

AMARE NELLA DIFFERENZA

*Le forme della sessualità e il pensiero cattolico:
studio interdisciplinare*

A cura di
LIVIO MELINA E SERGIO BELARDINELLI



Libreria
Editrice
Vaticana



A CALL FOR A PSYCHOLOGICALLY INFORMED MINISTRY FOR HOMOSEXUAL CATHOLICS

JOSEPH NICOLOSI*

This paper encourages the development of a more vital and psychologically informed ministry for Catholics with unwanted same-sex attractions. While the Church has clearly articulated its opposition to homosexual acts on Biblical, theological and philosophic grounds, it remains lacking in a positive, pro-active response to the problem through education and ministry.

Beyond stating a case as to what is wrong with homosexuality, we must win over popular opinion with positive images and stories of men and women who have overcome their homosexuality and are either successfully living chaste lives, or have moved forward into marriage. There is no better response to those advocating the unchangeability of homosexuality than the personal testimony of an ex-gay person.

We begin this discussion with two vital points of clarification. The first one is the important distinction between “gay” and “homosexual”. The term “gay” is a social-political concept. It is a culturally constructed identity (first recognized about 150 years ago) that proclaims: “This is who I am, and who I was designed by my creator to be”. This person believes that his attractions are natural, normal – something to be celebrated. Calling oneself “gay” is an attempt by the person to justify his same-sex feelings as representing “who he is” and was intended to be.

A person who simply calls himself “homosexual” or “homosexually oriented”, on the other hand, has the same same-sex attractions as the person who calls himself “gay”. However, he may in fact reject a gay identity, and believe that same-sex attractions do not reflect “who he is” on the deepest level. Such a man sees himself as designed and created for heterosexuality, even though he struggles with a homosexual tendency.

According to Judeo-Christian anthropology, that there is no such thing as a “homosexual person”. The word “homosexual” designates a condition, an orientation, but not a person, because persons were designed as male and female for gender-complementary coupling. So when we say “the homosexual”, this is actually shorthand for “the heterosexual person with a homosexual tendency”.

* Clinical psychologist; founder and Director of the Thomas Aquinas Psychological Clinic, California.

This erroneous belief that some people may be “designed and created” to be gay is exemplified by a call I received recently from a distressed Catholic father. He said: “Our son just announced to his mother and me that he is homosexual, and we are looking for a psychologist we can trust who will tell us if he is really homosexual or not”. I said: “He is not”. “Well”, he said, “how do you know? You have not met him yet”. I said: “His body was designed for a woman; he is a heterosexual. However, he may indeed have a homosexual problem”. This confusion about human design pervades our entire culture, even among Catholics, and requires continual re-education.

1. Our Conflict with the American Psychological Association (APA)

Some Catholic leaders are intimidated by supposed “scientific evidence” that homosexuality has now been proven to be “normal and natural” for some persons. They have been discouraged by professional mental-health associations’ claims that seem to contradict Catholic teachings. A closer investigation, however, reveals that *these claims are not based on any new evidence about human design and purpose*. They are claims which have been filtered through worldviews antithetical to Catholicism, and then repackaged as simple “science”¹.

Good science is compatible with, and gives support to, Catholic teachings on human sexuality. For example, it has been 35 years since the American Psychiatric Association’s 1973 decision to remove homosexuality from its list of psychiatric disorders. However, since that time, psychiatry has not presented any credible model of normal child development that ends in a homosexual outcome. The fact remains, if you traumatize a *temperamentally vulnerable* (there in a nutshell, I believe, is the biological factor) boy in a particular way, he will become homosexual. If you do not traumatize this boy in this particular way, he will move forward on the usual developmental path and grow up to be a heterosexual man.

The alternative claim for biological or genetic causation may have some credibility in the form of a particular temperamental *predisposition* for some people, but as a full and sufficient explanation for the development of the homosexual condition, it is not plausible. My own professional governing body, the American Psychological Association – which considers homosexuality and heterosexuality equivalent – nevertheless agrees that biological factors work together with social-developmental factors to shape a homosexual orientation and identity!

¹ See the NARTH Report, “What Research Shows”, at www.narth.com.

The essential Catholic response to homosexually oriented persons that does exist today is a simple call to celibacy, rather than the greater challenge to develop a heterosexual capability (insofar, of course, as one is able). While success in this endeavor varies with the individual, encouragement to explore this option should indeed be offered. In addition to offering the option to seek change as a regular part of ministry, education about the evident causes and treatment of homosexuality should be more readily available. There is a wealth of evidence about family and developmental factors offered in the stories of hundreds of ex-gay strugglers.

