Serving Clients with Unwanted Same-Sex Attraction and Behavior as Catholics: A Qualitative Study

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Fourteen Catholic mental and medical healthcare professionals known by the author through his involvement with them in activities sponsored by one or more professional organizations and/or Catholic ministry responded to a questionnaire asking how their Catholic faith influences their service to persons with unwanted same-sex attraction and behavior. This paper summarizes the respondents' comments regarding how they find that the Catholic worldview is a positive resource for their practice, what therapeutic theoretical orientations guide and techniques are used in their practice, what spiritual/religious and other resources and activities they recommend that their clients or patients practice along with receiving their professional care, and how they respond differently to persons of non-Catholic Christian, other, and no religious faith. The respondents' comments are discussed in light of the professional ethical principles to "do no harm," "do good," and respect clients' right to practice religious faith as they determine.

Keywords: same-sex attraction, psychotherapy, ethics, Catholicism, psychological/spiritual integration

This study was inspired by my writing of the paper "Serving Persons with (Unwanted) Same-Sex Attraction and Behavior (SSA) from the Roman Catholic Tradition" (Sutton, 2019) for the *Journal of Human Sexuality*. I originally envisioned it as a way of operationalizing one of the teachings of the Roman Catholic Church on the proper relationship between her teaching and that of contemporary, secular "arts and sciences." Briefly, those responsible for educating and preserving the Church's *Magisterium* ("teaching authority") on matters of "faith and morals" defer to the knowledge, wisdom, and experience of professions in the medical and mental arts and sciences, as long as the latter recognizes and respects the former (cf. Sutton, 2019).

A lengthy quote from this paper seems appropriate here:

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> In *Christifideles Laici* (1988), [Pope John Paul II] similarly challenges *all* Catholics who serve as scientists, scholars and mental and mental healthcare professionals to become . . . faithful to their education and training as authentic, genuine professionals in their respective disciplines. He exhorts the "lay faithful" to "accomplish their work with professional competence, with human honesty, and with a Christian spirit, and especially as a way of their own sanctification" (no. 43). . . . [W]orking this way is a "pastoral urgency" since a human culture has developed which now has become "disassociated not only from Christian faith but even from human values." In such a culture, "science and technology (themselves) are powerless in giving an adequate response to the pressing questions of truth and well-being that burn in people's hearts." (no. 44)
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> Pope John Paul II [also] affirms the need for "teachers and professors" to recognize and preserve "the autonomy of various sciences and disciplines" while performing their "Christian inspired" work as "faithful (and) true witnesses of the gospel, through their example of life, their professional competence and uprightness." He asserts: "It is of singular importance that scientific and technological research done by the faithful be correct from the standpoint of service to an individual in the totality of the context of (his or her) values and needs" (no. 62). (Sutton, 2019, p. 31)

So, when composing the paper, I asked Catholic colleagues questions which would offer wisdom about how some Catholic mental and medical healthcare professionals integrate their professional education, training, experience, and competence with their efforts to be[come] "faithful [and] true witnesses of the gospel." Demands of time and space prevented my integrating my colleagues' responses into the body of the—already more than long enough—paper, so I resolved to write a separate paper summarizing their views. This paper is the fruit of those efforts.

Method and Research Participants

Method and Sample Selection

A questionnaire (see Appendix) was emailed to fifteen colleagues whom I knew from personal conversations and at times their public writing and speaking to be "practicing and devout" Roman Catholics,[2] through my involvement with a number of professional and ministry organizations. Their affiliations included the Alliance for Therapeutic Choice and Scientific Integrity (https://www.therapeuticchoice.com), the American College of Pediatricians (https://acpeds.org/), the Catholic Medical Association (www.cathmed.org), the Catholic Psychotherapy Association (www.catholicpsychotherapy.org), and the Courage and EnCourage Apostolate (couragerc.org). Three of the seventeen did not submit completed questionnaires. One reported that he was not serving clients with SSA at this time; a second that he lacked the time at present; and a third, not known to me and recommended "secondhand," did not respond to the initial request, or a follow-up

[2] To me, "practicing and devout" Roman Catholics are persons who have been baptized, received the other sacraments of "Christian initiation," and try to faithfully and sincerely live their Christian lives under the guidance of the Church's *magisterium* or authentic teaching authority—and relevant authorities.

reminder email two weeks later, which was sent to all intended respondents.

Sample Personal and Professional Demographics

Five of the respondents were women and nine were men. Their ages ranged from 43 to 70, with a median age of 56.5 years. Ten were born, raised, and continue living as Roman Catholics, while four were "adult converts," who reported practicing Catholic Christianity as adults for the past 23–40 years. Four were licensed physicians, who specialized in internal medicine, pediatrics, and psychiatry (two). Four were licensed psychologists, four mental health counselors, three marriage and family therapists, and one as a chemical dependency counselor, with three respondents reporting multiple licenses. Professionally, respondents reported having served clients with SSA from 7–40 years (median of 17) and in their active caseload serve an average of from less than one to 20 (median of 4) clients.[3]

Therapeutic Orientations and Interventions Guiding Respondents' Professional Practice

Respondents gave essentially the same, when not identical, answers to the questions: "What particular therapeutic orientations and interventions guide your professional practice serving all clients?" And, "clients with unwanted SSA in particular?" So, a summary of respondents' answers to the question of what therapeutic orientations and interventions guide their professional service to clients with unwanted SSA follows. In general, professionals reported a number of theories and/or therapeutic techniques which guide how they try to understand and/or actually serve persons with SSA.

