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## Editor's Comments

The Alliance for Therapeutic Choice and Scientific Integrity is a multi-disciplinary educational, professional, and scientific organization dedicated to preserving the right of individuals to obtain the services of a therapist who honors their values, advocating for integrity and objectivity in social science research, and ensuring that competent licensed, professional assistance is available for persons who experience unwanted homosexual attractions. In 2009, the Alliance launched the *Journal of Human Sexuality (JHS)* to serve its mission and as a way of presenting, encouraging, and producing quality clinical and scientific scholarship on topics related to various aspects of sexual minority issues and on human sexuality in general.

We express our sincere appreciation to Christopher Rosik, PhD, for his careful and dedicated stewardship as the Editor of Volume 10 of the *JHS*. This edition offers a lineup of papers, case studies, literature reviews, and book summaries. All of these reflect our commitment to the responsible conduct, dissemination, and use of science by professionals, public policymakers, legislators, and other non-mental health professionals involved in promoting medical and mental health on both a personal and public level.

Authors of *JHS* articles and reviews are held to the criteria; what is written needs to be based on a fair reading and the responsible reporting of scientific data and demonstrable professional experience. Authors interested in submitting papers for future volumes should contact the editor at 1-888-364-4744 or via e-mail at [contactus@therapeuticchoice.com](mailto:contactus@therapeuticchoice.com).

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# Working with Evangelical Christian Clients Who Have Unwanted Same-Sex Attractions

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Most evangelical Christians with same-sex attractions find their sexual attractions to be in conflict with their deeply held religious beliefs. For many of these individuals, it is more important to live consistently with their Christian beliefs, which for them results in peace with God, than to indulge their sexual attractions. Therefore, they are often motivated to seek help, including therapeutic help, for dealing with their unwanted same-sex attractions. Therapists who work with these clients are most effective when they understand their clients' religious beliefs. Therapists can also utilize those beliefs and spiritual resources in the therapy process. In this article, evangelical Christian beliefs are presented and spiritual resources are explained. In addition, the strengths and challenges of Christian clients are described. Finally, spiritually sensitive clinical interventions are provided, as are unique aspects of working with evangelical Christian clients.

*Keywords:* psychotherapy; evangelical Christians; unwanted same-sex attractions

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Working with evangelical Christian clients who have unwanted homosexual attractions can be very exciting work. They are often motivated and committed to making changes in their lives, and they typically have a good perspective on the purpose and meaning of life. Their biblical worldview is a tremendous asset in the counseling process, and it is vitally important for therapists to understand this worldview in order to adequately help their Christian clients. According to the National Association of Evangelicals (NAE), evangelical Christians are defined as people who uphold the Bible as God's written Word and ultimate authority for their lives, who recognize Jesus's death on the cross as the payment for sin and only means of salvation, and who share their faith with others. Evangelical Christians "rarely use the term 'evangelical' to describe themselves" (NAE, n.d., para. 3). Therefore, in this paper, the term "Christians" will be used interchangeably with "evangelical Christians" and "evangelicals" to refer to evangelical Christians.

### **Evangelical Christian Teachings Regarding Same-Sex Attractions and Gay Identity**

For evangelical Christians, the Bible, as God's inspired written Word, is the source of truth and the foundation for their lives. Not all clients who identify as Christians adhere to a biblical worldview, and some who identify as Christians may not even fully understand a biblical worldview. Nevertheless, many clients identify as Christians in a very literal sense, both understanding and adhering to a biblical worldview. Hence, it is important for therapists who work with Christian clients to understand this worldview.

### *Relationship with God*

Evangelical Christians believe that according to the Bible, God created the world and was relationally connected to the first humans, Adam and Eve. However, Adam and Eve sinned through disobedience, choosing to follow their desires instead of following God's instructions (Genesis 1–3). Their sin separated them from God, and a sinful nature was passed on to everyone born after them. Yet God loved them so much that He did not want them to be separated from Himself. So He provided a way for sin's punishment to be paid through Jesus's death on the cross and for people to be reconciled back with Him. The Bible says that if anyone believes that Jesus is God's Son and that He died and rose from the dead to pay the punishment for mankind's sin, they can receive this free gift of atonement and forgiveness (Acts 16:31; Romans 10:9–10). Evangelical Christians believe that anyone can become a Christian by confessing their sin to God, by believing that Jesus died to pay the price for that sin, and by personally receiving Jesus's sacrificial death as payment for their sin.

Evangelicals believe that once a person becomes a Christian, he or she is granted forgiveness and is given a new identity as a son or daughter of God (John 1:12). Being a Christian means being a follower of Christ, seeking to walk according to God's will with His power, rather than living according to personal desires or feelings. Christians understand that they still have a propensity towards sin, or living for themselves, but they have the power of God's Holy Spirit to help them live beyond their own feelings and instead live according to God's will and plan (Romans 8:1–17). Christians recognize that even with God's help, as humans, they will continue to sin. However, they also know that every time they sin, they can confess that sin to God, turn from it, and immediately, upon

confession, receive God's forgiveness (1 John 1:9).

### *God's Plan for Marriage*

For the evangelical Christian, the Bible clearly teaches that God created people as either male or female. In fact, in the first account of Creation, only two descriptors are given of humans: that they were made in God's image and that God made them to be male or female (Genesis 1:27). Christians understand that being male or female is a significant part of who they are as God's image-bearers.

The Bible also reveals that God gave instructions for men and women to marry and to produce children to "fill the earth" (Genesis 1:27–28). Evangelicals believe that marriage between a man and a woman and procreation within marriage are a part of God's divine order. Throughout both the Old Testament and New Testament sections of the Bible, written over the course of 1500 years, God's intent for male-female sexual relations (sex only in the context of monogamous, lifelong, heterosexual marriage) and His prohibition on homosexual relationships is clearly revealed (e.g. Leviticus 20:13; Romans 1:26–27; 1 Corinthians 6:9–12). Evangelical Christians understand that homosexual feelings are not a sin, but to act on those feelings, thus disregarding God's instructions, would indeed be sin.

### *Dealing with Homosexual Attractions*

Christians believe that God loves them, that He has a good plan for their lives, that they are predisposed to walk in sin, following their own desires rather than God's plan, but that God gives them His Holy Spirit to equip them to live according to His plan, denying their own desires rather than indulging in them. Christians also believe that following and obeying God brings peace; whereas, following their own desires brings

destruction (Romans 8:1–17). Therefore, evangelical Christians seek God's help in surrendering any desires that would lead them away from the plan God has for them. Instead of living for themselves, they seek closeness with the Lord and obedience to Him, which they believe brings ultimate fulfillment.

Additionally, when people become Christian, their identity changes. The Bible says that a person is a new creation—taking on a whole new identity as a child of God (2 Corinthians 5:17; Romans 8:14). Therefore, Christians do not find their identity in their sexual attractions, they find their identity in Christ. So, to summarize, Christians believe that their identity is changed upon becoming a Christian, that attractions are not a sin, but behavior that is not in line with God's instructions is a sin, and that living in obedience to God is far greater than living for oneself.

When Christian clients seek therapy for unwanted homosexual attractions, they are often seeking help for changing their identity, their behaviors, and/or their attractions, to whatever extent change of attractions may be possible. Identity and behaviors are clearly changeable. Additionally, while therapists cannot make someone's attractions change, the research reveals that attractions can and do change to varying degrees among individuals with same-sex attractions (Phelan, Whitehead, & Sutton, 2009). As therapists address underlying issues, attractions may change.

### **Faith-Related Strengths of Evangelical Christian Clients**

Researchers have found that client factors make the biggest difference in therapy. Client factors include the strengths, worldview, and resources that clients bring to the therapy session. These factors are even more

significant than the therapist's theories or techniques (Duncan, Miller, & Sparks, 2004). Therefore, exploring clients' perspectives and utilizing their worldview and resources in therapy can be quite helpful to the therapeutic process.

### *Christian Worldview*

Christian clients bring much to the therapy process, including a worldview that is both hopeful and practical. These clients emphasize the relationship they have with God. Evangelical Christians believe those who truly pursue a close, personal relationship with God find that God is more loving and caring than any earthly father and closer than a best friend. They find that God is One who can meet all of their needs and even bring healing to emotional pain. In fact, the personal relationship they have with God and the beliefs they hold about God have proven to be a tremendous asset when dealing with difficulties (Harren, 1999).

Beliefs about God that have been helpful to Christians in times of difficulty include beliefs about God's character (that God is loving, God is good, God is trustworthy, and God is all-knowing); beliefs about God's sovereignty (that God is in control, and He has a plan); beliefs about God's purpose (that God is working for good for the one in distress and working for good for others); and beliefs about the way to live (that they should live a life surrendered to God) (Harren, 1999).

Taking time to ask clients about their beliefs can be very beneficial to the therapy process. Sometimes when clients are hurting, their pain overshadows their deeply held beliefs. Exploration by the therapist can help clients to recall those beliefs that are helpful and transformative. The process of reconnecting to transformative beliefs can be therapeutic in itself.

### *Christian Resources*

In addition to exploring beliefs with clients, asking clients about their resources can be helpful. Christians possess a number of resources that aid in dealing with difficulty and can therefore be a supplement to the therapy process. As therapists explore the faith-related resources that are important to Christian clients, they help their clients to recall and reconnect with resources that have been overshadowed by the problems that bring them to therapy.

Practical resources that have been identified by Christian clients are prayer, the Bible, Christian books, Christian music, church, ministry opportunities, pastoral support, family, friends, and the prayers of others. These clients also describe spiritual resources related to their relationship with God, such as sensing God's presence, God's peace, God's strength, God's provisions, and God's Holy Spirit (Harren, 1999). When working with Christian clients, therapists can ask their clients specifically what resources have been helpful to them in the past and, by doing so, point them back to those resources that have worked but have since been forgotten. Additionally, therapists can ask what resources are currently most helpful—what aides them in their pursuit of change. Knowing and utilizing what works for clients is key to helping them continue to move towards their goals.

### *Long-term Viewpoint*

Another faith-related strength for Christian clients is their understanding of the importance of sacrifice and their willingness to delay temporary gratification for long-term gain. Such Christians who pursue change of homosexual identity, behavior, or even attractions, often consider that temporary struggles in exchange for accomplishing a greater goal is far better than temporary comfort. Evangelical Christians often have the long-term view, even an eternal

perspective, in mind. Many Christians live by the words of Jesus, “. . . If anyone desires to come after Me, let him deny himself, and take up his cross daily, and follow Me” (Luke 9:23 NKJ). They understand that following Christ involves sacrifice, but they also recognize that the benefits far outweigh the cost.

### **Faith-Related Challenges for Evangelical Christian Clients—Holding Unbiblical Views**

A challenge for some Christian clients is their lack of familiarity with the Bible. Clients who are not familiar with Scripture might have a distorted understanding of what it means to be a Christian, how Christians deal with difficulties, including unwanted sexual desires, and how to live a victorious Christian life.

#### *Unbiblical Views of God*

Some Christian clients have views of God that are not biblical and are therefore inconsistent with their Christian worldview. For example, they may believe that God is harsh or critical or always mad at them. These clients tend to have excessive, unhealthy guilt and difficulty comprehending unconditional love and forgiveness. This misperception hurts not only their relationship with God but can also affect their view of themselves and their relationships with others. Misperceptions vary, but in most cases misperceptions of God or the Bible will present challenges for Christian clients as they navigate difficult issues.

#### *Unbiblical Views of Dealing with Homosexuality*

When it comes to dealing with the issue of unwanted homosexual attractions, Christian clients who are not familiar with the Bible might have ideas that are counterproductive. In fact, there are several

myths for Christians regarding unwanted homosexual attractions that are neither biblical nor helpful.

One myth is the idea that through prayer, God is going to take homosexual feelings away, and if He does not take the feelings away, then prayer failed or God failed. Assuming God should remove unwanted feelings can result in bitterness because most of the time this is not the way God works. Evangelicals believe that God is capable of miracles, and many people can testify to miracles that God has performed in their lives. And yet, when there are underlying issues that need to be resolved, God does not typically just remove the symptoms; rather, He helps people in dealing with the underlying issues.

Expecting God to remove personal struggles might be based on an underlying assumption that God must work the way we want Him to. However, this is not biblical. For evangelical Christians, according to the Bible, believers are to pray, expressing their needs and desires, and surrendering their requests to God’s will. For example, Jesus’s prayer in the Garden of Gethsemane shortly before He was arrested was, “Father, if you are willing, remove this cup from me. Nevertheless, not my will, but yours, be done” (Luke 22:42 ESV). Christians understand that God’s will is far better than their own plans, so when they pray, they also surrender to God’s plan. God is ultimately in control. Psalm 115:3 says, “Our God is in heaven and He does whatever pleases Him” (NIV).

A more biblical viewpoint and one that many evangelical Christians with unwanted attractions can relate to is the example of the Apostle Paul. He prayed for God to take away something that bothered him, and God denied his request, reminding Paul that God’s grace was enough and that God’s power is perfected through human weakness. Paul’s dependence on God in the face of that ailment



was more important than the removal of the ailment (2 Corinthians 12:9). Many Christian clients with unwanted attractions can relate to and are encouraged by Paul's experience.

Another myth is that change should be easy. The thought might be *God wants it for me, and I want it, so it should be easy*. Yet, this way of thinking does not apply in any other phase of life. Consider a woman who wants to be a competitive runner. She must make hard choices. She must strive and push herself beyond her limits—running, working out, eating right, and focusing on her goal. She knows that there is a correlation between diligent training and achievement. Sowing and reaping are a part of what God has built into the universe and most of the things that are worthwhile in life require hard work. Growth in marriage, raising children, progress in a career, and contending with uncertainties of life all require continual effort and perseverance. Galatians 6:7 echoes this note, “Do not be deceived, God is not mocked; for whatever one sows, that he will also reap” (ESV).

Another myth is that change should be without risk. In fact, opponents of change-allowing therapy try to make the case that pursuing change of homosexual identity, behavior, or attractions is dangerous and risky and should not be an option. Even some Christians have been influenced by this idea. But from an evangelical perspective, this line of thinking is neither realistic, nor is it biblical. All change demands risk and sacrifice. Often, the more a person wants to gain, the more that person must be willing to sacrifice, and the greater risk that person must take. As mentioned previously, Jesus described the necessity of being willing to sacrifice in order to follow Him. In this same talk, He addressed risk, emphasizing the importance of first considering the cost. He gave the illustration of a king going out to war or a man building a tower. In both cases the risk is evident, and He suggested that

people should consider the cost of doing something before they set out to do it (Luke 14:26–33). In therapy, this is where informed consent is important, explaining to clients that pursuing any type of change can be hard. When clients enter therapy for any issue, whether depression, anxiety, marital problems, substance abuse, or unwanted sexual attractions, they may feel worse before they feel better.

Making changes in life is rarely a risk-free proposition. Consider a man who wants to overcome physical addiction to alcohol. He must initially go through a detoxification process, during which time he is at risk for seizures and other medical complications, which is why medical professionals assist in this process. Should he not pursue change because it involves a risk? Of course not—the goal makes it well worth the risk. Risk is inherent in the change process, as is the sacrifice. If he wants to embrace sobriety, he must say yes to change, and he must say no to that which would hold him back. He makes these choices not just once but rather, as Marsha Linehan (2014) suggests, over and over. He must also learn new habits emotionally, mentally, and spiritually. It is time and labor intensive and is a sacrifice that is both hard and risky. He must wrestle with inner temptations, and while doing all of this he believes that what he is risking and sacrificing is well worth it.

Another myth is that negative feelings are unacceptable. Some Christians mistakenly think that it is wrong to feel painful emotions. They know that the Bible speaks of rejoicing in all things, so they falsely assume this means they should not acknowledge any negative emotions. However, it is possible to acknowledge pain, grieve one's losses, and still ultimately rejoice. King David demonstrated this balance of emotions throughout the book of Psalms, where he expressed his pain to God, but he also praised God for being with him in pain and always

delivering him. The Bible also says there is “. . . a time to weep, and a time to laugh; a time to mourn, and a time to dance . . .” (Ecclesiastes 3:4 ESV). Feeling, acknowledging, and expressing emotions is very important and is certainly consistent with a Christian worldview.

### **Spiritually Sensitive Clinical Interventions for Evangelical Christian Clients**

Many mainstream approaches to therapy are effective in working with evangelical Christian clients who have unwanted homosexual attractions. These include EMDR, interpersonal therapy, psychodynamic therapies, and others (Hamilton & Henry, 2009). When applying mainstream approaches with Christian clients, it is important to consider their Christian beliefs in order to avoid contradicting their belief system. For example, an approach to therapy that emphasizes the goodness of the client apart from God would be contradictory to an evangelical Christian worldview. On the other hand, an approach that emphasizes the dignity and worth of a client made in God’s image and redeemed and restored by God would be consistent with an evangelical Christian worldview. Likewise, a therapist who emphasizes the importance of self-reliance instead of reliance on God, or a therapist who emphasizes self-focus that excludes a focus on the relationship with God, would be working inconsistently with a Christian client’s belief system.

Hence, familiarity with a Christian worldview is not only helpful, but also important in working with these clients. With that said, some mainstream approaches can be very effective. Here are some approaches and interventions that can be both helpful and consistent with a Christian worldview.

#### *Enhancing Motivation*

The motivation level of the client is an important factor. Motivational enhancement therapy suggests that one of the barriers that keeps people from moving forward is that they do not think that they can accomplish what they want to (Miller, 2012). This lack of confidence is destructive. Clients pursuing help for unwanted homosexual attractions not only have to battle their own doubts but also battle against popular cultural messages that change is not possible. Therapists can address clients’ doubts by combatting cultural ideas with facts. Many people have experienced change in identity, behavior, and even attractions (Phelan, Whitehead, & Sutton, 2009). Not everyone experiences change in attractions, but varying degrees of change are possible for some people. Further, Scripture confirms the possibility of change in our lives. Jesus stated “. . . with God all things are possible” (Matthew 19:26 ESV). As stated previously, informed consent addresses risks and challenges and helps to set the stage for realistic expectations for therapy. Presenting both the possibility for varying degrees of change and risks is important.

#### *Encouraging Honest Expression*

For some evangelical Christian clients, one of the first steps is to honestly acknowledge their homosexual attractions and behaviors. These clients may have deep shame about homosexual attractions that they were not only *not* born with but also that they did not choose to feel. Some Christian clients may find it difficult to open up about their unwanted feelings, some having never disclosed these desires prior to therapy. These clients may also be secretly embracing a gay identity and/or engaging in homosexual behaviors that are leaving them feeling remorseful and possibly embarrassed. Such clients may need help admitting their feelings and behaviors to a non-judgmental, compassionate therapist who also respects

the biblical conviction that leads the client to have regret. Most therapists are trained to be empathetic and compassionate and would never want to be judgmental or condemning towards a client. This non-judgmental, compassionate approach makes it easier for clients to open up about deeply embarrassing issues. While most therapists are naturally accepting and compassionate, at the same time, a therapist who condones homosexual behavior will be acting contradictory to an evangelical Christian client's worldview. Therefore, a therapist who works with these clients must be able to balance acceptance, empathy, and understanding with a recognition of the Christian client's worldview that homosexual behaviors are outside of God's plan. Giving clients the space to open up about their secret struggles and validating their perspective is very important. Openness and honesty are important initial steps. Honesty about feelings (which are not a sin) and also about behaviors (which are sinful) is consistent with an evangelical Christian worldview, in that the Bible says, "Behold, you delight in truth in the inward being. . ." (Psalm 51:6 ESV) and ". . . confess your sins to one another . . ." (James 5:16 ESV).

#### *Addressing Root Causes*

Early childhood traumas, such as sexual abuse or points of emotional wounding, may be at the heart of some clients' same-sex attractions (Frisch & Hviid, 2006; Moberly, 1983/2006; Mustanski, Kuper, & Geene, 2014). Trauma is connected to survival, and the things learned in those circumstances can become hard-wired into the deepest part of a person's brain and soul. For clients whose same-sex attractions are rooted in trauma, trauma-based approaches such as EMDR (Shapiro, 2017) can be helpful, as can psychodynamic approaches. Short-term psychodynamic therapies are helpful because they examine emotions and motivations.

Dealing with the roots of emotional issues in therapy is very important. Deep hurts should not be ignored or glossed over. Christians recognize God's loving concern for life's deepest hurts, and His ability to bring healing. The Bible declares, "He heals the brokenhearted and binds up their wounds" (Psalm 147:3 ESV). Christian clients realize that their therapists can be used by God to facilitate healing of old wounds.

#### *Attending to Thoughts and Behaviors*

In addition to addressing root causes from the past, it is also beneficial to address present patterns of thinking and acting. Mainstream approaches that are used to treat any number of life-dominating issues can often be used with evangelical Christian clients who have unwanted homosexual attractions. Therapies like dialectical behavioral therapy (Linehan, 2014) can be helpful because they are skill-based and involve emotional regulation, distress tolerance, and emotional effectiveness.

Cognitive therapy can also be helpful (cf. Leahy, 2017). Thoughts are very powerful, but thoughts can also be inaccurate. Inaccurate thoughts can become deeply held false beliefs about oneself or others that impact a person in a profound way. Therefore, it is important to be able to identify false beliefs and replace those beliefs with the truth. It is not just a matter of trying to let go of false beliefs but of actually replacing them with truth. For the Evangelical Christian, the Bible reveals the idea of not just avoiding wrong acting or thinking but replacing it with right acting or thinking. For example, in the Garden of Eden, before telling Adam and Eve that they could not eat of the one certain tree, God first told them about all of the trees that they *were* allowed to eat from. God did not leave them to simply focus on what they were not allowed to do; He gave them an abundance of options that were, in fact, permissible and

wonderful (Genesis 2:16–17). Similarly, when Christian clients are seeking to decrease undesirable behaviors, it is helpful for them to focus on increasing behaviors that are desirable. Likewise, when these clients are seeking to decrease undesirable thoughts, it is helpful for them to increase the desirable thoughts. Desirable thoughts are listed in Philippians 4:8: “Finally, brothers, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things” (ESV).

Many Christian clients have wrong ideas about themselves that need to be addressed. For example, a client might believe that he is inadequate as a male. He may not have been affirmed by his father or may have even been belittled by his father. As a result, he believes that he is inadequate and has little value as a man. His early experiences have led him to draw wrong conclusions about himself. In addition to addressing the early wounding, the therapist can help him identify false beliefs in order to replace those with truth. The Bible is an excellent source of truth about human dignity and value. Whether a client feels unloved, unimportant, worthless, or inadequate, the Bible provides the truth to replace those false beliefs. According to the Bible, humans are greatly loved, of great value and worth, and precious to God (1 John 3:1; Matthew 10:29–31; Psalm 139). Helping evangelical clients to see themselves in an accurate light is very important.

### *Improving Identity*

For Christian clients seeking help for unwanted homosexual attractions, identity is relevant in at least two ways. First, some view homosexuality as their primary identity. As stated earlier, evangelical Christians find their identity in Christ. Rather than having an identity that is based in sexual attractions, evangelical Christians believe they should

identify as men and women who are adopted into God’s family and have become God’s own children. Therapists can help such clients to remember this.

Second, some clients are insecure in their identity as a man or woman, an insecurity which may begin in childhood possibly due to early disidentification with members of the same sex (see Moberly, 1983/2006; Udry & Chantala 2005; Francis, 2008). In addition to addressing gender insecurity, it is beneficial to help clients to understand their own strengths and weaknesses. Various tools, such as the Meyers-Briggs, Enneagram, Strength Finder and a myriad of other personality tests can assist clients in discovering their personal talents, abilities, and strengths, as well as their weaknesses. According to the Bible, God has gifted people differently in order to fulfill different purposes (Romans 12:6–8; 1 Corinthians 12:4–31). When evangelical clients have a better understanding of themselves, they can begin to live in ways that are consistent with their strengths, talents, and abilities. For example, this type of insight can lead to changing careers, ending and beginning relationships, moving, pursuing further education, and so forth. When people grow in their understanding of who they are, their sense of confidence can begin to grow, and changes can even occur with regard to unwanted homosexuality. Dealing with root issues, resolving past traumas, changing behavioral responses, correcting faulty thinking, and discovering and living out who one truly is can be empowering and transformative.

### **Unique Aspects of Therapeutic Work with Evangelical Christian Clients**

Beyond therapeutic theories and clinical interventions are the personal experiences of individuals. Many Christian men and women

have found ways of moving beyond their homosexual identities, behaviors, and attractions. Some have helped countless others find ways out of homosexuality. These Christian leaders from within the “ex-gay movement” have shared their insights on what was most helpful in their own journeys many years ago and how they have successfully helped others over the past twenty to forty-plus years (cf. Black, 2017). The firsthand experiences of these leaders provide great insight for therapists working with Christian clients who have unwanted homosexual attractions.

### *Confession and Forgiveness*

Men and women who left homosexuality decades ago, and have since helped countless others, know what it takes to pursue change. One of the factors that many of them describe in Black’s book is the power and importance of confession and forgiveness. Many of these men and women describe repentance as the first step in leaving homosexuality. For example, Frank Worthen, one of the founders of the ex-gay movement, who for over forty years helped people leave homosexuality, had this to say about repentance:

It is my belief that only with the power of God can real change be realized. The first message of Jesus was, “Repent!” This message has largely been set aside by the modern church and deemed unnecessary. Yet it remains the starting gate. Repentance as the starting gate is the call to turn away from all sexual sin and idolatry and turn to Christ in a loving relationship. I am speaking of a genuine repentance that produces a new life of heart-felt sorrow and consecration. Avoid this gate and there will be years of misery and a consistent pattern of up and down victory only to be followed by failure.

This causes many to give up and say, “God didn’t work in my life.” (Black, 2017, pp. 154–155)

Some people misunderstand the concept of repentance as indicating that God is mean and angry. However, just the opposite is true. According to the Bible, it is the kindness of God that leads us to repentance (Romans 2:4). In addition to personal repentance, forgiving others for the wrongs they have done is another important step for Christians. The Bible says that God forgives those who forgive others and does not forgive those who do not forgive others (Matthew 6:15).

