Same Sex Attraction: Catholic Teaching and Pastoral Practice

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and
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SAME SEX ATTRACTION: WHAT AND WHY?

Introduction

It becomes increasingly difficult to pick up a newspaper or watch television without being faced with the fact of homosexuality. Yet as the “gay” lifestyle and the demand for “gay rights” become more prominent, intelligent discussions of the relevant moral and psychological issues seem to be growing scarce—as if no decent person could possibly see anything wrong with homosexual acts or anything distorted in the phenomenon of same-sex attraction.

Amid gay advocacy and political claims about science and ethics, confusion about the nature, origins, dynamics, and morality of homosexual activity is widespread. For this reason I should like to present some basic notions of a psychological and moral nature in this booklet. I shall conclude with a spiritual plan of life for those who deal with same-sex attractions and wish to live chastely.

Definitions and Divisions

Literally, homosexual means “sexual proclivities toward those the same as oneself,” while homosexuality refers to “an adult adaptation characterized by sexual behavior between members of the same sex.” The emphasis on adult is extremely important. Much of today’s rhetoric does not allow for the fact that adolescence is often accompanied by a period of transitional anxiety or confusion about sexual identity. “To lump discussion of homosexual phenomena in teenagers with those occurring in adults is such an inappropriate confusion of disparate categories as to render meaningful discourse virtually impossible” (Barnhouse, Ruth T. 1977. Homosexuality: A Symbolic Confusion. New York: Seabury. 21-2).
The time has come, however, to refine our use of the term *homosexual*. A much better term than “homosexual person” is the following: *a person with same-sex attractions*. The distinction is not merely academic. Instead of referring to “homosexual persons,” which implicitly makes homosexuality the defining quality of the people in question, we can put things in clearer perspective by referring to men and women with same-sex attraction. A person, after all, is more than a bundle of sexual inclinations, and our thinking about same-sex attraction (hereafter SSA) is clouded when we start to think of “homosexuals” as a separate kind of human being. “The human person, made in the image and likeness of God, can hardly be adequately described by a reductionist reference to his or her sexual orientation . . . every person has a fundamental identity: the creature of God and by grace, His child and heir to eternal life” (Congregation for the Doctrine of the Faith, *Letter on the Pastoral Care of Homosexual Persons*, 1986, no. 16).

Thus, I avoid the terms *gay* and *lesbian*, which make SSA a person’s defining trait. These terms, *gay* and *lesbian*, are part of a socio-political movement or ideology. Personally, I have come to avoid the term “homosexual person” as well: again, the term labels people according to a sub-rational tendency.

*Three Signs*

SSA is usually recognizable by three signs: (1) a persistent erotic tendency to persons of the same sex [a temporary or transient attraction is also possible—but SSA and the term *homosexual* are usually used of an enduring attraction]; (2) an insensitivity to persons of the other sex as far as physical attraction is concerned [sometimes the insensitivity extends to the broader psychological order]; (3) a positive distaste for physical relations with persons of the other sex. The first characteristic is found in all persons with SSA, but the second and third characteristics are not found universally. Indeed, from many studies (including Kinsey’s) we know there are people who, although “heterosexual,” have a more than
passing interest in homosexual liaisons; and *vice versa*, that there are persons with SSA who have had a more than transient attraction to the other sex. Seeing this helps us recognize that in many people, SSA is not an “all or nothing” condition. There are some individuals, moreover, who, in their sexual activity, have been classified as “bisexual,” that is, they are drawn physically to persons of their own and the other sex. There is no scientific definition of bisexuality; it is merely a description of behavior. Many who marry, while experiencing mixed tendencies of this kind, run into deep moral and psychological difficulties.

Among adolescents and among persons living for prolonged periods in single-sex circumstances (for example, in prisons or on ships at sea), homosexual activity and transient SSA are common. Ordinarily, however, as adolescents reach psychological maturity and as isolated persons return to sexually mixed company, they are drawn to the opposite sex and are no longer tempted to homosexual acts. Thus it is doubtful that anyone can be identified as “homosexual” in adolescence—one must wait to see what maturity brings. Likewise a person who has been involved in one or several homosexual acts need not conclude that he definitively lacks heterosexual orientation. In itself, homosexual action proves nothing. Still, those drawn even temporarily to homosexual acts need sound moral and spiritual direction, and sometimes psychological care, if they are to avoid self-deception and injury. It is the experience of counselors that people generally deny SSA and, on a deep level, desire to be heterosexual. Even the “liberated” homosexual will admit that, if he (or she) had children, he would not want them to suffer in the same way he does.

**Permanent Homosexuality**

Besides temporary SSA, authors refer to permanent or “irreversible” or “constitutional” or “innate” homosexuality. Some authors have misinterpreted the Vatican *Declaration on Sexual Ethics*, paragraph 8, to mean that all SSA is simply innate and irreversible. A careful reading of the text, however, shows that the Vatican only uses the term “quasi-
"innatus" ("almost innate" or "resembling something innate") in reference to the opinion that SSA can be so strong in a given person that it is regarded "as if innate." The Holy See only mentions this psychological opinion, and does not pass judgment on it—the task of the authors was not to sit in judgment of professional psychological opinions, but to clarify the moral truth that, no matter how persistent the tendency to SSA may be (even if it is "quasi-innatus"), this tendency does not morally justify homosexual actions. But I shall develop this argument later. At this juncture the point to be made is that in some individuals the tendency to homosexual activity is so deeply entrenched that there is very little chance of reversing the tendency. In a given situation a good clinical psychologist or psychiatrist can make a reliable prognosis.

Not to be confused with homosexuality are the phenomena of transvestism and transsexuality. Transvestites are men who love to dress in female clothing. Very few of them are people with SSA. Most transvestites are married and have families. Transsexuals are either men or women who feel that they are trapped in the wrong sex and who desire to possess the sexual body of the other sex. Some go to great expense and years of treatment to be "transformed" into the other sex by surgery, but they can never truly be transformed into the other sex. Each of these groups constitutes a special psychological problem.

**Female Homosexuality**

Typically, women experiencing SSA differ from their male counterparts by being more able to conceal the anomaly and more likely to seek a life-long, faithful, and reciprocating partner. Two women can often live together without arousing suspicions of homosexuality, and similarly may kiss or embrace in public without attracting attention. If discovered, moreover, the disorder is treated more indulgently by popular opinion.

Among women there seems to be less stress on physical expression than among men. In some cases two women will remain romantic and
deeply involved for many years with no more than hugging and kissing. Ordinarily, a woman with SSA is not identifiable by appearance or mannerisms; neither does she differ hormonally or anatomically from heterosexual women. No more do masculine traits make her—as society would consider her—a “lesbian” than do feminine traits make a man “gay.” It is possible, however, that a woman may be less aware of her homosexual tendencies than a man, simply because women tend to express their emotions in a more diffused way and are not subject to genital arousal with the same localized intensity as men. One can overemphasize the role-playing of both homosexual men and women in their genital activity: generally both tend to be active and passive, interchanging roles.

