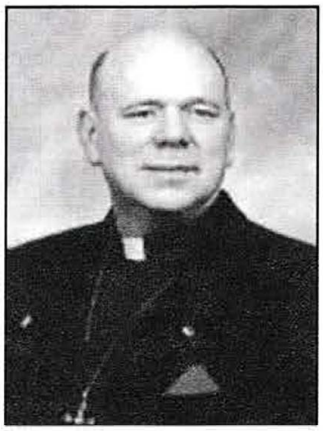
PASTORAL CARE FOR SAME-GENDER ATTRACTED INDIVIDUALS

By Rev. / Chaplain Kent L. Svendsen



Rev. Kent L. Svendsen

Among the membership of your religious group, there are, no doubt, individuals who struggle with same-gender attractions. Unless your organization is gay-affirming—that is, it celebrates and accepts homosexual practice as moral when it is within a committed relationship—those struggling with such attractions may see their faith group as a place of hostility and rejection.

The usual "love the sinner, but hate the sin" approach may sound appropriate, yet the fear of being openly identified as one who *has* a sin that others *can hate* is often enough to keep such strugglers well hidden.

The "Fight or Flight" Dilemma

The issue of sexuality and sexual attraction has always been a touchy subject for religious groups, and one that is often avoided—even though it should be a central concern in today's sexually exploitative society. In the ongoing religious debate over the issue of homosexuality, the disagreements can easily become hostile and confrontational.

For many persons of faith, this results in what can best be described as a "fight or flight" mentality. The "fighters" charge after the "enemy," while the other members of the denomination run for cover—not wanting to be hit by the "friendly fire" coming from either side.

Meanwhile, those struggling with same-gender attractions often run for cover themselves, not wanting to be caught in the middle of a battlefield. They realize how quickly one can become a target for the anger and confrontational attitudes of those involved in the debate.

This means that they often do not receive the supportive ministry of the church, something that can be a powerful resource in helping to bring positive changes into their lives. Often the options are to either hide their struggle or turn instead to either a pro-gay therapist or one of the pro-gay supportive ministries for help.

Here is a typical description of what happens when a family seeks counsel from a pro-gay resource:

"I have seen a therapist, and he basically told me that homosexuality is genetic and I need to prepare for the inevitable. Once my husband is comfortable with who he is, the therapist says, and has accepted himself fully, he will want a divorce, and I will be left alone with our children to try to pick up the pieces." (Source: E-mail conversation the author held with a struggler's spouse.)

This type of attitude, which is found in both pro-gay affirming therapy and religious ministries, reveals the type of misinformation that is being offered to those seeking help. Yet there is in fact ample evidence to show that homosexuality is not genetic. One excellent resource to support this contention is the research book *"My Genes Made Me Do It"* by Neil and Briar Whitehead (copyright 1999, Huntington House Publishers, Lafayette, Louisiana).

Additionally, there are the many thousands of personal testimonies from those who have experienced an orientation shift (to various degrees of success) and relief from unwanted feelings and compulsions.

From what began as a movement for tolerance to end the brutalization and oppression of a certain element of society, the gay-rights movement has since been transformed into an agenda to normalize homosexuality.

For many within the gay-rights movement, this goal requires the elimination of any suggestion that orientation change can take place, or that same-gender attractions have as their root cause (among a list of other things) environmental factors or psychological trauma. This has resulted in a new form of oppression and bigotry against those seeking orientation change and against those therapists and pastoral counselors who desire to provide it.