Therapeutic Approaches

The ones mentioned are listed in alphabetical order using the names listed by the respondents. If more than one respondent mentioned the same approach, the number of respondents who did so is in parentheses following the name. When a more specific approach or technique is listed, links for more information follow the name.

- Adaptive Information Processing
- Affect focused/Gestalt (2): Baars-Terruwe Model (https://baarsinstitute.com/)
- Bibliotherapy (see below for recommended texts)
- "Body work" (AEDP, https://aedpinstitute.org/)
- Cognitive-Behavioral Therapy (5)
- Client-Centered
- Emotionally Focused Therapy (https://iceeft.com/)
- EMDR (https://www.emdr.com) (5)
- Humanistic/Existential (2)
- Family Systems/Couple Therapy (2)
- Image Transformation Therapy (http://www.imttherapy.com/) (4)
- Inner Child Work (including Transactional Analysis) (2)
- Interpersonal (Byrd, n.d.); Mindfulness / Relaxation Training (2)
- Object Relations/Psychoanalytic (3)
- Psychoeducational
- Reintegrative Therapy (https://www.reintegrativetherapy.com/reintegrative-therapy) (2)
- Nicolosi Reparative/Attachment Therapy (4)

[3] For convenience sake, unless directly quoting a physician the word "client(s)" will be used when referring generally to persons who are receiving professional care of any kind.

- SAFE-T Guidelines (Alliance, 2018)
- Solution-Focused Brief Therapy (http://www.sfbta.org/)
- Trauma & Attachment Therapy (3)
- Twelve-Step Work

Theoretical Approaches

In addition to reporting themselves practicing in an "eclectic" manner, a few explicitly described their guiding theoretical orientations as eclectic as well. One wrote succinctly: "*I believe in a holistic view of the patient, body, mind and spirit.*" A second:

> *I consider myself Behavioral or Cognitive Behavior, however, I could use Humanistic/ Existential and Psychoanalytic ideas in my work. Attachment theory and Adaptive Information Processing theory (from the EMDR literature) also guides my work.*

A third reported:

> *I tend to be more psychodynamically oriented, but lately I have been using cognitive-behavioral interventions for embedded cognitive distortions. I also use Object Relations Theory to help clients explore their need for secure attachment. My most recent professional interest has been in a new therapy for trauma called Image Transformation Therapy: http://www.imttherapy.com/.*

And a final professional responded in detail, listing areas of intervention more than theoretical orientations or intervention techniques.

> *My training included particular attention to the role of family throughout the lifespan and of course other significant relationships in the person's past and immediate experience; Attachment theory holds great value for my practice and understanding of the development of the human person; I do take an honest and direct approach to therapy—goal setting, role play, and attention to behaviors are key themes. . . . Attention to narcissistic tendencies; mother and father wounds; experiences of boundary violations and abuse; exploration of the human person—the person's sense of being male/female and what experiences guided this understanding. I refer out for addiction and significant trauma issues.*

As used above, "eclectic" is a fair description of the overall way which these Catholic professionals report conceptualizing cases and serving their clients who report SSA. This is not surprising in two ways. First, as mentioned above, the youngest respondent was 43 years old and the median 56.5 years old. Citing multiple sources, Lambert (2013a, 2013b) reports that it is the norm, not the exception that the longer psychotherapists practice, the more eclectic they become. No matter how "cutting edge" the therapeutic approach is in which they are trained, therapists over time learn and use concepts and techniques from other approaches.

In another way, the fact that these mental and medical healthcare professionals report serving clients and patients with unwanted SSA in many different ways illustrates the history of such care. Over a century of clinical and research reports (Phelan, 2014; Phelan, Whitehead & Sutton, 2008) document that physicians and therapists have served clients who wanted professional help to better manage and resolve same-sex

attractions and behaviors with some effectiveness.[4]

Respondents' Views on How Their Catholic Faith Influences Their Professional Service to Clients with Unwanted SSA

There was some overlap in the questions being asked, as well as redundancy in the answers given by respondents. What follows is an integrated summary of the respondents' answers to the questions asked in the research questionnaire (see Appendix). When appropriate, as above, particular responses are quoted verbatim. In most cases, respondents are not identified by sex and in only case by profession.

In general, respondents reported a comfortable integration of their being and living as Catholic Christians on the one hand and serving as medical and mental healthcare professionals on the other. They expressed this in a number of ways, particularly with gratitude for how their understanding of our faith allows them to better conceptualize what their clients are dealing with, what they can do in therapy to be the most helpful, and what they can suggest for clients outside of therapy for their ongoing healing, growth, and maturing in their chosen life paths.

