Homosexuality and Religion: The Conflict

Homosexuality and Religion: The Conflict

Oliver B. Papa
Brigham Young University

Abstract:
Responding appropriately to religious teens and young adults who are homosexual or experience sexual identity confusion can be daunting. They often seem to be forced to choose between two essential and inseparable facets of their lives. Although self-expression can be healthy, many often feel incapable of identifying any sort of self. Many also report feeling unaccepted by everyone they meet. This may also lead them to develop both a disdain for professional counseling as well as reluctance to reach out to friends and family. This review has three main goals: (a) to develop an understanding of how same-sex attraction and religion conflict in the minds of young adults, (b) to review ways in which psychologists have been successful and unsuccessful in addressing the conflict, and (c) to recommend specific ways to empower and foster the development of young adults who experience the conflict.

Intuition: The BYU Undergraduate Journal of Psychology

Running head: HOMOSEXUALITY AND RELIGION   119

In the last 10 years the conflict between lesbian, gay, bisexual, transgender, and queer (LGBTQ) activists and religious groups has escalated alarmingly in the United States and elsewhere in the world (Rodriguez, 2010). In one study, 72% of Christian organizations condemned homosexuals and labeled homosexuality an abomination (Herek, Kimmel, Amaro & Melton, 1991). At the same time, same-sex attraction and religiosity has also become a more common source of conflict within individuals, especially adolescents and young adults (Kubicek, McDavitt, Carpineto, Weiss, Iverson, & Kipke, 2009). For example, three out of four LGBTQ individuals say that they grew up in religious homes (Halkitis, et al., 2009). Because traditional religious beliefs are often considered directly in conflict with homosexual behavior and, in some cases, even with mere attraction to the same sex, the roots of the conflict are plain (Yarhouse & Tan, 2005).

In sexual and gender minority youth (SGMY) suicidal ideation is twice as high as in heterosexual youth (Haas et al., 2011; King, Semlyen, Tai, Killaspy, Osborn, & Popelyuk, 2008 ; Sherry, Adelman Whilde, & Quick, 2010). Haas and colleagues (2011) suggested that the rates can only be approximate, as sexual orientation is not routinely reported on death records.

These suicides, although poor choices made by individuals in dark moments, to some degree reflect psychologists' failure to address the target population. As part of their goal to help integrate all benign aspects of a personality, psychotherapists should endeavor to better understand both the nature of this conflict and the methods most successful in finding reconciliation.

Specific Conflicts Within Religious LGBTQ Individuals

In many religions, scripture and doctrine are interpreted to strictly prohibit any form of homosexuality (Kubicek et al., 2009; Yarhouse & Tan, 2005). The tension between an individual's religious and homosexual thoughts, feelings, or actions can result in stress, depression, continual fear of damnation, low self-esteem, and feelings of worthlessness (Barton, 2010; Kubicek et al., 2009). One participant in Kubicek et al.'s (2009) study reported: "I am always committing a sin just because I'm being me." (p. 612). This individual also reported feeling alone (Kubicek et al., 2009), despite the large number of religious LGBTQ individuals who shared similar feelings (Barton 2010; Haas 2011; Halkitis et al. 2009; Robinson 1999; Sherry et al., 2010).

Robinson (1999) highlighted several other common

elements in the development of a gay identity in men besides loneliness and conflict. He found that inability to understand one's homosexual desires created inner turmoil, accompanied by frustration and cognitive dissonance, which refers to stress that occurs when one's actions do not align with one's thoughts and feelings. Yarhouse and Tan (2005) similarly found that the conflict persists because the individual's life experiences often are not understood outside of a spiritual context. A gay identity often forms within pre-existing, oppositional religious paradigms. (Robinson, 1999; Yarhouse and Tan, 2005).

Interpreting and Applying Religious Doctrine

Religious opposition to homosexuality stems from many sources. Religious texts, such as the Bible, directly forbid homosexual activity, creating the basis for tension between traditional religion and homosexuality. Most religious teachings focus on how people should act, but even for pious LGBTQ individuals, physical expressions of their homosexuality seem to occur naturally (Halkitis 2009; Kubicek et al., 2009; Robinson 1999). From this perspective, God may be viewed as essentially asking them to be something different from what they naturally are. Furthermore, the imagined punishment for the defiance of God's will on this matter is severe, such as eternal damnation

or enslavement (Halkitis 2009; Kubicek et al., 2009; Robinson 1999).