### *Surrender to the Lord*

In addition to repentance, Worthen goes on to describe the power of “complete surrender to the lordship of Christ.” He goes on to describe the importance of total dependency on the Lord, seeking His help and His will (Black, 2017, p. 155). Similarly, Anne Paulk, who left a life of lesbianism nearly thirty years ago and currently leads a national network of ministries, said:

. . . men and women who surrender these areas to the lordship of Jesus Christ tend to experience great mercy and kindness from God, who transforms them from wallowing wayfarers to disciples who know their God. . . . Standing without excuses before the cross humbles a person and births new identity as a son or daughter of God. From this place of very real tensile strength, men and women learn how to walk in ways that please their faithful Creator (1 Thess. 4). (Black, 2017, pp.167–168)

### *Focusing on the Cross*

Focusing on the cross of Christ is another factor that leaders within the ex-gay movement agree is powerful. Andy

Comiskey, who has been working with men and women for forty years described this focus on the cross as “. . . a Spirit-inspired revelation of the cross of Jesus Christ, an exhibition of God’s radical self-giving. In love, He called me to follow Him with my own little cross” (Black, 2017, p. 159). Black described similar sentiments when he said, “Only through the meditation of the passion of Jesus Christ and believing upon the finished work of the cross of Christ can we ever hope to really be free!” (Black, 2017, p. 105).

### *Boundaries*

Others who have left homosexuality describe the importance of boundaries or protecting against the people, places, or things that would cause temptation. They recognize the power of old habits and the importance of guarding against that which might ultimately be destructive. Many of them describe giving up negative influences and moving on to build new friendships within loving church communities where they could grow and flourish.

### *Close Relationship with the Lord*

One thing that most of these experts have in common is their emphasis on a close personal relationship with the Lord. David Kyle Foster summed it up when he said, “A healed person has learned one thing so thoroughly that they operate in it without thinking: knowing why helps, but knowing Him heals and is what brings lasting freedom” (Black, 2017, p. 209). For each of the men and women who have moved past their homosexuality and gone on to help others as pastoral counselors or lay counselors, the common factor is the relationship they have with God.

Not all therapists feel equipped or comfortable addressing spiritual issues with clients. Yet, for evangelical Christian clients, their faith is often the motivation for seeking

change and also the greatest asset they have in the change process. Therapists who are not comfortable addressing spiritual issues can start by simply exploring the evangelical client’s perspective on spiritual steps that might be helpful. Asking clients about their own beliefs does not require the therapist to be an expert in that particular belief system. The therapist merely adopts a stance of curiosity, asking the client about their beliefs and what steps the client thinks would be important according to his or her own belief system. This client-directed approach is an approach that therapists of any faith or no faith can take with evangelical Christian clients. In addition, therapists can refer these clients back to working with their pastor or leaders within their church to address issues of spiritual growth.

### **Referring or Consulting with Christian Clergy**

Therapists who are not equipped to address spiritual issues may consider consulting with their clients’ pastor or referring such clients to talk further with their pastor or church leaders. In addition, therapists can ask about programs that are offered by the client’s church. Many churches have small groups or Bible studies and even groups dedicated to specific topics, such as Living Waters, which addresses sexual and relational issues. Evangelical clients often find such resources within their own church to be an important supplement to the therapy process. Likewise, there are Christian ministries outside of the church that can be helpful as well. Ministries, such as those found within Restored Hope Network, offer conferences, teachings, support groups, discipleship, and mentoring. For years, such ministries have assisted men and women in leaving homosexuality and have made a significant difference in the lives of countless people. Therapists can point

clients towards those types of resources in order to aid in the change process.

### Conclusion

Evangelical Christian clients are a delightful population to work with, as they have beliefs and resources that greatly contribute to the therapeutic process. Such clients with unwanted homosexual attractions are often highly motivated and willing to take the steps necessary to accomplish their goals. They recognize that God's plan for their lives is better than their own, and they seek to align themselves with His plan. They find deep fulfillment in living for God. When therapists recognize the importance of a Christian worldview and allow their Christian clients to bring their Christianity into the therapy process, the therapeutic process is greatly enhanced.

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# Serving Persons with (Unwanted) Same-Sex Attraction and Behavior (SSA) from the Roman Catholic Tradition

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This paper primarily addresses how Roman Catholic Church teaching informs and offers guidance both to Catholic mental and medical healthcare professionals who are serving persons with same-sex attraction and behavior (SSA). Of particular—but not sole—focus is if their clients or patients are themselves Catholic and if their SSA is unwanted. Catholic teaching regarding the nature of SSA, factors which may contribute to its possible development, and its sometimes “transitory” nature is presented, after first explaining what brings genuine happiness for all human beings, including “chastity.” The Catholic Church’s wisdom on how Catholics with SSA may best be served pastorally, including helping them deal with a “gay identity” and the timely referral of such clients for therapeutic and medical care is discussed. Finally, particular wisdom by Catholic professionals who serve clients with unwanted SSA are shared. This paper also was written for Catholic laypersons and others who may be experiencing SSA.

*Keywords:* Catholic teaching, unwanted same-sex attractions, clinical and pastoral care

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In addition to helping Catholic and other clients manage and resolve unwanted same-sex attraction and behavior since 2000, Dr. Sutton has served the Catholic Church directly, part-time as a consultant (*peritus*) on annulment cases for two Diocesan Marriage Tribunals (1981–2005), as a counselor/social worker at two Diocesan Catholic elementary schools (1991–2011), and as a therapist at Sacred Heart Major Seminary in Detroit, MI (2006–2015). He served as founding director of the MA in Counseling Program (now MA in Clinical Mental Health Counseling) at Franciscan University of Steubenville, OH (1989–1991). He has participated in the Courage/Encourage Apostolate since 1999, co-founding a group in South Bend, IN, and serving as its non-member leader for 15 years, as well as speaking at some of the Apostolate’s national conferences and diocesan clergy education days.

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This paper is written primarily for two audiences. The first includes mental and medical healthcare professionals, and also pastoral caregivers, who are curious about what the Catholic Church teaches about homosexuality (same-sex attraction and behavior, or SSA) and what guidance she offers to those who are serving persons—primarily but not only Catholics—who experience SSA as “unwanted,” or *ego-dystonic* (American Psychiatric Association, 1980, pp. 281–282). The second audience includes laypersons or non-professionals who are Catholic and/or curious about what the Catholic Church teaches about SSA and receiving professional—as well as pastoral care—especially when SSA is unwanted.

The paper’s emphasis is on “unwanted,” or *ego-dystonic* SSA, because the primary intended audience (professional and also pastoral caregivers) are most likely to be serving persons with SSA for whom at least some aspects of SSA are unwanted. The title of the paper reads “(Unwanted)” though, for two reasons. Much of the Catholic Church teaching cited refers to *all* persons with SSA. And caregivers may find themselves serving someone for a different reason, when it becomes clear that she or he also experiences *wanted*—or at least *not unwanted*—SSA

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<sup>2</sup> The Catholic Church teaches that her wisdom about morality is both reasonable and Divinely inspired, the product of both faith and human reason (cf. Pope John Paul II, 1998). “In support of” her judgments about morality—including sexual, “the Church points not only . . . to what God has revealed in Sacred Scripture . . . but also . . . to the intrinsic order of creation” (USCCB, 2006, p. 4). The “intrinsic order of creation” means how each and every human being is designed (created and intended by God) to live in order to experience genuine well-being and lasting happiness. The Catholic Church refers to this way of understanding human morality as the “Natural (Moral) Law” (cf. CCC, no. 1950–1960). The Natural Law is understood through the various ways by which persons come to know what is true about making “good choices” and acting “well” as human beings. These ways include validly

(*ego-syntonic* homosexuality). Much of the Catholic Church wisdom on serving persons with unwanted SSA may offer helpful guidance for serving these persons too.

Sources of authoritative Catholic Church teaching quoted and/or cited in this paper include the *Catechism of the Catholic Church* (CCC) (1994), the *Compendium of the Catechism of the Catholic Church* (*Compendium*, 2005), and documents of Vatican Council II and Vatican dicasteries (departments or offices), including the Congregation for Catholic Education (CCE), the Congregation for the Doctrine of the Faith (CDF), and the Pontifical Council for the Family (PCF, now the Department for the Laity, the Family and Life), the Pontifical Council for Justice and Peace (PCJP), and the United States Council of Catholic Bishops (USCCB).<sup>2</sup>

## I. What Does the Catholic Church Teach about the Fundamental Basis for Human Happiness?

Before clarifying what the Catholic Church teaches about “homosexuality” or “homosexual tendencies,” “behaviors,” and “relations,” it is important to understand her teaching on human nature in general, and on

practiced philosophy and science, as well as common sense through wisely understood lived experience. The Catholic Church recognizes both the independence and the complementarity of Revelation and Natural Law as sources of truth (cf. Rice, 1999).

Jewish Tradition has a similar concept called the “Noahide Laws,” which are understood as “the heritage of humanity from our oldest ancestors,” without which “it would be impossible for humanity to live together in harmony.” These “rules,” which predate the revelation of the Ten Commandments to Moses, are “universal, for all times, places and people. . . . [A]ll of us must keep [them], regardless of who we are or from where we come.” One Noahide Law involves “harness[ing] and channel[ling] the human libido” (Chabad-Lubavitch Media Center, n.d.).

human sexuality in particular. Specifically, it is important to hear her wisdom on what enables persons to experience lasting peace and joy personally, and in and through genuinely loving relationships.

*The Universal Call to Holiness and Love (Charity)*

The Catholic Church teaches that human happiness is experienced through holiness and love. All persons are called to be[come] holy (CCC, no. 2013). This involves participating in a lifelong process of faith: seeking knowing and loving God, through knowing, loving and following Jesus Christ, who is the Way, the Truth, and the Life, which leads us to God the Father (John 14:6; cf. Vatican II, 1964, *Lumen Gentium*, no. V). Holiness is not only a state but also a task, whereby all human beings—particularly, but not exclusively, Christians—strive to imitate, and become like Christ, the Son of God, who gave his life for God and for his neighbor (cf. John Paul II, *Novo Millennio Ineunte*). As the *Compendium* of the CCC states:

Christian holiness . . . is the fullness of Christian life and the perfection of charity and it is brought about by intimate union with Christ and, in him, with the most Holy Trinity. The path to holiness for a Christian goes by way of the cross and will come to its fulfillment in the final resurrection of the just, in which God will be all in all. (no. 428; cf. CCC, no. 2012–2016, 2028–2029)

This universal call to holiness is fulfilled in—and through—persons giving and receiving genuine love. As John Paul II writes: “Love is the fundamental and innate vocation of every human being” (*Familiaris Consortio*, no. 11). The Vatican II (1965b) document *Gaudium et Spes* explains the challenge further: “Man, who is the only

creature on earth which God willed for itself, cannot fully find himself except through a sincere gift of himself” (no. 24). All human beings are called to experience the fulfillment of peace and joy “which the world cannot give” (cf. John 14:27; 15:11)—i.e. experience *beatitudo*—becoming like Christ through growth in charity, love for God, our neighbor(s) and ourselves. This means learning how to sincerely (i.e., genuinely, truly, authentically, really, wisely) give ourselves to others—for their (and our)—temporal and eternal well-being, and to receive the others’ sincere giving of self as well.

*The Universal Call to—and Challenge of—Chastity*

As John Paul II explains, “As an incarnate spirit, that is a soul which expresses itself in a body and a body informed by an immortal spirit, man is called to love in his unified totality” (*Familiaris Consortio*, no. 11). Created male or female, “[s]exuality affects all aspects of the human person in the unity of his or her body and soul.” One’s sexuality especially concerns and involves one’s “affectivity,” one’s “capacity to love and to procreate,” and his or her “aptitude for forming bonds of communion with others” (CCC, no. 2332). Experiencing peace and joy as a sexual being involves *chastity* (cf. CCC *Compendium*, no. 488).

“Chastity means the successful integration of sexuality within the person and thus the inner unity of man in his bodily and spiritual being” (CCC, no. 2337). As the American Bishops write:

The purpose of sexual desire is to draw man and woman together in the bond of marriage, a bond that is directed toward two inseparable ends: the expression of marital love and the procreation and education of children. . . . This is the order of nature, an

order whose source is ultimately the wisdom of God. To the extent that man and woman cooperate with the divine plan by acting in accord with the order of nature, they not only bring to fulfillment their own individual human natures but also accomplish the will of God. (USCCB, 2006, p. 3)

In practice, and to summarize, the Catholic Church teaches that chastity involves a self-control which limits sexually gratifying behavior to “the twofold end of marriage: the good of the spouses themselves and the transmission of life” (CCC, no. 2363). She recognizes that such a habit is not easy to develop. The virtue of chastity requires “an apprenticeship in self-mastery,” “an expression of human freedom directed toward self-giving,” and “an integral, continuing, life-long formation, brought about in stages” (Compendium, no. 489; cf. CCC, no. 2339–2341).

When it comes to informing and serving all human beings who are engaged in any and all forms of sexual behavior, the Roman Catholic Church may be regarded as *an equal opportunity annoyer*. The CCC teaches that in some way, all unchaste acts fail to honor one or more of the intrinsic characteristics of conjugal (marital) love, which include permanence, faithfulness/fidelity, fecundity or fruitfulness (openness to new life), and sexual complementarity (no. 2337–2391). Anglican author C. S. Lewis summarizes this well: “Chastity is the most unpopular of the Christian virtues. Either marriage, with complete faithfulness to your partner, or else total abstinence” (1952, p. 90).

Or, as a Catholic physician writes:

Persons with opposite-sex and same-sex attraction [both] are capable of unchaste behavior: sexual activity outside the freely chosen covenant of a permanent and faithful non-contracepting marriage between a man and a woman. Persons with opposite-sex and same-sex attraction both can find themselves on the wrong side of the chastity “line.” (Cretella, 2012, p. 120)

In declaring homosexual acts themselves as unacceptable, the Catholic Church applies a consistent standard of chastity to all.

For example, the CCC lists “homosexual acts” *last* in the “line” or list of the “principal offenses against *Chastity*,” i.e., after “adultery, lust, masturbation, fornication, pornography, prostitution, [and] rape” (no. 2351–2359; *Compendium*, no. 492). The CCC also lists as the principal offenses against marital dignity/fidelity “adultery, divorce, polygamy, incest, sexual abuse, free unions (cohabitation, concubinage), [and] sexual acts before and outside of marriage” (no. 2380–2391; *Compendium*, no. 502). And the CCC lists the principal offenses against marital fecundity/fruitfulness as “contraception, sterilization, artificial insemination, [and] artificial fertilization” (no. 2366–2379; *Compendium*, no. 498–499).<sup>3</sup>

Finally, the PCF (1995) clearly states that especially “during the stages of adolescent growth,” it is important to help persons who experience SSA to be[come] aware “of the positive significance of sexuality for personal

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<sup>3</sup> As the USCCB (2006) states:

Because of both Original Sin and personal sin, moral disorder is all too common in our world. There are a variety of acts, such as adultery, fornication, masturbation, and contraception that violate the proper ends of

human sexuality. Homosexual acts also violate the true purpose of sexuality. They are sexual acts that cannot be open to life. Nor do they reflect the complementarity of man and woman that is an integral part of God’s design for human sexuality (cf. CCC, no. 2357). (p. 4)

harmony and development, as well as the person's vocation in the family, society, and the Church, always represents the educational horizon to be presented." For,

it must never be forgotten that the disordered use of sex tends progressively to destroy *the person's capacity to love* by making pleasure, instead of sincere self-giving, the end of sexuality and by reducing other persons to objects of one's own gratification. In this way the meaning of true love between a man and a woman (love always open to life) is weakened as well as the family itself. (no. 105; emphasis added)

Consistent with this, the USCCB (2006) observes: "It is sad to note that in our society violation of chastity and the pervasive human suffering and unhappiness that follow in its wake are not uncommon" (p. 8).

## **II. What Does the Catholic Church Teach about the Nature and Possible Causes of Same-Sex Attraction and Behavior (SSA)?**

### *The Nature of Homosexuality*

The Catholic Church defines "homosexuality" as the "relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex." She recognizes that homosexuality "has taken a great variety of forms through the centuries and in different cultures." Catholic tradition—based on Sacred scripture<sup>4</sup>—"has always declared that 'homosexual acts are

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<sup>4</sup> "Whenever homosexual acts are mentioned in the Old Testament, it is clear that they are disapproved of, as contrary to the will of God (cf. Gn 19:1–19; Lv 18:22, 20:130). In the New Testament, St. Paul teaches that homosexual acts are not in keeping with our being created in God's image and

*intrinsically disordered,*' (CDF, 1975, no. VII; emphasis added)" because they "close the sexual act to the gift of life . . . [and] do not proceed from a genuine affective and sexual complementarity" (CCC, no. 2357). As the CDF (1986) explains:

As in every moral disorder, homosexual activity prevents one's own fulfillment and happiness by acting contrary to the creative wisdom of God. The Church, in rejecting erroneous opinions regarding homosexuality, does not limit but rather defends personal freedom and dignity realistically and authentically understood. (no. 7)

Similarly, the Catholic Church regards "homosexual tendencies"—the "inclination" to engage in homosexual acts—as "objectively disordered" (CCC, no. 2357). This does not mean that a *person* who experiences SSA is objectively disordered—only that the desire or inclination is. By contrast, a desire to engage in adultery is *subjectively* disordered, because were the other one's spouse, sexual intimacy with him or her could be "ordered" to—or consistent with—the chastity or self-control to which all humans are called.

But SSA is *objectively* disordered because there are no circumstances in which seeking sexual gratification with a person of one's own sex can be ordered to—or consistent with—the "conjugal [marital] love of man and woman" (no. 2360). For, quoting Pope John Paul II (1981), the CCC teaches that human "sexuality" is the "means by which man and woman give themselves to

so degrade and undermine our authentic dignity as human beings. . . . St. Paul listed homosexual practices among those things that are incompatible with the Christian life (cf. Rom 1:26–27; 1 Cor 6:9; 1 Tm 1:10)" (USCCB, 2006, pp. 4–5).

one another through the acts which are proper and exclusive to spouses.” And sexuality “is realized in a truly human way only if it is an integral part of the love by which a man and woman commit themselves totally to one another until death” (no. 11; CCC, no. 2361).

It can’t be emphasized enough that the Catholic Church rejects *only* same-sex attractions and behaviors if they involve *same-sex sexual gratification*. She recognizes that much is good, true, and beautiful in the temperaments, behaviors, relationships, interests, occupations, avocations, etc., of persons who also happen to experience SSA. The Catholic Church, and hopefully her particular lay, professed, and ordained members, try to fulfill the Scriptural exhortation: “[W]hatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is gracious, if there is any excellence and if there is anything worthy of praise, think about these things” (Philippians 4:8).

#### *Factors Which May Influence the Development of SSA*

On the one hand, the CCC states that homosexuality’s “psychological genesis remains largely unexplained” (1994, no. 2357), which the USCCB repeats (2005, p. 7). Based on statements in other *magisterial* documents of the possible influences in the lives of persons who develop SSA, this statement of the CCC may be understood as stating that there is no explanation which is true for all. This is in keeping with the findings of the psychological arts, sciences, and professions that people are not born with SSA, and that a variety of factors may influence its development (e.g., American Psychological Association, 2009; Sutton, 2014).

From her pastoral experience, the Catholic Church does suggest possible factors which may influence the development of SSA in a given person. For example, the

Congregation for the Doctrine of the Faith (1975) writes that for certain persons, the “tendency” for “homosexual relations” may come “from a false education, from a lack of normal sexual development, from habit, from bad example, or from other similar causes” (no. VIII).

Adding to the CDF’s statement, the Congregation for Catholic Education (1983) further explored the possible influences on a person’s developing SSA. The CDF encourages family members and teachers to *identify and understand the factors* which have driven a young person “towards homosexuality: to see if it is a question of physiological or psychological factors.” After naming the factors cited by the CDF in its 1975 document, the CCE lists additional, possible psycho/social/behavioral factors. These include a “lack of affection, immaturity, obsessive impulses, seduction, social isolation and other types of frustration, depravation in dress, license in shows and publications.” In addition, possible spiritual/theological influences are mentioned: “the innate frailty of man and woman, the consequence of original sin, . . . [and] the loss of the sense of God and of man and woman” (no. 102–103). In a more recent document, the CCE states that for some persons, the practice of homosexual behavioral and “deep-seated homosexual tendencies” may result from an “affective (im-)maturity” (CCE, 2005, no. 3) which may be manageable and possibly resolved (see below).

Overall, the variety of factors which the Catholic Church’s pastoral wisdom recognizes *may* (co)influence a given person’s development, experience, and enactment of SSA is similar to what various scientific and clinical studies have shown.

In general, the presence of SSA suggests the need for working on further *intrapersonal* and

interpersonal development. This ‘Un’-done work may include: unmet *needs*, unhealed *hurts*, unresolved *feelings*, unrealized *growth and maturation*, unreconciled *relationships*, unclear *boundaries*, unrealistic *hopes, fears and expectations*, an unfulfilling—and inauthentic—*self image/identity*, and unmanaged *co-occurring* (co-morbid) *difficulties*. (Sutton, 2011, pp. 11–12; cf. Sutton, 2014)

#### *Homosexual Tendencies May Be “Transitory”*

The Catholic Church has recognized, as the CDF (1975) states, that for some persons, “homosexual tendencies” and behaviors appear “transitory or at least not incurable,” also noting that for others, such tendencies and/or behaviors may “be incurable” (no. VIII). The Pontifical Council on the Family (1995) likewise advises that persons be given timely help *before* “the practice of homosexual acts has . . . become a habit” (no. 104).

The CCE (2005) notes that a given person with “homosexual tendencies” may be dealing with “only the expression of a transitory problem—for example, that of an adolescence not yet superseded” (no. 2). And, as implied by the CCE above, United States Council of Catholic Bishops (USCCB, 2006) clearly advises that youth can be helped to avoid or stop “believing that they’re ‘homosexual’” by *preventing* their (1) developing a habit of homosexual relations and (2) involvement in the homosexual subculture. “Young people, in particular, need special encouragement and guidance, since the best way of helping young people is to aid them in not getting involved in homosexual relations or in the subculture in the first place, since these experiences create

further obstacles” (pp. 21–22; cf. CCE, 2005, no. 3).

In addition to recognizing that homosexual tendencies may be “transitory,” the pastoral wisdom and experience of the Catholic Church encourages persons with SSA to seek—and qualified persons to offer—helpful pastoral and professional care. The next two sections review authoritative Catholic views on such care.

### **III. What Wisdom Does the Catholic Church Offer on Helping Persons Pastorally with Unwanted Same-Sex Attraction and Behavior (SSA)?**

A fitting introduction to the Catholic Church’s wisdom on pastoral care to all human beings in general, and persons with SSA in particular, may be found in the following quote by Pope Benedict XVI (2010): “I invite everyone to look into the face of the other and to see that he has a soul, a story and a life. He is a person and God loves him as He loves me.” The Catholic Church recognizes that *every* human being, of *any* or *no* faith, whether experiencing opposite or SSA or both or neither, and living chastely or not, is loved by God and worthy of being loved by his or her fellow human beings. General and particular ways which the Catholic Church has found helpful for *any/everyone*, including and especially persons with SSA, to be[come] chaste are discussed below.

#### *Concerns About Adopting a “Gay Identity”<sup>5</sup>*

The Catholic Church teaches that *all* human beings have the need and responsibility to discover and adopt their true *sexual identity*. In Catholic Church documents, “identity” means our *nature, being, essence*, not merely our self-label or self-identification. The CCC explains that

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<sup>5</sup> Mental health professionals’ concerns about adopting a “gay” identity are discussed below.

one's sexual identity both invites and challenges each person to recognize and accept that 1) God has created him or her a unique, *male or female*, human being (cf. Genesis 1:26–27); 2) each person is *equal in personal dignity* (i.e., intrinsic worth) to every other person; 3) one's sexual identity is important for one's *whole* person; and 4) compared with others, one's sexual identity is *specific* and *complementary*, as well as *unique* (no. 487).

Concerning persons with SSA, the Catholic Church calls them and everyone in society to recognize their *authentic identity and dignity*. As the CDF (1986) writes:

[A] homosexual person, as every human being, deeply needs to be nourished at many different levels simultaneously. . . . Every one living on the face of the earth has personal problems and difficulties, but challenges to growth, strengths, talents, and gifts as well. . . . The human person [is] made in the image and likeness of God, [and] can hardly be adequately described by a reductionist reference to his or her sexual orientation. . . . Every person has a fundamental identity: a creature of God, and by grace, his child and heir to eternal life. (no. 16)

In a cautionary note, the USCCB (2006) warns that “[p]ersons with a homosexual inclination should not be encouraged to define themselves primarily in terms of their sexual inclination, however, or to participate in ‘gay subcultures,’ which often tend to promote immoral lifestyles” (p. 22). In a related matter, the Catholic Church voices concern about the development of the *identity of children* who are raised in a household by two same-sex persons in a relationship in which both claim to be their “mother—or father.” She considers that “it is not unjust

discrimination to take into account the sexual tendency . . . in the placement of children for adoption or foster care” (CDF, 1992, no. 11) because of the possible adverse effects on a child's development.

