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# Linacre Institute Symposium -The Clerical Sexual Abuse Crisis: A Contribution to the Debate About the Ordination of Homosexuals

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## **A Contribution to the Debate About the Ordination of Homosexuals**

by

**Task Force on Homosexuality  
Catholic Medical Association**

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The Church and her children need to be protected from further acts of homosexual abuse of adolescent males by priests. Bishops and religious superiors should consider certain steps and these include:

- offering conferences on homosexuality for priests and seminarians by experts such as Fr. John Harvey, O.S.F.S., the founder of Courage, and mental health professionals who have expertise in the origins and resolutions of same-sex attractions and who accept the Church's teaching on homosexuality.
- encouraging all priests with homosexual attractions to pursue therapy with mental health professionals.
- ending the admission into seminaries of males with homosexual attractions/orientation and encouraging them to pursue healing.
- stop sending young men to seminaries with heterodox faculty, especially moral theologians, who do not accept the Church's teaching on homosexuality.
- removing seminary faculty who do not accept the Church's teaching on homosexuality.

- require seminarians with same sex attractions to enter into appropriate treatment.

- offering Courage, the only Vatican approved program for homosexuality, in their dioceses both for laity and for priests.

Presently, the treatment centers for priests with sexual disorders do not treat homosexuality as a disorder but as an identity to be embraced. Inpatients are encouraged to participate in 12-step groups for compulsive sexual behavior, but the emotional origins of their same sex attractions are not explored. Fr. Harvey's program could be modified and incorporated into the present inpatient treatment programs in terms of both group and individual therapy, as well as spiritual direction. Bishops should monitor these programs more closely in their dioceses.

The severely flawed Always Our Children should be withdrawn and Always Our Children support groups in different dioceses should be dissolved. Special masses for homosexuals and "gay-lesbian outreach" should be discouraged because of the mixed messages they send to the laity.

### **Defining the Issue Properly**

Bishops, religious superiors and priests should recognize that in the present crisis approximately 90% of the cases of priestly sexual abuse of males are with adolescents. These behaviors are not pedophilic, but homosexual. Therefore the crisis is basically that of homosexuality in priests – not pedophilia.

The proper history, clinical interview and psychological testing should enable vocation directors and screening mental health professionals to identify those with same-sex attractions. Unfortunately, the proper questions related to sexuality and masculine identity in the history taking are not being asked at this time in most dioceses and religious communities. Simply asking the candidate if he is hetero- or homosexual is not acceptable.

Priests with same-sex attractions should be encouraged by the recent research by Dr. Robert Spitzer and Columbia University that has demonstrated that 60% of the males whom he studied identified themselves as basically heterosexual five years after their treatment for same-sex attractions was over. Many of these men had the help of religious support

groups not unlike Alcoholics Anonymous in their approach to compulsive behaviors.

Many bishops and priests sincerely believe that scientific research has produced conclusive evidence that homosexuality is a genetically inherited condition, determined before birth, and cannot be changed. In fact, no such evidence exists.

Several studies have been promoted in the media as providing the "proof", but when one reads these studies, one discovers the authors do not even claim to have presented such proof. There is no verifiable evidence that same-sex attraction is genetically determined. If same-sex attraction were genetically determined, identical twins would always have the same sexual attraction pattern. Numerous studies of twins have shown that this is not the case. Additionally, there are numerous studies documenting change of sexual attraction pattern.

There is ample evidence that same-sex attraction has many different causes. The majority of persons experiencing same-sex attraction have histories that include various childhood traumas, developmental deficits, and/or other relationship problems. These lead to significant childhood and adolescent emotional pain and psychological problems. Among males, these could include a weak masculine identity or a poor body image and in females a mistrust of male love or weak feminine identity.

A major difficulty at the present time in the United States has been and continues to be that many psychologists who evaluate the candidates for seminary do not accept the Church's teaching on homosexuality. Subsequently, they do not take the proper history in those men nor do they inform vocation directors of the emotional conflicts in some of these men that will predispose them to same-sex attractions and later possibly pedophilia. Had the proper evaluations been done in the past, the American Church could have been spared the scandalous tragedies we are now experiencing.

We recommend that psychiatrists and psychologists who evaluate seminary candidates should be required to take a loyalty oath in regard to the Church's teaching on sexual morality and to participate in ongoing educational programs which deal with the Church's teaching in this area, particularly homosexuality, and which address how same-sex attraction can be healed. Such conferences could be given by priests such as Fr. John Harvey and mental health professionals who have expertise in the identification of same-sex attraction difficulties and pedophilia and their treatment and prevention.

