, suggests that the severity of the problem of priestly abuse varies widely across the United States and does not lend itself to a simple summary analysis or description.

This large variation between dioceses of the number of priest abusers could reveal important information about the nature of the problem, but it is not addressed within the report. Information matching the number of priest abusers with the diocese they come from and the bishops at the time could yield insights regarding the locus of the problem in specific dioceses and seminaries and (presumably) specific remedies to remove or demote those who retain influence. As it stands now, failing to release this information simply causes the good dioceses and seminaries to be tainted equally with the bad ones.³ Aggregating dioceses abuse rates conceals significant disparities between dioceses in the same district and between dioceses in different reporting districts.⁴

A related deficiency in the John Jay Report is the information about seminaries. The John Jay team collected data on the seminaries attended by the accused priests, but these data were not reported, perhaps due to concerns about confidentiality. This is particularly important for putting the diocesan abuse rates in context. Being able to distinguish bishop influences from seminarian influences could provide valuable information in addressing the problem. One finds the seminary problem addressed by

the National Review Board, but, unfortunately, statistical information of the kind we have been discussing is absent.

Another potentially important but missing feature in the John Jay Report concerns the proportion of homosexual to heterosexual abuse. The average across the entire country is four to one, homosexual to heterosexual (John Jay Report, Table 4.3.1) and the proportion across time is also reported. However, no extant data provide estimates of how much variation between dioceses exists in this regard. Some informed observers have reported that in select dioceses with large metropolitan areas, the ratio of homosexual to heterosexual abuse was as high as nine to one.⁵ Internal reviewers in these same dioceses feared that such a large discrepancy would precipitate a significant backlash from the public if the figures were made public.

Homosexuality: implications of the four to one ratio

Eighty-one percent (approximate four to one) of the reported incidents were homosexual in form – men approaching mostly male youth for sexual activity of one form or another.⁶ Between 71 and 77 percent of the abusers were homosexual.⁷ However, data on other reported sexual activity by priests are not included since the commission of the report was limited only to complaints about the abuse of minors. Other behaviors would include arrests for sexual solicitation, reports on sexual misbehavior, complaints from parishioners about unusual living arrangements with men, etc.

The National Review Board mentions the problem of homosexuality in its concern over the growth of a homosexual subculture within the seminaries.

We do not seek to place the blame for the sexual abuse crisis on the presence of homosexual individuals in the priesthood as there are many chaste and holy homosexual priests who are faithful to their vows of celibacy. However, we must call attention to the homosexual behavior that characterized the vast majority of the cases of abuse observed in recent decades. That eighty-one percent of the reported victims of child sexual abuse by Catholic clergy were boys shows that the crisis was characterized by homosexual behavior.⁸

As noted above, the rate of homosexual abuse compared to heterosexual abuse is approximately four to one. Roughly ten percent of reported homosexual contacts were between a priest and a pre-pubescent

boy.⁹ The remainder was with teenage boys. In brief, the bulk of the abuse was ephebophilia. This figure, however, does not tell us what proportion of homosexual priests actually commits sex abuse nor does it tell us the relative levels of abuse (the odds) between homosexual and heterosexual priests. To determine these facts, the number of homosexual priests in the population of all priests must be known, and there are no census data that would yield this information. The National Review Board's kindly assertion that there are many homosexual priests "who are faithful to their vows of celibacy" is a gratuitous claim because the data to make such an assertion were not set forth. The importance of knowing the number of homosexual priests is illustrated by the following assertion by Fred Berlin:

Estimates of the number of gays among seminarians and the 47,000 Catholic clergy in the United States vary dramatically, from 10 percent to 50 percent. But no credible data exists on the number of abusive priests who are homosexual, said Dr. Fred Berlin, a sexual disorders expert at Johns Hopkins University School of Medicine. There is also no evidence that homosexuals are more likely than heterosexuals to molest children, Berlin said¹⁰

Since the abuse scandal erupted in the east-coast press, it has been widely reported that the proportion of heterosexual abusers and homosexual abusers was roughly the same – a notion that the reporter clearly attributes to Berlin in the above quotation. Now, Dr. Berlin and the Johns Hopkins clinic in Baltimore have been at the center of sex abuse research for decades (and have as a consequence had the ear of the Catholic bishops.) Nevertheless, the assertion that homosexual and heterosexual offenders are roughly equal can no longer be accepted as true for two reasons. First, the John Jay Report census provides credible evidence that over three percent of priests have been involved in homosexual behavior of a criminal nature. This provides a statistic that has gone largely ignored as evidenced by the reporter when she writes: "no creditable data exists on the number of abusive priests who are homosexual." Secondly, and more importantly, the assertion that between ten percent and fifty percent of all priests are homosexual cannot be true if the abuse rates of homosexual clergy and heterosexual clergy are the same, as Berlin insists. The mathematics of the situation demands that the proportion of homosexual abusers depends on the proportion of homosexuals in the clergy. Now, if the odds of committing abuse for the homosexual and the heterosexual are

the same (one to one), as Berlin and others have stated, and the known ratio of homosexual to heterosexual abuse is roughly four to one, then the mathematics demands that the level of homosexuals in the clergy must be four to one, or 80 percent. No informed observer believes that 80 percent of clergy are homosexual. Knowing that the four to one ratio holds may first suggest that the risk of abuse by homosexuals to heterosexuals is also four to one; that is, the relative risk of homosexual to non-homosexual contact would be four to one across the population of priests. This is a reasonable conclusion, but again, it assumes half of all priests are homosexual.

Chapter III. Chastity as an Arduous Task – The Psychology of Hope

A good conscience is able to bear exceeding much, and is exceeding joyful in the midst of adversities; an evil conscience is ever fearful and unquiet.

Imitation of Christ, II-6

The Catholic Church teaches that Hope is the theological virtue “by which we desire the kingdom of heaven and eternal life as our happiness, placing our trust in Christ’s promises and relying not on our own strength, but on the help of the grace of the Holy Spirit.”¹ The theological virtue of Hope has a counterpart in natural hope, a faculty of human emotional and cognitive functioning that plays a significant role in human happiness. We propose here that the priest psychologist should pay close attention to the emotion of hope, because it is at the center of the persistent and arduous task of chastity. Furthermore, chaste celibacy is a singular manifestation of hope whose effects radiate well beyond its possessor in the priest, particularly as western societies become more obsessed with sexual themes and images and magnify their attacks on Christianity through the attacks on chastity.

The psychology of natural hope (we use the lower case to distinguish it from the theological virtue) has been captured at least partially by experimental psychology in the study of *learned optimism*. Its opposite and older cousin, *learned helplessness*,² is thought to be a core feature of psychological distress and consequently has been widely studied in therapeutic psychology as well. Psychologists have recently discovered connections between religion – encouraging the formation of learned optimism – and psychological stability. In other words, the ancient connections between hope and religion have been rediscovered, but only

lately so – and incompletely – because most psychologists have been (and remain) ignorant of the classical philosophical thought on hope. The continued ignorance is inspired by the deep prejudice against Christian moral doctrine on sexual behavior. The enduring prejudice on sexual matters continues to limit this research, which has some promise of informing the therapeutic community.

Medieval theology devoted considerable attention to the psychology of hope. In addition to his treatise on the theological virtue of Hope, St. Thomas Aquinas has a philosophical theory of natural hope, wherein he observes that religious devotion actually alters the psychology of the person through hope. Thomas's reasoning warrants close examination because of the light that it sheds on the corrosive influence exerted against religious devotion by affluence, sensuality, and sexual preoccupation. However, because of the prejudice against Christian moral teaching that has stubbornly persisted in the behavioral sciences for more than a century, it will serve our purpose to summarize this prejudice against Christianity, and the empirical evidence that actually stands against it. After this brief summary, we will give our attention to the classic theory of hope and show the connections between it, religious devotion and life-style.

Does religious practice cause pathology?

We are not reformers, it is true; we are merely observers, but we cannot avoid observing with critical eyes, and we have found it impossible to give our support to conventional sexual morality or to approve highly of the means by which society attempts to arrange the practical problems of sexuality in life. We can demonstrate that what the world calls its code of morals demands more sacrifices than it is worth, and that its behavior is neither dictated by honesty nor instituted by wisdom. We do not absolve our patients for listening to these criticisms; we accustom them to an unprejudiced consideration of sexual matters like all other matters; and if they have become independent by the effect of the treatment (of psychoanalysis) they choose some intermediate course between unrestrained sexual license and unconditional asceticism our conscience is not burdened whatever the outcome.³ (S. Freud)

It has long been known but bears repeating that Freud and his followers despaired of the possibility of chastity. It is not that they were saddened in their despair on the belief in the impossibility of chastity, because they were moral relativists – who believe in a form of hedonism. As moral relativists, they sought no consolation in spiritual things, but rather aimed at negotiating a truce between moral demands of a society and

the emotional needs of the patient who felt (consciously or unconsciously) put upon by these demands. As the society would change its rules of morality, so too would the psychologically well-adjusted modify their behavior, beliefs, and desires to meet the demands of the evolving moral order. Hence, the rational activity of therapy is not directed to discovering some unalterable and universal truth about human nature, but is directed to removing the psychological impediments to emotional adaptation. Man is by nature an adaptive animal; hence, the perfectly adapted man is the happy man. However, because man is by nature and instinct a sexual animal (as all animals are) any attempt to completely suppress the sexual expression leads to pathological repression. The therapist, in his despair of spiritual goods becomes angry – because he is not completely insensitive to the sufferings of others who struggled in futility – and perplexed by those who pursued things that he believes impossible to achieve. This despair obstinately endures as a part of the therapeutic mentality as Freud's authority on such matters remains undiluted. When Freud and other behavioral scientists assert the ultimate futility and danger resident in the practice of Christian doctrine, one can trace the concern back through his objection to chastity traditionally practiced in Christianity.

The pursuit of chastity is an arduous affair in any age, and if only imperfectly achieved, it was by all evidence sought after in Christian culture from the earliest days, in stark contrast to the surrounding pagan societies. Even the pagan skeptic must concede in a moment of impartiality that chastity is an ideal topic for psychological research, and yet it lays largely undiscovered, because most scientists – as their pagan predecessors – have little hope of practicing it themselves. As if to deploy a diversion from the all-important topic at hand, behavioral science launches periodically blunt attacks on Christianity with considerable ferocity and to wide effect. One of the major broadsides after Freud came from sociologist T. Adorno⁴ in the early 1950s who proposed that traditional Christian belief and practice led to the atrocities of the Nazis. Adorno's attack worked. Psychology texts still make supportive references to Adorno⁵ in the discussion of the authoritarian personality, even though much of his work was based upon seriously defective measurements of the core personality traits in question.⁶ Well-known economist and commentator, Robert B. Riech, has echoed more recent versions of the Adorno thesis when he suggests that devout religious practice is the most dangerous enemy of free society in the 21st century; he did not limit his comments to extremist Moslem groups.⁷ This recurrent calumny has been propagated by psychotherapist, Richard Sipe, (an occasionally insightful) commentator on clerical sexual misconduct: "I cannot forget that the people and forces that generated Nazism and the Holocaust were all products of one Christian culture and the celibate/sexual power system."⁸ Never mind that these caricatures are historically incorrect

and easily disproved, they are common currency among scientists and mental health professionals.

A key element in the psychological critique of Christianity suggests that adherence to a strict religious and moral code at a minimum suppresses healthy sexual desire – urges that men and women have to satisfy their sexual desires, apart from any acknowledgement of the procreative purpose of sex. These critics have little patience for the idea that the human person is born with flaws that can be overcome only with God's grace. Perhaps they see it as an insult that man should be made ultimately dependent upon God for his goodness. They are impatient with the idea of having to put forth consistent effort at serious self-restraint. This type of "fundamentalist" morality is typically construed as highly punitive and stifling, giving rise to a very unhappy, and even pathological personality. Noted therapist Albert Ellis⁹ suggests that adherents to fundamentalist doctrine were latently pathological. Another influential therapist, Carl Rogers, suggested that human potential can only be realized outside the tyranny of the "ought" – that is, extrinsically imposed moral constraint, or obedience to a superior.¹⁰ More recently, George Albee, a key player in many professional associations, and a liaison to the accreditation committee for the American Psychological Association, argued that conservative Christians should be barred from admission to graduate programs in clinical and counseling psychology.¹¹ Some Christian commentators, such as Eugene Kennedy, have adopted at least portions of the hedonistic critique of sexual pleasure, and point to the doctrine of *original sin* as the real culprit. Of course (so they say) God exists and He created man, but He made man to enjoy his sexual desires in a manner that, apart from their procreative purpose, can actually lead man to God.

In brief, the behavioral sciences have simply refused to take a serious look at chastity as an arduous but attainable state. However, the research on learned optimism and religion has broached the problem of hope, and in making this long-overdue move, it has put a crack in the door on the problem of chastity. Only time will tell if the door will swing wide open.¹²

The evidence

Although leading scientists within a variety of disciplines are completely convinced of the validity of their attacks against traditional Christianity, there is little systematic data to support them. It is well known to clinical psychology and psychiatry that psychotic episodes often contain religious delusions, but research is wanting to show that religious commitment in the broader population is itself associated with unhappiness or psychotic conditions, or other pathological behavior. Findings over the last one hundred years suggest psychological well-being is associated with

participation in religion generally, and the quality of mental health correlates positively with the strength of the commitment to a moral code, overseen by a strong religious leadership.¹³

It is widely recognized with clinical professions that marriage – an institution supported by Christianity, and enshrined as one of its sacraments – promotes mental health, and that its dissolution in divorce, creates enormous psychological strain, both the couple being divorced and in their children.

As we noted earlier with ascetical practices, T.V. Moore found from psychiatric census surveys in the mid 1930s that members of the diocesan clergy and religious orders had significantly lower levels of admissions to psychiatric facilities than the general population. For example, the rate of psychiatric hospitalization for all clerical and religious members was 65 percent lower than that of married persons in the general population, which is usually the healthiest segment of the population.¹⁴ Moore's findings compel one to look skeptically at claims that devout religious activity is latently pathological.¹⁵

Suicide, an infrequent behavior but nevertheless a strong indicator of psychopathology, until recently was negatively correlated with membership in the Catholic Church (as prominently noted in Durkheim's research, 1897) as well as other morally conservative religions. Unfortunately suicide jumped dramatically after the 1950s, and the traditionally negative association with Catholicism diminished considerably following the sweeping liberalization of the Church, and the decreased participation in religious services.¹⁶ At the same time, the increased rate of suicide, especially in the young, was linked to increases in sexual promiscuity and drug abuse. It is significant, however, that the negative relationship between suicide and the practice of religion remains true for "fundamentalist" religious organizations such as certain branches of Evangelical Protestantism as well as Orthodox Judaism. Specific religions with strong proscriptions of suicide provide a significant deterrent among the adherents of these religious groups who regularly attend services.¹⁷ Religious participation is also a significant influence in suicide prevention interventions. In addition to this a significant body of research shows that the level of participation in religious activity, such as church attendance, positively correlates with levels of happiness and general well-being, both attributes which stand in opposition to frank or budding psychopathology,¹⁸ whereas other research shows that although religious attendance does not directly reduce psychological distress, it buffers the effects of distress on mental health.¹⁹ We also now know that religious commitment increases the likelihood of successful outcomes in psychotherapy. In recognition of this important observation, thirty psychiatric residency programs (as of this writing) provide some attention to patient religious beliefs and practices.²⁰

A particularly strong finding has emerged from experimental psychology that gives some insight to the manner in which orthodox morality and religious practice influence one's psychological stability. Regular religious attendance, which is required of the stricter religions, is linked to the commitment to moral norms and daily religious practices now associated with what experimental psychologists have termed, *learned optimism*. Learned optimism is the psychological state wherein the person knows from experience of the reliable connection between his expectations and his behavior, and the positive outcomes that it produces.²¹ This knowledge encourages the person to persevere in stressful, or otherwise difficult situations. By its very nature, this optimism engenders a sense of personal control.

Religion in general, and conservative religions in particular, produce a marked, beneficial effect on personal optimism and mental health.²² For example, Orthodox Jews and the stricter sects of Evangelical Christians, consistently score higher on measures of personal optimism than do Unitarians or Reformed Jews. This same research finds that, as a group, Catholics and Methodists fall between the two groups on the spectrum of "fundamentalism" and not surprisingly, also score between these same groups on the same measures of personal optimism. (It should be noted that in this particular research, all of the persons involved from the several religions were attending services. Hence this research accounts for the earlier correlation between attendance and optimism.) There is also evidence for significantly greater optimism among people who study their religious doctrines and hear sermons containing specific instruction on the morality of daily living. There are several indicators that researchers have used to determine how *fundamental* a religion is. The first of these are the literalness with which scriptural moral precepts are interpreted, and the degree to which one allows his religious beliefs to influence his behavior. Another important factor that tends to identify a religion as *fundamental*, refers to the influence the religious leaders have on their congregation. The more fundamental a religion, the greater the tendency of the leaders of that religion to give specific instruction and encouragement for the daily exercise of the moral precepts – a finding that echoes the definition by John Henry Newman who, in the defense of the papacy, noted:

In the Apostles' days the peculiarity of faith was submission to a living authority; this is what made it so distinctive; this is what made it an act of submission at all; this is what destroyed private judgment in matters of religion. If you will not look out for a living authority, and will bargain for private judgment, then say at once that you have not Apostolic faith.²³

In brief, religious hope and commitment is inspired by the daily participation in religious practices such as attending church services, frequent prayer outside of official church worship and participation in church sponsored activities. Those who engage in such practices tend to exhibit a level of optimism that is associated with a significant increase in the capacity to adapt constructively to daily frustrations and personal suffering. These findings are in sharp contrast to the prevailing view that "fundamentalism" is a cause of personal and social pathology. Indeed, it seems to be just the opposite, as one researcher put it, "liberalism breeds discontent."²⁴

Research on learned optimism complements social psychology research on *self-verifying cognitions*.²⁵ The self-verifying cognition influences the manner in which a person forms friendships and reacts to his own limitations by anticipating and reacting to both the positive and negative opinions from others in the formation of self esteem. For example, consider the case of an individual with a character flaw, say a drinking problem. This person, aware of his faults, wants to feel good about himself but he is unable to ignore his many shortcomings. We might say that such a person (our example is generally illustrative of most people, by the way) is caught in a "psychological crossfire". By this we mean that he wishes to hear feedback from others that will boost his self esteem, but he also knows that the critical statements that might go unsaid by others are perhaps more true and beneficial than any compliments. If he accepts only the compliments and ignores the criticisms, he will be in danger of establishing a completely unrealistic appraisal of himself. If he ignores the compliments and focuses on the negative self-verifying statements, he makes a date with depression, and yet, failing to recognize his own faults will make it impossible to improve. Indeed, we are not surprised to find that the high self-esteem individual tends to focus on self-verifying cognitions that are largely positive, while the person with low self-esteem tends to ignore the negative self-verifying cognitions.²⁶ Both defensive strategies make it difficult for either person to rectify the personal failings.

It is precisely this psychological "double bind" that the Christian is particularly able to resolve without losing sight of his own sinfulness, or his hope in God. Authentic Christian sects teach some version of the doctrine of original sin, that man currently lives in a fallen or imperfect state. This fundamental theological teaching is the psychological equivalent of the negative (but true) comments directed at our recovering alcoholic above. However, the Christian also knows that he is lovable, if only by God who will rescue him from his sins. This idea, of course, corresponds to the compliments that the alcoholic receives with some trepidation, with one important exception, which is the anticipation that there is help from outside to overcome the sins. This conflicting

information is one of the paradoxes of the Christian faith that makes it unique and interesting from a psychological perspective. Christian doctrine allows one to accept these seemingly mutually exclusive and contradictory statements about himself with equanimity, leading one neither to a narcissistic overestimation of his goodness on the one hand, nor to a despairing realization of his sinful unworthiness in the sight of God on the other. Such a balancing act, possible to the Christian with the "fundamentalist" attitude, places in full relief the lyrics of John Newton: "Amazing grace! How sweet the sound, That saved a wretch like me!"²⁷ This takes on a particularly direct application for Catholics who make the regular examination of conscience and the personal confession of sins – where the penitent submits himself to the judgment of the priest who sits as the representative of the Redeemer of sins.

All of this suggests, in clear opposition to the presumption of the critics of traditional Christian moral practice in general, and asceticism in particular, that firm moral commitment made through religious practice has a positive psychological effect on religious adherents. The more one views his faith as integral to daily life, the more pronounced and positive the effects. Those adherents who possess more "fundamentalist" mentalities, in terms of exercising a religious code of conduct throughout the day, seem to benefit most in terms of optimism, or the psychology of hope and self-mastery. This is consistent with and supportive of the findings by T. V. Moore on the status of clergy and religious ascetics in the 1930s.

The classical theory of hope – general considerations

A theory of religious optimism has yet to be thoroughly articulated by experimental psychology. As an emotional state, we know that hope, as well as optimism, are key ingredients to human behavior. Optimism and hope share a common feature in that one anticipates in each the successful outcome of a personally challenging event. However, hope contains an added element where the expectation of success is placed in part on the generosity of a friend. The strength of one's emotion of hope has a profound effect on perseverance in everyday affairs. Even in the case of psychotherapy it is a strong predictor of the efficacy of treatment.

Our formulation of a theory of hope needs to begin with a brief outline of Thomistic psychology. (If the reader is generally familiar with the psychology of Thomas, he may pass over this section and move to the section on hope, page 24. This section is intentionally cryptic, and provides only the most basic outline and definitions.)

Thomas observes that the causes of human behavior can be classified as either involuntary (caused by chance, force, or natural/biological agency), or voluntary (caused by reason, desire, habit, or anger.) Voluntary acts originate from one of three appetites, two of which are bodily desires

presented to consciousness by one or more of the senses. There is the concupiscible appetite, that moves the person to an object of sensory pleasures; the irascible appetite that is the origin of desire for revenge or domination (anger or competition, in other words) where the appetite is moved to overcome obstacles; the rational appetite from which emerges the desire to act according to some principle of the good (here we are speaking of the will).²⁸

The concupiscible and irascible appetites share three characteristics: (1) they operate through the physiological changes that result from our vegetative and cognitive functions. (2) they are formally distinguished by their objects that possess some aspect of the good. In other words, these two appetites are only attracted to something that I perceive as being in some way good for me to have. (3) they act through a set of related emotions. Thomas uses the term *cognition* to include sensory functioning as well as memory and estimation. Although intellection²⁹ and reasoning are uniquely human capacities, cognition belongs to all animals to one degree or another as it simply takes in and stores knowledge of the particular circumstances that surround it.

Concupiscible desire is about the pleasures derived through sensation. The irascible desire is directed to overcoming both obstacles to pleasure and the causes of pain. The more basic of the two is the concupiscible. Without it there would be no tendency to acquire food, shelter, or sexual union, resulting in the eventual disappearance of human life from the earth. The concupiscible appetite is found in all living organisms possessing sensation and is the emotional seat of love.

The appetites motivate behavior based on information drawn from the sensory/cognitive systems. The concupiscible appetite relies especially on touch and the imagination of the objects of pleasure. Sensory information precedes cognitive apprehension, which in turn is a principle in the first movement of the appetites. Cognitive apprehension reveals to the appetites the desired object which will be pursued either by direct sensory apprehension or via the imagination.

The irascible appetite also relies on sensory apprehension, but is more cognitive since it relies on a complex of information that is used to generate predictions about events that have not yet occurred. The irascible appetite relies heavily on memory and predictions of the course of events. The degree of optimism with which one adapts to impediments to pleasure or seeks revenge must involve some estimate of the likelihood of a successful outcome of the contemplated behavior. In short, as with all animals, the human person is influenced by the contingencies of the environment but in two complementary ways, one is in the manner of simple approach and repose in relation to the object of desire, the other is in the manner of negotiating impediments to the objects of desire – the

arduous good. (It is in these two ways that behavioral conditioning occurs; it is also the genius of Thomas who anticipates the experimental findings by 700 years in his observations on "Whether hope is in the dumb animals?" to which he answers in the affirmative.³⁰)

Emotions are movements of the sensory appetites followed by pleasure or pain. Sensory objects, real or imagined, are first apprehended and then evaluated according to their perceived status of being desirable (good) or undesirable (evil). The evaluative process initiates a change in the appetite (making it stronger or weaker) causing a tendency toward or away from the apprehended object.

Since the emotions are dependent upon the body, they are influenced by constitutional factors of the body. In his Commentary on Aristotle's *Ethics*, Aquinas alludes to Galen's doctrine of the four temperaments, and suggests the influence that temperament might exert on emotional states. "Of pleasures that are natural... cold foods that moderate the temperament are delightful to the choleric, but warm foods are agreeable to the phlegmatic. Of the unnatural pleasures, some become delightful because of privation... others become delightful because of evil habit... likewise, since these powers are acts of bodily organs, they are necessarily proportionate to the temperament of the body"³¹ The details of this illustration would undoubtedly be changed by the findings of modern temperament research (e.g., Kagan, 1994). However, Thomas' broader philosophical point regarding the effect of bodily predispositions on the emotions recognizes the role of individual physiological differences that affect emotion and behavior. Both constitutional and environmental factors influence the expression of emotion – or in contemporary parlance, emotion is a subject of both nature and nurture.

