say so. Christ truly loves sinners, as He showed in His love for Mary Magdalen. He loves homosexual sinners too. In my actual ministering to such persons I found that what occupied their thoughts most of the time was the acceptance of pain through the Cross of Christ and the meaning of heaven.

POSTSCRIPTUM

As I finish this chapter, the AIDS crisis continues to grow, and both the U.S. government and private agencies of all kinds are searching for effective ways of halting the spread of this dread disease. In every diocese bishops are seeking ways of ministering to those so afflicted. Meanwhile both media and homosexual propagandists perpetuate the myth that condoms are a form of "safe sex", whereas common sense dictates that only sexual abstinence qualifies as safe. Even the Surgeon General, C. Everett Koop, advocates condoms for those who will not accept his recommendation of sexual abstinence. In this spiritual vacuum we need to speak about prevention of AIDS through sexual abstinence or monogamy in marriage, recognizing that this can be accomplished only by the grace of God, for which everyone must pray. As one liberal columnist has said, "It is either faithful monogamy in marriage or celibacy."

CHAPTER NINE

PSYCHOLOGICAL AND PASTORAL REFLECTIONS ON PEDOPHILIA

Unfortunately, during the past two years sexual abuse of young boys by priests or brothers in various parts of the country has been highlighted in the media. While only a very small number of priests have been convicted of such behavior, the Church and society are concerned to protect the young as well as bring adequate professional care and pastoral guidance to anyone, including priests and religious who have become sexually involved with prepubertal or adolescent males. Until very recently there has been widespread ignorance, even among psychiatrists and clinical psychologists, concerning pedophilia, and that is why I shall give a brief overview of the problem. In writing this chapter I have had the assistance of Dr. John F. Kinnane, and we shall begin with the definition of pedophilia.

Pedophilia is one species of the paraphilias described in *The Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (*DSM III*) as a subclass of "unusual or bizarre imagery or acts [that] are necessary for sexual excitement." Such imagery and acts tend to be "insistently and involuntarily repetitive."[1] *DSM III* then describes pedophilia:

> The essential feature is the act or fantasy of engaging in sexual activity with prepubertal children as a repeatedly preferred or exclusive method of achieving sexual excitement. The difference in age between the adult with this disorder and the prepubertal child is arbitrarily set at ten years or more. For late adolescents with this disorder, no precise age difference is specified.[2]

Adults with this disorder are twice as likely to be oriented toward children of the other sex as toward children of the same sex. Here, however, I concentrate on homosexual pedophilia. Homosexually oriented males tend to prefer slightly older children than those heterosexually oriented, who prefer eight- to ten-year-old girls. The percentage of those

[1] *DSM III* p. 266. See also John Money, *Lovemaps* (New York: Irvington Publishers, Inc., 1986). This is an updated compendium of the pedophilias, with strong emphasis on their biological roots. Together with Dr. Fred Berlin, Dr. Money has conducted extensive research into the paraphilias, and pedophilia in particular. Money says that the word *paraphilia* is derived from two Greek roots. *Philia* means love, and *para* means the love that goes beyond what is ordinarily expected or is apart from it. "Thus, in medical usage, it also means abnormal" (p. 1).

[2] *DSM III*, p. 271.

couples who know each other only casually is higher among the heterosexually oriented. Again, most individuals oriented homosexually have not been married.[3]

1. THE THOUGHT OF BERLIN AND MONEY ON THE NATURE OF PEDOPHILIA

Dr. Fred Berlin of the Sexual Disorders Clinic at the Johns Hopkins School of Medicine presents as comprehensive a view of the pedophile person as is presently attainable. He stresses that men do not choose to be pedophiles, that they are *predisposed* to certain kinds of partners (young boy or girl) or to certain kinds of behavior (oral, anal intercourse, or merely touching genitalia) by a series of factors, not all of which are completely understood. Like the other paraphilias, pedophilia is characterized by very strong and persistent urges to perform the sexual act with prepubertal children. "As with other appetites, the pedophilic appetite craves satiation, with recurrence of hunger an expected event."[4] While Berlin distinguishes between those pedophiles who are not concerned with this tendency (ego-syntonic) and those who desire to be rid of the tendency (ego-dystonic), our concern is only with the ego-dystonic pedophile.