**Incidence of Homosexuality**

The complexity of the homosexual condition, and the desire to keep it hidden (in spite of pro-gay organizations), make it impossible to obtain reliable statistics on the percentage of male and female persons with SSA in the total U.S. population. It is usually conceded that there are twice as many men with the SSA as women, and that the incidence of male SSA ranges from 2 to 3 percent of the total male population. No doubt, in the permissive spirit of our times more individuals admit their homosexual lifestyle: but in itself this admission does not furnish a reliable count, since a significant number of persons presumably prefer to keep their condition hidden. In some urban areas, however, like San Francisco and Denver, there are unusually high percentages of people with homosexual tendencies. From a pastoral point of view it is sufficient to know that there are millions of people with SSA in the country who are searching for more creative help than they have received in the past. But this aid will not be forthcoming unless society and people with this condition acquire a deeper understanding of homosexuality. This, in turn, depends upon the attitudes that exist in people with SSA and in society. It will help to reflect briefly upon the interlocking dispositions and emotions found in the person with SSA and in society.
**Attitudes**

The gay agenda has promoted the idea that “gay is good” and that the homosexual way of life is simply an “alternative lifestyle.” This agenda also asserts that the homosexual condition is just as psychologically neutral as being left-handed or blonde, and that “gay marriages” should be equivalent in legal and societal status to a marriage between a man and a woman. Despite these claims, people with SSA continue to feel alienated from society in general and from family members and co-workers in particular. The gay agenda cites the source of this alienation as “internalized homophobia”—that is, the non-gay sentiments and ideas one absorbs in normal society (and which naturally conflict with SSA).

More often, accusations of homophobia are hurled by gay activists at those taking exception to the gay agenda. Then, unfortunately, moral arguments are recast as political contests and serious moral discussions are avoided through the gay activists’ claim of victim status—a well-protected strategic position on our political landscape.

In its sad and easily verifiable reality, the often-embraced “gay” lifestyle is one of gay bars and bathhouses, a promiscuous subculture spread across the country. Various gay organizations and periodicals publish lists of such baths and bars in all the major cities, and while the propaganda speaks of integration into “straight” society, many active gay men seek only the companionship of other active gay men. Here they believe that they are free to put aside facades, revealing themselves as they understand themselves to be. At the same time, however, they drift further apart from the mainstream heterosexual society.

In general, heterosexual people do not understand those with persistent same-sex attraction. (It took me years to understand the nature of this condition.) Society clings to myths about the hyper-sexuality of persons with SSA and of their unreliability; moreover, the isolation of many with SSA tends to engender mutual distrust. Although our society has become less hostile to persons with SSA, the man who understands
himself as “homosexual” continues to harbor self-hatred. He hates himself profoundly, often drowning himself in alcohol or contemplating suicide. (The reasons for this self-hatred will become clearer later in this chapter.) In turn, this mood of self-condemnation begets bitterness toward society and toward God, which is manifested in various ways: in isolation and loneliness, in flight to the subculture of the baths and bars, in joining militant gay groups who believe that visibility is the key to political clout.

Much gay activity is at cross-purposes. On one hand, there are strident demands that persons with homosexual tendencies be integrated thoroughly into the larger society; and on the other hand, gay clubs are developed as a refuge from “straight” society, impeding integration. Persons with SSA, however, readily regard themselves as a minority struggling for civil rights. The mainstream media, unfortunately, has become complicit in this political maneuvering, and commonly likens the situation of persons with SSA to that of blacks in the American South prior to the civil rights movement. The tendency to accept people in the homosexual lifestyle as a victimized minority has gradually led many to regard same-sex unions as a civil right.

While isolation from society and participation in the gay subculture are characteristic of many who struggle with SSA, there are untold others who integrate their lives into the pattern of ordinary society without revealing their sexual tendencies. This is not surprising when it is remembered that people with SSA differ as much among themselves as heterosexuals: “To say, for example, that a certain man or woman is homosexual is by no means to characterize his or her motivation. There are myriad forms of homosexual behavior: overt, covert, active, passive, compulsive, sublimated, diffuse, specific, . . . esthetic, intellectual . . .” (Allport, Gordon. 1961. *Pattern and Growth in Personality*, New York: Holt. 371-2).
Factors Contributing to the Formation of the Person with SSA

I believe that there are four principal factors which individually or collectively contribute to SSA. The first factor is the “inability of the child to identify with the gender of the same-sex parent.” This comes about when the child (and later, the adolescent) has difficulty connecting with the same-sex parent, whom he or she regards as distant or hostile. In her foundational study, *Psychogenesis and the Very Early Development of Gender Identity*, Elizabeth Moberly explains the child’s need to connect, indeed, to identify with the same-sex parent. To achieve masculinity, a little boy needs to communicate (and identify) with a father; a little girl, growing in femininity, likewise needs a mother.

The second factor Moberly identifies is “an over-weaning relationship with the opposite-sex parent.” I knew the mother of a large family whose husband was working several jobs to support the family, and the mother meanwhile formed an excessively close relationship with the youngest boy. He was not near in age to his older male siblings, and the result was that the mother confided in her youngest son more than she confided in her husband. Unfortunately, she tended to speak ill of her husband to her son; in a sense, she was making her son into a substitute for her husband. The young boy began to alienate himself from his father as a result. Of course there were other factors: he related poorly to his older brothers, for instance. As an adolescent, this young man found himself having sexual fantasies about other young men, and even about older men. Although the boy did not understand the significance of these attractions, it is clear that he was looking for a closer relationship with his father.

A third major factor in the development of SSA is an inability to identify with peers of the same sex during childhood and adolescence. This discomfort with other males (or other females, in the case of women with SSA) may or may not last past adolescence. A common example here would be the young boy who, lacking confidence in himself because of his poor links to his father (or older brothers), avoids teams and team sports, prefers young girls as his companions, and feels threatened by competition
with other boys. This leads him in adolescence to fantasize close relationships with this or that particular male. Another example is a young lady who regarded her mother as weak because she always gave in to her domineering father. The young lady told herself that she was going to be strong like her father, and she began to think in a masculine way. She admired his aggressiveness; it is not surprising that as an adolescent she had fantasies of other women.

The fourth principal factor contributing to SSA is emotional abuse (including neglect) or sexual trauma—sufferings that often go unacknowledged or unrecognized. Unintended emotional damage may be done, for instance, by a father who, while demonstratively proud of an older, athletic son, neglects a younger son who is uninterested in sports: the younger boy easily feels inferior and unsure of his masculinity. Likewise, a girl whose parents wanted a baby boy (for example), may perceive their disappointment or even be treated as if she were a little boy—which naturally undermines her sense of who she is. Witnessing domestic or sexual violence, or being sexually abused oneself, may also have very grave effects on a child’s sense of sexual identity.

