

Response

Is gay good? : Gareth's Moore's January article

Like most others who are interested in the matter, I am quite unhappy with many aspects of the 1986 Ratzinger letter on homosexuality, including its statement that the homosexual 'inclination' is itself 'an objective disorder' (n. 3). My reasons, however, differ somewhat from those recently stated by Gareth Moore OP in 'Are Homosexuals Sick?' (*New Blackfriars*, January pp. 15—19).

While I fully agree with Fr Gareth that it is neither helpful nor plausible to describe gay people as sufferers of some kind of medical condition or sickness, I do not share his certainty that this is what the Ratzinger statement does. Considering the statement contextually, I would argue: (1) there is no definite proof that the sickness model is intended; (2) there is evidence to the contrary; (3) the term 'objective disorder' refers to a different issue. Let me elaborate.

(1) Admittedly there could seem to be a suggestion of the sickness model in Ratzinger's reference, later in the same paragraph, to 'those who have this condition'. This cannot be taken as decisive, however, since the meaning of 'condition' is quite elastic, as Fr Gareth recognizes. Indeed, its very elasticity could be what prompted the use of the word, both here and in the 1975 *Declaration on Sexual Ethics*.

(2) To be sure, the sickness model is not easily compatible with Ratzinger's later insistence that gay people ordinarily can choose whether to act on their 'disordered' inclination (n. 11). Fr Gareth could be right in supposing that Ratzinger has unwittingly contradicted himself here. But P.A. van Gennip, in 'Pastoral Care and Homosexual Persons: Whose Definitions?' (*The Vatican and Homosexuality*, J. Gramick and P. Furey, ed., New York 1988, p. 72), has argued no less plausibly that the term 'objective disorder' was purposely chosen as a way of conveying some non-moral sense of disvalue while *bypassing* the sickness model, precisely so as to avoid contradicting the insistence on responsibility for behaviour. That very insistence, in other words, is a reason for supposing that the sickness model was *not* intended.

(3) Why in the first place did Ratzinger undertake to ascribe some kind of disvalue—'objective disorder'—to the homosexual 'inclination'? Notice that 'condition' is not used at this precise point. 'Objective disorder' is not a statement about a condition (medical or any other kind), or—still less—about a person. What is called 'objective disorder' is the 'particular inclination' which, though 'not a sin', is 'ordered toward an intrinsic moral evil', i.e., towards genital acts with same-sex partners. Evidently enough, Ratzinger judged it necessary to describe 'the particular inclination' as 'an objective disorder' so as to avoid contradicting the teaching that homogenital behaviour (i.e., the behaviour toward which 'the particular inclination' tends) is 'an intrinsic

moral evil’.

It is on this basis that Ratzinger admonishes those who view ‘the homosexual condition’ too benignly as ‘neutral, or even good’ (n. 3). Here again I do not take ‘condition’ to refer to a sickness (how could anyone imagine that a sickness is neutral or even good?); evidently it is intended rather as a synonym for ‘orientation’, an orientation which specifically includes—though it is not confined to—‘the particular inclination’ to homogenital activity.

If this exegesis of the Ratzinger position is correct, the following alternatives present themselves for one who maintains that ‘gay is good’:

(a) One might affirm gayness or homosexual orientation according to its various non-genital manifestations, but not as manifested in genital activity or its corresponding ‘particular inclination’ (just as, analogously, one might affirm an assertive personality but not its typical proneness to aggressive behaviour). This approach offers the advantage of avoiding all conflict with the Ratzinger letter, though it labours under the necessity of relying on a subtle distinction which many find troublesome or even implausible. (See on this my exchange with Joseph O’Leary in *The Furrow* Nov. 1987, pp. 680—685; April 1988, pp. 222—230; Sept. 1988 pp. 600—604.)

(b) One might affirm gayness in its non-genital dimensions and extending also to ‘the particular (homogenital) inclination’, but stop short of morally approving the fulfilment of that inclination in actual homogenital behaviour. Here one would be contesting Ratzinger’s stand that ‘the inclination itself must be seen as an objective disorder’, and would undertake to refute his supposition that this stand is logically necessitated by the absolute moral rejection of homogenital behaviour.

(c) One might affirm gayness in its non-genital and genital dimensions, including not only ‘the particular inclination’ toward homogenital activity but also, in appropriate circumstances (i.e., in an authentic loving relationship), the genital activity itself. In this case, obviously, one’s essential problem with the Ratzinger letter involves not some detail of reasoning or expression, but the substance of the Church’s normative moral teaching which the letter is mainly concerned to reaffirm.

The current debate over homosexuality, especially on the ‘bottom line’ question of whether the Church can and should alter its traditional position and affirm active homosexual relationships, has generated a degree of ecclesial unease which is surely understandable given the highly sensitive personal and social ramifications of the issue. Church leaders, like the rest of us, need uncommon courage to examine all the complex facets of this issue openly and painstakingly, communicating in a genuinely respectful way with everyone involved including, pre-eminently, lesbian and gay people, whose experience needs to be better heard and understood in the Church at large.