The Importance of the Catholic Worldview

Respondents often repeated their Catholic faith gives them the "Christian anthropology" or "philosophical understanding of human nature and the human person," which enables them to have an essential perspective which guides their professional service to particular clients as persons. One respondent reported:

> *In using a Catholic understanding of human anthropology I see this issue as one of natural law.*[5] *God's design of human sexuality is one of complementarity between the sexes.*

Another wrote:

> *My traditional conservative Catholic faith allows me to understand God's plan for humanity, the definition of "normal" and what constitutes a disorder. This forms the foundation for my work.*

A third respondent stated that Catholic teaching provided

> *a coherent understanding of the human person as made in the image after the likeness of God as male or female and oriented sexually to the other*. [If clients] *are able to accept* [such a] *a normative base, . . . then the goals of intervention are clear, and there can be hope and perhaps even increased confidence in healing or at least some relief.*

And a fourth commented:

> *Having a Catholic anthropology, including its implications for sexuality, the complementarity of male and female, and marriage gives me a firm foundation with which to address the whys and why-nots that people who have unwanted SSA sometimes bring to counseling*.

[4] These reports also document that while some clients experience their SSA much diminished and/or opposite-sex attraction and behavior much increased, others experience less change and still others little or none (Alliance, 2012).

[5] See Sutton (2019) for an explanation of the "Natural Law."

One respondent summarized these ideas about "anthropology, foundation, framework, normative base and Natural Law" as follows:

> *My Catholic faith informs me that God's plan is for the happiness of each human person. Reason informed by Faith helps me to see how God has created human nature, and therefore what the goals are for therapy in general become clear. I would say my faith also helps me to be attentive to and affirming towards the suffering of these clients, no matter how they see themselves or what they have done. . . . It is nice to be able to speak about the love and mercy of God for my clients, too.*

For, the faith also can provide *"a sense of identity to clients with a weak sense of Self*."

Resources Recommended for Clients to Do Outside of Sessions

Religious/Spiritual

For Catholic clients, most respondents specifically recommended encouraging Catholic clients to use prayer, including Eucharistic adoration and other forms of meditation/contemplation; Bible reading; devotion to the saints; and participation in and experiencing the grace of the sacraments, notably the *Eucharist* and *Reconciliation*. One respondent also mentioned the *Anointing of the Sick*, were a client suffering from particular medical difficulties.

Devotion to Mary, the Mother of Jesus, and other saints was particularly mentioned by several respondents, who also emphasized that they'd likely encourage only Catholic clients to do. One respondent wrote:

> *Catholics can not only receive fathering from our Father in Heaven, but they can receive mothering from Mary. Given the attachment problems of many, having a mother in Mary is a special support and help*.

One respondent shared that his faith "*enables me to know the efficacy of the Sacraments and prayer, which I recommend to them as I can*." Another summarized:

> *Three Catholic practices can be particularly helpful for clients with unwanted SSA: 1) The power of Eucharistic adoration for direct-though-mysterious healing for SSA; 2) The help of the communion of saints for the client to encounter always-available, totally-attuned, utterly-healthy male and female father, brother, mother, and sister figures; 3) The healing power of lectio divina, when Scripture passages addressing parental wounds, shame, and self-hatred are prayed through.*

Respondents voiced that they encourage their Catholic clients—and non-Catholic Christian ones when appropriate—to experience the spiritual and psychological benefits which regular and devout spiritual and religious practices can provide, which the professionals themselves do and have experienced in their personal and sometimes professional lives. One stated: "*I have had spiritual experiences that have strengthened me for my work, types of experiences I uniquely learned about from Catholic spirituality*." Several respondents mentioned the need and value of being guided by the Holy Spirit *during* sessions. One noted: "*Whenever I do therapy, I try to maintain a constant attunement to the Holy Spirit's leading regarding what to say or not to say*." Another wrote: "*I also bring Christ into the session by letting the Holy Spirit guide my*

words, actions and clinical decisions, if not necessarily overtly so."

A third commented: "*I treat all patients the same. But I also am not afraid to pray with patients when appropriate*." Regarding praying, "*directly praying*" for and/or with clients in session, one respondent reported, "*I always ask permission for that*" as "*not all clients are comfortable with my*" doing so. And a fourth wrote: "*Borrowing from what works with my Protestant clients, I can formulate a confrontation from Scripture where needed, especially to address distorted spirituality being justified by misinterpretation of Scripture."* He then clarified: *"I have actually done that more for Protestants who know the Bible*."

Supportive Activities

Along with private and public spiritual and religious practices for faith-based clients, respondents recommend a number of other activities, which they believe support their mental health and medical services. Several respondents reported recommending that clients participate in relevant Twelve Step Programs and the Courage Apostolate, if Catholic. One respondent advises male clients to "get a mentor, coach, or personal trainer so that they can experience first-hand what it's like to have another male interested and invested in them and in their well-being."