A note must be made here on the question of possible biological or genetic factors in the development of same-sex attraction. Many researchers have proposed that the origins of SSA lie in brain structures (Simon LeVay, Laura Allen and Robert Gorski); genetics (Dean Hamer, J. M. Bailey and R. Pillard), or hormones (H. Meyer-Bahlburg). These studies are always oversimplified by the media and have not been replicated in the scientific community. To date, there are absolutely no conclusive studies that link same-sex attraction to genetics. Despite this reality, people still tend to put their hopes in such studies rather than explore the complicated world of psychosexuality. (For further information, see Jeffrey Keefe’s chapter “Key Aspects of Homosexuality” in John F. Harvey, O.S.F.S., The Truth about Homosexuality: The Cry of the Faithful, and the document “Homosexuality and Hope,” published by the Catholic Medical Association, November, 2000).
THE MORAL QUESTION

The Morality of Homosexual Activity

Although much more can be learned and said about the psychological aspects of SSA, we now know enough to say that same-sex attraction develops in youth and is usually not a matter of free choice. Just as among heterosexuals some can control their sexual desires more easily than others, so also there is variety among those who deal with SSA. Homosexual inclinations, like heterosexual inclinations, can be moderated and do not have to dominate anyone’s thoughts or behavior. Moreover, the pursuit of growth toward heterosexuality, though difficult and not always successful, remains a probability.

The Church teaches that people with SSA can be freed from slavery to homosexual desires by cooperating with the grace of God. Usually, this involves some form of community or support group. In the pastoral care of the person with SSA, one must recognize a sense of powerlessness with respect to same-sex inclinations as the first step toward the exercise of chastity. This means that the person needs the help of “a power greater than self” (to use the language of Twelve Step groups like Alcoholics Anonymous). Such a power may be understood as giving support to the person with SSA in two ways: (1) through the small community of trustworthy persons who can help one live chastely, and (2) through the supernatural grace of God working in one’s mind and heart. More will be said on this point in the pastoral section of this booklet; for now, we want to review the reasons for the Church’s teaching that all homosexual acts are objectively a serious violation of the natural moral order and the divinely revealed law.

We should note first that SSA is a tendency or condition: it is not a sin. (Only free human actions are the proper subject of moral analysis.) Holy Scripture does not concern itself with the condition of homosexuality but only with the immorality of homosexual actions. This can be seen from the fact that Holy Scripture in both the Old and the New
Testaments teaches (1) that the proper place for the expression of sexual intimacy is within the context of marriage and (2) that there are at least five clear condemnations of male homosexual actions and one of female.

Thus, the Church passes no moral judgment on the complexities of the homosexual condition.

Before enlarging on these two points, an excellent book regarding the analysis of homosexuality in Scripture is Robert A. J. Gagnon’s *The Bible and Homosexual Practice: Texts and Hermeneutics*. It is the most thoroughly researched text of the biblical texts in question. Anyone wishing to explore this topic should read Gagnon’s book.

(1) The biblical account of sexuality is concerned with the man-woman relationship. In the Genesis accounts (1:27-28; 2:23-24) one finds both the ideal and the norm of sexual behavior, and the sexual behavior is between a man and a woman who are two in one flesh. In Matthew’s Gospel, Jesus replies in the language of Genesis 1:27 and 2:24 when he gives his position on divorce: “Have you not read that the Creator from the beginning made them male and female, thus He said: That is why a man must leave father and mother and cling to his wife, and the two become one body? They are no longer two therefore, but one body. So then what God has united, man must not divide” (Matthew 19:5-6, *The Jerusalem Bible*). A more detailed explanation of the role of the Creation of man and woman as part of the Divine Plan can be found in Pope John Paul II’s book, *The Theology of the Body* (Boston: Pauline Books and Media, 2006).

Already the Genesis accounts had said something about the complementary relationship of man and woman, and this truth is stressed repeatedly in both Testaments, in the stories of Abraham and Sarah, Isaac and Rebecca, Jacob and Rachel down to the Song of Songs, and to the many exhortations of Paul concerning husbands and wives, most particularly Ephesians 5. The Second Vatican Council emphatically reaffirmed this understanding of marriage as the norm of sexual
expression. Indeed, as Protestant theologian Roger Shinn observes, “the Christian tradition over the centuries has affirmed the heterosexual, monogamous, faithful marital union as normative for the divinely given meaning of the intimate sexual relationship” (“Homosexuality, Christian Conviction and Enquiry,” in *The Same Sex*, edited by Ralph Weltge, Philadelphia: Pilgrim Press, 1969, p. 26).

**Homosexual Acts Always Condemned**

Thus, from Genesis to Ephesians 5, the marital union of one man and one woman is confirmed as the one sexual relationship intended and blessed by God. Nowhere is there any approval of homosexual unions.

(2) Although a number of biblical texts (Leviticus 18:22; 20:13; Romans 1:27; Romans 1:26-27, 1 Corinthians 6:9-10; 1 Timothy 1:9-10) have always and everywhere been understood by the Church as condemning homosexual practices, some modern studies have tried to dismiss or reinterpret these passages in favor of a new gay morality. Two passages Robert Gagnon explains at length are Romans 1:26-27 and Genesis 19: 4-11. We can review these very briefly.

With regards to the first, Romans 1:26-27, the text reads: “That is why God abandoned them to degrading practices: why their women have turned from natural intercourse to unnatural practices, and why their menfolk have given up natural intercourse to be consumed with passion for each other, men doing shameless things with men and getting an appropriate reward for their perversion.” As Gagnon shows, Saint Paul is condemning homosexual acts by men and women who have deliberately rejected the God of revelation. Contrary to certain radical gay interpretations, the Bible is not merely condemning homosexual acts by heterosexuals or homosexual acts done by those who have already repudiated God. Rather, the “degrading practices” (homosexual acts) themselves are being criticized and identified as violations of the moral order.
A second passage to be considered is from the story of the destruction of Sodom and Gomorrah (Genesis 19:4-11). Recently it has been claimed that the sin of Sodom was not homosexual activity (hence “sodomy”) but inhospitality toward Lot and his angelic visitors. Derrick Bailey, an Anglican scriptural scholar held to this view. To anyone reading the passage, however, this interpretation of inhospitality does not make sense. It is to make nonsense of the rest of the story. As Dr. Ruth Tiffany Barnhouse observes, “If the men of Sodom had no sexual intentions toward Lot’s visitors, why would Lot have replied, ‘I beg you, my brothers, do no such wicked thing. Listen, I have two daughters who are virgins. I am ready to send them out to you, to treat as it pleases you. But as to the men do nothing to them, for they have come under the shadow of my roof.’ Genesis 19:7-9.” (Homosexuality: A Symbolic Confusion, 180).