Berlin provides direct testimony that shows how tortured and conflicted a man may be by the sexual lusts he feels toward young boys:

> What starts a person like myself doing what I am doing?. . . Why can't I be normal like everybody else? You know, did God put this as a punishment or something toward me?. . . Why can't I just go out and have a good time with girls? I feel empty when a female is present. An older "gay" person would turn me off. I have thought about suicide. I think after this long period of time I have actually seen where I have an illness. It is getting uncontrollable to the point where I can't put up with it anymore. It is a sickness. . . . But as far as society is concerned you are a criminal and should be punished. . . .[5]

How do pedophilic sexual desires come about? Berlin gives us one explanation. Most of us yearn for a loving, adult sexual relationship, while children elicit from us emotional responses that do not include feelings of lust or erotic love. We usually do not fall in love with children

[3] *Ibid.*

[4] Fred Berlin and Edgar Krout, "Pedophilia: Diagnostic Concepts, Treatment, and Ethical Considerations", *Amer. J. of Forensic Psychiatry*, 7 (1986):13–30 at 13.

[5] *Ibid.*, p. 14. See also F. S. Berlin and C. F. Meinecke, "Treatment of Sex Offenders with Antiandrogenic Medication: Conceptualization, Review of Treatment Modalities, and Preliminary Findings", *Amer. J. of Psychiatry*, 138 (1981):601–607; F. S. Berlin and G. S. Coyle, "Sexual Deviation Syndromes", *Johns Hopkins Med. J.* 149 (1981):119–125.

in a romantic or sexual way, but the pedophile does. It is, then, an issue of sexual and affectional orientation. In Berlin's view, life, experience, and constitution play a role in the acquisition of such an orientation. He points to research showing that many men who experience pedophilic erotic urges as adults were sexually involved with adults when they were children. In treating the pedophile, one is often treating the former "victim". We do not know, however, whether his pedophilia is directly the result of childhood seduction or of the nature of his biological constitution, or both. We do know that other men who were involved in sexual relationships as children do not become pedophiles.

John Money holds that excessive prohibition of early sexual expression may also put one at risk of developing pedophilic sexual desires.[6] He attributes this to what is known as the *opponent-process* principle. If a boy is discovered by his parents in a sexual act, either as seduced or seducer, and is punished and mortified, he will tend in later life, usually as a middle-aged adult, to perform a similar sexual act with a child. Aversion becomes addiction. Usually there is a long period of repression before the act is repeated, only in adult life and *compulsively*. This addiction is resistant to change, which, Money believes, is due to the fact that "a paraphilic attraction is the equivalent of the normophilic attraction of falling in love."[7]

Drawing on findings gained in their Sexual Disorders Clinic, both Berlin and Money point out that biology also plays an important role in the development of sexual orientation and sexual paraphilias. According to their theory, sexual desire itself is apparently unlearned and is rooted in biology. As in the case of language and dialect, once acquired, sexual desires are not readily modified. It is reasonable, then, to ask whether certain biological abnormalities could be related to pedophilia. In an effort to throw some light on this question, Berlin evaluated forty-one men, all of whom had met the *DSM III* diagnostic criteria for some form of paraphilia. The majority of the men were pedophiles or exhibitionists. Berlin concluded that there may indeed be an association between the presence of certain kinds of biological abnormalities and the presence of certain kinds of unconventional behavior, such as pedophilia.[8] At the Clinic it is unusual to see a man who experiences recurrent pedophilic

[6] *Love and Love Sickness* (Baltimore: Johns Hopkins Press, 1980).

[7] *Lovemaps*, p. 38. Money credits Richard L. Solomon with the formulation of the opponent-process theory of learning, according to which one becomes positively addicted to what initially was negatively aversive: "Even the victims of cruel child abuse become addicted to abuse" (p. 39).

[8] F. S. Berlin, "A Biomedical Perspective and a Status Report on Biomedical Treatment", in *The Sexual Aggressor: Current Perspectives on Treatment*, ed. J. C. Greer and I. R. Stuart (New York: Reinhold, 1983), pp. 83, 123.

cravings in the absence of a significant biological abnormality, a history of sexual involvements with an adult during childhood, or both.[9]

Berlin notes the different approach of *DSM III* from *DSM II*. In the latter, pedophilia was categorized as an antisocial personality disorder, but *DSM III* acknowledges that this is not necessarily so. Diagnosing a person as pedophilic gives us information concerning the nature of his sexual desires and orientation, but it does not tell us anything about his temperament or about traits of character, such as caring versus uncaring, and so on. Such a diagnosis does not necessarily mean that a person is lacking in conscience or flawed in character.

