

Letter to the Catholic Bishops

The following letter addresses the Catholic Church's sexual abuse crisis. It was authored by three members of the Catholic Medical Association who speak on its behalf, including psychiatrist Richard Fitzgibbons, a NARTH Scientific Advisory Board member; Eugene Diamond, M.D. and Peter Rudegear, M.A.

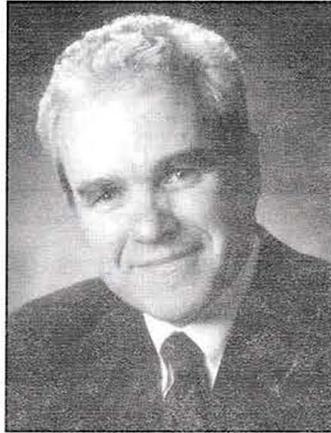
As a Catholic psychiatrist and psychologist who have treated a significant number of priests from various dioceses and religious communities over the past 25 years for same-sex attraction (SSA or homosexuality) and for pedophilia and ephebophilia (homosexual behavior with adolescents), we believe that our particular expertise and those of our colleagues in the Catholic Medical Association may be of help to the American bishops as they seek to create effective long term strategies to prevent the recurrence of the problems in which the Catholic Church in the United States now finds itself enmeshed.

Many have pointed out that solving the problem of sexual abuse by clergy will necessarily involve addressing the problem of SSA among priests. Bishop Wilton D. Gregory, president of the U.S. Conference of Catholic Bishops, admitted at a press conference in Rome on April 23 the existence of an ongoing struggle to ensure that the Catholic priesthood is not dominated by homosexual men.

As the revelations of abuse have become public it has become increasingly clear that almost all the victims are adolescent males, not prepubescent boys. The problem of priests with same-sex attractions (SSA) molesting adolescents or children must be addressed if future scandals are to be avoided.

In treating priests who have engaged in pedophilia and ephebophilia, we have observed that these men almost without exception suffered from a denial of sin in their lives. They were unwilling to admit and address the profound emotional pain they experienced in childhood of loneliness, often in the father relationship; peer rejection; lack of male confidence; poor body image; sadness, and anger.

This anger, which originated most often from disappointments and hurts with their peers and/or fathers, was often directed toward the Church, the Holy Father, and the religious authorities. Rejecting the Church's teachings on sexual morality, these men for the most part adopted the utilitarian sexual ethic which the Holy Father so brilliantly critiqued in his book, *Love and Responsibility*. They came to see their own pleasure as the highest end, and used others — including adolescents and children — as sexual objects. They consistently refused to examine their consciences, to



NARTH member
Richard P. Fitzgibbons, M.D.

accept the Church's teachings on moral issues as a guide for their personal actions, or regularly avail themselves of the sacrament of reconciliation. These priests either refused to seek spiritual direction or chose a spiritual director or confessor who openly rebelled against Church teachings on sexuality. Tragically, these mistakes allowed these men to justify their behaviors.

The bishops, individually and collectively, should develop screening protocols which will identify men who may pose a risk to others and who cannot live the chaste celibacy required of a priest. This is essential to protect the Church and her children

from further pain, sorrow and future scandals. While no screening system is absolutely foolproof, sufficient research is available to develop efficient tools for this task.

Bishops Are Misinformed About Homosexuality

One of the major problems we have discovered in discussing this issue with the clergy and the laity is the enormous amount of misinformation about the nature, origins, and treatment of homosexuality/SSA. This is not accidental. For over twenty years, activists—intent on changing the laws on sexual orientation—have put forward a massive public-relations campaign specifically designed to spread misinformation that will aid in the social acceptance of homosexuality.

For example, many people 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 themselves 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. And there are numerous studies documenting change of sexual attraction pattern (see *Homosexuality and Hope*, available at www.cathmed.org).

continued

One of the reasons why people have been so willing to accept the idea that same-sex attraction is genetically determined is their own experience with men who are extremely effeminate and have been so since early childhood. This condition of extreme effeminacy is called Gender Identity Disorder (GID). The differences between boys with GID and other boys are so profound, that those observing them conclude that the boys with GID must have been born that way.

Those who treat GID have found that effective family therapy in which the father bonds more closely with the son and affirms his son's masculinity can result in the emergence of normal boyish behavior. Tragically, because this information is not widely known, most boys with GID do not receive treatment and approximately 75% of them will go on to develop SSA in adolescence.

Unfortunately, if these boys come from Catholic families, those around them may point them toward the priesthood. Because they aren't attracted to girls, people wrongly assume that the celibate life will be easy for them.

