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Counseling the Homosexual In A Church Setting

Robert L. Blattner

I will proceed to present on the topic of counseling the homosexual. I must admit, I don't know if it is a pleasure to be here, or not today. I guess I will only be able to determine that once I finish speaking and have heard some of the questions that come back in response.

I'd like to do as Dr. Kline suggested today. Dr. Kline has suggested that I talk with you for a few minutes about the church's efforts to counsel the homosexual who comes to us for therapy. As many of you are probably aware, the Church has had some interest in providing assistance in this area for some time. President David O. McKay in 1961 assigned Brother Kimball and Brother Peterson to this assignment to try and see what they could do to assist those individuals who wished to overcome the problem and put it behind them. This assignment remained with these two brethren until 1972 at which time it was turned over to Personal Welfare Service or LDS Social Services. The attempt at that time was to have an office with volunteers who act as counselors. These men were not professionals but were men who had served in the Church and who did the work. President Kimball himself has done the work continuously until about the time he became the President of the Church and was not able to continue that assignment as such. As the responsibility comes to Personal Welfare Services, the assignment is twofold: one, to develop help for priesthood leaders who are attempting to counsel members of their wards and stakes who are experiencing problems with homosexuality. This is an important effort; we have seen some priesthood leaders who have done excellent work in being able to help the homosexual in dealing with the problem. We find, of course, some who are very much afraid and don't know what to do with the problem when they encounter it. The second aspect of the assignment was to develop a counseling approach or therapy approach which could be used within the agency of LDS Social Services to handle referrals which came from priesthood leaders and provide a professional base for doing therapy with homosexuality. Along with this has been an effort to do research to find out as much as we could about the problem of homosexuality among the members of the church--not necessarily the number so much as what kind of problem does exist within the church and what would be the best way to go about helping them. We are continuing this research and will hopefully be gathering some more material in the near future which will help us understand the problem a little better.

There were four things that came out of our research that may be of interest to you here today. There is nothing unusual about the findings except maybe to confirm again things which you are already aware of as to the causes of the problem or some of the related background factors in its development.

One of the factors that has stood out prominently, of course, is the disturbed family background from which most individuals experiencing homosexuality come from. The factor which was the most clear cut was that of either the emotionally absent father or the physically absent father. In all the cases which we examined this was the factor which stood out in prominence. The father, either through death, divorce, or just through emotional withdrawal or a very hard emotional surface did not relate with the individual. Of course, the factor of the mother that seemed to come out repeatedly was the mother could be either a warm and understanding or dominant and over-protective. She was usually controlling.

The second factor which showed up often among those that were counseled was the lack of relationship with peers. The individual either sensed rejection or was actually rejected by those around him in his own age group. Too, it seemed that homosexuality was used by these individuals as a vehicle for gaining love, affection and association with others, in attempting to be able to establish themselves in a relationship.

The third factor was the unhealthy sexual attitudes which had been developed by these individuals. Sex was often viewed in the home as something less than desirable, and often "dirty". Sometimes it was found that the males interest in girls had been discouraged in the home. The father's mistreatment of the wife or mother in the home had often created a negative attitude. And then, and maybe most typically, the individual seemed to misinterpret the church's standards on premarital chastity and views heterosexual relationships negatively. The statement that is so characteristic that we hear is that if they are asked the question, "Had they had any heterosexual contacts in physical union?", the statement usually came back. "What! with a girl? That would be a sin." There was no correlation between that and homosexuality being a sin. To some extent previous homosexual experiences seem to have been a factor. Although most of these in the cases which we have seen usually occurred around the age of 12 or 13 years, some were as early as 4 or 5 years of age. As a church related agency, I think one of the things we have to deal with directly is the fact that