Thus, in evaluating a person who has become involved with a child, one has to determine whether this behavior is the effect of psychosis, psychological immaturity, lack of conscience, a pedophilic sexual orientation, other influences, or a combination of several of these. The point to be made is that one must concentrate independently on the nature of an individual's sexual drives and interests as distinguished from what the person is like in terms of character, intellect, and other mental capacities.[10]

This brings us to the question of the responsibility of the pedophile to change his behavior.

Berlin adverts here to the common view that the pedophile could stop acting out if only he made up his mind to do so: "People can invariably control their behavior through the exercise of 'willpower' alone. After all, some people give up smoking or drinking after many years." Berlin shows that many people are not able by will power *alone* to control their cravings when such drives are influenced by biological regulatory systems. He gives the example of a person on kidney dialysis made thirsty by the procedure who often has great difficulty maintaining necessary fluid restrictions, even though not doing so can be life-threatening. Researchers have shown that the limits set by the physician for such a patient may not suffice, because they differ from the patient's own physiology. Analogically, the pedophilic person suffers in many cases from another kind of physiological drive and is sometimes compelled to act out his craving. Will power alone will not suffice in these compulsive situations.

Again, Berlin refers to a confusion in the public's understanding of other compulsions. It is objected that a pedophile will not approach a child when a policeman is present and that a chain smoker will not smoke in his doctor's office. What is not observed is that these individuals were able to exercise self-control because of something *beyond* will power, the stabilizing influence of another person.[11] This is part of the meaning conveyed in

[9] Berlin and Krout, *art. cit.*, *Amer. J. of Forensic Psychiatry*, 7 (1986):15.
[10] *Ibid.*, pp. 16–17.
[11] *Ibid.*, p. 17.

Step Two of A.A.—turning to a power greater than oneself, to the spiritual support of the group.

Thus, Berlin concludes that we need to be very prudent in assessing the responsibility of the pedophile. On the one hand, he is not the passive product of life experiences and constitution; on the other hand, he does have great difficulty gaining greater control over his compulsive activity. Without excusing irresponsible behavior as "psychopathology", we must avoid double-standard judgments, that is to say, judgments in which we condemn the pedophilic person out of hand after the fashion of the culture. If a person says he is trying to stop smoking or to stop compulsive handwashing, he is often believed and given help. But if a person says he needs help in order to avoid having sex with children, and that he cannot control himsef by will power alone, he is often rejected.[12] Since Berlin believes that pedophiles do need help to regain control over their sexual fantasies and acts, he and John Money propose a program of treatment. But before considering their program, I should like to introduce the thought of Gerald van den Aardweg on the nature of pedophilia.

2. VAN DEN AARDWEG ON THE NATURE OF PEDOPHILIA

Van den Aardweg believes that the most adequate definition of homosexual pedophilia was given by André Gide, himself a pedophile: "Sexual interest in boys who do not yet manifest the marks of adult manhood." In this definition the criterion is subjective, lying in the view of the afflicted person himself. How does he see his object? A young man of seventeen or eighteen without markedly manly characteristics may be appealing to a pedophile, although he is usually attracted by boys around twelve years of age. While granting that the majority of homosexuals are not aroused by young boys, the distinction between homosexuality and homosexual pedophilia is not quite absolute. In some cases the interest oscillates between young adolescents and adults, in others between boys and adolescents; in exceptional cases a man may be interested in boys at one time and adults at another.[13]

From research and clinical practice, van den Aardweg explores the possibility that pedophilia may be related to different parental relationships in childhood. He was impressed by the recollections of pedophilic patients concerning overcritical mothers who did not give them sufficient freedom to play, to explore, or to bring their friends home. There were also instances of pampering—overpermissive mothers who tied their sons to

[12] *Ibid.*
[13] *On the Origins and Treatment of Homosexuality*, p. 157.

their apron strings. Both types of mothers *restrict* the contacts of their sons with other children. The father was more detached, as is often the case with homosexuals.