The proper history taking, clinical impression and psychological testing results should indicate if the candidate for seminary has same-sex attractions. Contrary to the propaganda pushed by those in the mental

health field who do not accept the Church's teaching and by those in the Church with similar views, it is possible to identify most men with same-sex attractions who could pose a danger to the Church.

If a candidate is found to have same-sex attractions and does not identify himself as a homosexual person, he should be encouraged to reapply after undergoing several years of psychotherapy which, with the Lord's help, would strengthen his weak masculine identity and resolve his same-sex attractions. If he has engaged in homosexual behaviors previously, he should also have at least five years of sexual sobriety, in the opinion of Fr. Harvey, and should also have extensive therapy. If the candidate identifies himself as a homosexual and is unwilling to grow in self-knowledge of his emotional wounds, he should not be accepted into a seminary.

A seminarian with same-sex attractions should be required to read Fr. Harvey's book, *The Truth About Homosexuality*, as well as *Homosexuality and Hope*, of the Catholic Medical Association. He should be expected to identify his specific emotional wounds and bring them to the Lord for healing and to his spiritual director.

If the emotional pain of a poor body image, childhood, and adolescent loneliness for peer acceptance or father love, sexual abuse, etc., does not diminish through spiritual direction and following the advice in *The Truth About Homosexuality* and *Homosexuality and Hope*, then the seminarian should enter counseling with a carefully chosen mental health professional.

### Classifying Sexual Child Molesters

There is substantial agreement in the literature that the overwhelming majority of abusers are male. These men can be divided into several categories:

**1) Regressed/incest offenders (situational).** These are men who have been sexually involved with adult women, may be married with daughters or stepdaughters to whom they find themselves sexually attracted. They give in to temptations to touch these girls or to coerce the girls into engaging in sexual acts. Such factors as alcohol use, stress, feelings of male inadequacy, poor impulse control, and immaturity have been cited as reasons for these behaviors. The Jenny study appears to have uncovered primarily this type of abuse.

**2) Fixated pedophiles (preferential child molesters)** are males who are primarily sexually attracted to children, although they may engage in sex with adult men or women. Many of them were abused sexually and emotionally as children and became sexually fixated on pre-puberty children. They tend to have very definite age and sex preferences, often

choosing children who are the same age as they were when they were abused. In some cases these men began to abuse other children shortly after their own experience of abuse. Fixated pedophiles are sexual sociopaths with little or no sensitivity to the damage they are doing to their victims. Their masturbatory sexual fantasies involve children. They collect and trade child pornography. Many of these men are extremely emotionally immature, narcissistic. Studies suggest that about half of the fixated pedophiles prey on boys and those who prey on boys tend to have more victims per pedophile than those who are fixated on girls.

**3) Statutory rapists** are adult heterosexual males who engage in sexual relations with girls who are sexually mature but under the age of consent.

**4) Pederasts** are adult homosexual men who are sexually involved with adolescent boys. Many pederasts were themselves victims of abuse as adolescent boys and believe the experience had a positive effect on them – helped them to accept their homosexuality. The homosexual community has taken a tolerant and sometimes supportive attitude to pederasty.

**5) Seducers of students or other vulnerable young adults** by persons who have some form of authority over them. Once a child reaches the age of consent, sexual relations with an adult are not illegal. There has, however, been a growing recognition of the fact that teachers and others who exercise some form of control or authority over a person age 17 to 21 should not use their position to solicit sexual favors. There are numerous instances of homosexual men using their position of power to seduce, for example, the case of a Massachusetts Congressman who seduced a Congressional page. Recently, there have been numerous allegations that homosexual priests in seminaries have preyed on seminarians.

Less than 3% of the male population is homosexual, yet 33% of the victims of molestation by males are boys. Therefore, it is undeniable that a disproportionate percentage of sexual child abuse is homosexual in nature.

May Eberstadt, in an article in the *Weekly Standard* (2001) entitled “‘Pedophilia Chic’ Reconsidered: The Taboo Against Sex with Children Continues to Erode”, documented how “mainstream” homosexual groups have encouraged what most parents would consider the sexual abuse of children.

The debate over the article in the *American Psychological Association’s Psychological Bulletin* by Bruce Rind, Robert Bauseman, and Philip Tromovitch, “A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples,” brought the campaign to legitimize sex between willing boys and adult men into public view and then led the Congress to censure the APA.

From the above classification, we can infer that most clerical sexual abusers would fit into category 4 (pederasts) and a smaller number in

category 5, who use their authority to seduce males or females. Although the press has inappropriately used the term “priest pedophiles,” a very small percentage of cases involve category 2 (true pedophiles).

## **Homosexual Orientation**

A distinction is frequently made between those who are engaged in the active gay lifestyle and those who are “homosexually oriented.” These are not fixed categories. Presumably most heterosexuals discover their sexual orientation before becoming sexually active. Sexual orientation may be a transitional period for many homosexuals prior to engaging in homosexual acts. A seminary candidate committed to a life of chastity will not necessarily define himself according to his sexual orientation.

