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# A Study of Psychological Insights

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**Elizabeth Moberly**, *Homosexuality: A New Christian Ethic* (Cambridge: James Clarke & Co., 1983).

No one is born heterosexual. No one is born homosexual. We are born as either male or female, but the psychological development of our sexual identity is something that happens in childhood and depends on a parent-child relationship.

This assertion is at the core of the conclusions about homosexuality made by Dr Elizabeth Moberly, who published an extensive review of the psychological evaluations of the homosexual condition, starting from Freud, in her book, *Psychogenesis: The Early Development of Gender Identity* (Boston: Routledge & Kegan Paul, 1983). Her subsequent book, *Homosexuality: A New Christian Ethic*, is a summary of her conclusions in laymen's terms and from a Christian point of view. She claims that a focus on the sexual expression of homosexuality is not helpful because it is only a secondary effect of an underlying condition, and does not go deeply enough into the question of what the homosexual condition is in itself. It is a mistake to divide humanity into two types, heterosexual and homosexual, because the situation is actually one of complete versus incomplete development of a common need. Therefore, it would be a mistake for homosexuals to assume God intended them to be as they are. Rather they are in process toward what God calls them to be, and have not yet completed the process of that development.

## Description of the Homosexual Condition

Dr Moberly asserts that homosexual orientation does not derive from genetic, hormonal or learning factors, but from a child's relationship with the same-sex parent early in life. She notes that the homosexual condition is more complex and many-faceted than usually realized. Nevertheless, there is one constant factor: a deficit in the relationship with the same-sex parent and a drive to make up for this deficit through same-sex relationships. The deficit by the parent is not necessarily willful or intentional, but some disruption in the attachment needed for normal psychological sexual development has occurred; it is absent in some way at a crucial point in the child's development. This sometimes, though not always, has a negative effect.

However, there is not an absolute unvaried relation of cause to effect. It is important to be aware that siblings in the family differ in their response and relationship with the same-sex parent. Dr Joseph Nicolosi, a clinical psychologist who practices reparative therapy, mentions several other contributing factors: "a hostile, feared older brother; a mother who is a very warm and attractive personality and proves more appealing to the boy than an emotionally removed father; a mother who is actively disdainful of masculinity; childhood seduction by another male; peer labelling of the boy due to poor athletic ability or timidity; in recent years, cultural factors encouraging a confused and uncertain

youngster into an embracing gay community; and in the boy himself, a particularly sensitive, relatively fragile, often passive disposition.” Nevertheless, Dr Moberly maintains, for those who do suffer the effect resulting in the homosexual condition, there is one common factor: the disruption of normal attachment to the same-sex parent. The need for emotional bonding is very strong and necessary for several developmental tasks, including sexual identity.

According to Dr Moberly, in some cases a deficit of love from the parent of the same-sex may result in over-attachment to the parent of the opposite sex; but this is a result, not a cause of the condition, and does not resolve the problem. The child is hurt by not receiving the love needed from the same-sex parent, and develops an unwillingness to relate to that parent. This defensive resistance causes a long-term deficit in relational capacity. This may not be at a conscious level. Family relationships may appear unaffected. The real damage occurs deep within the child’s heart. When the loss happens at a very young age, fear and anguish may be overwhelming. A parent is the source of one’s being, and thus the child can feel as if his/her very being were endangered.

The person so affected will have two contrary drives. One drive is toward undoing the repressed need and restoring the attachment. This is what leads him to seek love from members of the same sex. But the other drive is a defensive one, leading to resentment, hostility, and rejection of authority in others of the same sex. It is this psychological conflict that defines the homosexual condition. Dr Moberly emphasizes that it is a serious mistake to isolate the love need of the homosexual from the defensive maneuver that shapes the condition and causes the need to persist unmet. Variations occur because one aspect may be more prominent than another in different persons: sometimes the dependency on the love need is most prominent; in others the hostility/ resentment/ authority problem may dominate. But this is only a question of greater or lesser degree in each case.

#### Long-Term Effects

The homosexual condition, as Moberly sees it, is based on an ambivalence toward others of the same sex which results in a relational deficit, including uncertainty about one’s own sexual identity. The drive to repair the love attachment is positive, so that blocking this is not helpful. However, the attempt to compensate for the deficit through sexual activity is inappropriate and does not resolve the psychological issue. Also, the accompanying defensive drive directed against the same sex is negative, and needs particular attention. Essentially, a negative reaction to the same-sex parent has been transferred to members of the same sex in general. An inability to trust the needed love-source has given rise to a decision to reject such love, even though at the same time there is a drive to seek same-sex love to repair the loss.

