

Pastoral Care for Individuals with Same-Sex Attractions: Deepen Respect, Compassion, and Sensitivity Through the Psychological Sciences

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Catechism of the Catholic Church

“...respect, compassion, and sensitivity.” (CCC#2358)

Same-Sex Attraction as a Symptom...

- Role of Psychological Sciences in Pastoral Care
- Psychological Research
 - Biology of SSA
 - Model of “Psychological genesis”
 - Suffering of people with SSA
- Pastoral Response



On the Pastoral Care of Homosexual Persons

“In a particular way, we would ask the Bishops to support, with the means at their disposal, 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.”

1986 CDF par.17



Educational Guidance in Human Love

How to respond when it has become apparent that the student is experiencing same-sex attractions:

“...the family and the teacher will offer an efficacious help in the process... suggesting – if necessary – medical-psychological assistance from persons attentive to and respectful of the teaching of the Church.”

1983 Sacred Congregation for Catholic Education , par.103



Ministry to Persons with a Homosexual Inclination

“Professionals 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.

Efforts should be made to identify and publicize those services that conduct their work in a manner that accords with Church teaching.”

Pastoral Care/Pastoral Support USCCB 2006



Psychological Sciences & Fidelity to the Church

- “assistance” 1986 CDF par.17
- “counseling services” 2006 USCCB
- “in full accord with the teaching of the Church” 1986 CDF par.17
- “respectful of the teaching of the Church.” 1983 CCE, par.103
- “uphold the Church’s understanding of the human person” 2006 USCCB

Born that way?



Lady Gaga, - February 20, 2015
<http://www.billboard.com/articles/columns/pop-shop/6655673/lady-gaga-next-album-do-dont-analysis>

APA on the Origins of SSA

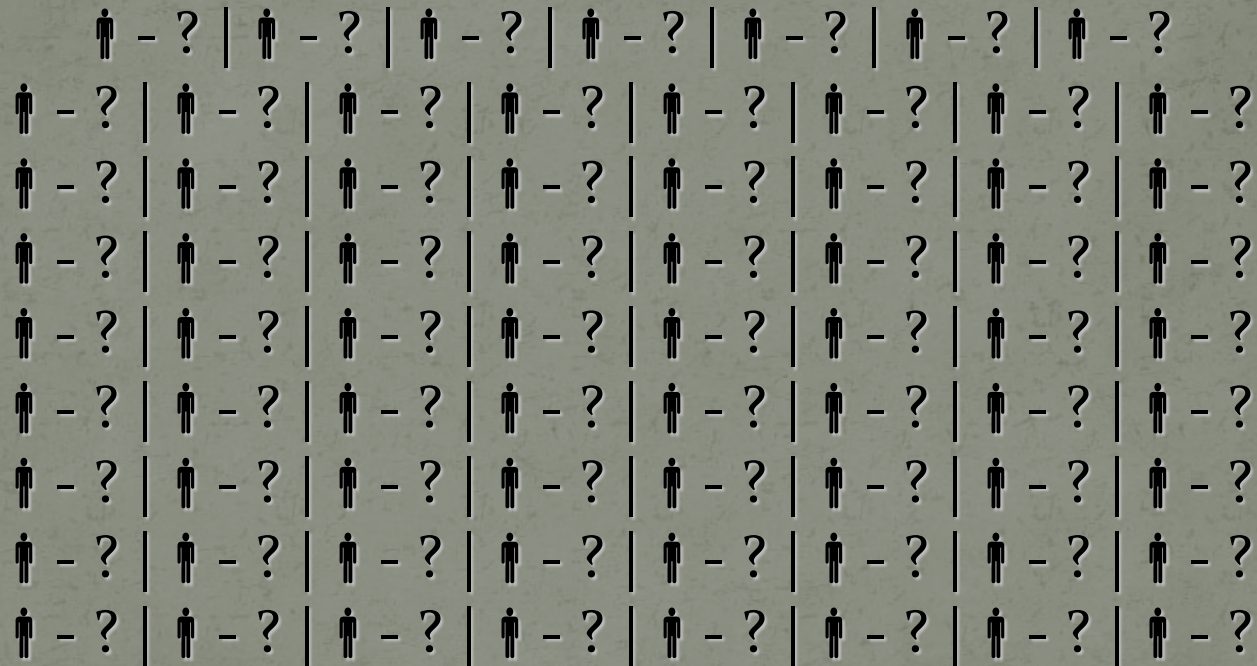
- "There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles..."
 - Answers to Your Questions about Sexual Orientation and Homosexuality. APA 2008

Not born that way...no “gay” gene

- Gene studies:
no consistent results
- Epigenetic studies:
no demonstrated underpinning
- Twin studies:
do not show a pure genetic cause

Långström, et al. *Archives of Sexual Behavior*, 2010:

Out of thousands of identical twin male pairs, researchers identified 71 genetically identical male twin pairs in which at least one twin had same-sex attractions (the black figure).



How often does the second twin also have SSA?

Långström, et al. *Archives of Sexual Behavior*, 2010:

How often does the second twin also have SSA?

Of the 71 twin pairs total, the researchers found that 7 twin pairs “matched” for SSA (both twins had SSA):

but 64 of the twin pairs did NOT match; the second twin did not have SSA:

Predisposition
vs.
Predetermination

Not born that way, no “gay” gene

- Family influence
- Social influence
- Cultural influence
- Situational influence
- “Virtue factor”

If you are not born that way, where do same-sex attractions come from?