Several professionals wrote that they encourage "journaling," one emphasizing "emotional journaling." Another described asking clients to write a "*timeline for their life*" using the "*SPICE acronym: Spiritual, Physical, Intellectual, Communicative, Emotional*" as a guide for exploring one's past, present, and future life and setting goals. Respondents also encourage that clients "*exercise*," and practice "*relaxation*" and what one called *"soulfulness (which is my version of 'mindfulness')."* And whatever a client's goals for therapy, if they report practicing no religious faith, one professional wrote: "*I just leave faith out of the equation. All other techniques are the same. I do often mention "higher power" again and most clients can apply this as they see fit. This works with mindfulness meditation which can be generic in nature."*

Referring for Pastoral Care

When asked whether and when respondents refer clients for pastoral care, their responses were generally the same. Respondents encourage them to do so, especially if they already have *"a regular confessor or spiritual director,"* or seem to have questions about or issue with the faith which the professionals do not think they are able to address. As one respondent advised: "*Almost all circumstances would warrant this, if the person is not alienated from the Church*." Another professional emphasized the importance of consulting and collaborating "*with a trusted and particularly educated priest on complex theological questions of sexual or other practice or behavior*."

About half of the respondents mentioned that at times referring for pastoral care may be a difficult decision to make. These professionals expressed concerns about whether a particular pastor, confessor, or spiritual director might understand or talk to a client with SSA from the "mind and heart of the Church." One respondent stated he would refer *"when the patient is ready and a priest with a good understanding of the dynamic of SSA is available."* Another wrote: "*Most of the time I encourage this, as long as the spiritual director is healthy and knowledgeable about their condition and will not interfere with treatment."* A third noted that he would refer for pastoral care *"when the priest is able not to diminish and not to overstate the problem."* Another responded: "*I would collaborate with Catholic clergy if I could be sure that they would not soften Church teaching on homosexuality."*

And, one respondent addressed a timely concern for a small minority of Catholics who now experience SSA following clerical sexual abuse. This respondent wrote:

> *[For a Roman Catholic] client, a referral for pastoral care would almost always be an important component, unless they have had prior negative experiences (abuse, dismissiveness) which would perhaps then warrant a delay in doing so.*

Particular Concerns Serving Persons of Faith

When asked about particular concerns which they experience serving persons of faith, many respondents mentioned two: *forgiveness* and *scrupulosity*.

Forgiveness

Seeking God's forgiveness for one's offenses and forgiving others as we would want to be forgiven ourselves are key aspects of Christian living. Respondents mentioned that the issue of "*forgiveness*" can be a challenge for their Christian clients with SSA. In terms of seeking forgiveness, several mentioned encouraging Catholic clients to participate in "Confession," the sacrament of Reconciliation.

More respondents commented on the challenges of forgiving others for having offended them. One respondent explained that there is a proper timing for encouraging the practice of forgiveness. Especially for those "*at an addictive level of functioning*," it is important for them to first achieve "*some measure of continence*" or self-control of their behavior(s). Then, it may be helpful to "*switch to grief and forgiveness, particularly within a family context*."

Several respondents reported that some clients may want or try to forgive before they're ready. One professional wrote: "*I am cautious about introducing the topic of forgiveness because "premature" forgiveness is a problem with Catholics and sometimes discussing forgiveness too early is invalidating to their trauma."* A second explained further:

> *Some Catholics are too quick to forgive or forgive without the associated emotional processing of their traumas in a way that is unhealthy. Psycho-education must help them to understand how to forgive in a way that will be most healing and the least harmful to their selves.*

Overall, respondents seemed to recognize that the asking for and giving of forgiveness is a challenging process with significant benefits when done in a timely, effective way (cf. Enright, 2015; Enright & Fitzgibbons, 2014).

Scrupulosity

When asked in what way(s) clients' particular practice of faith may most hinder their participation in and cooperation with professional care, a number of respondents mentioned the difficulty of "*scrupulosity.*" One defined this as *"religious obsessive compulsiveness."* Another stated that if clients "*have scrupulosity to the degree of having an intractable diagnosis of OCD, then the treatment can be difficult*." A third responded:

> *The word scrupulosity comes to mind related to your question; and the observation that some people view faith as something sort of "magical" in nature; if I do this (pray a certain way or for) a certain number of times, etc. then this will happen. It's important to offer an understanding of the human person with many*

> *dimensions, faith being one of them, and then begin to consider what areas of their life they want to focus on in treatment.*

One professional explained: "*If (clients) labor under scrupulosity or false guilt, they may have a difficult time opening up more deeply for fear of being condemned*." Another reported that paradoxically (over-) using the sacrament of Confession may be self-defeating for someone dealing with a true "*scrupulous compulsion*" based on "*a repressive neurosis*" (cf. Baars, 2003; Baars & Terruwe, 2003; Terruwe & Baars 2016). Clients with SSA who also experience an obsessive-compulsive disorder (OCD) concerning religious or moral matters (i.e., "scrupulosity") may need to work first on their OCD. As one respondent wrote:

> *The only time I see faith get in the way of treatment is if they are prone to a rigid or fundamentalist-type of faith understanding. Also I had one man who was prone to scrupulosity. This strongly suggested OCD symptoms. With this present, I had to slow the process down. I had to address the scrupulosity first before I could even begin to tackle the SSA. Once this was successfully addressed, then it was much easier to deal with the underlying SSA causes. Although in dealing with the OCD, it often helped resolve some of the SSA root causes, as they often stemmed from the same sources.*

Bibliotherapy and Other Recommended Aides[6]

Bibliotherapy

A number of respondents reported using "bibliography" to support their clients' efforts to deal with unwanted SSA. In addition to reading and meditating on the Bible, one professional reported encouraging clients "to read the *Catechism* (*of the Catholic Church*, 1994) if they have any questions about the Catholic faith." Many respondents listed a number of specific books and similar resources which they recommend to clients.

Some of the books recommended focus on managing and overcoming SSA, some from a more professional, others a more pastoral perspective. Recommended resources include, in alphabetical order by author:

> Catholic Medical Association's (1999) *Homosexuality and Hope; Courage/EnCourage* resources (https://couragerc.org/); *Floyd Godfrey's* (2012) *A Young Man's Journey;* Fr. John Harvey, OSFS's (1996) *The Truth about Homosexuality*; Medinger's (2000) *Growth into Manhood: Resuming the Journey*; and Joseph Nicolosi's (n.d.) *SBSS—Shame Based Self Statement, Healing Homosexuality* (1993)*, Shame and Attachment Loss* (2009), and *Reparative Therapy of Male Homosexuality* (2020).

Another set of recommended readings focus on achieving sexual and/or psychological healing and maturity in general, with a more professional but sometimes pastoral emphasis. These include:

> Dan Allender's (2008) *The Wounded Heart* ("For those with whom sexual abuse has been a factor"); Baars's *(2003) Feeling and Healing Your Emotions;* Baars & Terruwe's *(2003) Healing the Unaffirmed; Psychic*

[6] Books and other resources recommended by respondents are listed in **References Recommended by Respondents,** which occurs after the normal **References** list.

Wholeness & Healing by Fr. Benedict Groeschel; CFR's *Courage to Be Chaste;* and Seamands's *(2015) Healing for Damaged Emotions.*

A third set of books deal more with helping clients—and professionals—grow in understanding themselves and others from an existential, spiritual perspective. "Because the question of suffering can be so prominent," one respondent "may recommend": Corrie ten Boom's *The Hiding Place* (2006), or Viktor Frankl's *Man's Search for Meaning* (1993). For Catholic Christians who may benefit from what one respondent calls "soulfulness"—i.e., experiencing through Judeo-Christian meditation and contemplation the genuine benefits of current mental health advocacy of "mindfulness"—another respondent advises reading *The Mindful Catholic: Finding God One Moment at a Time* by Bottaro (2018). And to help all professionals, and interested clients, learn a genuine "Christian Anthropology," *The Catholic Christian Meta Model of the Person* (Vitz, Titus & Nordling, 2020) is recommended by one professional.

One professional reported using what a client is already reading or hearing from speakers to guide discussions in therapy. "*I ask if they have heard of any particular speakers, books etc. and then we talk about those if I'm familiar with them; if not, I ask them to tell me more, i.e. what is the message, what seems helpful/unhelpful."*

Other Recommended Therapeutic Resources

In addition to bibliotherapy and religious and spiritual aides, respondents mentioned a number of other resources which they recommended that clients participate in or otherwise use. Several mentioned that they encourage involvement in "Twelve Step Programs," others "Courage meetings," and still another "Journey into Manhood" weekends. A couple of respondents refer men to participate in "men's groups in the parish or diocese," for developing male support and friendship. And another recommends that clients listen to audiotapes which stimulate self-relaxation and "psychic incarnation" through experiencing greater emotional awareness and the development of authentically "affirming" self-statements (Conrad Baars Institute, https://baarsinstitute.com/).

Several respondents wrote that they ask clients to "journal," especially about their "feelings and thoughts." Another recommends that clients write "a timeline for the life" and applying the "SPICE acronym (Spiritual, Physical, Intellectual, Communicative, Emotional)" to the events of their lives. The insights gained are then explored during therapy, and clients are guided to set future life goals. In an activity which also may happen during a therapy session, one respondent encourages clients "*to develop self-awareness by focusing on how they perceive themselves compared to the qualities of the person they are attracted to."* He explains that *"this usually helps them to see that SSA is not about the other person, but about their own deficits in self-esteem."*

Finally, one respondent reported:

> *I highly recommend that my male clients get a mentor, coach, or personal trainer so that they can experience firsthand what it's like to have another male interested and invested in them and in their well being. [And g]etting connected to their own male bodies helps eliminate the need to get connected to other men's bodies.*

And, another wrote: "*For those who are interested and feel ready, social skills training/coaching around how to navigate initial dating experiences with the other sex are needed*" and recommended.