A major source of frustration with the Ratzinger letter is that it conveys quite the contrary attitude: it comes across as fearfully intolerant of debate, and as uninterested in listening to the very people about whom it undertakes to instruct bishops in giving ‘pastoral care’. In

my first commentary on the letter, 'Homosexuality: The New Vatican Statement', written barely a month after its release and published the following June in *Theological Studies*, (pp. 259—277), I expressed hope that the document's many objectionable features would not vitiate the effect of other more positive elements which it also contains; by this time, regrettably, my optimism in that regard is virtually gone. In particular I now understand much more clearly how inevitable it was, in the context of the harsh and punitive tone so often manifest in the letter, that the novel phrase 'objective disorder' would be regarded as a demeaning term and quickly come to be taken as a slogan of the entire document.

I persist in thinking that that is a badly exaggerated interpretation of what 'objective disorder' was intended to convey; and so as a theologian I still feel a responsibility to try, as I have done here, to show that a more modest reading of that phrase has greater plausibility. But I am likewise convinced that the demeaning interpretation of 'objective disorder' will not be successfully overcome by any amount of intellectual refutation in the absence of a more positive pastoral turn by Church authorities at all levels. What is of really paramount importance is that the Church clearly demonstrates in concrete practical terms—by wholehearted outreach to AIDS sufferers, by vigorous civil rights advocacy, by a liberal and welcoming sacramental discipline, and by honest and open theological dialogue—that it affirms homosexual persons as brothers and sisters whom it is ready to serve with unfeigned love.

Bruce Williams OP
Pontificiam Università S. Tommaso
Largo Angelicum 1
00184 Rome

Gareth Moore replies

Fr Bruce has some valuable things to say about the Ratzinger letter, and about the argument in the Church surrounding homosexuality. But my article was concerned with a fairly specific point which is not tied to our understanding of Ratzinger. It was not my intention to argue that gay is good, nor was what I said designed to express my misgivings about the Ratzinger letter or particularly concerned with its exegesis. Like Fr Bruce, I find the letter objectionable in many ways, some rather more serious than the quasi-medical talk I think I have detected. My aim was only to use the Ratzinger letter as an example of the kind of thinking that one quite often comes across in the Church, but which mostly lurks unexamined below the surface of what people actually say. If I am wrong about what Ratzinger means, that does not vitiate my general argument; it only shows that it is not applicable to the letter, and that I have chosen a bad example.

But I am not convinced that my understanding of the Ratzinger letter is so wide of the mark. Fr Bruce reminds us that the letter speaks of 'those who have this condition', and points to the elasticity of the

meaning of the word 'condition', something which I myself allude to. But if there is a variety of types of condition, there is no similar elasticity, as far as I can see, about the phrase 'have a condition'. You can *be in* any sort of condition, but you can only *have* a medical condition. If you have a condition you will probably be in a bad condition, but the two are not the same: you can be in bad condition for all sorts of reasons (e.g. because you have drunk too much or have been run over), not only because you have a condition. But in the Ratzinger letter homosexuals are not simply said to be in a bad condition, or in a homosexual condition, but to '*have this condition*' (n.3). The use of this phrase does indeed indicate that the medical model is exerting an influence here. (I should say that I have been working with the English translation of the document, so I would hesitate to attribute this way of thinking without more ado to those who wrote the original, unless they wrote in English. But if it is the translators, not the authors, who think like this, no matter. The way of thinking is there, at work in the Church; and that is the point I was making. And this kind of language has seemed fitting to those who were faithfully trying to render the thought of the original.)

The term 'objective disorder' may well have been chosen so as to avoid the sickness model, but that does not show that the model is also being avoided in the use of the term 'condition'; that is something that has to be shown independently. It seems to me, as I intimated, that there is a *confusion* of models in the letter. I certainly do not think that Ratzinger *embraces* a sickness model; I point out that he elsewhere rightly rejects its consequences. I say merely that that model is indeed used, perhaps unconsciously, and certainly without thinking out its consequences; and its use has a baleful effect on a document whose thought is already full of confusion and obscurity.

Fr Bruce points out that Ratzinger criticises those who view the 'homosexual condition' as 'neutral, or even good', and then asks how anybody could imagine a sickness might be neutral or even good. Quite right, but it is Ratzinger who is using the term 'condition' here, and he does not think it neutral or good. If you think gay is good, I cannot see what sense it would have to call being gay a condition that people have. I cannot claim that nobody who does think gay is good speaks of homosexuality as a condition. They may well do, but if they do their language, like Ratzinger's, is confused. To have malaria may be to have a condition; to be in perfect health is not. More pointedly: to be in perfect condition is not to have a condition.

As to the 1975 declaration, its terminology is again variable, but the references to incurability and pathological constitution appear undeniably to suggest that a quasi-medical model is lurking beneath the surface, and not far below at that. What Fr Bruce says does not convince me to the contrary.

**Blackfriars
Oxford OX1 3LY**