Love as the seat of all emotion

The formal reference point for all emotion is love. Thomas observes that all of the soul's passions presuppose love, since every passion implies movement towards or rest in something perceived as a good. "Now every movement towards something, or rest in something, arises from some kinship or aptness to that thing; and in this does love consist."³² Note that the term good here is not restricted to a moral good, but it is used relative only to the individual; e.g., the child sees the candy as a good, even though the mother has forbidden it. Thomas also observes that the other human emotions all contain love in their definition. These include the basic emotions of joy, desire, hatred, aversion, sorrow, hope, despair, courage, fear, and anger. Because love's special status defines the formal relations of all emotions, we gain some interesting insights. For example, fear, one of the irascible emotions, is a pain in the *expectation* of loss of a good brought about by a power that is both proximate and over-powering. Sorrow, one of

the concupiscible emotions, is the *realization* of the good lost.³³

Each of the basic emotions has one or more derivatives. For example, the formal derivatives of sorrow include pity, anxiety, envy, and jealousy. Thomas explains this by observing that the proper object of sorrow is the perception of the loss of well-being: "Hence sorrow may be concerned for an object foreign to it either through one's being sorry for an evil that is not one's own; and thus we have pity which is sorrow for another's evil, considered, however, as one's own: – or through one's being sorry for something that is neither evil nor one's own, but another's good, considered, however, as one's own evil: and thus we have envy."³⁴

If sorrow is caused by the realization of a lost good, then the proper effect of sorrow consists in a certain *flight of the appetite*, or a serious diminishing of the desire for the good. This effect on the reduction or elimination of desire can consist of two elements. The first is cognitive, where the person who desires flight believes that escape is impossible, and this produces anxiety, or perplexity. The second element follows from the mental part, which can produce bodily torpor.

Hope in particular

The psychological analysis of religion must involve a study of hope, an emotion of the irascible appetite, because hope at once touches upon the emotional and spiritual state of the person; that is, in the psychological analysis, hope is the bridge between the world of the emotions and the spiritual world. Now the emotion of hope can be about matters other than the spiritual life, but any consideration of the spiritual life – whether a behavior brings me closer to God, or whether a behavior is immoral – all of these kinds of considerations filter into the psychology of the person through the emotion of hope. Hope is the pleasure derived from the person's expectation that an arduous good will be acquired with the assistance of another. What distinguishes hope from ambition is its reliance upon the aid of another.³⁵ Ambition and other competitive emotions anticipate the successful overcoming of obstacles without external assistance. Hope, however, always involves the expectation by the hoper that some other person or thing will come to his aid, allowing him to succeed in an otherwise impossible task. Hope also implies in the helper, an act or state of generosity toward the less powerful. Thus, the hope that is about moral matters, entails an element of friendship with God.

Hope has two contraries, despair and presumption. Despair is the pain of withdrawal from the object of desire, under the apprehension of it being unachievable. Both despair and hope presuppose desire, but in different ways. Despair implies not only privation of hope but also a recoil from the thing desired, by reason of its being estimated as impossible to obtain.³⁶ ("If I cannot delight in her I will hate her" is a statement of

despair.) Presumption is the unwarranted and imprudent expectation of success at an arduous task. Presumption is also contrary to the virtue of courage since it forestalls fear when it is in fact appropriate to the situation.

Devotion as a cause of hope

Thomas observes that religion is one of the moral virtues, and devotion is its principal element.³⁷ He also observes that the extrinsic and chief cause of devotion is God while the intrinsic cause of devotion is meditation or contemplation by the person involved. This is so because devotion, as a uniquely human activity, is an act of the will to the extent that man willingly surrenders himself to the service of God. Consequently meditation (thinking about God in prayer) is a required cause of devotion, in so far as, through meditation, man conceives the thought of surrendering himself to God's service.

Indeed a twofold consideration leads him (man) thereto. The one is the consideration of God's goodness and loving kindness, and this consideration awakens love [dilectio, the interior act of charity; Q27] which is the proximate cause of devotion. The other consideration is that of man's own shortcomings, on account of which he needs to lean on God, and this consideration shuts out presumption whereby man is hindered from submitting to God, because he leans on God's strength.³⁸

Thomas concludes his inquiry into devotion by observing that "(i)t is accordingly evident that the first and direct effect of devotion is joy, while the secondary and accidental effect is that 'sorrow which is according to God'" – the tears of contrition for one's sins that act as an antidote to presumption. Hence, whatever strengthens meditation weakens the attack on hope.³⁹

Now devotion is a cause of hope because devotion causes an expectation of receiving a spiritual good, while recognizing that only God can provide this good. Devotion also causes hope because it discourages despair and presumption. In contemplating one's own powers and failings the emotional impediments to hope often encountered are sadness and presumption. These emotions can be overcome by the joy of knowing the love of God, which inspires hope, as well as humility in knowing one's proper powers. When considering the difficulties in confronting the problems of life and the potential for suffering, Thomas argues that hope supervenes as the balance between presumption at the one extreme and the sadness of despair at the other.

Collapse of hope

Other enemies of natural hope are lust and sloth in that they each undermine devotion. Lust encourages despair because it directs the person's attentions largely to physical pleasures that encourage intemperance. The strong desire for bodily pleasure drives out the affection for the spiritual good, which means that the spiritual good is no longer a source of delight to those interested primarily in the physical pleasures. Therefore, such a person no longer finds it worth his while to engage in the arduous task of seeking spiritual goods.

Now, the fact that spiritual goods taste good to us no more, or seem to be goods of no great account, is chiefly due to our affections being infected with the love of bodily pleasures, among which, sexual pleasures hold the first place: for the love of those pleasures leads man to have a distaste for spiritual things, and not to hope for them as arduous goods. In this way despair is caused by lust.

It may strike the reader as curious that Thomas views the spiritual goods as "arduous" goods. This follows from the fact that spiritual goods are beyond the capacity of mere mortals to achieve without the help of God. In this respect, they are goods that are bestowed through an act of benevolence, and (in the person of Christ) friendship.

Thomas notes that sloth is a cause of despair because the person afflicted with sloth is sorrowful when confronted with the difficulties of cultivating a spiritual life.

(T)he fact that a man deems an arduous good impossible to obtain, either by himself or by another, is due to his being over downcast, because when this state of mind dominates his affections, it seems to him that he will never be able to rise to any good. And since sloth is a sadness that casts down the spirit, in this way despair is born of sloth.

Now this is the proper object of hope - that the thing is possible, because the good and the arduous regard other passions also. Hence despair is born of sloth in a more special way: though it may arise from lust, for the reason given above.⁴⁰

Persons beset with habits of intemperance – finding it difficult to moderate their appetites for food, alcohol, drugs, and especially sex – will find spiritual exercise onerous, and will be inclined to spiritual sloth. This in turn disposes one to despair for the reasons noted.

Summary and conclusion

Religious devotion nourishes the psychological state of hope, and hope is the indispensable element in arduous task of maintaining chastity. The principal effect of devotion is joy in the beneficence of God – a key element of hope – and there is also found in devotion a profound sorrow for one's own sinfulness. Hence, those who do not pray, or who pray poorly, derive neither of devotion's benefits and become particularly insensitive to the effects of their own sinfulness, and the sinfulness of others who share their weaknesses. This insensitivity leads down the path to spiritual sloth inevitably enveloping the priest with the emotional problems of sensuality, and to cowardice, for those who are charged with overseeing the good order of the community. Sensuality is the fermentation for loneliness and confusion, and, as we will see in the chapter on homosexuality, homosexually inclined persons are particularly susceptible to sexual preoccupation and other forms of sensuality. The enemies of hope, and therefore the enemies of chastity, are found in the contrary states of despair, (not to be equated with clinical depression), presumption, and spiritual sloth. The attacks on hope are advanced by sensuous indulgence in food and other creature comforts, and, because of the great strength of its pleasure, by sex. Sexual pleasures especially produce distaste for the arduous task of devotion, and in the spiritually slothful, their failure in devotion cuts off spiritual friendship. Although virginity and chaste celibacy have always been viewed by Catholics as particularly important manifestations of Christian commitment, they are perhaps even more so today because of the relentless attacks on Christianity by the sensuous culture. It is more important than ever to inspire celibacy as the nearly supreme manifestation of hope against a world submerged in pagan sexuality. Those who advocate for the rollback or abolition of celibacy, by this reasoning, proffer a counsel of despair.

Devotion encourages chastity, and because of the arduousness in being authentically celibate, fervent dedication to prayer is indispensable. The thing that sets the stage for devotion – virtue – is the next topic.

Chapter IV. The Psychology of Virtue

The temperate man occupies a middle position with regard to these objects. For he neither enjoys the things that the self-indulgent man enjoys most – but rather dislikes them – nor in general the things that he should not, nor anything of this sort to excess, nor does he feel pain or craving when they are absent, or does so only to a moderate degree, and not more than he should, nor when he should not, and so on;

Ethics 3.10 Aristotle

To understand the psychology of the priest, we need to address the psychology of asceticism, because all good priests are true ascetics. But to understand the psychology of asceticism, we must first look at the psychology of virtue and its development, which is the precursor to asceticism. Understanding virtue will help us to understand the nature of temperance and ultimately to the nature of friendship to which all the moral virtues point, and wherein resides the heart of the spiritual life. Unfortunately, we do not get much help from therapeutic psychology in the analysis of virtue, because it does not recognize three facets of virtue: first, that human happiness depends upon moral realism – the idea that there is a knowable natural moral law; second, that habits and emotional states can and must be formed in a manner consistent with moral realism; third, males only find happiness in sexual behavior through marriage open to fatherhood. Many today do not acknowledge the procreative purpose of sex, and hence do not practice a core component of sexual temperance.

The definition of virtue

“Grace under pressure” is the catch phrase that captures by half the idea of virtue. The origin of the word virtue comes from the Latin word for strength or manliness. Grace under pressure clearly denotes courage, or acting well when the going gets tough, but when thinking of virtue in the more complete meaning of the term some thought must also be given to acting well when the going gets easy. Cowardly behavior in the face of adversity is considered by many to be a sign of weakness or even a vice. But gluttonous, licentious, or lascivious behavior all pertain to the exercise of sensory pleasures and are most often associated precisely with those times in life when, “the going is easy”. The technical definition of virtue is a habit that is governed by correct reason about moral action¹; the correctness of the action ultimately depends upon a correct understanding of human nature, and the action chosen must be done so willingly and with a sense of honor or delight.

Although we tend to couch our discussion about virtue and vice within the categories of right and wrong, the subjects of the moral virtues in particular are about pleasure and pain: choosing to take pleasure in things that should be loved or enjoyed, and being pained by things that should be detested. Virtue is, therefore, about man’s emotional states, and whether these conform to human nature, correctly understood. Since virtue characterizes the ability to bear up well under the excesses of good fortune as well as bad fortune, and this ability is put in the service of acting justly, that is, by treating others well and fairly, virtue finds its natural fulfillment in cultivating friendship.

Following the development of virtue doctrine in Aristotle, the Church recognizes the cardinal virtues: temperance, courage (fortitude),

justice and prudence. Temperance is concerned with pleasures, especially those associated with the sense of touch and taste. Courage describes one's response to pain or the threat of pain – those situations that engender fear. Justice involves treating one's neighbor with respect, and prudence is the virtue of right reasoning. These virtues are called "cardinal" because all other moral virtues in some way depend upon them. We locate chastity within temperance with respect to sexual pleasure.

There are several conditions necessary in the practice of all four cardinal virtues, including moderation of the appetites, self control, understanding the proper purpose of behavior – the essential element of moral realism – the development of good habits, and knowing when and how to act.

Temperance deals with sensory pleasures, that is, what to enjoy and under what conditions one might enjoy it. This is no easy task since the sensory pleasures service the most basic requirements of life for the individual, such as food, drink, shelter and clothing. As the virtue about physical pleasure, temperance is the habit of dealing well with these pleasures most especially associated with touch and taste. Since man is not only an animal (having a physical and living body with senses) but a social animal as well, pleasure motives are not simply instinctual responses to a perceived need, but are conditioned by culture. Upbringing has a significant influence over the development of habits that can work for or against temperance. Upbringing also influences the development of self-control. With poor self-control, temperate habit formation is not possible.

Self-control or self-mastery is necessary to virtue, but is not sufficient, because one can have a kind of self-control in the exercise of evil behavior, (as is evident in the case of successful criminals). Self-mastery for its own sake is actually antithetical to the cultivation of virtue. This is because this kind of self-mastery does not pursue the regulation of behavior with a view to achieving moral excellence, but only to achieving control for control's sake. Neither can self-control be based solely upon achieving one's personal pleasures, or avoiding threats to personal safety. Temperance cannot be based exclusively or even primarily upon fear of the harm that might result from intemperate behavior. Appeals to "safe sex" are not appeals to virtue but to fear.

The true cultivation of virtue, in this context the temperate pursuit of pleasure, proceeds from a true understanding of the ends or purpose of the behavior. In all acts of temperance, including sexual temperance, self-control is practiced with a view ultimately to lead one to a good life with family and friends and to achieve moral excellence.

If this is temperate behavior, how does one know that he is a temperate person? In other words, what is the measure of virtue? There are no psychological measures, short of recognition by a virtuous person. This

is not because virtue is unmeasurable, but because no one has taken the time to make such a measure. The creation of a reliable diagnostic instrument to measure virtue would be difficult because virtue is based upon habit, judgment in particular situations, and understanding. Only the last component would be easily measurable; the other elements, habit, and judgment, are probably best observed *in vivo*, where the person is challenged to behave correctly in the face of temptation. To establish the existence of these traits in a subject would require observation over a long period of time. Perhaps only those who are virtuous can reliably detect it in others. However, there are emotions that signal the presence or absence of important parts of virtue, and these are shame and honesty, which lend themselves to the analysis of sexual preference and behavior. The beginning of virtue: shame and honesty

At the time that St. Thomas Aquinas was teaching in Europe, the virtue doctrine proposed that there are several character traits that were integral to the practice of temperance, or which undermined temperance: abstinence, fasting, gluttony, sobriety, drunkenness, chastity, virginity, and lust. Included in the list of traits was *shamefacedness*, a character trait that is not temperance in and of itself, but is essential in disposing the person to acting temperately. Today's "sense of shame" is a close approximation to the term shamefacedness. The other trait was *honesty*. The medieval term for honesty has no simple translation in modern English but is close to the idea of taking delight in "doing the right thing" and is considered a kind of spiritual beauty; a point that will be developed in a few pages.

We begin with the sense of shame, because it is acquired first in the development of temperance. As an emotional state, the sense of shame has suffered a bad rap over the last hundred years because of its association with a Victorian or prudish mentality about sex. It continues today as the chief enemy of the sexual educators, and its sexual element has been successfully vanquished in many corners of society. However, because of its close association with the inborn sense that most people have for following rules – the innate sense of social subordination – the shame often reawakens in people who have lost it.

One basis for its being the most misunderstood emotional state rests on its transitional nature. Shame is absent in persons at opposite ends of the virtue spectrum: those who we might call extremely virtuous and those who are hedonistic or vicious. Shame is present in those who have a chance at becoming virtuous and who are not hedonistic. To understand the value of shame goes a long way to helping one understand how some develop virtue while others, either never acquire it, or lose it after once practicing it. To underestimate the role of shame in character development is to miss out on a core component of virtue.

So what is shame? Shame is the fear of behaving in a particular way

because the behavior or inclination is at once seen as both desirable and disgraceful. This is not to be confused with fear of being caught, where one actually delights in the behavior but wishes it to remain undetected. Nor in our use of the term is it to be confused with embarrassment, which occurs when some unforeseen event displays one's nakedness. Unlike shame, in embarrassment one's modesty is violated because of circumstances outside his personal control. The embarrassed person had no desire of doing ill, but is rather unwillingly exposed to violence or circumstances over which he had no control – the behavior is involuntary. Although today we tend to equate embarrassment and shame, or consider shame to be an extreme embarrassment, psychologically, the two are quite different. Shame is clearly linked to a feeling of guilt consequent to an illicit desire and contains an element of internal conflict while embarrassment is the emotion that follows a sequence of events over which we have no control. Guilt need not be part of embarrassment while it is a key component of shame. As a state of self-conscious distress, embarrassment is indicative of a reflex of victimization, and involves no element of choice – its arousal is strictly involuntary, such as in the mild case where a woman's dress is blown up in a wind, or in the extreme case where she is raped.

In the sense used here, shame is voluntary and embarrassment is involuntary. With shame, the person actually feels a desire or temptation to perform a behavior, and at the same time fears performing the behavior because of the disgracefulness of it; whether or not there is any witness to it is not relevant to the emotion. Shame is quintessentially an indication of internal conflict. It is a distant spiritual cousin to "fear of the Lord". The person who suffers shame is tempted to engage in the proscribed behavior, and at the same time recognizes that the behavior is disgraceful – the conflict is interior to the person. As a type of fear, shame inhibits behavior.

Shame is not a virtue, but it sets the stage for acquiring virtue. Shame dissipates as the temptation to bad behavior dissipates. As the temptations become less intense, the conflict that results from the desire to perform a shameful behavior lessens and the fear subsides. Usually this occurs through the development of a habit in opposition to the bad behavior.

Shame can disappear from one's life as the result of three different eventualities. In the first instance, spiritual masters describe what is sometimes called, "a divine invasion" which is an infusion of grace that overcomes all temptation in a single sweep. This happens infrequently, but when it does, shame is swept aside and there is no significant temptation to sin. However, shame can diminish and ultimately disappear for two other reasons, more common in the history of spirituality. In the first place, because of hard work and perseverance in good habits, or because the conflict is repeatedly resolved in the direction of virtuous behavior, a person can become immune to shame through habitual praiseworthy

behavior. The virtuous no longer experience shame, because they are no longer seriously tempted to engage in the shameful behavior as a result of years of choosing a virtuous behavior whenever confronted with the original temptation.

A third way to eradicate shame from one's life is to choose what we might call, "the low road". If one repeatedly performs the shameful behavior, over a period of time, shame disappears because the subject no longer perceives a conflict regarding his choice of the reprehensible behavior. The vicious no longer experience shame because the conscience is dead.

It is the power of shame that helps keep recovering alcoholics and drug addicts from serious relapse. At the Alcoholics Anonymous meetings, participants introduce themselves as "I'm John, and I'm an alcoholic." The purpose of this self-attribution is to keep one mindful at all times of his proclivity toward disgraceful behavior. In other words, to keep the person always on his guard, in recognition of the strength of the habit and the ease with which the reprehensible behavior can recur.

As one becomes more virtuous, the internal emotional conflicts lose their grip on the imagination and the struggles over choosing between good and evil subside. Without the attraction to shameful behavior, the masters of virtue no longer suffer shame, which we know is the result of one's fear that he finds himself desiring to commit a reprehensible behavior. Most men suffer from sexual temptations of various sorts throughout their lives. For this reason, most men never succeed in eliminating shame from their lives when it comes to sex. In other words, perfect chastity is a rare state since only a few men are free from sexual temptation. However, it is important to note that if the temptations to sexual behavior only occur with a strong sexual stimulation and the man is not otherwise pestered by sexual thoughts or fantasies, he is likely to possess the virtue of chastity to a high degree.

In our contemporary world, shame is most often associated with modesty² where one refrains from inordinate sexual display or innuendo for fear of disgrace or disgust. It is a fundamental principle that, until recently, was well known to Western cultures, namely, that sexual modesty was a guardian of chaste and virtuous behavior. Contrast this sense of well-developed modesty with sexual shamelessness. For example, some sex education teachers find the abolition of shame as a primary objective of their craft, and they achieve their ends by having mixed sex groups openly discuss frank sexual behavior, and role play sexual activities, such as applying condoms to bananas. Such group exercises quickly break down the sexual inhibitions in the students who lose their sense of sexual shame. This makes sense – in a perverse way – because shame is a behavioral inhibitor, and sex educators see inhibition to sexual behavior as a bad thing.

As we indicated above, there are two types of persons without

shame, those who behave shamelessly and those who behave virtuously. Everyone else is somewhere in between. The virtuous lack shame because they suffer few temptations to behave disgracefully. The insolent or lush behave without shame, and have little hope of becoming virtuous.

Other indicators of a loss of shame are found in the refusal to accept responsibility for aberrant behavior. In most cases, this is accomplished by blaming other people for one's own disgraceful behavior. There are anecdotal reports of shameless pederast clergy who insisted that the abuse would never have happened if the victim had not seduced them. This is cognitive distortion, pure and simple, and shows a perverted conscience. Lacking shame, the sinner is without hope of reform. Other signs of shamelessness are narcissism and manipulative behavior.

Experimental psychology has given some attention to the study of conscience. In fact, one school of psychology has identified conscience with shame, because shame involves a reflexive response to bad or disgraceful behavior.³ Although shame is clearly one of the several elements of conscience, conscience is much more than simply the emotion of shame as we have described it above. Conscience includes reason and understanding that are not integral to shame. It is characteristic of children to show some level of shame for disobeying rules, or engaging in taboo behaviors. Although it is incorrect to equate the two, shame is as an element of conscience that serves in young and old alike, to inhibit forbidden behavior.

As with any developed sense of conscience, shame fosters in the subject subordination to a standard of conduct. If the subordination is willing, it contains an element of humility. For most children the standards of conduct are the family customs and the expectations for proper behavior enforced by the parents. Shame takes hold and moves the person toward virtuous behavior when standards of conduct are enforced through reward and punishment. As one matures, the social or institutional rules become internalized. Over time, the person realizes that it is good to voluntarily subordinate himself to these rules. Even brash young men willingly accept harsh military discipline because they understand and value the military code of duty and honor (what the schoolmen called honesty as we will see below). The military code includes a rigorous program of initiation that requires the recruit to subordinate himself to a higher authority.⁴ So, too, in the pursuit of virtue (inside or outside military service), if shame and honor are properly understood, the exercise of conscience always entails an element of subordination to a standard of behavior.

In addition to subordination, the effective influence of shame in a subject's life presupposes friendship. The parent or superior who desires the welfare of the subordinate is willing to give direction and support. And, it could be argued, that the relationship between the subject and his mentor is most effective when there is some degree of friendship involved.

For those striving to attain virtue, shame is a necessary and powerful inhibitor of deviant conduct. However, those who are motivated to behave virtuously simply by the desire to avoid shame, and not by the accompanying desire to behave virtuously as well as those who are without shame, will experience a rapid collapse into disgraceful behavior when the discipline within the organization is compromised. Recent history has shown that a breakdown in military discipline can quickly deteriorate into disgraceful behavior, such as the sexual abuse of prisoners.⁵ (There is experimental evidence in social psychology from the famous Stanford University prison experiment which suggests that any relationship between a superior and a subordinate that is not governed by a clear set of expectations enforced by law quickly deteriorates into abuse.)

Such evidence provides a helpful backdrop for interpreting recent events in Church history. If the standards of behavior (such as the Code of Canon Law and the liturgical rubrics) that embody the expectations of a religious superior are not enforced the ensuing collapse of discipline can be accompanied by a loss of inhibition and any sense of shame. Failure to enforce the law encourages the person to conclude that he is above the law – an arrogance that further engenders insubordination and that, in turn, encourages shameless behavior.

Shamelessness and rebellion are correlated attributes. People who behave shamelessly are naturally rebellious. Because shame is predicated upon subordination, its opposite is predicated upon insubordination. (Many of the 20th century sexual revolutionaries were also atheists and anarchists who, as a matter of philosophical principle, were insubordinate.) A life without shame results in rebellious behavior in two ways. First, the shameless person will gradually eliminate from his life standards of behavior that, if followed, would direct him toward virtuous behavior. The Church teaches, that if a man is not pursuing virtue, i.e. moving toward God, he is, by definition, living a life of vice, i.e. rebelling against God. Second, the shameless life is necessarily accompanied by a loss of respect for those persons who would ordinarily enforce the standards of behavior rejected by the subject. True friendship encourages behavior that is directed toward achieving some good that the friends hold in common. In the case of seminarian and spiritual advisor, the standards of behavior become identified with the mentor. When one loses respect for those standards that are being enforced by the mentor, he will necessarily lose respect for the mentor.

We know that shameless life leads to rebellion, but a case can also be made for the converse namely, that rebellious behavior will result in a loss of shame. One example of this is the emphasis put on the importance of using one's conscience as a guide for behavior while discounting the guidance provided by tradition and formal Church teaching. From the

psychological perspective, placing emphasis on the primacy of conscience seems to be the slippery slope to shamelessness, since the primacy usually means the sole guide for behavior. Although we could argue over what comes first, a loss of shame or rebellious behavior, the recent Church history readily suggests examples of rebellious behavior and sexually shameless behavior.

Honesty

If shame is the first and early emotional indicator that one could well be on the road to virtue, then honesty is the second. Shame, as a type of fear, inhibits behavior. Honesty, as a type of pleasure, encourages behavior. The emotion of honesty takes delight in honorable behavior, simply because it is honorable. Honesty is an element of moral excellence because the person finds joy in doing the right thing, and this joy becomes a powerful incentive to continue doing the right thing. Honesty is the indispensable second step on the road to virtue for without this sense of pleasure, virtuous habits cannot be established because the behavior cannot be sustained or become habitual.