Attacks from people of faith. Another facet of the inner conflict often expressed by religious LGBTQ individuals is best categorized as pressure from other people of faith, whether of their own faith or another faith. Many Christians who speak out about their faith are not hesitant to declare their belief that those who identify as homosexual are sinners. Barton (2010) found that many LGBTQ individuals report having been ostracized, criticized, or yelled at, even during church services. One participant stated: "You wish that you could go to church sometimes and not be afraid of just being told what a horrible person you are. Even if they don't realize that they've got a gay person sitting in their pew…you want to stand up and scream, 'You've got it so wrong! Where did you go to seminary?'" (p. 466). To some Christians, the mere suggestion that homosexuality and Christianity can be compatible is absurd. Adamczyk and Pitt (2009) found that many Christians considered the growing acceptance of homosexuality a threat to their faith and felt the need to defend it aggressively (see also Sherry et al., 2010). Such passion about doctrinal truth can turn religious LGBTQ individuals into targets, even within the

individual's own family. Yarhouse and Tan (2005) found that some parents refused to acknowledge the reality of their child's homosexual feelings but threatened to withhold financial aid or other care regardless.

The marriage test. Another conflict that often arises, especially among mainstream Christian LGBTQ individuals, stems from the issue of marriage. Because of the importance of traditional marriage, initiating and maintaining a successful heterosexual marriage may weigh heavily on the religious homosexual individual. One of the participants in Robinson's (1999) study reported that his feelings about his marriage were inescapably influenced by the conflict between his religion and his homosexuality. Speaking for himself and other gay men he knew, he states: ". . .we were under the false assumption that after getting married our homosexual feelings and thoughts would disappear" (p. 17). Only after being married a whole year did he begin to think that his homosexual feelings might be permanent.

Another of Robinson's (1999) participants reported not only thoughts that his homosexuality was permanent, but that they caused him to questions the potential of his marriage to succeed. Despite his happiness in marriage and the enjoyment

of sexual relations with his wife, he still had strong desires to have sex with men. These feelings prompted questions: "Am I born this way? Am I going to be this way for the rest of my life? Should I be getting a divorce because I can't deal with what is going on?" (p. 18)

Questionable Responses to a Religious LGBTQ Identity

There is little dispute that LGBTQ teens and adults are in need of support, but many of those efforts are inappropriate for those who both identify as religious and experience same-sex attraction. Established therapeutic forms that are successful for those who are only religious but not LGBTQ or vice-versa are largely unsuccessful for those who are both (Herek et al., 1991; Rodriguez, 2010; Rosik & Popper, 2014; Sherry et al., 2010). This is because the religious and queer identities are conflicting, yet both are so integral to the personality. In most other cases, therapy that promotes complete acceptance of homosexuality usually progresses smoothly since there is no religious background to resist it (Rosik & Popper, 2014; Rutter, 2012). Likewise, counsel from religious leaders to simply increase piety or repent and be forgiven may be more constructive when the recipient is not also told he or she is sinning continuously because of his or her homosexual

thoughts and feelings (Kubicek et al., 2009; Robinson, 1999).

Pitfalls of Gay Affirmative Therapy

Gay affirmative therapy involves incremental acceptance of a homosexual identity (Rosik & Popper, 2014; Rutter, 2012). In the process, the client's ideas of marrying someone of the opposite sex and other expectations of a heterosexual lifestyle are meant to be discarded. According to Robinson (1999), gay affirmative therapy often causes more conflict and distress for the religious individual than it resolves. It is often effective in cases of non-religious LGBTQ individuals, as they approach therapy without any belief that homosexuality is inherently evil or unacceptable to God (Rosik & Popper, 2014; Rutter, 2012). Even if there are lingering parental counter-expectations or cultural inhibitions, they often are overcome without great difficulty (Rutter, 2012). Typically, the therapist encourages the individual to recognize that such inhibitions are not necessarily part of the self ¬– unlike same-sex attraction, which is treated as permanent (Rosik & Popper, 2014; Rutter, 2012) For those express them, religious ideas are often viewed as more deeply rooted in the self than sexuality is. For those raised as religious from infancy, religious ideas are often perceived as more real than secular ideas are (Barton, 2010;

Kubicek et al., 2009; Robinson 1999; Rodriguez 2010).