This factor of *inhibition* with regard to normal boyish enterprises assumes various forms: keeping the boy away from others by inducing anxiety toward the outside world, tying him too close to mother, forbidding boyish activities. Such measures induce the feeling of loneliness in the boy and impede him from forming friendships. This is the most conspicuous psychological factor in pedophiles: "They nearly all relate having been lonely outsiders in the boyhood community. Often they did not have even one friendship, or merely a temporary one (which made them feel all the more desperate after its termination)."[14]

In the preadolescent period, then, the future pedophile admires other boys, judging them more "boyish", rougher and tougher. But he admires these qualities from a hurting feeling of loneliness and inferiority. He thinks "If only I could be like them!" Admiration mixed with self-dramatization! Later, the adult pedophile will harbor this self-pity and will hanker for prepubertal boys.

The specific elements in the adult pedophile's self-view are reflected in the traits in which he exults in boys. If he is enchanted by mischievous boys, he has felt himself too much of the "well-mannered, well-educated boy" in childhood; if he is attracted by the tricks of boys, it will be because in childhood he has been restrained by all sorts of rules. This is interest, not only in the appearance, but also in the behavior of boys. The wishes of the pedophile are primarily "a yearning for togetherness with the idolized and inaccessibly superior other boys, an outcrying for belonging".[15] He painfully misses the friendship of other boys, although externally he may play the father role toward boys or the teacher or the youth leader. But he will never know this unless he looks into himself. According to the "inner boy" theory of van den Aardweg, one sees that a second personality survives even with the same contact and sex wishes as in childhood: "Not the grown-up, but a 'boy' within craves for the appreciation of other children. . . . What Gide said about himself (in his *Journal*, 1906) that he 'never was a man, and would remain but a child grownup' was an adequate description of the psyche of all people with this neurosis."[16]

Loneliness is so much a part of the pedophile that he automatically puts himself in advance in the position of the outsider, not socializing but retreating from other people. This behavior, in turn, justifies new complaints of loneliness and a repetition of feelings of rejection, which lead to craving for company. All this triggers the pedophile's erotic obsession.

[14] *Ibid.*, p. 158.
[15] *Ibid.*
[16] *Ibid.*, p. 159.

The pedophile differs from the ordinary homosexual in that the former admires *boyishness* in the object of his affections, while the latter admires *manliness*. As soon as a boy begins showing signs of physical masculinity in adolescence, the pedophile loses interest in him, while the ordinary homosexual becomes interested in the boy only when he sheds a boyish appearance. Interestingly, some homosexuals concentrate their interests in adolescent males, and they are known as *ephebophiliacs*. The ephebophiliac has a kind of sexual neurosis different from that of the pedophile.[17]

Van den Aardweg notes that, contrary to public opinion, which associates pedophilia with serious acts of aggression against children, only a small minority of men with homosexual pedophilic inclinations commit crimes such as rape or murder. In some cases, however, aggressive and sadistic tendencies coexist with the erotic drive. In these cases the very feeling of rejection could engender hatred, a desperate kind of anger, and a lust for revenge. In van den Aardweg's theory, the real cause of murder by a pedophilic after having sex contact with a child may be that he is enraged that his victim does not like him.[18]

3. TREATMENT OF PEDOPHILIA BY THE SEXUAL DISORDERS CLINIC

Dr. Berlin introduces his presentation on the treatment of the homosexual with several preliminary observations: (1) The attempt to provide treatment for the pedophile is not to condone his behavior; on the contrary, professional assistance is crucial, because it is imperative that he totally stop his prior sexual behaviors immediately and indefinitely. This is both necessary and formidable. It may lead the pedophile to rationalize his past conduct and the need for treatment. This must be counteracted. (2) We need to use our imaginations to understand how difficult is the task which faces the pedophile seeking to change. It would be difficult for any of us to stop feeling the sexual attractions we have felt throughout our lives. Imagine the average man trying to find little boys sexually appealing, while at the same time losing all erotic interest in adult females. Yet this is precisely what the fixated homosexual pedophile has to accomplish—in reverse.[19]