ONE SIZE DOES
NOT
FIT ALL...

PERCEPTION
vs.
REALITY

Psychological factors in the development of SSA

“[Homosexuality’s] psychological genesis remains largely unexplained.” (CCC#2357)

Clinical Observation and research suggest

Psychological Risk Factors

BOTH MEN AND WOMEN: <ul style="list-style-type: none">• Father conflict• Mother conflict• Peer rejection• Poor body image• Gender non-conformity• Abuse: physical, sexual, neglect	WOMEN ONLY: <ul style="list-style-type: none">• Father failed to act as buffer in relationship with mother and to fortify her feminine identification• Male betrayal• Extreme loneliness MEN ONLY: <ul style="list-style-type: none">• Father failed to welcome son into the world of men and to fortify his masculine identification• Parents failed to encourage same-sex identification• Parental loss

CHILDHOOD ABUSE

	Male OSA	Male SSA	Female OSA	Female SSA
Neglect	2.5%	12.4%	3.4%	12.4%
Physical abuse	3.8%	5.3%	3.8%	11.3%
Sexual abuse	2.2%	15.4%	10.3%	34.7%

Hughes, T. et al. (2010) "Victimization and Substance Use Disorders in a National Sample of Heterosexual and Sexual Minority Women and Men", *Addiction*, 105: 2130-40.

Six Stages of Homosexual Identity Development

(Consiglio, 1991)

- I. Low Self-Esteem (LSE)
- II. Gender Emptiness (GE)
- III. Gender Attraction (GA)
- IV. Sexual Attraction (SA)
- V. Homosexual Reinforcement (HR)
- VI. Homosexual Identity (HI)

Psychological Factors: Developmental Model of Male SSA



Temperament

Attachment Style

PERSONALITY

(at age 1)

*Development of
Other-sex Attractions*

*Development of
Same-sex Attractions*

Mom allows boy to separate or
Dad rescues boy

**Separation-
individuation**

(ages 1-3)

Mom holds back boy and
Dad does not rescue boy

Boy enters the male world
and is greeted by strong and
caring father

Gender Identity

(ages 3-5)

Boy enters the male world
and is greeted by hostile
father or weak father

Boy engages with the
other boys and feels like
'one of the boys'

Peer Integration

(ages 5-9)

Boy has difficulty engaging
and does not feel like
'one of the boys'

Surge of hormones stimulates erotic
interest toward that which he believes
will fill his unmet emotional needs.

**Development of
sexual attractions**

(ages 10-13)

Surge of hormones stimulates erotic
interest toward that which he believes
will fill his unmet emotional needs:
same-sex integration and for gender
identification.

Are people with SSA are
psychologically and
emotionally different from
people with opposite-sex
attractions?

SSA & Mental Health

“Homosexual orientation, defined as having same-sex sexual partners, is associated with a general elevation of risk for anxiety, mood, and substance use disorders and for suicidal thoughts and plans.”

Gilman SE, et al.(2001) Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Co-morbidity Survey. American Journal of Public Health June;91(6):933-9