Rejecting the “inhospitality alone” interpretation, Robert Gagnon shows that homosexual conduct by the residents was widespread in the culture and that “three elements (attempted penetration of males, attempted rape, inhospitality)...combine to make this a particularly egregious example of human depravity that justifies God’s act of total destruction.” We also have “the horror of the double offense of such behaviour towards angels,” as Lot’s guests are revealed to be (The Jerusalem Bible).

An English Jesuit priest, John Mahoney, notes that the effort to weaken the force of the Sodom narrative is unsuccessful. “There can be little reasonable doubt that the story of Sodom and Gomorrah expresses a judgment, however dramatic, of divine displeasure upon the homosexual behavior of its inhabitants, and in so doing only serves to echo the explicit condemnation of such behavior in the Holiness Code of Leviticus” (The Month, May 1977, p.167).

**Arguments from Reason**

Besides the arguments from Holy Scripture against homosexual activity, there are additional arguments from natural human reason. Homosexual activity becomes a failure to properly integrate genital
activity into the good of the persons performing the act. Homosexual activity lacks the same level of self-gift manifested in heterosexual activity. This lack leads to homosexual activity being primarily a selfish and self-gratifying act. An attempt is made, however, to get outside of one’s self and to “unite” with the other. But the difficulty in this endeavor is that the two individuals do not have a common and substantive good to serve, as do two married persons. Married persons have a common transcendent purpose, fostered by the very act of intercourse, namely, a love and life-giving union. Homosexual unions are not open to life; “they do not proceed from a genuine affective and sexual complementarity” (Catechism of the Catholic Church, 2357).

Moreover, homosexual relationships lack real unity. The lack of bodily coadaptation (of male to female organs) reflects the natural absence of a truly unifying good for the action. In brief, homosexual acts have a built-in frustration. The persons involved sense that their actions are not going anywhere. There is usually a sense that one is seeking in another what one lacks in oneself. When two persons with the same wound enter into a relationship, it is usually not long lasting, precisely because each is seeking in the other what each lacks, but the other can never truly provide it. The lack usually lies in the woundedness of one’s gender identity stemming from one’s family of origin (see the psychological points made in the last chapter). A longing for same-sex relationships represents a desire to fulfill legitimate unmet same-sex emotional needs, but the eroticizing of those desires can lead to sexual acts that can never be truly complementary. Therefore, two people with SSA cannot enter into a deep and fulfilling “monogamous” relationship with each other precisely because of the inability to truly give oneself to another. This self-gift can only occur in relationships where the persons are truly complementary in their sexuality, which includes the bodily complementarity of male and female. This explains why gay men tend toward excessive promiscuity, always seeking “Mr. Right” who can fully satisfy them. This also explains why lesbians tend toward apparent long-lasting monogamous relations
but in fact are characterized by severe emotional dependency rather than a genuine self-gift of one to another.

There is, moreover, a profound sterility in homosexual relationships, because such relationships are not open to life; except perhaps by sperm donation or the use of surrogate mothers. What the person with SSA needs is to integrate one’s bodily desires into a purpose beyond self-gratification. This means a conscious and free sublimation of sexual desire into some form of service for the community so the person can experience self-gift. In this way one can avoid the psychological division found in so many persons with SSA who find themselves doing what they do not wish to do.

There are additional arguments of a more traditional kind; for example, insofar as homosexual acts do exclude all possibility of the procreation of life, they do not fulfill an essential purpose of human sexuality. This point is clearly made by the “Declaration On Certain Questions Concerning Sexual Ethics” (8): “For according to the objective moral order, homosexual relations are acts which lack an essential and indispensable finality.” Heterosexual intercourse is therefore directly related to family. For this reason the Church has taught consistently that the marital act be open to the procreation and rearing of children. In no way does the homosexual act compare with the unitive and procreative acts of marriage.

**Freedom and Compulsion**

While homosexual acts (along with other actions contrary to chastity, such as masturbation) are always wrong in themselves, the fact remains that a person’s moral responsibility or guilt may be somewhat reduced by a lack of human freedom. Thus we should take note of the difficulties created by ingrained habit and of the particular problem of psychological compulsion. Compulsion may be described as a narrowing of consciousness concerned either with a fascination for some object or with obedience to an impulse regarded as intolerable unless accepted” (Allers, Rudolph. 1939. Irresistible
Impulses: A Question of Moral Psychology. *The American Ecclesiastical Review* 100: 208-219). In a broader sense, we may refer to compulsive behavior as that following the belief—born of past failures—that a particular urge is irresistible. Not many homosexual acts may be called compulsive when we consider the squalid circumstances (like a public lavatory) and the high risk in which they take place. But we must not assume that the compulsive person literally has no control over himself in the area of weakness. What happens, rather, is that the compulsive or strongly habituated person loses control (surrenders to an urge) under certain specific circumstances; and an analysis of the situation may help him (or her) recognize ways to exercise freedom in avoiding the circumstances which precipitate the compulsive or seemingly-compulsive action. In this effort the person needs prudent and often professional help—just as an alcoholic needs A.A. or another group or person that can help him avoid the people and situations that lead to a fall. In other words, if we suffer from a compulsion to some sinful activity, we are morally obliged to take what steps we can to prevent its activation and hence to overcome it.

In sexual compulsions the real problem is not the strength of the sexual instinct (which usually is not stronger than in normal individuals) but rather the inability of the individual to adjust to tensions within himself. To uncover these tensions, one needs the help of therapists. While under treatment, however, one must practice a rigorous honesty and avoid those things that may trigger the series of compulsive thoughts and events. With SSA, this often means actively avoiding homosexual haunts, movies, bars, baths, and pornography. It will also mean ending those relationships that one knows will lead to sin.

Significantly, examining the pattern of compulsive behavior reveals a very important feature: the impulses become irresistible before they have fully developed. As Rudolph Allers puts it, “People have a presentiment of the impulse arising: they know that within a short time they will become entangled in a situation from which there is no escape, much as they desire one. They know that they are still capable, this very moment
of turning away, and that by doing so they will avoid the danger—but they do not. There is a peculiar fascination, a lurid attraction in this kind of danger, and there is evidently some anticipation of the satisfaction that the partes inferiores animae [one’s lower nature] will derive from indulging in the ‘irresistible’ attraction” (ibid., 216-217).

Thus, the “compulsive” (strongly habituated) homosexual will bear responsibility for his actions if he fails to resist temptations at the very beginning. To indulge oneself in any impure thoughts or actions is to play with fire: as one wit remarked, the trouble with irresistible impulses is that they are unresisted. It is no surprise that, thinking we are still in control, we find that we “unwillingly” get burned. In any case, despite any past or new sins, our responsibility is to resist temptation immediately each time it arises, gradually reducing the power of these impulses. To do this, one needs to find fresh motivation by following a plan of life such as I shall describe.