Shame and honesty are complementary. One inhibits bad behavior, and the other encourages good behavior. Each depends upon friendship to encourage its development. When shame is well instilled, and the practice of honorable behavior begins to take hold, honesty becomes increasingly influential in the person's life. Conversely, when shame dissolves, its superior cousin, honesty, also dissolves – that is, the person is unable to experience the joy resulting from honorable behavior.

Honesty is superior to shame for two reasons. Unlike shame, which is based upon fear, honesty is built upon joy – the pleasure derived from understanding and performing excellent behavior. In addition to this, whereas shame simply inhibits undesirable behavior, honesty encourages constructive and virtuous behavior. But we must not forget that honesty can develop in the person only after shame has been allowed to eliminate non-virtuous behavior from one's life. In other words, one cannot develop honesty if he cannot take pleasure in doing good but he will not perform good behaviors in the first place if he takes pleasure in performing reprehensible behaviors.

Consider that diverse emotional states can fall into two broad categories, those that are contrary, and those that are opposite, or contradictory. Examples of opposite or contradictory emotions are love and hate. A person can't love and hate another person at the same time and in the same respect. But they can love and feel sorrow for the same person. Love and hate are contradictory emotional states, associated with contradictory behaviors. Love and sorrow are not contradictory emotional states; these can coexist in the same person with respect to another person.

Knowing how to distinguish between contradictory and contrary behavior behaviors sheds some understanding on how shame leads to honesty. Given this, we are prepared to understand how shame can eliminate one half of a pair of contradictory behaviors. Consider the child who discovers that rebuking his mother gives him a rather agreeable sense of superiority. And further consider that the child repeats this behavior because of a lack of discipline. Such a child will never find pleasure in submitting to his mother's authority simply because this behavior is not within his repertoire. The opposite also holds. When the child is allowed to experience shame at talking back to his mother, through appropriate punishment for the transgression, the future likelihood of that behavior decreases and this will make room for substitute behaviors in the future. The child quickly learns that respectful behavior is accompanied by a sense of honesty and joy that is even more agreeable to him than the original feeling of superiority that he felt when he behaved disrespectfully. The more he treats his mother with respect, the easier these behaviors become until they become habits, which is another way of saying that the child no longer experiences the temptation to disrespect his mother.

Regarding our earlier point about contradictory emotions and behaviors, we see that shame excludes those behaviors that express contradictory emotions. The young child, because he is ashamed of disrespecting his mother, will gradually eliminate this contradictory behavior and replace it with respectful behavior. This is what it means to say that shame sets the stage for honesty, and honesty sets the stage for virtue.

Between virtue and vice

There is some distance between shame, honesty, and virtue. This distance is covered by the psychological state dubbed continence, which is the middle ground between having no virtue whatever and achieving moral excellence.

Recall that virtue is a habit that is governed by correct reason about moral action. Contained in this definition is the all-important notion that virtuous behaviors must be practiced consistently, which is to say, habitually. In order for these behaviors to become habitual, they must become second nature to the point that the person's entire attitude is fixed upon doing the right thing. Now there are any number of pleasure-producing behaviors that develop into virtues. Most notably, many people are virtuous in their eating. They eat the right amount, at the right time, with the right type of nutrition. When it comes to sex, however, the situation is somewhat different.

In the male, we saw earlier that because of the reflexive nature of sexual fantasy and his proclivity toward sexual behavior, chaste habits do

not come easily. Sexual temptation is ever present, or at least very common, even among those men who strive to live virtuously. The habit of chastity, both within the married state and especially the celibate life of absolute abstinence, requires a rectitude of the imagination, and a control of sexual fantasy that is, for most, quite difficult to achieve. Whereas many men can become virtuous with respect to food or drink, remaining relatively free from the temptation to gluttony, chastity for most men is a constant struggle. C.S. Lewis makes this observation pointedly in *Mere Christianity* when he says that strip-tease is something observed only with sexual titillation.⁶ Such excitement is never obtained with a plate of food. A room full of males whistling and hooting as the napkin over a plate of food was slowly pulled aside would be an indication of starvation, or perhaps a psychological disturbance. Lewis observes that persons who reside in one extreme state or the other – the starved or the glutton – are subject to titillation.

The sexual imagination is not easily corralled, and so it is hard to be sexually virtuous, though not impossible. The sexual imagination is bridled, to borrow a phrase, but for most men through most of their lives it is never entirely subdued. For this reason, chastity for the male is usually a matter of continence, but not virtue. They can contain themselves, but mastery of the imagination is rarely complete. For the female, sexual virtue has been (until recently) more the norm. Sexual desire in the female is more easily controlled and so chastity as a fully developed virtue is more common in females. Female chastity may result from the fact that women are more disposed to religion than men. Recall our discussion of Thomas Aquinas's insight on the importance of religious devotion to maintain chastity. This also complements the observation by the theologian, John Arinterro, O.P., that mysticism is more common in women than men.⁷

Most men suffer significant sexual temptation, and can readily imagine themselves falling into sexual sin. In that most men, though frequently distracted by sexual temptation of one sort or another, do not commit adultery, and do not engage in immoral sexual behavior we can say that these men are continent, but not entirely virtuous. Hence, if one is wise, he avoids sexual cues and stimulation, lest he be subject to temptations beyond his control. To take the analogy with food, if you find yourself deprived and wish to remain so, it is better to keep the temptations at a great distance. A comparison of sexual temptation with alcohol addiction would be helpful. Most people can imbibe alcohol temperately, however, according to many professionals, the alcoholic cannot. Hence, the alcoholic in the temptation to drink should not approach the point of actually consuming alcohol, lest the will to resist be overcome by the proximity of the temptation. The recovering alcoholic simply cannot "go there". Similarly, because sexual emotion is so powerful and reflexive,

especially with males, sexual imagery quickly leads to sexual fantasy, and the fantasy can lead to behavior (at a minimum, to masturbation.) Clear rules for governing these emotions must be kept firmly in place, such as in family custom, social sanction, and other cultural taboos, as well as to limiting the occasions of temptations (e.g., pornographic literature, magazine stands, television, internet, etc.) This rule applies to the married man and even more to the celibate, since either one can be easily overrun by sexual temptation.

Reason and virtue

All virtue requires the rational moderation of behavior, and sexual temperance (chastity) in particular begins with self-discipline in the pursuit of pleasure. Lacking consistent efforts at moderating one's sexual gratification, the desire for sexual pleasure encourages degenerate behavior that interferes with the development of moral excellence. Moderation must be habitual, that is it must be second nature to the person, a feat achieved in part by continuous and committed exercise in the moderating behavior. Perseverance is necessary to the practice of moderating behavior and this perseverance is possible only when the actions are reasonable, and their purpose is clearly understood by the subject. Perseverance also requires one to evaluate honestly personal strengths and weaknesses, the situations in his life where certain emotions arise, and are likely to become a problem if they are not recognized and dealt with in a timely and measured fashion.

Virtue requires more out of reason than simply a form of prudential problem-solving or cognitive adaptation – which is how it is viewed in therapy. Virtuous behavior also requires one to reason why a particular course of action is honorable and to understand why pursuing this course of action is necessary for the sake of human excellence. These added elements to reason give rise to the ancient expression, *right reason*. The one who exercises right reason, understands the nature and purpose of all behavior subject to individual choice, and he or she makes an interior act of the will to conform the intentions and behavior to that understanding. The virtuous act is, therefore, the quintessential human act because it proceeds from the human understanding and desire to do what is right. Since man is at every moment either moving closer to God or farther away then, at every moment, man's voluntary behavior is either moving him closer to God or farther away. It is man's intellectual faculty that allows him to grasp this important principle. Animals are incapable of knowing this deeper significance of their behaviors.

In contrast to the prudence of right reason, there is an animal prudence where species evidently eat with pleasure and to good effect as far as nutrition is concerned. However, unlike moral prudence, animals have no understanding of the significance of eating and its requirement for

health and reproduction. Nevertheless, these behaviors are usually moderated in the animal, and serve as the basis of their survival and reproductive success. But the principle of moderation is not available to the animal's own choice. It is simply governed by instinct through environmental contingencies and physiological cues.

Only man can grasp with the intellect the significance or purpose of those behaviors that lead him to salvation or damnation. For this reason, only man can be virtuous. That is, moral excellence is achieved not simply through self-control but only after the person combines self-control with self-direction. Self-directed behavior entails an understanding of the purpose of an action, and the circumstances surrounding the activity.

Let us see in more detail how the pursuit of virtue plays out with food. Virtue requires not only that the pleasures of food must be moderated, (a habit that can be taught by a parent to the child) but also virtue requires that eating must ultimately be ordered to providing nutrition for the body in the proper manner and in the proper amount. In the theory of virtue, conditions that set the stage for such disorders as bulimia and anorexia are usually first disorders of character and related to the vice of gluttony or to its moral opposite for which there is no name, (in the case of anorexia.)

The onset of these eating disorders bespeaks a manifest collapse of temperance because the patient ignores the primary purpose of eating, which is to provide the body with sufficient nutrition to maintain life. Bulimia and anorexia involve intemperance that is similar to the vomitous behavior of those Romans who practiced gluttony. Gluttony, anorexia and bulimia are all extremes, that is, an excess or defect, in reference to the purpose of eating, which is to provide proper nutrition.⁸ When we say that these kinds of disorders stem from a problem of character, we do not mean that the particular person is necessarily morally responsible for the behavior, although he may be. The extent of the patient's culpability may be hard to establish, and distracts us from the important point, namely, the effect of these eating disorders is to frustrate temperance. This can only be corrected by rectifying the habit through practicing the opposite behavior, temperate eating, always remembering that the proper purpose of eating is to provide proper nutrition. The eating disorders are character disorders because they arise as repetitive and voluntary behavior motivated by desires that are opposed to moral excellence.

The collapse of temperance can also be observed where one violates a moral law in order to engage in behavior that is not itself excessive or sinful. Such would be the case with the priest who steals from the parish coffers to pay for dining out. He may not overeat, but he prefers the delicacies of restaurant dining to the simpler fare of his rectory meals, and is not restrained in stealing from his parishioners to satisfy this preference.

Sexual valuation

The clinical professions recognize the components of reason and moderation regarding the pleasures of food and drink when they help the overeater or the anorexic to moderate his or her eating behaviors. We contend that such programs actually help patients toward moral excellence through the moderation of this particular behavior.

Alas, such is not the case regarding the pleasures of sexual behavior. Whereas most people recognize that the primary purpose of eating is to provide nutrition, such is no longer the case that most people see the primary purpose of sexual behavior as procreation. As in the broader culture, in the clinical professions, procreation does not enter into the understanding as a core element of sexual behavior. For this reason, contemporary clinicians see no difficulty in recommending contraceptive devices, and at one time recommended recreational extramarital sex to help relieve any sort of sexual tension, or advocating for homosexual organizations. In that the primary (though not exclusive) purpose of sex to generate offspring is contravened in these behaviors, individuals who follow the advice and counsel of these organizations cannot but be impeded in the development of virtuous sexual behavior. Those sexual behaviors that are outside the moral precepts of the Church, such as sex that incorporates birth control, are far removed from any sense of prudence or moderation. As noted by Bishop Fulton Sheen many years ago, birth control is neither about birth, nor about control, and it is this last sense of "control" that has the greatest impact on the psychological conditions for virtue.

Man shares with the animals a simple sensory awareness that sexual behavior is pleasant. Most species are moderated in their sexual behavior by factors related to neural-hormonal fluctuations and environmental or social constraints. In man too, sexual behavior is moderated by social constraints, but in man, sexual behavior that is virtuous requires not only moderation, but moderation that derives from the understanding that sexual behavior is ordered to procreation within marriage ultimately for the purposes of rearing, educating and protecting children with the loving cooperation of the spouse. When one understands the Church's teaching on the primary purpose of sex, one also understands why the Church has always insisted that the couple must be open to the possibility of children as a condition of the valid conferral of the sacrament of marriage. Furthermore, the state of prudence is itself a condition for being happy, and so one finds those who make the prudent exercise of sexual powers — knowing when and how to exercise them in conformity with the law — happier in these activities than those who do not.

This observation is borne out in modern research,⁹ but it was also observed by Thomas where he notes that the pleasure attached to sexual intercourse would have been greater in the state of innocence (in the

Garden of Eden) than it is in our fallen state. This is perhaps one of the clearest illustrations of the role of reason in the regulation of the appetites. Thomas raises an objection to the question of whether man would have had sexual intercourse in the Garden of Eden, which he then answers. In the early part of his question, he raises an objection to the idea that there would have been sexual intercourse in the state of innocence:

Objection 3: Further, in carnal intercourse, more than at any other time, man becomes like the beasts, on account of the vehement delight which he takes therein; whence contingency is praiseworthy, whereby man refrains from such pleasures. But man is compared to beasts by reason of sin, according to Psalm 49:12: "Man, when he was in honor, did not understand; he is compared to senseless beasts, and is become like to them." Therefore, before sin, there would have been no such intercourse of man and woman.

Later in the question he replies to the objection above:

Reply: Beasts are without reason. In this way man becomes, as it were, like them in coition, because he cannot moderate concupiscence. In the state of innocence nothing of this kind would have happened that was not regulated by reason, not because delight of sense was less, as some say (rather indeed would sensible delight have been the greater in proportion to the greater purity of nature and the greater sensibility of the body), but because the force of concupiscence would not have so inordinately thrown itself into such pleasure, being curbed by reason, whose place it is not to lessen sensual pleasure, but to prevent the force of concupiscence from cleaving to it immoderately. By "immoderately" I mean going beyond the bounds of reason, as a sober person does not take less pleasure in food taken in moderation than the glutton, but his concupiscence lingers less in such pleasures. This is what Augustine means by the words quoted, which do not exclude intensity of pleasure from the state of innocence, but ardor of desire and restlessness of the mind. Therefore continence would not have been praiseworthy in the state of innocence, whereas it is praiseworthy in our present state, not because it removes fecundity, but because it excludes inordinate desire. In that state fecundity would have been without lust¹⁰

Hence, in the state where man's intellect has complete control over the passions of the body, the pleasures of the body are experienced with greater intensity for two reasons. First, the sensory powers are subject to

the control of reason, which intensifies their effect, and second, because, according to Thomas, there is great joy to be had in the contemplation of this sensory delight by that intellect which exercises its proper control over the senses. This was the sort of order between the emotions and the intellect that Adam and Eve possessed before the fall. In such a state, the lingering desires, or the pithy and apt expression "restlessness of the mind" associated with such pleasures, do not govern the imagination and hence, they do not long for behavior that is outside the bounds of what is reasonable and virtuous.

The fact is that in the human condition subsequent to the fall of Adam and Eve sexual responsiveness is closely linked to reflex responding. This condition places the control of the sexual emotions beyond the proximate reach of the intellect. This is the psychological effect of original sin. Most other environmental stimuli result in a much weaker response than sexual stimulation evokes. Although the attainment of virtue is an arduous task, it is more difficult to achieve sexual continence and then virtue than to become virtuous in other realms of human life. The restlessness of the mind, or the activity of fantasy with regard to sexual behavior, for many (but perhaps not all) is a very difficult task that requires considerable perseverance and prudent oversight. Finally, since the emotions have a bearing on the manner in which we communicate and relate to others, the intrusiveness of sexual fantasy will have its effect on friendship.

Friendship & virtue

Virtue is not possible without friends.¹¹ This follows from the evident fact that man is by nature a social animal. The person is born into a little society of the family, and lives together, in a community that provides the person with protection and the opportunity to provide for his physical and intellectual well-being. That virtue requires friendship also follows from the fact that the virtuous man finds happiness in sacrificial behavior, as in devotion to some person or some good greater than himself. Friendship is a personal relation different from the social relations that serve to fulfill one's physical needs because it is ordered to the fulfillment of the moral, spiritual, and intellectual goods of oneself and of the friend. True friendship always involves some element of sacrifice between persons who are like-minded and who are striving for a common and noble good. The true friend always sees his own good tied to the good of the other.

However, some element of virtue must come before the development of true friendship, because the friendship could not form in its absence. This seems to be especially the case with the virtues of temperance, courage and justice. With respect to pleasure, the intemperate and the

incontinent are more interested in satisfying their lusts for pleasure than in accommodating the desires of another. Friendship also requires the courage to resist evil, and to stand in defense of one's friend. The coward has no true friends because he shrinks from resisting evil that could harm his associates. Nor do the impatient have friends, because they are unwilling to tolerate everyday annoyances, nor do they take pleasure in the sacrifice of their own welfare for the sake of others. The unjust evidently do not have friends because they do not treat others fairly. These cardinal virtues, or their precursors, set the stage for friendship.

Summary and conclusion

The quest for moral excellence does not converge with the purposes of the therapeutic mentality, which can be variously the quest to become autonomous, morally self-sufficient, or simply adapted to a social setting. The quest for moral excellence is rather the habit of taking pleasure in doing the right thing. The virtuous man does not suppress desire, but molds desire in conformity with "right reason", that is, he molds his desires to conform to the universal norms of human nature, and takes all measures to combat those temptations that would lead him to disgraceful behavior. The virtuous man takes pleasure in honorable deeds, and instinctively detests sin. On the road to virtue however, two psychological features carry considerable currency, shame – the pain that follows the intention to act disgracefully – and honor – taking delight in doing honorable deeds. Shame is a transitional state, because it is not found in the virtuous, nor is it found in the vicious; however, without shame no person can become virtuous. Honesty too is a critical element because the delight in doing honorable deeds, itself serves to motivate the formation of good habits. Whereas shame suppresses deviant behavior, honesty encourages perseverance in good behavior. Both shame and honesty require the submission to legitimate authority; hence, those who are shameless are also insubordinate. The converse also seems to be the case – the insubordinate are also shameless and given to sexual indulgence which is the most common of the disgraceful habits.

Because man by nature depends upon the love and generosity of others, he finds happiness in reciprocity. His happiness requires that he is willing to put the happiness of others before his own personal pleasures. Self-sacrifice is possible only if he is able to moderate his own desires by behaving temperately and courageously and facing up to moral dangers. This doctrine on friendship will find a parallel in Christian asceticism, where the friendship is with Christ and maintained through prayer, and the temperance allows the ascetic to restrain the imagination from the pleasures of the flesh.

Chapter V. Homosexuality

I went there uncertainly, for it was foreign ground and there was a tiny, priggish, warning voice in my ear which in the tones of Collins told me it was seemly to hold back. But I was in search of love in those days, and I went full of curiosity...

*Brideshead Revisited*¹

The Problem of Definition

Homosexuality is not simply "an alternative" lifestyle, as in, some people are attracted to the opposite sex and some people are attracted to their same sex, and each live in a manner consistent with the social dictates of the circumstances. Rather, the condition of homosexuality is quite different than that of heterosexuality, because it is unable to fulfill the fundamental procreative purpose of sexual behavior. Although sexual attraction between the sexes is the most evident and immediate element of heterosexuality, this attraction is ultimately in the service of the procreative power of human sexual behavior. It is in this sense that we say heterosexual sex (which can be fertile or infertile) only finds its completion in generating offspring. It is in this sense also that we see that a man's sexual behavior only finds its ultimate fulfillment in fatherhood, which includes not only the basic biological act of impregnating the woman, but also in the psycho-cultural behaviors of protecting her, establishing a basis for friendship with her, and providing a safe and stable household in which the children can be nurtured and educated until adulthood. Heterosexual sex in this respect is fundamentally social, in that it is directed toward the protection, friendship and the nurturing of a family proceeding from the generative principle in the father. Homosexuality, as is any form of sexual behavior that prevents or artificially terminates conception, short-circuits the disposition to protect and educate children through the frustration of sexual generation. It is in the sense of purpose, and not as to origin, that we say homosexuality is unnatural, in that it short-circuits the fundamental social purpose of sex, and is one manifestation of the anti-father.

At the emotional level, sexual behavior is motivated by pleasure. At the rational level which joins pleasure with a higher purpose, sexual behavior is fused with the intention of begetting children. Hence, the primary feature of all deliberately infertile sex is the momentary gratification derived from the experience. In the case of homosexual behavior, a man may seek sexual pleasure for its own sake, being thereby a hedonist; or he may long for this kind of pleasure as a means to forget unhappiness, that is, as a means of escape. Homosexual behavior may also

be a misdirected attempt to create a bond of friendship – that is its closest form of social participation. Or the homosexual may use sex as a means of finding pleasure in overpowering or dominating another person. These examples are not exhaustive, but do illustrate that no matter what the extenuating motives for the sexual behavior, if there were no pleasure in it, the man would not perform it, any more than he would scratch his head absent the itch.

Sexual behavior that is itself sterile and/or outside the bonds of marriage and closed to the intention of generating, protecting and educating children is a deviation from proper social human activity. As such, the diverse habits that may follow from it cannot be an integral feature of human nature; they simply become a trait – perhaps a very deep-seated trait – but only a trait. Heterosexuality cannot be captured simply as a trait, although homosexuality is. One could say that homosexual behavior is a deficient form of heterosexuality, because ultimately it must be defined in terms of what it lacks, and what it lacks ultimately is the complement of social ends. (However, heterosexual behavior that is intentionally sterile shares the similar feature of the homosexual sterility.) The psychological implications of these deficits are extensive and impinge upon the character of the homosexual priest.

Etymologically speaking, the term *homosexual* is of relatively recent origin and is commonly used to describe effeminate behaviors and desires in men, or to describe men who have frank and habitual sexual contact with other males. Another term, which has fallen out of usage but which would apply to much of what will be described below is from the Greek mythology of the satyrs. *Satyriasis* is the state of marked elevation of sex drive indicated by a high frequency of sexual behavior with any number of partners either in binging, which is sporadic, or over more sustained periods of time. This term is occasionally referenced in the literature on hypersexuality.² The psychological and moral features of the satyr and the active homosexual male are similar though not identical. It would be incorrect to equate most young men with homosexual tendencies with satyrs. However, it would be correct to suggest that men with homosexual tendencies are moved in the direction of promiscuous sex and are thus disproportionately represented among the satyrs. Hypersexual behavior – the chief marker for the satyr – seems more prevalent in homosexually inclined men than in heterosexual men. It will also become clear from our discussion that there is considerable variability within homosexually inclined men on their level of sexual behavior and interests, as there is with exclusively heterosexual men. However, the statistical averages for sexual behavior among homosexually inclined men are considerably higher than those found for most heterosexual men. It will also become clear from our discussion that an appropriate use of the word homosexual does not depend

upon the age of the sex partner. Pedophiles and pederasts fulfill the criteria for homosexual because they engage in same gender sex. Although there has been a strong movement within the sexual research community to view homosexuality as age-specific, as we will see below, there is some well-designed research that shows that age designators in the discussion of homosexual abuse are somewhat arbitrary. The dividing lines between pedophile, pederast, and homosexual as age-delineated adjectives are not as clear as some would have us believe. Some homosexual men may have no desire for sexual contact with boys or adolescents while others may victimize males of any age according to availability and inclination.

Identity, orientation, and behavior

It is widely and uncritically assumed that homosexual behavior follows from a homosexual orientation, or homosexual identity. That is, one is born with a homosexual or a heterosexual orientation with the same inevitability as his eye or hair color. This belief, which can be characterized as a form of sexual "essentialism" (in the parlance of contemporary sex research) is on the surface quite reasonable in that the desire to behave homosexually, at least for many of its practitioners, is so strong and overpowering, that it would appear that this desire would come from a deep-seated orientation or need for fulfillment (identity) present since birth. However, describing homosexual orientation and identity is widely recognized within the body of gay advocacy research as a major challenge, both in terms of its measurement³ and conceptual formulation⁴ in part because of the wide variation in behavior and desire which characterizes it (features that are discussed below.) Although gay advocates create the impression that homosexual identity and orientation are key factors in precipitating overt homosexual behavior, the truth of the matter suggests that these impressions do not reflect the ongoing debate with the research community. There do not exist data that would allow one to conclude unequivocally that homosexual orientation or identity precedes homosexual behavior. Large-scale retrospective surveys suggest that sexual orientation precedes sexual behavior.⁵ However, survey literature that is contemporaneous with adolescent development⁶ strongly suggests that identity and orientation actually follow or are contemporaneous with the sexual behavior in question.

These contradictory findings are not surprising considering how one's current psychological state influences his recollection of previous emotional states.⁷ Because of the difficulty in establishing the pre-existence of a homosexual inclination, our discussion will lean more on research that describes behavior without ignoring the high quality survey data that often contains self-attribution of sexual orientation and sexual identity, which rely heavily on interpreting emotional memories, sometimes many years

past. It is our position that behavioral descriptions are superior to self-attribution when discussing the presence or absence of homosexuality. With these caveats in mind, we will address several core questions with respect to homosexuality to further support our contention that homosexuality is simply a character trait, that is not always easy to identify in younger men.

State vs. trait – the fluidity of homosexual character

Compared to the typical adult heterosexual male, the typical homosexual male is very much a moving target. The homosexually inclined person displays a wide variety of sexual behaviors and interests. The research shows that those with homosexual experience are much more *fluid* in their sexual behavior than those who identify themselves as heterosexual. By *fluidity* we mean the consistency and manner with which one pursues either males or females. This means that the self-identified homosexual, as well as other homosexually experienced men, often have sex with women whereas the self-identified heterosexual rarely if ever has sex with males. High quality surveys, such as the National Health and Social Life Survey (NHSLs)⁸, indicate that 75 percent of males who have engaged in sexual contact with other males, have also had sexual intercourse with females. Among those who identified themselves as heterosexual, over 90 percent reported that their sexual relations had been exclusively with females.