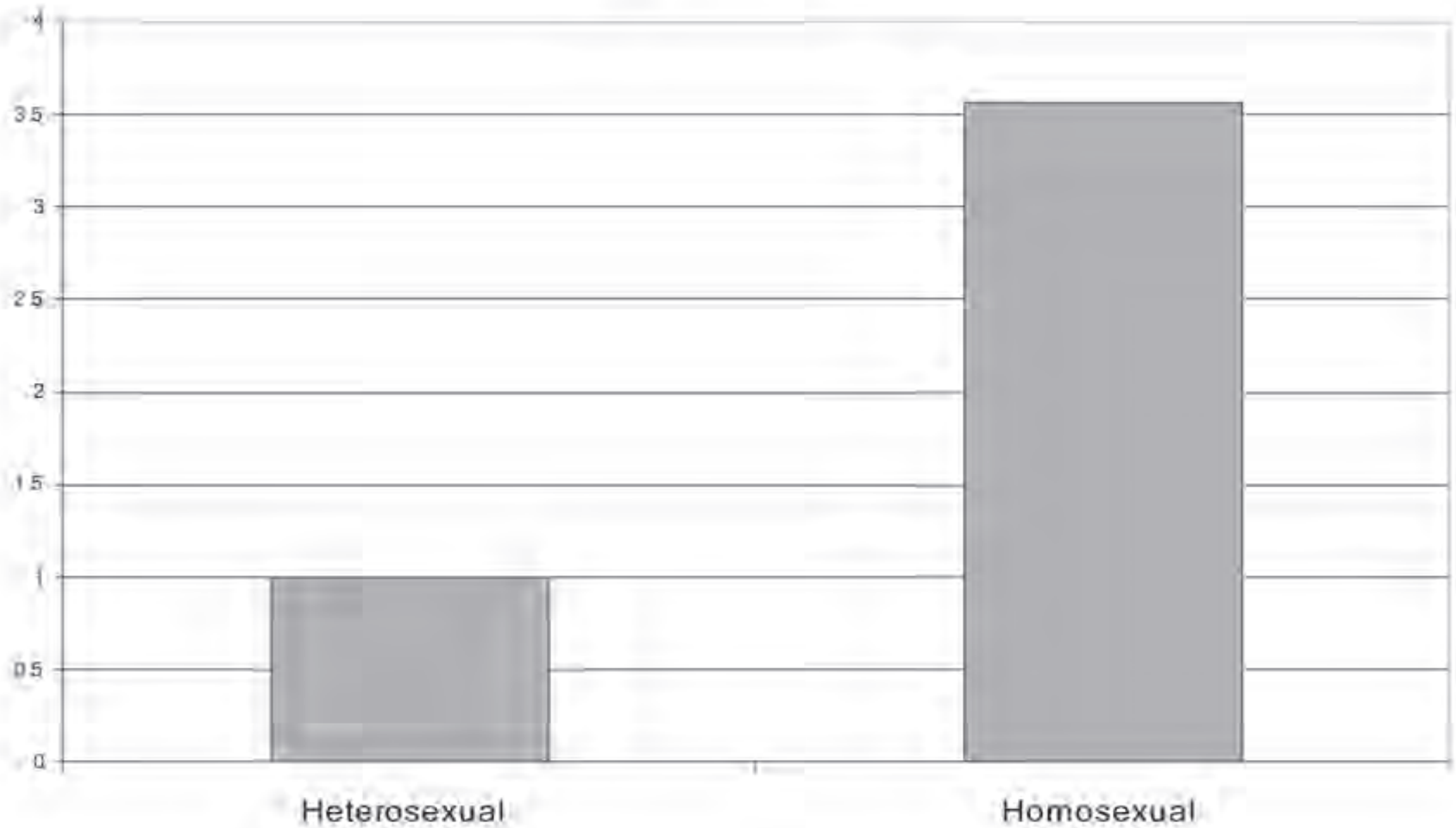
SSA & Mental Health

- Male: n = 14,481
- Female: n = 19,896
- (age 20 & up)
- Bolton et al. (2011)
56, 35-43.

	OSA Male	SSA Male	BSA Male	OSA Female	SSA Female	BSA Female
Any mood disorder	19.8%	42.3%	36.9%	30.5%	44.4%	58.7%
Any anxiety disorder	21.4%	45.8%	40.6%	36.3%	48.4%	66.2%
Any substance use disorders	50.0%	65.0%	55.8%	24.3%	60.8%	61.9%
Any Cluster A PD*	8.7%	13.5%	20.5%	8.9%	21.3%	21.9%
Any Cluster B PD*	15.4%	30.7%	25.7%	10.8%	19.8%	31.7%
Any Cluster C PD*	9.1%	12.3%	12.1%	9.6%	11.1%	17.1%
Psychotic illness	2.7%	9.3%	2.1%	3.4%	2.9%	9.2%
Suicide attempt	2.1%	9.8%	10.0%	4.2%	10.9%	24.4%

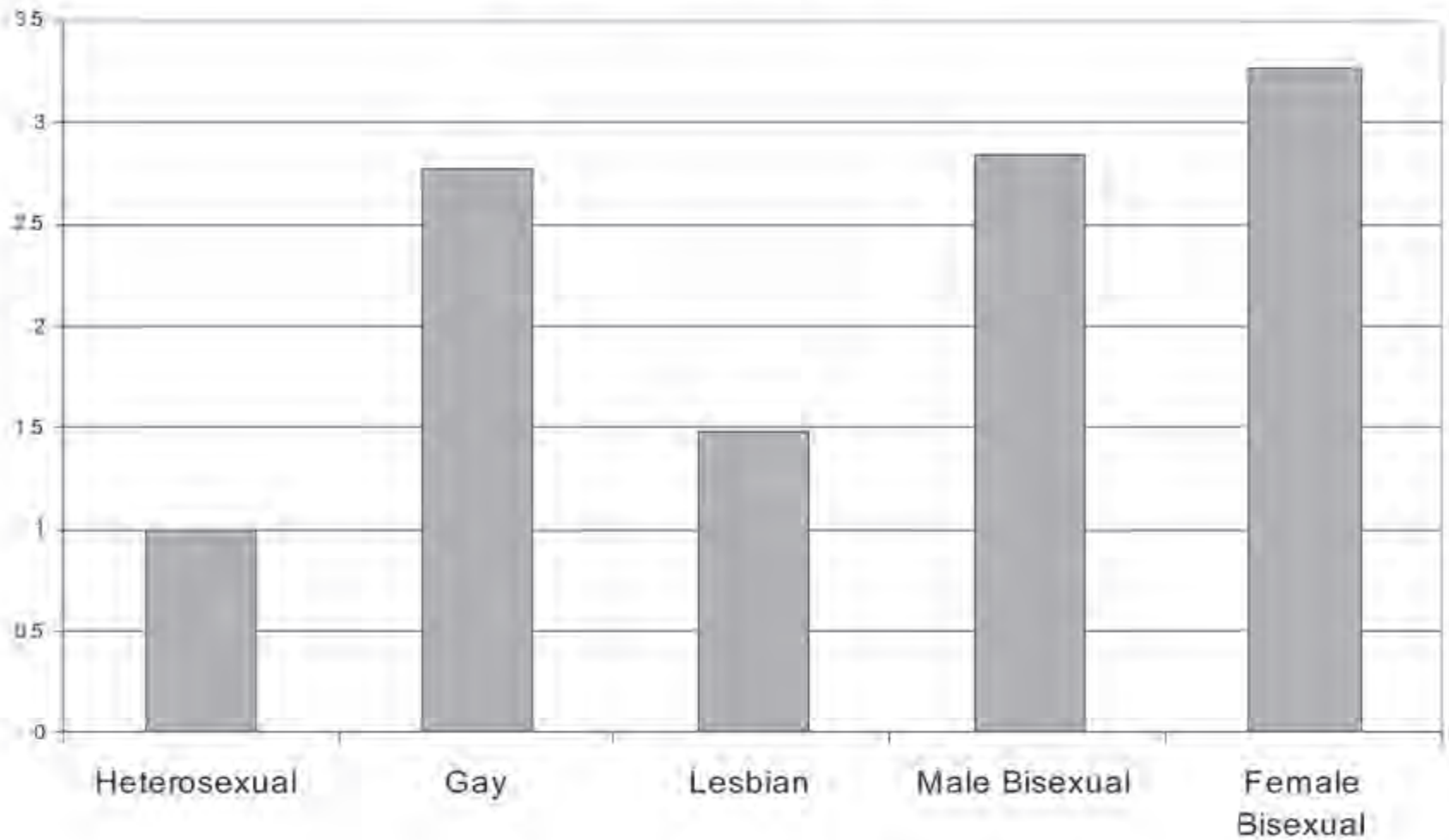
*Personality disorders (PD) are divided into three groups: cluster A, cluster B, and cluster C.

