

# OUTREACH TO HOMOSEXUAL PERSONS: THE UNDERSTANDING HEART

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A curious fact: In any audience of men the odds are roughly 50 to 1, maybe a bit higher, that any individual man is dealing with same sex attractions. In any audience of women the odds are about 100 to 1. That may not seem like a very large number but if we look at it in terms of population, it comes to at least three million men in the United States, a million and a half women. That's four and a half million persons. Add to this an estimate of millions of their parents who hold traditional views of marriage and see sexual relations in terms of opposite sex unions. And a couple million more who are married and have some same sex temptations. It adds up to an impressive number of persons directly involved in, or pained by this condition in a son or daughter. The figures are debatable since they are hard to come by. Questionnaire items on this topic do not always obtain frank answers.

Further I would submit that the percentages of parish priests or lay parishioners having any extensive and accurate knowledge of this topic is meager, and the odds of having any long term pastoral experience, still less. When parishioner or penitent or consultant approaches a clergymen or lay pastoral assistants with this self-revelation most are at a loss to know our next step except perhaps to encourage the person to fight the good fight. Even that statement presumes agreement with the moral teaching of the Church which is not always the case.

Regrettably homosexual persons sometimes report that their parish priest as confidant or confessor has counseled him or her to find a partner who will pledge monogamy and is free of any sexually transmitted disease.

I would submit that the first quality we need in dealing pastorally or in a counseling role with a homosexual person is an understanding heart. The understanding heart combines empathy and accurate knowledge. It is the mercy which Our Lord lauded in the parable of the Good Samaritan (Luke 10:30).

We all come to God as petitioners every day. Recall that on only one recorded occasion was God the petitioner when in a dream He urged the dreamer to name whatever favor he desired (I Kings 3:9). The man who had this wondrous opportunity was Solomon. He did not ask for power or pleasure or prestige, but surprisingly for an understanding heart.

We need an understanding heart, a genuine empathy fortified with understanding, with true knowledge, as our essential qualification for dealing with a person with same sex attraction. Most pastoral ministers do not have a clue to the history of the first person who approaches us with this condition or to the emotional pain that engulfs that individual.

My first encounter with a self-identified homosexual person did not come until I was almost forty. I know that was late, but until then homosexuality was definitely the love that dare not speak its name. It was not treated in any depth in my seminary training (except to say the behavior was sinful). Nor did I have any course work in it in my training in clinical psychology. Before Vatican II and before the Stonewall uprising in 1969 the topic was more avoided than encountered.

The young man was a candidate for a monastic community. He was not happy with his sexual orientation, and unhappy with his involvement in same sex erotic activity. He felt isolated from peers and demeaned by society. He told how at times he confessed his falls and heard the priest grunt in disgust. One confessor told him he would commit suicide if he had that problem. The young man had taught in a Catholic parish school, in those years still staffed principally by religious sisters. On occasion, without suspecting his secret, they would tell a joke about homosexuals with a derogatory punch line and he would cringe. As is common for persons with same sex attractions, during adolescence he had real-

ized in near terror that his attractions were not to girls but to his own sex, and he had no one whom he could tell or who knew enough to help him. It became a dark secret, and unless and until he “came out” to someone he could trust it would continue to torture him, prod him to hate himself, and resent whoever made crude remarks about same-sex-orientation.

At the end of our session he told me that I was the first priest or religious who learned of his same sex attractions and did not make him feel “like a barrel of shit.” (That is a complement I still treasure; I’d like it on my memorial card when I die.....maybe in Latin.)

The experience had a profound effect on me. I began to research the topic. The ministry of Courage provided extensive pastoral experience. As a psychologist counseling and therapy with homosexual persons has not been the major part of my psychological practice, but it has been the most challenging and the most gratifying. I do maintain that I have more experience than the average psychologist or priest.

Homosexual persons, despite their sometime in-your-face protest of equality, frequently have a low self-image. With later experience I found that on average they also are prone to higher levels of self-pity.... Some of it showed through the interview just described. And they are more sensitive on average than heterosexual persons. This means that as a rule they are better at empathy with others, more attuned to others’ feelings, especially anyone who suffers discrimination of any sort. They tend to be, in my judgment, more easily hurt, more prone to feeling rejected, quite prickly when sensing others as judgmental. Therefore one needs to be sensitive to their sometime over sensitivity, careful not callously to brush against their thin skin and psychological wounds. Initially coming on strong with orthodox moral theology is likely to turn them off. They may be polite but they won’t be back if, rightly or wrongly, they see the priest or confidant as judgmental or lacking compassion.