There is a sensation-seeking quality to the behavior of males with homosexual experience less common in the heterosexual male. This quality takes the following form: only 21 percent of self-identified male homosexuals report exclusive same-sex partners since age 18.⁹ Further, of all men who report having even a single episode of same gender sex since age 18 (approximately ten percent of the adult male population in the late 1980s),¹⁰ only six percent of this group (0.6 percent of all men) report exclusive same-sex contact. Contrast this with the fact that, of those men who identify themselves as heterosexual, 90 percent report exclusive heterosexual partners (no same-gender sex) since puberty.¹¹ Considering the opportunities available to youth and men to engage in same gender sex, including the social customs associated with bathrooms and showers and sleeping arrangements, and the relative difficulty of finding females receptive to the idea of casual sex, these statistics are quite remarkable. It reinforces the commonsense notion that the sexual orientation of males toward females is very strong for almost all males. It also suggests that the drive for sex in most males is certainly within their own control, and open to modulation in deference to the female.

In the early 1990s, 93 percent of all males who identified themselves as heterosexual reported no homosexual contact as adults.¹² Heterosexual self-identification is clearly the norm, and is highly consistent with reported behavior. Other forms of self-identification, be they homosexual

or bisexual, are quite rare, and this alternate identification is inconsistent with reported behavior. For example, 60 percent of those who do not self-identify as heterosexual report having had homosexual contact since becoming adult, and men self-identified as homosexual, engage in sexual behavior with females. Of the ten percent of all men who report any adult same-gender sexuality, only 24 percent reported the simultaneous presence of same sex *behavior*, homosexual *identity* (inferring that this desire is more-or-less permanent) and homosexual *desire*.¹³ Further partitioning of the psychological variables suggests differing levels of behavior relative to *attraction*, as well as to *appeal*,¹⁴ in addition to the self-attribution of identity. However, less than one quarter of the group reporting any same gender sexuality (22 percent) report engaging in same-sex behavior as those who actually feel the desire (44 percent).¹⁵ In brief, the majority of homosexually experienced men do not remain homosexual in the sense that they either identify with or engage in homosexual behavior, but in fact engage in sexual behavior with females.

Age cohort seems to have a pronounced effect on frequency of homosexual behavior and self-identification. In NHLS figures, the 50-59 age cohort of men reported the overall lowest level of homosexual activity at 1.4 percent, 2.5 percent, and 4.2 percent for time spans of one year, five years, and since age 18, respectively, whereas the 30-39 cohort had the highest reported levels at 3.5 percent, 5.4 percent, and 6.6 percent for the same time spans.

The 18-29 cohort suggests a potentially significant social influence on the levels of same-sex behavior, having a level of 3.0 percent, 4.3 percent, and 4.4 percent, for the same time spans. Any member of the 18-29 cohort is at most 10 years from the starting point of data collection, and already the lifetime levels of homosexual behavior virtually match those of the 50-59 cohort (4.4 percent, as compared to 4.2 percent).

As acceptance of homosexual behavior broadens in society, one would predict a concurrent increase in reported levels of homosexual behavior in the younger cohorts.

In other NHLS figures, nearly equal proportions report behavior and identity until the age of fifty when males report *identity* at a level that is one-third of the reported behavior. The disproportion in the oldest sample group of men who self-identify as homosexual and the proportion who actually engage in homosexual behavior combined with adolescent survey data noted above suggest, first, that the homosexual trait is not as fixed or categorically distinct as the heterosexual counterpart¹⁶ and, second, that social learning influences the development of homosexual behavior (because some cohorts have higher levels of reported identity and behavior than others) which may be underreported or unnoticed by the persons

undergoing homosexual conditioning. In the absence of exclusive same-sex behavior, a substantial majority of non-heterosexual persons are not strictly homosexual – in the sense that they overwhelmingly fixated on males – but are either bisexual or quite literally non-heterosexual, having no definitive or inalterable behavior, desire or attitude, even though they self-identify as homosexual.

Homosexual pathology

Whether or not homosexuality is a pathological condition was settled, in the negative, *de jure* if not *de facto* over thirty years ago by the American Psychiatric Association. Nevertheless, some thought should be directed to the question of pathology because it bears upon the question of stability of the homosexual priest. After a protracted confrontation with gay activists, which culminated in the virtual takeover of the 1973 American Psychiatric Association conference on homosexuality, the APA moved to (more-or-less) strike the diagnostic category of homosexuality from its diagnostic and statistical manual. The technical maneuver that allowed the APA to reverse course on the heretofore well-established clinical condition was a revision to its definition of mental disease, a revision that began with the famous research by Evelyn Hooker, who, in the 1950s, (and later Sager and Robins, 1973) produced research that purported to show the comparable mental health status of active homosexual men and heterosexual men.¹⁷ In the early 1970s, Spitzer and Wilson spearheaded the transition within the association, apparently brokered a compromise with gay activists, to allow for a partial inclusion of homosexuality within the diagnostic categories, if it was “ego-dystonic”, a term that was included in the full 1980 revision of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III)*. Also, changes to the definition of mental disease in general led to changes to the diagnostic criteria for homosexuality in particular. This universal change in the definition of mental disease is seen in Spitzer’s second criteria:

The condition in its full blown state is regularly and intrinsically associated with subjective distress, generalized impairment in social effectiveness or functioning, or voluntary behavior that the subject wishes he could stop because it is regularly associated with physical disability or illness.¹⁸

This change has been carried forward in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*:

In DSM-IV, each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and this is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. (p. xxi)

Because many, if not the simple majority of homosexuals do not report any of the defining features, especially subjective distress, that issues from their homosexuality *per se*, by Spitzer's definition, these persons do not have a mental disease. Requiring subjective distress as a criterion for mental disorder would seem to remove the homosexual person from the diagnostic roster. However, little attention has been given to the latter part of the criteria for mental disorder quoted above, most especially: significantly increased risk of suffering, death, pain and disability, or an important loss of freedom. It is these diagnostic criteria that we can show to be significant factors in the life of the active homosexual and result from the excessive and inordinate sexual behavior and the attending use of drugs.

The action of the APA psychiatrists to remove homosexuality from the list of mental disorders (focusing instead on whatever mental distress might result from the practice) was soon followed by a similar decision among psychologists to view homosexuality as non-pathological. Today, there is no professional society of mental health practitioners of any size who espouse the nearly universally held pre-1973 opinion about homosexuality and psychopathology. Indeed, a cursory review of the American Psychological Association's (the other APA) website on homosexuality provides explanations of sexual behavior and sexual orientation, which are written in a tone of social advocacy. Consistent with this tone are links to gay-advocacy groups, including Gay & Lesbian Alliance Against Defamation (GLAAD) and Sexuality Information and Education Council of the United States (SIECUS) which also supports sex outside of marriage. The American Psychological Association was recently a prominent player in an amicus curie brief on behalf of homosexuals seeking entry into the Boy Scouts of America.¹⁹ Nowhere on the APA website is there information for that homosexual who might wish to discontinue his life style – the APA will not reference the support for transitioning out of homosexual lifestyle that is provided by organizations such as National Association of Reparative Therapy of Homosexuality (NARTH). Any veneer of scientific impartiality, and any concern over the potential for pathology in homosexuality *per se*, have been swept aside completely.

Nevertheless, there is a certain coherence to Spitzer's revisions that stems from the special nature of diseases of the mind. Mental disease is seen as a category of illness distinct from physical diseases, which do not require the presence of subjective distress for their diagnosis. Mental disease is, after all, about "dis-ease", in which the person feels so poorly about himself that he is severely inhibited in his ability to fulfill his basic social and professional responsibilities. Furthermore, except in those cases where the patient or client is referred by the courts (or guardians in the case of children), the quality of subjective distress is a nearly universal reason for seeking the help of a mental health professional. In addition, while evaluating persons with idiosyncratic or otherwise deviant behavior, we naturally distinguish between those who are ill and those who are merely eccentric. When eccentric behavior itself gives rise to the person's subjective distress it often follows that the condition involves mental illness. In those cases where such behavior is not subjectively distressful, professionals are inclined to view the person's behaviors as harmless eccentricities not requiring intervention. Another consideration that provides support to the Spitzerian criteria is the fact that psychological phenomena cannot be equated with moral quality or character formation. There is a widespread prejudice today that attempts to equate immoral behavior with psychopathology. This approach to mental illness insists that immoral behavior is a subset of psychopathology. This belief is mistaken because immorality does not presuppose either a loss of emotional control or a collapse in practical reasoning, both conditions associated with mental disease. A person may be unfaithful in marriage or may violate his vow of celibacy, and not be considered mentally ill but rather immoral. Conversely, someone who suffers from a mental disorder is not by that fact alone, considered morally deficient, because immorality is predicated upon an act of the will, whereas psychopathology seems to impede the action of the will. In view of these considerations, one should not jump to the conclusion that immoral behavior is inherently pathological, nor that pathological behavior is inherently immoral. Nor should we assume, as is widely held today, that because a behavior is not pathological, that it is, in fact, moral or desirable as a habit beneficial to the community.

Having established the important differences between the psychopathological and the moral realms of behavior, there remain two areas in which the political *tour de force* of thirty years ago, which limited mental disease to those conditions that fostered some kind of mental distress within the subject, stands on shaky conceptual grounds. First, consider the soundness of the general idea that mental disease, as it is commonly understood, must be accompanied by subjective distress. Such a claim is highly suspect because there are examples of psychological disorders that are not accompanied by subjective distress. For example,

sociopathy – the condition where the ordinary operations of conscience are seriously deficient – is a common condition among criminals and is clearly deviant as well as pathological, as the name suggests. Sociopath describes that person, who commits crimes and suffers little mental distress or qualms of conscience either before or after his behavior. Such a person experiences no subjective distress following behaviors that would clearly upset the normal human being. Such a condition is clearly sub-human, and might be fitting of the brute animals, but would not ordinarily apply to persons in whom conscience is a key component in the regulation of behavior. It is for this reason that the absence of subjective distress should not be a principal indicator of the absence of psychopathology.

Second, specifically regarding homosexual behavior, active homosexuals are much inclined to view their condition not as a learned behavior resulting from acquired tastes or problematic experience within the family, but as rooted in a biological fixation of neurological or genetic origin. Gay activists reject the idea that homosexuality is a chosen trait,²⁰ which is a reasonable assumption. But they go much further and reject the possibility that for some if not most homosexuals, their homosexuality is an acquired characteristic or a condition. This latter assertion is much stronger and more problematic than the former. Their conceptual preference for the biological determinism of homosexual orientation may result from thinking that it relieves one of personal responsibility. There is some comfort and protection in the belief that one's homosexuality is outside the locus of his own control. However, gay researchers also maintain that the pathological side effects common to homosexuality (outlined below) are also caused by families and society who reject the homosexual lifestyle; such claims further place the psychological locus of emotional control, once again, safely outside the homosexual's realm of personal responsibility. This tendency to discount personal responsibility for problematic behavior is psychologically untenable.

Identifying features and behavioral indicators of homosexuality

With one notable exception,²¹ research on the mutability of homosexual orientation is virtually non-existent in the mainstream research organs over the last twenty-five years. Such an absence is not surprising when one realizes that, within mainstream psychology and psychiatry, there is an obvious bias against the notion that homosexual behavior and attraction is an acquired, that is, learned condition, either through direct reinforcement of homosexual behavior, social learning through example, or through the psychodynamics of the family. The issue of mutability and learning are related, because it is well known in behavioral research that if a behavior can be acquired through learning, it can be, in a loose manner of speaking, "unlearned".²²

The bias against mutability and behavioral theory is based on two facts, one of which is that sexual preference or orientation in men tends to be well-fixed by 30 years of age, and is difficult to modify thereafter.²³ The second fact, a truism in most sex research, is that subjective reports – most all of which are retrospective – indicate that sexual attraction precedes frank sexual behavior.²⁴ The few prospective studies on sex-typing and gender role development,²⁵ suggest that sex-role markers exist for a substantial minority of homosexual men from their childhood, beginning, on average, with their entry into elementary school.

Claims on the immutability of sexual orientation carry near dogmatic status within the mental health community,²⁶ although some prominent researchers who, supporting public policy efforts to normalize the gay lifestyle, have not been swayed by popular beliefs on the immutability of the condition.²⁷ Perhaps the most prominent such researcher is John Money (1988), who has suggested that a distinction should be made between *facultative* and *obligative* homosexuality. Money notes that persons who fall at either extreme of the Kinsey scale each tend to see their sexual orientation as *obligative*, meaning that they do not believe that they had a choice in the matter of their sexual attraction. The best statistical estimates indicate that obligation of homosexuality is extremely rare while, conversely, the obligation of heterosexuality applies to over 90 percent of the male population.²⁸ Persons in the mid-ranges, who are neither strongly *obligative* nor strongly *facultative* in their sexual orientation, although a very small segment of the adult population, view themselves as bisexual, and also as having some say in the matter of their identity. Still, others who are self-described heterosexuals describe sexual feelings toward both sexes, but prefer heterosexuality, presumably, since it would tend to conform to social expectation of normalcy.

There are two lines of research suggesting that persons with an *obligative* orientation may have, in fact, acquired the condition at some point in their childhood or adolescence. One line of research suggests that a process of operant conditioning at a long forgotten younger age produced well-entrenched homosexual behavior.²⁹ Recollections of the emotional features before the sexual conditioning occurred are cloudy or entirely displaced by the potency of the sexual experience. Social reinforcers after the fact may serve to strengthen the original operant conditioning effects. For example, a boy who had a homosexual encounter is later encouraged by friends or associates to interpret the encounter within the context of a larger pattern of behavior.

The powerful effects of social reinforcement are evident from an early age. We can easily recognize such effects in the conditioning that occurs through acculturation in language, for example. Behaviors that are shaped by social as well as physical reinforcers can produce well-

entrenched habits that appear all but unchangeable to the person. This subjective sense that the attraction "was always there" is particularly strong if the habit was developed at an early age; or in the case of the person who is encouraged by associates to interpret certain sexual experiences in a manner consistent with the focus of the group; or the person is asked many years after the fact to evaluate his emotional state years before the onset of the behavior in question.

Implicit recognition of emotional memory may also play a significant role in the perception that many have of their sexual orientation. Implicit recognition occurs when a person experiences an emotional reaction to a situation and is unable to explain what it is about the situation that elicits the emotion. It is known in the memory research on Korsakoff's amnesiacs, that they suffer from profound disruptions of explicit remembering, but not implicit memory of images with emotional content. Implicit recognition is thought to be associated with the learning of emotionally laden material that may not be thoroughly encoded in explicit memory. Rather, the implicit memory is retrieved as a pleasant or painful emotion, a sense that this present experience "rings a bell", so to speak, but it lacks any explicit details of the original learning experience.³⁰ Sexual habits in one's early life may become so entrenched that subsequent recollection may suggest that the emotional disposition toward the behavior was forever present, or obligative.

Although no direct research has been carried out that looks into the power of suggestion on the question of sexual preferences or orientation, research that has examined the formation of false memories suggests another plausible account of how sexual identification and sexual orientation may arise from the power of suggestion. Experimental research suggests that children, adolescents and young adults can be led to believe by mere suggestion that they had engaged in certain behaviors, or experienced certain emotions, held particular beliefs, or witnessed certain events for which there is no basis in fact. When a person is presented with information that is plausible but factually incorrect in certain key points, they can create false beliefs by their linkages to the true beliefs. If the linkages of the false beliefs to the actual facts are repeated often enough – as was the case in many therapy sessions between a biased therapist and a naïve patient – the false belief that began as a suggestion becomes thoroughly encoded as a "matter of fact." Apparently this phenomenon is especially common in persons emotionally unstable³¹ but can also be seen in persons with no psychopathology at all.³²

There is no consensus within contemporary psychiatry as to the etiology of homosexuality although most theories can be placed in one of two categories. On the one hand, many argue (and the gay activists prefer this explanation as noted before) that same sex attraction is the result of

genetic factors, that is, one is either born homosexual or heterosexual and there is nothing he can do to change this condition. This is consistent with *obligatory* description of homosexuality. The other category describes same sex preference as the result of psychosocial conditioning that begins in early childhood. This would be the *facultative* approach and the gay activists vehemently oppose it because it implies that one can change his sexual orientation if he so chooses. Professional opinion has shifted over the last forty years as a result of pressure brought to bear by the professional guilds such as the American Psychological Association who are themselves strongly influenced by potent gay advocacy. The prevailing view presented to the public today is biased against the idea that homosexual attraction and/or habitual homosexual behavior is caused, or at least strongly influenced, by social learning experiences in the family or the behavioral history of the child or adolescent.³³

If one believes that a particular behavior is obligatory, his motivation to change the behavior may be weaker than in the case of a facultative behavior. Studies across a wide range of behaviors indicate that established habits can be changed by a highly motivated client, although the effects of motivation on behavior change are complex.³⁴ This being said, the temptation toward relapse into an old habit once it has been brought under control, may be just around the corner. Therapeutic interventions as different as drug rehabilitation, smoking cessation, alcohol abstinence, etc. all recognize the possibility of relapse, and prepare persons for managing the return of temptation.

Realignment of sexual attraction may in fact be conditional. Behavioral psychology demonstrates conclusively that one is never completely free of the impulse to perform a behavior that was once a well-entrenched habit (this not meant to discount the action of grace which in some situations, completely transforms the person). However, the ability to deflect the emotional impact of a discontinued behavior, in this case to find pleasure in sexual behavior with the opposite sex, or at least manage the ongoing temptations, is quite possible in many cases.³⁵ However, the possibility to psychologically realign a man with homosexual tendencies to live a life of chaste celibacy, in a manner consistent with the demands of the priestly vocation, is not known through published research.

There is considerable body of research, not well known to the public, that strongly supports both a social as well as a behavioral-learning explanation of homosexual attraction originating in childhood or adolescence. It is these studies that we will focus on here, not because we believe that all homosexual behavior or inclinations arise from experience alone, but because we think that a significant portion of it most likely does. This line of reasoning is particularly germane to the discussion of the problem of homosexuality in the priesthood, because we seek to advance

the proposition that some seminaries themselves are much more than a gathering place for young men already confirmed in their homosexuality, but are actually a testing ground for homosexuality, advancing on those young men who, for whatever reason, are susceptible to sexual manipulation and who do not have the character to long resist the advances of their determined peers or their superiors. We therefore will give special emphasis to the research on sexual behavior that underscores the importance of homosexual experience in creating a homosexual character type, because it is the character type that is most important to understanding the impediment to spiritual formation. We say this because persons with a homosexual character type, and who have been unable or unwilling to counteract satyriasis are closed to the possibility of spiritual friendship.

A character trait is a habit motivated by desire or fear cultivated through experience that influences the interpretation of emotional states in others; it affects the kinds of friendships that form. The development of a character trait depends not only on desire, but upon habit as well; and habit formation relies upon an underlying disposition created by behavior. Habit formation is perhaps best exemplified in research related to learning theory and to a lesser extent social learning, and other schools of psychology have supporting theories that tend to complement behavioral theory. (Behavioral, social learning, and psychoanalytic explanations of sexual orientation were prominent 30 years ago, but not today since, as noted above, there is a bias in favor of genetic or congenital explanations.³⁶) For example, in the 1960s and 1970s there was considerable research that suggested that biological determinants were "at most a predisposing rather than a determining influence toward the development of preferences for particular types of sexual behavior."³⁷ Today the pendulum has swung to the opposite extreme, regarding theories of homosexual development. The results of the few studies of twins provide rather mixed support for the heritability of homosexuality³⁸ despite numerous preliminary reports to the contrary.³⁹

As we noted above, we do not believe that heterosexual desire is a matter of social conditioning. In fact, the data show that there is an overwhelming biological bias toward heterosexual desire and behavior. Contrary to the reigning social bias against such conclusions, the retrospective survey data that focus on behavior suggest that early experience plays a very important role in the development of the homosexual character type because it influences emotional learning by shaping desire to situations not otherwise suited to normal heterosexual functioning. Viewing heterosexuality as the dominant normative state, and homosexual desire as a deviation from the norm – heavily influenced by learning, both within the family, through social reinforcers, and especially from direct sexual experience during childhood or early adolescence – provides a way to view research in a manner not found in other lines of

thinking. First, it is consistent with psychological theory and social survey data from a number of sources while not directly contradicting competing hypotheses that emphasize genetic or congenital influence. Secondly, if homosexuality is an acquired character trait, then specific and recurrent experience will allow us to understand and predict it. Focusing on behavior allows for inferences about habit formation that cannot be made by assessing only attitudes or self-perceptions about one's identity, relationships with siblings or parents. Or, to say it another way, the recollection of self-perceptions is more susceptible to distortion than the recollection of specific behaviors.⁴⁰ Relying exclusively on the memory of self-perceptions and emotions – especially those that date back years – for research or therapy purposes will not be as reliable as paying close attention to behavior.

The analysis of the character trait looks to the role of experience while the modification of the character trait looks to the role of developing habits that counteract the trait. Habit formation (as we note in the chapter on drive and desire) always carries with it the possibility that the habit could be modified or attenuated at some time in the future. The advantage to understanding homosexuality in this way, gives some relief from the sexual fatalism that weighs so heavily on our culture as preached by the gay advocacy lobby. The clinical work in Reparative Therapy gives strong indications of the mutability of the behaviors of homosexuality⁴¹ (if not the possibility of eliminating altogether attraction or desires) a fact that would seem implausible if the behavior was not heavily influenced by experience. Furthermore, significant and recent work by Spitzer has suggested as much.⁴² In addition to this, the dogmatic insistence that one's sexual lifestyle is not only a legal right but integral to human fulfillment as well, carries with it the philosophical (and psychological) baggage that human happiness is dependant upon the amount and kind of sexual pleasure that one experiences throughout his life. This assertion is itself problematic, and contradicts traditional Judeo-Christian practices and beliefs.

Furthermore, there are sufficient data from retrospective as well as prospective studies to suggest that sexual behavior patterns, established in childhood and adolescence, have a strong influence on the formation of personality. In other words, one's sexual experiences prior to adulthood, exerts a disproportionate effect on how that person will behave sexually as an adult. This in turn influences character formation, the ability to resist temptation, retain a temperate or at least continent life-style, and to form and sustain friendships that in turn support religious commitment.

Finally, research on the genetics of left-handedness and of schizophrenia suggests that that emergence of each (in its own right) is genetically linked but heavily influenced by early experience.⁴³ In that such a phenomenon may be operating in homosexual development, focusing on

experience will not obviate the possibility that genetic factors are at play in the development of homosexual orientation or behavior.

Sexual character formation

The formation of the character trait stems from habit, and the age at which the habit develops influences its mutability. Ordinarily, the younger the person is when the habit develops, the more entrenched the habit becomes, and the more difficult it is later to alter it. Within the context of our earlier discussion of the sense of touch and taste⁴⁴ diet-related behavior is an example of habits that are usually learned at a young age. When the young child experiences eating patterns that are consistent throughout his childhood, these behaviors become thoroughly learned and the child establishes strong preferences for certain types of foods that stay with him throughout his life. Cognitive activity associated with language acquisition is another example of a behavioral class that becomes irreversible if it persists through puberty. One's native language is never lost except as the result of trauma or disease.

As we said, the younger the individual at the time he establishes a habitual behavior, the more immutable is that behavior. It follows from this that social or personal pressure to change one's behaviors regarding simple customs such as modesty in dress, decorum in language, or more complex customs that relate to spousal friendship in marriage permanence may be much less effective with persons whose explicit sexual habits developed as children or adolescents. Those who experience precocious sexual behavior, defined as pre-pubescent children or pubescent youth engaging in sexual intercourse or masturbation to orgasm, diminishes the effectiveness of inhibitors to maintain sexual continence in middle and late adolescence. Ordinarily, sexual inhibitors play a small role in the life of pre-pubescent children who have no frank sexual experience. For most children this age, sexual experience is limited to sporadic curiosity accompanied by fleeting attention. (This is, of course, unless a teacher brings it to formal attention during sex education classes.) Ordinarily, the need for sexual inhibitors is low for children because the sex drive is at low ebb until the onset of adolescence. However, the sex drive can be elevated by precocious and frank sexual behavior, especially if the behavior is repetitive and pleasurable (which is more likely for boys than girls). Internalized sexual inhibitors may be ineffective in managing the elevated sex drive conditions in children, whose capacity for self-regulation is lower than that of well-adjusted adolescents and adults. Erotic and autoerotic activity, especially in the form of masturbation, sustains elevated drive levels, and reduces the effectiveness of sexual inhibitors. In addition, under such elevated drive conditions, the person becomes much more susceptible to the power of sexual cues from either males or females, as well as imagery, music, smells

and other sensations that trigger a sexual response.

