Same-Sex Attraction, Faith, and Mental Health: Toward a Compassionate Pastoral Counselling Framework in the Ghanaian Context

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Abstract

Same-sex attraction remains one of the most sensitive subjects at the intersection of Christian faith, African culture, personal identity, family life, and mental health. In Ghana and other strongly religious societies, individuals who experience same-sex attraction may negotiate not only questions of desire and identity but also deeply held theological convictions, expectations concerning marriage and family continuity, fear of social rejection, and concern about belonging within faith communities. Unfortunately, pastoral responses to these experiences can sometimes be shaped more by fear, stigma, stereotypes, or coercive expectations than by careful listening and ethically responsible care. This conceptual article proposes a compassionate pastoral counselling framework that takes both faith commitment and psychological well-being seriously. Drawing upon contemporary psychological literature, attachment and minority-stress perspectives, pastoral counselling principles, and the Ghanaian sociocultural context, the article distinguishes attraction, behaviour, and identity; examines shame, stigma, belonging, and inner conflict; and considers ethically appropriate responses when individuals seek help in reconciling their experiences with their faith. It argues that compassionate pastoral counselling does not require the abandonment of theological conviction. Rather, responsible care holds conviction together with dignity, nonmaleficence, confidentiality, client agency, emotional safety, and appropriate professional referral. The article concludes that effective pastoral care should move away from coercion and identity condemnation toward presence, discernment, meaning-making, spiritual formation, supportive relationships, and whole-person flourishing.

Keywords: Same-sex attraction; Pastoral counselling; Christian faith; Mental health; Psychological well-being; Ghana

Introduction

Few subjects bring theology, psychology, culture, family expectations, and personal experience into such immediate tension as same-sex attraction. In many Ghanaian Christian communities, conversations about sexuality are rarely private matters. They are entangled with Scripture, morality, marriage, fertility, family honour, social belonging, and the reputation of the wider community. For the person experiencing same-sex attraction, therefore, the question may extend far beyond *Whom am I attracted to?* It may become: *What does this mean for my relationship with God? Will my family still accept me? Can I remain in my church? Am I morally responsible for feelings I did not consciously choose? Must I adopt a particular identity? Is there a faithful way of living with this experience?*

These are not merely ideological questions. They are deeply human questions, often spoken in counselling rooms through anxiety, tears, silence, guilt, loneliness, prayer, and fear.

Pastoral counselling must therefore resist the temptation to reduce a person to a sexual category. Human beings arrive before counsellors as embodied, relational, cultural, moral, and spiritual persons. Sexual attraction may be an important part of their presenting concern, but it does not exhaust the meaning of their lives. Contemporary psychological perspectives similarly recognise sexual orientation as multidimensional and distinguish patterns of attraction from behaviour and identity (American Psychological Association [APA], 2015; Savin-Williams, 2017).

This distinction is particularly important in faith-sensitive counselling. A person may experience same-sex attraction without acting upon it. Another may understand those attractions through a particular identity label, while someone else with similar attractions may decline that identity for theological, cultural, or personal reasons. Still another may be uncertain and require time rather than pressure to define the experience.

Pastoral counselling becomes harmful when the counsellor decides in advance what the client must become. It becomes therapeutic when the counsellor creates sufficient safety for truth, conscience, faith, psychological insight, and responsible choice to meet one another.

This article argues for a pastoral approach characterised by **compassion without coercion, conviction without humiliation, and care without abandonment**. The aim is neither to settle every theological dispute surrounding human sexuality nor to prescribe a particular identity outcome. Rather, it is to articulate a framework through which pastors, Christian counsellors, chaplains, and other caregivers may accompany individuals experiencing same-sex attraction while safeguarding dignity, mental health, spiritual integrity, and ethical practice.

A Pastoral Counselling Approach to Sexual Orientation

Sexual orientation should not be approached through a single-cause explanation. Contemporary scholarship generally rejects simplistic accounts that attribute same-sex attraction exclusively to parenting, personal choice, childhood experience, social contact, or any isolated biological factor. Human sexuality emerges within a complex interaction of biological, developmental, relational, psychological, and sociocultural realities (APA, 2015; Drescher, 2015; Mustanski, 2017).