An essential asset in dealing with homosexual persons is accurate knowledge; established facts comprise the understanding component of the understanding heart. When lacking, the empathetic priest or confidant s may become the enabler rather than spiritual guide.

### **WHAT DOES PROFESSIONAL SCIENCE SAY ABOUT HOMOSEXUALITY?**

The American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the American Association of Counselors, the National Association of Social Workers all share the official fourfold position: (1) Homosexuality is not a disorder but a normal variant of sexuality. (2) Homosexuality is inborn. (3) Homosexuality is immutable; it cannot be changed. Often the official professional bodies maintain that (4) attempts to change orientation are unethical and potentially dangerous to the client.

I would also note that the official positions of professional organizations are not always based on established fact. Nor are official positions always the positions of member practitioners in the field. We all are aware that not every priest agrees inwardly with the magisterium in all its positions. Not every psychologist agrees with the American Psychological Association’s position papers.

Nevertheless this lineup is intimidating and the therapist who disagrees feels like David before Goliath in saying that none of these positions have scientific or research backing. This is not the time to debate whether homosexuality is a disorder because the psychological professions are somewhat vague as to the core meaning of disorder. Moreover the question of disorder ultimately is not a scientific problem but a philosophical one. Science tells us what is. Philosophy searches for what ought to be.

One might argue that when sexual attraction is not in harmony with sexual anatomy there is a problem somewhere.

Convincing clinical experience leads to the position that homosexuality is a developmental anomaly. Manifold clinical experience and evidence point to a stable and constant correlation between specific unfortunate early environmental factors and same-sex attraction, between childhood emotional history and sexual orientation.

How is it that the professional associations promote official positions protective of the normality and immutability of the homosexual condition?

Two former presidents of the American Psychological Association, Rogers H. Wright and Nicholas Cummings, provide an answer in their book, "Destructive Trends in Mental Health," published in 2005. Both editor-psychologists have a history of liberal social and political positions.

Wright and Cummings maintain that the mental health field has given way to political correctness, misguided sensitivity, and overemphasis on diversity so that research and data based positions have given way to ideology. A Dutch psychologist, Gerard van den Aardweg, who has had a decades-long reputation for helping homosexuals unleash blocked heterosexual attraction, maintains that professional and academic psychology has not perceived or has purposely kept out of awareness data supporting predominant psychological factors in the development of same sex attractions because they are influenced or determined by gay ideology. That could be re-phrased: "determined by one's personal philosophy rather than by scientific findings."

Further, we need caution about facile reports in the TV and print media which review research findings, because they are often inaccurate if not false. This is often due to the need to reduce news items to one liners and simple presentations which ignore the precision and nuance called for by peer review of research as published in the academic journals.

In 1998 the APA brochure, *Answers to your Questions about Sexual Orientation and Homosexuality*, produced with "the editorial assistance of the APA Committee on Lesbian, Gay and Bisexual Concerns" had this to say: "**There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factor, play a significant role in a person's sexuality.**"

However, in May of 2008, a revised edition omitted that statement, and advised instead:

**There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal development, social and cultural influences on sexual orientation, no findings have emerged the permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles.**

This is an extremely important admission. It is the first crack in the gay ideological politically correct activism which has infiltrated major scientific organizations. It is the first admission by national psychological/social service organizations that there is no proven gay gene, no simple biological pathway to homosexuality.

What do we know from solid scientific findings? First of all, physical sex, anatomical sex, is definitely inherited through genes. If the female egg is fertilized by a male sperm with an X chromosome the new person's gene pair is XX, female. If the fertilizing sperm cell supplies a Y chromosome the newly conceived person is male, XY.