**Pastoral Approaches**

*Pastoral Treatment*

A question frequently put to priests and other spiritual counselors is: Can SSA or the homosexual inclination itself be changed? This is a difficult problem that is best addressed by a professional therapist, since it is not the function of the spiritual counselor to evaluate the counselee’s chances of change in sexual orientation. As already mentioned, teenagers may be uncertain concerning their sexual inclinations, and this condition often demands more guidance than the spiritual director can give. In the event, however, that the spiritual counselor refers a young person to a therapist, the counselor should do so in such a way that the person continues to receive spiritual help. Older persons with SSA may desire primarily to lead a life of chastity without therapy; younger persons may desire therapy as well as interior chastity. Generally, one is always encouraged to seek therapy, because there may be trauma in one’s past that
needs healing. However, one is not **obliged** to seek therapy to recover one’s natural heterosexual inclinations, because there is no certitude that reparative therapy will lead to such a recovery. Moreover, people cannot always afford the cost of such therapy. Nevertheless, one should be **encouraged** to move toward heterosexual inclinations by chaste friendships with heterosexual persons. Paradoxically, by concentrating on the *person* who happens to deal with SSA and helping him or her to cope with life, the counselor will tend to focus less on the homosexual tendency, and the person will more readily respond to the counselor.

In the first stages of guidance it will be necessary to discuss various aspects of homosexuality so that the person may understand the phenomena. Very often the person may try to believe that he or she is not “a homosexual” by recounting past experiences which, on the surface, give evidence of heterosexual attraction. These, however, may really be attempts to repress homosexual leanings. It is good for the spiritual director to be aware of this phenomenon lest he or she be deceived by the counselee’s illusions. There is good reason for this process of self-deception. The counselee tends to resist the admission of being “homosexual.” He hates the thought of it, and thus to some extent hates himself. In facing the fact of SSA, people thus need complete personal acceptance from the counselor—that is, affirmation of their worth as persons, regardless of past homosexual acts and regardless of their readiness to try changing their way of life. In this, the counselor should not approve of any homosexual conduct. Rather, the point is to let the counselee know that the counselor cares **despite** the conduct which cannot be condoned. Once the counselor realizes he has the trust of the person with SSA, a plan of life should be proposed.

**A Plan of Life**

The reason people with SSA need a deliberate “plan of life” is that, without following a definite and ascetical plan, chastity is practically impossible. There are various elements in a plan of life that must be considered as anyone tries to extricate himself from a life of promiscuity.
or from some kind of steady relationship with another person of the same sex.

The first element is the need to rethink one's philosophy of life in order to redirect one's self to the pursuit of spiritual values. The second element is to begin to practice the virtues of one's state in life systematically, as described (for example) by Saint Francis de Sales in *The Introduction to the Devout Life*, Part III, or as encouraged by self-help programs. This plan of life must be specific enough to include some spiritual exercises every day, but flexible enough to allow for daily contingencies. It will include daily meditation, the actual performance of charitable works, regular spiritual direction, and insightful reading as preparation for prayer.

The actual performance of apostolic and charitable works is an element of proven worth. In view of the frustration of homosexual liaisons, some means of serving God must be found which will prove to the person with same-sex attractions that he or she is making a contribution to life. Everyone needs that sense of achievement. Heterosexual couples usually find it in their families; religious and priests find it in their special calling and work; single persons of either sex often find it in determined dedication to altruistic and charitable endeavors, like the service of the sick, people with physical or intellectual disabilities, etc. The person with SSA can find similar ways of serving God and humanity.

It is by regular spiritual direction, moreover, that the person with SSA can formulate and begin to live this plan of life. Very often, people with SSA have already experienced the loneliness and incompleteness of either of the two patterns of homosexual activity, namely promiscuity or a steady same-sex relationship. Dissatisfied with these experiences, they are ready to listen to the sympathetic proposal of a new approach, difficult though that new way may seem on the surface. The spiritual director's task is to show the man or woman with SSA that it is possible to live a chaste and happy life without being isolated from society. This demands a thorough accounting of the meaning of chastity and of the diverse forms of human love and friendship.
**View of Chastity**

People in general—not just those who experience same-sex attraction—have a decidedly negative view of chastity. For most it appears to be a “no-no” virtue, saying, among other things, that any kind of touch is evil. Yet true chastity is concerned with the proper way of expressing our affections. Chastity is concerned “with integrating our sexual and affective loves and pleasures into our person with the loving and intelligent ordering of our sexual desires and longings, of our need to touch and to be touched” (May, William E. 1976. *The Nature and Meaning of Chastity*. Chicago: Franciscan Herald Press Synthesis Series. 36.)

Because we are the kind of beings we are, we often need to express our emotions by word or gesture. Thus, touching has its place. Certain touches by their nature are reserved to the married couple, but other touches often are acceptable and appropriate to express other forms of affection and friendship, and this applies to those with homosexual tendencies as well as those who are completely heterosexual.

Marriage and its appropriate touches have already been alluded to. This is the most intimate form of human friendship for many. But there can be extremely rich and deep friendships between unmarried persons, and between married people and friends who are not their spouses. These solid friendships are good, chaste, and in every way desirable. Friendships of this sort are most supportive of the maturing person, for they provide love and a sense of self-worth. Such friendships are equally available to maturing persons, regardless of their predominant sexual attractions. The need for good friendships is especially real for persons with SSA, since often many of their sufferings and difficulties stem from their lack of real friends of long standing.

**To Form Friendships**

One of the prime tasks of the spiritual director, therefore, is to help people with SSA form some lasting friendships with both men and woman. The best way is to introduce them to people with SSA who live
chaste lives and who have suffered all the ills associated with the homosexual condition. Through good example, those with SSA can be shown that chastity and friendship are not incompatible. This does not mean that in the search for solid friendship there will not be any specific difficulties and temptations related to the condition. The effort to form a stable friendship may lead to a temptation to commit unchaste acts with the friend. In these situations, those with SSA should not give up the attempt to form a chaste relationship: the formation of a stable relationship is so vital that the risk must be taken. The alternative would be to retreat back into the kind of isolation which leads to a promiscuous way of living. As John Rechy shows in his writings, *City of Night*, *Numbers*, and *Sexual Outcast*, the promiscuous “homosexual” is afraid of intimacy even as he seeks it in the wrong way.

The spiritual director must understand this fear in the person with SSA who is trying to lead a chaste life. Because of his sense of helplessness after so many falls, he will be afraid to cultivate deep friendship or intimacy with anyone. Since he has equated intimacy with overt sexual activity, he needs to learn the difference between the two. A person can remain chaste without building walls to isolate himself from other people. It is genuinely possible to learn to tread a middle path between imprudent exposure to sin and alienation from other humans.