Recognising complexity is not the same as removing moral agency. This distinction deserves particular attention in pastoral counselling. People may not consciously choose the initial emergence of attraction, yet they continue to exercise agency concerning behaviour, relationships, boundaries, values, faith practices, and the meaning they assign to their experiences.

A useful pastoral distinction is therefore among **attraction, behaviour, and identity**.

Attraction concerns the emotional, romantic, or sexual desires a person experiences. Behaviour refers to the actions the individual chooses to undertake or refrain from undertaking. Identity concerns the larger interpretation through which a person understands and names the self.

The three may overlap, but they should not automatically be treated as identical.

This distinction can relieve considerable psychological and spiritual distress. A Christian experiencing unwanted same-sex attraction, for example, may wrongly conclude that the mere presence of attraction has already determined the entirety of his or her moral identity and future. Pastoral counselling can create room for a more nuanced understanding in which experience is acknowledged without allowing one dimension of experience to define the entire person.

Such an approach is consistent with the fundamental pastoral conviction that human beings possess a dignity deeper than any single struggle, desire, achievement, failure, or social label.

Faith, Conscience, and the Experience of Inner Conflict

For many people of faith, same-sex attraction is experienced within a genuine moral and spiritual struggle. Their distress should not automatically be interpreted as evidence that religion itself is pathological. Neither should every expression of psychological distress be spiritualised as evidence of insufficient prayer, demonic influence, or moral rebellion.

The pastoral counsellor must be capable of holding several dimensions of the person's life together.

The client may sincerely love God.

The attraction may also be genuinely experienced.

The person's theological convictions may remain important.

Fear of rejection may be profound.

The resulting tension can produce guilt, shame, anxiety, loneliness, and spiritual confusion.

There is an important distinction between **guilt and shame**. Guilt usually concerns an evaluation of behaviour: *I believe that what I did was wrong.* Shame makes a far more destructive claim: *There is something fundamentally wrong with me.*

The distinction matters pastorally because conscience can guide moral reflection, restitution, responsibility, or behavioural change, whereas toxic shame attacks personhood itself. Shame says that one is contaminated, worthless, beyond grace, or unworthy of belonging.

Pastoral care should never confuse humiliation with holiness.

Christian moral formation does not require the destruction of self-worth. Indeed, repentance rooted in self-hatred may produce fear and concealment rather than genuine spiritual transformation. Compassionate pastoral counselling therefore permits clients to examine conduct, convictions, boundaries, and spiritual commitments without encouraging them to despise themselves.

This is not moral relativism. It is a recognition that persons are more likely to engage honestly with conscience when they are safe enough to tell the truth.

The Psychological Burden of Stigma

One of the most significant mental-health concerns surrounding same-sex attraction is not attraction alone but the social environment in which that attraction is experienced.

Minority-stress scholarship has demonstrated that persistent anticipation of rejection, concealment, discrimination, and social stigma may contribute to significant psychological distress among sexual-minority populations (Hatzenbuehler, 2016; Meyer, 2013). In Ghana, this burden may be intensified by the communal character of identity and the significance placed upon family reputation, marriage, procreation, religion, and social belonging.

For an individual who fears disclosure, silence may initially function as protection. Over time, however, secrecy can also become a prison.

The individual may continually monitor speech, friendships, mannerisms, church participation, family conversations, and social relationships. The result can be hypervigilance, loneliness, anxiety, depressive symptoms, withdrawal, and diminished self-worth.

Research from Ghana further indicates that sexual stigma can operate at interpersonal, institutional, and broader social levels and may affect access to support and healthcare (Anuga et al., 2025a, 2025b; Saalim et al., 2023). These realities require pastoral counsellors to understand that a client's distress may not originate solely from internal conflict. Some suffering emerges from how the individual anticipates being treated by family, churches, workplaces, schools, and society.

This distinction changes pastoral intervention. Rather than asking only, *How do we remove these feelings?* a responsible counsellor also asks:

What is happening to this person's mental health?

What burdens of secrecy, rejection, isolation, or fear are being carried?

Is this person safe?

What does the individual believe?

What does he or she desire from counselling?

What supportive relationships are available?

Are depression, trauma, self-harm, or suicidal thoughts present?

These questions move care away from slogans and toward the actual human being sitting before the counsellor.

