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THE ORIGINS AND THERAPY

OF SAME-SEX ATTRACTION DISORDER

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For twenty years I have journeyed beside courageous men and women as they struggled toward freedom from same-sex attraction disorder (SSAD). This disorder can enslave a person much as a powerful drug can, and the results are often fatal. Research indicates that 50 percent of men with same-sex attractions will be HIV-positive by age fifty, the majority will have more than twenty sexual partners per year, and less than 9 percent of those with same sex- attractions will have relationships that last more than three years. Unstable commitment to a partner and the concomitant lack of fulfillment leads to the rampant promiscuity and mood and substance-abuse disorders typical of the homosexual lifestyle.

Most Americans are unaware that AIDS has been granted “epidemic exceptionalism” and is rarely treated in the same manner as other, less dangerous sexually communicated diseases. AIDS activists have fought all attempts to require the reporting of infections, tracing of contacts, and mandatory testing for high risk persons. Despite claims that extensive educational programs, coupled with widespread use of condoms, have contained the epidemic among men who have sex with men, the majority of men in the homosexual lifestyle will become HIV positive, in part because almost 40 percent regularly engage in unsafe sexual practices.

Several studies have been done recently on high risk behavior among adolescent males who have sex with men. The results are alarming because, though almost all adolescents are aware of the risk, 38 percent engage in unprotected sex. The fruits of this behavior is sadly predictable; in one study, nine percent of homosexual males between the ages of twenty and twenty-two were already HIV positive.

Frequently, those young males in middle school or high school who have soft masculine traits as a result of a distant father relationship or lack athletic ability are referred to homosexual support groups in their schools. Within such groups, these youngsters are usually encouraged to enter the homosexual lifestyle. They are not warned of the serious physical and emotional dangers inherent in the lifestyle, nor are they told that freedom from same-sex-attractions is even possible.

In *Sexual Ecology: AIDS in the Destiny of Gay Men*, Gabrielle Rotello, a well-known homosexual activist, has had the courage to present the truth about the dangers of the current homosexual lifestyle: "Each new homosexual generation is being replenished by heterosexuals whose production of gay sons is entirely unrelated to the dynamics of the epidemic. AIDS, therefore, can keep mowing down gay men and rather than dying out, phalanx after phalanx will emerge from the trenches, ready to be mowed down anew. The epidemic could literally go on forever."

Exposing the rampant sexual addiction and narcissism, as well as the return of unprotected anal sex and illegal drug usage, within the gay community, Rotello paints a grim picture for the future: "Who wants to encourage their kids to engage in a life that exposes them to a fifty percent chance of HIV infection? Who even wants to be neutral about such a possibility? If the rationale behind social tolerance of homosexuality is that it allows gay kids an equal shot at the pursuit of happiness, that rationale is hopelessly

undermined by an endless epidemic that negates happiness.” In other words, Rotello recognizes the possible consequences if the public learns that a teenager who is referred to a homosexual support group in high school has a 50 percent chance of becoming HIV-positive before he is 50 years of age. Rotello understands the effect that such knowledge will have on the homosexual liberation movement because “an endless AIDS epidemic would essentially hand anti-gay forces their greatest gift: seeming proof that liberated homosexuality, inevitably, leads to disease and self-destruction.” Rotello’s conclusion is accurate: Involvement in a homosexual lifestyles starts many young men down a clear path of self-destruction.

## **Healing SSAD**

For a number of years, my area of expertise has been in the nature and treatment of excessive anger. Through my work, it became clear to me that the most important relationship in which men and women deny their anger is the father relationship. Since anger at rejecting peers or a distant father is extremely common among men who experience same-sex attractions, many men who struggle with SSAD came into my practice. Many of the points that follow represent a summary of my contribution to the book entitled *The Truth About Homosexuality* by Reverend John Harvey, Ignatius Press, 1996.