There is an important factor, however, which may impede the person with SSA from forming solid friendships, namely self-hatred or narcissism. A psychological counselor can help both the spiritual director and the person with SSA in dealing with this problem, which must be confronted. The acquisition of some measure of genuine self-esteem is the first step toward the formation of true friendships. (See Conrad Baars’ *Born Only Once* as a helpful guide on this problem.)

It should be stressed that it is going to take time for the person with SSA to learn to accept and love himself, and in this process the formation of solid friendships is necessary. The person must be affirmed by another in order to love himself properly and to live chastely. Gradually he will
perceive that the fundamental need of the human person is not for genital expression but for a sense of being loved deeply by God and by others, and of being able to love them in return.

**Community Support**

Along with intimate friendship with a few persons, the person with SSA needs a community of support. He must see himself as a vital part of the Christian community with a sense of vocation, indeed a mysterious vocation, but still real. It is the role of the counselor to introduce the person into some work of the Christian community, where he can serve others with love and receive love in return.

There are other elements in the plan of life that the person with SSA should consider: (1) The first is the need for regular meditative prayer. Morning prayer should include some kind of regular direction of all the day’s actions to God, and an effort to prepare for the day. As the shrewd businessman prepares for his day, so also the person desirous of the love of God must make an effort to foresee each day’s demands and significant events. We should think seriously about the contingencies that may arise, of the places we may be required to go, and the like. Thus with the help of God we will be better prepared to face challenges and dangers that would otherwise surprise and overwhelm one. We can not only anticipate dangers, of course, but can often arrange to avoid or prepare to overcome them. For instance, to avoid a tempting location or situation, we might plan an alternate activity that will strengthen us in goodness or be of some positive value to ourselves or our neighbor.

Experience has proven this exercise of preparation to be practical in guiding those beset with special problems, like those of drink and sex. Like the recovering alcoholic, a person with SSA must take one day at a time, and should make it a day of activity combined with trust in the grace of God. Whatever the matter used, meditation every day is necessary.
(2) A plan of life should also include daily examination of conscience. This is not meant to be a sterile self-examination of maladjustment but an analysis of motivation in the practice of Christian virtue. It is difficult because of the human tendency to self-deception, in which the person with SSA is usually proficient. The basic motive for the examination should be the desire to please Christ, and not to foster self-righteous satisfaction. Through honest probing one seeks to love God better: “How stands my heart before God?” (Saint Francis de Sales)

Here it will be useful to sum up the basic elements in a plan of life:

1. morning prayers, with at least 15 minutes of meditation;
2. Mass as often as possible during the week;
3. examination of conscience at least once a day;
4. some spiritual reading every day, especially the New Testament;
5. carefully select a regular confessor;
6. some form of devotion to the Virgin Mary and to the saints.

To be sure, other elements could be included in this plan of life, and thus it may be criticized for being incomplete. But, to avoid misunderstanding, it must be said that it is not enough that if one performs a certain number of external exercises, one will perfect the life of Christ in self, and will be cured of any ailment. No! It is important to stress the conversion of the inner person by appealing directly to human affections. External exercises are proposed as helpful in learning how to love God. Saint Francis de Sales reiterated that the way to love God is simply to love Him. There is no secret art. The person begins by loving God; one progresses to a greater love by repeated acts of love. This is not to gainsay the value of reason, prudence and faith, which become more insightful as love moves them.

However idealistic this plan of life may seem, experience will prove that it is also practical. Love of God must be the dominant force in the life of the person with SSA, who otherwise may yearn for the kind of
fellowship found in the homosexual subculture. In place of this attraction something better—something infinitely better—must be found to fill the void. In an ascetical plan of life, under the guidance of a spiritual director, with a community of support the person with SSA can find that better way.

Community of Support: Courage and Encourage

The support group Courage was established in 1980 in New York City, and has since grown into an international ministry. Courage has come to play a vital role as an authentically Catholic spiritual support system which persons with same-sex attractions can draw strength from in their efforts to live chastely. The goals of Courage are as follows:

1. to live chaste lives in accordance with the Roman Catholic Church’s teaching on homosexuality;

2. 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 the holy Eucharist;

3. to foster a spirit of fellowship in which we may share with one another our thoughts and experiences and so ensure that none of us has to face the problems of homosexuality alone;

4. to be mindful of the truth that chaste friendships are not only possible but necessary in chaste Christian life; we are to encourage one another in forming and sustaining them;

5. to live lives that may serve as good examples to others.

Courage meetings focus on the five goals above, and often use an adapted version of the Twelve Steps of A.A., which applies the steps to the issue of homosexuality. The priest-leader or moderator of the group will give a short reflection on some particular aspect of homosexuality and
then give a teaching on how Catholic spirituality can aid one in dealing with that issue. Members are given a chance to share with the group, if they so wish, about how the topic at hand applies to their own life and how he or she is dealing with that issue. The Courage support group setting can be a huge source of strength, because the person with same-sex attractions will not be alone in his or her struggle, and will also have the moral support and fellowship of those who share his or her goal of chastity and spiritual growth (see the *Courage Handbook* for more details).

Members are also encouraged to fellowship and build good friendships with one another outside of the support group setting, and also to seek out friendships with those who do not experience same-sex attractions.

**The Role of Encourage**

In 1990, attention was given to the need for pastoral guidelines for the parents and loved ones of those with same-sex attractions. A support group for this need was initiated, and it eventually grew into what is now known as Encourage. Like Courage, Encourage provides authentic Catholic spiritual and moral support for its members. Many Encourage chapters exist in the United States.

The goals of Encourage are as follows:

1. to promote a spirit of compassion and acceptance among the members so that they may share with one another their thoughts and experiences and so ensure that no one will have to face the problems of homosexual loved ones alone;

2. to foster the practice of 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;
3. to encourage loved ones in the development of chaste friendships;
4. to witness by good example to others who have homosexual loved ones.

SOME PRACTICAL MATTERS

Specific Pastoral Problems

As briefly as possible, I should like to present suggestions for special pastoral situations. The first is concerned with parents who want to know either how to cope with the problem of homosexual tendency or to prevent its occurrence in family life. (I am basically restricting my advice to parents and relatives of persons with SSA.) Often persons with SSA do not reveal their same-sex attractions until well into adulthood. For good reasons some never do. Parents usually react along the lines of “What did I do wrong that my son or daughter should be gay?”

The best pastoral response is to put the parents at ease. Usually they are not. Certainly, in no way were the parents aware that perhaps, and only perhaps, something in their relationship to their son or daughter was awry, and that it contributed to the development of homosexual tendency in the child. Why, then, should one burden parents with theories about the causal factors in homosexuality? The only prudent and honest approach is to point out that no one knows with certainty what caused the development of homosexuality in their child.