2. The Causes of Homosexuality

This brief paper can only offer a summary review of the causes and treatment of homosexuality. For simplicity, I will be presenting the developmental model of the male homosexual which I have discerned as a result of more than twenty years working with hundreds of same-sex attracted men.

This model does not represent current thinking in my profession (although it parallels those of many earlier clinicians in my profession). My profession says: "The causes of sexual orientation – heterosexual or homosexual – remain a mystery, although we have found some likely contributing biological factors". (Note however that any research that would explore any promising *developmental* hypotheses is virtually forbidden today by the biases of the journal peer-review process).

I summarize the basic causes of homosexuality as I see them in four developmental phases:

- a) Attachment trauma, which leads to
- b) A disorder in gender identity, which leads to
- c) Same-sex attraction, which leads to
- d) A gay identity

a) Attachment Trauma

Without imposing a theory upon the individual, but in an atmosphere of non-judgmental encouragement of self-inquiry, we begin to help him explore the link between his same-sex attractions and early childhood experiences.

The most commonly found family background of the male homosexual is what is known in this literature as the "Classic Triadic Family". This is an emotionally distant and detached, and/or critical/disparaging father, along with an emotionally over-involved, controlling/intrusive mother, interacting with a temperamentally sensitive, introverted, often artistic son.

It is in this regard that we recognize some biologically based temperamental predisposition, but the child is not “born with” a homosexual condition. Rather, the homosexual condition is formed as a result of particular early traumatic attachment breaks, which are much more likely when there is a sensitive temperament in the son.

I am writing about male homosexuality because it is my specialty, and it provides a much simpler and more straightforward developmental model. (The formation of lesbianism is more complicated. But essentially, lesbianism represents an emotional breach between mother and daughter).

At a period of development called the “gender-identity phase” (about one-and-a-half years to three years old) the child discovers for the first time that the world is divided between male and female. Until then he was not aware of gender differences, and many studies demonstrate this.

But now he discovers that he is different from the mother, and more like the father. His biologically driven and culturally supported challenge is to dis-identify from the mother, his most intimate nurturer, and identify with the father. The girl does not need to do this, but maintains her primary relationship with the mother, and from that relationship, more easily acquires her feminine identity. This may explain why there is more male homosexuality than lesbianism. Some studies find the male-homosexual-to-lesbian ratio as five-to-one, seven-to-one. One study claims eleven-to-one. The point is that it is more difficult for the boy to acquire his masculinity – which requires dis-identifying from the primary nurturer – than it is for the girl to acquire her feminine identity. Psychiatrist Robert Stoller correctly states: “Masculinity is an achievement”.

To achieve his masculinity the boy needs the cooperation of both mother and father. If mother is too controlling, domineering or smothering, or if the father is disinterested, non-responsive or rejecting of the boy’s gestures to connect with him, a “shame response” will be invoked within the boy regarding his masculine ambition. Shame is an embodied response of emotional shut-down, collapse, and deflation. The biological drive to fulfill his natural same-sex emotional and identification needs now triggers an embodied shame response. This is what lies behind male homosexuality and this is what perpetuates homosexual longings.

b) A Deficit in Gender Identity

Attachment loss and the conditioned shame response set the foundation of boyhood masculine-identity deficit, and, in more extreme cases, the actual diagnosis of “Childhood Gender Identity Disorder” which is a strong predictor of adult male homosexuality. There are of course some masculine-type homosexual men, but time prevents me from explaining this subgroup of homosexuality.

However, the “unavailable masculine” issue is the same: there remains a seeking of the masculine.

As a result of this failure to gain masculine identification because of the conditioned shame response, the pre-homosexual boy is often characterized as either effeminate, at least somewhat non-masculine. For him, masculinity is distant, fascinating yet unattainable. He wants closeness to it, but is afraid of it, since to emotionally reach out is associated with the bodily anticipation of shame.

c) Same-Sex Attraction

Masculine identity deficit lays the foundation for same-sex attraction. Homosexual activity is a fantasy attempt to connect with the unavailable masculine figure, while at the same time, keeping oneself emotionally safe; i.e., it is an attempt to be intimate with men, but not vulnerable to humiliation for the attempt to fulfill this natural need. The healthy solution is not homosexual erotic activity, but non-erotic emotional connection with men.