My goal with these patients was not necessarily to change their sexual orientation, but to try to help them understand and overcome their emotional pain, which most often was the result of childhood and adolescent conflicts. In using the healing approach that I will describe, I found that many clients could resolve the emotional hurts which led to same-sex attractions and, as a result, over an extended period of time, they were able to resolve their homosexual attractions and behaviors. The first stage of the healing process is to understand the operative

emotional conflicts. There are several different origins of same-sex attraction, and in addition, there is a marked distinction between the origins of homosexual attractions in males and females.

## **SSAD IN MEN**

### *WEAK MASCULINE IDENTITY*

The three most important risk factors for the development of SSAD in men are weak masculine identity, mistrust of women, and narcissism. Weak masculine identity is easily identified and, in my clinical experience, is the major cause of SSAD in men. Surprisingly, it can be an outgrowth of weak eye-hand coordination which results in an inability to play sports well. This condition is usually accompanied by severe peer rejection. In a sports oriented culture such as our own, if a young boy is unable to throw, catch, or kick a ball, he is likely to be excluded, isolated, and ridiculed. Continued rejection can be a major source of conflict for a child and teenager. In an attempt to overcome feelings of loneliness and inadequacy, he may spend more time on academic studies or fostering comfortable friendships with girls. The "sports wound" will negatively effect the boy's image of himself, his relationships with peers, his gender identity, and his body image. His negative view of his masculinity and his loneliness can lead him to crave the masculinity of his male peers.

The second and crucial conflict in the development of a weak masculine identity is a poor emotional relationship with the father. A number of therapists characterize the childhood experiences of the homosexual adult as a form of defensive detachment from a disappointing father. As children and adolescents, these men yearned for acceptance, praise, and physical affection from their fathers,

but their needs were never met. The profound inner void that develops from a lack of physical affection and father love can lead a man to promiscuous behavior in a misguided attempt to fill an emotional emptiness.

Another reason that some men have a weak masculine identity is poor body image. I have found that many active homosexual men are totally obsessed with other men's bodies. They often express hatred for their own bodies and desire the bodies of other men. A final reason can be a history of sexual abuse from older, more powerful children or by adults. Such abuse over a prolonged period of time may have made the child believe that he must be a homosexual.

#### *MISTRUST OF WOMEN*

The second most common cause of SSAD among males is a mistrust of women's love. Feelings of mistrust may develop as a result of a difficult mother relationship or from experiences of betrayal by women. Male children in fatherless homes often feel overly responsible for their mothers. As they enter their adolescence, they may come to view female love as draining and exhausting. They want a relationship that is lighthearted and enjoyable and, by default, turn to male love. Feelings of mistrust may also arise from having a mother who was chemically addicted, overly controlling, possessive, or emotionally distant. A very small percentage of homosexual men have experienced such devastating female betrayal in personal or professional relationships that they fear and avoid female love. Subsequently, they only feel safe making themselves vulnerable to a person of the same sex.

#### *NARCISSISM AND SEXUAL ADDICTION*

Narcissism is defined in the DSM-IV as “a pervasive pattern of grandiosity, need for admiration, and a lack of empathy.” The narcissistic person is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love. For the homosexual narcissist, the goal is the pursuit of pleasure. A certain segment of the homosexual community expresses narcissism by promoting total and absolute sexual freedom. They advocate the pleasures of anonymous sex and insist that the freedom to engage in the most extreme behaviors is an essential part of homosexual liberation. Most homosexual persons with narcissistic personalities are not interested in any healing. Narcissism may also explain an extreme irresponsibility in sexual practices.

In 1994, one study found that a newly diagnosed AIDS patient had an average of sixty sexual partners in the previous year. Other reports are even more frightening and lend credence to the speculation that many male homosexuals suffer from an addictive disorder. The first men diagnosed with AIDS reported an average of one thousand partners during their lives. Those who have researched the HIV-AIDS epidemic have noted that some homosexual males actually have between five to ten sexual encounters in a single night.

Other causes of Same-Sex Attraction Disorder are loneliness, a rebelliousness for its own sake (or against Judeo-Christian values), and even the desire to punish a parent. Some people develop an excessive sense of responsibility and attempt to find relief in homosexual behaviors. Gerard Van den Aardweg, a Dutch psychologist, believes self-pity is an important factor in homosexual attractions. Finally, increasing numbers of young people become involved in sexual experimentation and develop an addiction to same-sex activity.