When Serving Clients with SSA Who Do Not Seek to Change

One respondent wrote about the influence of his faith on how he tries to help a client with SSA who is not seeking professional help to change their attractions or behavior:

> *My faith instructs me to respect the free will of my clients, much like how our heavenly Father respects our freedom to choose to do good or evil acts. If my client wants to act on his SSA and prefers not to work on reducing his SSA, then I can respect his free choice to do that. . . . While I might respect his free choice to sin, my brain does not fall out. The Catholic view that homosexual sexual acts are evil provides a helpful structure with which to view whether or not a client is making a prudent decision. To choose evil is harmful to oneself and others, especially in the case of choosing to engage in homosexual acts. Secular viewpoints that either have no opinion on the morality of the act or encourage objectively immoral behavior are sadly lacking in comparison to what the Catholic faith has to offer in this area. While I respect a client's choice to sin, I do not rejoice in it, but instead, I feel love and sadness for the client.*

In a statement which may not be accepted with those who try to "normalize" SSA or other unchaste religious practices, one respondent wrote: "*Data from sociologist Mark Regnerus, Ph.D. and other such research is shared slowly to show the detriment of a homosexual lifestyle*." And for therapists of any or no faith practice who do not accept the Catholic standards for sexual morality (see Sutton, 2019), another respondent's comments are likely challenging: "*The Catholic faith provides a framework for acceptable and unacceptable therapeutic interventions."* For example, according to Catholic Church teaching, it is not morally acceptable for therapists to use in therapy or prescribe for use outside the practices of pornography or "*masturbation*."

When Serving Clients for Any Reason, Including SSA

Regardless of whether clients practiced any particular faith or no faith, many respondents emphasized that at a minimum, they practiced psychotherapy—or their respective medical specialty—in a "personal" way. They try to serve the wellbeing of each client as a "person"—not a "sexual orientation" or unwanted "problem"—one at a time. Respondents described their faith as a resource for being able to serve better their clients with SSA. For example, one wrote: "*My Catholic faith helps me in that everyone deserves to be loved. Love meaning being kind, patient and embracing the truth*." Another wrote about trying to treat clients "*as treasured children of God*" whatever they may believe or do faith-wise. A third remarked: *"[M]y faith also helps me to be attentive to and compassionate towards the suffering of these clients, no matter how they see themselves or what they have done."*

In general, respondents emphasized that they serve clients "*where they're at*" at the moment, with the best of their professional knowledge and education. In the words of one respondent: *"Whatever foundational spiritual or philosophical beliefs the patient has. I have to use their definition of normal to treat them. I try to augment it with education if possible."* Another described his efforts to "do one without neglecting the other":

> *[I] in general, my therapeutic efforts do not differ. . . . Sometimes, I would go beyond the love/support/ compassion for one's self—i.e. root this compassion in the person and presence of Jesus in the patient's heart—that is possible only with Christian believers. My faith helps me to be benevolent and patient with my patients on the one hand, and face the objective situations of suffering which cannot be changed in their life without losing hope (on the other).*

In *my* words, respondents have found that they can be faithful "brothers and sisters in Christ," in themselves and to their clients, as they serve the latter as healthcare professionals. In fact, they have found that living their faith enhances their ability to best serve those who come to them for care.

Concluding Comments

Limitations of the Study

The present study has all of the limitations of a "convenience" sample, and more. The respondents were not "selected" in a manner which hopefully would elicit a "representative" sample of the population of "Catholic mental and medical healthcare professionals." Rather, the respondents comprise but a collection of persons known to me—or one of the respondents—selected because I believed both that they are practicing and devout members of my own Catholic faith and that they have found their faith to be a positive resource and guide for their practice of their particular medical and mental healthcare professions. I do not claim that this sample's responses generalize to all Catholic healthcare professionals, let alone those who serve persons with unwanted SSA. But I do think that these fourteen respondents provide a fair example of how dedicated and ethical Catholic therapists and physicians try to serve clients of various and no religious faiths who want professional help dealing with unwanted SSA. A few final generalizations based on these respondents follow.

"First, Do No Harm"

All healthcare professionals are committed to the ethical principles of their professions (American Association of Marriage and Family Therapy, American Counseling Association, 2014; American Psychiatric Association, American Psychological Association, 2017; and National Association of Social Workers, 2017). The first, most important, principle is "Do no harm!" (nonmaleficence), which is followed by the second: "Do as much good as you can!" (beneficence). In this light, all professionals who serve persons with SSA must be aware of and concerned that some SSA behaviors and co-occurring difficulties involve significant medical—and sometimes mental health—risks.

Medical and mental health reports show that whether their homosexuality (SSA) is wanted or unwanted (ego-*syntonic* or *dystonic*), persons with SSA seek psychiatric and psychotherapeutic care for a variety of concerns. These include mood difficulties (e.g., anxiety, depression, bipolar); post-traumatic stress (e.g., emotional, physical and sexual abuse); past and current relationship difficulties, often influenced by family of origin and school or other peer-based experiences; substance use and behavioral addictions; and medical concerns related to the SSA lifestyle (e.g., sexually transmitted infections and anatomical injury). In general, the population of persons who experience SSA also experience such difficulties at significantly higher rates than those who do not (County of Riverside (CA), 2014; Cretella & Sutton, 2010; Diggs, 2002; Phelan et al, 2008; Ritter et al., 2012; Whitehead, 2010).