This unfulfilled basic attachment need explains the frequently found promiscuity of the gay lifestyle, and also explains the characteristic infidelity of gay men in so called “committed relationships”. Many studies – typically conducted by gay-activist researchers – show how difficult, if not virtually impossible, it is for gay men to maintain sexual fidelity, even when it is their express desire.

d) The Gay Identity

Gay identity is a socially and culturally approved (even encouraged) answer to a painful interior conflict. When I started this work, most of individuals were in their late twenties to early thirties. But today, about 50% of individuals are adolescents. At younger ages, these men are declaring themselves gay. The gay self-label is a socially sanctioned and positively reinforced shield that preserves this inner condition. It is a neat but actually, shallow picture which hides a deep interior anguish which does not diminish with the gay self-label.

And so we see that an attachment disorder, a conditioned shame response for emotional connection with the father figure, results in a deficit in masculine identity which the child attempts to “repair” through same-sex erotic relationships, which then becomes further reinforced by a culturally approved gay identity.

3. The Course of Treatment

3.1 The Concept of Reparative Drive

The first thing I tell the patient who seeks such counsel is: “You are not a homosexual”. (Note that I do not impose my views, nor do I represent them as

being held by the majority of psychologists – who tend to accept the prevailing view that homosexuality should be affirmed). This is often a great relief for many of our patients who have been told by other therapists that they had a gay gene, and must claim a gay identity or risk violating their very natures – living a life in contradiction to who they truly are or believe they were created by God to be (i.e., gay).

From that understanding, most individuals begin to understand that their same-sex attractions are a form of “reparation”, an attempt to “repair” their normal and natural male emotional and identification needs. These attachment deficits are usually in the form of what we call the three *As*: the need for male attention, affection and approval that were denied in earliest boyhood by key male figures, especially father figures (and later, by male peers).

For many men, this reparative-drive model resonates as true and fitting their own experience, even when they had never heard this explanation before. (Some individuals believe it does not fit their experience or conclude that a gay identity really is “who they are”; such therapy is then discontinued). The patient who is open to this model is typically greatly relieved to learn that something as embarrassing, unacceptable and perhaps sinful in his view, as same-sex desires, has its origins in natural, healthy affectional needs!

One therapeutic technique we use, is called “the Triangle of Containment”. This is helpful to expose the true function of homosexuality. By using the patient’s own sexual fantasy image, we ask him to “contain” himself within a triangle of three points: (1) the homosexual image, (2) his bodily reactions to that image and (3) the therapist, to whom he must stay connected in that moment. At first the patient will feel sexual arousal; he may feel excitement in the genital area. We continue to stay with this, pushing aside his embarrassment or self-consciousness. Staying with his awareness of the body and maintaining contact with the therapist and the image at the same time, he begins to experience a reduction in sexual arousal; soon, he typically begins to feel a sense of sadness, loss, and awareness of something lacking within. This dropping, sinking feeling in the chest area is associated with two themes: identification needs and affectional needs. He may report that the image represents a masculinity he painfully lacks; his longing (by this point in his development, “envy” of other males) has become eroticized, and he wishes he had those qualities of masculinity for himself.

The analysis of the homosexual attraction is as follows: “I want to *have* him” – “I want to *be* him” – “I *don’t* want to be me”. The result is that homo-erotization reveals itself as a cover for self-rejection.

The other theme to emerge from beneath the sexual excitement is the realization that the image represents the desire for male closeness – for the deep friendship that he never had and wishes he could have, but does not know how to find on his own. Many times I have heard: “I really don’t want to have sex with him, I just want him to be my friend!” or “If he were my friend there would be no reason to have sex with him!”.

Through this therapeutic work, the client realizes that his homosexual attraction is a defense against and a distraction from his deep sense of alienation from his true-gendered self. The eroticization of the other male represents attempted reparation for his interior self-alienation as a gendered person.

3.2 Male Friendships

A central, healing dimension of therapy involves encouraging the patient to develop deep emotional connections with other men, including other men with same-sex struggles who, like him, are homosexually oriented but not gay-identified. The most favorable male relationships, however, are with heterosexual men who are aware of the patient’s struggle but who accept and support him anyway. The accepting and supportive heterosexual men offer a powerful opportunity for healing since it is the sense of inclusion into the world of men that the homosexual is really seeking.

3.3 The Scenario Preceding Homosexual Enactment

What we call “the Analysis of the Scenario Preceding Homosexual Enactment” involves in getting the patient to look back at the most recent events of his life that set him up to homosexual temptation.