However the origin of psychological sex or psychosexuality is not so clear cut. The categories, male and female, are genetic sex. Masculine and feminine are separate features, much influenced by cultural standards. "I am male" or "I am female" is a statement of fact. "I am masculine" or "I am feminine" is a self-assessment of how well I subjectively measure up to the cultural standards I have been taught, or which I have caught in my experience of early life. Environment

has a major influence on one's masculinity/femininity, and there is substantial clinical evidence to show that sexual attraction is definitely dependent on our environmental, cultural history.

The source of much evidence or data for a genetic basis of homosexuality is from studies of identical twins. A prime study by Bailey and Pillard which investigated the ratio found in identical male twins. If there were a specific gene for sexual orientation one would expect to find 100% concordance between identical twin brothers. If one brother was homosexual the other identical twin also would be because they share the identical genetic program. Actually the researchers Bailey and Pillard found that 52% of the identical twin brothers were homosexual. Many researchers objected to their sampling methods, and when Bailey and Pillard repeated the study with more rigid sampling methods the ratio fell to 38%. Later, they repeated the study in Australia with more reliable data plus a much larger number of subjects, and found concordance of 11%.

Since these twins were raised together in the same household one cannot conclude whether the concordance is due to heredity or environment. Even granting a genetic influence there may also be common environmental factors which influence the overlap. Dr. Bailey concluded: "There must be something in the environment to yield the discordant twins." And subsequently the researchers concluded:

"Consistent with several studies of siblings, we found that sexual orientation is familial. In contrast to most prior twin studies of sexual orientation, however, ours did not provide statistically significant support for the importance of genetic factors for that trait. This does not mean that our results support heritability estimates of zero, though our results do not exclude them either."

It appears that no one in the popular media has ever reported this admission.

Ruth Hubbard, emeritus professor of biology at Harvard noted (1999): "There are genetic components in everything we do, and it is foolish to say genes are not involved (in sexual orientation) but I don't think they are decisive."

Should anyone claim that same sex attraction is inherited, they should be asked to cite a study to substantiate the statement. So far at least, none has appeared in the literature.

No doubt there are some genetic influences in the development of homosexual orientation as there are in almost any human trait. (I personally think they are in the area of temperament .... being sensitive, artistic, easily touched emotionally.) However, whatever the genetic influences, they are ***predisposing, not predetermining.***

## **PART TWO: OUTREACH WITH AN UNDERSTANDING HEART**

Rather than cite a number of studies purporting to point to biological causes, and then comment on their flaws or oversimplification by the press we review what clinical experience and solid research currently tells us about the development of homosexuality.

These remarks are limited to male homosexuality because this is the core area of this author's clinical experience. Moreover research provides a better grasp of correlating factors in male homosexuality than for lesbianism. It is noteworthy that male homosexuality is at least double the incidence of female homosexuality.

Clinical experience and data strongly imply that homosexuality is blocked heterosexuality. It is blocked by psychological trauma at critical points in child development.

The clinical literature shows a typical family pattern in the background of male homosexuals. The boy perceives his father as distant, uninvolved, or perhaps, hostile and abusive. Note *perceives*, because his judgment may be mistaken,

yet, in one's psychological history, perception is reality. Secondly, the boy's mother tends to be over-involved, even suffocating by her absorption with the boy. She may cast him in the role of confidant, of surrogate husband. Research points to a third typical feature: the mother demeans the father to the son, e.g., "your father is interested in only one thing."

There are, of course, variations to this pattern. In some instances it is the mother who makes life miserable for the boy by constant criticism and complaints about lack of love. Yet even in this familial pattern the boy feels that his father had let him down and failed him by not defending him, even at times by siding with the mother's lamentation.

The boy's lack of emotional support from his father or his negative experience with his father leaves him pining for male emotional love. During puberty this need for male emotional love becomes eroticized. Negatively experienced relations with his father leave him with the sense that he himself is not good enough, not measuring up, not masculine enough, not belonging in male company. Dr. Joseph Nicolosi combines these feelings under the rubric of shame. When the boy, or now man, experiences shame he finds himself driven in his attraction to another boy or man. Nicolosi sees homosexual activity as a reparative measure to make up for the early lack of male emotional love.

In many instances this negative sense of self is underscored by an abusive elder brother, and/or rejection by peers who ridicule a boy, frequently labeling him "faggot" or some other hurtful name. One boy who later became an All American football player was bullied by older teammates in his teen years who taunted him because he was not aggressive enough. This rejection re-enforced the negative messages of earlier years from his father. As he moved into adolescence he was plagued by same sex attractions which he adamantly did not want.