[17] *Ibid.*, p. 160. See also John Money, *Lovemaps*, p. 73: "The paraphilic age range of the pedophile's partner of either sex is rather rigidly set as juvenile. Homosexual pedophilia has little overlap with homosexual ephebophilia, and both of these have little overlap with homosexual attraction for adults. The same applies heterosexually."
[18] *On the Origins and Treatment of Homosexuality*, pp. 160–163.
[19] In this section I have used two articles by Dr. Berlin: "Treatment of Pedophilia", *The Medical-Moral Newsletter* 21, no. 6 (June 1984):21–24, and "Pedophilia", *Medical Aspects of Human Sexuality* 19, no. 8 (Aug. 1985): 79, 82, 85, 88. The word *fixated* applied to the

Four major treatments have been proposed for pedophilia: psychotherapy, behavior therapy, surgery, and medication. With regard to *psychotherapy*, it is doubtful that persons can come fully to understand the basis of their own sexual interests through the process of introspection alone. Just as the average man cannot figure out why he prefers women to men, so the pedophile cannot understand the basis of his sexual inclination. Even if he did understand, it is doubtful that he could continue to resist these strong sexual drives. There is little convincing evidence to show that traditional psychotherapies have had much success in helping the pedophile.

The approach of *behavior therapy* is concerned, not with the historical roots of the pedophile, but with helping him to overcome his behavior. This method seeks to extinguish erotic feelings associated with children while teaching the individual to become sexually aroused by age-appropriate partners who were formerly non-arousing. While there is some evidence that in the laboratory situations some pedophiliac men no longer show signs of sexual arousal when looking at pictures of unclothed children, and that they begin to respond to stimuli of age-appropriate partners, there is insufficient evidence that such changes *regularly* carry over into nonlaboratory or real-life situations.

Two types of *surgery* have been proposed for pedophilia: (1) stereotactic neurosurgery and (2) removal of the testes. Since neurosurgery for this purpose is still in a preliminary stage, Berlin omits discussion of it; instead he turns to the surgical procedure for removal of the testes (castration). Castration has been suggested as a treatment for pedophilia, because the testes are the major producers of testosterone, a hormone that can fuel sexual appetite. In animal research, lowering testosterone by removing the testes eventually leads to a marked reduction in almost all forms of sexually motivated behavior. Berlin believes that the same is true of humans, as several European studies have indicated, particularly one in Denmark, where Sturup reported on a thirty-year investigation of 900 castrated "sex offenders", including 4,000 follow-up examinations. "He documented a recidivism of less than 3%."[20] That there is a correlation between low testosterone levels and low sexual libido is also indicated by evidence from a variety of medical sources.[21]

homosexual pedophile means that only prepubertal boys arouse him. The treatment suggested is primarily for him.

[20] "Treatment of Pedophilia", *The Medical Moral Newsletter*, June 1984, p. 24. The reference to the Denmark investigation is G. K. Sturup, "Castration: The Total Treatment", in H. Resnick and M. Wolfgang, eds., *Sexual Behaviors: Social, Clinical and Legal Aspects* (Boston: Little, Brown and Co., 1972), pp. 361–382.

[21] "Pedophilia", *Medical Aspects of Human Sexuality*, Aug. 1985, p. 85.

Today, however, Berlin indicates, it is no longer necessary to perform surgical castration in order to reduce testosterone levels; *medication* can be used. This can be done *pharmacologically* without the physical or psychological trauma of surgery.[22] In the United States the drug most often used is medroxyprogesterone acetate (Depo-Provera). This drug is injected intramuscularly once a week, and it gradually moves into the bloodstream over the course of several days. The major side effects have been weight gain and, in some cases, hypertension. But it consistently reduces serum testosterone levels significantly. Lowering testosterone lowers libido, which, in turn, seems to help many men control their sexual behavior. If unwanted sexual desire can be removed from an otherwise trustworthy relationship between an adult and a child, then it seems that such a relationship should be allowed to continue in a healthy way.