Soon into the treatment, the patient learns that his homosexual temptation does not just “pop up” at random times because he is at that time “just feeling sexual”. It is determined by how he is feeling about himself in the moment. When a patient reports to me that he engaged in homosexual behavior, my only question is: “How were you feeling about yourself at the moment you decided to act out?”. Again we do therapeutic Body Work (as described previously; this means he must return to how he is feeling in his own body; but note that there is never therapist-patient touching involved).

Reparative Therapy cannot just be an intellectual endeavor. Without exception, the patient will recall (he will “re-feel”) a mood state which we call the “Grey Zone”: that state of mind in which he felt lonely, weak, inadequate, helpless, etc. That Grey Zone mood state was preceded by someone saying or doing

something that created a shame reaction – felt in his body as a depressed sensation. Our patients were conditioned in early childhood to be over-sensitive to shaming moments. This is usually begun within the mother-son relationship and carried into shame sensitivity occurring with other men. It is this state of chronic hyper-sensitivity to shame, which we call a chronic state of anticipatory shame, that blocks the boy from bonding to male figures.

Ironically, homosexual men, while attracted to men, are really afraid of men! Many patients had told me (but it took me years to understand why): “I am attracted to men that frighten me”. It is that bodily fear-response which is remembered, and it adds to the sexual charge which becomes addictive.

This state of dull, depressed, helplessness sets the patient up for homosexual behaviour. It offers a quick escape, an autonomic release to something exciting, something revitalizing: “I feel depleted as a person, weak as a man. I desire to connect with a *real man* who will give me the power and strength which I now lack”. This is not necessarily unconscious, and many homosexual men will admit this is exactly what their desire is about.

3.4 Grief Work

The final phase of treatment involves what we call “Grief Work” with the patient’s acceptance of the reality that he did not fulfil fundamental emotional needs that were required from his parents (and his peers). He faces the truth that he did not receive the necessary foundation for a healthy sexual-identity adaptation. Grief Work is the appropriate and effective method for the reunification of the split-off self.

This final phase of Grief Work necessitates painful mourning in the session and in the supportive presence of the therapist, i.e., fully feeling the fact that his life is more difficult as a result, and that what happened to him was not fair. Here we include the religious dimension which we, as people of faith, see as essential to this process. This is not about blaming parents; they did not desire to harm or hurt him, but in fact they themselves (as we all are) were limited in their ability to fully parent. This reality has to be mourned. And with this integrative process is the final abandonment of the homosexual option. He must surrender the fantasy which he held on to for many years as a distraction from despair. He must let go, once and for all, of the hope that some other man can possibly give him sexually what he did not get emotionally. He has already experienced the benefits of therapy; he now has life skills, self-knowledge, male friendships, and the therapeutic relationship to support him.

4. Treatment Success

A review of the literature on treatment success offers an optimistic view that the motivated patient can experience significant improvement in diminishing his unwanted homosexuality².

4.1 *A Catholic Response*

The therapeutic option is not being promoted by our priests and bishops. Very few Catholics have ever heard of Courage, the only orthodox Catholic ministry for homosexually oriented persons. Founded by Fr. John Harvey in 1981, it still remains the Church's best-kept secret.

The possibility of overcoming one's homosexuality offers a third alternative to the only two choices commonly given to the Catholic struggler – abandon your guilt and live out your gay desires, or live a life of ongoing repression, suppression and self-denial.

While giving up the homosexual option is the virtuous option, it remains extremely difficult when there is little or no cultural and social support. In fact, the opposite message of individual expression and sexual freedom is the insistent message of our culture. No wonder the gay bars are filled with former Catholics!

The third option – the one of working toward change, with the hope of marriage and family – is an optimistic and realistic message. People want a plan, a model for self-improvement toward a better life. Change of any deeply ingrained habit of the heart (or of any ingrained behaviour) is very difficult indeed, but it is indeed possible, and this option is not being offered. I have seen many men changing in ways that allowed them to live far richer, more fulfilling lives. The patient many never completely eliminate his same-sex attractions, but he is not compelled to live a lifestyle in conflict with his values, nor settle for a life of unchosen celibacy (as distinct from the chosen celibate life of the priesthood).

We need to hear more testimonies of men and women who have come out of homosexuality. Our Catholic strugglers need to see real faces, hear real stories which offer realistic hope. Fortunately, there are now more and more individuals who are willing to step forward and go public with their life experiences. These individuals need to be applauded for their willingness to move beyond their desire for privacy and to offer others hope and inspiration.