The Catholic Church also seeks to safeguard the identity of *all* children who may be conceived by artificial insemination and/or in-vitro fertilization, whether the adults participating in these actions experience same- or opposite-sex attraction (CCC, no. 2376–2378). As the PCF (2000) teaches:

The dignity of human persons requires their origin to be from parents joined in marriage, from the necessary intimate, integral, mutual and permanent union that comes from being spouses. This then is a good for the children. . . . Being born to one's married, biological parents through their conjugal act . . . is the only origin that adequately safeguards the principle of the children's identity not only from the genetic or biological viewpoint, but also from the biographical and historical perspective. (no. 26)

#### *Serving Persons with SSA with Compassion and Wisdom*

The Catholic Church teaches that *all* human beings deserve to be treated with compassion and respect, because of their *created*—and if baptized *recreated*—goodness. This is true whether a person is of Catholic, other, or no faith; is of opposite or same-sex attraction and behavior; and is—or is not—living or trying to live a life of virtue. The USCCB (2006) declares that “each person” possesses a

fundamental dignity . . . as created by God. God has created every human person out of love and wishes to grant



him or her eternal life in the communion of the Trinity. All people are created in the image and likeness of God and thus possess an innate human dignity that must be acknowledged and respected (cf. CCC, no. 1700–1702). In keeping with this conviction, the Church teaches that persons with a homosexual inclination “must be accepted with respect, compassion, and sensitivity (CCC, no. 2358).” (pp. 1–2)

*Helping Persons Develop Affective (Psycho-Sexual) Maturity*

To be emotionally or affectively mature, every human being needs the experiential certainty of having already been loved and of knowing how to receive and give love maturely and genuinely. In *Redemptor Hominis*, the first encyclical, or formal teaching document, of his pontificate, John Paul II (1979) writes: “Man cannot live without love.” A girl or boy, man or woman needs to have genuine “love revealed” to her or him, to “encounter love,” to “experience” love “and make it [one’s] own,” and to “participate intimately in it.” If not, he or she “remains a being that is incomprehensible” to her or himself, whose “life is senseless” (no. 10). Affective (emotional or psycho-sexual) *immaturity* may then develop.

*New Vocations for a New Europe* was written by the Pontifical Work for Ecclesiastical Vocations (1998), which involved the collaboration of the Congregations for Congregations for Catholic Education, Oriental Churches, Institutes of Consecrated Life and Societies of Apostolic Life. In *New Vocations*, these Congregations discuss what the Catholic Church has learned about how what she calls “affective” or psycho-sexual “immaturity” leads many persons who struggle to live chastely. This document focuses specifically

on how to identify when young men are ready to begin or to complete formation for celibate priesthood. *New Vocations* describes, among other things, what involves affective *maturity*, and how someone who lacks it may be helped to mature. “Affective maturity” is defined as a sense of personal security, autonomy, and responsibility, which enables a person to interact with and befriend others as an adult, and to freely give and receive sincere (i.e., authentic, real, not just “well-intended”) love.

In order to be[come] affectively mature, persons whose pasts were difficult—even traumatic—need to be helped to be reconciled with the negative aspects of their lives. This means helping them learn to recognize, hopefully with *gratitude*: 1) what was good even when unfortunate things happened; 2) the significant figures of their past, with their strengths as well as weaknesses, often through genuine forgiveness; and 3) their life histories, coming to view their experience as a “grace,” not something to simply “lament.”

When persons’ psycho-sexual immaturity leaves them with “moral weaknesses, problems, or behavioral inconsistencies,” they must be helped to 1) “be[come] conscious of the root of [their] problem[s], which often is [emotional and] *not sexual* in origin” and 2) perceive their “weakness as something extraneous to [or their] own personality, something that [they do] not want and that jars with [their] ideal [self], and against which [they] will struggle with [their] whole being” (no. 37). The major goal of such work is to help them be[come] more “able to control these weaknesses, with a view to overcoming them.”

Acceptable results are either that a person’s psycho-sexual behavioral “weaknesses happen less and less” or “that these inclinations will less and less disturb [one’s] life,” including one’s psychological state. Ideally, this will enable a person “to

carry out his [or her] normal duties without creating excessive tension or unduly occupying [their] attention.” Ultimately, the goal of pastoral care for affective-sexual maturity is helping each person be[come more] chaste in behavior, as well as grow in a “progressive freedom in relation to [immature, unchaste] tendencies, in the heart and in the mind, in the will and in the desires” (no. 37).

### *Specific Pastoral Wisdom for Helping Persons with SSA*

The USCCB (2006) document *Ministry to Persons with a Homosexual Inclination: Guidelines for Pastoral Care* is well worth a careful study. In the first half of the document, the USCCB lists and explains a number of *General Principles*, which provide the theological, pastoral, and anthropological (philosophy of human nature) foundation for the *Pastoral Care* guidelines which follow. In one principle, the document asks *Therapy for Homosexual Inclinations?* (p. 7, see below). In the following, *The Necessity for Training in Virtue* (pp. 8–10) is discussed. The USCCB advises that along with the professional care mentioned in the previous section,

There is another kind of “therapy” or healing of which we all stand in need. . . . [R]egardless of whether one is attracted to the same or the opposite sex: Every person needs training in the virtues. To acquire a virtue—to become temperate, brave, just, or prudent—we must repeatedly perform acts that embody that virtue, acts that we accomplish with the help of the Holy Spirit and with the guidance and encouragement of our teachers in virtue.

And in “Western societies” especially, with their “widespread tendency toward

hedonism,” which is “an obsession with the pursuit of pleasure” (p. 15), and which encourage and are so financially invested in promoting unchastity, “chastity is a particular virtue that requires special effort” (p. 8).

The CCC teaches that all “[h]omosexual [as well as all] persons are called to chastity.” It states further that “they can and should gradually and resolutely approach [this virtue of] Christian perfection.” Persons may do so by growing in “the *virtues of self-mastery* that teach them inner freedom,” which may be facilitated “by the *support of disinterested friendship, by prayer and sacramental grace*” (no. 2359; emphases added). Numerous other documents both echo and supplement this advice.

The CCE (1983), in a document written before the CCC, advises that those caring for the young ought to try to seek and understand “the causes” of their SSA. This will allow them to offer a more

efficacious help in the process of integral growth: *welcoming with understanding, creating a climate of hope, encouraging the emancipation of the individual and his or her growth in self control* (sp.), *promoting an authentic moral force towards conversion to the love of God and neighbor.* (no. 103; emphases added)

Returning to the USCCB (2006) document, the “basic guidelines for [pastoral care] for persons with a homosexual inclination or tendency” (p. 1, 15) are summarized under the categories of *Church Participation; Catechesis; Sacraments and Worship; and Pastoral Support* (pp. 16–25). A few highlights of each will be mentioned. In terms of *Church Participation*, the USCCB recognizes that “persons with a homosexual inclination continue to look to the Church for a place where they may live in authentic human integrity and holiness of life.” The

U.S. Bishops assert that “being welcomed into and participating in their local faith community is the foundation of spiritual support that the Church offers,” encouraging them to “[f]ull and active participation . . . in a worshipping Catholic community.” Doing so would offer them the “support for living a life of chastity and integrity and an encouragement to an ongoing personal conversion,” which all Catholic Christians need (p. 16).

In particular, the USCCB strongly challenges pastors, parishes, and ministries within them to be in and of, i.e. faithful to, the Catholic Church’s teaching about chastity, homosexuality, and offering pastoral care to persons with SSA. The Bishops also encourage “[p]ersons who experience same-sex attraction and yet are living in accord with Church teaching . . . to take an active role in the life of the faith community.” The USCCB recognizes that for “some persons, revealing their homosexual tendencies to certain close friends, family members, a spiritual director, confessor, or members of a Church support group may provide some spiritual and emotional help and aid them in their growth in the Christian life.” But the Bishops also advise that “in the context of parish life . . . general public self-disclosures are not helpful and should not be encouraged.” This advice presumably follows the wisdom that it is important for persons with SSA and their fellow parishioners to recognize that their primary

identity is being a “brother or sister in Christ” (p. 17; see section above on “sexual identity”).

In terms of catechesis, i.e. the Roman Catholic Church’s responsibility for always living and teaching “the truth in love” (Ephesians 4:13), the USCCB advises that “the fullness of the Church’s teaching on human sexuality in general, and homosexuality in particular,” needs to be taught. Their document quotes the CDF (2003): “Moral conscience requires that, in every occasion, Christians give witness to the whole moral truth, which is contradicted both by approval of homosexual acts and unjust discrimination against homosexual persons (no. 5).” The U.S. Bishops advise: “In tone, catechesis ought to be welcoming yet challenging, charitable but firm in the truth” (p. 18), and conducted by “theologically sound and pastorally wise ministers” (p. 19).

In a pastorally practical sense, catechesis “should explain the true nature and purpose of human sexuality and should promote the virtue of chastity, which has been both little understood and little valued in contemporary society.” Such teaching should also teach “the virtues that are needed to live out the call to chastity, e.g., selfless love, fortitude, temperance, etc.” For the USCCB explains: “Ignorance of the fullness of Church teaching is often the greatest barrier to an effective ministry to persons with a homosexual inclination” by parish or diocesan-based ministers (p. 19).<sup>6</sup>

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<sup>6</sup> The USCCB (2006) acknowledges the difficulty which the Catholic Church has “witnessing”—by both word and example—the validity and goodness of her teaching on SSA and strongly recommends authentic “dialogue” as an important part of the process.

The pervasive influence of contemporary culture creates, at times, significant difficulties for the reception of Catholic teaching on homosexuality. In this context, there is need of a special effort to help persons with a homosexual inclination

understand Church teaching. At the same time, it is important that Church ministers listen to the experiences, needs, and hopes of the persons with a homosexual inclination to whom and with whom they minister. Dialogue provides an exchange of information, and also communicates a respect for the innate dignity of other persons and a respect for their consciences. “Authentic dialogue, therefore, is aimed above all at the rebirth of individuals through interior conversion and repentance, but always with profound respect for

In terms of *Sacraments and Worship*, Catholics with SSA “who are living in accord with the Church’s moral teachings are invited and encouraged to participate fully and regularly in the sacramental life of the Church.” The USCCB emphasize the “frequent reception of the sacraments, especially the Eucharist, for one’s ongoing strengthening and sanctification.” For, the “Christian life is a progressive journey toward a deepening of one’s discipleship of Christ,” and that many Christians may “stumble along the way” in any number of ways. Those who do, including those who struggle with SSA behavior, are encouraged “to remain in the community and to continue to strive for holiness through conversion of life.” The U.S. Bishops advise that the “frequent reception of the Sacrament of Penance (aka “Reconciliation” or “Confession”)” and “[o]ngoing, sound spiritual direction” offer “significant help” (p. 20).

Finally, often echoing points made earlier, the USCCB advises that in terms of *Pastoral Support*, Catholic Church ministers offer opportunities for suitable “teaching, guidance, and fellowship” to persons with SSA who are striving to live virtuous lives of faith. The giving and receiving of “spiritual direction from a priest” are particularly emphasized, as are other ways of helping

especially youth—but also persons of all ages—to avoid “getting involved in homosexual relations or in the subculture in the first place,” and/or to discontinue such involvement (p. 21).

As mentioned above, the U.S. Bishops encourage the development of opportunities for persons “with homosexual attractions to gather together in mutual understanding and support.” Doing so may help them avoid or be free of the “social isolation and alienation, which are risk factors for an unhealthy life, including unchaste behaviors.” In addition, “parents, siblings, and spouses” who discover “that a family member has homosexual tendencies” may be very concerned and also find themselves isolated, perhaps alienated like their family member with SSA may be.

The development of and timely participation in “support groups” which are faithful to Magisterial “teaching regarding the human dignity of persons with a homosexual inclination and the moral principles regarding chastity that lead to the fullness of authentic human living” are strongly recommended. “Examples of such ministries whose principles are in accord with Church teaching are Courage and Encourage” (p. 22, see below). Finally, this section on *Pastoral Support* recommends timely referrals for “counseling services” and

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consciences and with patience and at the step-by-step pace indispensable for modern conditions” (Pope John Paul II, 1984, no. 25). Such dialogue facilitates an ongoing, interior conversion for all parties truly engaged in the exchange. (p. 24)

Pope John Paul II’s (1984) quote on “authentic dialogue” warrants further attention:

It should be repeated that, on the part of the church and her members, dialogue, whatever form it takes (and these forms can be and are very diverse since the very concept of dialogue has an analogical value) can never begin from an attitude of indifference to the

truth. On the contrary, it must begin from a presentation of the truth, offered in a calm way, with respect for the intelligence and consciences of others. The dialogue of reconciliation can never replace or attenuate the proclamation of the truth of the Gospel, the precise goal of which is conversion from sin and communion with Christ and the church. It must be at the service of the transmission and realization of that truth through the means left by Christ to the church for the pastoral activity of reconciliation, namely catechesis and penance. (no. 25)

“psychological care” for persons with SSA. These recommendations are discussed below.

### *The Courage and EnCourage Apostolate*

The Courage Apostolate (ministry) to Catholics with SSA began in 1980.<sup>7</sup> It was founded by Fr. John Harvey, O.S.F.S through the inspiration and support of Fr. Benedict Groeschel, C.F.R. at the request of Terence Cardinal Cooke of the Archdiocese of New York. The EnCourage outreach of the Apostolate was founded in 1992 “to provide spiritual support for parents, spouses and other loved ones of people who are involved in homosexual relationships.” The overall mission of the apostolate, which is now called Courage and EnCourage International, is to offer “support for those who experience same-sex attractions and their loved ones” (Courage, *FAQs*, n.d.). The *Goals of Courage*, which were developed mainly by the first members, and the later *Goals of EnCourage*, include ways of seeking and giving pastoral care which are echoed by the pastoral recommendations of other, often more recent, Magisterial documents.

The five *Goals of Courage* (Courage, *FAQs*, n.d.) involve members committing themselves to lives of chastity; dedicating themselves to Christ and living lives of prayer, communal worship, and service; giving and receiving supportive fellowship and friendship; and [becoming] good examples and role models. For example, the second and longest of the goals is: “To dedicate our entire lives to Christ through service to others, spiritual reading, prayer, meditation, individual spiritual direction, frequent attendance at Mass, and the frequent reception of the Sacraments of Reconciliation and Holy Eucharist.”

The five *Goals of EnCourage* (Courage, n.d.) are focused both on the temporal and

eternal well-being of the members who are family and friends of persons with SSA and on helping the members love wisely their “loved ones” with SSA, some of whom may be enacting these attractions and perhaps participating in the “gay lifestyle.” For their personal well-being, family and friends commit themselves to try, along with Courage members themselves: “1. To grow spiritually through spiritual reading, prayer, meditation, individual spiritual direction, frequent attendance at Mass, and the frequent reception of the Sacraments of Penance and Holy Eucharist.” In order to better love their family member or friend, EnCourage members also try:

2. To gain a deeper understanding of the needs, difficulties, and challenges experienced by men and women with SSA;
3. To establish and maintain a healthy and wholesome relationship with their loved ones with SSA;
4. To assist other family members and friends to reach out with compassion and truth, and not to reject, their loved ones with SSA; [and]
5. To witness to their loved ones by their own lives that fulfillment is to be found in Jesus Christ through His Body, the Church.

#### **IV. What Wisdom Does the Catholic Church Offer on Helping Persons with SSA *Professionally*?**

The Catholic Church both encourages and challenges Catholic and all medical and mental health professionals, and the secular arts and sciences in general, to be “good,” i.e. authentic in the work which they do, faithful to their own justifiable “best practices.”

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<sup>7</sup> It should be noted that, with the exception of the Documents of Vatican II, the 1976 CDF document, and Pope John Paul’s 1979 encyclical

*Redemptoris Homini*, Courage’s founding predates all of the Magisterial documents cited in this paper.

*A Challenge to All Catholic Laypersons to Become “Mere, catholic” Professionals*

In *Familiaris Consortio* (1981), Pope John Paul II challenges families: “Become what [and who] you are!” (no. 11). In *Christifideles Laici* (1988), he similarly challenges *all* Catholics who serve as scientists, scholars, and mental healthcare professionals to become who they were created—and recreated—to be. That means being “mere” (simply, authentically) and “catholic” (universal or generally competent and ethical, lower case intentional) about their work (cf. Sutton, 1996, 2004). Doing so means being faithful to their education and training as authentic, genuine professionals in their respective disciplines. He exhorts the “lay faithful” to “accomplish their work with professional competence, with human honesty, and with a Christian spirit, and especially as a way of their own sanctification” (no. 43). But he challenges that working this way is a “pastoral urgency” since a human culture has developed and now has become “disassociated not only from Christian faith but even from human values.” In such a culture, “science and technology [themselves] are powerless in giving an adequate response to the pressing questions of truth and well-being that burn in people’s hearts” (no. 44).

Pope John Paul II affirms the need for “teachers and professors” to recognize and preserve “the autonomy of various sciences and disciplines” while performing their “Christian inspired” work as “faithful [and] true witnesses of the gospel, through their example of life, their professional competence and uprightness.” He asserts: “It is of singular importance that scientific and technological research done by the faithful be correct from the standpoint of service to an individual in the totality of the context of [his or her] values and needs” (no. 62).

Pope John Paul II challenges Catholic scholars and professionals to recognize and understand the “intimate bond that exists between faith and science, between the gospel and human culture.” This includes realizing that the “work of human formation,” which is practiced by *all* mental and medical healthcare professionals as well as educators, needs two things. Human formation workers need to 1) have “intelligent recourse to the [best available] means and methods available from human science,” and 2) realize that such work “is made more effective the more it is open to the action of God” (no. 63). Finally, the “lay faithful” are exhorted “to regard themselves as an active and responsible part of [a] . . . both challenging and wonderful . . . great venture, . . . a re-evangelization, which is so much needed by the present world” (no. 64). Pope John Paul II’s teaching reflects that given by the Catholic Church through a number of her Vatican II documents (*Lumen Gentium*, 1964, no. 36; *Apostolicam Actuositatem*, 1965a, no. 7; & *Gaudium et Spes*, 1965b, no. 36).

*The General “Catholic Challenge” to and from the Secular Mental and Medical Healthcare Arts and Sciences*

The Catholic Church affirms the goodness and integrity of the secular mental and medical healthcare—and all professional—arts and sciences, as well as the political authority under which they function. She also supports, conditionally, their work for and influence on the human beings whom it is their responsibility to serve. For example, the CCC states: “Scientific, medical, or psychological experiments on human individuals or groups can contribute to healing the sick and the advancement of public health” (no. 2292). The Catholic Church affirms that “[b]asic scientific research, as well as applied research, is a significant expression of man’s

dominion over creation” and that “[s]cience and technology: are precious resources when placed at the service of man and promote his integral development for the benefit of all.”

In addition to recognizing the worth of “science and technology,” she also cautions: “By themselves [they] cannot disclose the meaning of existence and of human progress.” Also, they “are ordered to man, from whom they take their origin and development.” Thus the secular mental and medical healthcare—and all professional—arts and sciences must “[f]ind in the person and in his moral values both evidence of their purpose and awareness of their limits” (no. 2293).

In *Fides et Ratio*, Pope John Paul II (1998) observes that the modern “scientific mentality” too often “prioritizes empirical observation, the procedures of scientific objectification, statistically verifiable data, the study of concrete human behavior patterns, the study of opinions encountered in the majority of people, [and] explaining behavior exclusively in categories of psychosocial processes” (no. 46). This mentality also tends to see “as the only really decisive factors of human reality: the senses within space and time, physio-chemical constants, bodily processes, psychological impulses [and] forms of social conditioning”

(no. 76). The “scientific mentality” also overlooks that genuine human well-being is based on true “freedom,” which is not only the choice for one or another particular action, but also, within that choice, a decision about oneself and a setting of one’s own life, for or against the Good, the Truth and ultimately God (no. 65).

In the CCC, the Catholic Church teaches strongly and clearly: “It is an illusion to claim moral neutrality . . . in scientific research and its applications.” Also, the principles which guide the proper and wise application of scientific findings “cannot be inferred from simple technical efficiency, the usefulness accruing to some at the expense of others, or, even worse, from prevailing ideologies.” Through the CCC, she challenges scientists and those who would apply their findings through business and government, as well as the helping professions: “Science and technology by their very nature require unconditional respect for fundamental moral criteria and must be at the service of the human person, of his inalienable rights, and of his true and integral good.” Finally, the participants of all of the arts and sciences—including the secular mental and medical professions—“must be in conformity with the plan and the will of God” (CCC, no. 2294).<sup>8</sup>

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<sup>8</sup> In the *Compendium of the Social Doctrine of the Church*, the Pontifical Council for Justice and Peace (2005) offers guidance to the Catholic faithful and all “persons of good will” on the proper conditional response to *political* authority (no. 393–401). This guidance is relevant for mental and medical healthcare professionals dealing with the “authorities”—including the national associations—within the secular mental and medical professions, when they perceive that these authorities have taken unjust, inhumane positions and asserted unacceptable policies and rules by which professionals must practice. In general, the Catholic Church recognizes the intrinsic validity of political—or any legitimate—authority which must be respected. But she also teaches that this authority is a “moral force,” which “must be guided by the moral law” (no. 396) and

“must recognize, respect and promote essential human and moral values” (no. 397). She asserts that all citizens have the right to—and sometimes the duty of—“conscientious objection,” when circumstances warrant.

Citizens are not obligated in conscience to follow the prescriptions of civil authorities if their precepts are contrary to the demands of the moral order, to the fundamental rights of persons or to the teachings of the Gospel. . . . It is a grave duty of conscience not to cooperate, not even formally, in practices which, although permitted by civil legislation, are contrary to the Law of God. (no. 399)

Consistent with the above, in its document, *On the Pastoral Care of Homosexual Persons*, the CDF (1986) recognizes and asserts that “the Catholic moral perspective,” in general and concerning homosexuality in particular, “finds support in the more secure findings of the natural sciences, which have their own legitimate and proper methodology and field of inquiry.” However, the CDF clarifies that fundamentally

the Catholic moral viewpoint is founded on human reason illumined by faith and is consciously motivated by the desire to do the will of God our Father. . . . The Church is thus in a position to learn from scientific discovery but also to transcend the horizons of science and to be confident that her more global vision does greater justice to the rich reality of the human person in his spiritual and physical dimensions, created by God and heir, by grace, to eternal life. (no. 2)

*The Catholic Church Recommends Professional Care for Some Persons with SSA*

In a number of documents, the Catholic Church recommends professional care for persons with SSA. Typically, those recommendations include the exhortation that the relevant professional(s) understand and work in cooperation with her teaching. In the *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*, the CDF (1986) encourages “the development of appropriate forms of pastoral care for homosexual persons. These would include the assistance of the psychological, sociological and medical sciences, in full

accord with the teaching of the Church” (no. 17).

In *Educational Guidance in Human Love*, the CCE (1983) explains that if a child appears to be dealing with homosexuality, it “will be the duty of the family and the teacher to seek first of all to identify the factors which drive towards homosexuality: to see if it is a question of physiological or psychological factors” (no. 102). Then, the “causes having been sought and understood, the family and the teacher will offer an efficacious help in the process of integral growth, . . . suggesting—if necessary—medical-psychological assistance from persons attentive to and respectful of the teaching of the Church” (no. 103).

In *The Truth and Meaning of Human Sexuality*, in advising parents how to respond to the appearance of SSA in their children, the PCF (1995) explains:

Especially when the practice of homosexual acts has not become a habit, many cases can benefit from appropriate therapy. . . . If parents notice the appearance of this tendency or of related behavior in their children, during childhood or adolescence, they should seek help from expert qualified persons in order to obtain all possible assistance. (no. 104)

“Qualified persons” would include “specialists with solid scientific and moral formation, . . . such as doctors, educational experts and psychologists with an upright Christian sensitivity” (no. 72).

Finally, in *Ministry to Persons with a Homosexual Inclination* (USCCB, 2006), the U.S. Catholic Bishops address the issue of therapy for homosexual inclinations. After

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Recognizing that natural law is the basis for and places limits on positive law means admitting that it is legitimate to resist

authority should it violate in a serious or repeated manner the essential principles of natural law. (no. 400)



stating, “There is currently no scientific consensus on the cause of the homosexual inclination (cf. CCC, no. 2357),” this document continues: a “considerable number of people who experience same-sex attraction experience it as an inclination that they *did not choose*,” and that “[m]any of these speak of their homosexual attractions as *an unwanted burden*.” These factors lead the USCCB to ask “whether or not a homosexual inclination can be changed with the help of some kind of therapeutic intervention” (p. 7; emphases added).

The U.S. Bishops answer that while “[t]here is no consensus on therapy,” they are aware that some persons with SSA “have found therapy helpful.” They advise:

Catholics who experience homosexual tendencies and who wish to explore therapy should seek out the counsel and assistance of a qualified professional who has preparation and competence in psychological counseling and who understands and supports the Church’s teaching on homosexuality.

After advising so, the Bishops add that such persons “should also seek out the guidance of a confessor and spiritual director who will support their quest to live a chaste life” (p. 7).

Further on in the *Pastoral Care* section of this document, the U.S. Bishops advise that in addition to pastoral support, “counseling services ought to be made readily available for persons who experience such attractions and for the families to which they belong” (p. 22). “Psychological care” may be especially

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<sup>9</sup> As mentioned above, following his trip to Ireland, Pope Francis answers the question: “What would I say to a father who sees that his son or daughter has [the homosexual] tendency?” In addition to his responses quoted above, he asks, “At what age does this restlessness of the child express itself?” He then answers, “It’s important. One thing is when it shows itself in a child. There are many things

important “for adolescents who struggle with sexual attraction issues.” For the Catholic Church recognizes that in particular

[a]dolescents with homosexual attractions can be at serious risk for personal difficulties, including suicidal tendencies and attempts as well as enticements to promiscuity and exploitation by adults. Every effort should be made to ensure that adolescents have access to age-appropriate professional counseling services that respect Church teaching in matters of human sexuality. (pp. 22–23)

The Bishops further advise that “[p]rofessionals providing counseling services for persons who experience same-sex attraction and the families to which they belong should be chosen carefully to ensure that they uphold the Church’s understanding of the human person.” Finally, sincere and diligent efforts should be made also “to identify and publicize those services that conduct their work in a manner that accords with Church teaching” (p. 23).<sup>9</sup>

#### *Some Specific Challenges Faced by Professionals—and Pastors*

There is a general challenge faced by professionals—and pastors—who are serving persons with SSA who identify themselves as Catholic. What “Catholic” means to the persons they are trying to serve may be very different than what it means to the professionals, let alone the Catholic Church herself. When the issues are SSA and

to do with *psychiatry*, to see how things are” (emphasis added, 2018). Pope Francis was echoing prior comments from various Vatican offices (*dicasteries*, reviewed above), which observe that homosexual tendencies may be resolved more easily in *younger* people and that seeking out professional care for them—and also older persons—may be an important step in this process.

other issues of sexual and other morality, self-identified “Catholics” may be ignorant of, indifferent to, estranged from and/or hostile to the Catholic Church overall and/or her specific teachings or practices. Therefore, the pastoral guidelines mentioned above emphasize the need that persons with SSA have for proper “catechesis” or teaching about what the Catholic Church actually teaches about SSA and related issues. Of course, Catholic mental and medical healthcare professionals with Catholic clients or patients—and those who give them pastoral counsel—will serve them better to the extent that the professionals or caregivers themselves both understand and “practice devoutly” the fullness of Catholic “faith and morals.”