In our practice, we have seen many boys who suffered from distant father relationships, lacked hand eye coordination and subsequently were subjected to humiliating teasing from peers because of their inability to play sports. These and other factors lead to feelings of male inadequacy and loneliness and later to homosexual attractions. The sooner these problems are addressed in therapy, the more hope there is for a full recovery.

For example, a 26-year-old client had experienced severe peer rejection as child and teenager because of his inability to play sports. In addition, his father was distant, and his mother overly dependent. At age 10 he began to experience same-sex attractions which intensified in his adolescence. Fortunately, as a faithful Catholic he never gave into the temptations to act on these feelings. As the emotional pain was resolved, his male confidence grew, his same-sex attraction diminished markedly and later resolved. He came to realize that he was not homosexual, but a man who had been wounded emotionally in many relationships from early in his life, and who could be healed.

Michael (not his real name) was a seminary student when he came into treatment for same-sex attractions. He gradually understood that the origins of the same-sex attractions arose from a very negative body image which he had had from the time he was a young boy because he had been overweight. He was regularly picked on by his peers in elementary and middle school because of his physical appearance. He experienced intense loneliness in peer relationships from his childhood and adolescence.



Eugene F. Diamond, M.D.

During his several years in therapy, he worked at trying to forgive his peers who ridiculed his physical appearance. He also attempted to reject the culture's obsession with physical appearance, and began to thank God for his masculine gifts and body image. He also meditated upon the Lord being at his side as his best friend in elementary and middle school. He benefited by reflecting that his body is a temple of the Holy Spirit, in addition to asking for a certain sense of detachment, and by being thankful for his God-given body. Finally, he also worked out physically to prevent more weight gain. Slowly his masculine identity and body image improved. His

deep inner loneliness lessened through a profound sense of being loved by the Lord.

The Catechism of the Catholic Church states that homosexuality's "psychological genesis remains largely unexplained" (#2357). While it is understandable that the writers of the Catechism would not wish to make a definitive statement about a question which is at the center of such a contentious public debate, this statement does not accurately reflect what is known about homosexuality. There is ample evidence that same-sex attraction has many different causes. These lead to significant childhood and adolescent emotional pain and psychological problems. Among males, these could include a weak masculine identity, social isolation and loneliness, peer rejection or a poor body image and in females, a mistrust of male love or a weak feminine identity.

No one can say "this is *the* cause" for same-sex attraction as though there were a single cause, but an individual can come to understand the origins of his or her own same-sex attractions through insight gained in therapy.

Feelings Don't Necessarily Tell Us "Who We Are"

Men and women experiencing same-sex attraction may rightly feel that they "have always felt different," but that doesn't mean they were born that way. Children are born either male or female, but they have to learn what it means to be a man or a woman. They have to identify with — and be accepted by — their same-sex parents and peers. If they are going to grow up psychologically healthy they have to feel safe and comfortable with their masculinity or femininity. If, for whatever reason, they fail to pass successfully through this essential developmental stage, they may in adolescence develop same-sex attractions.

There has been a massive campaign to **hide this information** from the general public and **from those who sincerely wish to be free from same-sex attraction**. In 2000, Dr. Robert Spitzer of **Columbia University**, who had been instrumental in the **removal of homosexuali-**

ty as a diagnosis from the American Psychiatric Association's Diagnostic and Statistical Manual in 1973, was challenged by men and women healed of their same-sex attractions to acknowledge that change is possible.

Spitzer interviewed 200 men and women claiming to have achieved significant change and found that 60% of the males whom he studied identified themselves as heterosexual five years after their treatment ended. Most of those who were successful also participated in faith-based support programs.

While there are numerous reports of substantial change through therapy alone, programs which rely on God or which are specifically Christian provide significant help in dealing with the compulsive behaviors, loneliness and lack of confidence that accompany SSA.

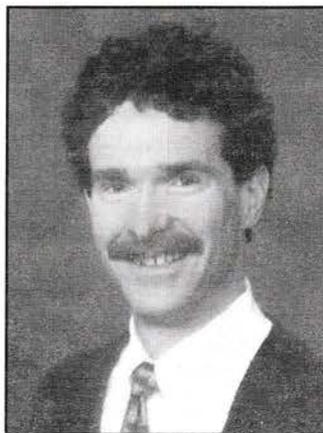
No One Was Designed By God to Be Homosexual

This should come as no surprise to Catholics who already know the power of Christ's healing love. To those who wish to be free from same-sex attraction, it can be said with confidence that God didn't make them that way and He wants them to be free. The good news is that SSA attraction can respond to therapy and that membership in a support group such as Courage can help a person to find healing and freedom.

