

HOMOSEXUALITY & HOPE

Questions and Answers About *Same-Sex* Attraction

HOMOSEXUALITY ### HOPE

Few moral and ethical issues over the past forty years have proved to be more complex than how to understand and treat persons experiencing same-sex attraction (SSA). Medical and professional societies have significantly changed their policies, sometimes more in response to cultural pressures than to new scientific evidence. Public opinions, driven by a variety of factors, have shifted away from traditional attitudes. Gay and lesbian advocacy groups have demanded, and increasingly have obtained, legal rights and social acceptance far beyond what they have previously possessed in any modern society.

Throughout these significant changes, the mission of the Catholic Church has remained the same—to bear witness to the truth and to bring people into a relationship with the Triune God. There is no conflict between the Church's teachings on marriage, the family, and homosexuality and sound scientific research on these subjects because both faith and science illuminate the truth about the human person. Thus the Church has continued to uphold its consistent moral evaluation of homosexual acts and, at the same time, has continued to develop her pastoral approach to persons experiencing SSA.

The Catholic Medical Association exists to apply the principles of Catholic faith to the science and practice of medicine and to communicate this faith to the medical profession and to society at large. Our goal in this pamphlet is to assist persons experiencing SSA and their families—as well as educators, politicians, members of the judiciary, and the broader society—by providing, in an accessible format, answers to frequently asked questions based on the latest scientific evidence and the perennial wisdom of the Catholic Church.¹ The good news is that SSA is preventable and treatable and that, given God's grace and proper counseling, chastity according to one's state in life is possible.

Question: Is SSA genetically determined before birth?

Answer: No. Many people believe this because people with SSA often report discovering, rather than choosing, their SSA. And the major media continue to promote the idea that a "gay gene" has been discovered. However, researchers have failed to find evidence of a biological cause for SSA, and gay activists are backing away from the claim of a "gay gene." If SSA were genetically predetermined before birth, then identical twins should virtually always exhibit the same pattern of sexual attraction. However, a study of males in the Australian Twin Registry found that only 11% of identical twins with SSA had a twin brother who also experienced SSA.2 It is also important to note that a number of studies have found that sexual-attraction patterns are not stable over time.³ Some people spontaneously cease to identify themselves as homosexuals as they mature or receive help.4

uestion: If SSA is not genetically determined, what is the cause?

Answer: There are many pathways to SSA. Same-sex attractions and behaviors appear to be the consequence of a convergence of developmental, emotional, psychological, and social factors. Each person with SSA has his or her own unique personal history, but there are certain patterns common to many of them:

- A failure of secure parent-child attachment in early childhood.
- 2. Childhood gender-identity disorder (GID), together with the failure of parents to encourage children appropriately to identify with traits of masculinity and femininity and to form friendships with members of the same sex.6
- Physical separation from one or both parents in childhood.
- 4. In males, a poor father/son relationship due to a father perceived as distant, critical, selfish, angry, or who was an alcoholic; or a mother perceived as controlling, overly dependent, angry, and demanding.⁸
- 5. In females, a mother who was depressed or psychologically troubled during the first months of her child's life9 or emotionally distant, critical, or domineering; peers who were rejecting; a father who deserted the family or who was perceived as angry, critical, distant, selfish, or who was an alcoholic.
- 6. Failure to identify, and establish friendships, with members of the same sex; 10 profound loneliness.
- 7. In males, a lack of male peer acceptance, poor body image, and a weak masculine identity resulting from an inability to play popular sports such as baseball and soccer because of poor eye-hand coordination.11
- 8. A history of childhood abuse, particularly sexual abuse or rape. 12
- 9. Feelings of inferiority (of being less masculine or less feminine), or of not belonging, leading to self-pity and self-dramatization.13
- 10. A history of being teased or labeled by other children or even adults, whether because of temperament, talents, or appearance. How the child reacts to such treatment can play a part in the development of SSA.14

Question: What are the warning signs that a child is at risk for developing SSA?

Answer: If a child exhibits symptoms of GID, which include identification with the opposite sex, limited ability to bond with same-sex peers, lack of rough-and-tumble play in boys, cross-dressing, discomfort with their own sex, and social anxiety, he or she is at high risk. If GID in childhood is left untreated, approximately 75% of children will go on to develop same-sex attractions.¹⁵

Question: Can SSA be prevented?

Answer: Yes. Early identification of at-risk children, along with appropriate psychotherapy and parental support, are key factors leading to successful prevention and treatment of the emotional pain in these children and adolescents.¹⁶

Question: Why is it important to help individuals with same-sex attraction?

Answer: In addition to the emotional pain and social ostracism suffered by persons with SSA, recent, well-designed research studies have shown several psychiatric disorders to be far more prevalent in teenagers and adults with SSA. These include: major depression, anxiety disorders, substance abuse, conduct disorders, and suicidal ideation and attempts.¹⁷ While societal attitudes toward persons with SSA are blamed for these problems, studies done in countries where social acceptance is high (The Netherlands¹⁸ and New Zealand¹⁹) revealed similar trends. Numerous studies have found that persons with SSA are more likely to have been sexually abused as children²⁰ and to have suffered from domestic violence and rape. In one study, 39% of males with SSA reported being abused by their same-sex partner.²¹ Men with SSA are at high risk for infection with a sexually transmitted disease because they are more likely to engage in high-risk sexual activities with multiple partners.²²

Question: If an adolescent or adult is manifesting same-sex attractions or behaviors, what can be done?

Answer: An individual can seek out mental-health professionals who are experienced in the treatment of SSA.²³ It is important to remember that persons with SSA may suffer from a number of other psychological disorders and addictions, which can complicate the recovery process. Therefore, a comprehensive treatment program often is required. Effective treatment programs frequently contain a spiritual component, as in the treatment of addictive disorders. Developing relationships with the Lord as one's best friend, with God the Father as one's true, loving father, and devotion to Mary and to St. Joseph are particularly helpful for Catholics.

Question: What are the goals of therapy?

Answer: Therapy can help a client to identify the underlying causes of his or her SSA, which often include low self-esteem, anxiety, anger, sadness, and loneliness, and to resolve emotional pain. Treatment can then help the person work toward freedom to live chastely according to his or her state in life. Some clients desire marriage and children; others discover that they are called to the celibate life.