Depression



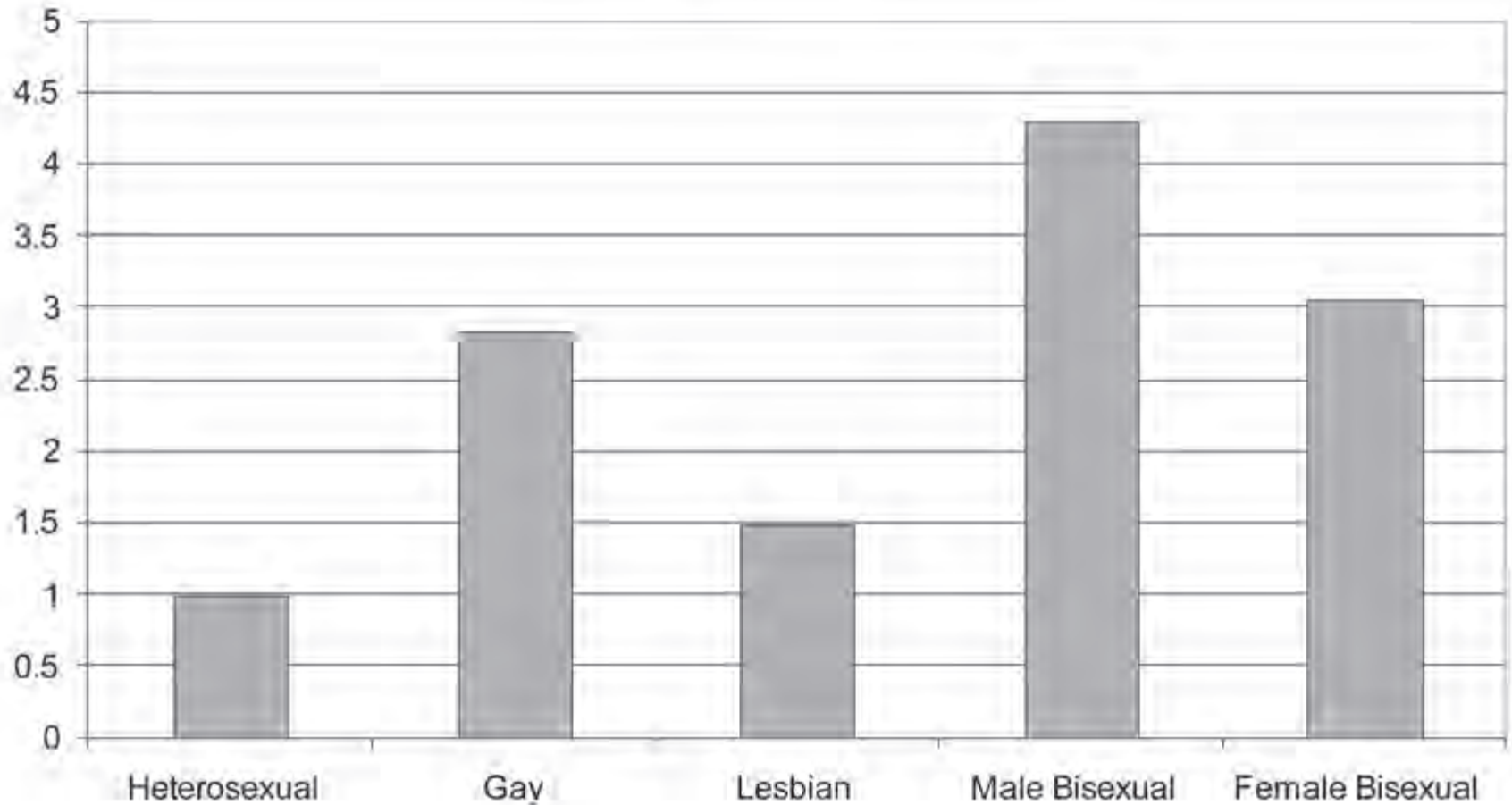
OR 3.5 (Cochran, Sullivan, & Mays, 2003; United States) (Whitehead, 2010)