The road to freedom, however, is long and arduous. For many individuals, it is often accompanied by other serious psychological problems and addictions. Three recent well-designed studies (Fergusson, Herrell, and Sandfort) have shown that persons with SSA suffer from other psychological problems at a rate substantially higher than those without SSA. Some of these problems, such as pathological narcissism and borderline personality disorder are very difficult to treat.

Additionally, men with SSA are more likely to suffer from substance abuse problems, sexual paraphilias, and sexual addiction. Such problems complicate recovery. Also, men with SSA are more likely than other men to have a history of childhood sexual abuse (CSA). While arriving at an exact percentage is difficult, some experts suggest that about 16% of all men have experienced CSA. Several studies of men self-identified as homosexual revealed that 40% had a history of CSA. Given the high level of long term psychological problems associated with a history of CSA, it is not surprising that men with SSA have numerous problems.

There are other serious problems which need to be addressed. For example, sexual harassment exists at



Peter Rudegeair, M.A.

certain seminaries. Any Catholic institution which knowingly tolerates sexual harassment — heterosexual or homosexual — betrays the moral teaching of Christ and contributes to the suffering of others. It also risks incurring financial liability.

Recommendations: Treatment for Priests with SSA

We have observed many priests grow in holiness and in happiness in their ministry as a result of the healing of their childhood and adolescent male insecurity and loneliness and, subsequently, their same-sex attractions. This healing process has been described in Fr.

John Harvey's book, *The Truth About Homosexuality* and in the statement of the Catholic Medical Association, *Homosexuality and Hope*, available at www.cathmed.org.

Bishops would also see this healing if they encourage priests with SSA to pursue appropriate therapy with those loyal to the Church's teaching. Most males with SSA had painful childhood and adolescent peer relationships. Under the stress of loneliness and insecurity in adult life, there can be an unconscious association to this adolescent and childhood pain. Attractions to children, adolescents or adult males then develop in an unconscious attempt to gain acceptance and lessen the pain of sadness, loneliness and lack of male confidence. The treatment of this emotional pain is essential in order to protect the Church and her children from further sorrow and scandal.

Priests, with or without SSA, who have themselves been the victims of childhood sexual abuse should receive counseling. Only a small percentage of victims of childhood sexual abuse will go on to abuse children, but a significant percentage will suffer from various problems which affect their ministry.

Our experience over 25 years has convinced us of the direct link between rebellion and anger against the Church's teaching, and sexually promiscuous behaviors. This appears to be a two-way street: those who are sexually active dissent from the Church's teaching on sexuality to justify their own actions, while those who adopt rebellious ideas on sexual morality are more vulnerable to become sexually active, because they have little to no defense against sexual temptations. Growth in forgiveness and growth in humility are essential in the treatment of such priests.

Finally, priests should be screened for homosexuality by their bishops or religious superiors prior to being considered for a position of responsibility in a diocese, religious community or in the U.S. Conference of Catholic Bishops. The previous attitude of "winking" at homosexuality in priests must end. Otherwise, all Church teaching on sexual morality is undermined. Also, complaints by priests of aggressive homosexual behavior in rectories and religious

continued

communities should be addressed and no longer ignored.

Screening of Seminarians

Protocols should be developed which will allow those professionals who screen candidates for the priesthood to identify those individuals with serious problems, to recommend therapy for those with correctable problems, and to accept those who can live chaste celibacy and pose no threat to others. Simply asking a candidate if he is a heterosexual or a homosexual, or if he is sexually interested in adolescents or children is not sufficient. Proper history taking, a clinical interview, and psychological testing correctly interpreted will uncover most current and potential problems.

Two different studies have found that the answers to a small number of questions about childhood and adolescent experiences included within a larger questionnaire allowed the clinical interviewer to conclude, with 90% accuracy, whether the subject was a heterosexual or a homosexual.

When screening reveals probable SSA, the candidate is not automatically excluded from consideration. If he is willing to do the hard work required to come to freedom from his emotional pain, his same-sex attractions will be resolved and then he can reapply later. The Church should not take the moral risk of allowing someone with SSA to enter the seminary. Also, a period of sexual abstinence for five years should be required of those with SSA prior to entering the seminary.

It should be noted, that many men with SSA will have problems besides their SSA which could make admission to the seminary inadvisable. For example, men with SSA are more likely to have problems with compulsive masturbation, other sexual addictions, substance abuse problems, history of childhood sexual abuse, and depressive illness.