### **Why Men with Same-Sex Attraction Should not be Ordained**

1) Same-sex attraction is not a genetically determined condition that cannot be changed. Same-Sex Attraction Disorder (SSAD) is a preventable and treatable disorder, in most cases the result of early childhood experiences. Men with SSAD can benefit from treatment and could be considered for ordination if treatment was successful. However, treatment to increase their masculine sense of self may result in a realization that the desire for ordination was not a call from God but an attempt to escape from same-sex attraction.

2) Men with SSAD are more likely than men without such a disorder to have serious psychological problems, including substance abuse problems and sexual addiction and are more likely to have been victims of sexual abuse. Such problems should be uncovered, addressed and healed before a man proceeds to ordination. In particular, men with SSAD are often addicted to self-abuse and this compulsion is extremely difficult to break and does not diminish with age.

3) Men with SSAD have, because of the nature of their temptation become practiced at not being honest. A pattern of deception makes living holiness extremely difficult.

4) Men with SSAD are sexually attracted to other males; therefore living in an all male world – which is what the seminary and priesthood are and will continue to be – would make temptation ever present.

5) Priests benefit from healthy and absolutely non-sexual friendships with other priests and other men. The presence of men with SSAD among priests makes men with a healthy sense of their manhood uncomfortable. They don't like the idea that another man could view them as a sexual

object and they worry that others may interpret their totally non-sexual friendships as having a sexual component.

6) Men with SSAD tend to form cliques. When men with SSAD and healthy males are placed in the same environment, it is almost impossible for real unity to exist and this undermines the unity of the brotherhood of priests.

7) Men with SSAD are more likely – indeed the research shows almost universally – to have had difficult relationships with their fathers and this could lead to problems with father figures in the Church.

8) Men with SSAD are more likely to reject the Church's teachings on authority, on contraception, and on other sexual issues.

9) Men with SSAD may have a distorted view of sexuality and not fully grasp the spousal nature of celibacy – not be able to see themselves as the bridegroom and the Church as the bride.

10) Men with SSAD are more likely to act out with others and to have multiple sexual partners or be involved in a gay subculture. This leaves open the potential for serious scandal and blackmail.

11) At the root of SSAD one is likely to find habits of envy, self-pity, resentment, and pride. These habits may have originated as defense mechanisms in early childhood and therefore the moral culpability is lessened, but in order for a man to progress in the heroic virtue needed to live in celibacy, a man must understand the root of the habit and overcome it. Since the habit is often bound up with his SSAD, once these habits are healed, the SSAD may diminish or disappear. This should be addressed before acceptance into the seminary and certainly not after ordination.

12) Men with SSAD are far more likely to have experienced severe teasing from peers during childhood and adolescence. These may have left him with a lack of confidence and deep psychological wounds.

Looking at the question from the other side, what would it take for a man with SSAD to be ordained?

1) He would have to show that he was free from all sexual addiction, including addiction to self-abuse and homosexual fantasy.

2) If he had been a victim of sexual abuse, he would have to be fully healed from the experience.

3) He would have to have forgiven his father and been healed of childhood hurts.

4) He would have to be free from the influence of an over-controlling mother.

5) He would have to be free from serious psychological problems.

6) He would have to be free from substance abuse problems.



7) He would have to accept all the teachings of the Church including the teachings on sexuality and authority.

8) He would have to be able to interact with other men without experiencing sexual temptation.

9) He would have to be free from serious habits of envy, self-pity, resentment, or pride

The Holy Father has called priests to “be perfect as the Father in Heaven is perfect.” The Greek work for perfect is *teleios* – to be complete, to come to the end for which one was made. The central lie which is at the core of SSAD – the lie which was often unconsciously internalized in the earliest years of life – is that the man with SSAD is and has always been something less than a man, something less than his father, his brothers, his peers. Men with SSAD suffer from a deep sense that they can’t come to the end for which they were made, can’t become full and complete men. This leads to a desperate and unhealthy attraction to manhood and to the temptation to take into himself another man’s manhood.

The spiritual perfection to which a priest is called necessarily involves his manhood. To be perfect he must become the man God made him to be. The healing of SSAD doesn’t focus on replacing sexual fantasies involving males with fantasies involving females. It is not to push a man into having sexual fantasies about women, but to help a man to know in the very depth of his being that he is the man God called him to be. For if a man does not know how to be a man in the fullest sense, how can he be an image of the man Jesus? And if what blocks a man from knowing himself as a man is a failure to forgive his own father, how can he be a sign to the world of the Father from whom every fatherhood takes its name?

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