

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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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

² 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).²

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[ing] 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).³

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

³ 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 scripture⁴—"has always declared that 'homosexual acts are

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

⁴ "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

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”⁵

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

⁵ 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).⁶

⁶ 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

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

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

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 1980.⁷ 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.”

⁷ 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).⁸

⁸ 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

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

⁹ 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).⁹

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.¹⁰

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,

¹⁰ 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

must "be judged with prudence" (CCE, 1983, no. 101).¹¹

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

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

¹¹ 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).¹² 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://couragec.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

¹² 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.¹³

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

¹³ 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.¹⁴

¹⁴ 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).¹⁵

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

[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.)

¹⁵ 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).¹⁶

“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

¹⁶ 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) "*fictitious*" (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)¹⁷ about the personal and professional dimensions of forgiveness has been published by the American

¹⁷ 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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