It is essential that mental health professionals involved in any way with screening candidates for seminary or with treating seminarians or priests, as well as the faculty at the seminaries, support the teaching of the Church on sexuality, particularly on homosexuality. In our experience, there are some dioceses and religious communities relying upon the work of mental health professionals who actively disagree with the Church's sexual morality.

Seminary Formation/Faculty

Many faculty members of seminaries and religious houses do not adhere to the truth on matters of sexual morality and faith. For decades moral relativism, proportionalism, and situational ethics have been taught in these centers of formation. These teachings have contributed to the present crisis in the Church.

Seminarians who support Church teaching on sexual morality, Scripture, the liturgy, and fundamental moral

theology have been labeled as rigid and often expelled from seminaries. Seminary faculty members and members of formation teams in religious communities who have a homosexual agenda are driven to remove from the seminary males who are loyal to the Church's teachings on matters of faith and morals.

We recommend that Cardinals, Bishops and religious superiors either personally interview or send visitation teams to interview all faculty members of seminaries and formation teams. They need to be certain that these individuals are loyal to the Holy Father and the Church's teaching on faith and morals and that they refrain from intimidating seminarians into questioning the value of orthodoxy. The purification of the seminaries is essential to the protection of the Church and her children.

The Availability of Treatment and Education in Every Diocese

Courage is the only recovery program for those with same-sex attractions which adheres to the Catholic moral teaching on homosexuality and has been endorsed by the Vatican. This program should be available in every diocese for both laity and priests. If priests and laity do not have access to therapy which can help them come to the freedom proper to the children of God and support groups like Courage, they may fall into despair and feel that the Church has placed upon them a burden that is impossible to bear. Unfortunately, in some dioceses groups, such as Dignity, which do not accept the Church's teaching on sexual morality, have a voice, while Courage is not welcome.

Priests need to understand the origins of SSA and the healing approaches which have been demonstrated to be effective. In addition, because of the tremendous confusion over homosexuality, it would be beneficial that conferences for priests and seminarians be given by experts such as Fr. John Harvey, O.S.F.S., the founder of *Courage*, and by other mental health professionals who accept the Church's teaching on homosexuality and are experienced in the successful treatment of SSA. Education for priests concerning the nature, origins, and treatment of SSA should increase their compassion and help priests who regularly deal with these problems in the confessional.

Unfortunately, conferences have been offered to priests and seminarians in which homosexuality is presented as being genetically determined and no hope for healing is offered. The recognition of chastity as a healthy virtue is rejected. Chastity, in the experience of many mental health professionals, is, in fact, a positive quality in any individual's life.

At the present time, a number of treatment centers to which priests are sent for sexual disorders treat homosexuality as an identity to be embraced. Influenced by the politics within the American Psychiatric Association and American Psychological Association, the possibility of healing is censured. Patients are encouraged to participate in 12-step groups for compulsive sexual behaviors, but the emotional origins of their same sex attractions are not explored nor is a

plan offered for healing unresolved emotional pain.

Since training in the treatment of SSA and GID in conformity with the Catholic understanding of the human person is not being provided at most secular institutions, it is important that this training be available either in Catholic institutions or through separate programs.

On April 23, 2002 the Holy Father encouraged the American Cardinals: "We must be confident that this time of trial will bring a purification of the entire Catholic community, a purification that is urgently needed if the Church is to preach more effectively the Gospel of Jesus Christ in all its liberating force. Now you must ensure that where sin increased, grace will all the more abound (Romans 5: 20). So much pain, so much sorrow must lead to a holier priesthood, a holier episcopate, and a holier Church."

There are reasons for hope. The problems of homosexuality in the priesthood have been painfully uncovered and need to be addressed. There is no proven genetic basis for

homosexuality. The emotional wounds which cause same-sex attractions can be identified and healed. Large numbers of people, including clergy, who had SSA are now substantially cured, especially if they brought the power of faith into the healing process. These men and women no longer view themselves as being homosexual.

The statement of the Catholic Medical Association on homosexuality, *Homosexuality and Hope* (www.cathmed.org), should be made available to all priests, educators and Catholic families. With the Lord's help, the Catholic priests who struggle with homosexuality can be healed.

Richard P. Fitzgibbons, M.D.
Peter Rudegeair, M.A.
Eugene F. Diamond, M.D.

For the
Catholic Medical Association
100 Four Falls Center
W. Conshohocken, PA 19428