Thus these two drives are not separate phenomena but two sides of one condition. Effeminacy in a male or quasi-masculinity in a female represent a defensive maneuver against the same sex, not an identification with the opposite sex. The relationship with the opposite sex is one of unease, being based on flight from the same sex rather than a positive relationship with the other, because the development of the subject’s own sexuality is not yet complete. Thus the homosexual condition does not militate against male-female complementarity but confirms it, by revealing the need for development within the person for this complementarity to express itself. It also affirms the need for a family composed of both mother and father lovingly caring for the child together, in order to give the child the best context for its own development.

The loss of love of the same-sex parent is a hurt that may be unconscious, so that the same-sex negativity is not recognized for what it is. Dr Moberly characterizes it as a deep inability to trust, to openness to receive love from the love source, which results in a lack of normal psychological growth

and an ambivalence about attachment which is nevertheless an essential need.

#### Why Sexual Expression Is Inappropriate

Moberly believes that a person with a homosexual condition has a need that is emotional, not sexual. The erotic expression tends to distract from the psychological condition. The psychological need is pre-adult and should not be confused with a physiological drive of an adult. Sexual drives are intended to express the physical and psychological maturity of an adult. Where the psychological condition is not mature, the deficit should be fulfilled non-sexually.

Two homosexuals in a relationship have three obstacles to resolving their problem: 1) both have the same needs, including the need to develop the masculinity or femininity appropriate to their sex, so they are unable to meet the needs of the other; 2) deep dependency needs cannot be easily met when one is already physically an adult; 3) defensive detachment may re-emerge and disrupt the renewal of attachment. These factors may be the reason for instability in many homosexual relationships.

Failure to understand this has led to a polarization of the issue around the question of sexual expression. For this reason, Moberly suggests that "same-sex ambivalence" would be preferable to "homosexual" or even "same-sex attraction" as a description for the condition. It is also true that heterosexuality should not be defined merely as sexual activity with the opposite sex, but rather as a psychological state – in this case the ability to relate to both sexes as a psychologically complete/ mature member of one's own sex. This has social as well as sexual implications. Gender identity pertains to the psychological level of personality structure., and heterosexuality is seen as the goal of human development.

Same-sex relationships are inherently self-limiting, since to the extent they fulfill their purpose of contributing to the maturation of an adult heterosexuality, they are no longer necessary. By contrast, of course, heterosexuality has no goal beyond itself, so it is not inherently self-limiting. It is not something that needs to be healed. It is not enough, however, to say that homosexuality is a form of immaturity. One needs to add that the psychological drive for attachment is normal and cannot be by-passed. The fact that this need has been unmet is abnormal, and to block the fulfillment of this psychological need is to block fulfillment of the human person.

#### Reparative Process

To heal the homosexual condition, the person needs to have affirmative non-sexual relationships with persons of the same-sex. Relationships between heterosexual and homosexual persons are more stable than between two homosexuals. Moreover, a homosexual male can only be healed of the profound deficit in masculine relational capacity through bonding with a heterosexual man whose masculine identity is mature and who can help heal the deep inner wound at the core of the person's gender identity. The same would be true of homosexual females who need healing of this deep inner wound at their core through a bond with a mature heterosexual woman. Thus it is important that heterosexual persons are involved in ministry to homosexuals. This bonding and healing can also be aided by small support groups.

"It is the provision of good same-sex relationships that helps to meet the unmet same-sex needs, to heal defects in the relational capacity and in this way, forward the healing process. The [non-sexual] same-sex relationship is to be so fulfilling that same-sex deficits remain no longer and the relationship itself is outgrown" (p. 42).

This “is essentially the love-need of the child for the parent,” although it may not be consciously experienced as such. It is fulfillment of this need that provides the reparative growth required – “the process of making up for missing growth.” If the parent is involved in the healing process, this can be particularly helpful.

Dr Moberly considers this healing within a Christian context. “To offer a home to the homeless, a father to the fatherless” is to meet the “homo-emotional drive” in family life. The process may be accompanied by prayer for psychological healing. “Prayer is at the heart of healing.” One can offer God one’s past as well as future in a prayer to open it up to the healing love of Christ, to offer God our unconscious self as well as conscious life – our whole personality – to be healed and redeemed. The Holy Spirit must repair our earliest recollections. It is God who heals, so a supportive counselor must listen both to the person and to God. The Holy Spirit can enlighten this process, revealing places of stress and pain to be healed.

The negative defensive ambivalence needs particular attention for two reasons: 1) the inability to trust the needed love source; 2) the decision not to receive this love. Since this is a pre-adult decision, it needs deep healing at the unconscious level and forgiveness of the wound which is the source of animosity. This is difficult. It takes time and may need basic prayer for the ability to forgive and to persist in making the effort for healing.

It is the deficit in relational capacity that must be dealt with. The defensive attitude toward the same-sex parent has been transferred to other members of the same sex, which means that this defensive relationship can be worked through in a current same sex-relationship. It is not necessary to know all the details of past suffering since the missing growth is apparent in the present.