Reparative Therapy Is Not Realistic

Just as with gay affirmative therapy, any therapeutic approach that completely ignores one side of the sexuality-religion conflict will be ineffective at best. Because psychology and religion have historically been more at odds than psychology and homosexuality have been (Nelson 2009), therapies that favor religion at the expense of homosexuality are rare (Rosik & Popper, 2014). However, reparative therapy or change-oriented therapy is one approach that was at one time commonly practiced, at least in some Christian groups. It may have been effective with a relatively small number of clients who considered themselves as experiencing same-sex attraction, but not homosexual or bisexual (Rosik & Popper, 2014). This approach views an individual's homosexuality as a maladaptation to the environment the individual has encountered to that point in his or her life (Rosik & Popper, 2014). The approach rewards heterosexuality and punishes homosexuality through combinations of cognitive and behavioral techniques. Additionally, therapists may try to increase a gay man's masculinity or a lesbian's femininity by prescribing specific behaviors in order to form non-romantic

HOMOSEXUALITY AND RELIGION   127

male-male or female-female bonding (Rosik & Popper, 2014).

These therapies tend to encourage clients to hide the conflict

between homosexuality and religion rather than attempting to

resolve it.

Recommendations for Clinicians

Psychotherapy, or the therapeutic application of

psychological principles, is frequently at odds with religion

and spirituality (Nelson, 2009). This is perhaps nowhere more

apparent than when dealing with religious LGBTQ clients

(Rodriguez, 2010; Sherry et al., 2010). However, this conflict

does not change the fact that psychotherapy can be very helpful

to such individuals. Sherry and colleagues (2010) argued

that such therapy must be focused on finding meaning in the

personal and social constructs of the self, including sexual and

religious identities. In this way, both the clinician and the client

may better understand the constructs that impede the client's

adjustment. Neither the religious identity nor the LGBTQ

identity should be ignored or identified as the "true" identity.

Sherry and colleagues further asserted that therapy models

that view the self as unitary are insufficient for application to

individuals whose self includes components that compete. In

the quest for a healthy self-identity, attachment to organized

religion is often discarded (Sherry et al., 2010). However, the maintenance of clients' religious identities may benefit from the continuance of spiritual practices that can be separated from the affiliated religion.

According to Rodriguez (2010), it is important that clinicians work within the paradigm that homosexuality and spirituality can simultaneously reside in an individual (see also Barton 2010; Kubicek et al., 2009). Rodriguez (2010) also suggested that a resurgence in the popularity of cognitive dissonance theory is timely because it may encourage clients to renegotiate their boundaries and definitions during therapy, lowering dissonance and anxiety levels caused by misaligned thoughts and behaviors. Rodriguez (2010) cautioned that changing religious belief is more complex than changing most other personal beliefs. Similarly, sexual identity is not simply changed at will like hair color is. Negotiating the boundaries between LGBTQ and religious identities is essential but, by itself, is not enough.

Conclusion

There are several common recommendations in published studies of sexual and religious identity. One of these is that clinicians be aware of local or easily accessible religious

groups that accommodate LGBTQ individuals (Barton 2010; Halkitis et al., 2009; Kubicek et al., 2009; Rodriguez, 2010; Sherry et al., 2010; Yarhouse & Tan, 2005). Despite the fact that members of a particular sect may be hesitant to attend services or to worship at places outside their own tradition, this recommendation has been helpful in many cases (Robinson, 1999; Yarhouse & Tan, 2005). Also, the literature commonly suggests that familiarization with the client's religious orientations will be an asset to therapists (Barton, 2010; Halkitis et al., 2009; Kubicek et al., 2009; Rodriguez, 2010; Sherry et al., 2010; Yarhouse & Tan, 2005). Not only does familiarization promote understanding between client and psychologist, but it may be critical to understanding the source of conflict. Yarhouse and Tan (2005) suggested that initial clinical assessment include simple questions of how the client's religious views inform how he or she deals with sexual identity issues.