This perspective is reinforced by the recent experience Dr. Robert Spitzer, the controversial psychiatrist who over two decades ago successfully lobbied for the removal of homosexuality from the diagnosis manual of mental disorders, but who has now come out in support of the possibility of change. In an interview with the *Wall Street Journal* he offered the following realistic scenario:

Client: *"I love my wife and children, but I usually am only able to have sex with my wife when I fantasize about having sex with a man. I have considered finding a gay partner, but I prefer to keep my commitment to my family. The homosexual feelings never felt like who I really am. Can you help me diminish those feelings and increase my sexual feelings for my wife?"*

Professional: *"You are asking me to change your sexual orientation, which is considered by my profession as impossible and unethical. All I am permitted to do is help you become more comfortable with your homosexual feelings."*

continued

As Spitzer observes, "The mental health professions should stop moving in the direction of banning such therapy. Many patients, informed of the possibility that they may be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions. In fact, such a choice should be considered fundamental to client autonomy and self-determination." (Dr. Robert L. Spitzer, "Psychiatry and Homosexuality," *The Wall Street Journal*, 05/23/2001)

Over the years, I have closely studied the various groups that have attempted to minister to those with same-gender attractions. As a result, I have become aware of the tremendous complexity of the issue. It is for that reason I use the term same-gender attractions rather than "homosexuality." The term "homosexuality" has become a very divisive term, in addition to the fact that it also indirectly implies sexual activity. Yet there are many individuals who, while having attractions to members of the same sex, have never become sexually involved in a same-sex relationship.

Ministry Should Acknowledge Those Not Acting on their Attractions

It is especially important that we find a way to provide resources and offer support for those who are struggling with this issue, but have never acted out sexually. One way to begin the process is by providing education to our religious communities.

The drive for same-gender intimacy is one that is very much a part of who we are as individuals. The fact that it becomes sexualized for some, reflects an abnormal variant of this *natural* and *healthy* need for personality development and human fulfillment.

The process of reducing or eliminating unwanted same-gender attractions must involve not just a choice of the will, but a process that can take many years. What can be especially helpful is a support system which is understanding, non-judgmental, and willing to protect the privacy of those willing to openly share their personal struggles.

Degree of Change Varies From Individual to Individual

It has been shown that for many people, the complete elimination of same-gender attractions will never be a reality. The moral and theological concerns we have must address this reality. Even Scripture withholds the fulfillment of its promise of perfection until the final coming of God's Kingdom. Following is a typical response that is given to clients when they ask if orientation change will take place as a result of receiving reparative therapy, as reported by Dr. Joseph Nicolosi of the Thomas Aquinas Psychological Clinic:

"Of those who undertake therapy, about one-third experience no change (typically, they decide to leave therapy after the first few months); one-third learn the skills and achieve the self-insight to experience a significant reduction in the intensity and frequency of their homosexual attractions; and about one-third essentially overcome their homosexuality, with same-sex attractions no longer being a significant issue in their lives."

The goal of pastoral care and religious community support should be aimed at improvement of the individual's quality of life, the alleviation of self-destructive lifestyle activities, and providing a loving and caring community within which the individual can be open and honest about their struggle.

Next, we must recognize that while prayer and attempts at "faith healing by divine intervention" can be a useful tool and have some positive results, those results are rarely instantaneous. For many, the process is a long road with many obstacles to overcome along the way. In this regard, we must be willing to accept these limitations and not abandon or condemn those who cannot realize complete change. Instead, we must continue to be a source of loving ministry to them. It is my hope and prayer that some day we can offer ministries in every religious community which will provide longterm, loving care and understanding for those who struggle with same-gender attractions.