Sexual abuse by an older man or by peers is another experience drastically damaging one's sense of self-esteem.

Another example: A boy is talented in music but his father is seemingly absorbed with the boys' male siblings who were into sports, and pushes him to excel in athletics for which he lacked both interest and muscle coordination. His father and brothers denigrated his musical talents. The boy senses himself as a disappointment. Misperception can be a factor in this dynamic scenario, especially when the boy is extra sensitive and given to self-pity. One client, on a high school track team, would be encouraged to greater effort by his Dad in the home stretch. When he was younger, his father would become angry and impatient with his hesitant athletic competence. And now his father's encouragement was seen by the boy as his father's disappointment that he was not good enough.

Another example: a seven year old was roughed up by older male bullies at school. He was crushed by the experience and told his father who did nothing. His father would not see the officials at the boy's school. He ignored the boy's feelings of being demeaned. The boy felt helpless, caught in a vice between ill-treatment by his peers and abandoned by his father, angry over this lack of concern for him, terribly shamed that his younger sister had witnessed his masculine defeat.

This paternal passivity was only one factor in the boy's loneliness and the lack of support for which he developed a great antagonism toward his father. Typically homosexual persons have an abiding ambivalence toward their own sex, generalized from disappointment in the same sex parent, a factor which makes long term same sex unions highly improbable. Psychiatrist Herbert Hendin puts it this way: "The same disastrous early experience of homosexuals that have led them to a homosexual adaptation operates to insure that pain, rejection and degradation are an integral part of their relationships."

At some point the emotionally fatherless boy, tired of perceived criticism or rejection, decides to stop trying to gain his father's approval and affection. Though he wants his father to pursue him he rejects whatever efforts the father makes.

A boy will complain of his father's heartless prodding while the father may feel his attempts at closeness are ignored or rejected. In some counseling sessions the father will tell how he tried to be close to his son but felt his son turned him off. Elizabeth Moberly labeled this early rejection "defensive detachment."

At this juncture a summary of research in hormones as influencing homosexual orientation is in order. The studies are many and the subject extremely complicated. There are several claims of pre-natal hormone anomalies which, some researchers have conclude, correlate with homosexual orientation.

In an attempt at some brevity, we might appeal to scientific authority. Anne Fausto-Sterling, a professor emeritus from Brown University and an acknowledged expert in the field has this to say: "There seems to be a general consensus at this point that male and female homosexuals have completely sex-typical levels of circulating steroids as adults, and at least so far no study has purported to show evidence that homosexuals were exposed to unusual ratios of steroid hormones prior to birth."

This is not a dismissal of the possibility of pre-natal hormone involvement. Future research may indicate it as a factor of some sort. But, like the mythical gay gene, there is no evidence as yet.

In earlier attempts to treat male homosexuality one procedure was to increase the male hormone testosterone. The result was to increase sexual drive but it had no effect on the direction of the drive.

In the interest of being reasonably complete a word on change of orientation. Is change of orientation possible? The easiest answer: The fact proves the possibility. Experience with clients and the credible testimony of many others argues that it *is* possible.

In this context change means moving from predominately homosexual attraction to predominately heterosexual attraction. That does not mean that the individual never has a homosexual temptation; it does mean that the attraction will be much less frequent, far less typical, less impulsive, less compulsive, and much easier to control.

To cite one crucial study: Dr. Robert Spitzer is the psychiatrist who led the campaign in 1973 to remove homosexuality from the DSM, the diagnostic and statistical manual which is equivalent to the psychiatric Bible. Thirty seven years later he was moved by the appearance of men and women who claimed to be "ex gays" and were picketing the American Psychiatric Association convention in Dallas protesting official psychiatry's position that change was not possible, and thereby denied the self determination of clients who wished to pursue change.