## **SSAD IN WOMEN**

The major conflicts that lead to SSAD in women are, in my opinion, a mistrust of men's love, a weak feminine identity, or intense loneliness.

### *MISTRUST OF MEN*

A number of women who become involved in same-sex relationships had fathers who were emotionally insensitive, alcoholic, or abusive. Such women, as a result of painful childhood and teenage experiences, have good reason to fear being vulnerable to men.

Women who have been betrayed by a man after a long-term relationship often fear trusting other men and seek relief from their loneliness through involvement in homosexual relationships. Women who have been sexually abused or raped as children or adolescents may find it difficult or almost impossible to trust men. They may, therefore, turn to a woman for affection and to fulfill their sexual desires.

### *WEAK FEMININE IDENTITY*

The second most common cause of SSAD in women is a weak feminine identity. Three basic areas of conflict lead to such a difficulty: mother conflicts, peer rejection, and poor body image. In those cases that involve maternal conflict, the woman usually had a mother who was emotionally distant and who had difficulty in affirming her child's femininity. Such negligence can lead to an inner sadness and emptiness which no amount of adult love can overcome. This condition is far more rare than weak masculine identity, and this is why, in my view, male homosexuality is much more common than female homosexuality. The female role model, the mother, is much more likely to be more affirming, to be giving, to be nurturing to her daughter than the father to his son.

## *LONELINESS*

Finally for some women, loneliness is also a major factor in the development of homosexual attractions. A number of women in their late twenties or early thirties have spent considerable time in a disappointing search for the right male relationship. The resultant loneliness and disillusionment about men may lead them into a sexual relationship with a woman.

## **PREVENTION**

As I noted, many of the emotional conflicts that lead to SSAD begin very early, and this may explain why some homosexuals feel they were born that way. Early identification of possible conflicts offers hope that prevention is possible. Boys with poor hand-eye coordination and poor father relationships can be easily identified. If the fathers or surrogate fathers become extremely active in these boy's lives and talk to them about masculine identity and what it means to be a man, it can make a difference. It is important for these boys to know that it is possible to be a good, strong male without playing sports.

Prevention of the father wound would involve making sure that every little boy receives physical affection from his father. In this regard, I agree with Jeffrey Satinover and a number of others who have emphasized the need for warmth between father and son. Because in our culture almost 40 percent of children will spend some time in a home without a father, where their needs are not met, I predict that there will be a notable increase in the incidence of SSAD.

## **Overview of The Healing Process**

The boy who has been betrayed either by his peers or his father does not simply accept the hurts that were inflicted---he often reacts to them with sadness, anger, and feelings of insecurity. The work of therapy is, in part, to understand and resolve the

betrayal pain. Betrayal anger is one of the major reasons a notable element of sado-masochism is found in homosexual practices. When the extreme sado-masochistic behaviors engaged in by homosexual men are reported, most people are shocked. They do not stop to consider the possibility that people who abuse others or allow themselves to be abused in violent, dangerous, and unhealthy practices may be driven by unresolved betrayal anger and feelings of inadequacy or other psychological forces. If the same type of behaviors took place among heterosexuals, the identical acts would be considered forms of abuse and evidence of a disorder, yet they are considered “normal” among homosexual men.

It has been my clinical experience that the degree of emotional pain in our culture can be so profound that there is no mental health technique that can totally resolve this pain without a spiritual component. My approach is very similar to the one used in the field of addictive disorders. Those involved in the treatment of alcoholism and addiction to drugs find that significant healing rarely occurs unless some form of spirituality is brought into the healing process by turning the emotional pain and compulsive behaviors over to a higher power.

In summary, it is necessary to identify the emotional conflicts, uncover and treat the anger, attempt to resolve the sadness, overcome profound feelings of inadequacy, and build trust.