Those of us working on the front lines of this culture see the damaged lives that result from blatant lies, misinformation and deceptions – not only emanat-

² D. BYRD - J. NICOLosi, "What the Facts Show", 2007.

ing from the popular culture but also, sadly, from within the Church. It surprises me, and should outrage us all, to know that there are priests and bishops who actually think that God *designed and created* two kinds of people – homosexuals and heterosexuals.

Our problem is not weakness of doctrine, but lack of effective ministry – unlike our Evangelical Christian brothers, who have very dynamic ministries for people struggling with homosexuality. The Catholic Church is so far, doing very little to translate our uniquely Catholic understanding of the Natural Law and the theology of the body into practical ministerial assistance.

Each day, around the world, there are some few hundred adolescent boys in the confessional telling their local priests about their homosexual struggles, and perhaps half are told: “You were born and created this way!” And the other 50% are told to take a cold shower. So while we refine our thoughts and share them among ourselves, we are producing at the same time a new generation of confused but well-showered youth.

Regarding homosexuality, the Catholic Church must not be against something, so much as *for* something that is much better. The popular culture cannot be won by simply rejecting homosexuality, but by offering a positive alternative. For many young people, the call to a life of sexual self-denial is not an appealing alternative, especially in a culture which promotes freedom and the pursuit of personal gratification. Rather, we must be providing pictures and stories of men and women who have overcome their homosexuality to live happy and satisfying lives with an opposite-sex partner. Along with other Christian denominations, we must honor, encourage and support those individuals who are willing to step out of secrecy and shame and publicly tell their stories of overcoming. If we cannot translate our Catholic understanding of human sexuality into a hopeful message conveyed through personal narratives, we will lose this cultural and spiritual war³.

³ See also, ID., “A Meta-Analytic Review of Treatment of Homosexuality”, *Psychological Reports* (2002); “What Research Shows: NARTH’s Response to the APA” (see NARTH website for ordering information), short version will become available in Italian. J. NICOLOSI, *Reparative Therapy of Male Homosexuality*, Jason Aronson Inc., Northvale NJ 1991 (also an Italian translation published by Sugarco Edizioni); ID., *Healing Homosexuality*, Jason Aronson Inc., Northvale NJ 1994 (also a German translation published by Ausaat); ID., *A Parent’s Guide to Preventing Homosexuality*, Intervarsity Press, Dallas 2002 (Italian translation by Sugarco Edizioni; Spanish translation by I.I.E.F. Ed.; Portuguese translation by Shedd Publicacoes Ltda; Romanian translation; Ukrainian translation); ID., *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, Intervarsity Press, Dallas 2009. *Resource*: National Association for Research and Therapy of Homosexuality, (NARTH), narth.com; Josephnicolosi.com.

Riassunto

Attualmente, la maggior parte delle professioni che si occupano della salute mentale concludono che l'omosessualità è salutare e normale quanto l'eterosessualità. I cattolici dovrebbero comunque essere coscienti che c'è una rampante politicizzazione della scienza dietro questa colpevole conclusione.

Uno sguardo non condizionato dai fatti, al background degli omosessuali rivela fattori familiari che talvolta agiscono su una predisposizione biologica e creano le basi per uno sviluppo omosessuale in molte persone. Gli omosessuali non sono semplicemente e solamente «nati in quel modo». Quasi tutti gli scienziati ammettono questa possibilità ma il mezzo popolare distorce e ipersemplifica il messaggio che sono «nati in questo modo».

Quelli di noi che credono che l'umanità fu concepita perché si accoppiassero persone di sesso diverso, dovrebbero menzionare storie di uomini e donne che hanno superato la loro fase di omosessualità per vivere esistenze felici e appaganti con un compagno di sesso differente. Accanto ad altre confessioni cristiane, noi dobbiamo onorare, incoraggiare e sostenere le persone che desiderano uscire dall'anonimato e dalla vergogna e rendere pubbliche le loro storie di cambiamento.

Sebbene il cambiamento dell'oggetto dell'attrazione sessuale sia raramente completo (come quasi tutte le forme di cambiamento psicologico per gli esseri umani) ed implichi solitamente una lotta quotidiana, esso vuole uno sforzo che ha un grande valore poiché non siamo stati creati per unirci con persone dello stesso sesso. La profondità del disagio mentale fra i gay testimonia la verità di questi assunti.

Per quelli fra noi che credono in una legge naturale che governa le relazioni fra i sessi, il combattimento interiore dell'uomo orientato all'omosessualità, per vivere secondo la sua iniziale vocazione, è nobile e di grande valore.