It is important to note, however, that most pedophiles receiving Depo-Provera also attend *group counseling* sessions similar to those of A.A. Berlin stresses the importance of such sessions, where the men acknowledge that they have been tempted to do something they know they must not do. They then discuss among themselves strategies intended to help them resist such temptations (whom to call, what situations to avoid, early warning signs, and so on). Here Berlin is really referring to the spiritual support that pedophiles and exhibitionists can give one another at such gatherings.[23]

Berlin reports that in the year 1983–84, seventy men were treated with Depo-Provera at Johns Hopkins for some form of paraphilia, mainly exhibitionism and pedophilia. Counseling was also part of the treatment. Fewer than 5% relapsed. Approximately eighty others who—in Berlin's judgment—did not require Depo-Provera received counseling only, and compliance was 90%. In short, Depo-Provera is one important element in the process of recovery of the pedophile. In no way should it be viewed as a punishment. More study of its effects and side effects is in order.

Now I turn to some reflection on the ethical aspects in the treatment of the pedophile. First, I shall review Dr. Berlin's ethical views, and then I shall add my own.

[22] *Ibid.*

[23] A new group called Sexaholics Anonymous (S.A.) has begun, adapting the Twelve Steps of A.A. and using the insights of Patrick Carnes in *The Sexual Addiction*. At these meetings there is a mixture of single and married persons of both sexes, as well as members of the clergy, both Catholic and non-Catholic. Contrary to the impression created by the media, pedophilia is not a problem unique to Roman Catholic clergy because of the vow of celibacy and chastity. Sexual disorders are no respecters of persons.

4. ETHICAL CONSIDERATIONS IN THE TREATMENT OF THE PEDOPHILE

Berlin believes that Depo-Provera should be given to pedophiles on legal probation if it is necessary, and that judgment should be made by a psychiatrist familiar with the problem. The pedophile who needs the drug should be given it even if he is in prison. Incarcerated men report that Depo-Provera (D-P) freed them from obsessional sexual preoccupations. Persons should be given the opportunity to see whether this drug confers upon them an increased capacity for self-control, particularly when individual psychotherapy and group counseling have failed to help the person to avoid pedophilic acts.

The next objection Berlin considers is the argument that psychotropic drugs, such as D-P, are "mind controlling". In response, he cites the legitimate medical indications for the use of psychotropic drugs: decrease of suffering, restoration of normal functions, and increase of the personal capacity successfully to exercise self-control. Since in many men the capacity for self-control is increased by D-P, it follows that this is a legitimate use. The Sexual Disorders Clinic of Johns Hopkins, of which Berlin and Money are directors, makes the following statement:

> Studies begun at Johns Hopkins in 1966 have shown that sex offenders or paraphiliacs, for example, pedophiliacs, treated with the antiandrogenic hormone, Depo-Provera, plus counseling, have gained in self-regulation of sexual behavior. Depo-Provera suppresses or lessens the frequency of erection or ejaculation and also lessens the feeling of libido and the mental imagery of sexual arousal.[24]

Berlin next considers the phenomenon of the pedophile falling in love with a child and desiring sex. It is easy for the pedophile to become convinced that the relationship is good and healthy and not harmful, particularly when the child does not seem to mind or even enjoys the sexual act. Such self-deception must be confronted by the counselor. The person must learn to stop rationalizing and to develop strategies for overcoming sexual and affectional temptations. I would add that the best place to bring this about is through group spiritual support systems such as Sexaholics Anonymous (S.A.).

Berlin asks that society begin to treat the pedophile with justice and compassion, recognizing his rights as a person and making allowances for

[24] "Antiandrogenic and Counseling Treatment of Sex Offenders", The Johns Hopkins University School of Medicine, Baltimore, Maryland. This statement also says that, as a result of the discovery and medical use of antiandrogen, castration is disfavored in "contemporary American legal-medical management of sex offenders".

his past conduct in the sense that he did not choose to have such an orientation. In no way is one justifying his activity; indeed, society and he have a joint responsibility to bring it to an end to protect the innocent child. At the same time he must be shown the same respect we accord the recovering alcoholic or drug addict. Ultimately, innocent children will benefit by such compassion shown to the pedophile.

Berlin believes that in counseling the child it may help to let the child know that the pedophilic person genuinely cared about him, even if that care was expressed in the wrong way. I believe this is good advice, but, unfortunately, whenever such behavior has become public knowledge and criminal suits have been brought against the offender (and perhaps his employer), it has become almost impossible to reach the child who would certainly benefit from such counsel.