The *General Principle* of the USCCB (2006) document discussed above, which is entitled “Homosexual Inclination Is Not Itself a Sin,” raises issues which Catholic—and all therapists, as well Catholic and other Christian pastors—are likely to encounter. Both Catholic and non-Catholic Christian clients who have *any* difficulty living chastely (i.e., with sexual purity, sexual self-control), including but not only SSA, may experience *guilt* or *shame* which may or may not be valid and healthy. Related concerns are *scrupulosity* and *culpability*.

**Scrupulosity** may be understood as chronic anxiety (often diagnosable as Obsessive Compulsive Disorder or OCD) concerning issues of faith and morals. Persons with SSA may *falsely* believe that a “homosexual inclination” or same-sex attraction “itself *is* a sin” (emphasis added). If inclined to anxiety, such persons may experience an inordinate degree of guilt, shame, and condemnation, both by themselves and from others. Both encouraging and accurate pastoral (re-)education and professional treatment for OCD may be necessary to help such persons find the peace and freedom which they deserve.

Such help may be particularly for persons prone to anxiety who, in spite of seeking out and cooperating with such pastoral and professional care, continue to *feel* SSA. Even after learning to *act* chastely, they may remain or become self-condemning because at times they may still “feel like doing it.”

A related issue may be that someone may have sought professional care for SSA, explicitly or perhaps only implicitly intending to no longer *feel* such attractions—as well as no longer *act* accordingly—but may have experienced only satisfactory *behavioral* but not complete *affective* change. If scrupulous, in addition to being disappointed that all of their therapeutic—and/or pastoral goals—were not met, they may minimize the importance of the changes and growth which they have made, and be unnecessarily discouraged and even despairing that they can live morally as they intend, because they still *feel* SSA. At some level, they may have believed that in order to live a morally correct life, they needed to no longer feel or have temptations or desires to act immorally.

The Catholic ministry called Scrupulous Anonymous (ScrupulousAnonymous.org) offers online support and also retreats for persons who struggle with scrupulosity, whatever issues are associated with it. Two of its *Ten Commandments for the Scrupulous* (Santa, 2013; cf. 2017), which are particularly relevant for persons struggling with both SSA and scrupulosity, are worth noting. Commandment # 5 reads: “You shall not worry about powerful and vivid thoughts, desires, and imaginings involving sex and religion unless you deliberately generate them for the purpose of offending God” (p. 3). And Commandment # 6 both advises and challenges: “You shall not worry about powerful and intense feelings, including sexual feelings or emotional outbursts, unless you deliberately generate them to offend God” (p. 4).

Catholics and persons of other faiths have found such pastoral wisdom comforting and reassuring, and therapists may find that their clients who also struggle with scrupulosity may too! Such pastoral assistance does not replace therapeutic care to help persons manage any OCD. Rather, as with the Courage/ EnCourage Apostolate—and Twelve Step groups for a variety of compulsive behaviors—professional services supplement and complement pastoral (and vice versa) in promoting the immediate temporal, and ultimately eternal, well-being of the persons served. Also, regular interaction with struggling peers—and experienced and wise overcomers or chaplains—offers support and accountability.<sup>10</sup>

**Culpability** is another issue which challenges both pastors and professionals who serve persons with SSA. In general, persons who are either too concerned—or not concerned enough—about living a moral life are most affected. On the one hand, the Catholic Church teaches that *acts* of homosexual sexual gratification are objectively immoral because they are contrary to our created nature and our temporal and eternal well-being (cf. CDF, 1975, no. VIII; CCE, 1983, no. 101; CCC, 1997, no. 2357). On the other hand, she also recognizes and reminds both those who pastor and those who are pastored that a person's culpability, i.e. responsibility for *any* immoral act, including but not only SSA,

must “be judged with prudence” (CCE, 1983, no. 101).<sup>11</sup>

As the USCCB (2006) explains:

While the Church teaches that homosexual acts are immoral, she does distinguish between engaging in homosexual acts and having a homosexual inclination. While the former is always objectively sinful, the latter is not. To the extent that a homosexual tendency or inclination is not subject to one's free will, one is not morally *culpable* for that tendency. Although one would be morally *culpable* if one were voluntarily to entertain homosexual temptations or to choose to act on them, simply having the tendency is not a sin. Consequently, the Church does not teach that the experience of homosexual attraction is in itself sinful. (p. 5; emphasis added)

The Catholic Church maintains that for a person to have committed a gravely evil, i.e., mortal, sin, s/he must both have understood that it was gravely wrong and *freely* chosen to act in that manner. A person's culpability or responsibility for acting in a gravely immoral manner may be limited by his or her understanding of its seriousness and/or freedom to act differently. For example, the persistence of influences such as unmet needs, unhealed hurts, or unresolved feelings

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<sup>10</sup> Catholic-inspired writing about the psychology and spirituality of the Twelve Steps may be found in several sources. Fr. Emmerich Vogt, O.P. has authored a number of pamphlets about how Catholic spirituality and the lives of the saints may inspire and encourage Catholics and other Christians as they try to work and live the Twelve Steps (cf. The 12-Step Review: <http://www.12-step-review.org/>). Vogt's (2000) pamphlet entitled *The Passions: A Guide for Understanding Your Feelings & Emotions* is a good, simple review of the Thomistic psychology of the emotions (“passions”; cf. Baars, 2003). Burbach

(2013) and Weeman (2017) have written explicitly on how the Catholic Sacraments offer particular grace and wisdom to those in recovery.

<sup>11</sup> The CCC teaches: “To form an equitable judgment about the subjects' moral responsibility and to guide pastoral action, one must take into account the affective immaturity, force of acquired habit, conditions of anxiety, or other psychological or social factors that lessen or even extenuate moral culpability” (no. 2352).

related to past mistreatment by family members or others, “affective immaturity,” and strength of behavioral habit are examples of factors which may mitigate culpability.

But, as the CDF (1986) also recognizes, a person experiencing “the homosexual orientation” which is “not the result of deliberate choice” does *not* mean that “the homosexual person would then have no choice but to behave in a homosexual fashion.” “Lacking freedom” does not necessarily mean that such a person . . . engaged in homosexual activity, would not be culpable.” The CDF advises persons to consider

the Church’s wise moral tradition is necessary since it warns against generalizations in judging individual cases. In fact, circumstances may exist, or may have existed in the past, which would reduce or remove the culpability of the individual in a given instance; or other circumstances may increase it. What is at all costs to be avoided is the unfounded and demeaning assumption that the sexual behaviour of homosexual persons is always and totally compulsive and therefore inculpable. (no. 11)

Treating persons with SSA with compassion and understanding “in the hope of overcoming their personal difficulties” does not confer “moral justification” for their continuing to act according to their attractions (no. 101; cf. CDF, 1975, no. VIII). The CDF (1986) emphasizes “that the fundamental liberty which characterizes [all] human person[s] and gives” them their “dignity be recognized as belonging to . . . homosexual person[s] as well.” For, as “in every conversion from” any kind of immoral behavior, “the abandonment of homosexual activity will require a profound collaboration of the individual with God’s liberating grace”

(no. 11). Particular ways in which individuals may collaborate—and be assisted in collaborating—“with God’s liberating grace” are discussed above in the section on recommendations for *pastoral care*.

A final thought about the concept of culpability is that teaching and applying it properly in pastoral and professional care may enable someone with SSA to understand better what influences him or her to engage in a given, objectively immoral action or habit (see section above on what possibly influences the development of SSA). Educating a person with SSA about how s/he might better manage and resolve these influences also could enable the person to become more virtuous, while reducing the frequency of SSA acts. Such an understanding also may help him or her prevent or ease the development of inauthentic guilt and unhealthy shame, which themselves may contribute to such acts.

## **V. What Wisdom Do Catholic Mental and Medical Healthcare Professionals Offer on Helping Persons—Especially Catholics—with Unwanted SSA?**

### *Clerical Mental Health Professionals Affiliated with Courage and EnCourage*

Fr. John Harvey, O.S.F.S., Courage’s founder and director for almost thirty years, himself earned a graduate degree in psychology while focusing on doctoral studies in moral theology. Before being asked to found the Courage Apostolate, he already had served a number of clerical and professed religious persons who were dealing with SSA, integrating an ongoing study of what mental and medical healthcare professionals were learning about serving persons with unwanted SSA difficulties. His integration of Catholic Church teaching, pastoral wisdom, *and* professional service in his writing speaks for itself (Harvey 1987, 1996, 2007; Harvey & Bradley, 2003; cf. Beers, 2018, for a list of

a number of “informal” newsletters, articles, etc., written on such topics). Fr. Harvey clearly tried to know what current professionals who were serving persons with SSA were doing and to communicate his learning to the persons whom he served in Courage and later EnCourage.

Several facets of Fr. Harvey’s “psychological” as well as pastoral leadership are worth noting. First, a number of the priests who served the Courage and EnCourage apostolates as chaplains and often conference presenters were psychologists or trained in one of the other mental health professions (cf. Beers, 2018).<sup>12</sup> Second, he thought that modern mental health professionals had so much to offer those whom he pastored through Courage that he had them present at both annual conferences and clergy education days. For example, at what became the first annual Courage conference, three different psychologists invited by Fr. Harvey spoke on different ways to manage and perhaps resolve SSA, using psychological and spiritual aides (Beers, pp. 118–127).

Third, in addition to the Five Goals, the meetings of many Courage groups around the country—and eventually world—commonly have come to be guided by the Twelve Steps of Alcoholics Anonymous (pp. 105–107; cf. *The Twelve Steps of Courage*, Courage, n.d.). The Twelve Steps provide a structure which, when used—not all groups do—are seen as supplementing and complementing the Five Goals of Courage. Although some Courage members may have struggled with genuine sexual compulsions, even addictions, the spirituality and psychology of the Steps are used to support all members as they strive to grow in many virtues, including but not only chastity. Courage also adapted the use of the Steps to the Courage model of having groups

led by a leader, usually but not always a priest/chaplain.

Two notable emphases by Fr. Harvey were his insistence on “striving to be chaste” as the fundamental goal of Courage and his distinction between “spiritual” and “psychological healing.” Courage was founded at a time when some non-Catholic Christian groups were founding groups with “complete change of sexual orientation” as the universal goal and hallmark of successful group participation. Having studied both the pastoral and professional literature on the consequences of helping persons try to manage and resolve SSA, Fr. Harvey realized that all persons who tried to—even with the help of professional care—would not be able to experience such a change.

But, because as the Catholic Church teaches, chastity *is* possible for *all*, helping members to live chastely was accepted and promoted as the fundamental goal of the Courage apostolate. Members were not officially discouraged from trying to grow into heterosexuality through professional assistance and were encouraged to use appropriate professionals supportive of Catholic Church teaching were they to try. However, chastity—*not* “sexual reorientation”—was and remains the purpose of Courage.

One of the FAQ’s on the Courage website (<https://couragerc.org/faqs/>) asks: “Does Courage Provide or Require Therapy for Members to Change Their Orientation?” The simple answer is no. “Courage meetings are not group therapy, and no Courage member is required to seek counseling or treatment of any kind.” But, as Fr. Harvey did at its beginning, Courage still recognizes that

the Church has always welcomed the insights of the medical, psychological

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<sup>12</sup> Two additional noteworthy priest psychologists of service to the Courage/EnCourage

Apostolate are Fr. Jeffrey Keefe, O.F.M, Conv. and Rev. James Lloyd, C.S.P. (cf. Beers. 2018).

and social sciences in acquiring a deeper understanding of the human person, who is a unity of body and soul. There is no purely “spiritual” approach to holiness that does not also take into account the human mind, human relationships (especially the family) and the needs of the human body. The authentic meeting point of spirituality and psychology with regard to same-sex attractions is in what might be called “chastity-based therapy.”

Such therapy in itself is seen as a way of using professional services to support and sometimes enable someone to successfully live a chaste life. As the FAQ explains:

Some people find that, in addition to spiritual direction and the sacraments, an ability to talk about their experiences and their present situation with someone who understands . . . [the] many ways in which habits of coping with feelings or situations can make one more susceptible to temptations or more likely to seek gratification in ways that are not good for him or her. . . . Courage respects the decisions some of our members make to seek the assistance of qualified professionals . . . well-trained, ethical psychologists and therapists . . . for a

better understanding of themselves, their ways of seeing the world and their relationships, all of which can aid in the daily battle for holiness and chastity.<sup>13</sup>

A related issue of importance to Fr. Harvey (1996) was the distinction between “spiritual” and “psychological” healing. He writes:

By *psychological healing* from homosexuality, I mean that one has now become predominantly heterosexual in patterns of fantasy, thought and emotions, while there may remain vestiges of homosexual fantasy and desire without serious temptations to homosexual lust.

Harvey contrasts this with “*spiritual healing*” in which “one can become interiorly chaste, while still occasionally suffering serious temptations to homosexual pleasures despite one’s sincere efforts to avoid occasions of sin.” He emphasizes that a person may experience genuine, significant spiritual healing, even if “one does not develop any physical attraction to persons of the other sex despite [being] no longer attracted . . . to persons of one’s own sex” (p. 120). Harvey insists that “psychological healing does not always follow upon spiritual healing through divine grace (p. 121). This distinction was a response to the challenging expectations

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<sup>13</sup> After 19 years, the introduction read at the beginning of Courage meetings in South Bend, Indiana—which was based on the introduction borrowed from the Courage chapter in Chicago, Illinois, in 2000—reads:

Some persons with same sex attractions may desire to try to diminish their same-sex feelings and to develop opposite-sex feelings. COURAGE does not make changing one’s sexual attractions a goal but does encourage those who want to try to

change to use appropriate spiritual and psychological aids. This process of change is commonly long, hard and uncomfortable, and not all who begin the process are successful. Therefore, many men and women with same sex attractions work to find serenity—i.e., peace of mind and joy of heart—in committing themselves to a chaste, celibate life. (Sutton, 2018)

being posed by some faith-based ministries which asserted that persons with SSA must try and succeed in changing their “sexual orientation.” Achieving anything less was considered a moral and spiritual failure. In response, Fr. Harvey asserts the “basic ethical principle . . . that one cannot impose an obligation unless one is *certain* it exists.” He explains, “However desirable” such a change in one’s sexual orientation may be—to oneself and/or others—if “we can give no guarantee in our present state of knowledge that if one were to follow a certain program or plan of life to change orientation it would always happen . . . one cannot impose an obligation to take certain steps for such a change” (p. 117).

As the current state of clinical experience and scientific evidence show, while “some” persons with unwanted SSA have experienced significant benefits through freely sought psychotherapy and other assistance, others have not (e.g., Phelan, 2014; Phelan, Whitehead & Sutton, 2008). A “continuum” of change in same-sex orientation through therapy has been observed and suggested as a more reasonable expectation (Alliance, 2012; Rosik, 2016a).

Across his many books, papers, and talks (a number of whom were heard by the author), and his “myriad” pastoral care meetings, Fr. Harvey has recommended the practice of “prayer of the heart.” This involves prayerful meditation in which one is mindful of and “offers up” to the Lord one’s feelings and memories. Following the axiom that the first rule of prayer is “Be truthful with God!”—as well as oneself—he found that persons who learned to pray this way developed a more personal relationship with God, experienced more healing, and found more psycho-spiritual support for living a chaste life.

Fr. Benedict Groeschel, C.F.R., the reported “godfather” of Courage (cf. Beers, 2018) who enlisted Fr. Harvey as its founder, is an example of not just a trained, but a practicing psychologist who served the members and mission of Courage. After influencing Fr. Harvey to begin the apostolate whose members soon after named “Courage,” Fr. Groeschel remained an active supporter of the Courage efforts. Notably, he spoke regularly at the annual Courage national and eventually international conferences.

Fr. Groeschel (1985) dedicated his book *The Courage to Be Chaste* to the members of Courage. Space prevents a thorough review of the pastoral wisdom offered in this text, but one piece of advice is notable. Fr. Groeschel addresses a challenge faced by some Catholic Christians who are struggling to be chaste. If after committing an act of impurity (e.g., masturbation following the use of pornography), persons realize that they need to repent and to participate in the Sacrament of Reconciliation to be in “the state of grace” in order to receive the Eucharist, they may be tempted to engage in the act of impurity again. (“Two—or more—sins are as easy to confess as one!” And, if I can’t “go to the confession for several hours, days, etc.!”) Moral issues aside, such a practice overlooks the bio-psychological reality that repeating a habit—and releasing the operative hormones—strengthens the habit and the inevitable re-occurrence of the desire to do so. Simply resisting—and perhaps successfully abstaining from—recommitting the act eventually weakens any compulsions which follow. In a subsequent book, Fr. Groeschel (1987) likewise recommends how spiritual activities and resources may assist a person in dealing with psychological issues.<sup>14</sup>

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<sup>14</sup> In *Stumbling Blocks or Stepping Stones: Spiritual Answers to Psychological Questions* (1987), Fr. Groeschel offers a challenging and encouraging

example of the mutual benefits of spiritual and psychological care for helping one manage SSA:

*Catholic Mental and Medical Healthcare Professionals*

What follows is a brief review of the work of several lay professionals who publicly identify as Catholic and have written articles or books intended to guide persons with SSA, and those who serve them professionally (and/or pastorally), from an explicitly Catholic perspective. Their work illustrates some of ways in which some Catholics have fulfilled and/or are fulfilling the general and specific “Catholic Challenge.”

*Published Catholic Mental and Medical Healthcare Professionals*

Psychiatrist Conrad Baars (2008) emphasizes the distinction between “homosexual orientation” or “same-sex attraction” and “homosexual acts” (p. 184) and the need for “theology and psychology [to] have as their starting point an intellectually responsible philosophy of the nature of the human person” (p. 185). He observed that persons with SSA commonly experience “emotional deprivation disorder” (pp. 188–189) as a consequence of having been “un-/under-/or dis-affirmed,” of having

failed to receive generous, unconditional, “life-giving love” from significant caretakers as they grew up (p. 192). Therapy includes providing the emotional and intellectual affirmation which such persons require (pp. 195–201).<sup>15</sup>

Psychologist Maria Valdes and psychiatrist Rick Fitzgibbons both have served professionally persons with SSA, as well as supporting publicly, including giving presentations to, members and chaplains of the Courage/EnCourage Apostolate. Maria Valdes (1996) comments that the persons with SSA whom she served commonly experience certain basic needs not being met while growing up. These unmet needs often included “affection, individuation, autonomy, independence, acceptance, and gender identification with one’s own physiological makeup.” When significantly and persistently unmet, young persons may experience “an incomplete or arrested psychosexual development” which for some may result in the “homosexual condition” (p. 346, 347).

Valdes developed an intentionally “holistic”—often collaborative—approach to therapy, and integration of psychology and

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[A] priest had been arrested for a public indiscretion involving the [sexual solicitation of a young man.] The priest, who was known to be hard working and caring, . . . was on the edge of total despair. Like a desperate animal falling off a cliff he clung to the last vestiges of his faith in God. Suicide seemed a real temptation. . . . We arranged for the priest to have a long period of . . . psychological treatment by professionals informed about both psychological and spiritual growth. Gradually with spiritual and psychological help . . . I watched him pass from despair to remorse and then to hope. . . . In the course of time a new and freer and much more mature person emerged from the ruins of this man’s life. The last time I saw him . . . I asked him if he had learned anything from his dreadful experience (pp. 27–28) . . . [if] there were any blessings among the curses

that had fallen on him. Without a moment’s hesitation he answered, “Yes. I learned that I could not save myself—that only Christ could save me” (p. 1). . . . I have discovered that I need friends, and most of all that I need Christ to be a friend and come to me” (p. 28). “He learned (also) that he had believed too much in himself, in his own goodness. He had not really taken his own defects seriously. He said that he had also learned to be compassionate to others. These qualities, faith and trust in God and compassion would be the building blocks of a new start” (pp.1–2). (cf., Sutton, n.d.)

<sup>15</sup> Cf. The Baars Institute (<https://baarsinstitute.com/>) for more information about “Affirmation Therapy” and the work of Conrad Baars.



spirituality in which the therapist and the client's "spiritual director" often cooperate in serving the client's "psychological development and spiritual growth." Valdes reported that the common purpose of her holistic therapy was supporting clients in completing their "psychosexual development" and, as appropriate and possible, "attain heterosexuality." Specific goals commonly include helping clients distinguish "the unmet or unsatisfied needs" underlying their condition, guiding them "to meet these needs" in morally acceptable ways, and helping them learn "to identify with one's own sex and to establish relationships with the opposite sex" (p. 350, 351).

Fitzgibbons (1996) observes that in the clients with SSA whom he has served, many seemed to have been predisposed to develop homosexual attractions and behavior through particular experiences and related difficulties. Fitzgibbons notes that at-risk adolescents often experience what is called "father hunger," i.e., the "inner emptiness, . . . sadness and loneliness" that develops when a youngster's "need for warmth, approval, physical affection, and praise from a father is not filled" (p. 309). He states that similar experiences for young girls with their mothers may also influence their development of SSA. However, girls and young women seem less driven to fill their "mother hunger" need, which results from a lack of maternal "warmth, affection and praise" through same-sex relationships.

Fitzgibbons reports that a highly significant, and perhaps the primary cause of SSA for boys is "a craving for acceptance and love by peers" due to rejection by older male siblings and same-age peers. Commonly, this occurs when a boy lacking in athletic ability and/or interest finds himself criticized, ridiculed, ostracized, and otherwise isolated from peers at school and/or in his neighborhood. He calls this phenomenon the "sports wound" (p. 309, 310).

Two key facets of Fitzgibbons's treatment approach to helping Catholics—and as appropriate other Christians—with SSA resolve the difficulties which underlie their feelings and behavior are *spirituality* and *forgiveness*. Fitzgibbons has found that "Catholic spirituality" plays "an essential role in the healing of the emotional wounds leading to homosexual behavior." In a list which echoes those mentioned above in the section Magisterial recommendations for pastoral care, he strongly encourages Catholic clients to use: "prayers of petition, meditation, the Scriptures, the Rosary, holy hours, the Eucharist, the sacrament of Reconciliation, and spiritual direction" (p. 332).

Because persons "with distant or troubled fathers" may "have great difficulty trusting God the Father," Fitzgibbons advises that persons "begin working on [their] relationship with God the Father . . . by praying to Jesus, asking specifically for . . . help to . . . trust in Abba's love, just as [He] did." Fitzgibbons often recommends that clients strive to "heal" their "father wounds" through meditating on "God the Father's presence during [their] childhood and adolescence" (p. 336). For, "spiritual reflection on God as a loving father" may help a client with unwanted SSA to "face the pain, resolve the betrayal anger by working at understanding and forgiving his father, and be healed of the craving for father love" (1999, p. 93).

He advises "those who were rejected repeatedly by their peers" to spend "time daily meditating upon and visualizing Jesus being at their side through childhood and adolescence as their best friend." Fitzgibbons remarks that meditating in this way can "be particularly comforting and strengthening, "especially when one is feeling "very lonely and isolated"—perhaps because of the lasting effect of a "sports wound" or other difficulty (1996, p. 332).

Similarly, he encourages clients who have “mother wounds” to—along with engaging in the forgiveness process—“to consider the spiritual reality of [Christ’s Mother] Mary as another loving, giving, joyful, and trustworthy mother [sister] and friend at every life stage.” Doing so has enabled some persons to “fill the emptiness and loneliness” in and from one’s relationship with one’s mother, and “become a new foundation to trust females, strengthen confidence, and resolve” SSA (p. 338).

Concerning *forgiveness*, Fitzgibbons maintains that it “is not possible to resolve the loneliness, fear, and insecurity” which is rooted in the “painful disappointments in important relationships during childhood and adolescence . . . without removing the closely associated resentment.” He asserts that the “resolution of excessive anger is essential”—not only in “the healing of various emotional and addictive disorders,” but also in the healing of homosexual attractions” (p. 327). Managing and resolving anger leftover from family of origin and/or more recent offenses is not achieved either through “the expression of anger” or suppressing it and living as if it does not exist.” For persons to become “truly free from their inner resentment and bitterness,” the “process of forgiveness” is necessary (pp. 327–328).

In his role as a psychiatrist, Fitzgibbons remarks that “[s]exual addiction may likewise be a major problem for many in the homosexual lifestyle.” He observes that in helping persons with SSA deal “with sexual addiction, . . . anti-depressants can help to a degree. They will cut down sexually compulsive behaviors, but they will not resolve the emotional pain leading to the attractions (1999, p. 97).

As Fitzgibbons mentions the need for persons with SSA to deal with pornography issues, the work of his colleague Peter Kleponis, who has directly helped others—including members of Courage—to manage

and resolve this issue, ought to be mentioned. Kleponis (2012, 2016, 2018) has written and presented about helping persons to manage and resolve porn compulsions and to heal the negative consequences which wives and other family members may experience as a result of their porn use. While Kleponis writes primarily for the general Catholic community, his work is relevant to the challenges which all persons, Catholic or not—including those with SSA—have with pornography.