Rev. / Chaplain Kent L. Svendsen
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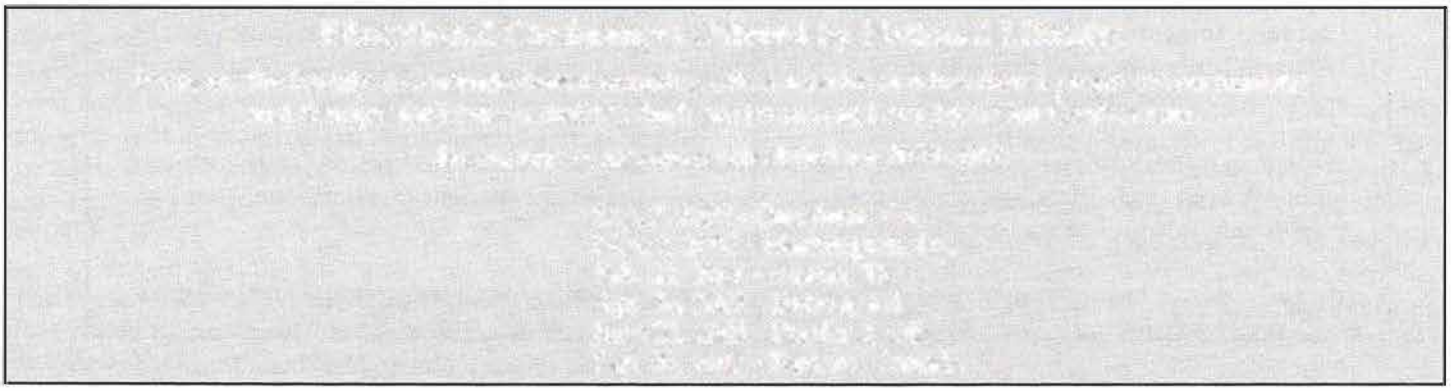
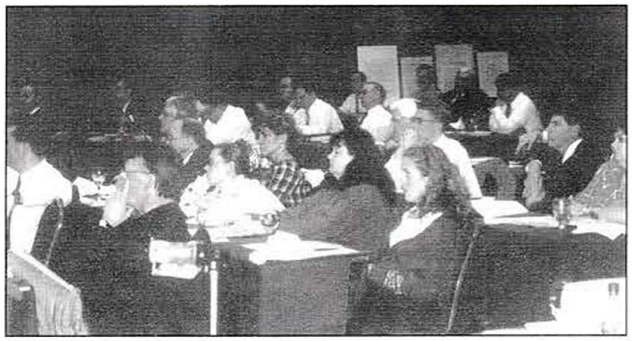


Center for the Study of Gender Affirmative Therapy Hosts a Training Meeting



SALT LAKE CITY – One hundred and twenty-five therapists and academic professionals met in a clinical training seminar in March to study the issues relevant to treatment of unwanted same-sex attractions.

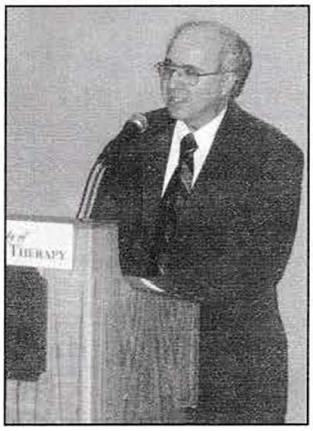
The newly formed Center for the Study of Gender Affirmative Therapy (The GAT Center) hosted the daylong event with several nationally respected clinical experts on homosexuality to instruct those gathered.

"This was a unique opportunity for therapists to receive clinical training from specialists with impressive clinical and academic experience," noted David Pruden, Center Director.

More than five hours of practical instruction was offered by Dr. A Dean Byrd, a clinical professor of psychiatry at the University of Utah, and Janelle Hallman, an adjunct professor at Colorado Christian University. Dr. Mark A. Yarhouse of Regent University delivered an address on professional ethics and the proper means to obtain the client's informed consent before treatment begins.

Dr. Byrd, vice-president of NARTH, used the morning session to talk about assessment issues. Following the luncheon which included a speech by Dr. Yarhouse, Dr. Byrd returned to the topic of successful treatment modalities. Those who attended were provided with numerous illustrations of clinical procedures that have assisted Dr. Byrd's own clients.

Janelle Hallman's audience was primarily made up of women therapists who were seeking help for their lesbian clients. "Women's issues are many years behind those of men both in the area of research and treatment," she said. "It is gratifying to participate in one of the largest training opportunities ever held on female concerns."



A. Dean Byrd, Ph.D. at the podium

The Center for the Study of Gender Affirmative Therapy is planning to hold its next conference specifically for students enrolled in psychology, social work and marriage and family therapy programs.

Said the Center's director, David Pruden: "This early exposure to the current research and developmental issues surrounding ego-dystonic same-sex attraction could be key in insuring that the next generation of therapists is better prepared. They should not be subject to the information embargo that has left the current generation of professionals ignorant of the effective treatment of homosexuality."