the individual comes to us knowing that what he has done is wrong and that he is carrying a great sense of guilt when he comes in to talk with us. The church's attitude, as many of you are aware is one of placing homosexuality in the same category of sin as fornication and adultery. So, as we try to provide therapy it is on the basis within the standard framework that the individual understands he is receiving help from the church and that it will be given in accordance with church standards. The guilt is usually the thing which seems to motivate the individual to come for help in seeing us. We do have some referrals from priesthood leaders who are not motivated by themselves. They are motivated often because of fear of losing their membership in the church. But those individuals who come in to see us (and that's probably about three out of four) come in because of experiencing a sense of guilt and wanting to overcome a problem. But it is not just a problem of homosexuality that is troubling them as they come in. They also feel themselves being unable to handle their lives as adequately as they would like to. They feel that their lives are not moving in the directions that they would like to be going. Now, speaking specifically as to some of the things that we are doing in therapy within the agency, I would like to make a distinction between counseling with the homosexual, with just his homosexuality, or counseling with him as an individual in total. Homosexuality is not just an isolated problem, as you are no doubt aware. It is a symptom of a more basic difficulty within the individual that he has grown up with as an outgrowth of a basic problem of being unable to deal with problems within his life. And so, in order to successfully counsel him in helping him to eliminate the problem, both aspects must be dealt with. Homosexuality being eliminated does not cure or solve the other problems that he has to face. Eliminating the neurotic behavior probably will not solve his homosexuality. In a counseling approach an effort is made to deal with the individual in total, not with homosexuality as an isolated problem in his life. No doubt homosexuals are individuals troubled with homosexuality. They are the most sensitive people that I have ever dealt with in a counseling relationship. They fear greatly, of course, the rejection of any type and are sensitive to that occurring. They are also very sensitive to people becoming aware publicly of the problem that they have. The first aspect of therapy is the development of the relationship where the individual does feel that he can relate in a manner that will be one of trust and one of warmth and acceptance with the therapist. In conjunction with this, he also especially if he is desiring to overcome the problem, must feel that the counselor feels that he is capable of

overcoming the problem. This item of positive set which we sometimes discuss seems to be of basic importance, the positive set being that the individual receiving counsel and the therapist who is working with him, both feel that help is available to them and that the method that they are going to use will be successful in dealing with the problem. If that step can be once reached the objective of therapy is more easily obtained. In conjunction with this, I try to assess the motivation of the individual and its source. It has been my experience that those individuals who come for help even though they may have been involved in it for a number of years, and have a sincere desire to overcome the problem and feel the motivation from within to deal with it can be successful. Of course, the more years that they seem to be involved with the practice and the older they are, sometimes the more difficult the problem becomes. But the motivation of the individual is achieved.

I have been surprised as I have counseled with the homosexual how similar their problems seem to be in comparison with alcoholics that I have worked with in the past. From what I have read of drug addicts dealing with their problems, there seems to be a real similarity in the way their problems developed and how they go about trying to solve their life problems. In assessing motivation, I might just mention that one of the real tests seems to be, at least for our agency, why they came to us in the first place. Did they just come because the priesthood leader had said you go or it is going to be excommunication for you, or did they come because family and friends were pushing them to do something about it; or did they have a deep sense within themselves that what they are involved with is an unhealthy thing for them personally, that is a sin that they want to eliminate. If it is the latter their chances of doing something about the problem are much greater than if it is the former motivation. As mentioned a little bit earlier it is necessary to assess the extent the problem has occurred in the person's life, i.e. how young. It seems like the younger it has occurred like at age 4 or 5: the more difficult it becomes to offer treatment. If it seems to begin to occur during the adolescent years the opportunity to help is much greater in reaching them. All of this, even though it may be specific items that seem related to beginning of counseling - establishing relationship and trust assessing motivation, determining the extent of the problem, determining why the individual practices homosexual behavior - it all ties in with the basic part of therapy and all has an influence on the individual overcoming his problem. I believe that

without these things bring done, even for the counselors benefit of gaining knowledge, the individual would not be helped nearly so much. As an aspect along with it and which takes a significant part of the time later on in therapy is the system of trying to set goals with the individual. To help him mark out which way he wishes to go, not only with his life but with handling the behavior. Some of the areas where specific goals are set are in handling the masturbation and fantasy. Masturbation and fantasy seem to be a key in the maintenance of the problem of homosexuality. The individual through the process of masturbation and fantasizing about homosexual activities is able to in a sense condition himself to maintain the behavior and I would doubt very much if an individual will ever be able to overcome his problem if he continues to masturbate and to have homosexual fantasies, because it is part of the system of maintaining the behavior. The same holds true with use of pornographic literature which could be a source of his fantasies. Were he to obtain some of the things that he fantasized about these things are calculated to lead the problem on. In fact, one client I have been working with recently had a whole room full, practically of pornographic materials which he got rid of. But he is still troubled by the fact that when he drives past an adult bookstore (he is from Idaho) has has an overwhelming feeling inside to stop, especially when he is under a lot of stress or anxiety. It brings personal satisfaction to him and seems to alleviate some of the feelings that he has. Another area of working on specific goals in the elimination of homosexual behavior is the stopping of association with individuals who are involved in the behavior as well. If we are in a situation where we can work with someone who can help replace his contacts with situations that are a little more healthy, it is very beneficial. It is very hard for the homosexual to find himself without friends, because often when he breaks his contacts with homosexuality he loses one of his sources of satisfaction, and that is the friendships that he has built up in the homosexual community. I am going through this right now with a homosexual who lives in my ward. He is trying to make the move and I am finding that I see why homosexuals have a difficult time doing it. As I try to move members of my ward without telling them what the problem is, into being his friend and trying to work out new relationships for him, I have found that people don't want to associate as closely. They don't want to make the effort to step over the bounds and offer association.