Berlin makes one final point. Granted the responsibility of the pedophile to make use of adequate means to bring his propensity under control, society has the correlative duty to provide those means in the forms of medication and individual and group counseling. In the counseling situation, moreover, the pedophile must be able to trust his counselor or counselors completely: "Only under such circumstances can one expect the individual to talk candidly about the innermost aspects of his own sexuality."[25]

Evaluation of Berlin's ethical reflections

In general, I agree with Berlin's ethical reflections, and I shall add a few of my own. With regard to the use of Depo-Provera (D-P), the principle of the twofold effect can be applied to the situation of the pedophile who desires to regain control over his sexual conduct. His intention is good. The act in itself is good: the use of medication for the sake of personal well-being. The good effect—gradual but increasing control over undesirable fantasy and act—is directly proportionate to the *known* bad effects: weight gain and hypertension. Finally, the good effect of increasing capacity for self-control does not come about through the evil effects of weight loss and hypertension, which are really by-products of the medication. The use of D-P under these circumstances, therefore, is morally good and indeed mandatory for the pedophile whenever it is professionally indicated as a necessary means of avoiding pedophilic acts. (In some instances it is not indicated as necessary, and then its use is not mandatory.)

[25] Berlin and Krout, *art. cit.*, *Amer. J. of Forensic Psychiatry*, 7 (1986):30.

I do have reservations, however, about the view of the Sexual Disorders Clinic that the only alternative proposed to the pedophile, recovering from his compulsive tendency, is "to have a sex life with a socially suitable consenting partner instead".[26] It is understandable that the Sexual Disorders Clinic may have no place for celibacy in its philosophy, but there are homosexual pedophiles, both lay and clerical, who feel bound in conscience to live a life of sexual abstinence. I should like to suggest some guidelines for such pedophiles, since I have had the experience of working with them and with celibate ephebophiles (who had sought adolescent males).

I do not doubt that celibates may have an obligation to use D-P to avoid relapses, but they also have a duty to use both individual counseling and spiritual group support systems. They need to integrate the human wisdom of therapy with the principles of the Gospel, understood in a life of prayer. The Christian homosexual pedophile needs a spiritual plan of life even more than the ordinary homosexual does, because his spiritual survival depends upon it. It is not enough, then, to propose medication, counseling, and support systems to the celibate homosexual pedophile. The spiritual dimension is not just another dimension, but the all-important motivator to use all possible natural means to regain control over one's sexuality so that it may be used properly in the service of the Lord. If such a celibate is sincere, he will find a spiritual director in addition to his professional counselor and group support system.

For several years I have been engaged in what is best described as *crisis intervention*, working with clinical psychologist John F. Kinnane, of Catholic University, Dr. Richard Fitzgibbons of Philadelphia, and with treatment centers in the rehabilitation of clerics and religious who had become emotionally and sexually involved with boys or adolescent males. It is a program involving regular clinical counseling, participation in group retreats, attendance at A.A. or S.A. meetings, and vigilant pastoral supervision of the counselee. With the explicit permission of those with whom Dr. Kinnane and I have worked, we have been able to share our perception of them and to help fourteen clerics get some measure of control over their lives. Our shared clinical and counseling impression is that these persons have not grown up psychologically, morally, or spiritually. Psychologically, they are like little boys; morally, they lack sensitivity concerning the damage they may have done to these young people; and spiritually, they have lost contact with their God in the depths of their souls.

We are therefore dealing with more than a physical and psychological disorder; it is a profoundly spiritual crisis, and all that has been already said

[26] "Antiandrogenic and Counseling Treatment of Sex Offenders", p. 2.

in describing a spiritual program such as A.A. for homosexual persons applies preeminently to the pedophile. He has to live the Twelve Steps. In my role as spiritual director I see my counselees at regular intervals. There is hope, then, for the homosexual pedophile who is willing to cooperate with professionals and spiritual directors. But he must realize that every step he takes back to spiritual sanity is possible only by the grace of God.

One practical insight I have garnered from working with celibate pedophiles and with those attracted by adolescent males is their need to begin to cultivate friendships with *adults*. This they had not done in the past. Both the counselor and the spiritual director should inquire into the progress of the individual in this regard. Consciously or unconsciously, he will gravitate toward children or adolescents, and he must resist this tendency by regularly meeting with adults, perhaps with other clerics or religious, in social events or at meetings of S.A. or A.A.