The first sexual experiences are undoubtedly very powerful and exert an influence well beyond the sensations of the moment. The theory on conditioned behavior indicates that in the very early stages of learning simple behaviors, the circumstances that surround the learning are more deeply implanted in memory as the level of pleasure or pain increases.⁴⁵ One consequence of this when applied to sexual experience would be that for some children and adolescents who engage in sexual behavior, the experience is so powerful they recall later in life that their reaction to those circumstances is one they do not ever remember not having. Altering the habits later in life that these experiences engendered, would be difficult, and changing the mere inclination altogether may be even more challenging if not impossible, short of a miracle.

Support for this theory of conditioning come from data in random-sample surveys, as well as in other convenience samples such as the Kinsey survey that link homosexual behavior to precocious sexual behavior.⁴⁶ The major work by VanWyk and Geist is one such study that examined the Kinsey survey data, and it throws strong support to the notion that precocious sexual behavior is a prominent developmental marker for subsequent homosexual behavior.⁴⁷ These findings also suggest that sexual behavior patterns later in life are heavily influenced, not only by family dynamics, but by both behavioral learning principles and social learning principles. In particular, they found that homosexual males disproportionately reported behaviors including learning to masturbate before puberty by being masturbated by another male.⁴⁸ By age 18, those with high homosexual scores had had a frank homosexual contact and elevated sexual behavior following the first year of sexual activity as well as intense prepubertal sexual contact with boys or men. Each of the following factors was also highly correlated with elevated homosexual tendencies as adults (in descending order of importance): responsiveness of the subject and active participation in the sexual activity, age of first experience, and number of reported experiences. Both the degree to which the subject actively participates in the sexual behavior and the frequency of such behaviors over time are critical behavioral indicators in habit formation.

Passive involvement in an activity is not ordinarily associated with highly motivated behavior later on, however active participation is associated with subsequent habit development. Consistent with the influence of active participation in sexual behavior, Van Wyk makes the following observation:

Most prepubertal sex play is just that – mere child's play – consisting of sporadic and infrequent showing and incidental

touching that has no effect on adult sexual preference. However, when the sex play becomes more intense, going on to specific masturbation, oral-genital contact, or coitus, or when the contact becomes sexually arousing, or leads to orgasm, what occurs does begin to show relationships with adult sexual preference. Whether the subject is male or female, and whether the partner is preadolescent or adult, it is prepubertal sexual experience with males that is related to adult sexual preference.⁴⁹

Boys who experience prepubertal homosexual contact to the point of orgasm are very likely to engage in prominently homosexual behavior as adults; similarly, males who learn to masturbate by being masturbated by another male are more likely to engage in homosexual activity as adults. Also, with male homosexuals, the earliest memory of sexual fantasy arousal about other males occurred at the mean age of 13 years, and was often associated with prior masturbatory experience.

There is also a correlation regarding heterosexual orientation, namely, heterosexual adult males who reported pre-pubescent sexual arousal, described this arousal as heterosexual in form. Males with homosexual profiles compared heterosexual males included problematic features such as a strained relationship with the father during teenage years, having more girl companions prepubescently, and fewer male companions postpubescently, and having direct prepubescent knowledge and experience of homosexual behavior. In addition, the homosexual was more likely to avoid sports.

These findings are complemented by small scale studies in Europe⁵⁰ and more recent large-scale survey research on adolescent sexual behavior,⁵¹ which suggests that the nature and frequency of frank sexual behavior influences subsequent sexual orientation and identity. Also, there is some evidence that male homosexuals come disproportionately from families with older boys.⁵² One possible explanation for this is that the studies that question self-identified homosexuals regarding their childhood, find that many of them came from families with older brothers. However, the data are not consistent the other way. That is to say, when we look at families with multiple male siblings, we do not find a disproportionate number of homosexuals coming from such homes. Also, in the NHSL data, the percentage of older brother molesters noted by the molested male respondents was very small.⁵³

NHSL⁵⁴ data complement the Van Wyk findings and reveal a consistent pattern:

(1) frank sexual experience in childhood has a prominent influence on subsequent sexual attraction, behavior, and emotional states.

- (2) non-heterosexual adult males have a higher number of sex partners and otherwise live in unstable social-sexual relationships.
- (3) non-heterosexual adult males masturbate at very high rates in comparison to heterosexual males.
- (4) homosexually experienced males congregate in large urban centers for the purposes of increasing the opportunity of homosexual encounters.⁵⁵

The NHSLS findings suggest that an elevated sex drive is characteristic of those male respondents who had been sexually molested as children (ages 12 and under). This would be consistent with the findings discussed above that precocious sexual behavior produce generally elevated levels of sex drive in adolescence, and would erode the effectiveness of sexual inhibitory strategies that develop during early adolescence, when sexual interests are waxing but not yet full-blown. Sexual molestation in and of itself does not guarantee that the victim will engage in precocious and frequent sexual behavior as some molestations may be a one-time affair. However the evidence points to the reality of repeated episodes of childhood sexual molestation increasing the likelihood of recurrent sexual behavior that has in the past been uncharacteristic of the ordinary childhood sexual experience.

Here are the NHSLS findings: For men reporting more than ten sex partners over their life time, 30.5 percent report no childhood molestation⁵⁶ while 48.9 percent of this same group report that they were molested as children⁵⁷ Masturbation at least once in the last year is also significantly elevated for men who report being molested as children – 78.8 percent compared to 61.3 percent. There is also a significant correlation between reports of sexual emotional problems and sexual victimization during childhood. Nearly half (49.7 percent) of all men who report being molested as children report having suffered some form of sexual-emotional problems within the previous year, contrasted with one-third (33.4 percent) of men who were never molested. This is consistent with the notion that, in addition to the psycho-social dimensions of sex abuse, abnormally elevated drive states interfere with long-term adult relationships – sexual and otherwise.

Social and family influences on sexual habit

We think that elevated sex drive is also a factor in the NHSLS risk estimates of divorce and entry into sexual cohabitation.⁵⁸ Most divorce does not occur as a result of sexual infidelity,⁵⁹ but in fact the likelihood of divorce appears to be more closely related to the behavioral marker of cohabitation prior to marriage. The odds of a marriage dissolution for men in the study are significantly higher for those who entered into the marriage

after cohabitation (odds ratio of 1.86 to 1) – that is, a man who cohabits before his first marriage is almost twice as likely to experience divorce as the man who does not cohabit before his first marriage. Other factors that increase the chance for divorce include difference in religion between spouses (2.3 to 1) and ethnicity (0.8 to 1). A man's religious affiliation, including identification as a Catholic, exerted no independent influence on the odds of getting a divorce.

The odds for a male born after 1952 entering into a cohabiting relationship are significantly and positively affected by the following factors (in descending order of importance): whether his parents divorced (3.9 to 1); whether he begins a sexual partnership (excluding marriage) before his 22nd birthday (2.2 to 1); whether he begins a sexual partnership before his 26th birthday (2.3 to 1); whether he has more than one sexual partner before his 18th birthday (1.8 to 1); whether he is born after 1963 (1.6 to 1). The odds of the same male entering into a cohabiting relationship are significantly and negatively affected by only two measured indicators, regular church attendance (0.3 to 1) and being a conservative Protestant (0.6 to 1).

Other than the membership in a conservative Protestant group, church membership – including identification as a Catholic – had little negative impact on the odds of cohabitation. This data is consistent with the findings in social psychology⁶⁰ that the preaching and instruction of the (so-called) fundamentalist religions focus on traditional morality and on the daily exercise of spiritual devotions, and it is these devotions that engender hope.

We also learn from experimental psychology (in chapter V) that the manner of communication in the more traditional religious groups engendered high levels of learned optimism. The members of such a religious group as we are discussing now, are optimistic that their beliefs and behavior will lead them to endure successfully or to overcome personal suffering. It is significant here also that the Catholics in the experimental studies, and those surveyed in a random sample nationwide, were at once less optimistic, less traditional, and more influenced by the prevailing culture of sexual permissiveness than their protestant counterparts. This is consistent with the limited influence over attitude and sexual behavior that the Catholic Church currently exerts on its young male members. Further, it is consistent with the findings by Jenkins, that the rates of abuse by Catholic clergy are not different from other mainstream religious denominations.⁶¹

A corollary to these findings is that marriage as an institution does not create sexual stability (as maintained by many gay activists) but rather sexual stability developed through early habits supports the institution of marriage. In brief, the virtue of temperance is a cause of marital fidelity and by extension, friendship, which is a key feature of marriage. To use the categories of the scholastics: marriage is a final cause of sexual stability,

but it is not so much involved as an agent in sexual stability. Friendship is a key agent in marital stability, and poor role models, in childhood and adolescence, and precocious sexual experience erode it. Hence, cohabitation before marriage, as a rule may not lead to frank infidelity during marriage, but it seems to erode the formation of sexual friendship, which is a key to keeping marriages together.

Vicissitudes of homosexual chastity

Early sexual experience also exerts a significant influence on sexual self-identification. 7.4 percent of the NHSLS sample self-identifies as non-heterosexual as well as having suffered molestation, compared to only 2.0 percent of the same identity group who report no molestation. Although there is a connection between molestation and self-reported sexual identity, there is a clear asymmetry in adult identity associated with the gender of the perpetrator – a finding entirely consistent with survey data from Kinsey. Of the 240 males in the sample who report being molested as children, 70 percent reported their molester(s) as female (14 percent of this group reported being molested by both males and females.) In this (female-molester) group, 68 percent self-identified as heterosexual and two percent as non-heterosexual.⁶² The 30 percent of molested males who reported their molester as males, four out of five (81 percent) self-identified as heterosexuals, and one out of five (19 percent) as non-heterosexual. In the entire sample of molested males, only one subject reported no male molestation along with self-identification as non-heterosexual. By these data, male-on-male molestation before puberty more than doubles the probability of the victim self-identifying as non-heterosexual later in life.⁶³

Sexual identity as measured in the NHSLS was significantly associated with the number of sexual partners – another indirect index of sexual drive. At all points in the designated time frames, men reporting same-gender sex partners have a significantly higher number of partners. This does not of itself translate into higher levels of sexual activity with the partners, but is indicative of highly transitory relationships following promiscuous behavior. The level for homosexual men is quite high, but is considerably lower than the levels reported by Bell and Weinburg for example.⁶⁴ Lack of friendship and disruption to existing friendships are prominent psycho-social stressors.

Many gay advocates argue that the reverse is the case; that is, because society proscribes gay marriage the formation of gay friendship becomes problematic which in turn increases homosexual promiscuity among multiple partners.⁶⁵ As convincing as this line of reasoning may appear at first, there are some problems with it. First, it ignores the evident social fact that homosexuals now congregate in cities that are very supportive of homosexual behavior. Furthermore, homosexual publications

overwhelmingly provide for the distribution of pornography, and homosexual support groups provide pornography. All of these anecdotal impressions remind us of the philosophical discussion (in Chapter IV) that temperance, as a virtue, regarding the careful response to those desires arising from taste and touch, is a necessary condition to stable relationships leading to friendship. In other words, friendship does not create temperance as much as temperance makes friendships possible.

Homosexual advocacy literature also ignores the role of masturbation in the gay lifestyle, which is itself a signature indicator of elevated sex drive. Further, the capacity to regulate sex drive is helped through the institution of marriage, which has traditionally supported the begetting and rearing of children in a monogamous setting. When there is erosion of the supports to faithful monogamy, males become conditioned from early ages to view the regulation of their sexual fantasy and behavior as highly onerous and burdensome. This in turn fuels the sex drive.

Social institutions that value homosexual relationships also value free gratification of sexual desire outside the natural constraints of male-female exclusivity, affection, resource allocation for child rearing, and the negative pressures to remain faithful. In brief, the homosexual relationship by its very character must remain open to experimentation, sexual activity outside the bond of friendship, and therefore, it must of necessity be open to the dissolution of the bond, such as it is. The psychobiology of such relationships only increases the sex drive, making sexual restraint more difficult in practice. Without the habit of sexual restraint across all psychological avenues – whether it be in overt sexual behavior, pornography and other sexual fantasy, or masturbation – there is little possibility of friendship.

To summarize thus far, these findings fit with the more commonsense understanding of the development of friendship. In other words, the migration away from ordinary male friendship is associated with problematic sexual control and an unwillingness to relate with other males, either through emulation – as is done of the father or other dominant male role model – or through competition. Without self-control across a wide range of circumstances, a man cannot resist the slide into selfishness and ego-centricity, which sometimes flowers into narcissism. Only with selflessness is true friendship possible, and the openness of the homosexual bond destroys selflessness.

Masturbation

The empirical literature on sexual behavior rarely associates masturbation with problematic sexual behavior. Indeed, sex therapists routinely prescribe masturbation as a form of therapy in treating paraphilic disorders and organizations such as Planned Parenthood openly advocate

the practice.⁶⁶ As inherently distasteful as this subject is, it is important to look carefully at the best research data that clearly indicate that chronically high levels of masturbation are associated with a person who experiences a higher than normal sex drive. Rather than relieving the sexual urge, masturbation assists in maintaining high levels of sex drive. To date, there are no data that analyze the relationship between masturbation and friendship, although gay literature proposes the dubitable proposition that group masturbation is a way of engendering male bonding.⁶⁷

Men who self-identify as homosexual or bisexual, at any point in their life, also report significantly elevated levels of masturbation. Although 37 percent of all men report no masturbation within the previous year, only eight percent of self-identified homosexuals report having no incidents within the previous year, and 74 percent of self-identified homosexuals report high levels of masturbation, totaling several times a week. Masturbatory activity is clearly not linked to the absence of sexual partner. As noted by Laumann:

...the frequency of masturbation has no set quantitative relation to other partnered sexual activities. The frequency with which an individual masturbates is as likely to be a function of social factors as it is of the availability of alternative outlets.⁶⁸

According to Kinsey, the human sex drive can only be understood as an inevitable force of human physiology. The sex drive is determined in the same way as, for example, one's becoming thirsty. It is the term, "hydraulic" that attempts to capture this understanding of human sexual behavior. For Kinsey, and a considerable majority of contemporary mental health workers, the sex drive is an irresistible force of nature. From this point of view, the only response to the urge to behave sexually is to gratify that urge.

Any effort to ignore an urge or to reduce the frequency and strength of one's urges in general, for example by prayer or fasting, is to lay the foundation for future neurosis and unhappiness. We learn from the high quality research that, first, masturbation is influenced by social learning (through example or through instruction). If the sexual urge was "hydraulic" in Kinsey's terminology, the urge to masturbate would be essentially uniform across the male population and social cues from one's childhood would have no discernable effect. This research makes clear that masturbation is not a substitute behavior – as required by the hydraulic model – but can be a complementary behavior to on-going sexual activity.

These conclusions are consistent with our contention that there are men who have elevated levels of sexual drive due not to a constant "hydraulic pressure" that needs repeated release, but rather due to their

limited attempts at exercising inhibitory control through resisting direct sexual temptation, and indirectly through ascetical practices and careful selection of associates with temperate behavior patterns who provide a good example of sexual continence. These findings underscore the commonsense notion that if you tell someone that they need to masturbate, or that there is no reason to resist the temptation to masturbate, they are more likely to do just that. They also underscore the important observation that peer pressure can have a significantly positive influence during adolescence on the willingness to resist the temptation to masturbate.

Masturbation has a role as a marker of polymorphous promiscuity in males. For men who report fewer than 100 lifetime sexual partners (which constitutes over 90 percent of the adult male population) the number of male sexual partners correlates with the frequency of masturbation.

Chronic masturbators (who masturbate at least once a day) comprise 2.8 percent of all men and report an average of 3.7 lifetime male partners and 4.0 female partners. Regular masturbators (who masturbate at least twice a month but not daily) comprise 44 percent of all men and report an average of 0.51 lifetime male partners and 11.8 lifetime female partners. Whereas men who report having masturbated three times or fewer over the previous year, report 0.08 male partners, and 8.6 female partners.⁶⁹

From a behavioral perspective, masturbation is highly habit forming, since it elevates drive and is not circumscribed by limiting conditions or external regulators – except perhaps food – ordinarily associated with sexual intercourse, which requires the consent of another person. It is more open to compulsive patterns of behavior due to the auto-erotic character. It is also understandable that such compulsion would develop earlier (in the teens or 20s) rather than later in life given that sexual potency is greater at younger ages, and social influences to masturbate are more prominent in these age groups. Chronic masturbation is most likely maintained in the same way that other habits such as heavy drinking and smoking are maintained involving potent contingencies of negative reinforcement, and would as a consequence be a difficult habit to break. Professionals tend to discount the guilt and other psychological distress associated with masturbation, which gives indirect support to the habit.

Promiscuous sexual behavior, including elevated levels of masturbation can be found in small cross-sections of the heterosexual population, but it is endemic to non-heterosexual sex, and its problematic features become evident when one reflects on the natural purpose of human sexual behavior, which is primarily procreative and only secondarily pleasure seeking. In addition, an understanding of the severe medical and psychiatric complications that are symptomatic of the departure from the natural law, should weigh heavily in sound policy on addressing these issues. The main thesis of this chapter is that homosexual

behavior is by nature prone to intemperate excess because it is borne of the excesses of precocious sexual experience, and, as in all intemperance, disrupts the development of enduring friendships. This claim is consistent with the notion that homosexual behavior, as well as intemperate heterosexual behavior, is a feature of the broader behavior of sexual incontinence, mostly characterized by a compromise or collapse of inhibitory control of behaviors associated with the concupiscible appetite.⁷⁰ This collapse can be seen in a variety of forms, and is often the precursor to the onset of severe anxiety and depressive disorders, as well as the significant disruption of friendships. The first and most prominent associated feature of non heterosexual behavior is drug usage.

Fatalism and Drug Use

It is the mark of the incontinent man that he will pursue pleasures that are manifestly harmful to himself. So it reveals, perhaps, the ambivalent pleasures of the editors at *The Encyclopedia of Homosexuality*, who write the factual understatement that, "Gay people have historically used more drugs than the population at large."⁷¹ As it happens, drug use by younger homosexual males is a highly potent disinhibiting agent in addition to being a social statement of commitment to, or identification with the homosexual culture.

Numerous studies spanning twenty years report high levels of drug use among active homosexual men. Our review here is not exhaustive by any means, but we believe that it is representative of a much larger body of literature. A selection of several medium to large-scale surveys representative of the medical research literature over the past 15 years record the types and extent of drug usage. Most of these studies are based upon convenience samples and so extrapolations to the entire homosexually active male population should be viewed with caution. Nevertheless, the results are stunning in the scope and level of drug use in the referent groups. These findings are also consistent with the epidemiological data on the mortality of gay men, whose life expectancy is 10 to 20 years less than the heterosexual male due to diseases associated with AIDS and other sexually transmitted diseases as well as chronic drug use. Indeed, a recent epidemiological review by Canadian researchers, estimated that the 20 year old Canadian gay male's life expectancy (as of 1997) was 21 years less than the heterosexual male of the same age. The authors note that the gay male in Canada has the same life expectancy of a man living in 1871;⁷² We note that 1871 was a time when public sanitation was just making an appearance in major cities in the US and Canada, and decades before the appearance of antibiotics.

Convenience sample surveys which draw subjects from gay congregation points, such as night clubs, bath houses, and outpatient

clinics for treating STDs and community outreach programs for gays, indicated the following: Regular amphetamine usage was reported in 7 studies, with between 6 percent and 70 percent of respondents reporting usage. Periodic use of nitrate inhalants, which have a pronounced effect on sexual responsiveness, varied from between 50 percent to 100 percent of all respondents in these studies. Cocaine usage was reported in 8 out of 9 studies, with levels between 12 percent to 80 percent. Metaqualone use in 4 of 9 studies, with levels of 44 percent to 60 percent. Barbituates use in 4 of 9 studies, with levels from 25 percent to 41 percent. Marijuana was reported in 5 of 9 studies, with levels from 41 percent to 90 percent. Heroin usage was reported in 5 out of 9 studies, with levels from 3 percent to 20 percent.⁷³

Drug usage among gay men declined somewhat in the 1990s from the peak usage in the mid-to-late 1980s.⁷⁴ However, the rise of the "circuit party", where gay men congregate from out of town on weekends for partying, and the introduction of "club drugs" in large cities, suggests a significant resurgence of drug abuse among the large cross-section of active homosexual men.⁷⁵

Within the gay population there is a clear association between drug use and the amount of sexual behavior. MDMA ("Ecstasy") is a widely available and widely used club drug with well-known neurotoxic effects. One of the few probability sample studies on drug use in the non-heterosexual population of males report that 37 percent of younger gay men (ages 18 to 29) had used MDMA within the past six months, and that MDMA users were more than twice as likely as MDMA abstainers to engage in "unprotected" anal intercourse. MDMA users were also more than 6 times as likely to have more than 10 sex partners⁷⁶ within the course of the last 12 months. 44 percent of the MDMA users reported having more than 10 different sex partners within the previous 12 months compared to 18 percent of MDMA abstainers. This study also distinguished between "partnered sex", which entails some element of longevity, and the one night stand where the encounter, although sexually intense, is of brief duration. Thirty-eight percent of MDMA users reported having more than ten one-night stands within the last 6 months.⁷⁷

A body of literature has accumulated over the last several years to suggest that non-heterosexual men are more inclined to engage in what can be best described as sexual binging, putting them at a greater risk for sexually transmitted diseases. Health care researchers indicate that the introduction of the *circuit party* as a regular feature of the gay life style poses significant health risks for the non-heterosexual male population.⁷⁸ Circuit parties are described as gatherings of exclusively non-heterosexual men, typically from moderate to upscale social and business backgrounds, and often from out of town. The principal motive for attendance is to enjoy

sustained sessions of "partying" that includes heavy drug use, heavy drinking, marathon dancing, and sexual behavior. Reports on circuit parties describe bursts of sexual behavior conjoined with drug usage, analogous to episodes of binge drinking in their intensity, where large numbers of sex-acts are performed with exposure to multiple partners over brief time periods while intoxicated or under the influence of drugs. For example, Mansergh et al. report "Nearly all (295) respondents reported use of drugs during circuit party weekends, including ecstasy (75 percent), ketamine (58 percent), crystal methamphetamine (36 percent), gamma hydroxybutyrate or gamma butyrolactone (25 percent), and Viagra (12 percent). Two thirds of the men reported having sex (oral or anal), 49 percent reported having anal sex, and 28 percent reported having unprotected anal sex during the 3-day period. An association was found between use of drugs and sexual risk behavior." p. 953. Drug usage appears to play a central role in the increase of sexual behavior and for this reason, has become a source of concern of AIDS health workers who consider drug use an extremely high risk behavior.⁷⁹ Drug use, particularly "Ecstasy", has been linked to increased promiscuity among young homosexual males, and stronger identity with the gay community.⁸⁰

Social psychologists who study homosexual behavior have found evidence for the overarching pattern of:

...sensation-seeking (that) may lead an individual toward highly-stimulating environments to escape self-awareness of sexual or other health risks. In each case the lessening of cognitive restraint – and corresponding disinhibition of sexual behaviour – is accomplished by deflecting attention away from oneself and one's sexual standards...⁸¹

The desire for drug-induced dementia/euphoria is specifically intended by the actors to disinhibit sexual behavior without regard for one's own health, or the safety of others. Such a flight from reality into a near total (if short-lived) immersion of the senses gives a sad but apt illustration of the moralists' depiction of philosophic despair and spiritual sloth.

Fatalism and Suicide

Contrary to the impression that Hooker and the advocates for homosexual normalization sought to create in the 1950s and 60s, fatalism – and its ultimate manifestation in suicide – is an unfortunately common feature of homosexual life. As the typical heterosexual struggles with the ups and downs of life – momentary sadness and grief, and the occasional depression – the homosexual male all too often confronts the prospect of suicide. What are relatively common occurrences for the homosexual –

brushes with suicidal thoughts and attempts – are much more rare in the non-homosexual. There are considerable data from both random sample surveys, and large-scale convenience samples that show conclusively the suicide risk for the homosexually experienced youth is especially high. What is important to debate is whether the suicide trends in younger male homosexuals is endogenous to homosexual behavior itself, or whether it is the result of societal stigmatization, anti-homosexual attitudes, drug use, or some potent combination of all three.

As for the fact that homosexual behavior increases the risk of suicide, a number of studies appeared over the last several years all of which confirm this connection. A study of twins who served in Vietnam suggested that homosexuals were two to five times more likely to attempt suicide as their heterosexual twin.⁸² This study presents a particularly important finding because all Vietnam veterans, within the first few years after discharge, have had elevated levels of suicide relative to the general population of comparably-aged men, but well below the suicide rate for homosexuals; this suggests the passing influence of war trauma and that the veterans eventually became accustomed to the social rejection encountered upon their return to civilian life. A large scale random survey in New Zealand found youth and young adult homosexual men much more susceptible than the non-homosexual peer group to anxiety, depression, and suicidal symptoms, in addition to antisocial tendencies.⁸³

The most interesting of the recent studies on this topic comes from the third National Health and Nutrition Examination Survey (NHANES III).⁸⁴ The research compares the mental health status of men between the ages of 17 to 39 years, within three groups: those who reported any same sex partnered sex, those who reported sex only with females, and, left out of most studies, those who reported being virgins. Consistent with other probability sample surveys of sexual behavior, most virgins are in the 17-23 age range. The bulk of those reporting habitual homosexual behavior are older than 25.

