

# **“COURAGE” MINISTRY**

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## **Pastoral Guidance for Same-sex Attracted Women**

### **Introduction**

On the feast of Saint Ignatius of Loyola, the Church chose the following scripture from Saint Paul's first epistle to the Corinthians for us to imitate: “Whatever you do at all, do it for the glory of God. Never do anything offensive to anyone...” (1 Cor 10:31-32). I hope that the articles I write will “be helpful to everyone at all times, not anxious for my own advantage, but for the advantage of everybody else, so that they may be saved.” (1 Cor 11:1). My aim is that of St Paul. So following on from the June edition of *Courage* articles, I will again utilize the very well researched and compassionate insights of Janelle Hallman, from her book, *The Heart of Female Same-Sex Attraction: A Comprehensive Counselling Resource*. (IVP Books, Downers Grove, Illinois 2008).

### **The first impressions**

So often in counselling and in meeting a person who wants to have a serious discussion about some matter of concern – it is not so much what we say, or impart, but how we are perceived that is the crucial point. In my opening engagement with people who come to *Courage*, I emphasize that I am willing to help and that the person needs to discover their degree of comfortableness. If they are not comfortable it may not be the right time nor may I be the right person for them. An examination of Janelle Hallman's insights can give us wholesome guidance on how to proceed.

### **Janelle Hallman's approach**

Hallman tells us in her work that it is not so much “what I say...as *how* I say it”. (p.37). She notices that there is a different approach required than the normally set principles of counselling. “I had to rethink some commonly accepted therapeutic frameworks, techniques and counselling styles.”

### **She challenges eight norms as follows and debunks them**

*A therapist should remain objective and professionally detached:*

She wants to display warmth and openness rather than a cold professional detachment, because “most women with same-sex attraction (hereon in I will use SSA to denote same sex attraction) do not feel safe within a cold professional environment. I therefore strive to remain warm, authentic and engaged.” If the

client senses the professional detachment they can “feel abandoned and are triggered into a deep sense of aloneness.”

*We can teach our clients about healthy relationships, but should never become emotionally involved:*

In our society in this age we are learning too many ways of being depersonalized. We are becoming too functional and mechanistic and consequently too orientated to outcomes, i.e., efficiency. Hallman's response to this is to provide her clients with an actual experience of healthy relationship. She can do this when she establishes “a corrective experience of safety, trust and attachment ... when she is emotionally available as a real person and [can] offer them genuine interest and concern.”

In my own experience, the most fruitful engagements are when I reflect psalm 42:7 “Deep calling upon deep”, which I interpret as meaning: heart speaking to heart, the depth of my personhood speaking and listening to the depth of the person I am engaging. It is a great moment of connaturality and insight and one of gratitude for the privilege. Hallman says “it is through the experience of being loved and nurtured that my clients can solidify as women who in turn can love.”

*Therapists should only work with patients who are engaged and making progress:*

I am very patient in my approach and do not expect much progress in the early stages. I believe that the client must begin to trust and become comfortable within the counselling setting. It follows that the client begins to have a sense that the therapist is not going to give up on them when the going gets tough. “These women need even more to be constantly reassured that their therapist is committed to work with them no matter what.” We cannot have them open their hearts in such a vulnerable manner for this to become a source of abandonment if and when the therapist is not committed for the long haul.

*Avoidance, defensiveness and lack of cooperation with the goals of therapy, as well as the refusal to articulate needs and goals, are signs of resistance and should be confronted directly:*

Hallman says categorically: “This maxim is not true for most of my clients.” She further exclaims that: “In general, women with SSA have been my most faithful and dedicated clients, yet they are often the most ostensibly resistant within our session.” Hallman believes that when these women have a more established sense of their core beliefs, their self and inner realities, they will be able to better “articulate feelings, needs and desires.” She is prepared to work and wait for that day if the woman continues to present for therapy.

I believe it is an example of the session not being about the therapist's ego but

about the person seeking help. It is hard work, but very satisfying and a joy when the client is handling life in a more positive and wholesome way.

*Counsellors should never work harder than their clients:*

“Adult women who did not perceive or experience a steady flow of love and support as children may still need a parent figure that can both recognize their feelings and lovingly respond. As little girls who did not sense a safe and supportive environment, they may not have learned how to ask for help. Many of my clients still need me to support and guide them even in their attempts to cooperate with the helping process. At times, it feels that I am working harder than they.”

I believe that sometimes clients need to lean on the therapist for a while as the relationship is built up and the engagement with the therapist develops. A safe environment occurs where the client reveals never before told matter. It is a great burden lifted and reminds me of Galatians 6:2 “Carry one another's burdens and fulfil the law of Christ.” Surely that is our task as a competent counsellor!!!

*Clients should not become dependent on their therapist:*

This wise counsel is the norm, but there are occasions when as a caring and empathic counsellor we go beyond the norm. Hallman writes that “it is not uncommon for a client to experience a regression or transference of primal unmet dependency needs. When this happens, as it often does for women with SSA, the client may *feel* dependent on their therapist. These situations can provide significant therapeutic opportunities for woman with SSA. First, some of her unmet dependency needs may be met as she simply continues in a boundaried and caring relationship with her therapist. Second, she will have a chance to consciously explore and understand her dependent feelings and behaviours, rather than be unconsciously controlled by them. Third, she will have a chance to move beyond the *dependent* state she might regularly find herself in, especially within her same-sex relationships.”

This form of therapy requires great skill and discernment. Being subjected to an external supervisor is obligatory in these situations. As a counsellor I have sometimes come to the rubicon and gone beyond the norm. Accountability is vital and foundational when this type of client intervention occurs.

*If a woman wants to understand or alter her response to same-sex feelings, she will have to be motivated to change:*

Hallman says that she has “become very cautious in asserting this proposition. Most women who come to see me believe homosexuality is outside of God's plan or are exhausted with the heart wrenching nature of their same-sex relationships.

But they still feel torn. They may believe erotic same-sex relationships are wrong or unsatisfying but do not know *how* to have any other type of meaningful relationship. They might fear that “change” will require them to abandon all same – sex relating or their existing community of friends.” We must be careful in stripping a person of any meaningful relationships. Many of the SSA men and women I have seen have been terribly lonely - it is a great suffering and that is why I proceed with extreme caution. As recently as last week I mentioned to a female client that we all need friends and fellowship. Without fellowship and friendship we shrivel up. I am wary of sudden and dramatic changes in a person's social environment.

*Male and female homosexuality is essentially the same:*

“While some broad principles in understanding and working with men struggling with SSA may apply to women, I do not believe that the specific therapeutic processes are necessarily the same. To the extent that female sexuality, in general, diverges from male sexuality, female homosexuality will necessarily embody distinctive nuances and internal structures. Clinicians who seek to work with both genders will need to be thoroughly educated on male and female SSA separately.

### **Conclusion**

Janelle Hallman's work is extremely instructive and an excellent resource for any one developing their ministry. I will write more about it in the October issue.

In the meantime let us reflect on this exhortation from St Peter. “...make every effort to supplement your faith with virtue, and virtue with knowledge, and knowledge with self-control, and self-control with steadfastness, and steadfastness with godliness, and godliness with brotherly affection and brotherly affection with love...” (2 Peter 1:5-6).

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