Summary

Today, most of the mental-health professions conclude that homosexuality is as healthy and normal as heterosexuality. Catholics should be aware, however, that a rampant politicization of science lies behind this faulty conclusion.

A non-agenda-driven look at the backgrounds of male homosexuals reveals family factors, sometimes acting upon a biological predisposition, that have laid the foundation for homosexual development in most people. Homosexuals are not simply and solely "born that way". Almost all scientists concede this fact, but the popular media distorts and over-simplifies the "born that way" message.

Those of us who believe that humanity was designed for opposite-sex coupling must be providing stories of men and women who have overcome their homosexuality to live happy and satisfying lives with an opposite-sex partner. Side-by-side with other Christian denominations, we must honor, encourage and support those individuals who are willing to step out of secrecy and shame and publicly tell their stories of overcoming.

Even though change of sexual attractions (like almost all forms of psychological change in this mortal life) is rarely total and usually involves some degree of ongoing struggle, it is well worth the effort, because we were not designed for same-sex coupling. The much higher level of mental-health problems among gay-identified persons supports the truth of this position.

For those of us who believe in this natural law governing gender relations, the homosexually-oriented man's struggle to live according to his created design is a noble and worthy one.

Résumé

De nos jours, la plupart des professions de la santé mentale concluent que l'homosexualité est aussi saine et normale que l'hétérosexualité. Les catholiques devraient cependant être conscients que derrière cette fausse conclusion, il y a une grandissante politisation des sciences.

Un regard sur le background des homosexuels, qui ne serait influencé par aucun programme, révèle que pour la plupart d'entre eux, des facteurs familiaux, agissant parfois sur une prédisposition biologique, ont jeté les bases du développement de leur homosexualité. Les homosexuels ne sont pas simplement et seulement «né comme ça»: presque tous les scientifiques le concèdent. Mais les médias populaires déforment et simplifient à l'excès le sens de ce «né comme ça».

Ceux parmi nous qui croient que l'humanité a été conçue pour former des couples de sexe opposé doivent trouver des histoires d'hommes et de femmes qui ont surmonté leur homosexualité pour vivre des existences heureuses et comblées avec un compagnon de l'autre sexe. Au côté des autres confessions chrétiennes, nous devons mettre à l'honneur, encourager et soutenir ceux qui veulent sortir de l'anonymat et de la honte pour rendre publique l'histoire de leur victoire sur eux-mêmes.

Si le changement de tendance sexuelle (comme presque toutes les formes de changements psychologiques dans notre vie mortelle) est rarement total et implique en général une forme de combat continu, cet effort est louable car nous n'avons pas été créés pour nous unir avec des personnes du même sexe. La vérité de cette affirmation est soutenue par la profondeur des problèmes mentaux observés chez les homosexuels identifiés comme tels.

Pour ceux d'entre nous qui croient que la loi naturelle dirige les relations entre les sexes, noble et louable est le combat de l'homme qui, attiré par l'homosexualité, cherche au contraire à vivre selon le dessein pour lequel il a été créé.

Resumen

La mayor parte de las profesiones que tienen que ver con la salud mental sostienen que la homosexualidad es tan saludable y normal como la heterosexualidad. Los católicos deberían ser conscientes de la descarada politización de la ciencia detrás de esta conclusión ominosa. Una mirada atenta al background de los homosexuales revela factores familiares que influyen en una predisposición biológica y crean las bases para un desarrollo homosexual en muchas personas. Del homosexual se dice «así nació». Casi todos los científicos admiten esta posibilidad, pero los medios populares distorsionan y simplifican la idea de que «ha nacido así».

Los que no aceptan que la humanidad fue concebida para que se relacionaran personas de diferente sexo, deberían mencionar historias de hombres mujeres que han superado su fase homosexual para vivir existencias felices y complacientes con un compañero de sexo diferente. Junto a otras confesiones cristianas, debemos honrar, animar y sostener a las personas que deseen salir del anonimato y de la vergüenza y sostener y publicar sus historias de cambio.

Aunque el cambio del objeto de atracción sea raramente completo —como casi todas las formas de cambio psicológico— e implique una lucha cotidiana, requiere de un esfuerzo que lleva

consigo un valor porque hemos sido creados para unirmos con personas de diferente sexo. La profundidad del malestar mental de los gay testimonia la verdad de estos asuntos. Para quienes creemos en una ley natural que gobierna las relaciones entre los sexos, el combate interior de la persona con orientación homosexual, por vivir según su inicial vocación, es noble y de gran mérito.