### *THERAPY*

The individuals in the groups described are quite different. Not only are the causes of their emotional struggles quite diverse, but the behaviors and level of desire to seek treatment may also be part of the equation. Men and women who suffer from a weak masculine or feminine identity or a mistrust of the opposite

sex are generally more open to therapy than those who fall into other categories. Frequently, young men come into treatment because of a fear of AIDS, an inability to establish healthy committed relationships, and the fear of an early death. They are tired of the lack of commitment they have found in the homosexual lifestyle, and they do not want to continue to be used any longer as sexual objects.

The treatment I have described involves the identification of the causes of SSAD. For many people there is considerable resistance, particularly in the examination of the relationship with their father. The therapist can lead the client to recognize that though many men have not had a particularly close father relationship, most do not have same-sex attractions. Most men who did not have close father relationships had their masculinity affirmed through involvement in team sports and in other activities with their male peers. They bonded with other males through sports, affirming their masculinity over a period of time.

In addressing a lack of involvement by the father in the life of a son, the approach that seems to be successful is to help the client face the pain, resolve the betrayal anger by working at understanding and forgiving his father, and be healed of the craving for father love. The latter is accomplished through spiritual reflection on God as a loving father.

A common pattern of reaction to emotional pain can be observed and identified. When a person is hurt in a relationship a series of reactions occur. First sadness develops, then anger accompanied by low self esteem, and finally a loss of trust. It is essential to resolve the anger associated with all these types of betrayal pain. The majority of therapists have recognized two methods of dealing with anger--the denial of the anger or the expression of it. The expression of anger is important, but has limitations as a means of coping with anger. The adult expression of anger does not resolve the anger which began in childhood and

adolescence. The only way anger can be completely removed is through a process of forgiveness during which the offended person becomes willing to look at the people who caused his suffering, attempt to understand them, and then make a decision to give up his anger. The person imagines himself as a boy or teenager, expresses disappointment and anger at those who hurt him--for example, rejecting peers or a distant father--and then tries to reflect upon forgiving the offender so that he can be freed from the pain of the past.

Giving up the anger through forgiveness can be done on three levels: intellectual, emotional, and spiritual. In order to forgive intellectually, a man who has same sex attractions can reflect on his experience with his father: "Did my father really love me as much as he was able to love me? Perhaps my father communicated his love as he experienced it from his own father. He didn't deliberately mean to hurt me." As he comes to understand his father's family history, he usually finds it easier to let go of the anger. It is possible that forgiveness may stay at the intellectual level for an extended period, but with perseverance emotional forgiveness will follow. It can be identified easily, for it happens when the person truly feels like forgiving the offender. The third level is spiritual forgiveness. It occurs when the person is unable to forgive intellectually or emotionally. This type of forgiveness is used by those who were regularly rejected or ridiculed by their peers because of their inability to play sports or who were severely traumatized by a parent or loved one.

Most of the males who were scapegoated when they were younger, simply because they were not good at sports, can experience tremendous repressed anger later in life. Many were ridiculed, beaten, and called "queer" or "faggot" by peers and even by adults, and they harbor violent impulses as a result. When the therapist asks them to imagine releasing their anger against those who ridiculed

them, many are surprised to discover that they feel as if they would like to physically hurt their tormentors. Spiritual forgiveness for the men I described involves a process borrowed from the twelve steps of Alcoholics Anonymous (AA). The angry person is encouraged to think: "I am powerless and want to turn this resentment over to God," or "revenge belongs to God."

In the process of resolving a client's betrayal anger at peers, parents, or others, the therapist may lead the client back and forth on the three levels of forgiveness. It is not unusual that the injured person may feel like forgiving one day, and the very next day feel only hatred for the people who hurt him. Tremendous patience is needed by both the therapist and client during this part of the struggle for freedom from the pain of the past.

When the betrayal anger is resolved significantly, the individual is left with an inner emptiness and a sadness resulting from the lack of acceptance by peers. The person has often attempted to fill the emptiness experienced in childhood or adolescence with numerous sexual encounters but it is an emptiness that is never satisfied sexually. The experience of this void is the fundamental emotional dynamic that fuels the promiscuous behavior in those with homosexual attractions. Nothing seems to fill the sadness, or make up for what that little child or that teenager failed to receive from his peers or from his father or mother.