Mood Disorders



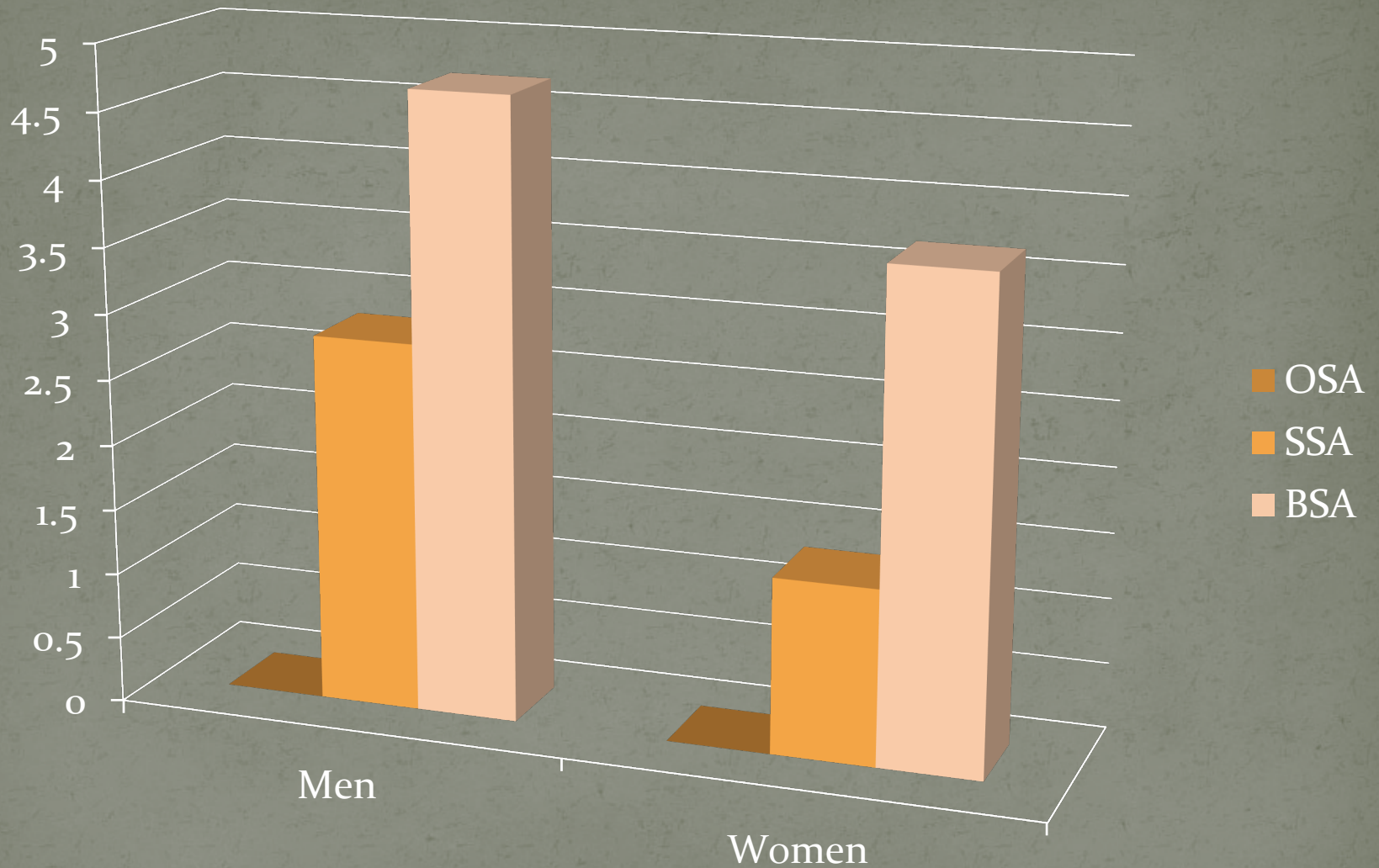
OR 2.78 SSA men, 1.48 SSA women (Tjepkema, 2008; Canada) (Whitehead, 2010)