Often religious individuals feel a loyalty to their particular religion that is a function of their perceptions of religious leaders, family, and peers (Sherry et al., 2010). However, the incompatibility of traditional religion and homosexuality promotes feelings of dual isolation within religious LGBTQ individuals (Kubicek et al., 2009; Sherry et

HOMOSEXUALITY AND RELIGION   130

al., 2010). Only when they are in a position of sufficient power to renegotiate the boundaries of conflict will they determine what it means to be LGBTQ and religious (Robinson, 1999; Rodriguez, 2010; Sherry et al., 2010). This self-identified meaning may possibly be the only meaning that will permanently motivate and make sense to the individual as the course of their lives shifts. This way clients may discover a path and a lifestyle that they will feel confident in pursuing indefinitely. By affirming both conflicting identities and questing to find the personal meaning behind each, religious LGBTQ individuals are reinstated as the officiators of their own lives.

References

Adamczyk, A., & Pitt, C. (2009). Shaping attitudes about
    homosexuality: The role of religion and cultural context.
    Social Science Research, 38(2), 338-351. doi:10.1016/j.
    ssresearch.2009.01.002

Barton, B. (2010). "Abomination"—Life as a Bible belt gay.
    Journal of Homosexuality, 57(4), 465-484.
    doi:10.1080/00918361003608558

Erikson, E. H. (1950). Childhood and society. New York, NY: W
    W Norton.

Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran,
    S. D., D'Augelli, A. R., & ... Clayton, P. J. (2011). Suicide
    and suicide risk in lesbian, gay, bisexual, and trans-
    gender populations: Review and recommendations.
    Journal of Homosexuality, 58(1), 10-51. doi:10.1080/009
    18369.2011.534038

Halkitis, P. N., Mattis, J. S., Sahadath, J. K., Massie, D., La-
    dyzhenskaya, L., Pitrelli, K., &... Cowie, S. E. (2009). The
    meanings and manifestations of religion and spirituality
    among lesbian, gay, bisexual, and transgender adults.
    Journal of Adult Development, 16(4), 250-262.
    doi:10.1007/s10804-009-9071-1

HOMOSEXUALITY AND RELIGION 132

Herek, G. M., Kimmel, D. C., Amaro, H., & Melton, G. B. (1991). Avoiding heterosexist bias in psychological research. American Psychologist, 46(9), 957-963 doi:10.1037/0003-066X.46.9.957

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Pope-lyuk, D., et al. (2008, August 18). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay, and bisexual people. BMC Psychiatry, 8: 70

Kubicek, K., McDavitt, B., Carpineto, J., Weiss, G., Iverson, E.F., & Kipke, M. D. (2009). "God made me gay for a reason": Young men who have sex with men's resiliency in resolving internalized homophobia from religious sources. Journal of Adolescent Research, 24(5), 601-633. doi:10.1177/0743558409341078

Nelson, J. M. (2009). Psychology, religion and spirituality. New York, NY: Springer-Verlag. doi: 10.1007/978-0-387-87573-6

Robinson, J. W. (1999). Understanding the meaning of change for married Latter-day Saint men with histories of homosexual activity. (ProQuest Information & Learning). Dissertation Abstracts International Section A: Humanities and Social Sciences, 60(2-). (1999-95015-094)

HOMOSEXUALITY AND RELIGION   133

Rodriguez, E. M. (2010). At the intersection of church and
        gay: A review of the psychological research on gay
        and lesbian Christians. Journal of Homosexuality,
        57(1), 5-38. doi:10.1080/00918360903445806

Rosik, C. H., & Popper, P. (2014). Clinical approaches to con-
        flicts between religious values and same-sex attractions:
        Contrasting gay-affirmative, sexual identity, and
        change-oriented models of therapy. Counseling
        and Values, 59(2), 222-237.

Rutter, P. A. (2012). Sex therapy with gay male couples using
        affirmative therapy. Sexual and Relationship Therapy,
        27(1), 35-45. doi:10.1080/14681994.2011.633078

Sherry, A., Adelman, A., Whilde, M. R., & Quick, D. (2010).
        Competing selves: Negotiating the intersection of spir-
        itual and sexual identities. Professional Psychology:
        Research and Practice, 41(2), 112-119. doi:10.1037/
        a0017471

Yarhouse, M. A., & Tan, E. S. N. (2005). Addressing religious
        conflicts in adolescents who experience sexual identity
        confusion. Professional Psychology: Research and Prac-
        tice, 36(5), 530-536. doi:10.1037/0735-7028.36.5.530