It is possible for a therapist to praise and affirm his clients, but such a technique reaches only the adult, not the child and teenager within. Some therapists use strategies that involve going back and suggesting that the adult love the little boy or little girl within. Since the adult still wants to be loved at the stage where the deprivation took place, such strategies are of limited value. It is helpful, therefore, to have clients reflect on earlier stages of their lives and, using practices learned as part of a Judeo-Christian heritage, meditate on being loved

when they did not feel loved. If they did not have a father to love them as a child, they can work on their sense of God as a loving Father. Christians who were regularly ridiculed and belittled as youngsters are encouraged to meditate on the Lord with them as a friend and a brother loving them on sports or athletic fields. For those who are Catholic, meditating upon Mary as a loving and joyful mother with them as children and teenagers can be very consoling and comforting.

There are a number of other meditative or spiritual techniques that can be of tremendous benefit during this stage of the healing process. Additional insights about the value of meditation in healing can be gleaned from *Timeless Healing*, a fine book by Herbert Benson, a Harvard Internist .

Experience has taught me that healing is a difficult process, but through the mutual effort of the therapist and the client, serious emotional wounds can be healed over a period of time. For example, for those with sports wounds, it is necessary to work to strengthen their masculine identity. The individual should spend time daily on being thankful for his God-given male gifts and masculinity in childhood, adolescence, and adult life. As the identity is strengthened, homosexual attractions usually diminish and usually, over time, they are extinguished. Then these individuals may develop heterosexual attractions or, in the case of clergy, have a stronger desire to be faithful to their vows. Peter Rudegear, an associate of mine, has group therapy sessions for those with sports wounds who need to strengthen their masculinity identity. With the father wound, as George Rekers has said, if the person is younger, every effort should be made to get the father more involved in his life. Frequently, however, the father is no longer available and so the therapist can affirm the person's unique identity and strengthen his ability to form non-sexual masculine relationships.

Unfortunately, rather than encourage young men and women to take this path to facing and resolving emotional pain, many mental health professionals, even those who claim to espouse Judeo-Christian values, tell these young men and women that God has made them this way, that this is who you are meant to be. But this is not who they are meant to be. They are the way they are because they were wounded deeply in the past. Healing and freedom from emotional woundedness is possible.

Sexual addiction may likewise be a major problem with many in the homosexual lifestyle. Considering the number of sexual partners, dangerous behaviors, and other negative aspects typical of the homosexual lifestyle, it is difficult to understand how people can claim that there is no disorder present. Sexual addiction with extreme narcissism causes serious illnesses and early deaths in many young men and we must take some steps to change a very dangerous trend. In dealing with sexual addiction, Prozac or other 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.

Sexual trauma in childhood predisposes people toward homosexual behavior and can be extremely difficult to treat. One can work at trying to help the client understand and resolve the anger against the abuser, if for no other reason than to alleviate the abuser's negative influence. We need to help those who have been abused before they become sexually addicted or involved in sado-masochistic practices. Only when, through forgiveness, they are free from their anger and from this dark side of abuse will they be able to develop a healthy identity.

Our schools need to take a proactive stance in this time of crisis. The practice of turning at-risk children and adolescents over to groups which usher

them into a homosexual lifestyle can be fatal. Homosexual tendencies can be recognized early and treatment is available.

It is a time of real crisis, but we are not without hope. While the mental health field is a new field, we know how to identify the origins of same-sex attractions and behaviors. We have treatment for weak masculine and feminine identity, for mistrust of those of the opposite sex, for betrayal anger, for sexual addiction and for the other conflicts associated with same-sex attraction disorder. As a therapist I deal with the psychological. Yet I must admit there is little meaningful healing without the use of spirituality. If we combine spirituality and good psychotherapy, as in the treatment of alcoholism, we can expect resolution and healing for those who struggle with same-sex attractions and behaviors.