Anxiety Disorder



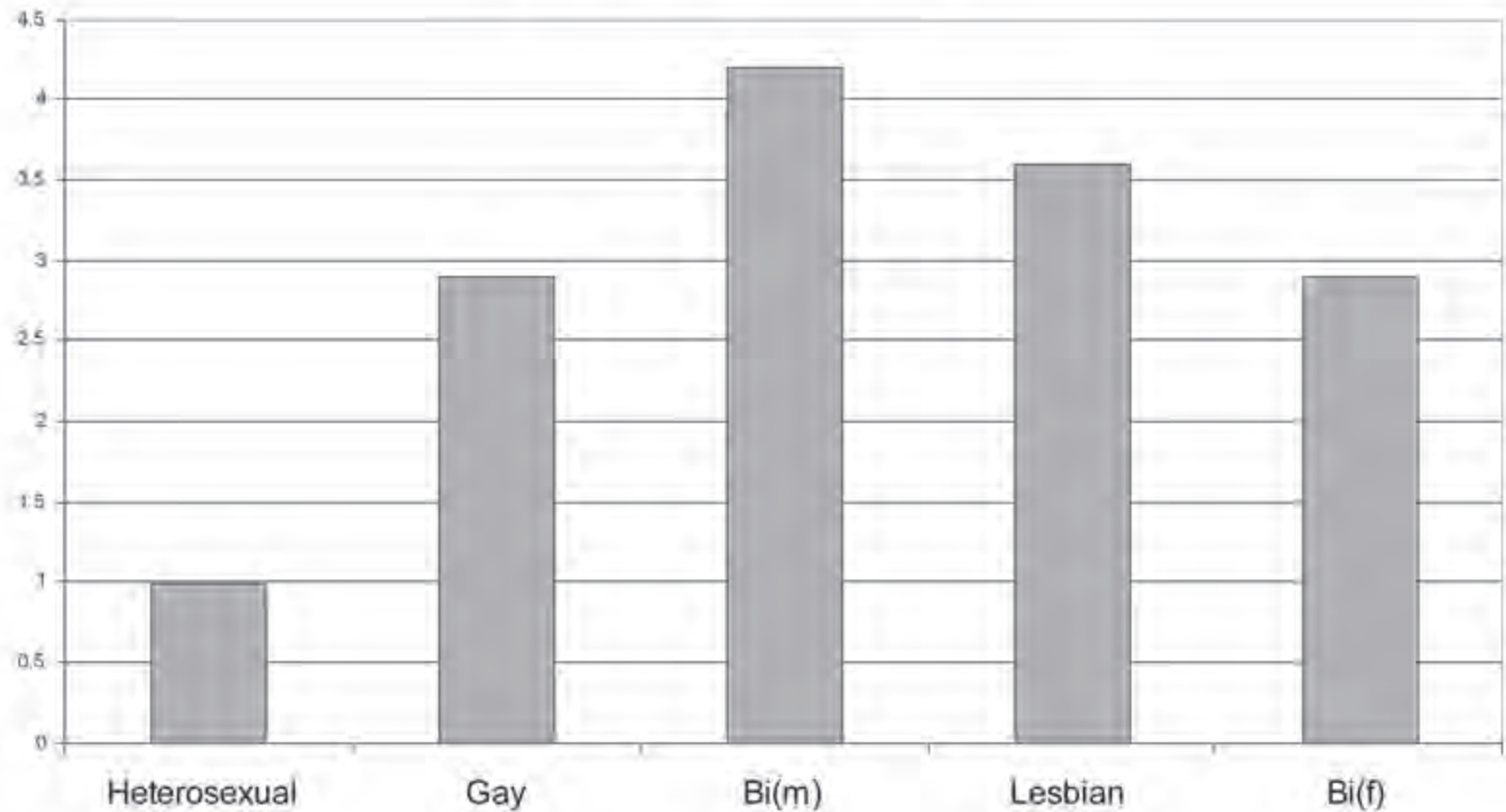
OR 2.83 men, 1.50 women (Tjepkema, 2008; Canada) (Whitehouse, 2010)

Severe Psychological Distress



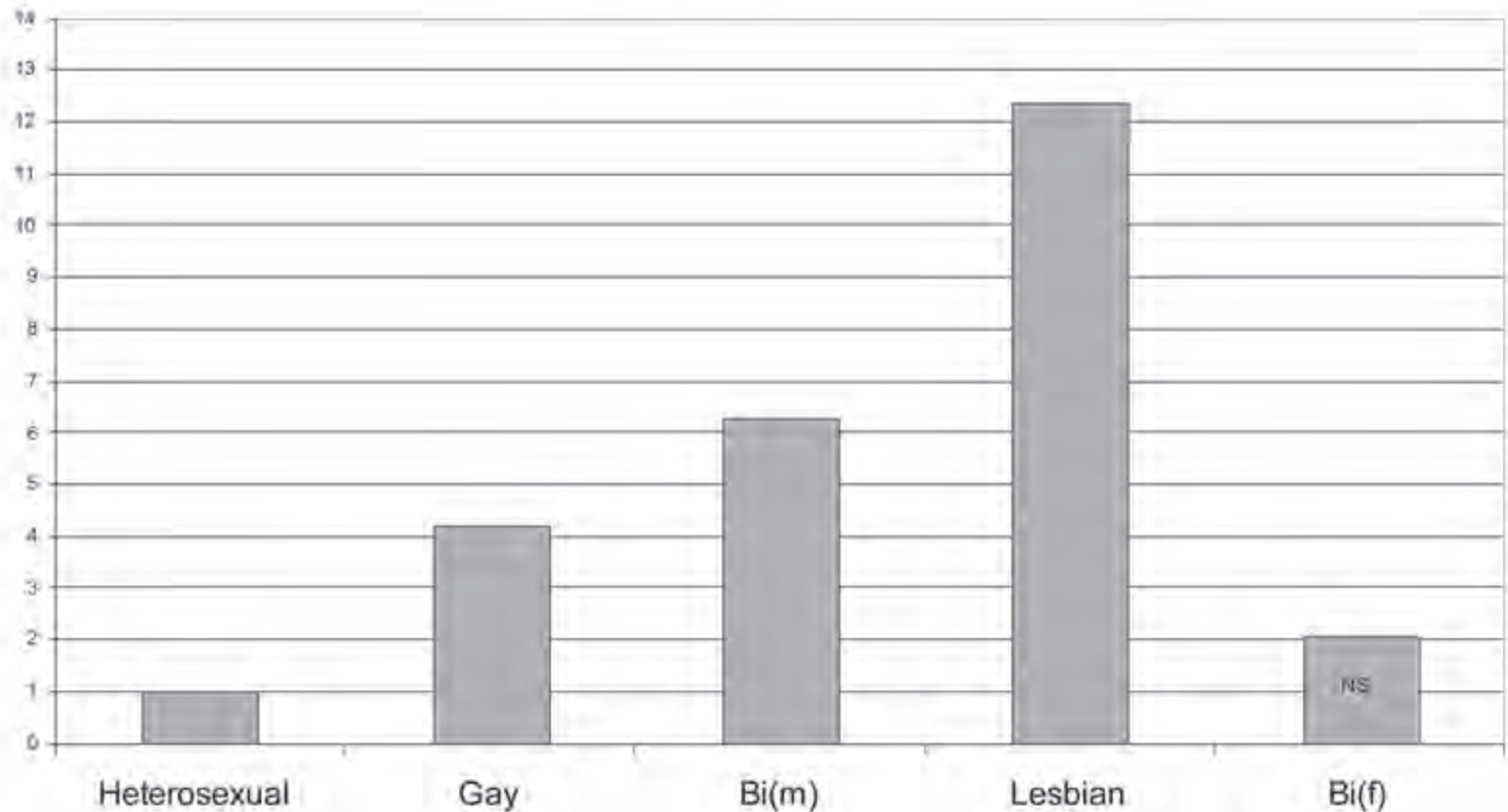
OR 2.82 SSA men, 4.7 BSA men; 1.34 SSA women, 3.69 BSA women
(Gonzales et al., 2016 – USA)