After reducing the guilt quotient in the minds of these parents, the next step for parents is to learn to accept the homosexual condition of their son or daughter without moralistic remonstrances. The child knows that the style of life he or she has been living is not in accord with sound moral teaching, and it will do no good to denounce him or her for it. This does not mean, however, that the parents must approve the lifestyle or
homosexual behavior in order to hold on to the love of the child. They can say that, on the one hand, they will always love their child as their son or daughter, but, on the other hand, they disapprove of the lifestyle. It is not advisable to carry the conversation any further. As an adult, the young man or woman knows that he or she is free to seek counsel, but it is not wise to urge the child to talk with some special priest friend, who, the parents think, will dissuade their son or daughter from his or her course of action. (The priest may even confirm him or her in it.) Eager as parents may be to give such advice, it is better simply to show their child that they really love him or her, even though they cannot approve of the homosexual lifestyle. Parents should continue to correspond with their son or daughter, always praying for a change of heart in their child.

Children and Guidelines

George Rekers and Don Schmeierer have written well on ways of preventing homosexuality in children. Their books cover many insights into the factors leading to same-sex attraction. In addition, one can make a few suggestions based upon studies of the background of many people who deal with SSA. First, the growing male child needs to identify with either his father or some other significant male person in his life. Likewise the growing female child should identify with her mother. In single-parent homes, one notes an absence of any meaningful male with whom a growing son can identify. The child may, however, identify with some other significant male person outside the home, and in that case it is to be hoped that he will develop as a heterosexual.

Second, the mother in such a home must avoid over-mothering, that is to say, attaching herself too closely to her son so that he is not able to have a life of his own. Naturally, either in divorce situations or in homes where the father is not present to his children, and usually not to his wife as well, the mother tends to fill the vacuum. This may lead to the kind of relationship with her son which, in turn, is conducive to homosexual proclivities.
Third, parents should give attention to the very early preschool behavior of their children. A boy who does not take part in scrambling or physical games with his peers, who is constantly being protected by his mother from the neighborhood “roughnecks,” who is buried in books with high academic achievement, has some of the characteristics found in the person with SSA.

The point to be made is that all three kinds of conditions together constitute the possibility for the development of male homosexual tendency.

Several factors that contribute to the genesis of a homosexual condition in the female are an experience of the father as non-caring and even brutal toward the mother and even the child. The little girl may begin to look at femininity as weak and not worth emulating. The girl may also experience being regarded as a boy by the parents. Sometimes—and this is true also in the genesis of male homosexuality—a spirit of coldness between the parents contributes to the child’s inability to identify with and model self after persons of the same sex.

One may suggest that very few persons with SSA come from homes where the parents, by mutual love, have created an atmosphere of caring for each child. As Irving Bieber observed, after his associates and he had made an exhaustive study of 101 males with SSA, not one of them had come from a home where there was a happy relationship between the father and mother (Homosexuality: A Psychoanalytic Study, New York, Basic Books, 1962). We would be wise to help young married couples to learn how to truly love each other and their children. Then both parents will be careful to treat each other with love, respect, and affection in the presence of the children, and they will know how to affirm their child as male or female.
**Adolescent Fears**

A second pastoral problem is that of the adolescent boy or girl who fears that he or she is a homosexual. In light of the fact that much adolescent homosexuality is transitory, the counselor should caution the young person against drawing hasty conclusions. If one realizes that there are deep problems present, one should refer the person to a professional therapist and await an analysis. Usually, it is not clear to the counselor that the adolescent has same-sex attractions. Unfortunately many counselors have accepted the prevailing opinion of our culture, namely, that once one has SSA, the condition cannot be changed. Indeed, some counselors would advise adolescents that feelings of same-sex attraction call for entry into a homosexual lifestyle.

There is good reason to believe that many youth undergo “sexual identity confusion.” They do not understand that their homosexual condition may be transitory, a form of pseudo-homosexuality rooted in various motivations. Ruth Barnhouse, for example, sees much adolescent homosexual activity as indicating unresolved problems of dependence and power, and these are the issues that should be addressed. Whatever the complexity of the homosexual condition in a given youth, it must not be presumed that one cannot be helped to develop heterosexual potential. For this reason one should be persuaded to avoid frequenting gay clubs and associations, gay movie houses, and the viewing of pornography. One should also take steps to become part of some Catholic youth organization in which one can grow in the life of the Church and in his or her identity as a young man or woman created in the image of God. The counselor also should become a friend, not in the sense of a peer buddy, but in the sense that the young person knows that he or she can confide in the counselor without fear of reproof or betrayal.

In some cases, the counselor may find it advisable to encourage the adolescent to inform his parents concerning his apparent same-sex attractions; in other instances, it may be best that the counselor work with the adolescent and if possible, with a priest, so that the youngster will
have adequate guidance without having to inform his parents. The young person may have some very difficult obstacles at home that cause him to be too afraid to speak to his or her parents about his struggle with same-sex attractions. This will have to be a decision of the counselor and the young person. If a youngster is afraid to tell his parents that he has SSA, he should seek help from an informed priest who might be able to mediate between the young person and his family. Whether the parents would want the younger members of the family to know about the SSA in their brother or sister is a matter of prudence. My opinion is that such information should not be shared with younger siblings. In my judgment there is also no gain in such a revelation to a family member who does not make the distinction between a chaste and an unchaste person with same-sex attractions. Also, it is not certain that the adolescent will continue to experience predominantly same-sex attractions. It would seem that the youth or adult with SSA does better in having one person in whom one can totally confide while concealing such inclinations from others. Beyond some family members and perhaps a trusted friend, it is imprudent to reveal one’s sexual identity issues to fellow students or workers for the reasons already given with respect to the family. It may lead to cruel and inhumane treatment by others. We must not be fooled by the urging of society “to come out of the closet” because “gay is good.”

The adolescent girl often confuses a “crush” she has on an older girl or a female teacher as a form of homosexuality. She should be shown that she is simply going through a stage of strong admiration and needs to take care not to make an idol out of another person. Meanwhile, she must continue to seek friends within her peer group and learn to form good human relationships with both sexes.

Courtship and Marriage

Sometimes a counselor learns that an engaged person has homosexual tendencies. One should seek to discover how deeply seated is this condition. Sometimes it turns out to be a fear of homosexuality due
to some incident in the past, and then the person should be advised not to worry. As for telling the future spouse, one should seek counsel from a spiritual director; in general, the future spouse should be told. If, as in one actual case, a person had been judged capable of marriage after psychiatric guidance but feared blackmail because of a situation some years before, he would be wise to reveal it to his future spouse.