These findings on the suicide risks of homosexual men are consistent with other studies that compare sexually active heterosexuals and homosexuals. What makes this study particularly interesting is the inclusion of men who report no sexual behavior.⁸⁵ Most prominent in the findings are those on attempted suicide: 19 percent of the homosexual men attempted suicide compared to 3.6 percent of heterosexual, and 0.5 percent of the virgins. Levels of the recurrent desire to die, a principal marker for serious psychopathology in the young, were nearly the same: 18.5 percent, 7.6 percent, and 1.9 percent, for homosexual, heterosexual, and virgin men respectively. It is documented that homosexuals attempt suicide at a rate 5.36 times greater than sexually active heterosexual males, whereas male virgin attempt suicide at a rate 0.28 times as often as the heterosexual

reference group. Hence, those men experienced in homosexual sex are 19.1 times more likely to attempt suicide than virgins.

The implications of these findings are potentially very far reaching. They appear to indicate that sexual inexperience, the virgin status, serves as a kind of immunization from many mental disorders in young men. The trends in these data are striking: on all of the mental health dimensions in the study, except dysthymia, virgin males trended lower on problematic mental health indicators than sexually active heterosexuals and much lower than homosexuals. These findings would be consistent with our contention that psychopathology is linked to sexual intemperance, that is, sex outside of marriage.⁸⁶

The strong link between homosexual sex and psychopathology, may result from sexual excess and drug addiction and the attendant turmoil that surrounds sexual promiscuity, including the profound disruption to personal friendship. Since virgins do not engage in sexual behavior they have either a reduced drive state, or more highly developed inhibitory strategies, or some combination of the two, all of which allow them to resist impulsive behavior that is associated with psychopathology. Further, virgins would not have to contend with the distress common to non-marital sexual behavior, and the associated emotional features of jealousy, betrayal and personal rejection.

Sex, despair, and violence, which includes suicide, have long been parallel themes in great literature and history. It is not an accident that Shakespeare's *Romeo and Juliet* are young secret lovers who, by the end of the play are both successful suicides. St. Augustine in the *City of God*, has a disquisition on rape and suicide. The point here being that when the question of sex came up, the issue of disgrace and despair were not far behind. There is compelling evidence that non-marital sex is linked to self-destructive behavior. Although familial or societal discrimination against homosexuals may play some role in suicide, the findings on virginity and heterosexual sex, suggest that elevated homosexual suicide is due largely to sexual intemperance and the despair that accompanies it, and not due discrimination against homosexuals, as gay advocacy research suggests.

Additional empirical evidence on the connection between sex and mental health is found in probability sample research of the National Longitudinal Survey of Youth. From this survey⁸⁷, researchers find that the positive correlation between premarital sex and suicide risks holds for both male and female youth, irrespective of their sexual identity or orientation. Approximately one in four (25 percent) of sexually active girls say they are depressed all, most, or a lot of the time; eight percent of girls who are not sexually active feel the same. Sexually active girls are three times more likely to attempt suicide than their non-sexually active peers. Sexually active boys are roughly six times more likely to attempt suicide than their

non-active peers. In broad brush, these results are consistent with the notion that pre-marital sex itself can readily engender feelings of despair. However, since non-heterosexual sex is more often promiscuous than heterosexual sex, and because higher levels of sexual behavior incline one to shattered relationships, homosexuals are more inclined toward feelings of despair as a result.

Another line of evidence that links extra-marital sex to suicide is found in a recent longitudinal study⁸⁸ on divorced couples. The study found that the principal reasons for divorce differed between men and women but that for both sexes, infidelity was rarely the reason for divorce. The study showed that women seek divorce most often because of loneliness and a general dissatisfaction that is not necessarily associated with sexual activity. Infidelity was not a significant factor in divorce.⁸⁹ However, in the 1400 families followed over nearly 20 years, there were seven women who committed suicide, and every suicide was precipitated by an episode of casual sex.

However, gay advocacy researchers have suggested that with gays, at least, the causes of suicidal behavior are not embedded in the sexual behavior itself (a factor that they never consider let alone give credence to) but rather in the social stigma that is attached to homosexual activity in particular. This contention, which is widely shared in the mental health community, and by leading researchers on homosexual suicide,⁹⁰ is certainly supported by the Durkhiem model of suicide risk, also known as the Social Integration model, which suggests that social support is a critical component in suicide prevention. Tight-knit communities that have shared cultural and religious roots tend to have lower suicide rates. However, the Social Integration model does not address the intrinsic motivators of suicide such as philosophical despair or nihilism, nor does it account for significant demographic shifts in suicide over the last fifty years, that give support to the idea that a collapse in temperance in large cross-sections of American youth has fueled the increase in suicide.

The current rate of suicide of white males aged 16 - 27, is 27 per 100,000. This level has held relatively constant for nearly 30 years. What is germane to the debate on sex is that this suicide level increased five-fold between 1950 and 1975 and has held steady since. This is the same time period that the sexual revolution took hold, concurrent with a significant increase in psychoactive drug usage. There are no conclusive data that explain this rise in suicide, other than it is also associated with an increase in the use of illegal drugs. There are smaller-scale studies that suggest that the suicide rate is connected to sexual behavior, insofar as the sexual behavior is a surrogate for both broken relationships and a collapse of self-control (self-control is linked to learned optimism, which in turn is inversely related to depression). Two of the first studies that directly

addressed the proximate causes of homosexual suicide attempts found that they were prominently preceded by a shattered sexual relationship.⁹¹ But, any convincing theory of suicide and suicide attempts should account for the psychology of fatalism, (which is associated with learned helplessness) a psychological feature also associated with alcohol and drug abuse.

Support for the notion that it is precocious or promiscuous sexual behavior itself, and not the social stigmatization *per se*, that fuels homosexual psychopathology is further underscored by findings from broad surveys of sexual behavior that show youthful sexual behavior to be correlated with drug usage and suicide attempts.⁹² In other words, although homosexual youth commit suicide at much higher rates than their comparably-aged counterparts in the heterosexual community, we find that heterosexuals who are engaged in significant sexual behavior, tend also to use drugs at levels higher than their less sexually active peer group, and are at higher risk of suicide than those heterosexual inclined youth who refrain from sexual activity and drug use.⁹³

It is not known to what extent mental health concerns subside with older homosexual males. There may be a developmental feature of the habit that gave rise to the original findings by Hooker, which led to the removal of homosexuality from the list of psychopathologies. So although it is now well established that homosexual men have a higher risk of suicide attempts (three to six times greater) relative to the general same-aged population up through the mid 30s, these numbers may decrease somewhat with age. There may be a kind of natural selection that occurs with these older homosexuals, who survive the psychological turmoil of the promiscuous sex of their teens and twenties. Those who don't survive the medical or psychological hazards, are lost from the cohort through death or permanent disability and institutionalization. Migration out of the lifestyle to marriage or living with a woman may also make the cohort of homosexuals as a whole appear more healthy psychologically.

In summary, the preponderance of the evidence suggests that it is not the sexual orientation coupled with social reaction to it as the most prominent causal element in suicide risk, but rather sexual behavior itself and the associated drug usage. Sexual intemperance is the main element of fatalism and its suicide risk. Because the level of sexual activity among non-heterosexuals is generally higher than that of their counterparts, and their capacity for friendship is impaired, loneliness is the first and most prominent psychological state, followed by fatalism and associated clinical features such as despondency, depression and anxiety.

Sexual abuse

We wish to distinguish the term *sexual abuse* here from unnatural or immoral sexual behavior, such as fornication, rape, or sodomy, although in some real sense these are all abuses of the natural powers of the person.

Within the context of this study, we will use the phrase, *sexual abuse*, to mean the sexual exploitation by an (usually) older person of a younger and relatively weaker minor who may or may not have the inclination or the will to successfully resist a sexual advance. The clinical or psychological profile of the sexual molester is not well known, largely because almost all research on sexual abusers has been done on sexual offenders, that is, persons who have been incarcerated, presumably for perpetrating a crime. The population of sex offenders cannot be considered as representative of the population of sex abusers in general for three reasons. Most of these men are believed to be far more aggressive than other child molesters. They are generally considered of somewhat lower intelligence, having been captured. And they are generally (but not always) from the lower socioeconomic strata of the population, as they usually lack the means to launch a successful defense of the charges lodged against them.⁹⁴ Because research findings tend to be limited to this highly circumscribed sample, extrapolations to the population of all sexual abusers would be problematic. It may be due to the statistical limitation of research samples of child molesters that the oft noted connection between childhood sexual experiences of the abuser and subsequent pederastic tendencies cannot be firmly established.⁹⁵

There are reliable data that show the distribution of offenders and victims by gender, however, from the NHLSL.⁹⁶ Of the adults sampled, 14 percent report having been molested as children (under 12 years of age, and presumably pre-pubescent at the time of the molestation.) Most sexual molestation is perpetrated by males, and most of these are adults (over half of all reported molestation were perpetrated by adult males.) Of interest however, is the asymmetry in molestation rates of the male victim. Of the group of males who reported past episodes of sexual molestation, 5.7 percent of them reported being molested by teenage girls, no doubt due to curiosity, whereas only 1.2 percent of this same group reported being molested by teenage boys. 3.3 percent of this group reported being molested by adult males, a rate double that reported of adult female molesters. The NHLSL report does not specify the specific kinds of sexual abuse on the adolescent males, and the statistics on abuse just noted, refer to incidents limited to victims who were pre-pubescent at the time of abuse. In other words, the NHLSL data do not tap data on pederasty or ephebophilia, which is where the vast majority of abuse by Catholic clergy occurs.

The preference of some homosexually inclined men for adolescent males is widely recognized within the gay community. The *Encyclopedia of Homosexuality* notation on Ephebophilia makes the following point: "Most male prostitutes and models for homosexual pornography seem to be drawn from the ranks of ephebes.... Seventeen also appears to be the age at which the average male attains his fully mature erect penile

length."⁹⁷ Unfortunately the best survey data, which includes the NHLSLS, does not ask the subject whether or not he has ever abused a minor. Nevertheless, the near census level data from the John Jay Report show the strong connection between the homosexual orientation of the abuser, and the sexual abuse of male minors in the current crisis within the Catholic priesthood. Approximately four percent of the Roman Catholic clergy have been implicated in the sexual abuse of a minor (levels that are roughly consistent with other religions' clergy.⁹⁸) These indicators also show that roughly 80 percent of these episodes of abuse are homosexual in form (male-on-male), with most involving male youth, and the remaining 20 percent of cases divided roughly equally between pre-pubescent boys and minor females. This is important to emphasize, because there is the common perception that the abuse has been mostly pedophilic, and this is clearly not the case. Most abuse is perpetrated against teenage boys, which makes the behavior clearly homosexual in form. It is also significant, that the clerical abuse of pre-pubescent boys often continues well into the victim's adolescent and young adult years, making this form of serial molestation both pedophilic as well as pederastic. In sum, the hard logical line between pedophilia and homosexuality, which has been so successfully developed by Freund, is blurred by the facts.

Police reports have indicated that some priest molesters operated within a ring of other molesters.⁹⁹ One member would pass along a child-victim to other members of the sex ring. How widespread these rings have been is not known. The existence of these sex rings, however, suggests that for those whose sexual preferences would have limited them to the pedophilic category, their willingness to procure pubescent males for other sex offenders places them, from a risk perspective, into the category of sex offender as the man who prefers post pubescent victims.

Research with non-probability samples yields mixed results on the question of gender fixation and abuse. Widely referenced research by Freund suggests that, with incarcerated pedophiles, the gender fixation is very prominent. For example, men who molested boys are excited only about pre-pubescent boys, and not older male youth or men; nor are these felons excitable with girls. Freund's research has been the occasion of many researchers to declare that male on male pedophilia is not an outgrowth of homosexuality. Further, a recent APA court brief against the Boy Scouts of America suggests that homosexually oriented men pose no additional risks of sexual abuse:

One manifestation of prejudice has been the allegation that gay men pose a particular danger to children. However, *all available research data* and clinical experience indicates that gay men are not more likely than heterosexual men to sexually abuse

children. A study of children seen for sexual abuse in a one-year period at a Denver children's hospital, for example, found that less than 1 percent of the identified adult offenders were gay or lesbian. Of the 219 abused girls, only one instance of abuse had been attributed to a lesbian. Of the fifty abused boys, only one instance of abuse had been attributed to a gay man. In contrast, 88 percent of the offenders had documented heterosexual relationships and most were heterosexual partners of a family member (77 percent of those who abused the girls and 74 percent of those who abused the boys). One source of confusion in this area is that many men who sexually abuse boys are not themselves homosexual. Rather, they are attracted, entirely or predominately, to children. These men have never developed a mature sexual orientation, either heterosexual or homosexual. One study of 175 adult males who had been convicted in Massachusetts for sexual assault of a child found that 47 percent were exclusively interested in children, 40 percent were regressed heterosexuals, and 13 percent were regressed bisexuals. None had an exclusively homosexual orientation, and none of those who were bisexual were primarily attracted to men.¹⁰⁰

The APA claim that all available research points to equivalent abuse risks cannot be sustained. Their evidence and references look at two disjunctive populations that do not reflect the majority of homosexually oriented men: those who are incarcerated for sex crimes, and the population of molested children. Research on the molestation of male youth are not readily available, despite the fact that such youth are evident in homosexual pornography and constitute the bulk of the abuse by Catholic clergy. Given that the overwhelming majority of sex abuse by Catholic priests target adolescent males, and that virtually none of the offenders had been incarcerated by civil authorities and few of the victims were admitted to hospitals subsequent to the abuse, suggests that the APA's conclusions would not apply to the Catholic clergy, where the ratio of homosexual abuse to heterosexual abuse was four to one. Further, because the minority of sex offenders are incarcerated hardly supports the generalization of the comparability of abuse risks; it may only support the comparability of incarcerated abusers.

It is imperative to note that when researchers looked at non-incarcerated child molesters, they found a very different picture, that gender or age fixation are *not* a distinctive characteristic of the pedophile, and that half of all non-incarcerated pedophiles have exploited both male and female minors including youth.¹⁰¹ These findings on the polymorphous trait of sexual abusers is consistent with the character of the male homosexual commonly with elevated sexual drive and both male and female partners. Although many homosexuals may not take advantage of

younger and more vulnerable persons, the tipping point is far closer for them than the typical heterosexual man.

There is overwhelming evidence in the John Jay Report of the homosexual nature of abuse by Catholic clergy. The potential for sexual problems leading to abuse by Catholic clergy appears far higher among homosexual priests than heterosexual priests.¹⁰² The psychological factors common among homosexuals that contributed to the problem of abuse by priests fall into three categories: First, homosexual experience engenders elevated drive that moves the actor to selfish behaviors, which if left unchecked culminates in criminal behavior. Secondly, the priests' victims were more easily accessible because of the social assumptions (held by guardians and victims until recently) about priests. Third, the victims are less likely to report the attacks because of the social status of the abuser, the guardian's assumptions, and the confusion engendered by sexual experience in male youth. Regarding the first point on elevated drive levels: the extent to which these behaviors remain directed at younger persons is unknown, but convenience sample research of non-incarcerated paraphiliacs noted above suggests that the elevated drive levels incline persons to polymorphous behavior.¹⁰³ Although it has been widely accepted within the mental health literature that the paraphilic diagnosis was typically associated within one or at most two behavioral types, the most recent survey suggests paraphilic types engage in multiple paraphilic behaviors. Of special interest in a recent survey is the prevalence of cross-gender pedophilia. Abel remarks: "Especially impressive were results of child molestation. Of the 153 subjects involved with boys outside the home, 51 percent had histories of involvement with girls outside the home, 12 percent with girls within the home, and 20 percent with boys within the home." (p. 162.) Given that considerable effort¹⁰⁴ has been made to establish a strong correlation between target age and target gender, in effect de-coupling homosexuality from other problematic sexual behavior with minors, the Abel findings do two things: they cast considerable doubt over the exclusivity of the conditioning that is involved in the paraphilias, and they once again lend support to the notion that paraphilic behavior, as a species of homosexual behavior, is associated with elevated drive states, and with compromised strategies of sexual inhibition.

The second reason cited above for the increased risk of molestation from a homosexually oriented priest addresses the social expectations that the laity (and other clergy) have had for priests. The high esteem with which Catholic priests, until recently, have enjoyed is not at all surprising and, also until recently, has been for the most part deserved. Parents traditionally have encouraged their sons to confide in and emulate priests, as servants of the Church and of the community. Many instances of priest sex abuse occur in a manner very similar to molestation in general in which

a trusted "friend" of the family, who has had time to "groom" the target, is the perpetrator of abuse. (Although it is widely reported that family members are likely sex abusers, the best survey data clearly contradict this belief. Only one percent of male victims report being molested by the father or the step father.¹⁰⁵ Only seven percent of female victims report being molested by the father or stepfather.¹⁰⁶)

The third factor regarding the reluctance of victims to report the abuse, has, in the past, been used by the molesters to target specific victims. Following from the high social status of most priests and the fact that abuse by a priest was so unexpected most victims found themselves in the awkward position of believing that their accusations would be considered fantastic. Threats or intimidation by the abuser would only serve to increase the fear and reluctance of the victim to keep the assault a secret. This type of "protection" that sexually abusive priests enjoyed, allowed the scandal to reach scandalous proportions before there was a significant public awareness.

Therapeutic intervention and effectiveness

The treatment of child molesters has become multi-modal over the last 20 years. Treatments commonly employ cognitive-behavioral intervention, as well as psychodynamic therapies, along with anti-androgen and hormone drug therapies, including cyproterone acetate, leuprolid acetate and medroxyprogesterone.¹⁰⁷ The combined effect of psychological and pharmacological agents have shown some effectiveness in decreasing sexual drive and fantasies as well as sexual behavior. The literature on treatment is extensive and is reviewed elsewhere.¹⁰⁸ Some features of treatment, however, such as masturbatory satiation treatment, are completely unacceptable and sinful, for either a married or single person, let alone a celibate. In addition, such treatments are counterproductive because we know from considerable evidence (much of it discussed above) that practices such as masturbation actually increase not decrease the sex drive.

Recidivism studies suggest that the combined treatments are much more effective than earlier psychodynamic interventions alone. Meta-analyses on recidivism of sexual offenders, which include substantial percentage of pedophiles, suggest that recidivism rates approach 13 percent over a 4 to 5 year follow-up.¹⁰⁹ Studies addressing very long-term recidivism found that it did not exceed 40 percent over 15 to 20 years. Undocumented statements by clinicians who treat clerical offenders suggests very low recidivism rates, less than five percent.¹¹⁰ However, there is no information on how these data were computed, and whether there have been systematic follow-up studies of all clinic patients that move out beyond the six year reporting window common in recidivism studies.

Predictors of recidivism were not tied to any psychological

maladjustment or features such as low remorse, denial, or low victim empathy on the part of the perpetrator. However, prior sexual behavior patterns did provide useful predictors of recidivism: "...the best predictors were factors such as deviant sexual interests, prior sexual offenses, and deviant victim choices (boys, strangers)." ¹¹¹ One particularly effective longitudinal study on relapse prevention carried on for six years targeted the pederastic behavior of *grooming* as a significant risk factor. This study found that relapse was kept at four percent over six years, on 167 offenders. "The finding that pedophiles relapse with the highest frequency several years after discharge may reflect their misguided efforts to obtain 'intimacy' and 'relationships'...Pedophiles are more likely than rapists to display precursive risk factors over a relatively lengthy period of time." ¹¹² This suggests that target grooming is a very patient effort, and that high levels of sex drive are probably maintained by sex with adults, masturbation and pornographic literature. Target grooming also suggests that exploitation is not entirely opportunistic (priest pederasts pick male youth since they are more accessible over longer periods of time without raising suspicions). Pederasty is entangled with highly distorted views on friendship and affection. Indeed, since male pederasts are known to target both genders, then any association with males or females is likely to be highly charged with sexual overtones.

The treatment and recidivism literature do not discuss the relationship between the strength of drive states and the length of time the offender was able to maintain complete sexual abstinence. There has only been one study performed to date that looks at complete cessation, but it only ran for 30 days. Given the dearth of clinical literature on recidivism and complete sexual abstinence, one is left to consider the recommendation of St. Peter Damian, that frank homosexual behavior requires a strict fast continuously over six years.

Summary & conclusion

Unlike the majority of heterosexual men, homosexuals are disproportionately inclined to promiscuous sexual behavior. This problematic behavior carries over into many areas of life, driven by features of high sex drive, sensation seeking and obsession with sexual fantasies that erode the ability to resist sexual temptation. Of course, these features show considerable variability between homosexuals and would not apply to all equally. However, the trends of these problematic features are on average consistently higher in the homosexual. These psychological features would make seminary life difficult for the homosexual man constantly confronted with sexual temptation.

Drug addiction and sexual binging are common features of homosexually inclined men which, we have shown, are more pronounced

in younger homosexuals tending to decrease as the men age. Adults who engage in excessive and uncontrollable sexual behavior (homosexual as well as heterosexual) often have a history of precocious sexual activity that begins in late childhood or early adolescence. Further, precocious sexuality produces elevated sex drive, higher levels of sexual ideation, drug use, masturbation, as well as confused or broken friendships, suicidal tendencies and elevated psychopathology. In brief, complete chastity for the typical heterosexual male is a significant challenge, for the homosexual it is an enormous challenge.

The general connection between homosexual behavior and pederastic behavior is not entirely settled, largely because no census or random sample survey data are readily available that can assess the proportion of homosexuals who are pederasts. However, we have shown that men who engage in homosexual behavior share many of the psychological features of the pederast or pedophile, namely, an inclination to polymorphous behavior patterns, high levels of sex drive, and reduced inhibitions towards sexual activity. Homosexuals undergoing treatment for pederastic behavior have relatively high recidivism rates that occur even after several years of treatment compliance.

Whatever ambiguity may remain in the general research on the connection between pederasty and homosexuality, the John Jay Report brings considerable clarity to the relationship between homosexuality and pederasty in Catholic clergy (as we saw in Chapter II). This report found that most pederastic behavior by priests occurred roughly ten years after ordination. (these census findings run counter to earlier research that indicated that most pederasty occurred within a few years after ordination) and was indicative of a crisis in the priest's vocation, and a collapse of sexual discretion. The extent to which these priests were involved in other homosexually linked behavior, such as masturbation, sadomasochism, and pornography – all common features of homosexuality – are not documented or published. Other than homosexuality itself, researchers remain ignorant of distinctive personality characteristics these men brought with them into seminary formation that signal a tendency to pederastic behavior. Anecdotal evidence suggests that homosexual priests are addicted to pornography – a large ring of homosexual seminarians and their teachers in a European seminary were recently discovered with ten's of thousands of digitized pornographic images – a fact consistent with the pervasiveness of pornographic literature within gay communities. Many news reports of dismissed or disciplined homosexual priests report their use of pornography – a fact consistent with the fixation on youthful body image that is prevalent in virtually all pornographic material.

Less problematic, but still of sizable concern, is the disturbance to the fundamental social elements of sexual behavior that the homosexual

brings to a social relationship. The latent inconsistency in homosexual desire along with a learning history of disturbed social relationships going back to adolescence (and even childhood) creates irregular impressions affecting the development and maintenance of friendship, especially those joined with the friendship of subordination of the father figure. Homosexuality as a personality trait is built upon a condition of psychosexual flux. Because of this flux, it is difficult to predict the emotional stance of the homosexual. Although the heterosexual male may have any number of problematic traits, one problem that he does not bear is the volatility in sexual desire; the homosexually inclined male sporadically engages in heterosexual behavior. The emotional variability also seen in the fixation on sexual release (seen in chronic masturbation) is endemic to the homosexually inclined man. The difficulty in establishing a sense of confidence and trust in the homosexual may underlie the stereotype of his ostentatious and flirtatious manners, found even in men well past the bouts of promiscuity. These same conditions may reside in the heterosexual male, but are not perceived, by male or female, to be an integral part of his heterosexuality. These features lead to some revealing asymmetries, as we may find in the inference that the married man with a male lover is a closeted homosexual, but that the regular homosexual with the occasional female partner is never considered to be a closeted heterosexual.

This all leads to the question of fatherhood, in the natural sense as well as the spiritual sense. Whereas, we naturally judge the character of the father against the moral standard of the temperate and steady protector, provider, and friend, all of these are in question with the homosexual trait because of its inherent emotional volatility. Even if the homosexual priest or bishop is well past any tendency to abusive behavior, his underlying emotional posture cannot easily support the title of father.

Chapter VI . Summary & Recommendations

And if thy right eye scandalize thee, pluck it out and cast it from thee. For it is expedient for thee that one of thy members should perish, rather than thy whole body be cast into hell (Gehenna).

Matt. 5:29

The number and the size of the legal settlements (over one billion dollars and counting) and looming diocesan bankruptcies in the wake of the sex scandals reflect, albeit inadequately, the sheer magnitude of the sexual crisis facing the Catholic Church in the United States. The financial devastation wreaked by an estimated four percent of clergy and a handful of bishops over the last forty years has been cast by the secular media as a problem of accountability – and that it is. But it is not accountability that is at the center of

the crisis. Nor is it the problem of celibacy as defined by the vanguard of sexual liberators within the Church. Misrepresentations of the problem have diverted attention from the main lesson that today's crisis clearly teaches us: namely, the fact that sexual desire in the priest in all its various manifestations is virtually uncontrollable without a strong prayer life.