Other Catholic psychologists in service of the Courage/EnCourage Apostolate whom it is important to mention, if briefly, include Peter Rudegear (cf. Beers, 2018) and Timothy Lock, both of whom have collaborated—or still collaborate (respectively)—directly with Courage directors, often serving as mental health experts during Courage conferences and presentations to Catholic and laypersons about Courage. Another is relatively recent Catholic convert William Consiglio, who has spoken to Courage/EnCourage members. Consiglio (1991) has a long history of professional service to non-Catholic Christians who are trying to “manage and resolve,” i.e., to “overcome,” unwanted SSA.

Drs. Fitzgibbons and Rudegear—as well as Fr. Harvey (see above)—significantly influenced the Catholic Medical Association’s (CMA) efforts to uphold the principles of the Catholic Faith as related to the practice of health-care for persons with unwanted SSA. These three were members of the CMA Task Force on Homosexuality, through whose collaborative efforts *Homosexuality and Hope: The Statement of the Catholic Medical Association* (2001) was written. This document reviews relevant Catholic teaching and findings from clinical theory, research, and practice in order to promote Catholic medical ethics to *all* members of the medical profession,

including mental health professionals, who serve persons with SSA as patients or clients.

A relevant Catholic psychiatrist who wrote and practiced mostly before the Courage Apostolate was “up and running” is Conrad Baars. Baars (2008) emphasizes the distinction between “homosexual orientation” or “same-sex attraction” and “homosexual acts” (p. 184) and the need for “theology and psychology [to] have as their starting point an intellectually responsible philosophy of the nature of the human person” (p. 185). He observes that persons with SSA commonly experience “emotional deprivation disorder” (pp. 188–189) as a consequence of having been “un-/under-/or dis-affirmed,” i.e., of having failed to receive generous, unconditional, “life-giving love” from significant caretakers as they grew up (p. 192). Therapy for such would include providing the authentic—versus “pseudo”—emotional and intellectual affirmation (cf. pp. 195–201).<sup>16</sup>

#### *“Mere, catholic” Catholic Professionals*

Some Catholic mental and medical healthcare scholars, professors, and professionals practice from and with a “mere” or “catholic” (lower case intentional) psychology perspective (see above; cf. Sutton, 1996; 2004). They are simply “good” professionals. For example, Fitzgibbons and psychologist colleague (as well as devout, practicing Catholic) Robert Enright have studied the act and process of forgiveness in an extraordinary manner. Their research and writing are consistent with the “best practices” for empirical research and clinical treatment so that some of their writing (Enright, 2012; Enright & Fitzgibbons, 2014) about the personal and professional dimensions of forgiveness have even been

published by the American Psychological Association (which at best, acts “ambivalent” to faith-based ideas and practice).

Excellent examples of service given to persons with unwanted SSA by “mere” Catholic professionals who are simply good at their craft—and who also have served members of the Courage Apostolate—are Dutch psychologist Gerard van den Aardweg and American psychologist Joseph Nicolosi. Van den Aardweg wrote and spoke extensively about how to better understand important causes of SSA and helpful therapeutic approaches for persons for whom SSA was unwanted (1986a, 1986b, 1997). For example, he observed that for given persons, “specific parental attitudes and parent child relationships may predispose one to the development of a homosexual *gender inferiority complex*.” The latter could both cause and be caused by a “*lack of same-sex group adaptation*,” and an “adolescent’s self-image in terms of gender, *as compared with same-sex peers*.” A young person may also experience “[f]ear of the opposite sex . . . who are perceived as expecting sex roles the homosexual feels unable to perform.”

In addition to “*feelings of gender inferiority*,” van den Aardweg identified that such persons may experience an “unconscious self-pity.” This may involve often unfelt, intense grief about experiencing a “gender inferiority complex” and being estranged from both same-sex peers and members of the opposite sex, as well as unfortunate experiences while growing up in one’s family of origin (1997, pp. 19–20).

Van den Aardweg also emphasized that negative consequences may follow self-identifying as “gay.” He wrote: “[It is a] psychologically dangerous *decision* to

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<sup>16</sup> Cf. The Baars Institute (<https://baarsinstitute.com/>) for more information about “Affirmation Therapy” and the work of Conrad Baars.

identify oneself as a different species of man: 'I *am* a homosexual.' Doing so

may give a sense of relief after a period of struggle and worry, but at the same time it is defeatist. . . . The self-identified homosexual takes on the [*tragic*] role of the definitive outsider. . . . It makes one feel at home among fellow homosexuals. It temporarily takes away the tension of having to fight homosexual impulses, and yields the *emotional gratifications of feeling unique and tragic*. . . . For it is a *false "self"* the unhappy person has identified with.

Van den Aardweg comments that taking on such a false identity is initially "a seducing dream" which "in time . . . turns out to be a terrible illusion," which leads one to live an "unreal life, ever farther away from one's real person [self]" (p. 23). He also notes that "[g]iving in to homosexual wishes [may] create a sexual addiction. Persons who have reached this stage have essentially two problems: their gender inferiority complex and a relatively autonomous sexual addiction" (p. 20).

The work of Joseph Nicolosi (1997a, 1997b, 2009, & Nicolosi, 2002) in serving and teaching others how to serve persons with unwanted SSA warrants more space than is possible here. As mentioned above, Nicolosi was one of the three Catholic psychologists who were invited to present at the first Courage conference (Beers, 2018). In his writing, he has served as a "mere," good mental health professional, practicing and promoting an understanding, based in psychoanalytic theory, of what leads many persons to develop SSA and how therapists

may help them to manage and perhaps resolve their SSA.

Classic Nicolosi is his summary statement about SSA being an expression of a person's need for the "3 A's: Same-sex Attention, Affection and Approval" (1997b). Elsewhere, he does not mince words in characterizing "gay" as a "self-deceptive," (1999, p. 98) "*ficitious*" (p. 98), "counter-identity, a negative" which "gets its psychic energy by '*what I am not*', . . . a refusal to accept reality. It is a compromise identity seized upon by an individual, and increasingly supported by our society, to resolve emotional conflicts" (p. 105).

This author is inspired by Nicolosi's efforts to learn about and apply the best practices of contemporary psychotherapy while serving the needs of his clients with unwanted SSA from a more traditional, psycho-analytic perspective. For example, in his book *Reparative Therapy of Male Homosexuality*, Nicolosi (1997b) describes and promotes using the modern approach entitled Accelerated Experiential Dynamic Psychotherapy (AEDP, Fosha, 2000). Twelve years later, in *Shame and Attachment Loss*, Nicolosi (2009) presents his use of EMDR (Eye Movement Desensitization and Reprocessing) Therapy (Shapiro, 2018).

The work of other Catholic professionals serving in this mere, catholic manner, is also worth mentioning. Fitzgibbons and psychologist colleague Robert Enright have studied the act and process of forgiveness in an extraordinary manner. Their research and writing are consistent with the "best practices" of contemporary, secular empirical research, and clinical treatment. Some of their writing (Enright, 2012; Enright & Fitzgibbons, 2014)<sup>17</sup> about the personal and professional dimensions of forgiveness has been published by the American

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<sup>17</sup> For more info about the work of Robert Enright, cf. the International Forgiveness Institute (<http://www.internationalforgiveness.com/>)

Psychological Association. The writing of Baars and Terruwe written for laypersons (Baars, 2001, 2003) and professionals (Baars & Terruwe, 2002; Terruwe & Baars, 2016) on emotional maturity, repression, and affirmation, discussed above, is another example of such work.

### *Voices of Hope*

Various sources offer reasons for hope for persons who experience unwanted SSA and caregivers who want to help them. Ironically, the APA (2012), after many years of regarding SSA as unchangeable, has—tardily and seemingly reluctantly (Rosik, 2016b)—acknowledged that “research indicates that sexual orientation is fluid (i.e., changeable) for some people,” without suggesting *how* this may happen (p. 11). This admission occurs in the midst of a hundred years of “testimonies” by clinicians and others that *some* persons seeking therapy or other help for unwanted SSA have successfully managed and, in some cases, resolved them. Some of these persons used only or primarily therapeutic means to achieve this wanted change, others pastoral, and still others both (Jones & Yarhouse, 2007 & 2009; Karten & Wade, 2010; Nicolosi, Byrd, & Potts, 2000; Phelan, 2014; Phelan, Whitehead, & Sutton, 2008; Spitzer, 2003; Sutton, 2015). The report of a more “scientific evidenced-based” study of such therapy has recently been submitted for publication (Pela & Sutton, 2019).

Another set of testimonies also are worth noting. First-hand accounts by persons who have successfully managed, and sometimes resolved, unwanted SSA through pastoral and/or therapeutic assistance are available. At the top of the list of sources for such testimonies are those from Catholics available from the Courage/EnCourage Apostolate (n.d.), of non-Catholic Christians from the Restored Hope Network (n.d.), and of therapy clients from the Voices of Change

(n.d.). Some of persons providing testimonies from the latter source include “persons of faith” who also used pastoral resources, and some from the former also used and mention clinical resources.

### **Concluding Comments**

The author is aware that many more sources of Catholic teaching could have been cited and that every source cited is not as “authoritative” as every other. For example, the authority of the *Catechism of the Catholic Church* (1994) is stronger than certain documents of particular Vatican dicasteries (Councils or departments), whose authority is stronger than a priest who, in fidelity to the Church’s *Magisterium* (formal teaching authority), offers pastoral advice on these matters. The purpose of this paper is to inform or describe, and to a lesser degree explain, what authoritative and experienced Catholic Church sources teach about these topics.

While I have tried to be accurate in my specific quoting and summary descriptions of Catholic teaching in these areas, I acknowledge that my formal education is not in theology or Roman Catholic Church teaching. (My education was—and continues—in philosophy (undergraduate), clinical psychology (master’s), and marriage and family therapy (doctoral).) Readers seeking a more thorough, and perhaps authoritative explanation of the ideas which I present, and/or by what *proof* the Catholic Church and her ministers teach and practice as they do, are encouraged to read further, especially in the documents cited here. Interested or concerned readers also may wish to discuss their questions or concerns with appropriate *Magisterium*-faithful Catholic Church representatives.

Similarly, the Catholic mental and medical healthcare professionals cited and quoted anonymously are but a convenience

sample of those who serve such clients or patients with unwanted SSA. As with Church teaching, I think that the persons whom I have cited and the comments quoted fairly represent what *Magisterium*-faithful Catholic professionals who serve Catholics and others who experience unwanted SSA think and how they, in general, practice.

This paper has tried to summarize Catholic Church teaching on what “homosexuality” and “homosexual tendencies,” “behaviors,” and “relations” (SSA) are and to offer guidance for helping persons pastorally and professionally when their SSA is unwanted. Contemporary mental health arts and sciences emphasize the importance of *empirical* or *evidence-based* techniques when serving persons professionally. While I support this approach as a professional, I am also aware of its limitations. As my *unofficial* philosophy education in an undergraduate business class taught me, “In some ways *all* persons are alike. In some ways, *some* persons are alike. And in some ways, each [every] person is unique” (Starcevich, 1972). Professional and pastoral care are both given by one unique person and received by another (unique person).

It also is worth remembering that the Catholic Church’s encouragement for *all* human beings, including—but not only—those with SSA, to do whatever is necessary in order to live *virtuous* (including *chaste*) lives, comes with a promise. It has been the experience of God-fearing and God-faithful persons that living out their sexuality chastely is well worth “the cost.” For example, Magisterially faithful Catholics believe and commonly come to experience what Jesus promises in Scripture: “If you remain in my word [“follow my teaching”] . . . you will know the truth, and the truth will set you free” (John 8:31–32). Also, those who “have heard the word [and] embrace it with a generous and good heart, [will] bear fruit

through perseverance” (Luke 8:15). As St. Paul writes: “the fruit” of being guided by, following and living in [God’s Holy] “Spirit is love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, self-control” (Galatians 5:22–23).

The “love, peace, joy, self-control, etc.” which are the fruits of God’s Spirit may come in other ways and more slowly than one may wish. But for striving faithfully to be “fruitful,” everyone is promised that he or she will “taste and see that the Lord”—and all of His ways, including chastity—are “good” (Psalm 34:9) and worth “the cost” (Psalm 19:8–11)! Therapists and pastors also may find in this a source of hope while serving others, as they realize that their efforts to help persons manage—and if possible resolve—unwanted SSA, are well worth *their* “cost.”

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# The Man's Contribution in Forming His Own Sexual Identity

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In the present article we undertake identification and analysis of the role played by the conscious decisive factor in forming male homosexuality. We point to the determinants of homosexuality: disturbed family relationships, a latent erotic relationship with the mother, and mental elimination of the father. At the same time we notice that at the foundation of this relationship there is a certain conscious volitional element of the will to stay in an erotic relationship with the mother. We present this specific relationship with the mother as seen in seemingly trivial, sometimes symbolic events. We show how bringing this erotic relationship to light causes the man to change his perception of himself and of the surrounding world. The description and the conclusions that have been drawn are based on our work with a thirty-year-old client of the Marital and Family Counseling Services in Lublin, Poland, who participated in therapy for two years. All the data making it possible to identify the client have been removed.

*Keywords:* homosexuality, Oedipus complex, enmeshment, disturbed family relationships, awareness

In his psychoanalytical theory of personality, Sigmund Freud points out that every behavior has its motivation that, firstly, is hidden from us (repressed into the unconscious), and, secondly, has an inner character (Freud, 2003; Zimbardo & Gerring, 2012, p. 578). This is a statement that may seem in opposition to the arguments based on reference to environmental factors. These motivations point to the fact that an unsatisfied need of a relationship with the father and being thrown out of the men's world can be the source of male homosexuality. This inflicts a wound upon an adolescent boy who, by entering homosexuality, hopes to cement his relationship with his father. Hence this theory stresses relational and environmental factors; it points to elements of the family system: a dominating mother and a withdrawn father (Nicolosi, 2009).

In the present article we are trying, on the one hand, to make a revision of the theory of relational-environmental determinants of homosexuality. On the other hand, we want to draw the reader's attention to and stress the fact that at the base of forming an unwanted homosexual orientation there is also a whole series of personal decisions. We base our study on an analysis of our patient Stanisław's motivations: he remains in a close relationship with his mother, one that excludes his father. While in our previous article we first of all pointed to the factors that constitute homosexuality (Szopiński, 2017a),

in this writing we want to go a step further, in order to show that at the source of homosexuality there is a series of presumably conscious decision-making acts.

When Stanisław was growing up he was very closely connected with his mother, and consequently even as an adult he visited her frequently and maintained her garden. He has both sisters and brothers. He felt helpless in the face of compulsive masturbation connected with watching pornography and casual physical homosexual contacts. His motivation to start psychotherapeutic work on himself was religiously determined, as he belonged to a religious community and he was a practicing Catholic. Psychotherapeutic sessions were continued for two years with several breaks. One of the last sessions was a breakthrough for him, as the subtle and latent erotic relationship between him and his mother made itself evident by a dream that horrified him. The client confirmed that the way the therapist had provided guidance had led him to understand the core of his problem, and, contrary to all previously started and given-up therapies, this one has revealed his enmeshment in the erotic relationship with his mother that he had not realized earlier.

What is worth noting is that our paper is based only on our client's perception of his parental relationship and his feelings. We do not present here the father's perception nor his feelings. That is why we do not invoke the father's arguments.

## Separation from the Mother as the Foundation of Forming Male Sexual Identity

Formation of sexual identity is a long and difficult process that is sensitive to all kinds of disturbances. One of the best-known theories of sexual identity formation is Freud's theory based on the so-called dissolution of the Oedipus complex. At its foundation lies the assumption that a positive image of the father is the material for establishing moral principles for a boy who is being supported by his father's authority, by his father's knowledge, and by the cognitive contents concerning the proper patterns of behavior the father hands down (Freud, 2014, p. 174). This theory was repeatedly criticized, first of all in feminist circles (Coward, 1984; Mitchell 1993). However, it has become the foundation of other theories of sexual identity. One of them is Chodorov's (1978) theory of cultural gender identity.

Contrary to Freud, Chodorov recognized not so much the relationship with the father, but rather the relationship with the mother as the one that develops sexual identity. In her opinion a child in his early stage of life is strongly connected with his mother because it is she who best satisfies his needs. Moreover, a child in the early stage of his development believes that his needs are identical with the needs of his mother (Balint, 1982, pp. 56–57). For him the relationship is natural, as it is formed since the moment of conception. What is more, the fact that the relationship lasts from the moment of conception gives a boy an illusory conviction that his relationship with his mother will always be as strong and the focal relationship as it is in the early stage of development. At this stage he believes naively that the only thing that may change in this relationship is perhaps the form of the relationship—from a childish one to one in which he and his mother will be partners—but he believes the strength of the relationship or its exclusive form will not

change. However, as the boy becomes mature, his relationship with his mother has to be broken, the goal being, firstly, acquiring the sense of his feelings being something different from his mother's feelings, his needs not being her needs. Secondly, this break forms in him a sense of his own separateness and independence from his mother (Giddens, 2012, p. 131). In the child's consciousness the process of being separated from his mother is sometimes painful. It is equated with being rejected by the mother, being hurt, and it appears to be a certain kind of disturbance of the former relationship. It introduces the child into a world of uncertainty, pain, and a sense of loss (Balint, 1982, pp. 56–57).

What should be stressed, however, according to Chodorov's theory, is that the process of being separated—freeing oneself from the special bond between the child and the mother—proceeds in a different way in the case of boys and in the case of girls. Girls, because of the identity of their sex, remain more closely tied to the mother; however, a lack of a break of the bond between a girl and her mother when the girl grows up may result in dependence on the identity of another person—another woman or man. This psychological rule explains a greater frequency of the occurrence of male homosexuality.

Boys need a radical separation—being freed from the only and unique relationship with the mother. They develop their masculinity by negating what is feminine. Hence also in their adult life they are more predisposed towards activity, action, achieving, at the cost of understanding themselves, their emotions, and working out the ability to establish their own relationships (Giddens, 2012, p. 131). This is why a man's life is often accompanied by *alexithymia* (Greek: *lexus*—word; *thymus*—emotions)—a lack of words or definitions of the experienced emotions. It is the inability to recognize and cope with them in a constructive way (Wexler, 2008, p. 55).

The meaning of the above-mentioned separation was stressed in the past by practicing the so-called rites of passage (initiation rites). In primitive cultures these initiations played a very significant psychological-social role (Wargacki, 2006, p. 283). The rites allowed for consciously forming manhood, building his courage and valor. These rites strengthened his strong will, gave him a sense of efficiency, facilitated making decisions, and what is most important—they allowed him to be free of emotional dependence on his mother and to satisfy the inborn need to be a man. From the sociological point of view, they integrated him socially, and from the symbolic point of view, they allowed him to understand the cultural reality in which he was to live. “And finally, the rites are recognition of masculinity, they are a kind of a lodestar, owing to which we find the way on the edge of self-confidence and being lost, on the edge of being a boy and being a man” (Wargacki, 2006, p. 292).

Hence, entering manhood, being separated from what is feminine, in a natural way is joined with the experience of pain, even some suffering, and with a sense of being abandoned and of loneliness. It is because growth and every kind of development happens by a trial of pain, by tolerating it with some effort, with leaving the zone of safety, of warmth, of what is known and entering what is mysterious, dangerous, unknown—as what is masculine appears to a child in just this way. The bond between the child and the mother is formed from the moment of conception. When a child is born, he is tied with his mother (the umbilical cord). He does not have to establish a relationship with her because it already exists. It is different in the case of the father. The father as a symbol of masculinity appears to the child in this configuration as someone different, separate, mysterious, severe, or even alien. A relationship with him is not formed in a natural way, but it requires

building (Biddulph, 2015). However, it is the only way to form masculinity, and if it is not done in the proper time, when masculine identity is formed, in his adult life such a man will never be self-reliant, strong, able to endure pain, to make decisions and to take their consequences.

This first pain that produces a man is described in a literary way by Kosztolanyi in *Skylark*: “I became a man when I saw my grandpa dead, my grandpa, whom at that time, as a ten-year-old, I loved most. I am also a poet, an artist, a thinker since that time. A striking difference that there is between a living man and a dead one, a difference that is expressed in the silence of death, made me realize that I had to do something. I started to write poetry” (Kosztolanyi, 2007). No doubt this pain is not sufficient for the whole life. This is why Hemingway in *The Old Man and the Sea* describes a man whose essence is physical effort, sweat, muscles, aching body, raw fish, and exhaustion (Tyrmand, 1993, p. 186).

Today there is a very clear lack of conditions facilitating the formation of male traits. It used to be hunting, struggle, hard physical work, and more struggle. Today the computer world does not help in the formation of masculinity (Burdieu, 2001). In turn, the world of women is becoming more and more attractive.

### **The Realization with the Mother: Exclusiveness, Infantilization, and Idealization**

Our client describes his relationship with his mother in terms of emotional closeness. He has really positive feelings for her. He describes her as tender, sensitive, caring, warm-hearted, and close. Also it is not surprising that the client’s positive feelings towards his mother translate into a positive image of anything that is “maternal” (coming from his mother). His mother’s family is also



perceived as closer and “better,” which raises more positive emotions.

Hence here we have a reversed symmetry of Stanisław’s relationship with his mother with respect to his relationship with his father: a very positive picture of his mother and a very negative one of his father. What is more, the client characterizes this relationship with his mother in terms of “a special relationship,” the only one that is in a way exclusive. He confesses that his mother was someone exceptional and the only one—full of feelings and warmth. So he defines himself as someone who has a strong bond with his mother, as “the son of the mother loved by the mother.”

Let us analyze each of the words mentioned in the subtitle.

#### *Exclusiveness*

Our client feels that his relationship with his mother is the only one of its kind, full of love and mutual understanding, or even fusion. He states that between him and his mother there is no great separation. In effect he transfers this unique and well-known relationship also to other women.

Such a sense of exclusiveness of the relationship between the mother and the son is formed in a situation of enmeshment, in which it is the father who, for some reason, either removes himself from the marital subsystem, or is removed from the family system by the partner, and someone better takes his place. He is the son who can satisfy his mother’s needs better and more adequately, at the same time becoming her mental partner (Szopiński, 2017, p. 97). In psychoanalysis this situation is called “the Oedipus complex.” In our client’s relationship with his mother is also the element of a lack of separateness characteristic of the early childhood stage, in which the child identifies his feelings with those of the mother (Balint, 1982, p. 56). Hence we are dealing here with the situation of staying at the stage of early childhood permanently.

#### *Infantilization*

Staying in such a relational configuration requires from our client adopting certain defense mechanisms because staying in the aforementioned relationship consistently would have to lead him to fully adopting the role of the mother’s partner, which—due to the son–mother relationship—cannot take place at the conscious level (Kutter, 1998; Szopiński, 2017). Moreover, a child who is not separated from his mother is convinced that his relationship with his mother will always be so close as at the time of his childhood (Balint, 1982, p. 57). However, as he grows he notices that the relationship, in order to be ever complete and exclusive, would have to enter the stage of closeness characteristic of an adult woman and an adult man. But the child’s entering into such an arrangement consciously is impossible, as it would be connected with accepting himself in the role of the mother’s sexual partner. For this reason such a child (according to an unwritten arrangement with the mother) makes the decision about “not growing up” and remaining in the role of his mother’s best son. Young and Klosko (2012) stress that the biological strength of the child’s bond with his mother may vary and may be marked by various levels of strength. Certain small things may prove that such a specific mother–son relationship has arisen—e.g. a problem with finding a steady job or remaining permanently unemployed, being unwilling to enter permanent relationships or (as it is the case with our client) letting the mother call him “Staś” despite his adult age. Hence the question arises about who was responsible for programming the child’s infantilization. The mother? The father? Or both of them in mutual agreement? During the therapy the client realized that this diminutive of “Stanisław” (“Staś”) that he had in his identity card did not suit his age anymore. The specific entry in the card had a double

meaning: an adult one (Stanisław) and a childish one (Staś).

In this situation the child is infantilized both by the mother and by himself. He does not allow himself to grow up, remaining mentally a little boy deprived of what is characteristic of being a mature man: fertility. Our client is in a similar situation.

### *Idealization*

In this configuration infantilization is always connected with idealization of the mother. In our client's perception his mother is perceived as someone ideal, as a goddess who is a personalization of what is best and most feminine: religiousness, humbleness, and warmth. In our client this image is so strong that he has a problem accepting facts in the life of his mother that prove that the picture he has of his mother is not true.

When visiting his parents he thought about his not being able to imagine them having intercourse. He is not able to understand, to comprehend or accept the fact that his brother was conceived before their wedding. Although the dates show clearly that it is so, he cannot comprehend it because his mother is so devout, so good—it just does not suit her. It is not possible that she had sex before the wedding. He is able to understand his father, but his mother—he cannot. How is it possible that this happened? For him it is indeed inconceivable.

To save his special position in his relationship with his mother, the client mentally forbids, controls, and does not allow the possibility of his parents having intercourse. He does so in order to protect his conviction about “being a better partner for his mother than his father.” If he accepted the fact of the existence of sex between his parents, he would have to recognize his father's superiority in his relationship with his wife, the client's mother. As he admitted, he is convinced that he might be a better partner than his father and he might show his mother tenderness better than his cold father.

However, infantilization of himself and idealization of his mother only have the character of defense mechanisms, since at the foundation of the mother–son relationship there is the erotic relationship, subtly concealed under the cover of maternal love and obedience to mother. As the client himself states, if he was married, his wife would be in second place. At the same time, he notices that he would be ashamed to give his potential girlfriend flowers, but he may offer his mother a bouquet of roses with no problem.

Our client not only treats his mother as a woman, but also only he may cultivate her garden, to which he is totally committed. A couple of times a year he makes a several-hour journey to the place where his parents live to take care of the garden. He himself does not have any doubts that the garden both in the psychoanalytical and biblical interpretation is a metaphor of an erotic relationship.

He subconsciously perceives the garden as a space tended and cultivated for . . . his mother as a goddess. The client discovers that *it is a “substitute” form of the erotic relationship, which is obviously impossible.*

When the subject of the garden cultivated for his mother appears, the client offers his reflections; he does not know if he would prefer sex with a woman older than he is or one of the same age. He escapes sex because he only associates sex with his mother. But since he may not commit incest, he experiences a block on sex with a woman.