So, whether a client is *ego-syntonic* or—*dystonic* about his or her homosexuality, all healthcare professionals have a responsibility to properly educate clients about these risks. A respondent pediatrician offered the following as a summary of how her Catholic faith helped her "first do no harm" and better serve clients whom she learned were engaging in SSA behavior, but otherwise were not interested in stopping. She wrote:

> *While I practiced general pediatrics for 17 years, sexual minority youth came to me for their general physicals and sick visits. My Catholic faith helped me treat them with good medicine, honesty and compassion. Without my Catholic faith, I'd have "drunk the PC Kool Aid" and lied to them. Instead, I was able to honestly offer "You know, some young women find their sexual attractions shift during teen years," or "Now that you are in therapy for your sexual assault, do not be confused if your sexual feelings shift; this may happen," or "As you know, MSM are at extremely high risk of contracting HIV. Some MSM have successfully increased their heterosexual potential." Only 2 young men ever expressed unwanted SSA to me. One successfully sought therapy ten years ago at age 17 and is now engaged to marry a lovely young woman. The second was unable to find a therapist and he eventually moved away*.[7]

It is hoped that all mental and medical healthcare professionals, whether *they* practice any or no religious faith, including those who are "gay-affirmative," offer all clients with SSA—whether *ego-syntonic* or -*dystonic*—the care offered by this pediatrician.

Do as Much Good as You Can

As mentioned above, when asked how they would respond to clients who reported practicing a different or no religious faith, the professionals' consistent response was that they would just try to serve them "as therapists." As mentioned above, persons with SSA, unwanted or not, may experience one or more difficulties with which they only or also want to be helped. Simply providing "good (enough) care" to such clients will allow and require therapists and physicians to help them to deal with a number of difficulties.

In reviewing the major bio/psycho/social experiences and conditions which commonly are co-morbid or co-occur with SSA, I summarized that

> the presence of SSA suggests the need for working on . . . unmet needs, unhealed hurts, unresolved [unfelt & undealt with] feelings, unrealized growth and maturation, unreconciled relationships, unclear boundaries, unrealistic hopes, fears and expectations, an unfulfilling—and inauthentic—self-image/identity, and unmanaged co-occurring (co-morbid) difficulties. (Sutton, 2014, p. 70)

[7] Internist John Diggs, MD (2002) offers similar wisdom concerning the need for professionals to "first do no harm" when serving persons known to be engaging in homosexual behaviors by warning about the risk of harm they may face through engaging in specific behaviors and offering guidance about dealing with them:

> As a physician, it is my duty to assess behaviors for their impact on health and wellbeing. When something is beneficial, such as exercise, good nutrition, or adequate sleep, it is my duty to recommend it. Likewise, when something is harmful, such as smoking, overeating, alcohol or drug abuse, and homosexual sex, it is my duty to discourage it. (Executive Summary)

Many different therapeutic approaches and techniques have been developed for helping clients try to resolve such issues. Professionals with little or no prior experience serving clients with SSA, but who have learned even one way to serve even one of these needs with clients of any kind, can be confident that they have something important to offer clients with SSA too.

Lambert's (2013b) review of the outcome research on the efficacy and effectiveness of psychotherapy supports this perspective. Lambert emphasizes that after several decades of attempts, research shows that the most significant factors which facilitate therapy clients' improvement are *not* the therapeutic approaches or techniques—including "empirically supported" therapies—which are used. Rather, what stimulates "patient improvement" the most is the quality of the "positive affective relationships" and "positive interpersonal encounters" between the therapist and patient which occur.

As Lambert summarizes:

> [H]elping others deal with depression, anxiety, confusion, inadequacy, and inner conflicts, as well as helping them form viable relationships and meaningful directions for their lives, can be greatly facilitated in a therapeutic relationship that is characterized by trust, understanding, acceptance, kindness, warmth and human consideration. . . . This is not to say that techniques are irrelevant but that their power for change is limited when compared with personal influence. (p. 206)[8]

Be a Professional, Catholic "Witness"

Being a "witness" means two things: telling others what one has seen, heard, and experienced. And, by "walking one's talk," showing by one's example what one believes. For Catholics, "witness" is another name for "martyr, of which the Church recognizes two "kinds": red and white. All Christians are called to be "white" martyrs," to be men, women, and youth who "witness the Gospel," i.e. live lives of faith, with and through "heroic virtue." "Red martyrs" are those who were or are killed because they were living lives of heroic witness. In different ways, the professionals who responded to my questionnaire are witnesses, of both their professions and their faith.

In his 1974 address to the Roman Catholic Council on the Laity, Pope Paul VI (1974) emphasized the importance in society today of having "witnesses" of whatever truths are being proposed. He stated: "Modern man listens more willingly to witnesses than to teachers, and if he does listen to teachers, it is because they are witnesses" (p. 68; 1975, n. 41). In the present day, I think that witnesses of the Catholic faith—and all faiths—who also are mental and mental healthcare professionals, are called to be witnesses of "nonmaleficence" and "beneficence" (cf., APA, 2017) with their clients.