If homosexual activity has been chronic in the past, it is necessary to avoid marriage unless one has lived chastely for a very long time and has consulted with professional counselors. Before entering marriage one should have substantial evidence that one can live as a heterosexual person. If this is lacking, it is a grave injustice to the other party to enter into marriage. It makes little difference that the other party has been informed and is willing to take a chance, because usually the other person (man or woman) labors under the illusion that he or she is just what the person with SSA needs. Sometimes it is the person with SSA who enters into marriage with the hope that in this way he or she will overcome one’s tendencies. Diocesan tribunals continue to record the tragic annulments which eventually flow from such illusions. Therefore, before marriage, if there is substantial evidence that the person deals with very strong same-sex attractions then the counselor ought to dissuade the person from marriage. The same principle applies to one who has a history of overt activity with both sexes, commonly called “bisexual.”

**Those Already Married**

For the person with SSA who is already married, the question must be approached from another angle, particularly if there are children in the family. The first point to be determined is the depth of same-sex attraction: is the person primarily attracted to the same sex, attracted to both sexes, or basically heterosexual with occasional homosexual relapses? Usually it takes some time before this is determined, and sometimes only after consultation with a therapist. If it is clear that the person has dealt with same-sex attractions for a long time, and has not controlled his or her
tendencies, it may be better for him or her to inform the other spouse rather than to stay in a union which is not only doubtfully valid but psychologically harmful to both persons. In general, older and adult children should be told, while young children should not be told until they reach a certain age. Once the other spouse finds out, he or she may want to take the case to the diocesan marriage tribunal. Of course, if this information came through the confessional, it may not be revealed without the penitent’s consent, and then the penitent should do it.

If, however, as is often the case, the person has demonstrated the capacity to be husband or wife, despite relapses into homosexual activities on certain occasions, and if the person wants to save his or her marriage, the confessor should encourage him or her to do so, provided the individual is willing to seek regular spiritual guidance and to make use of the various means already mentioned. Whenever a person has seriously fallen against his marriage vows, he or she should inform the other spouse after consultation with a clinical psychologist who may be able to help both the husband and the wife. When the person’s behavior seems compulsive, it is necessary that the other spouse be told, and his or her help sought. It seems that secrecy itself increases the tensions which lead to compulsive activity.

Advice to Spouse

Usually in such marital situations there are other factors present which will give the counselor good reason to speak with the other spouse without revealing the counselee’s homosexual tendencies. In this way he may reduce tensions between the husband and the wife, and indirectly help the person with homosexual tendencies, who, incidentally, may have very good relationships with the children in the family.

Admission to the Seminary and Priesthood

The 2005 “Instruction Concerning the Criteria for the Discernment of Vocations with regard to Persons with Homosexual Tendencies in view
of their Admission to the Seminary and to Holy Orders,” published by the Congregation for Catholic Education addresses the question of those with SSA and their possible service as a priest in the Catholic Church.

The document teaches that “those who practice homosexuality, present deep-seated homosexual tendencies or support the so-called ‘gay culture’” do not possess the qualities for formation as a Catholic priest.

The Instruction offers two criteria for excluding someone with SSA from entrance to seminary formation for the priesthood: homosexual practice and self-identification with the “gay subculture.” The Instruction recognizes that SSA is not a uniform phenomenon, and thus the Instruction does not contain a universal prohibition; it does call for careful discernment in each individual case. Additionally, the Instruction provides a standard of three years of chaste living before the ordination to the diaconate as a criterion of affective maturity in light of celibate chastity.

When a candidate makes known by admission or behavior that he supports a “gay lifestyle and agenda,” it is the bishop’s duty to refuse to admit him to a seminary. As always, those charged with the discernment and formation of seminarians have the responsibility to make prudential judgments about individuals who present themselves for ordination to the priesthood.

**Human and Civil Rights of the “Homosexual”**

The statement of the U.S. Conference of Catholic Bishops, “To live in Christ Jesus,” says that “homosexuals” have a right to respect, friendship, and justice, and “an active role in the Christian community” (19). This is another way of saying that the condition of homosexuality does not prevent a person from enjoying truly human rights, but it does not mean that society must approve either a homosexual lifestyle or homosexual actions. To be sure, one must draw a sharp distinction between a moral judgment concerning homosexual acts and the
application of legal sanctions to prevent them. It is simply good jurisprudence not to formulate laws which cannot be enforced except by methods which really violate the right of privacy, and for this reason the civil law should not attempt to control private acts between consenting adults (adultery, homosexual acts, etc.). Contemporary civil law allows civil suits by the minor who has been seduced. This happened very frequently in the recent priest sex-abuse scandals. The civil law also forbids any form of forced sexual relationships, and public indecency, all of which involve violations of the right of minors, the right of individual freedom, and the right of society to be free of public indecencies. Such laws are justified restrictions of sexual activity.

A careful distinction should be made in regard to the teaching profession. Should teachers with SSA who advocate a homosexual lifestyle be allowed to teach in grade or high schools? The answer should be “no.” Parents have a right not to have their children come under the influence of such teachers, not because of the danger of seduction (which is relatively remote), but rather because parents have a right to have teachers for their children who are adequate role models for the vast majority of the population. The rights of the majority of parents not to have homosexuality advocated as a lifestyle takes priority over the rights of a group of “homosexuals” to use the classroom as a forum of propaganda for their way of life. What is being advocated here does not have to be pedagogical but simply the public living of a lifestyle. On the other hand, a man or woman who has been involved in homosexual practices secretly should not be forced out of a teaching position as the result of private investigations. Such witch hunting, which oftentimes involves blackmail, should not be allowed to destroy a person’s reputation, a right protected in the moral law and the Code of Canon Law.

The subject of “gay marriage” is not discussed in this pamphlet but we refer you to the statement of the Congregation of the Doctrine of the Faith: “Considerations Regarding Proposals to Give Legal Recognition to Unions Between Homosexual Persons” (June 3, 2003). This statement
makes it clear that the Church opposes all gay rights legislation; however, where laws exist which already give all kinds of privileges to homosexual couples and the so-called married, the Congregation advises Catholic legislators to do everything they can to modify the existing laws, because they are a direct attack on the sacrament of marriage. (see John F. Harvey, *The Homosexual Person: New Thinking in Pastoral Care*, 107-115.)
FOR FURTHER READING


Father John F. Harvey, O.S.F.S. was professor of moral theology at De Sales School of Theology for thirty-eight years. He has been giving counsel and guidance to persons with same-sex attractions for over fifty years. Father Harvey is the founder of the highly successful organization, Courage. He is also the author of the books *The Homosexual Person: New Thinking in Pastoral Care* (1987), *The Truth About Homosexuality: The Cry of the Faithful* (1996), edited with Gerard V. Bradley, and *Same-Sex Attraction: A Parents’ Guide* (2003).