Alcohol Dependence



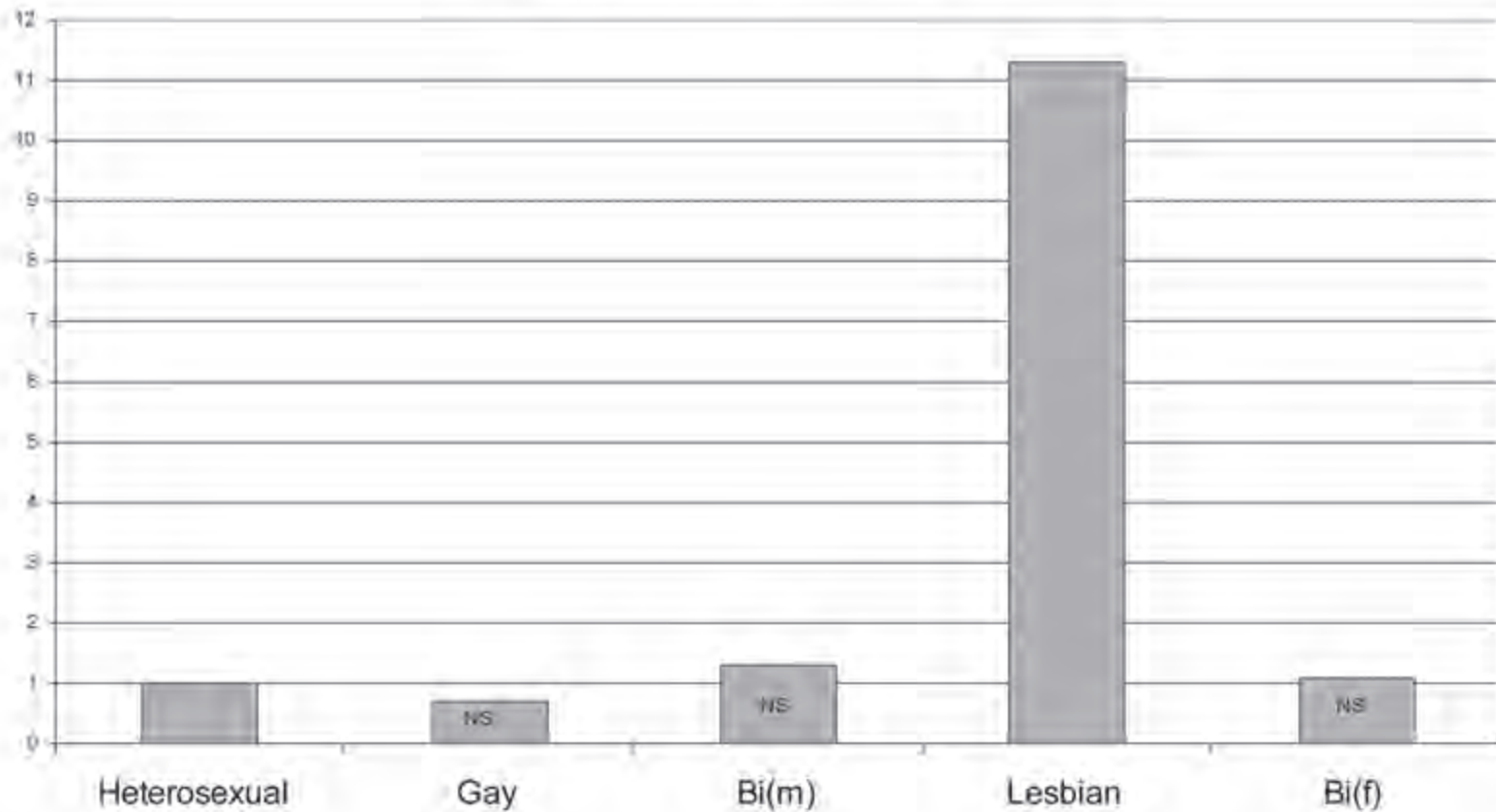
OR gay 2.9, bi (m) 4.2, lesbian 3.6, bi (f) 2.9 (McCabe et al., 2009; United States) (Whitehead, 2010)