Throughout the history of Christianity devout Christians have successfully advanced the proposition that all in this life is worth forsaking for union with Christ. In taking up the cross of Christ, they abandoned any claim to fame, fortune and the pleasures of the flesh. Many risked life and limb to achieve spiritual friendship with Christ, and through their example, to teach the prospects of such heroic friendship to others. We call these most successful examples of the religious life, saints. They did not sacrifice so that we could live comfortable lives but rather that we might become holy through their example. Our faith teaches that such strength cannot arise from within us without the special assistance of God; our tradition holds that such aid is given a foothold through the daily sacrifice and the denials of self we make in the interest of friendship with Christ. We are all called to prayer, and the soul that prays well is ascetical.

We are creatures in the flesh, but we are not fulfilled by the flesh or through the flesh. Our earthly desires on their own are only so many chains that can bind us to our fallen state. Although we are never entirely free from the chains that bind us as a result of original sin, it is our daily effort to loose these chains of passing desires, constantly aided by the grace of God that frees us for friendship with Him. His communication with us fulfills our deepest needs and builds our confidence and our hope in Him. Absent this personal relationship with God, we become easily overwhelmed by the desire for physical comfort, or for prestige, or for control, and captive to the flaws of our personality. We become ever more subject to the neurosis of our age, which is to view all desire as need.

When the foothold of asceticism slips spiritual friendship grows weak. The flaws of personality – chief among them being attraction to sins of the flesh – take on a new importance and motivate behavior that destroys friendship with God.

As religious authority falters, obedience to it becomes onerous, and all manner of excuses are contrived to let fall the rules. The holy suffer as their efforts are frustrated and their good works destroyed; the good are demoralized; the weak are scandalized; the evil are emboldened. A spirit of insubordination is born, and with it comes the loss of shame – the fear of performing disgraceful behavior – and the loss of honesty – the joy in doing honorable deeds. The lonely and confused seek consolation in amusements, alcohol or sex. The vicious find glory in their defiance. The ordinary practice of religion becomes a shallow and loathsome exercise, where the novel becomes exciting because it shocks the pious and titillates the curious.

The sexual marauder, be he priest or bishop, hides behind a façade that conceals, if only for a time, his duplicity and spiritual sloth. His fear of offending God recedes into the background and in its place a fear of loneliness consumes him. Such a man becomes spiritually sterile and can no longer generate offspring in the lineage of the Lord. His martinis wash away his own inspiration and his ability to inspire others. As his personality flaws surface along with his doubts about the purpose and importance of his vocation, so too doubts arise in those who follow him about the possibility of establishing genuine friendship with Christ. Psychologically, the priesthood dies within the priest, and with it the spiritual life withers in those under his care.

The state of nature is the state of the flawed personality. What today is considered by therapeutic psychology a “flawed personality” is the result of the fallen state of nature resulting from original sin. Our salvation from this unhappy condition is God’s grace that liberates priest and layman alike from the chains of Adam and Eve’s fall. How our natural powers can help in this liberation is by striving to behave virtuously at all times fueled by our insufficient but absolutely necessary practice of prayer and self-sacrifice.

Therapeutic psychology could have served a very noble purpose in assisting the layman and priest to advance us in self-control and self-denial, the requirements of virtue and asceticism. However, when the theory of therapeutic psychology reduced the spiritual life to the level of the emotional life, it took off down a path divergent from the traditional teaching of the Church. Today, unfortunately, psychotherapy, long conversations with the counselor, or frequent visitations to the bottle have displaced frequent confession, fervent prayer and penance as the primary exercises necessary to attain a spiritual friendship with Christ.

Influenced by the therapeutic mentality, large segments of the clergy, who failed to understand the ascetical traditions of the Church, became convinced that these traditional practices were not only anti-scientific but also serious obstacles to the successful living of the Christian life. The results of this change were stunning in speed and magnitude. An unmistakable sign that there was a serious problem in our nation’s seminaries appeared in the early 1970s. By 1966 seminary enrollment in the United States had reached an all-time high of over 48,000, but by 1974 this figure had suffered a 60 percent decline. Such an obvious indication that something internal to the organization was seriously wrong was evidently ignored. By 1985 the number of men studying for the priesthood had plummeted to only 27 percent of its high water mark, an enrollment level not seen since 1925. There has been little recovery since then.

The exodus from the seminary after a half-century of growth – a time when pederasty was virtually non-existent – should have been an obvious

sign of ascetical collapse and a portent of worse things to come. But if the clergy or bishops realized at the time what was happening, few with any authority were willing to take a hard look at the underlying cause and make the tough calls. A false consciousness had enveloped the Church in the United States and if the sexual apology was not responsible for its conception, it was most certainly its nursemaid.

Why were these men, mostly young and middle-aged, fleeing the priesthood? Why do so few now enter? A mere decade before, seminaries had been full to overflowing. Certainly the cultural earthquake that had been shaking the foundations of the broader culture played some role. The evident collapse of sexual modesty, and the aggressive secularization of the public square played their part. However, not all religious groups were equally shaken by the social cataclysms. Decline in vocations of such magnitude would suggest a catastrophic collapse in confidence. Confidence in the nature of the mission the young men once felt called to; confidence in their own ability, personal and collective, to live up to the rigorous demands of the clerical life and celibacy; confidence in their ability to remain spiritually serene and psychologically sane in a world that appeared to many at the time to be going mad; confidence in the bishops to inspire fidelity and sacrifice for the mission of the Church; confidence in the idea that the spiritual life can be lived; indeed, confidence about whether the spiritual life is worth living; confidence in their ability to remain heterosexual in what the National Review Board described as a sexually charged environment. Seeing that priests themselves were bringing the very purpose of the priesthood into question, and seeing that the training regimens of ascetical practice were being cast aside, there was not much to encourage these young men to stay the course. Those who remained were in such a state of confusion and uncertainty that they became increasingly reluctant to encourage young men to pursue the vocation of priesthood.

Sadly, we now know that some of those men who did not leave the priesthood, finding themselves in an environment lacking the spiritual and psychological resources of ascetical discipline, sank into the sordid affair of pederasty. Others developed anew, or lapsed into a previous homosexual behavior, and continue to ply their evening wares at truck stops and unlit parks. Some developed disordered habits, tepidity in prayer, insubordination and loneliness, leading almost inevitably to a disgust with and deep disappointment in their chosen vocation. Even those priests who persevered courageously in their vocation, by far the majority, were shaken and disgusted (but not outraged) with the repeated revelations of the scandals.

Confidence requires reconciliation, and reconciliation cannot occur absent candor. One indication of this is that the John Jay Report, commissioned and published by the US bishops, and having the

information necessary to identify which seminaries the accused priests came from, makes no distinction between these seminaries and those that ordained men who were never accused of any wrongdoing. Nor are the dioceses with the worst problems identified. One is left with the impression that all seminaries, all teaching faculty and rectors are equally guilty of shielding pederast priests and fostering homosexual behavior. Nor are there clinical reports of the church-funded treatment centers on the sexual behaviors and preferences of the priests years after their discharge.

The seeds of the calamity saw their first germination in the 1950s years before the sexual explosion actually occurred. It was mostly priests ordained in the 1950s and 1960s who formed the largest wave of pederasty abuse that erupted in the late 1960s. Up until and perhaps through the 1940s, it appears that the ascetical discipline was better practiced and better understood. However, as the attractive though largely flawed novelties in the theory of human behavior captivated the attention of the clergy, the importance of the ascetical life for the successful practice of chastity and celibacy faded from memory. As sexual license swept society – led in no small measure by the advocates of the therapeutic mentality – it carried with it a significant minority of the clergy who had forgotten or who never knew the spiritual defenses against such attacks. Without the continued reminders of the friendship with Christ that daily prayer and ascetical practice provide, it is inevitable that personality flaws will spring to the front and lay claim to one's psyche and lay waste to one's neighbor.

Certainly there is not a single cause of the collapse of temperance. Factors in addition to the ones already discussed undoubtedly were in play. Perhaps as the Church grew in social prestige, large numbers of youth were attracted to it for the wrong reasons. Or perhaps the explosive growth in the number of seminarians after World War II overwhelmed the gatekeepers. Such an overwhelming number of candidates for the priesthood may have caused complacency. Young men were admitted and trained without due diligence. The sweeping changes that came into the Church at the conclusion of the Vatican Council II may have spawned not so much hope but spiritual reticence and confusion. The importance of these factors are for the Church historians and sociologists to determine, but there is little doubt, that by the mid 1960s, there was in the spiritual atmosphere a careless regard for the importance of prayer and personal mortification.

One of the principal reasons for this radical change in attitude was an unwarranted belief in the efficacy of the secular therapeutic milieu – a milieu whose purpose at the time was and, to a large extent remains, to provide a substitute for virtuous behavior and religious devotion in treating emotional distress. Rather than searching out scientific findings in experimental psychology and biology that might add to our understanding of asceticism, therapeutic science has a long and undiminished habit of

reflexively criticizing traditional Christian praxis, and of inspiring research that misdiagnosed the fundamental problems of our time dealing with sex and friendship. We now know that many family researchers in the 1960s and 70s were too sanguine about the effects of divorce on children and their parents.¹ Similarly, a few lone researchers warned about public welfare policies and the catastrophic effects on the minority families², but the broader social science research community piped a very different tune in its disdain for the nuclear family – the only authentic locus of sexual fulfillment. Subsequent research, which came along too late to influence the public policy on contraception and divorce has clearly shown that these early, and nearly universally held opinions, were far from the mark. These theories, as popular as they were at the time, collapsed under their own weight since they were often hastily conceived and premised on a false anthropology with limited concern for the traditional moral practices.

Within the Church, the crown jewel of therapeutic research is the Kennedy report. Published in the early 1970s, it remains the landmark investigation of the contemporary condition of clerical life, based completely and uncritically on the popular therapeutic theories of the time. Kennedy boldly asserted that the majority of priests in the 1960s had immature personalities, brought about by a protracted absence of women. In other words, the main problem for the priesthood was not fundamentally spiritual, but emotional. Kennedy fails to consider the possibility that the emotional problems that he measured in the clergy were the result of a spiritual collapse. His report also boldly predicts that there was "...little indication that American priests would exercise freedom in any impulsive or destructive way." Kennedy's solution to the problem of mere immaturity was to have the Church embrace therapeutic science in the design of a new protocol for the selection, training, and ongoing formation of priests. These protocols would omit any mention of the importance of the time-honored practice of asceticism.

Ten years later, the Peterson/Doyle report – a sobering report to the US bishops of the burgeoning sexual crisis – still showed unalloyed confidence in therapeutic science lionizing sex researchers of the time. By then the writing on the wall was clear but, apparently there were few who were able or willing to read it.

While the psychologically sophisticated clergy maintained an unqualified confidence in the therapeutic approach to sexual fulfillment and made room in chanceries and seminaries throughout the United States for the new "wounded healers", they gave absolutely no attention to the need of ascetical discipline for prayer. No attempt was made to see the looming problems of the so-called 'immature' clergy within the broader perspective of the need for prayer and self-denial to build and maintain a healthy personality. They were fixated instead on dismantling the Church's

teaching on sex and policy on celibacy while some of their devoted disciples were dismantling the psychological defenses of male youth.

Absent in the psychological analysis of the priest was any consideration of the consequences in abandoning ascetical discipline as the essential platform for developing the interior life. Also absent was any understanding of the profound psychological and spiritual effect of doctrinal insubordination, especially relating to sexual behavior. Several decades later, we have documentation of the effects of these changes from the National Review Board report concluding that the sexual hedonism sweeping through many seminaries nurtured a homosexual subculture – that tolerated sexual license, intimidated those who resisted, and showed contempt for the teaching and disciplinary authority of Church.

In the final analysis, the problems of sexual behavior in clergy are not the result of a failure in personality screening or therapeutic intervention; rather, they are the inevitable effects of the collapse in the spiritual culture of the Church. Without a spiritual culture, the psychology of the priest and prelate wanders from the path of holiness and is held hostage by the social forces. Clergy problems will always touch on the spiritual side of man, and they cannot be adequately diagnosed or treated by the behavioral or the social sciences.

To free itself from social bondage, the Church must rethink the use of therapeutic science not only in the training of priests and their ongoing formation but in their treatment for pathology as well. The principal shortcomings of therapeutic psychology reside in its failure to understand the central role of religious faith, both in governing behavior through moral prescriptions, and in understanding the need for hope in the formation of spiritual friendship with Christ. Because the philosophy of therapeutic psychology is grounded in moral relativism, it strives only for personal and social adaptation; it has no concept of sexual behavior supported by the principles of virtue and the natural law. Without this there is no reason for the unmarried (or the married for that matter) to remain chaste. Chastity, because it is so contrary to man's fallen nature, is seen as a pathological state. Under this reasoning, priests who engage in sexual behavior, are not viewed as needing treatment, but are understood to be reacting naturally to remedy an unnatural condition – they are, in the pagan analysis, victim rather than victimizer.

Therapeutic psychology has tended to view Christianity from the perspective of personality theory, which understands motivation and behavior as the result of the subject's past life. The focus is on individual differences and how these differences determine what a person does at each moment of his life. Therapeutic psychology at best is a *via negativa* – a technique for removing certain impediments to the natural functioning in man. It fails to guide its actions with the view of man's spiritual nature; it

ignores the core of human nature. All men, of course, are unique individuals, but all men have an intellect, a will, spirit and emotion. All men are called by Christ to overcome the defects of sin and strive, while still on this earth, to enter into a loving friendship with Christ. Above all, men possess free will, which requires that they choose whether or not to answer Christ's call to lead a holy life. The Church teaches that this call is not a one-time affirmation of Christ's role as my savior, but a repeated answer to the question, "will you take up your cross and follow me?" Man answers this question, either yes or no, in his behavior, and his behavior is the result of a choice between good and evil. Furthermore, because of the effects of original sin, man suffers from a flawed nature, which means also a flawed judgment. In other words, were it not for grace, man would choose according to his natural impulses which would lead him away from virtue to a life of sin. It is precisely the ascetical practices of prayer, penance and self-sacrifice that predispose a man to choose the good even though that choice might contradict his natural impulse to behave differently.

None of this informs therapeutic psychology – free will, man's fallen nature, and the doctrine that grace is absolutely necessary for a man to be able to choose the good. Consequently, there would be no understanding that the ascetical practices are absolutely necessary to the life of the priest. Therapeutic psychology focuses on man's physical and emotional nature, and therefore is inadequate to the counsel of the seminarian or to the reform of sexually disturbed priests.

We can see from this discussion that it is precisely those things that are most important to any consideration of the spiritual life, free will, fallen nature, the effect of grace, that are beyond the realm of scientific analysis. The saints caution against any mere human interpretation of grace and the interior life, a caution that provides great hope for the soul that prays and prays well.

When we study the great masters of the spiritual life we learn that there is discernable order to the emotions, the will, and the intellect of man in the development of the spiritual life. If and when we collectively return to the teachings of these masters, study them carefully and internalize their message and draw strength from their example, we will find a solution to the spiritual and sexual illnesses that infest our age and our priests. With God's graces we find the courage to take those steps in approaching the Lord and to discipline our pleasures and to withstand the sirens of the world. There is a message of hope in recognizing that the pleasures of the body and the fulfillment of the ego ultimately give only counsels of despair, where the life of Christ frees us from these burdens.

As for the therapists and the clinics, we can pray that the bishops have the insight and the courage to pose the following challenge: Show us your theory of chastity, your theory of asceticism, and your theory of

prayer, and through them show us that you have sat at the feet of the Church doctors and learned their lessons. Only then are you welcome to sit at the table. Until such time, let us all reflect upon the fact that Gehenna was in the past and apparently remains to this day the place where children are sacrificed to Baal.

Recommendations

Education and Training

Scientists and professionals who advise the Church on behavioral matters, especially dealing with the clergy, should be studied in the classical philosophy of the Church, especially Thomas Aquinas and Augustine. Pope John Paul II has outlined the importance of these thinkers in his encyclical *Fides et Ratio*, but a careful study of their works as a primary source addressing human nature is a *sine qua non* in the analysis of chastity and asceticism. Also, professionals should study the great spiritual masters such as Theresa of Avila and John of the Cross, whose understanding of spiritual development and spiritual friendship is perhaps without parallel. The point in this study is not to become spiritual masters, but rather to have an educated understanding of the end of Christian life through ascetical discipline. As well, there is a rich tradition on asceticism from commentaries within the Eastern Christian mystics, some of which is in translation by modern authors.³

In research, special attention should be given to the psychological features of ascetical priests. Although there has been a fair amount of research on the general benefits of religious practice to mental health – showing how religious practice is an aid to other aspects of life – very little attention has been given to the specific practices of prayer, diet, and personal mortifications that would inform judgments on the suitability of men for regular ministry. Little attention has been given to the study of families and the psychological precursors in advancing successful vocations to the priesthood and religious life. Attention should not be paid to seeing how religious devotion makes us more comfortable in other parts of life, but rather, attention should be given to a sustained study of habits and beliefs that support religious conviction and practice in times of adversity.

Seminary formation should include a regimen of regular physical austerity including extended periods of fasting and abstinence and simplicity of diet, in addition to what is already required by Church law. These practices should continue after ordination.

Clinical Recommendations

Seminary applicant screening, in addition to evaluating psychopathology, should give close attention to the history of male friendship and dating. The psychologist expert in research design might assist in developing protocols for following the development of these essential ingredients, and link them to subsequent performance in the seminary and in parish life.

Problems of sexual orientation are rare in the general population, but evidently more common in seminary applicants. For a small group of young men, they are a highly fluid aspect of personality formation in the teens and early twenties and may not consolidate into a sexual identity until later in life. Most males with some homosexual experience do not develop homosexual identity that may be due to the fact that they marry. The young homosexually experienced male who attempts celibacy is more problematic. Seminary applicants with such an experience or orientation warrant very careful scrutiny – the added history of drug or alcohol abuse should ordinarily bar acceptance. A history of frank and recurrent sexual behavior that includes masturbation, and sex with males should be an impediment to entry. Extensive early sexual experience during childhood or early adolescence is also problematic, since it is a strong predictor of subsequent sexual-emotional distress. Those currently in seminary formation who have undertaken these behaviors during the course of training should be dismissed. Self-identification as a homosexual must pose a bar to entry or to completion of seminary training. Homosexual priests should be encouraged to retire from active ministry and submit themselves to a rigorous ascetical discipline over several years.

Study should be made of the role of masturbation and its effects on spiritual development. Masturbatory behavior should be considered an impediment to ordination, and once ordained, retreat to strict ascetical discipline should be considered. The role of masturbation is not well studied by Christian scholars. Chronic masturbation is a signature feature of disturbed sexual functioning and is nearly ubiquitous in homosexual behavior; it is likely to be of special concern during the development of ascetical practices. Research on sexual behaviors and fantasy amongst seminarians would be useful in defining at what level it becomes a defining impediment to the spiritual life. Conditions under which seminarians experience complete cessation of the practice should be analyzed, and incorporated into long-term research on outcome.

Ordained priests who engage in sexual behavior of any kind should retreat from public ministry and undergo relatively strict ascetical discipline. Sexual behavior with a female would ordinarily, though not necessarily, require a shorter ascetical retreat, than sexual behavior with males, which is indicative of more serious pathology.

Treatment Centers

Concern about the private treatment centers has been noted by the Catholic Medical Association⁴ and has also drawn specific attention from the National Review Panel. These facilities will no longer treat pederast offenders as long as the Dallas Charter remains in effect, but for other problem priests these clinics may not be suitable. Consideration should be given to their being closed and services provided by short or intermediate-term psychiatric facilities near the locale of the patient. Clinics that remain in operation should be subjected to periodic clinical audits conducted by independent review teams that determine the credentials and orientation of the treatment team members, the treatment regimens and long-term treatment follow-up. The review team should be comprised of experienced psychiatrists and spiritual directors and lay theologians and bishops. Reports are submitted to the bishops of all dioceses whose priests receive treatment, and are subject to review by independent professional guilds whose members have expertise in such matters. All patients should be monitored for ten years after release to determine treatment efficacy.

The Church at large

Leading members of the Church facilitated the sexual crisis through theological dissent, philosophical and scientific naiveté – and now we know – lifestyles. As the sexual paganism of western societies becomes more widespread and aggressive, the need for ascetical life becomes more urgent. The celibate priesthood should be identified with the ascetical priesthood. Asceticism serves not only the individual in the development of friendship with others and with the Lord, but it serves as a sterling example to the lay community on the manner of conducting one's life in generous self-denial. The celibate priesthood is emblematic of the sacrificial role of the person in service to the common good. No better example can be given to laymen, both in their non-married state, to discourage cohabitation, and in the married state, to resist the temptation of contraception and abortion. In this regard, the priest who is at once celibate and ascetic gives through his spirit of self-denial a witness to the biblical model of the family. He will also provide a living example to encourage young men to become priests.

Endnotes

Preface

1. Tanquerey Alophe, *The Spiritual Life*, republished by Tan Books, Rockford, IL 2000.

Chapter II The Problem – A Collapse of Chastity

1. See Hoge 2002, for the problems in estimating the number of homosexual priests, p. 3.

2. Terry, Karen, et al. (2004). *The Nature and Scope of the Problem of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States*, a research study conducted by the John Jay College of Criminal Justice.

3. The John Jay team reports that individual dioceses were not reported because in the instance where there would be a small number of priests, these individual priests could be potentially identified. (Section 1.2 Methodology: Confidentiality) It is difficult to understand the fear of disclosing this kind of information about individual persons when well-known methods in educational reporting exist that prevent the identification of individual students within schools while still reporting on the overall achievement of the school.

4. To illustrate the potential for problems in interpreting results when data are aggregated across several dioceses into a single region, we examined news-service compilations of abuse reports in several individual dioceses spread across the country and accounted for the rate of abuse by the number of parishes in each diocese. Although the John Jay Report data (Table 2.3.1) on the regional statistics show that Region 1 (all of New England) and Region 2 (New York) report nearly equal averages of accused priests in each diocese: 40.4 and 38.2 accused priests per diocese respectively. However, looking only at the rate of abuse per parish, the Boston Archdiocese has six times the level of abuse of the New York Archdiocese. Similar irregularities occur in other regions. Region 11 includes all dioceses of California, Nevada, and Hawaii, which report an average of 15.1 accused priests per diocese. These averages create the impression that the Region 1 dioceses along with New York, are much worse off than the west coast dioceses in Region 11, but this is clearly not the case with Los Angeles which had a higher abuse rate than Boston. The Diocese of Orange, California has a reported 25 accused priests, which is well below the total reported for Manchester, New Hampshire (58), but adjusting for size, the abuse rates were nearly the same.

5. Cozzens, D.B. (2000) p.124.

6. John Jay Report; Table 3.5.4 Alleged Victims of Sexual Abuse Incidents, Grouped by Gender and Age
7. Ibid, Table 3.5.3 Gender of Alleged Victims, by Number Of Alleged Abusers. The range between 71 & 77 percent derives from the fact that the gender of some victims were not identified on victim survey.
8. National Review Board for the Protection of Children and Young People (2004).
9. John Jay Report; Table 3.5.5 Alleged Male Victims, Age at First Instance of Abuse by Decade.
10. Rachel Zoll; Associated Press Posted on Fri, Mar. 22, 2002. "Researchers caution Catholic church against gay 'witch hunt'...(Other Catholic professionals were adamant about displacing the sex abuse problem away from the homosexual clergy): "What I'm afraid of is we're going into this witch hunt for gays," said the Rev. Stephen Rossetti, a psychologist and sex abuse consultant to the United States Conference of Catholic Bishops. "We need to be careful that we don't make anyone – whether it's priests or gays – scapegoats." In the Vatican's first public comments about the scandal, Joaquin Navarro-Valls, chief spokesman for Pope John Paul II, told The New York Times the church needed to prevent gays from becoming priests. Berlin continues to echo the theme of his earlier statement as recently as September 2005:
[http://www.boston.com/news/nation/articles/2005/09/16/vatican bid to find gays in seminary stirs concern/](http://www.boston.com/news/nation/articles/2005/09/16/vatican_bid_to_find_gays_in_seminary_stirs_concern/)

Chapter III. Chastity as an Arduous Task – The Psychology of Hope

1. *Catechism of the Catholic Church*, Para 1817.
2. A profound lethargy or depressive indifference to one's surroundings following a painful experience of unrelenting or random punishment. Behavioral psychologists would say that learned helplessness results from noncontingent negative reinforcement.
3. Freud, 1922. pp. 362-363
4. Adorno. 1950.
5. See for example, Meyers' discussion of the Authoritarian Personality p. 449. Myers is a well-known Christian psychologist. Myers, D. G., *Social Psychology*. (New York: McGraw-Hill, 1983)
6. Altemeyer, R. 1988.
7. Reich, 2004.

8. Sipe, 1994, pp. 180

9. Ellis, 1980.

10. No doubt the Jansenists and neo-Jansenists, some of whom can apparently be found in 19th century Roman Catholic religious orders of religious men and women, were influenced by an aberrant and highly punitive view of the human person, as has been suggested by C. Baars, in his critique of priestly formation.