Another area of goals is in self-improvement, where the individual strives to work on goals that he has sometimes put aside and which he feels some sense of failure in dealing with them. This also seems to help build his self-confidence that he can deal with the problem. All of the goals have the idea behind them that this is going to help you deal with it and make you feel better about yourself because self-image is such a problem.

I won't go into some of the other things that are being done presently. The time is going but the church is very interested in providing help to the homosexual who wishes to eliminate the behavior from his life and we are finding through what research we have done and from some of those who have been counseled by Priesthood leaders and those who have been counseled within the agency that we are experiencing success. Homosexuals can be counseled with success if he so desires to accomplish this. Thank you. Do you have any questions that I could answer at this time?

Q: Does your research only deal with males?

A: We have some with females but it's very limited. We don't have much information on the female.

Q: One of the fears that seems to accompany this is that there can be a normal affection between men or between women that would not be defined as homosexual. There is for some who are healed a difficulty in shifting gears and determining what is a legitimate affection for another man or another woman that would not be related as homosexual. Do you have anything along those lines?

A: No, quite frankly, I haven't dealt with that, but maybe as a part of discussing that problem it seems as you counsel with the homosexual, you see that he has a hard time differentiating, at least when he was younger, between normal affection for another member of the same sex and sexual attraction. That seems to be one of the reasons why he has gotten into the behavior, because in seeking for the close warm relationship, before he knows it he steps over the barrier into the homosexual kind of activity. As we try to deal with that problem, I think that the individuals have a real fear as to what they are going to do when they are faced with it. I talked with one of my clients just recently in fact, and he described the situation like this that just developed. He said that the fellow didn't really make any kind of an approach to him, but because they were talking and friendly, he just fell into it. He said, "The only way I can deal with it is just not allow myself to get emotionally involved with the man any more. I can still talk with him but I just cannot get too emotionally involved with him." There is an emotional component there.

Q: You said that you don't trust your present statistics. What is your distrust of the present data; and secondly, in some broad generalization, does the church acquaint masturbation with homosexuality?

A: In regards to the first questions, I think that because of the length of time we have been keeping the statistics and the amount of contact we have had back with the individuals whom we feel we have been able to help is still not substantial enough. We have a very select sample because there are individuals who have come in for the most part seeking help, and are not people who are forced to come in or anything of this nature. In regards to the second question, I personally, as a professional, don't think there is necessarily a relationship between masturbation and homosexuality unless masturbation is part of the homosexual's fantasy; then very definitely it has ties. I have never heard any statement from the church that would indicate that the church thought homosexuality was caused by masturbation.

Q: I have heard it suggested that the incidence of homosexuality inside our church population is larger than its incidence in the general population.

A: It is kind of assumed that when you have a

society that has a strict code of chastity before marriage that there would be a greater tendency for homosexuality to develop. But as far as I know we have not statistics such that verify that.

Q: What is the church's feeling about electric shock and other forms of behavior modification?

A: As far as I know the church has never made a statement on it. I think the only statement that has been made is that it should be in propriety with the standards of the church, whatever kind of method is used in the assisting of a person receiving help. At least that is the approach that we try to take through the agency. I think that from the information that I have in regard to it that there are times when behavior modification through aversion therapy, relaxation or desensitization depends on the need that particular individual has for it. I don't know that it is necessary in all cases. Our experience so far has been that most people coming to us can be helped with it.