Other Drug Dependence



OR gay 4.2, bi (m) 6.3, lesbian 12.4, bi (f) 2.1 (NS) (McCabe et al., 2009; United States)(Whitehead, 2010)

Marijuana Dependence



OR gay 0.7 (NS), bi (m) 1.3 (NS), lesbian 11.3, bi (f) 1.1 (NS) (McCabe et al., 2009; United States) (Whitehead, 2010)

If the culture just
accepted people who
have embraced the 'gay
lifestyle', wouldn't their
problems go away?

“Gay accepting cultures” show the same rates of psychopathology

Men with SSA

- 3x more mood disorder
- 2x more anxiety disorder
- 1.5x more alcohol dependence
- 2.5x more drug dependence

Women with SSA

- 2x more mood disorders
- n/c anxiety disorders
- 6x more alcohol dependence
- 7.5x more drug dependence

“Gay accepting cultures”
show the same rates of psychopathology

“...even in a country (the Netherlands) with a comparatively tolerant climate regarding homosexuality, homosexual men were at much higher risk for suicidality than heterosexual men.”

de Graaf, R., et al. (2006) Suicidality and sexual orientation: differences between men and women in a general population-based sample from the Netherlands. *Archives of Sex Behavior*, 35(3):253-62.

Everyone says that 'gay
relationships' are the
same as heterosexual
relationships.
Isn't that true?

MALE INFIDELITY

- 22.7% of opposite-sex couples have male infidelity
- 70 - 100% of male same-sex couples have infidelity
(70% couples with HIV)

FEMALE INFIDELITY

- 11.6% of opposite-sex couples have female infidelity
- 28% of female same-sex couples have infidelity

PARTNER ABUSE

	Male Heterosexual	Male SSA	Female Heterosexual	Female SSA
Physical abuse	14 ⁰ %	44 ⁰ %	24 ⁰ %	56 ⁰ %
Sexual abuse	2 ⁰ %	13 ⁰ %	9 ⁰ %	13 ⁰ %

Courage is not “Reparative Therapy”

- The purpose of Courage is to help individuals with same-sex attractions to live the virtue of chastity.
- The purpose of Courage is NOT to ‘change’ people’s sexual attractions.
- Some people who attend Courage groups seek psychotherapy to help them ‘change’ their sexual attractions (i.e., some seek “Reparative Therapy”).
- The majority of people who attend Courage groups do NOT seek psychotherapy to help them ‘change’ their sexual attractions.

Data, data, data, data...

Where's the beef on Courage?

Courage and Mental Health

SSA general population

vs.

SSA Courage Group

- Decreased depression
- Increased insight

Courage and Chastity

More chaste

vs.

Less chaste

- Decreased depression
- Decreased anxiety
- Decreased detachment
- Decreased isolation
- Increased happiness

Courage and Spirituality

More spirituality

vs.

Less spirituality

- Decreased depression
- Decreased anxiety
- Decreased anger
- Increased happiness

Summary of Courage and Mental Health

- Courage men have improved mental health
- Courage men living more chastely have better mental health and increased happiness
- Courage men growing in spirituality have better mental health and increased happiness

Pastoral Response

- Pope Benedict XVI said that priest should, “... *be an expert in the spiritual life...*” (5/25/06)
- Be a father to the fatherless (involvement and warmth)
- Listen, and understand feelings (without compromising moral truths). Practice the “*art of accompaniment*” (Evangelii Gaudium, #169)
 - Prepare for mild pushback (“defensive detachment”; antidote: be gentle, kind and continue to connect and affirm)

Pastoral Response (part 2)

- Support chaste fellowship through Courage and involvement in men's groups (study groups, etc.). For excellent resources: www.desertstream.org
- Continue to educate yourself and educate the faithful – see couragerc.org and truthandlove.com for readings
- Develop a list of references including “Mom, Dad, I’m Gay...” from www.theraphaelremedy.com
- Recommend therapists who offer therapy in full accord with the teachings of the Church (offer training to Catholic Charities clinics)
- Encourage fathers to be good husbands and good fathers
- And St. Francis de Sales...

St. Francis de Sales offers a response...

“...when fruits are whole and sound they can be preserved, some kinds in straw, others in sand, and still others in their own leaves. Once damaged, they are almost impossible to keep except when preserved in honey and sugar. In like manner, when chastity has not been harmed or violated it can be kept safe in various ways.

Once broken, nothing can preserve it except extraordinary devotion, which is the true honey and sugar of the spirit...”
(Introduction to the Devout Life, St. Francis de Sales, Part III, #12)

Encourage this extraordinary devotion!

End of presentation