I believe that this sample of professionals offers an important "witness" to their similarly practicing and devout Catholic clients, in ways described above. I believe that these professionals also witness to non-Catholic clients, and also to other professionals, whether Catholic, Christian,

[8] Lambert adds, "Common factors that help explain [a client's] improvement in therapy also include exposure to anxiety-provoking situations, and encouragement to participate in other risk-taking behavior (i.e., facing reality and problem-solving) rather than avoiding the difficult and painful" (p. 206).

and of other or no religious faith. These respondents offer an important message to anyone who strives to be a sincere "seeker of the truth" and person of "good will" as a mental or medical healthcare professional. Any therapist or physician who genuinely wants to serve at least the "temporal"—if not the "eternal"—well-being of persons who experience SSA—whether wanted or not—would do well to develop one or more of the attitudes expressed by the respondents.

It can be challenging simply trying to serve others professionally the best that one can, and even more so trying to serve others whose faith practices differ from one's own (cf. the ethical principles and practices for the mental and medical healthcare professions: AAMFT, 2015; ACA, 2014; American Psychiatric Association, 2013; American Psychological Association, 2017; NASW, 2017). The current cultural-political climate makes serving clients with unwanted SSA even more challenging. But trying to do so by Catholic professionals requires them to be genuine witnesses of and to both their fellow professionals, as well as to their fellow Catholics and persons of other Christian, non-Christian and no religion. For all of the variety of special ways—described above—in which Catholic professionals may serve persons with SSA, in the end, the professionals see their goal as simple, but not easy.

One respondent wrote that for clients without religious faith,

> *it is best to avoid any reference to religion. It is NOT helpful to use religion to establish boundaries; rather, it is better to underscore the consequences of certain actions to bring about a change of behavior. Specific therapeutic theories/interventions/modalities remain the same.*

When considering serving clients of one's own, a different, or no faith, another respondent wrote: "[*My faith*] *helps me see them as precious souls with an eternal destiny worthy of great love and compassion*." A third stated that he simply tries to "[*t*]*reat them as treasured children of God*."

A fourth reported: "*My faith helps me to be benevolent and patient with my patients on the one hand, and to face the*[*ir*] *objective situations of suffering which cannot be changed in their life without losing hope*" on the other. Finally, one professional remarked that his faith is "*a constant reminder that I am 'small' and not God; He (Christ) and His Church are a constant source of guidance, confidence and trust. I'm also reminded that He has provided me with particular gifts"* to serve others. May all Christian professionals who serve persons with SSA—or any presenting concern—try to do the same!

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Appendix

Questions for Catholic Mental and Medical Healthcare Professionals Who Serve Catholic Clients with Unwanted Same-Sex Attraction and Behavior (SSA)

Philip M. Sutton, Ph.D.
April 28, 2019

1) How does your Catholic faith help you to better care for your clients with unwanted SSA?

2) What faith-related strengths do they have which help them to participate in and cooperate with your therapeutic and/or medical care?

3) In what way(s) may their particular practice of the faith tend to hinder—or otherwise make "riskier" or less effective—their participation in and cooperation with your professional care?

4) What specific professional and/or pastoral interventions/techniques have you found to be more/less helpful in serving your RC clients?

5) Please list any particular therapeutic and/or pastoral resources or activities which you recommend as "homework" for clients with unwanted SSA.

6) Please describe any "religiously sensitive clinical interventions," i.e. any psychoeducation, therapeutic techniques, or other professional and/or pastoral ways of serving your Catholic clients which some/many of them may find difficulty hearing—or heeding.

7) Under what circumstances would you collaborate and/or consult with Catholic clergy in caring for your client?

8) Under what circumstances would you advise your client to seek spiritual direction, sacramental care and/or other pastoral support from Catholic clergy?

<u>Background Information Questions</u>:

1) How old are you?

2) For how long have you been a Catholic?

3) In what mental and/or medical health-care profession(s) are you licensed?

4) How many years have you served persons with unwanted SSA?

5) On average, how many persons with SSA are on your active caseload?

6) What particular therapeutic orientations and interventions guide your professional practice serving all clients?

7) What particular therapeutic orientations and interventions guide your professional practice serving clients with unwanted SSA in particular?

If you have the time!

Questions about the influence of faith—yours and your clients—on your professional service to them:

1) Compared with serving Catholics, what specific professional and interventions/techniques have you found to be more/less helpful in serving your non-Catholic Christian clients with unwanted SSA?

2) Compared with serving Catholics, what specific professional and interventions/techniques have you found to be more/less helpful in serving your clients who report practicing a non-Christian religious faith?

3) Compared with serving Catholics, what specific professional and interventions/techniques have you found to be more/less helpful in serving our clients who report practicing no particular religious faith?

4) How does your Catholic faith help you to better care for all of your Catholic clients?

5) How does your Catholic faith help you to better care for all of your clients in general?