At this moment the otherwise well-behaved client takes the liberty of negating this line of thought and opposes the therapist in an unusually vulgar way. This vulgar form, however, may be understood as a positive sign because as an adolescent the client felt anxious, and it was impossible for him to join his peers who either by smoking or by using vulgar words tried to manifest their masculinity.

However, after a rather long pause the client comes to a session because he is terrified by an erotic dream about his mother. In it he is in a forest with his parents. At a certain moment he notices a barrier that he and his mother want to overcome. When they start passing it, our client's mother starts to appear to him in an erotic way: she is dressed in a provocative way—she is wearing black-checked tights and a black miniskirt. She looks like she was in a pornographic movie. What is more, on her neck she is wearing a black collar with a leash held by our client. So in the dream she seemed to be submitted to him. As the client points out, when he realized that it was a dream, he woke up immediately and felt terrified. In a conversation with the therapist he pointed out that the dream made him realize he has an erotic bond with his mother and that the one who forms the bond is not his mother, but he.

The client took a rather long time before he told his dream in session. He fell out of the previous weekly schedule of meetings, and then he decided to stop coming to them, at the same time informing the therapist that he had started work in a sexoholic group, declaring with joy and pride that for a month and a half he has been free from compulsive masturbation connected with watching pornography. It is also noteworthy here that the previous subtle and latent eroticism in his relationship with his mother took so much time to be revealed. This is because it was covered with exclusiveness, infantilization, and idealization.

### **The Wealth of Forms of Depreciation of the Father**

In the situation of an unconscious erotic relationship between the son and the mother, the father appears to the son as someone cold, interfering, or indeed unnecessary. Hence the client cannot be happy with his father's achievements or recognize that his family is nice or good. In this arrangement there is the

need of denying not only the father, but anything that is "father's." *In the client's perception, the father is a kind of the opposite of the mother, since he is not caring, sensitive, tender, or warmhearted. He and his family are emotionally distant. His family also appears as worse.*

It can be clearly seen here that it is difficult for the client to take anything that comes from the father's branch, or even more, that anything that comes from the father causes irritation and is stupid. Even all forms of care and assistance from the father are perceived as stupid and irritating.

In our client this anger has an unconscious character, which is confirmed by his utterance. He feels that between him and his father there is an invisible wall. Even though he can see a gap in the wall, he does not feel like going through it. In his relationship with his father, a very clear, unconscious conflict is revealed. Due to this conflict between him and his father, constant quarrels take place. The conviction that father knows everything best is irritating for the client.

The conflict that takes place between Stanisław and his father is "fueled" by his conviction that his father opposes him in all things, makes his life difficult, hampers it, is his enemy, tyrant, or even rival. What is more, the client feels not loved by his father. He also notices that when he "had an opportunity" to follow his dad, he *rejected* it because of a "lack of love" felt in such a way compared to how his mom showed it.

"In psychoanalytic tradition a hostility towards father is usually derived from fantasies of the child, that he is his own father, because he cannot accept the fact that somebody else has initiated his own life" (Dybel, 1999, s. 168). Hence, it is not lack of love in an absolute, general, abstract sense that matters here; it is the way of loving typical of mother. The client feels not loved by his father, as he does not show his love in the way his mother does. So he makes an

unconscious choice of rejecting his father “mentally.”

However, because the boy’s decision to reject the father occurs in a family system, where every element of the system belongs to a proper subsystem (siblings, spouses, children), pushing one of the elements onto the margin of the system results in the immediate reaction of filling it with elements still present in it. Pushing the father out of the system inevitably leads to substituting his role with another element in the system. Most often this role is taken by the child who starts playing the role of the mother’s partner. This will be connected with overprotectiveness on the part of the mother and a lack of autonomy for the child (Szopiński, 2016, p. 17).

Figure 1 illustrates this properly. The boy depreciates father, but at the same time replaces him in a family system. Therefore, he plays two roles: one, being a child and second, being a partner for his mother.



Figure 1. Mural of the barn by artist Arkadiusz Andrejkow; (Jasło, Poland), Private collection

## The Consequences of a Disturbed Relationship between Parents

Let us pass from the area of psychology to literature for a moment. The well-known Polish writer Gombrowicz, who lived in Buenos Aires, writes this in two of his works (Rębacz, 2001): “I was born and brought up in a home full of goodness.” But at the same time in one of his first works, he makes his protagonist say, “Perhaps the only blemish on our family life was that our father hated our mother.”

The protagonist tries to reconstruct his conception as the fundamental act at which his father and mother should cooperate for his future existence. He imagines his father who forces himself to fertility, one and the only time, with his teeth gritted, with the expression of disgust on his face, against all natural reactions. His mother is a disgusting object for his father.

Later the protagonist notices that his mother is also purebred, but in a different sense, and that his father, an impoverished aristocrat, had married a rich banker’s daughter. Having such knowledge, he already understood that not only psychology, but also the body became the battlefield for his parents who represented races that were hostile to each other. Hence our protagonist searched for the answer to the question: Who he is? What color is a rat engendered by a black male and a white female? Grey? Spotted? Finally, he recognized himself as a rat with no color, which means that it was a symbolic decision, as if made by a man with no identity. Neither of his parents’ races gained advantage in him. And in his works he describes his hetero- and homosexual behaviors (Rębacz, 2001, pp. 48–54).

These disturbed relationships with the mother and the father create a number of characteristic behaviors. The first of them is a blocked psychological development and difficulty in starting a job or finding a job consistent with one’s education. In addition,

there can be a permanent use of the parents' support. Other resultant behaviors may include the inability to establish erotic contacts with a woman and anxiety about it. Our client in all his life was only able to establish one long-lasting relationship with a woman; however, she was much older than himself. This relationship is a mixture of friendly, maternal, and a little therapeutic relationship. In this arrangement of an unconscious erotic relationship with the mother, the sex drive is realized in a substitute form by pornography, compulsive masturbation, and sporadic homosexual physical contacts. A sense of guilt that occurs here is balanced by "sanctimonious religiousness" manifested by wearing many devotional items (in one session we found ten of them). Does he try to shift his responsibility for his choice of behaviors to the saints' protection, depriving himself of the right to make his own decisions?

To generalize, we can assume these two different paradigms, which are chosen by individuals, characterize their relations with others. Our client has chosen both. In the relation with father he has chosen the relation called stonewalling. In the relation with mother he has chosen a bond-building relationship. As mentioned above, his feelings for his father were clearly negative. Metaphorically speaking, our client paints this relationship in thick, black colors. His father was not absent, but all of his attempts to help his son were refused by his son and identified as negative. Here we have the proof that the father tries to build a relationship, he is active, open to his son, takes the initiative, but what he meets is a wall, built by his own son.

But, as was mentioned at the beginning, everything known about the relationship between father and son is available just from the son's point of view. Therefore, the description of the father-son relationship is poor because any act of refusal has to be poorer than the act of building because it

builds nothing. It must be noticed that the act of refusal validates an act of building with mother. Our client judges it as positive, warm, full of subtle and different colours—almost ideal. This relation is alive, is built and expanded in the son's fantasies. But the role of the son in these two patterns of relationships is not imposed. The son makes a choice: which relationship to build and which relationship to refuse, to destroy.

Now we can ask the crucial question: Does our client develop these relationships automatically, unconsciously or consciously? To make the answer clear we analyse one of his decision-making acts. When he was a student, he discovered that his brother was born "too fast" after the parent's wedding. So he analyses the fact and refuses the result of it. He says to himself: "It is impossible that my pious mother could have sex before the wedding. I could expect that only from my father." At this moment he started to analyse that common mother-father act by making a different moral evaluation of both of them. Is the son's behaviour conscious or unconscious in this situation? Previous analysis suggests the client takes a conscious part of shaping these three components of homosexual orientation (negative evaluation of the parental bond, depreciation of father, making an erotic relation with mother). To explain this fact, we can apply an analogy from a different area. When a young couple consciously decides to take a loan from the bank, this means they make a conscious decision. But are they really conscious of all the consequences? The same thing could happen with building a homosexual orientation. Therefore, consciously building these elements, which are constitutive for homosexual orientation, do not have to be equivalent with an awareness that a synthesis of all of them can cause homosexual orientation. That is the role of psychotherapist—to explain how making this structure can cause a homosexual orientation.

Here we recognize the same dilemma that lies at the foundation of Freud's understanding of the relations between the conscious and the unconscious. Freud was never able to solve this dilemma on the theoretical level, and this is why in his works we can find arguments supporting both the one and the other approach.

On the one hand he accepts the unconscious as the ultimate basis of all processes and phenomena that occur on the level of the conscious, to which they are ultimately reduced. On the other hand he recognizes bringing what is unconscious to the patient's consciousness as the fundamental goal of the psychoanalytical therapy; which, in turn, silently assumes that the conscious, and not the unconscious is the ultimate measure of cognition (Dybel, 2001, p. 97).

### **Conclusion**

A detailed analysis of the session was very helpful for illustrating the elements constituting male homosexuality that are described in the literature: a lack of separation of the son from the mother, rejection of the father, and an unconscious erotization of the relationship with the mother that may assume very subtle forms. This does not mean, however, that the mother always has to woo the son. Rather, because in this bond between the son and the mother, characterized by exclusiveness, infantilization, and idealization, the son in his fantasies sometimes erotizes the relationship. This does not arise from a single act. In this article we try to show a sequence of such minor inner acts forming the model of erotic enmeshment of the son and the mother, which, while it cannot be fully realized, has to be efficiently blocked by the son entering the homosexual orientation. Similarly, it takes conscious decisions to transform the previously learned paradigm of reacting.

During a long-lasting psycho-therapeutic relationship two essentially opposing trends may be noticed:

(1) At the beginning negative emotions towards the father come to the foreground. Metaphorically speaking, they kind of overflow a full cup. "Ideal" relationships with the mother, containing erotic relationships, are covered by many layers, at the very bottom of the cup. Revealing them sometimes is shocking for the client, and it may make him take offense or even break the therapeutic contact.

(2) The therapeutic work with the client allowing him to name and to understand the existing family relationships does not automatically change the emotionally learned ways of satisfying the drive. It takes rebuilding the previous inner paradigm. And this is exactly how our client sees it.

Certain recommendations may be pointed out regarding the rebuilding of this paradigm:

(1) Do not to ascribe such a great significance to tiredness. When the client does it, he starts to function and does function on the resources of a little boy—a child. A little boy is not strong enough to cope with everything. He has very little tolerance for pain and discomfort. However, it is important to understand that it is he who brings himself to the psychological state of tiredness, tiredness that is not pleasant, that is not a result of a well-done job. This is tiredness that is a gate to self-satisfying, to homosexual porno-graphy, and to masturbation. When he gives such a significance to tiredness that he pities himself, he makes a tired boy of himself. The fact that it is his decision, who he wants to be, was an important discovery to him. He is either a tired boy with homosexual orientation or a heterosexual man who does what he wants and has a strength to meet the challenges brought by everyday life and duties.

(2) When he is afraid of the future, he gives the power over himself to a little boy again. It is not a real fear, as, for example, fear

of the dark, when he is afraid to walk through a forest in the dark, that matters here. What does matter is a fear that is expressed in the conviction that “I cannot do it, I cannot cope, I am too weak, what will happen to me, let someone take care of me. . . .” But as a heterosexual man he does what he wants, and it is he who is the master of his decisions, which includes the question of his orientation. For him it is a confirmation, and an efficient one, that he gets rid of his homosexual orientation, that he lives as a free man and he does not have to practice masturbation or watch pornography only because he cannot control his sexuality because his orientation is stronger than his power to make decisions. It is too heavy to carry for a boy, but not for a man. The client, as a heterosexual man, through sexual abstinence wants to confirm himself as only a heterosexual man. If for tens of years he was not able to do it, and now he can, this means that he is only a heterosexual man and no one else. For him this is a confirmation good enough that his therapy has come to an end.

(3) Owing to this he can also control his body posture. When he is sitting on a chair or an armchair, when he is talking to somebody, his feet are often tucked up under him, and he only touches the floor with his toes. He sits in a position that is uncomfortable to him. Non-verbally he lets others know that for some reason he lives in an uncomfortable way—he cannot comfortably take care of himself in an actual situation. A change in the paradigm of his behavior happens by paying attention to this type of seemingly trivial behavior and changing them by sitting in a position that is more comfortable for him. It is about a certain conscious decision about how he is sitting and if he feels well with it. Being conscious of how he is sitting allows him to direct his body posture; it gives him the power of deciding about it. It lets him redirect his power. From that moment on, it is he who decides about his program and who changes it. It is not the program that directs him.

Also at this stage helplessness may show up. The client could say that his situation is hopeless, that so much has to be changed—a new way of thinking, of looking, of behaving, of reacting, and new emotions. However, it should be remembered that the attitude “it cannot be done, it is too difficult” is an attitude typical of a little boy who just waits for someone or something to solve the problem for him.

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We cannot avoid mentioning here a spreading trend of thinking typical of postmodernism that perceives in monotheistic religions a limitation of the development of humanity (Wielgus, 2000). The postmodernist conception of man lays a great stress on his freedom of choice, including changing one’s sex. Paradoxically, it does not see this possibility in the case of abandoning the homosexual orientation. However, if the factors determining the orientation happen to be identified (Szopiński, 2017), there is a possibility of agency regarding sexual orientation. But if the factors forming the homosexual orientation are hidden, a man has no alternative but to enter an incestuous relationship.

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# Perspectives from the Front Lines of Therapy Ban Conflicts: An Interview with Peter Sprigg and Greg Burt

*Christopher H. Rosik, Ph.D.<sup>1</sup>*

*Fresno, California*

Battles continue to be fought in municipal, state, and federal jurisdictions over the rights of clients to receive and therapists and other counselors to provide change-allowing care for individuals with unwanted same-sex attractions. In order to shed further light on what is occurring in the political trenches, I interviewed two men who have years of experience engaging politicians and the public in the defense of these rights. Peter Sprigg is a Senior Fellow for Policy Studies with the Family Research Council based in Washington, D.C. Greg Burt is the Director of Capitol Engagement for the California Family Council in Sacramento, California. In the interview, I pose several questions designed to learn about these men personally and professionally, as well as to gain insight on how they perceive the present and future of this conflict.

*Keywords:* therapy bans, political engagement, public relations

**Could you tell us a little about your background (e.g., where you grew up, formative experiences, faith history, current family)?**

***Sprigg:*** My family moved quite a bit when I was growing up—I lived in New York, Montana, Pennsylvania, and Massachusetts, where I graduated from high school. I became interested in politics at an early age and got my bachelor’s degree from Drew University

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(NJ) in Political Science and Economics. After graduation I worked in government, including as a staffer for a Congressman, and ran for local office. My defeat in that race started me on a period of soul-searching that culminated in my committing my life to Christ at a Billy Graham Crusade in Boston (even though I had grown up in the church).

I then went into full-time ministry with the Covenant Players, a Christian drama ministry, and had the opportunity to perform and do drama workshops in churches, schools, prisons, nursing homes, etc.—not only in the U.S., but in Australia, Papua New Guinea, and German-speaking Europe (Germany, Austria, and Switzerland). I met my wife in Covenant Players, and we married about halfway through the ten years I spent in that ministry.

I left CP to go to seminary, receiving my Master of Divinity degree from Gordon-Conwell Theological Seminary. I then spent four years as pastor of Clifton Park Center Baptist Church in Clifton Park, New York (outside Albany). We have one child, a son who was born the week I graduated from seminary. He just graduated from college this year!

**Burt:** I was raised in a devout Christian family in Orange County, California, as the oldest of three. My father taught math for thirty-plus years at the same public high school I graduated from in Mission Viejo, while my stay-at-home mom devoted her life to providing a stable and loving home environment. Church was a big part of our lives. My parents sang in the choir every Sunday at our Baptist church, and camps and youth group involvement were a must. But it was my parents' decision to become missionaries with Youth with a Mission for a year when I was fourteen that had the most profound spiritual impact on my formative years. We traveled all over Asia. Smuggled Bibles into China. Presented the Gospel in

dozens of venues from tribal villages in Thailand to shopping malls in Singapore. That experience left me dissatisfied with pursuing an ordinary life in American suburbia and showed me a sold-out, fully devoted Christian faith that believed God could use anyone to change the world. Since graduating high school, I've trained, traveled, and worked in over a dozen countries and all over the U.S. I currently live in the Sacramento area with my wife of twenty-one years, with our three children ages eighteen, sixteen, and eleven.

**Please describe your current position and how you came to be doing this work.**

**Sprigg:** After a few years as a pastor, I began to believe pastoral ministry was not the best fit for my interests and skills. I desired to do more writing and also to become involved in the “culture wars.” (Although quite liberal when I was young, I had gradually grown more politically conservative!)

One night I was looking at the Family Research Council website and clicked on a button for “Job Opportunities.” There was a job posted called “Senior Director for Culture Studies.” I read the job description and said, “That’s what I want to do with my life!” When I applied I considered it a long shot—but I got the job. My title has changed a few times, and I am now Senior Fellow for Policy Studies. I refer to this as my fourth career (after politician, actor, and pastor) and my third ministry.

**Burt:** That’s a long story. After graduate school, with degrees in journalism and public policy, I got married, moved to Colorado, and got a job as a reporter at a small-town newspaper outside of Denver. I covered local crime, city politics, government corruption, the Columbine High School massacre, as well as stories about vegetable farming and high school wrestling. Yet with the birth of

my own children and the need for better pay, I had to leave the journalism profession and eventually landed a job running district offices for strong Christian members of Congress. After several years, a lost election and a crashed economy brought me back to California where I landed a job working for a member of the California Senate in Orange County. That led to another move north several years later to the state capitol where I became the Communication Director for Assemblywoman Shannon Grove. After term limits removed her from office, I got my current position working at the state capitol for the California Family Council.

My official title, Director of Capitol Engagement, describes the main goals of my position. First, I use my past experience and training to help other like-minded individuals and organizations to engage in the public policy debates happening at the state capitol. That means coordinating committee testimony, rallies, press conferences, letter writing, and phone calling campaigns for and against legislation. It also means encouraging the Christian community to engage in policy debates, by writing articles about legislation and making myself available for radio, TV, and newspaper interviews in order to advocate for issues related to the biblical view of life, liberty, and the family.

**How long have you been doing this work, and what are the biggest changes you have seen over those years?**

*Spring:* I've now been at FRC for eighteen years, since 2001 (I arrived just a few weeks before 9/11). I have worked primarily on LGBT issues that whole time and have seen many changes—most not for the better! When I came to FRC, *no* state had same-sex marriage and no library had ever had “Drag Queen Story Hour.” The transgender movement was still seen as a fringe

movement and shunned as too radical by some LGB activists.

I also like to remind people, though, that the marriage amendment movement (from roughly 1996–2012) was one of the most successful grass-roots political movements in American history, amending the constitutions of thirty states to define marriage as the union of one man and one woman. Sadly, those efforts were overturned by the U.S. Supreme Court in 2015.

*Burt:* I have always tried to advocate for biblical values in every job I've had, either through my actions or what I communicated. Some jobs only allowed me to advocate for these values behind the scenes or indirectly. My job working for California Family Council over the last three years, in contrast, puts me at the end of the spear on issues of faith and values. Many times, because the press in Sacramento has few people to turn to, I'm the one doing the TV, radio, and newspaper interviews on hot button social topics. I work hard at organizing other Christian leaders and organizations to testify against bills or talk to the press, but we need many more people willing and eager to do this.

One of my biggest struggles is convincing other Christians and those with traditional values to enter the public arena to debate issues of religious liberty, morality, and policy surrounding LGBT issues. As the California culture has grown more hostile to biblical values, many Christians leaders have backed away from speaking about beliefs the culture finds offensive. Self-censorship and silence are our biggest problems. Churches are far more inclined to limit their cultural involvement to projects that get them admired as opposed to cultural engagement that lead to public protest. As a result, many churches shy away from anything that hints of politics or public policy because those are the topics that get people upset.

Now, this isn't universal. Pastor groups such as Church United and Awake America are organizations that encourage pastors to meet their legislators, collectively speak out on issues of morality, and teach their congregations to apply their faith to every aspect of their lives, including politics. But these pastors are in the minority here in California.

**Are there still reasonable people on both sides of the political spectrum who are able to seek consensus solutions or has the societal polarization made this next to impossible?**

*Sprigg:* On LGBT issues, the polarization has made it very hard to find consensus. I have sometimes suggested that the greatest potential for common ground is with a "libertarian" approach, whereby conservatives make no effort to reimpose legal limits on the behavior of LGBT people, while LGBT people make no effort to impose legal limits on those who disapprove of their behavior—such as wedding vendors who don't want to participate in same-sex ceremonies and clients and therapists who want to seek sexual orientation change. Unfortunately, most LGBT activists seem committed to a more aggressive approach.

*Burt:* It is becoming harder and harder to get politicians to sit down on the more controversial issues of the day and come to a consensus of some kind. Many politicians might be reasonable behind closed doors, but if they want to retain their seats, they need to please the well-financed advocacy organizations that supported their candidacy. Planned Parenthood, the California Teachers Union, Equality California, and the ACLU are four of the biggest, most influential, and well-financed organizations at the California State Capitol. All of them are united in supporting legislation that advocates for a

leftist social agenda regarding abortion, gender identity, sexual orientation, and parental rights. No politician wants any of these organizations to come after them. If you are seen working with the minority party on some middle-of-the-road policies, you will upset these well-heeled organizations.

The other problem involves a lack of common beliefs between the major political parties. There used to be agreement on the importance of religious freedom, free speech, parental rights, father and mother-led families, and the benefits of a free market. That isn't true anymore, at least in California. Consequently, it is hard to find consensus solutions when there are fewer consensus values to unite around.

**What do Alliance members and supporters need to know in order to understand what is going on in state and federal politics as pertains to therapy bans?**

*Sprigg:* Well, Alliance members and supporters probably see the situation more clearly than most! But the general public needs to know that the claims made by therapy opponents—that science and research have proven that sexual orientation change efforts are never effective and always or usually harmful—are simply false. And it doesn't matter what kind of illusion of authority (such as by the APA's) or how many degrees the person making the claim has—the evidence (other than anecdotal) simply does not exist. It's really somewhat terrifying how much traction such blatant lies have gained, even among Christians and Republicans. It's Orwellian.

*Burt:* They need to know LGBT activist organizations are dead set in their commitment to outlawing all forms of sexual orientation and gender identity change efforts. If the freedom to counsel the sexually

hurting is going to survive, Alliance members must fight for it. The time for laying low and not drawing too much attention to yourselves is over. The other side will not be content to let you practice your profession in private. Don't give in to the temptation to silence yourselves. The information professional counselors have would be devastating to the other side if the public only knew about it. The Alliance, and what it stands for, needs to be as well-known as the ACLU. You need to stand with confidence in the public square just like they do. We need you to find a way into the public debates about homosexuality and gender identity. The press should know who your organization is and know someone at the organization is eager to talk with them.

**What do you see as the end game for those seeking to ban so called “conversion therapy”?**

*Sprigg:* The interesting thing is that SOCE or SAFE-T has no effect at all on people who embrace an LGBT identity—because it's not *for* them! That's what convinces me that these bans are not really about the therapy, but about ideology. The real problem is not that people are being harmed by this therapy (they aren't). And the problem is not that the therapy does not succeed—I think LGBT activists are more concerned that it does! What concerns them is the mere existence within society of people (whether therapists, clients, or ordinary citizens) who consider it in any way undesirable to be “gay.” That's what they want to stamp out—the belief, by anyone, that any aspect of homosexuality (attractions, behaviors, or identity) may be undesirable.

*Burt:* Banning SOCE and GICE therapy is not the endgame. Ultimately LGBT activists want to transform what society believes about sexual behavior and gender identity. They seek to remove any negative stigma

around transgenderism and same-sex romantic relationships. LGBT activists and state LGBT-identified legislators have given up trying to persuade people to believe as they do. The gloves are off and they are now willing to use government power to force or manipulate people to affirm their views on sexual orientation and gender. If that doesn't work, they will make it very painful to advocate any views contrary to theirs in public. I think they will go so far as criminally labeling any non-affirming parent or non-affirming counselor or pastors as an abuser.

Licensed counselors are standing in the way of this transformation. These educated professionals lend credibility to a viewpoint that says sexual orientation is not fixed at birth and can change for motivated clients. We have to somehow persuade these activists that this effort to force their views on others is not going to work. Sadly, so far, the strategy is working well. We have to convince the public that these tactics threaten everyone's freedom.

**In 2015 I read how legislators in Washington State successfully thwarted a therapy ban bill by themselves proposing an amendment that banned the abusive aversive techniques to change sexual orientation but protected therapists' speech and client goals. Since that time I and others in the Alliance have argued opponents of therapy bans should add this approach to their toolbox, which gives politicians who support us cover without losing anything, since none of the aversive practices typically mentioned to justify these ban bills have been used in professional psychology for decades. Clifford Rosky, University of Utah law professor and Equality Utah's therapy ban point person, recently admitted as much following a similar effort by ban opponents which thwarted a therapy ban**

**bill in Utah last spring. Why did it take so long for this approach to get on the radar of traditional family groups, religious liberty law groups, and supportive politicians? Do you think this approach will be a game changer, or at least help us change the conversation surrounding these bills?**

*Sprigg:* One reason there may be a reluctance to use an approach like this is that it shouldn't be necessary. In an ideal world, legislators would not even be considering laws to interfere with the therapeutic relationship between therapist and client, or wasting their time passing laws to outlaw things that do not exist. And it concedes, to some extent, the premise that sexual orientation change efforts can be harmful.

However, I have no problem using this approach if it is the most effective way of defeating a more sweeping therapy ban. It does help to neutralize the worst of the horror stories that are sometimes alleged.