11. *The Scientist Practitioner*, December, 1992; American Association of Applied and Preventive Psychology. Also see Gartner, 1986, on the religious bias found in the admissions to clinical training programs.

12. There is a considerable body of clinical research on another important Christian virtue of forgiveness. This we do not discuss, partly because the literature is increasingly recognized for its importance in psychotherapy, but also because its connection to chastity is not as close as the psychology of hope. The problem of hope is a core psychological element that touches nearly every aspect of life and chastity today.

13. Larson, 2000.

14. Across nuns, priests, and religious brothers Moore found for 1935 there were 104 per 100,000 admissions nationwide compared to 158 per 100,000 for married persons and 745 per 100,000 for divorced in the general population.

15. Moore's findings are not without potential historical effects, since the financial instability of the times may not have pressured religious members in the same way that it would have weighed upon the general public, however he notes that the impact of the depression on mental health was most acute in the late 1920s, and it quickly abated. By the mid 1930s he believed that economic distress as a pathological source was not too significant. In Moore's analysis there is a confounding of religious commitment and ascetical celibacy; i.e., religiously devout persons may or may not be celibate, although they would all be chaste. Nor do Moore's findings take into account the psychological status of a population of religiously devout laymen. These all limit the ultimate impact of his study.

16. Several references are pertinent here: Stack, 1983, Stack 1985, William et al. 1991, and Martin 1984, and Hilton et al. 2004.

17. Stack, 1983.

18. McLure & Loden, 1982; Ness and Wintrob 1980

19. Williams et al. 1991

20. Larson, 2000

21. Schulman, 1989. pp. 505-512
22. The seminal work in this area is by Sethi & Seligman, 1993.
23. Newman, J.H. Discourses to Mixed Congregations: #10: *Faith and Private Judgment*. p, 207
24. Kroll, 1994, pp. 56-57
25. Swann, 1992. pp. 118-121 Swann's work was not related to religion, but we apply its principles
26. Bernichon et al., 2003.
27. *Olney Hymns* (London: W. Oliver, 1779)
28. The action of the will is an extremely important factor in the development of the spiritual life. We do not address it here at any length only because we seek to limit our attention to the problem of analysis of the material appetites.
29. Although reasoning is the ability to produce or follow a train of thought, intellection is that capacity that man shares with the angels, to at once grasp a truth about something. Students of geometry know, for example, that they can reason to the conclusion that the angles of any triangle sum to 180 degrees. However, when they understand the truth of the conclusion, as they understand any of the premises that led to it, they engage in intellection.
30. ST I-II Q40 art.3.
31. Aquinas on Aristotle's *Ethics*: para. 1370.
32. ST I-II Q27 art4. All references to the Summa Theologica by St. Thomas Aquinas are noted as follows: the Part (I-II, or II-II), Question (Q) and Article (art.).
33. ST I-II Q41 art4.
34. ST I-II Q36 art8.
35. ST I-II Q40 art1
36. The student of psychology may notice how this definition anticipates the findings in behavioral psychology on learned helplessness. See, for example, [Schwartz, 1989 #185], Ch 5 on contingency learning.
37. ST II-II Q82 On the interior acts of religion
38. ST. I-II Q82a3 Whether contemplation or mediation is the cause of devotion?

39. Note also that joy contains two components; one is found in the intellect, and the other in the emotion of delight. ST I-II. Q31 art 3, Whether delight differs from joy?
40. ST II-II Q20 art 4.

Chapter IV —The Psychology of Virtue

1. Older as well as more recent editions of the *Catholic Encyclopedia* have a complete outline on the topic of virtue.
2. For an interesting discussion on the role of modesty in the psychology of women and the corrosive influences of sex education on girls see Shalit, 1999.
3. See Wilson, 1985, especially chapter 8 on families for a brief outline of the experimental research on conscience.
4. Of course the military services are not committed to enforcing a code of Christian sexual temperance.
5. The recent report on the Abu Ghraib prison abuse clearly showed that the guards' behavior was preceded by a collapse of military discipline by the local commanding officer. See Taguba, 2004, prepared by Maj. Gen. Antonio M. Taguba on alleged abuse of prisoners by members of the 800th Military Police Brigade at the Abu Ghraib Prison in Baghdad. Lulu.com edition published May 2004.
6. *Mere Christianity* (1952), pp. 96-9
7. Arintero, pp. 298-303.
8. Virtue also directs behavior with respect to avoidance of pain, but our main focus here is with respect to bodily pleasure so a discussion of pain will be deferred.
9. Laumann, 1994, page 116-117 Table 3.7. NORC research on sex pleasure in women correlates with religious practice and sexual attitudes. Woman with more conservative religious and sexual beliefs, are more devout practitioners, and experience significantly higher levels of sexual pleasure.
10. ST I: Q 98 art 2 "Of The Preservation Of The Species: Whether in the state of innocence there would have been generation by coition?" Parentheses in the original.
11. For a more complete philosophical development on the nature of friendship see Burrell, 2000.

Chapter V — Homosexuality

1. The thought by Charles in this quote occurs to him on his way to his first sober meeting with the eccentric and morally tortured young Catholic homosexual protagonist, Sir Sebastian Flyte. Evelyn Waugh's *Brideshead Revisited* (Little Brown, 1945) provides in its early chapters a most compelling description of the homosexual subculture that flourished in quarters of Oxford University after the First World War.
2. Malatest, 1995 pp. 306-326.
3. Sell, 1997 pp. 643-658. At present it is clear that researchers are confused as to what they are studying when they assess sexual orientation in their research. Several literature reviews have found that researchers' conceptual definitions of these populations are rarely included in reports of their research and, when they are included, they often differ theoretically.
4. Cass, 1983/1984.
5. For example, see Bailey, 1995.
6. Remafedi, 1992.
7. Dawes, 1994. See especially chapter 2 for a brief literature review of research on how current emotional states influence retrospective self-reports of past memories, especially emotional memories.
8. Laumann, 1994.
9. Ibid. Table 8.2 (2.8 percent men report homosexual or bisexual identity) and p. 312, 0.6 percent men have had sex only with males.
10. Any male respondent who reported even a single same-sex encounter would be classified as having had a homosexual experience. This statistic reports only behavior and would not imply either habit, desire, orientation, or identity.
11. Ibid. Table 8.3A. p. 311.
12. This finding is from the NHSLs data set and is not reported in the Laumann et al. 1994, $\text{Chi}^2 = 175.1$, $p < .0001$.
13. Ibid. p. 298.
14. Ibid. p. 294.

15. Ibid. p. 298.

16. Psychometricians refer to qualitatively distinct characteristics as taxa. Gangestad et al (2002) suggest contrary to Kinsey, that homosexual orientation is taxonomic. Their analysis does not however, address developmental factors that would view the development of the taxa later rather than earlier in adulthood. Heterosexuality has strong taxonomic characteristics because the fixation of sexual desire develops early and remains highly stable throughout all development stages.

17. Hooker's landmark research is in: Hooker, Evelyn (1957) The Adjustment of the Male Overt Homosexual, *Journal of Projective Techniques*, vol. 21 (1957), pp. 18-31. This research is widely referenced in spite of the fact that it is plagued by several fatal methodological flaws that are outlined here: a) Hooker did not use the MMPI that was in wide use in clinical settings in the 1950s, and was recognized as the most reliable indicator of psychopathology, and or pathological precursors. It also possessed a scale that explicitly addressed homosexuality. The reliability and validity of the MMPI were far superior to that of either the Rorschach or the TAT with the scoring systems in use at that time, and this should have been known by Hooker, or at a minimum, by the granting agency at NIMH. The fact that NIMH did not require the use of this scale, at least as an addition to the other tests, is more than curious. b) Hooker's research design attempted to show that there are no mental health differences between homosexuals and heterosexuals. This type of design is known as "proving the null hypothesis". It is an unusual procedure in the behavioral research, and is extremely difficult to pull off because it requires the researcher to have very large samples, sometimes numbering in the thousands. Using Hooker's assumptions, and knowing the reliability of the tests she was using, she would have needed to have a minimum of 250 subjects in each group, a sample size over eight times larger than the one she used. c) Precautions were not taken to limit rater bias in scoring and administering the tests. Her control procedures were very poor, even for the research standards of her day. She scored the Rorschach tests, knowing the hypothesis she was trying to prove, this would have an effect on outcome. d) The most important clinical/developmental feature of this study is the age range of the men. The average age of the homosexuals in the study is 35 years old. That is relatively old for the homosexuals who die younger than heterosexuals from all kinds of diseases and from drug overdosing. Also suicide, depression, and other major pathologies are much more common in the young gay, as research is now showing quite clearly. Once the homosexual survivor has made it through his 20s many psychological features have been sorted out. In brief, Hooker's sample was preselected, in terms of survivability, and so her findings are misleading. e) If Hooker was set on finding the truth, what she should have done is surveyed hospital settings for psychiatric records that had MMPI results. This would allow her to determine whether the prevalent homosexual scorers on the MMPI are disproportionately represented in the psychiatric population. In other words, in showing whether homosexuals are more prone to mental disease than heterosexuals, she would look to see the proportion of homosexuals in the psychiatric population, relative to their prevalence in the general population, and she would be careful to include a wide age range in her sample. This would have been expensive, and time

consuming, but it would have been the only effective way of getting at the truth. f) In a word, although the Hooker study is widely viewed as landmark, from a methodological perspective it is poorly conceived, and poorly executed, one wonders why such a study would have been funded and praised at the time.

18. Spitzer 1975, as quoted in Blashfield 1984, p. 64.

19. <http://www.apa.org/psyclaw/boyscout.html>

20. Diamant 1995, p. 13.

21. Spitzer 2003.

22. This does not imply that an extinguished or unlearned behavior is unlearned in the most complete sense of the term, since these can spontaneously re-occur and be quickly reincorporated into the person's daily routines. Riding a bicycle is a common example of behavior that is easily relearned after years of non-practice. Also in addictive behaviors that have been dropped, only to be quickly re-established, a feature known as relapse. Smoking is yet another example where relapse is common after initial extinction.

23. Diamant 1995.

24. Bell 1981, Most of these reports are retrospective.

25. Ibid. J. Michael Bailey and Kenneth J. Zucker 1995.

26. Perhaps based upon this subjective experience, there is resentment to the suggestion that their identity or their orientation is a chosen state or condition, and as such, is itself a character flaw. This kind of response, which is widely reinforced in the mental health community (see APA guidelines) and is seeking support in gay-rights political initiatives For example, see CA bill AB 458. Also see article "California gov. mulls bill banning foster parents who oppose homosexuality" Sacramento, Aug. 28 LifesiteNews.com/CWN
<http://www.cwnews.com/news/viewstory.cfm?recnum=24384>

27. Baumrind 1995, "I prefer the term sexual preference to the term sexual orientation. I believe that choice is not based solely on sexual attraction, but on attitudes toward convention, an affinity for enacting or rejecting gender role demands and expectations, and for socializing primarily with those who share one's affinity. Society's acceptance should be forthcoming not on the basis of renunciation of choice, but rather on the basis of respect for people's right to behave as they choose in their private lives, for the social contributions nonheterosexual people have made, and on appreciation of diversity in culture and lifestyle."
p. 134.

28. For example, see the NORC data, pp. 292-298.
29. Alford 1995, pp.121-135.
30. Schwartz 1991, See especially Ch 8, "Different forms of memory testing" pp. 320-321.
31. Loftus, 1994, Also see Loftus, 1997,36.
32. Pezdek, 1997.
33. Greene, 1994, (pp. 156—175). Maccoby, 1988 p. 33.
34. Kazdin, 1981, Miller, 1985.
35. See for e.g., Throckmorton 1998, and Spitzer 2003.
36. VanWyk 1984, Acosta 1975, Hines, 1982, Freeman and Meyer, 1975.
37. VanWyk p. 506.
38. This point is addressed in detail in the chapter on Biological determinants of behavior. Homosexual concordance for identical twins was below 10 percent. See the note 43 below for references on the genetics of homosexuality.
39. The following references are routinely noted in gay advocacy resource centers: Studies that suggest a genetic component to sexual orientation include July 15, 1993, the National Cancer Institute study by Dr. Dean Hamer, Ph.D., who suggested that there was conclusive proof of a genetic component to sexual orientation and that homosexual orientation is a naturally occurring variation in normal human sexual expression. Dr. Sandra Witelson as noted that "there is a neurobiological component involved in human sexual orientation." Another study by Dr. Laura Allen and Dr. Roger Gorski, UCLA, published by The National Academy of Sciences was interpreted as "added proof that homosexuality is inborn rather than a chosen behavior" NY Times 8-1-92.)
40. Ibid. Dawes 1994
41. Throckmorton 1998.
42. Spitzer, 2003.
43. See Brodie, 2004, for a short description of the effect on handedness, and Klar 2002, for the empirical research application on schizophrenia. In brief, Klar has shown that in handedness, there is a very strong genetic predisposition to right-handedness. However, those who have the genetic structure that allows for left-handedness (which

occurs in fewer than ten percent of the population), only show left-handedness fifty percent of the time. That is, the occurrence of left-handedness is a chance occurrence heavily influenced by early experience

44. See chapters on Virtue and Desire.

45. We base this claim on the Resorla-Wagner learning curve, which suggests that the associative learning in the learning trial sequence is both more fluid, but also having the biggest gain early in the sequence. In practice this means that the first few frank sexual experiences have the biggest impact on long-term learning and are not easily forgotten – a learning feature that fits the common anecdotal report that most people can remember their first sexual experience. Repetition is important because it anchors the learning and subsequent behavior into a highly stable habit.

46. Convenience sample surveys produce flawed results because the sample population of such a survey is not a random sample of the population one wishes to study. It is absolutely necessary for the success of any statistical survey that the subjects chosen to respond to the survey comprise a random sample of the larger population. For this reason results of convenience surveys, can give a highly distorted impression of the level of certain types of behavior. The Kinsey Report is perhaps the most notorious example of a convenience survey. Alfred Kinsey's famous "Kinsey Report" of the late 1940's asserted that one-third of all males in the US up through World War II had experienced at least one homosexual encounter. The actual level was closer to eight percent. However, for correlations between behavior patterns, convenience sample surveys can sometimes give reliable information because although the level of a behavior is distorted, the strength of its association with another behavior may not be distorted

47. Van Wyk and Geist (1984) examined interview data from the Kinsey database of over 7,000 subjects. These data were drawn largely as a convenience sample, and it is well-known that extrapolations of the prevalence of certain types of behavior cannot be made to the population as a whole. However, the sampling bias is not likely to affect generalizations of correlation between behavior patterns, and so a careful analysis of the relationship between retrospective reports of early experiences and subsequent behaviors are probably more stable and representative of the broader population.

48. VanWyk uses a scale of sexual orientation derived from the Kinsey scale. Although most persons fall at the extreme heterosexual end of the scale, there is considerable variation between individuals on the scale positions tending toward homosexuality. What makes this method of measurement informative, say, for example, in the measurement of masturbation, is that it shows that the increasing tendency toward scoring as strongly homosexual, correlates with increasing levels of masturbation.

The homosexual scale score is derived from several variables in the Kinsey interview data, including taking the sum of the frequencies reported of frank male-male sexual contact and male-female sexual contact. The homosexual index is the

ratio between yearly frequency of male-male sex and all sexual contact. This ratio is multiplied by six. VanWyk reports that he did not adjust the homosexual scale to include psychological factors, but restricted the ratio to include behaviors only. This makes his scaling particularly useful from the perspective of behavioral analysis. These findings also indicate a counterintuitive finding that with pre-pubescent girls, frank sexual activity with either a male or a female, was a strong predictor of subsequent homosexual behavior. In pre-pubescent males, the subsequent onset of homosexual behavior was largely associated with male-on-male behavior. Note that in terms of the general frequency of occurrence females perpetrate most pedophilia acts on pre-pubescent males.

49. p. 535. VanWyk found that prepubertal females sexually molested by males are disproportionately likely to become lesbian as adults. These findings are corroborated by recent survey research funded by the Gutmacher group Saewyc 1999.

50. See for example the pro-pedophile research T., 1994, which can be found in English translation at <http://www.paedosexualitaet.de/lib/Sandfort1994.html>.

51. Remafedi, 1992. "The findings suggest an unfolding of sexual identity during adolescence, influenced by sexual experience and demographic factors."

52. Blanchard 1997, 1996.

53. Laumann, 1994, Table 9.14, p. 343.

54. Ibid.

55. This urbanization hypothesis is explained Laumann, 1994 pp. 306 - 309. It will not be developed here at length, but is noted because of its explicit recognition of social forces in forging male homosexual desire.

56. We use molestation here as having experienced sexual touching by an older male or female. Laumann, 1994, pp. 339 - 340 for a more extended explanation.

57. Ibid Table 9.15, p. 345. These findings are statistically significant.

58. Ibid pp. 491-508.

59. Ibid pp. 475-508. Infidelity makes no showing in any of the analyses on the precursors to divorce. This is not surprising since, contrary to popular opinion, marital infidelity is rather rare, with fewer than 5 percent (see pp. 399 for example) married couples reporting an incident of infidelity within the previous year.

Lifetime levels of infidelity for all men is less the 40 percent which, upon reflection, is remarkably low, given the media saturation to the effect that it is a common occurrence.

60. Seen in the Chapter III on hope.
61. Jenkins, 1996.
62. We use the term non-heterosexual to include all men who self-identify as either homosexual, bisexual, unsure, or "other" to the NHSLs question 8.49 "Do you think of yourself as..."
63. Chi-square= 27.82, $p < .0001$. 7.5 percent of all molested men self-identified as non-heterosexual and reported being molested by an older male, contrasted to 0.4 percent molested by females. The expected results (assuming no association between sexual identity and molester gender) would be 3.2 percent and 4.7percent respectively. In other words, if molested as a male child, one is twice as likely to be self-identified as a non-heterosexual if the molester is male.
64. Bell, 1978, p. 85. Data here are from the Kinsey survey.
65. For example, see Andrew Sullivan May 24, 2002.
<http://www.andrewsullivan.com/> Using The Church's Crisis Against Gay Rights
66. Planned Parenthood, 2002.
67. Ibid. "Masturbation" *Encyclopedia of Homosexuality*.
68. Ibid. Laumann p. 83.
69. These data are derived from the NHSLs data set, and are not reported in Laumann et al. Of the 1411 male respondents in the NHSLs sample, 110 men reported more than 100 lifetime partners. These were excluded from the analysis, given that their presence significantly skewed the distributions.
70. See the chapters on Drive & Desire, as well as Asceticism for a discussion of the concupiscible appetite.
71. "Drugs" in *Encyclopedia of Homosexuality*, 1990, p. 331.
72. Schechter, 1997.
73. (1) Colfax, 2001.
74. Stall, 2000.
75. Mansergh, 2001, Mattison, A. M., Ross, Michael, R.W., Wolfson, D.F., HNRC Group 2001). Circuit party attendance, club drug use, and unsafe sex in gay men. *Journal of Substance Abuse*, 13,119-116. Colfax, G.N., et al. 2001: see note 2 above.

76. The term partner is not defined, but is distinguished from persons where the sexual encounter occurred only once.

77. Robert L. Klitzman, Jason D. Greenberg, Lance M. Pollack, Curtis Dolezal 2002, MDMA ('ecstasy') use, and its association with high risk behaviors, mental health, and other factors among gay bisexual men in New York City. *Drug and Alcohol Dependence* 66 115-125

78. Colfax, 2001. Mansergh, 2001, A.M., 2001.

79. Stueve et al. 2002. The report pays close attention to youth engaged in homosexual behavior and notes:

We assess the extent to which urban young MSM report being "high" on drugs or alcohol during sex and the association between being "high" and unprotected anal intercourse (UAI). During summer 2000, 3,075 MSM aged 15-25 years completed a 20-minute interview for the Community Intervention Trial for Youth Project. Participants were asked about their last sexual contact with main and nonmain partners, including whether they were "high on drugs or alcohol." 18.6 percent of MSM with a main partner reported being high during their last sexual encounter; 25.0 percent reported UAI. Among men with a nonmain partner, 29.3 percent reported being high, and 12.3 percent reported UAI. Being high was associated with unprotected receptive anal intercourse with nonmain partners (odds ratio = 1.66, $p = .02$). Also see: Romanelli, 2003.

80. Klitzman RL, Greenberg JD, Pollack LM, Dolezal C. (2002) MDMA ('ecstasy') use, and its association with high risk behaviors, mental health, and other factors among gay/bisexual men in New York City. *Drug Alcohol Depend.* 66(2):115-25 The study sample consisted of 733 men who have sex with men (MSM) and assessed the patterns of use of methylenedioxymethamphetamine (MDMA). The study makes the following links:

Among respondents, 13.7 percent reported using MDMA in the past 6 months, with mean frequency of use of 6.24 times in that period. MDMA users were found to be younger, less educated, to have had more male partners, more one night stands with men, more visits to bars or clubs and sex clubs or bathhouses, to have unprotected anal sex with a male, to be likely to have been the victim of physical domestic violence, to have more gay/bisexual friends, to have disclosed their sexual orientation to more friends, family members, and coworkers, and to have higher levels of gay community participation and affiliation.

81. McKirnan, 1996.

82. Herrell, 1999.
83. Fergusson, 1999
84. Cochran, 2000. See also: NCHS, 1994.
85. The weighted sample sizes yielded 78 men reporting any male sex partner, 3214 men reporting only female sex partners, and 211 men reporting no previous sexual intercourse. 58.8 percent of men ages 17 to 19 report no sexual behavior, a number that drops to 26.6 percent within the 20 to 24 year olds. There is a steady decline in the number of virgin males which reaches 1 percent in the 35 to 39 age range. The analyses were on these weighted percentages.
86. Here too, the reference to marriage presupposes that sexual activity is open to procreation.
87. See Rector, 2003, for an analysis of this survey.
88. Hetherington, 2003.
89. The low level of infidelity in American married couples was thoroughly documented in the NHLS, see for example Table 5.4B pp. 190.
90. For example see: Remafedi, 1998
91. Saghir, 1973. Bell, 1978, Table 21.18
92. Orr, 1991.
93. *ibid.* Rector, 2003
94. Abel, 1995, pp. 270-281
95. A claim made vigorously by Feierman, 1990
96. *Ibid.* see chapter 9 "Formative sexual experiences", pp. 321-347
97. *Ibid.*, pp. 361-363
98. Jenkins. 1996 p. 50
99. Zajac, 2005
100. American Psychological Association 2002) Amicus Brief: Boy Scouts Of America and National Capital Area Council, Boy Scouts of America vs. District Of Columbia Commission On Human Rights, District of Columbia Court of Appeals No.

01-aa-925. February 26. Emphasis added.

101. Abel, 1987.

102. This statement assumes that there are fewer than 80 percent of clergy are homosexual. For a detailed analysis on how the abuse risk estimates are generated see the chapter on The Problem: Part I.

103. Ibid. Abel, 1989

104. For example, Freund et al. indicate that there is a strong correlation between age, gender, and targets by pedophiles, based upon his empirical work with felons. Freund, 1984)63 Feierman argues that there is a theoretical link between age of and sexual attraction that mutates over time. Feierman, 1990)58

105. Laumann, 1994, p. 343.

106 Ibid.

107. Cooper AJ, Sandhu S, Losztyn S. A double-blind placebo controlled trial of medroxyprogesterone acetate and cyproterone acetate with seven pedophiles. *Can J Psychiatry* 1992;37:687-93. 44. Bradford JMW: 1995) The pharmacological treatment of the paraphilias. In Odham, JM, Riba MB (eds.) *Review of Psychiatry*, Volume 14, Chapter 29, 755-777.

108. Abel, G. and Osborn, C.A., "Pedophilia. in Treatment of Psychiatric Disorders" by Glen O. Gabbard, M.D. Amer. Psychiatric Assoc., 1995

109. Hanson, 1998.

110. "Rev. Stephen J. Rossetti, St. Luke's president and chief executive. "We are closely tied to the church," said Rossetti, a psychologist... Rossetti said that of 121 priests treated at St. Luke for child molestation since 1997, only three are known to have offended again. That rate, he added, is similar to earlier surveys of priests treated there." Murphy, Caryle 2002) "Treating the Priest, Under Church's Wing: Effectiveness of Diocese-Paid Programs Challenged." *Washington Post*. Saturday, May 11, 2002; Page B01

111. Ibid. pp. 357.

112. Pithers, 1989, pp. 313-325

Chapter VI. Summary and Recommendations

1. Judith Wallerstein, Julia Lewis and Sandy Blakeslee, *The Unexpected Legacy of Divorce: A 25 Year Landmark Study* (New York: Hyperion, 2000).
2. D.P. Moynihan, *The Negro Family: The Case for National Action*, U.S. Department of Labor. Also see K.S. Hymowitz (2005) for a retrospective analysis of the failures of social science on understanding the importance of the nuclear family.
3. See for example N. Hierothoos, *Orthodox Psychotherapy*. Translated by Esther Williams. Levadia Greece: Birth of the Theotokos Monastery.
4. Catholic Medical Association Task Force on Clerical Sex Abuse, *An Open Letter to the Bishops*, Catholic Medical Association (2002).

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