Dr. Spitzer and a colleague carried out extensive interviews of 114 questions by phone of 143 men and 37 women who claimed to have changed their orientation. He became convinced that change is possible, even though not frequent. (I would comment that there are few therapists who know the specific affect-centered therapy required for such movement and change. ) Dr Spitzer became convinced that their reports were by and large credible. He found that most of them admitted residual same sex feelings at times, but the change was so great in attraction and fantasy toward heterosexuality, along with avoidance of gay porn, and far less yearnings for intimacy with persons of one's own sex, that he accepted the claim of those who said they had changed Though he labels himself an atheist Jew, he noted that religious conviction was a strong part of their motivation.

Not everyone who enters therapy experiences a total change, and some do not change except for improvement in other areas of functioning. Studies generally cite a thirty percent significant change to predominant heterosexuality. Yet who would argue against therapies for physical or other emotional disorders because they do not cure all clients?

One of the very useful insights that have come from Dr. Joseph Nicolosi's long experience of reparative therapy is the sequence he has confirmed leading to sexual acting out among persons with same sex attraction. Dr. Nicolosi has outlined a sequence which could help clergy trying to guide a person with same sex attraction away from sinful acting out.

While the individual is in a state of confidence, generally positive self-acceptance, and what Nicolosi labels "assertion," the individual is relatively free of homosexual temptations, or if he does experience them, they are not difficult to manage. But when something happens and the individual's reaction is to see oneself as below par, as not acceptably masculine, as doubtful whether he can handle some current situation in a competent manner, the temptation springs up. He finds himself in a quasi-depressive state which Nicolosi labels the "grey zone." As one client remarked to me, "I realize it (the temptation) is not sexual but that it springs from my own insecurities." It springs from telling oneself that I won't be able to manage things well, that I'm not up to the challenge. These doubts have their origin in messages from long-ago events which tell the person that he is not up to par, not competent, not sufficiently masculine. And then he finds himself attracted to some homosexual act which he falsely believes will provide a "shot of manhood."

To put this material into a flesh and blood portrayal, let me share a letter I received in October 2008 from a former client, twenty eight years old.

Dear Father,

Life has been going very well. I am pleased with my condition and my ability to continue growth and staying mentally stable. There have been no instances of major trauma or SSA feelings. Physically I still get some arousal from time to time but I consider it very minor in comparison to my past. Feeling put into the shame mode is always the trigger for any SSA for me. If I see a guy who is physically stronger or has traits that I equate with being "manly" still tends to throw me in to some shame. It is a sinking feeling in my stomach, and I feel incomplete. I crave that which I see in myself as lacking (could be physical strength, mechanical skills or knowledge, sports skill or knowledge).

The drive to fulfill these needs used to be sex. Now if sexual feelings still come up, I can easily see what is going on, can feel the feelings and move on by connecting with friends, or mentally re-enforcing my inherent masculine qualities. So far I have not had any serious urges to act on same sex feelings in several months." (Signed)

Nineteen months later he committed .... matrimony.

This testimony fills out some basic understanding of homosexual attraction, but it needs to be emphasized that change of orientation is not a goal of pastoral ministry. That is the work of the professional, trained counselor. Nor is it the work of Courage, the Catholic outreach to Catholics aiming to follow the teachings of Jesus. Courage surely encourages those who pursue this route, but the goal of Courage is to develop a deeper Christian life which surely includes the virtue of interior chastity, beyond "just saying no." Courage is a spiritual program, not a psychological therapy. However, anyone seriously seeking change first must preclude behaviors which reinforce unwanted same sex attraction.

These articles are prompted by the hope of encouraging ministry to persons with same sex attraction, and possibly their parents as well. Priests and pastoral workers are greatly over extended. Yet those who are open to working with or establishing a Courage chapter will witness heroic men and women struggling to develop a deep relationship with Christ, marvelously reinforced by fellow strugglers, and will really find that where sin abounds, grace abounds the more.

## READING / STUDY SOURCES

(For a good head-start)

### WEBSITES:

[www.couragerc.org](http://www.couragerc.org) (Courage Apostolate Web Site)

[www.narth.net](http://www.narth.net) (National Association of Therapy and Research of Homosexuality Web Site)

### BOOKS

*The Battle for Normality* - Gerard Van Den Aardweg, Ignatius Press, 1997

*Growth into Manhood* - Alan Medinger, Shaw, 2000

*Beyond Gay* - David Morrison, Our Sunday Visitor, 1999