*Burt:* I love this strategy because it exposes the lie that all change efforts are the same. The LGBT activists have been very effective at promoting the counseling horror stories, with very little critique from our side. Where are our voices in this public debate? How many times are Alliance members quoted on stories related to the conversion therapy bans? We have to combat their stories with our stories. We have to be just as aggressive in getting our narrative out as they are. The problem isn't just that the media is against our narrative; it's that generally the media only hears one narrative. Where are the passionate professionals on our side sending out statements and offering their expertise on every story about these issues? I suspect our side isn't actively engaging the press as they should. The Alliance needs to find a way around this.

Part of the problem is that you don't have anyone like me willing to speak and get your narrative into public conscience using the media. I don't mean me specifically. I mean someone who's job can't be threatened by entering into this debate. I can't be punished financially by the LGBT activists, because I'm supported by donation dollars from like-minded people. I know many professional counselors with practices they need to keep afloat, who are much more vulnerable to attack than I am. Activists might go after your clients. They can go after your license. They can even go after your personal reputation in a way that would ruin your career. None of that can happen to me, so I'm much harder to silence.

So while this legislative strategy is good, it must be combined with the same strategy to convince the public to be on your side. A politician has a hard time doing the right thing when the public is completely against him.

**What do you see as the likely outcome for the nationally orchestrated effort to ban change-allowing therapies for a) minors and b) adults?**

*Sprigg:* We have already seen the evolution of the campaign against sexual reorientation therapy, which began with bills purported to protect children (especially from coercion); progressed to efforts to prevent "fraud" (in the JONAH lawsuit and California's failed AB 2943); and will, if it continues, culminate in an effort to outlaw such care outright, whether for children or adults, paid or unpaid, religious or non-religious, because of the alleged "harm" it causes.

However, in a recent U.S. Supreme Court case which upheld the free speech rights of pro-life pregnancy centers, the court made a negative reference to lower court cases that upheld the initial therapy bans. That gave me a great deal of hope that in the end, the

current conservative Supreme Court might strike down therapy bans as unconstitutional.

**Burt:** It is hard to see into the future. I'm hoping and praying plans to ban change-allowing therapies backfire. I hope the public wakes up and realizes these bans violate the fundamental right of individuals to pursue happiness according to their own values and religious faith. Americans should be outraged the government thinks it has the right to dictate the type of advice a person can seek from a counselor. They need to understand that a government with the power to ban counseling you want can ban almost anything, including other ideas or expressed opinions it deems harmful.

I'm also hoping the Supreme Court reins in these bans by emphatically declaring counselors have the same free speech rights as everyone else, and no government official can censor professional speech just because those words make some people feel bad.

### **How should people involved in public work like yours conduct themselves? What lessons have you learned in this regard?**

**Sprigg:** Because those of us who oppose the socio-political goals of the LGBT movement are routinely labelled as "hateful," it is important for us to bend over backwards not to live up to that stereotype. We must emphasize that we desire the best for same-sex attracted people—the disagreement is over how to bring that about. And I always emphasize the distinction between attractions, behaviors, and identity. It is important to acknowledge that people do not "choose" their attractions, and what we disapprove of are same-sex sexual behaviors—not "who people are." Some other tips: stick to the point at issue, and don't use jokes or irony—they don't go over well.

**Burt:** I'm still learning the best way to conduct myself. I seek to follow Jesus's example, knowing what an impact he had on the world with only three years of public ministry. I know I still have a way to go to live up to that standard, but here are some principles and practices I would advise others use when working in the public eye: Be clear in your communication. Don't leave people guessing what you believe. Speak with confidence or don't speak at all. Don't be intimidated that you are standing alone. Look to the heroes of the past who stood up and confronted ideas the majority despised. Have a long-term view. Real change takes time. Speak the truth in love but speak the truth. Address your opponents' questions and criticism. Be open to being wrong and correct your misspoken facts. Never lie or exaggerate to get the public on your side. Pray God gives you a heart of compassion for those who oppose you. In short, I try to follow Apostle Paul's description of the marks of a true Christian in Romans 12:9–21.

### **What can Alliance therapists and allies do to best support your work?**

**Sprigg:** Tell the truth. Don't let critics silence you. And continue to educate people about scientific truth and the reality of what happens in therapy. Alliance members and conferences have been my most reliable source of information about the realities of same-sex sexuality.

**Burt:** Educate elected officials, the media, and opinion leaders on the facts regarding sexual orientation and gender identity change efforts. Find creative ways to get your ideas into the public consciousness. Don't let bad ideas or incorrect information regarding change allowing counseling to get promoted anywhere without a response from your organization. Reach out to every reporter who writes a biased story about "conversion



therapy” and talk to their editors too. Be relentless. Educate those sympathetic to your side so they have the confidence to defend your ideas and the clients you serve. Find fabulous spokespeople for your organization who are ready to do TV, radio, and newspaper interviews at a moment’s notice, as well as be available to testify against bills in Sacramento. Be willing to speak at school board meetings to warn the public regarding the dangers of gender identity and explicit

sex education lessons for elementary school children. Our culture needs to hear from professionals more than ever on these topics.

Currently, the public has the impression that professional licensed counselors and psychologists all agree with LGBT perspective on gender and sexual orientation. If your organization wants to support my work, please help change this perception.

# **Publication and Retraction of the Santero, Whitehead, & Ballesteros (2018) Study: A First-Hand Account**

*Neil E. Whitehead<sup>1</sup>*

*Lower Hutt, New Zealand*

This paper details the publication and subsequent unilateral retraction by a bioethics journal of a study showing statistically significant strong effect sizes of combined therapy, strong religiosity, and support groups, on attempts to change sexual orientation by USA men. The study also found very strong and helpful diminution of mental health issues and harm experiences were no worse than those accompanying therapy for other unwanted conditions. The retraction by the journal was nearly a year after publication and was based on a sole negative review of the statistics used, although these had previously been approved after examination in depth by a reviewer from another journal, and one was specifically recommended as valid by the APA. The authors submitted a reply and found the negative review was easily answered, but the editor did not allow herself to be involved in a statistical argument, nor did she blame the authors, but rather attributed culpability to the previous processes in the journal. Gay activism seems not to have been a significant factor, but it will become increasingly necessary for journals to become thoroughly statistically informed.

*Keywords:* sexual orientation change efforts; SOCE; survey; retraction; publication; statistics

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This study was very similar to the Jones/Yarhouse etc study (Jones & Yarhouse, 2011). In a doctoral thesis survey (P. L. Santero, 2011) started in late 2010 but only published in a journal 7.5 years later (P. Santero, Whitehead, & Ballesteros, 2018), Santero surveyed good and bad experiences of those who had been through therapy for unwanted same-sex attraction. I was recruited to help with statistical aspects, and the following is an account of the saga of getting it published. The tale is mixed and tortuous, and the unexpected outcome almost unique.

I am a research scientist involved in the derivation and interpretation of results in many fields. I have published over 150 papers, in a span of 50 years of research, with lots of use of statistics, but I have to say this has been the most difficult paper to publish of any. My relevant competence level is that I can derive new statistical methods if required, together with their significance limits and necessary software, though this was not needed in the present paper.

Most of my papers have been in the hard sciences—biochemistry, nuclear chemistry and physics, and geological fields, but about two dozen concerned same-sex attraction and closely related issues. The latter were not directly on politically sensitive issues. The Santero paper was, being directly opposed to the recommendations of the American Psychological Association (APA). In their 2009 Task Force Report (American Psychological Association, 2009) they recommended against helping people pursue change who had unwanted same-sex attractions because there was perhaps a risk of harm, and they doubted any change occurred, for example under therapy.

In practice this has resulted in various official bodies banning the therapy and sometimes depriving practitioners of their livelihood, which is an unwarranted

extrapolation from the relatively mild statements in the Task Force Report. In perhaps the most recent case, a South African author has been forbidden even to speak publicly about the subject by their human rights authority. Although in theory all varieties of human rights are equal and have equal protection (e.g. race, sexual orientation, political expression, religious belief), in practice this is far from the case.

An important question in a survey of the effects of therapy is usually about samples. Are the people who have persevered through therapy different from the general population? Can this therapy apply to anyone at all? It turned out that the people in this survey had a religiosity very much higher than the general population. However, they were quite diverse—non-denominational Protestants, Jews, Mormons, a few Catholics, and a few traditional Protestants—no Atheists! The common threads were that they wanted change, and were religiously motivated, had been in therapy, and about half had been in support groups. Probably the most highly motivated did self-select.

The paper showed each set of results in both visual and table form because it seemed there would be one class of people who just wanted the overall message fast, and a second class who might want to check every number carefully!

It was possible to use statistical tests to show same-sex attraction had changed and was not statistically consistent with zero change, but although that is important, it is not enough—one must also show a strong effect. For example, if a drug decreased mortality by 1% it might be a statistically real effect, but it would be far better if it could be shown the drug had a statistically real effect and also reduced mortality by 10%. The percentages are the equivalent of effect sizes in a survey and are important. So one wants to show a significant effect of therapy. This

was certainly possible to calculate although the statistics are less well known than those usually encountered. Furthermore the strength of the effect sizes of the therapy were very comparable to other therapies for unrelated issues. For this group the various therapies work and quite well.

The degree of change was the outcome variable. A number of participants changed a dramatic extent—they said from completely same-sex attraction to completely opposite-sex attraction. Of the whole sample, about two-thirds moved a significant amount towards heterosexual, and the rest mainly did not show any change. A very few actually became more same-sex attracted. However, it was rather remarkable how therapy was found very good, even among those who did not change. One can surmise they had lots of help for other issues and found real fellowship in the support groups.

A rather remarkably wide range of therapeutic techniques had been tried by the respondents. But when asked about whether techniques were helpful or harmful, all techniques received a surprising amount of support, and none were downright harmful. The moral seemed to be that whatever one tried had some positive effect.

Because of accusations that therapy might be damaging to mental health, questions in the survey asked about several issues, such as suicidality, depression, and self-esteem. Again, there were real positive effects with a good effect sizes—in fact, somewhat stronger than for same-sex attraction. So, although before receiving help respondents had an average of three mental health issues, though not severe, they reported lots of help from the therapy and the support groups they attended.

The hypotheses requiring testing, in some cases, caused me much head-scratching to decide the most appropriate statistical approach, not least because there was such a high degree of approval and so few negative

reports. It seemed blatantly obvious there was a profound difference between the positive and negative side, but testing that was tricky—many tests do not react well to having zero people endorsing some survey question! But good tests were ultimately found.

The survey questionnaire had more than 90 questions, and the amount of data generated from 125 participants was large. An outcome was the very strong endorsement of religious issues being the reason for seeking help, with family social pressures being very minor. Distaste for experiences of the gay lifestyle was also a very minor factor.

The major outcome, as found in previous surveys, was that there was real change, little harm, much good, completely opposite to the findings of the APA report, but very close to the findings of Jones and Yarhouse. The question remains: was this a self-selected group? If so the main common factor was religion, and this is remarkably paralleled by the experience of AA, who insist that the help of a Higher Being is essential.

*The Journal of Men's Studies* had previously published a similar report (Karten & Wade, 2010) but this time declined to consider the paper, probably because they did not want to get involved in that controversial area. Another journal not averse to controversy and with high statistical standards gave some excellent comment, both on the statistics and text; the paper was significantly improved, and the statistics accepted. However, they then asked for the names of a couple of competent reviewers outside the highly polarised Western milieu, and this took quite some weeks. (It is common to ask authors for recommendations, and the editors try to find reviewers on the opposite side.) In the interim the journal was sold to another publisher, and a very tight deadline was given for finding the reviewers. They said if it could not be met, the paper would be rejected and treated as a

completely new submission because the new publisher wanted a clean slate. We could not meet the deadline and withdrew the paper.

A submission to the final publication journal was much more positive, and after the usual review process, received an acceptance from the editor, who was told that the statistics had been vetted by another journal. He also asked for statistical review from a reviewer known to him, but this was not forthcoming. The publication was further delayed because of a special theme issue of the journal (these often delay individual papers). This journal was also sold to a new publisher during the review process (again!), but the demands from resubmission were quite minor.

The end result of all this was a 7.5-year gap between survey and publication, and this is very long. In fact only 4% of all papers take more than 5 years (Powell, 2016), so 7.5 years might put this paper in the 2% (?) category. But the results in the paper were so clear that it was well worth persevering. Many scientists complain about the inordinate time it takes to publish a paper. They find that the major conclusions of their papers are not changing in spite of the numerous, protracted, and contradictory reviews, and some are turning to various on-line alternatives.

However, this was far from the end of the saga for the paper. Some months after publication, there was a change of editor, and we received several questions about our qualifications and sources of funding; CVs were asked for. The editor was clearly antsy about the published paper, perhaps through unfamiliarity with the statistics. Nearly a year after publication she announced that the journal was unilaterally withdrawing the paper, on the basis that it had not been adequately statistically reviewed and the review she now received was negative. I mentioned the previous thorough review from another journal, but this did not nullify

the planned retraction. (From inside information it seems gay activism was not a major factor.)

I have not heard of any other such post-publication unilateral retraction except in the case of fraud or plagiarism, neither applicable here. Usually any doubts about a paper's content are addressed in another article in the journal or perhaps a letter to the editor.

The statistical reviewer objected to the diverse methods for therapy employed by the respondents and seemed to think that only very restricted criteria would be adequate (e.g., all subjects should have exactly the same therapy and results should be judged only by interview on carefully established psychometric scales rather than self-reporting). Our reply was that strong effects were seen even under our rather uncontrolled conditions, and this was significant and important. The paper had already said that a main criterion of therapy was whether the client was satisfied, regardless of whether change was small or large, hence self-reports were important. The other objection was that in view of the diversity, a chi-square test was inappropriate. But this is a fundamental misunderstanding of chi-square, which only compares any results obtained with any expected results. No other criteria are needed.

We also mentioned that the APA had recommended another of the less-usual statistical tests we had used. Our statistical reply was apparently not judged adequate by the editor, but there was no reply to our query as to why it was faulty. It rather seems as though the statistical side of this paper was beyond both the editor and reviewer, and our evaluation is that the retraction is totally unjustified.

In retrospect this bioethics journal was faced with strong statistical proof but probably could not really adequately evaluate it because traditionally bioethics arguments hardly involved statistics. However, such expertise will increasingly be needed, and

such journals will have to acquire several expert reviewers.

The published retraction notice (“Retraction notice,” 2019) was curious in another way. It presented the reviewers’ comments and our reply, verbatim, but the editor in the notice said blame should not be ascribed to the authors, implying that the previous editor had not done his job properly. However, alas, the paper gets into the databases of retractions, with negligible context, and the authors *are* held responsible.

The Linacre Board said they would rather like us to submit a changed manuscript without the statistics, but it was lacking of statistical backing, which was an important criticism of papers by the APA 2009 report, so any such paper would be a non-event. The paper remains on the journal’s website together with its retraction notice.

A further extraordinary facet is the copyright position. As normal we had signed a copyright transfer form, and the unexpected legal position is that the journal, on retraction, has no obligation to return the copyright to us. A journal that wanted to be nasty or protect the academic community from fraud could actually forbid submission for publication anywhere else. The present journal is not so extreme but makes a condition of copyright release that the retraction notice must accompany any submission elsewhere. This would be a major red flag to any journal receiving it and trigger a huge uphill fight. For health reasons I am now not allowed to enter such fights. However, the data remain valid and may be relied on.

Another puzzle is whether data themselves can be copyrighted in the sense of forbidding their use elsewhere. I judge that such a restriction should not apply in academia.

Further publication of similar studies is not likely to be easy.

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**A Research Review of**  
***Parent-Initiated Sexual Orientation Change Efforts with***  
***LGBT Adolescents: Implications for Young Adult***  
***Mental Health and Adjustment***<sup>1</sup>

by Ryan et al.

*Christopher H. Rosik, Ph.D.*<sup>2</sup>

This study no doubt is intended to fill the void that has heretofore existed regarding research on adolescents who have undergone sexual orientation change efforts (SOCE). The 2009 APA Task Force's report acknowledged that there was no empirical literature to evaluate adolescent change efforts, which always

should have been somewhat of an embarrassment to proponents of therapy bans for minors. Hence, the Ryan et al. study was enthusiastically welcomed by ban proponents and quickly adopted in the legislative efforts to prohibit SOCE among minors, including minors who have a self-determined goal to

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<sup>1</sup> Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality*. Advance online publication, pp. 1–15. <http://dx.doi.org/10.1080/00918369.2018.1538407>

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explore their sexual attraction and behavior fluidity. Because this research has clear political advocacy aims, great caution should have been taken by the authors to exercise restraint in order to not overstate the scientific implications of their work. Unfortunately, there are some worrisome signs that such caution has not been sufficiently exercised.

Ryan et al. conducted a cross-sectional study of 245 LGBT White and Latino young adults ages 21–25. They asked participants (1) *Between ages 13 and 19, how often did any of your parents/caregivers try to change your sexual orientation (i.e., to make you straight)?* And (2) *Between ages 13 and 19, how often did any of your parents/caregivers take you to a therapist or religious leader to cure, treat, or change your sexual orientation?* For question 1, 53% of participants responded this had occurred at least once, and for question 2, 34% reported having been taken to a therapist/religious leader for attempted orientation change. Participants also were assessed for mental health and adjustment, including measures of suicidal ideation, lifetime suicide attempts, depression, self-esteem, and life satisfaction.

The authors reported findings that certainly pleased ban proponents:

With the exception of high-risk sexual behavior and substance abuse, attempts to change sexual orientation during adolescence were associated with elevated young adult depressive symptoms and suicidal behavior, and with lower levels of young adult life satisfaction, social support, and socioeconomic status. Thus, SOCE is associated with multiple domains of functioning that affect self-care, wellbeing, and adjustment. (p. 10)

I concur with Ryan et al.’s discussion regarding the critical need for education of

the conservatively religious community on matters pertaining to sexual orientation, particularly the need for acceptance and love of children experiencing same-sex attractions by their parents. This is the most appropriate “take home” lesson from their study. Other observations and conclusions made by these researchers, however, suggest their advocacy interests have colored their scientific objectivity.

First, the authors indicate that Spitzer “retracted” his study (Spitzer, 2003). This gives the impression that the study was retracted from the scholarly literature—something that never happened. The journal’s editor, Kenneth Zucker, Ph.D., refused to retract the article, commenting to one interviewer,

You can retract data incorrectly analyzed; to do that, you publish an erratum. You can retract an article if the data were falsified—or the journal retracts it if the editor knows of it. As I understand it, he’s [Spitzer] just saying ten years later that he wants to retract his interpretation of the data. Well, we’d probably have to retract hundreds of scientific papers with regard to interpretation, and we don’t do that. (Dreger, 2012)

So perhaps it can be said that Spitzer “retracted” his interpretation of the data, but the findings such as they were still stand. We are left to decide which interpretation is more plausible—whether all of Spitzer’s participants were either lying or self-deluded or whether some if not many were in fact reporting their actual experience of change (Armelli, Moose, Paulk & Phelan, 2013). It is also worth noting that studies Ryan et al. view with favor have been conducted with essentially the same design and a similar recruitment strategy used by Spitzer (e.g., Shidlo and Schroeder, 2002). Hence,



overgeneralizing in any direction (harm or benefit) from these studies is likely to be a scientifically dubious practice.

Second, Ryan et al. imply their research supports legislative and professional regulatory efforts to prohibit licensed therapists from assisting some religiously devout sexual minority clients in their self-determined goal of exploring sexual attraction and behavior fluidity. This is problematic on a number of fronts. Ryan et al. did not disentangle participants' perceptions of the effects of licensed therapists from that of unregulated and unaccountable religious leaders, so it is impossible to rule out the common-sense suspicion that negative effects were an outcome far more attributable to the practices of the latter group (see Dehlin, Galliher, Bradshaw, Hyde, and Crowell, 2015, for evidence supporting this concern). The concept of "cure, treat, or change" is also quite nebulous. This language may not only have served as a prompt for more negative responding, but presumably was elastic enough in participants' minds to include anything from simple prayers for healing ubiquitous in conservative religious circles to much rarer and harmful practices like exorcisms that everyone should oppose.

Third, the authors state, "we acknowledge that we did not include young people whose sexual orientation may be more fluid" (p. 12). By limiting their sample to LGBT-identified young adults who self-identified in adolescence and who did not report experiencing any sexual orientation fluidity, the sample excludes by definition those sexual minorities who may have felt some benefit from religious and professional experiences that could be viewed as non-affirming. Adolescents who may have experienced therapy-assisted meaningful shifts or changes in same-sex attraction or behavior are less likely as young adults to self-identify as LGBT and go to LGBT bars,

clubs, or service agencies where they could be recruited for research. Thus, the nature of the sample likely overestimates harm.

There is growing evidence that constructs and conclusions derived from LGBT-identified samples may not be easily transferrable to non-LGBT identified sexual minorities with primary religious identities (Hallman, Yarhouse, & Suarez, 2018; Lefevor, Sorrell, Kappers, Plunk, Schow & Rosik, 2019; Rosik, 2007b). This raises serious questions regarding the validity of the already limited empirical basis for therapy bans impacting religiously identified sexual minority clients and their therapists when these bans are overwhelmingly based on research with LGBT-identified samples.

For example, ideological confounds are quite possible in the authors' choice to measure self-esteem in part through utilizing Rosenberg's (1965) measure of self-esteem. As is always a methodological concern when surveying conservatively religious individuals, some scales define their construct in a manner that is inherently biased against religious values (e.g., Rosik, 2007a, 2007b). Consequently, scores may reflect differences between humanistic values and theistic beliefs (e.g., elevation of the self versus the virtues of humility and self-negation) more than the construct purportedly assessed by the instrument, which in the present case was self-esteem. Such appears to be the case with this measure of self-esteem, where research has suggested that when antireligious humanistic dimensions of the Rosenberg scale were statistically controlled, the self-esteem ratings of conservatively religious persons were significantly improved (Watson, Morris, & Hood, 1987). The implication for the Ryan et al. (2018) study is the distinct possibility that self-esteem levels were suppressed and might actually have been higher than indicated for participants who were more highly and conservatively

religious and therefore more likely to have experienced SOCE as adolescents.

Ryan et al. fail to acknowledge the very real potential downsides of therapy bans. The potential unintended consequences of banning therapies conducted by licensed therapists include, as noted by Sandley (2014), an erosion of the mature minor doctrine (for adolescents), an increased reliance by parents and adult consumers on unlicensed and faith-based providers, and the establishment of a very weak standard of scientific support that could come to be used in the courts against other progressive causes such as women's reproductive rights (i.e., purported psychological harms attributed to abortion).

Schumm (2015) has suggested some aspirational standards that would justify the use of empirical data in advocacy for public policy and judicial decision-making in controversial arenas. These ideals include utilizing only studies that (1) have findings with effect sizes of 0.20 or greater (even when results are not statistically significant), (2) use random samples from known populations (if the results are being generalized for policy or law purposes), and (3) employ reliable and valid independent variables. Ryan et al. and other researchers in this field would be well advised to exhibit heightened circumspection in their advocacy when such standards are not met (Rosik, 2017).

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**A Research Review of**  
***Sex Attraction, Sexual Identity, and Same-Sex***  
***Experiences of Adult Offspring in U.S. National***  
***Longitudinal Lesbian Family Study***

by Gartrell et al.

*Christopher H. Rosik, Ph.D*

As noted by Schumm (2018), “For decades some, if not most, scholars have denied any relationship between parental and child sexual orientation” (p. 113). He later goes on to observe,

One might well assume that with so many absolute denials in place for over forty years of scholarship (not to mention the imprimatur of the U.S. government, if not U.S. courts) that there would be absolutely no evidence of any association (much less a causal connection) between parental and children’s sexual orientation in the research literature, other than random chance results. (p. 116)

Schumm concludes his review of the literature by indicating, “After decades of denial about the effects of same-sex parenting in this area, science may finally be getting around to the facts” (p. 135). As if almost on cue, new and longitudinal research by Gartrell, Bos, & Koh (2019) now appears to prove Schumm to have been rather prophetic.

Gartrell et al. report on findings inclusive of the sixth wave of the U.S. National Longitudinal Lesbian Family Study (NLLFS), which is the largest, longest-running, prospective study of planned lesbian families. Offspring of these lesbian couples were 25 years of age at the time of the sixth assessment, older than participants in prior comparative studies of sexuality in children from planned lesbian families. The NLLFS

cohort initially consisted of 84 such families, and at the time of the sixth wave there remained 77 families for a 92% retention rate. In the current study, these offspring were compared with a matched sample from the 2013–2015 National Survey of Family Growth (NSFG), a nationally representative database whose recruitment criteria was unrelated to parental sexual identity, thus presumably limiting sampling bias. A subset of participants in this NSFG sample were of the same age as the NLLFS adult offspring at the time of data collection, and the survey assessed sexual attraction, identity, and behavior—questions that were also posed to the NLLFS adult children and allowed for comparison. Comparisons using the fifth wave of the NLLFS, when lesbian family offspring were 17 years of age, yielded no significant differences with matched, similar-aged NSFG adolescents in terms of sexual identity, and same- and different-sex sexual contacts (Gartrell, Bos, & Goldberg, 2012).

The NLLFS sixth wave sample totaled 76 adult children, 48.7% (37) of whom reported being female and 90.8% identified as White. All participants had attended college. Due to low cell counts, bisexuals were combined with those who identified as lesbian, gay, or homosexual. These issues are common in this literature and do limit the ability to generalize from this research to the offspring of all planned lesbian families.

Results indicated that NLLFS females were significantly more likely to report sexual minority attraction and same-sex sexual experiences than the NSFG females. Of all females, 70.3% in the NLLFS identified as “heterosexual or straight” while 87.8% of females in the NSFG sample so identified. For the males, significantly more NLLFS than NSFG males reported they were not “only attracted to females,” identified as gay or bisexual, and had same-sex experiences. Of the NLLFS males, 89.7% identified as “heterosexual or straight” while

97.6% of the NSFG males so identified. Comparing the NLLFS offspring by gender, significantly fewer females (31.4%) than males (73%) reported feelings of attraction only to the other sex. NFFLS females were also less likely than males to identify as “heterosexual or straight” (70.3% vs. 89.7%). There was no significant difference by gender among NFFLS offspring with regards to reported same-sex behavior (females 54.1% vs. males 33.3%).