“The past is effective and accessible to the present and may be dealt with as a relational deficit in the present. The repetition within present relationships of the pattern of past relationships is itself an acted-out form of memory, which makes the past available in the present.... Every aspect of the wounds of the past may be held to the love of Jesus Christ for his healing. However, inner healing is more than just the healing of memories or of emotions attached to those memories... Unmet needs must still be met in order to make up for missing growth... Relationships are the normal medium for psychological growth within the purposes of God” (p. 46).

Thus, there is a need for people willing to provide good non-sexual relationships that renew interpersonal attachment, which requires spending time and expressing active concern. God’s love needs to be mediated through human prayer and relationships. A counselor needs to be of the same sex, because one cannot normally by-pass the natural laws for human growth.

“Gender specificity is not something arbitrary but quite simply the correlation of the solution with the exact nature of the problem.... Thus, where the problem is specifically a deficit in fathering, a man is required to help; where the problem is specifically a deficit in mothering, it is only a woman who can make this good” (pp. 48-9).

In difficult cases, there may be a lengthy process of healing, a matter of some years. Dr Moberly points out that the normal process of development takes the first two decades of life, so it is reasonable to expect the reparative growth to take years if the growth was checked at an early age. To expect growth to by-pass the normal need for time would be unreasonable. Furthermore, prevention as well as cure is important. So it is important to pray for children at “points of vulnerability,” such as “temporary separation during childhood, and any other occasions on which some strain is placed on the child’s attachment to the parent” (p. 51).

One of the problems facing this healing ministry is that there are only a limited number of counselors or specialist resources available to meet this need. Non-specialists may make an important contribution, but they will need the support of specialist's advice and supervision. Unfortunately, most of the current community of psychological therapists are not trained to provide this support. However, there are several organizations that do provide the reparative therapy needed. These include the National Association of Research and Therapy for Homosexuals (NARTH), Jews Offering New Alternatives for Healing (JONAH) , and People Can Change.

There are many stories of healing through reparative therapy that substantiate Dr Moberly's analysis, although these will not be found in most mainstream secular media. Some have criticized Dr Moberly's work because she was not herself a professional psychologist. Nevertheless, her conclusions have been substantiated by several clinical psychologists working with persons struggling with their homosexual condition. For example, Dr Maria Valdes, who has worked as a clinical psychologist for some 30 years, states, "A number of clinicians and theorists, including myself, view homosexuality mainly as the result of a deficit in the relationship with the parent of the same sex..."

In all the accounts of reparative therapy, it is clear that the person must sincerely want to change and be willing to persevere over time. It is not possible to provide samples of these stories here, but they can be found at the web sites for People Can Change and JONAH, cited above. These stories reveal the variations in the homosexual condition, but also the common threads. It does seem that often some awareness of scriptural teaching has helped the person to be drawn toward seeking the help and healing they need. Also books, persons, or public media that refer to the possibility of a healing change may have caught the person's attention.

The reparative therapy involved in these stories of change takes extensive time and a strong desire on the part of the person seeking it. For example, one man who shared his story on JONAH said,

"Anyone who says that working through homosexual desires and feelings is an easy, quick process is lying. It is a long, hard road with many challenges, pitfalls, and setbacks. But it is possible. I want to shout to all those plagued by SSA who wish they were not: Don't give up. Please. Despite what you read and hear in our secular culture about the false idea that change is impossible, a ray of light might be just around the corner. Keep looking and know that the help you seek is out there. You only need to find it."

Another man who heard about the possibility of change from reading books from NARTH wrote on the website for People Can Change as follows:

"It takes courage, honor, grits, and character to do the deep emotional work that can cause one's sexual attractions to shift. And it is no mistake that those are the same characteristics that make a strong man.... I began therapy with David Matheson through NARTH, and have never looked back since. These last years I have involved myself in deep emotional healing with the support of many wonderful men who choose not to embrace homosexual feelings. Most importantly, I have other men in my life now who are not same-sex attracted. Both of these groups of men are my brothers. They are my fathers. They are my peers. They are my connection to the world of men to which I belong and had not been a part of before. Many of these men are my "New Warrior" and "Journey into Manhood" brothers. They helped to initiate me into a more authentic manhood. With this healthy connection to men, I have learned what men do, how they act, feel, and express themselves."

Dr Moberly concludes that, “If we are willing to seek and to mediate the healing and redeeming love of Christ, then healing for the homosexual will become a great and glorious reality” (p. 52). While there remains much work to do in this area, Dr Moberly’s research and analysis lays out a framework from which a truly compassionate advocacy of healing for those struggling with same-sex ambivalence can proceed.

Her analysis confirms the theological/ontological reality that our relationships are grounded in the Fatherhood of God, revealed in the Son’s love, nurtured by Mary, the Mother of God; and that human family relationships are ordered to incarnate the filial love of divine relationships.