Gartrell et al. conclude that “. . . the 25-year-old offspring of lesbian parents were significantly more likely to report same-sex attraction, sexual minority identity, and same-sex sexual experiences” (pp. 6–7). They later add for emphasis, “The current investigation is the first comparative study to find a greater likelihood of sexual minority identity among the offspring of lesbian parents” (p. 7). Also intriguing is the authors’ reporting of trends in the trajectories of these variables between the fifth and sixth waves of this ongoing survey:

Among the NLLFS female offspring, the percentage identifying as sexual minorities decreased from 48.6 to 29.7% between the ages of 17 and 25. In contrast, the percentage of NLLFS females who had engaged in same-sex sexual behavior increased from 15.4 to 54.1% over this 8-year interval. During this same time period, the percentage of NLLFS male offspring identifying as sexual minorities decreased from 21.6 to 10.3%, and the percentage reporting same-sex sexual experiences increased from 5.6 to 33.3%. These findings support prior studies demonstrating variability and fluidity in sexual development, expression, and self-identification over time, particularly in the span from adolescence to early adulthood. (p. 7)

These trends suggest that despite increased sexual activity and experimentation in late adolescence and early adulthood, there is still a considerable pull toward heterosexuality, even among children of intentional lesbian families. However, in comparative terms, this pull does not appear to be as pronounced as it is for children of heterosexual couples. As Gartrell et al. acknowledge, “Our findings suggest that being raised by sexual minority parents may lead to more diverse sexual expression for both female and male offspring, and greater likelihood of same-sex attraction and sexual minority identity” (p. 8).

As implied by the aforementioned observations of Schumm (2018), perhaps the most important take home lesson from Gartrell et al. is to raise the question of how so many decades of researchers could be so wrong in perpetuating the “no difference” hypothesis. I do not advocate any sort of conspiracy as an explanation here. What seems to me to be a much more reasonable answer is that for all this time, researchers and activists found advantage culturally and politically in prematurely foreclosing the scientific record around the “no difference”

conclusion. Social scientists should have known better the limitations of convenience samples and the heretofore utter lack of long-term, longitudinal data on sexuality outcomes among children of same-sex couples finally provided by the NFFLS. Certainly, it is fair to wonder what other “conventional wisdoms” in this field, such as the current certitude that therapy-assisted fluidity in sexual attractions is impossible, also represent a premature foreclosure of the scientific enterprise. Hopefully, we will still be permitted to find out.

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**A Review of**  
***The Un-affirmed Core: Understanding the Factors***  
***behind and around Homosexuality***<sup>1</sup>

by Bryan Shen

*Keith Vennum*<sup>2</sup>

At 138 pages, this book by a professional counselor from Singapore distills many years of experience working with men who grapple with same-sex erotic attraction. Shen gets it as he dedicates his book to those who he continues to serve with this quote: “while the rest of the world tries to remember that ‘to err is human, to forgive is divine’, they have a guillotine consciousness that ‘to err is unforgivable’.” Shen aims to change the views of leaders—whether they be religious, social, political, or cultural—in regard to those affected by homosexuality. With a forward by the president of the Singapore Counseling Association, Shen is respected among the helping professionals in Southeast Asia. With a brief review by a doctoral

candidate priest at the Catholic University of America, Shen’s Catholic worldview is revealed; however, this book is by no means a religious approach to this topic, and Shen brings insight from not only the Christian viewpoint but also Muslim and Hindu viewpoints with whom he frequently interacts.

In his introduction, Shen uses the example of leprosy to highlight how discoveries in science may affect the methodology for dealing with a condition. While very familiar with religious and social approaches to this topic, Shen believes psychology must be included if one is to fully understand sexual and gender confusion and to effectively ameliorate it. Shen cautions

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<sup>1</sup> *The Un-affirmed Core: Understanding the Factors behind and around Homosexuality*, by Bryan Shen. Singapore: Armour Publishing, 2018.

<sup>2</sup> Keith Vennum MD, LMHC, is president of the Alliance for Therapeutic Choice and practices psychiatry and mental health counseling part-time in Orlando, Florida, where he is licensed and in good standing as a physician and mental health counselor. Correspondence regarding the review should be addressed to kmunnev@gmail.com

against the partial relief of finding acceptance in any community without digging deeper into underlying psychological antecedents. He closes with a quote from Leanne Payne, “The healing of homosexuals is the healing of mankind.”

This is a book for helping professionals who are interested in serving this population. It is not necessarily for the struggler/overcomer—although there is much to learn here, which could be of help.<sup>3</sup>

Shen is a licensed therapist and supervisor who has made this population his life’s work, and because of his wide travels in Southeast Asia, he shares considerable experience and success with especially male clients from Eastern cultures. Although most of his work is with Catholic clients, he also has extensive experience working with Muslims. Shen’s real passion is to reach the social, cultural, political, and religious leaders of the world to help them understand the LGBTQ minorities and, therefore, to more effectively be of assistance to them.

To set the stage and to be clear, Shen offers precise definitions for commonly used terms open to misunderstanding. One of the vivid features of this book are stories of real people, which flesh out the concepts elaborated, offering a wealth of new material in this regard. Shen effectively represents the psychological theory within a context of traditional sexual ethics. He hopes to offer readers a new compassionate and forward-looking way of dealing with those who are affected by homosexuality.

Shen’s chapter on “Normal Gender Identity Development” posits suggestions for

the development of gender dysphoria, and male and female same-sex erotic attraction. His following chapter which outlines some of the common denominators to having same sex-erotic attractions is very helpful for professionals. He describes eight factors in four distinct groups. Case scenarios of several of these are given. In chapter four Shen looks at why people with homosexuality are so talented. He presents three core concepts that drive talented individuals to excel. In this section he discusses attachment styles that are key to understanding the title of his book. In chapter five he touches on “Stages of Homosexual Awareness” and how this impacts various case scenarios. Chapter six deals with cognitive dissonance and how this may diverge into four different life paths. In chapter seven he touches on intersex and gender dysphoria, giving a good overview for the uninitiated but admits he has had little experience in dealing with these individuals. Chapter eight addresses commonly asked questions, and in chapter nine, “Social Dimensions” alludes to the Catholic context which is Shen’s forte. In the concluding chapter, the author identifies eight issues in society of which homosexuality is but one symptom, and he promises to deal with some of these in his next book.

I would recommend this book especially for its counseling insights from an Asian cultural perspective, realizing that the issues are similar in Christian and Muslim contexts. The book may be obtained from <http://www.armourpublishing.com/product/the-un-affirmed-core/>

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<sup>3</sup> A warning to parents: It is not necessarily your fault that your child is same-sex erotically attracted, but understanding some of the factors that lead many in that direction and understanding many of the

common dynamics would help you relate better to your child.



**A Summary and Analysis of**  
***The War on Psychotherapy: When Sexual Politics,***  
***Gender Ideology, and Mental Health Collide***

by Christopher J. Doyle

*Keith Vennum<sup>1</sup>*

*The War on Psychotherapy: When Sexual Politics, Gender Ideology, and Mental Health Collide* is Mr. Doyle's first book. Dr. Michelle Cretella's superb preface to the book is worth the purchase price. Regarding transitioning and the institutions which promote it in children, Cretella says, "These harms constitute nothing less than institutionalized child abuse." In the forward, Dr. Michael Brown makes it clear that Doyle is approaching this issue from a Christian viewpoint. Doyle, who fifteen years previously experienced a shift in his sexual orientation, proclaims, "As a licensed psychotherapist, I have dedicated my life's work to helping individuals and families come to terms with their sexual and gender

identity and be able to understand how to make choices in their sexual behavior without compromising their personal and spiritual values."

Doyle considers the relationship between a psychotherapist and his client as a sacred trust, which is being violated for political reasons by laws that ban certain types of therapy. He wants to make the case that therapy for sexual and gender identity conflicts should be available and legal for all who seek it. In chapter one we get an idea where politically correct counseling may be headed in light of regulation and insurance constraints. In chapter two, Doyle highlights California Law SB 1172, which banned therapy for minors claiming 28 health risks

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for such therapy without a single scientific study to back these up. When this law was challenged in the Ninth Circuit Court and upheld by claiming that counseling was medical conduct and only included incidental speech, there was disagreement with this rationale from a case in New Jersey, which went to the Third Circuit Court. This opens the door for an appeal to the Supreme Court. Chapter two ends with Robin's story of leaving the lesbian lifestyle after fifty years and finding peace and hope through a religious conversion. Chapter three follows the history of the homophile movement starting with Stonewall in 1969 that details how the psychiatric, legal, and finally religious institutions were subverted. This has happened because the major mental health and medical organizations have morphed from scientific to political organizations that compromise facts for political correctness. One important component to this change involving inside manipulation within the APA was missed by Doyle, and this is detailed in the following audio segment, <https://www.thisamericanlife.org/204/81-words>.

Chapter four opens with quotes from Sigmund Freud and Irving Bieber, which display their keen insight—even seventy years ago in the case of Freud or fifteen years ago in the case of Bieber—prior to the 1973 decision by the American Psychiatric Association to make homosexuality a non-pathological disorder. They each viewed the nature of homosexuality as a developmental adaptation which now forms the basis for current therapeutic strategies for treating unwanted same-sex erotic attraction. In covering the removal of homosexuality from the DSM and the ex-gay response to this, Doyle mentions Robert Spitzer's 2003 scientific study of change and shows that there were multiple test points built into the study that suggest participants were not lying. This was the charge gay activists used to try

to discredit the study. Doyle contributed to the response to the APA task force *Appropriate Therapeutic Responses to Sexual Orientation* in an article in the *Journal of Human Sexuality*, which pointed out four major flaws of the report. Doyle correctly points out the straw man argument for banning conversion therapy wherein an idealized harmful mode of practice is created and given the name of conversion therapy which should be banned when indeed therapy which actually does result in sexual orientation change is largely akin to mainstream traditional forms of talk therapy and does not employ harmful practices. Chapter four concludes with references to studies that indicate harm from therapy in regard to changing sexual orientation and references to sexual fluidity and a reference to the National Task Force for Therapy Equality report.

In chapter five Doyle highlights how the mainstream media engages in “jamming” techniques, which link abusive techniques in groups unrelated to therapy with legitimate certified professional therapy attempting to get the public to believe that professional therapy is abusive and timing these reports just prior to the opening of state legislative sessions in the hopes of influencing legislators. Sensational false narratives highlighted by the mainstream media are detailed and debunked. Scientific reports are slanted and sensationalized by the media in an inappropriate manner. The Gay and Lesbian Alliance Against Defamation (GLADD) has published talking points for the media, which demonstrate the propaganda like narrative that they wish to convey. Chapter five concludes with a review of two recent movies about conversion therapy—one which was pure fiction and the other which involved a religious program without licensed therapists run by a man who had never effectively dealt with the conflicts he held about his own same-sex attractions.

Chapter six deals with legislative tricks used by LGBT activists to attempt to ban talk therapy. When bills banning aversive techniques are proposed, activists suddenly switch sides, claiming that the ban does not go far enough and instead should include talk therapy. Doyle effectively explores terms related to talk therapy for sexual orientation change and how conversion therapy has become a pejorative term. He also reviews sensationalized stories that are purported to be conversion therapy, which never involved licensed, regulated, professional therapists. The chapter ends with how activists intend to silence any religiously motivated actions to help people move away from homosexuality or biological gender congruity.

Chapter seven deals with the war in the courtroom and opens with a discussion about the use of language in propaganda and the born-that-way myth. The reader's attention is then directed to the only successful prosecution of an organization offering change therapy, which was Jews Offering New Alternatives to Healing (JONAH). Following this is an interesting historical review of the use of nudity in therapy discussed because one of the most controversial pieces of evidence presented at trial was the use of nudity with a JONAH client by a life coach in their employ. The book gives the first account I have seen of this life coach's rationale for the use of nudity in sessions. It also explains how nudity can sometimes be beneficial. However, the problem arises concerning the possibility for the therapist to be able to know whether or not the client is making the right associations regarding nudity and reaching acceptance of himself as a man among men and not either increasing his shame related to inadequacy or sexualizing the encounter. It would take a remarkable client, in my view, to be open about their real feelings and to be able to process these types of encounters in a

positive way if repeated. It is important to note that in JONAH's case the life coach never became nude and the client was free to choose how much clothing he chose to discard and whether or not to proceed to full nudity. Doyle's coverage of the JONAH trial is extensive and worth the read for those who are interested in how the legal system can be manipulated and misused.

Following this, People Can Change, an organization that provides experiential weekends for men with unwanted same-sex attractions, received a complaint by the Southern Poverty Law Center (SPLC) to the Federal Trade Commission (FTC) charging them with providing conversion therapy. Doyle's response to this was to form a National Task Force for Therapy Equality to counter the false claims of the SPLC and to accuse them of fraudulent and illegal practices before the same FTC. As of the date of this review no action has been taken by the FTC.

Finally, Doyle tackles legislative efforts in California to ban therapy for adults, which so far have failed, and concludes with a positive note in the Supreme Court's intimation that medical speech is protected as free speech and cannot be considered conduct, which was the rationale for allowing the original California law banning therapy for youth to withstand a legal challenge. This opens the door for laws banning therapy to help those with unwanted same-sex erotic attraction to be ultimately overturned by the Supreme Court.

In chapter eight Doyle looks at public education and states, "LGBT activists have infiltrated the system through key positions of power to advance their political agenda—and it's gone far beyond issues such as tolerance, equality, and anti-bullying—it's gotten to the point of indoctrination and recruitment." The very interesting history including court cases involving discrimination against ex-gay groups within

the National Education Association (NEA) at national conventions is detailed. Another very interesting part of this chapter is how Doyle went undercover to discover how “safe spaces” functioned for students experiencing unwanted same-sex attraction and gender confusion on campuses in Virginia.

Doyle turns his attention outside the United States in chapter nine. He presents examples from South Africa, Lebanon, the United Nations, Brazil, Columbia, and Ecuador. An internal evaluation by the Human Rights Campaign (HRC) is detailed, showing that the organization was described by terms such as “judgmental,” “exclusionary,” “sexist,” and “homogeneous”; and that top executives are exclusively white gay males. Gay groups in the United Kingdom discriminated against ex-gay groups when they tried to counter a bus advertisement campaign with the slogan “Not Gay! Post-gay, ex-gay and proud. Get over it!” This speech was banned as hateful. A positive outcome of this incident, which became a lawsuit, was that for the first time in England, discrimination against ex-gays was legally recognized as sexual orientation discrimination. A 2018 survey of 108,000 LGBTQ individuals in the United Kingdom only found two individuals who had undergone conversion therapy and five who had been offered it. While it is unfortunate that any person should be harmed, this survey seems to indicate that little harm is occurring and the need to ban all therapy is ill-founded.

The story of Michael Davidson, an English psychodrama therapist in training who was terminated in his pursuit of licensure due to gay discrimination, is detailed. Davidson has now founded the International Federation for Therapeutic and Counseling Choice (<https://iftcc.org/>), which will train professional and lay religious counselors to offer skilled and compassionate help to those desiring to align their sexual feelings with their deeply held religious

beliefs. The story of Matthew Grech, a singer who in 2018 was discriminated against by artistic television for publicly stating that he had walked away from homosexuality after finding Christ, is also featured.

In chapter ten our attention is directed to the war within religious communities. Here we find a complete spectrum regarding approaches to the issue of homosexuality and gender confusion, which can often pit Christian brother against Christian brother in most disagreeable ways. A chart by Jason Thompson of Portland Fellowship, which more neatly categorizes the four main ways groups approach these issues, is presented. These groups are identified as Revelers, Resisters, Renouncers, and Rebuilders. Regrettably the infighting between these groups is fierce, and unless one understands the divisions and closely held beliefs claimed by each of them, confusion and hurt is likely to result. Nowhere are the divisions more clearly demonstrated than within the now defunct Exodus North America, and Doyle chronicles how a much too powerful president was able to pack the board and essentially lead this organization from the Rebuilders camp toward the Resisters camp before it finally fell apart in 2013. Out of this breakup two networks formed: (1) Restored Hope Network, which is clearly in the Rebuilders camp and featured in chapter ten, and (2) Hope for Wholeness, which is largely Renouncers (not mentioned in Doyle’s book).

Doyle concludes chapter ten with a description of his understanding of his work: “I have come to understand in my thirteen years of personal healing and professional work in the behavioral and mental health field, that science, psychology, and even the Bible cannot fully explain the complexities of our sexuality and gender identity or the depths of our capacity, as humans, to experience brokenness. But what I do know is that God heals and redeems us, even when

we cannot fully fathom or grasp how He does it.”

In chapter eleven Doyle describes attempts to bridge the gap between gays and ex-gays. The Reconciliation and Growth Project formed in Salt Lake City, Utah, was an attempt to find common ground between these groups and to promote better understanding. Commenting on what he learned by being involved in this, Lee Beckstead, a gay psychologist and one of the original members of the APA task force report in 2009, admitted after meeting with change-oriented therapists, “Above all else, I have learned that sexual and religious conflicts are not just a religious issue or a psychological issue, but a relational issue. *How* we respond to these conflicts and to others will influence what happens. Our communities, our leaders, and we ourselves have been acting aggressively, passively, compartmentally, and passive-aggressively in dealing with these issues. And this has kept us in a stuck and fragmented place. If we are ever to resolve these conflicts, we need to approach each other with more skills, more openness, more compassion, respect, and more curiosity.” Doyle then lays down some ethical principles for both change-oriented and gay-affirming counselors. This section of the book alone is also well worth the purchase price for anyone desiring to do this kind of work. Doyle concludes this chapter with advice regarding ethics for advocates, media, and concerned citizens.

In chapter twelve we revisit Dr. Politically Correct again—only now he is Dr. Politically Incorrect. We learn how a therapist often must function if they desire to be involved in change-oriented therapy.

Doyle begins chapter thirteen with his recollections of meeting and getting to know Joseph Nicolosi, the founder of reparative therapy. Doyle characterizes Nicolosi’s position as “homosexuality was essentially

an emotionally based, maladaptive condition caused by various forms of childhood trauma.” Doyle tells about the work he did with a client called Nathan and therapy with his family, which was filmed by a supposed “neutral” filmmaker. Regrettably the filmmaker edited the film to attempt to depict what was done as negative conversion therapy, despite the fact that Nathan retained his Catholic faith and was reconciled to his emotionally dysfunctional family.

*The War on Psychotherapy* concludes with a rich Resource section that those working in this field will cherish. For instance, Appendix A provides further information on the JONAH case and the irregularities and biases engaged in prejudicing the jury. Charles LiMandri, the JONAH defense attorney, commented on the case in “hindsight as nothing short of a charade and legal travesty.” In Appendix B Doyle details his interactions with James Madison University, which was practicing viewpoint discrimination in his request for help with unwanted same-sex attractions at their Resource Center. Another rich resource is Appendix C, which includes a bibliography of peer-reviewed books and journal articles that include measures of harm (which is nine pages long!).

Closing with a quote from David Pickup, a co-founder with Doyle of the National Task Force for Therapy Equality, “Christopher Doyle’s *The War on Psychotherapy* presents a fearless, evidence-based exposé of the truth about the efforts of LGBT activists to change the very nature of the United States culture. . . . Mr. Doyle demonstrates how the Constitutional right of free speech, religious rights for licensed therapists who are employees of churches, and the right of all clients to receive the kind of professional therapy that works for them has been betrayed.”

# A Review of

## *Same-Sex Marriage and Children: A Tale of History, Social Science, and Law*<sup>1</sup>

by Carlos A. Ball

Walter R. Schumm<sup>2</sup>

*Same-Sex Marriage and Children* is a history of how both the law and social science culminated in court cases that ultimately led to the success of marital equality in *Obergefell*. Professor Carlos A. Ball, Distinguished Professor of Law & Judge Frederick Lacey Scholar at Rutgers University Law School, has law degrees from both Cambridge University (UK, 1995) and the Columbia University School of Law (1990). He states that the purpose of his book was to “bring together historical, social science, and legal considerations and analyses to explore the role that procreative and child welfare claims have played in

policy and legal debates involving same-sex marriage” (p. 6). In chapter one, the book reviews conservative attempts to derail a number of past legal challenges to traditional assumptions about the nature and role of marriage and parenting. Chapters two and three delve into some of the false arguments about the alleged procreational function of marriage that would have (allegedly) been damaged by legal acceptance of same-sex marriage or other false arguments that marital status per se, parent’s gender, or a parent’s biological relationship to a child had material effects on child outcomes. Chapter four discusses social science results that “have

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<sup>1</sup> *Same-Sex Marriage and Children: A Tale of History, Social Science, and Law*, by Carlos A. Ball. New York: Oxford University Press, 2014 (published in paperback by Oxford University Press in 2016).

<sup>2</sup> Walter R. Schumm has served as a professor of family studies at Kansas State University since 1979 and is a retired colonel, U.S. Army Reserve. He is a Fellow of the National Council on Family Relations and has published over 250 refereed journal articles as well as numerous book chapters and technical reports. He earned his PhD in family studies from Purdue University in 1979. His recent military awards include the Legion of Merit, the Global War on Terrorism Service Medal, and the National Defense Service Medal with two bronze stars. Correspondence for this review should be addressed to Walter R. Schumm, Ph.D., School of Family Studies and Human Services, Kansas State University, 1700 Anderson Avenue, Manhattan, KS 66506-1403, USA. E-mail: schumm@ksu.edu.

consistently and uniformly failed to find associations between parental sexual orientation and the psychological adjustment and social functioning of children” (p. 7). Consequently, it would not be tenable to object to same-sex marriage on false concerns about the quality of parenting by same-sex parents. While Ball does acknowledge the possibility of differences in sexual orientation and/or gender roles as a function of parental sexual orientation, he argues that the state does not have the right to promote particular forms of those factors. The book concludes with further discussion of the legal battles preceding *Obergefell* and implications for future policy development with respect to gender, child welfare, and responsible procreation. An epilogue in the 2016 paperback edition includes new material based on the *Obergefell* decision.

I would be nervous if readers were to presume I was an expert in family law, an area in which I have had virtually no formal education. I would hope that readers might also be careful before assuming that scholars trained in family law would be experts in social science or statistics. Nonetheless, Professor Ball has written extensively about LGBT rights and related social science issues, with dozens of published law reviews, articles, and presentations, along with several books. He edited a more recent book (2016) on needed advances in LGBT civil rights after *Obergefell*, which focuses on the future needs of persons who may be non-married, elderly, polyamorous, and others with multiple or complex gender and sexual identities. My assessment is that Professor Ball deserves to be commended for his treatment of social science issues, which is often more detailed and even-handed than that provided by other legal experts and by many highly trained social scientists. Even though there is a clear social science consensus that same-sex parents are not more likely to raise LGBT children, Ball diverges

from that consensus and suggests the possibility that the consensus might not be fully correct. Even so, he deems such an outcome as irrelevant from a legal perspective regarding the rights of LGBT parents. He shows the same, relatively balanced approach to the issue of gender roles and children’s outcomes as a function of parental sexual orientation.

Reading the book, my guess is that most readers would see few problems with his arguments other than perhaps leaning over backwards too much to present more than one side of some key issues, which some may see as a weakness in the book. What readers may not realize is that despite an abundance of literature reviews on same-sex parenting in the social sciences, nearly all of those reviews have omitted many studies whose results might not fit with the desired conclusions of the authors, regardless of their views on LGBT rights. Furthermore, most conservative and progressive scholars have given little attention to the rights or needs of other types of parents, such as heterosexual parents in same-sex relationships (who may still not be allowed the right to marry, as in the case of a mother and daughter raising foster children together), an LGBT parent in a different-sex relationship (mixed orientation marriage), or two (or three) LGBT parents in same-sex and different-sex relationships. In addition, my view (Schumm, 2015) is that both conservative and progressive legal teams overlooked important potential arguments about the nature of marriage in terms of equality based on relative risk and costs rather than legal status as an outcome. Furthermore, nearly all of the stakeholders minimized fertility outcomes as a function of the timing of when individual states approved of same-sex marriage (see chapter 12, Schumm, 2018). From a wider sociological perspective, the evolution of same-sex marriage was only one aspect of a broader spectrum of long-term trends known as the

Second Demographic Transition (Lesthaeghe, 2010, 2014); without awareness of those larger trends, discussions about same-sex marriage were often a case of missing a forest for the trees. Both sides have had a tendency, in my opinion, to minimize major methodological problems in studies they felt sided with their views about same-sex marriage. Small sample sizes? Low response rates? Omission of effect sizes? Incorrect statistical analyses? Weak measurement? Unannounced extreme outliers? Important uncorrected typographical errors? If the research was on “your” side, then such issues were “not a problem.” If the research was on the other side, then it might be (*if* you noticed them in the first place). If and when methodological shortcomings were noted, policy recommendations (whether conservative or progressive) were often made that seemed to wish away those shortcomings as practically speaking *irrelevant*. For readers who might like to see more details on such issues, a recent book is a possible consideration (Schumm, 2018). In sum, a social scientist like myself may be more concerned with being on the right side of the data rather than on the right side of history. That is, it can be argued that the first job of a social scientist is to get the science as correct as possible while perhaps one of the primary jobs of a legal scholar is to assess the legal relevance and policy implications of science. While Ball might have provided far more detail with respect to social science, his work is extraordinary in its treatment of the legal and policy implications of social science for LGBT rights.

From my perspective, then, Ball’s book is a “glass half full,” a great improvement over much of what has been published previously and a book that should be included in the library of every person and/or community or university concerned with LGBT rights and the history of their recognition by U.S.

courts. At the same time, the glass is yet “not full” and does not contain the whole story regarding social science research or even how some of the legal developments came about with respect to same-sex parenting. Even so, I think Professor Ball’s *Same-Sex Marriage and Children* will remain a classic in the field of law and social science, pertaining to recent legal developments with respect to LGBT rights, with important implications relevant to future developments of law and policy for human rights, although Ball (2016) should also be consulted by those interested in securing further human rights for all.

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