Belonging, Attachment, and the Human Search for Connection

Sexuality cannot be understood apart from humanity's profound need for attachment and belonging. Human beings desire to be known, accepted, valued, and emotionally safe. Attachment theory provides one helpful framework for understanding how patterns of closeness, security, abandonment, and relational anxiety shape adult relationships (Mikulincer & Shaver, 2016).

This does not mean that attachment patterns provide a simple causal explanation for sexual orientation. Such conclusions go beyond what the evidence can establish. Attachment theory is more appropriately used to illuminate how all human beings seek closeness and how experiences of rejection or emotional security influence relational behaviour.

Pastoral counselling should therefore listen beneath the presenting sexual question.

Sometimes the deeper cry is, *Will anyone know me and still remain?*

For individuals who already fear family or church rejection, the discovery of one emotionally safe relationship can assume enormous significance. Conversely, persistent loneliness may leave people vulnerable to seeking intimacy primarily as relief from emotional pain.

The pastoral response should not mock the longing for connection. Nor should it romanticise every expression of intimacy. Instead, counselling can help individuals examine relationships, motives, boundaries, values, attachment patterns, and the difference between intimacy that promotes flourishing and relationships driven predominantly by desperation, secrecy, coercion, or fear.

Healthy pastoral care therefore takes belonging seriously.

Faith Communities as Places of Wounding or Healing

Churches possess considerable power in the lives of Christians. A congregation may provide spiritual identity, friendship, family-like relationships, moral formation, practical assistance, and a sense of being rooted in something larger than oneself. For precisely this reason, religious rejection may carry unusual psychological weight.

Some individuals withdraw from church not because they have stopped believing in God but because the church has become emotionally unsafe.

Public ridicule, careless jokes, involuntary disclosure, humiliating forms of "deliverance," gossip, or the use of individuals as sermon illustrations may severely damage trust. What leaders intend as moral correction may be experienced as exposure and rejection.

Yet the opposite is also possible.

Churches can become powerful communities of healing.

A congregation does not need to relinquish its doctrinal convictions in order to protect dignity. The challenge is learning to distinguish conviction from cruelty.

Christian communities can teach their theological understanding of sexual morality while simultaneously refusing violence, humiliation, gossip, stereotyping, and coercion. They can establish pastoral processes in which difficult disclosures remain confidential. They can train leaders to recognise depression, trauma, self-harm risk, and other situations requiring professional intervention. They can ensure that people are not reduced to one dimension of their lives.

A safe pastoral space does not necessarily mean a space in which everyone agrees. It is a space in which disagreement does not remove personhood.

Theological conviction and compassionate presence need not be enemies.

Moving Beyond Harmful Stereotypes

Pastoral counselling must also confront unsubstantiated stereotypes. Assertions that people experiencing same-sex attraction are inherently violent, predatory, morally incapable, professionally unsuitable, or capable of transmitting sexuality through ordinary social contact are both psychologically damaging and evidentially unsound.

Similarly, sexual orientation should not be treated as a medical disease. Major psychological and medical institutions do not classify homosexuality as a psychiatric disorder (APA, 2015; Drescher, 2015).

Public-health risks should also be discussed accurately. Health risk is better understood in relation to particular practices, patterns of sexual behaviour, protection, consent, partner exposure, screening, and access to healthcare rather than by attaching disease automatically to an identity category (World Health Organization [WHO], 2012).

This distinction is pastorally important.

When health risk is attached to the person's identity, the message becomes, *You are dangerous.*

When risk is connected accurately to behaviour, pastoral and clinical conversations can instead ask, *How can life, health, responsibility, conscience, and well-being be protected?*

Precision is itself an act of pastoral care.

When a Person Desires Change

A particularly delicate situation arises when an individual voluntarily seeks counselling because same-sex attraction conflicts with personal religious convictions.

The counsellor should neither mock such convictions nor promise an outcome that professional evidence cannot guarantee.

Here again, distinguishing **orientation change from behavioural and values-based goals** is crucial.

People remain capable of making moral and behavioural choices. A client may freely choose celibacy, establish sexual boundaries, deepen spiritual disciplines, reconsider relationships, or seek a life aligned with particular Christian beliefs. Faith-sensitive counselling should be capable of respecting such voluntarily chosen goals.

What is ethically problematic is promising that counselling, prayer, psychological techniques, or spiritual intervention will reliably eliminate same-sex attraction.

Professional bodies have raised substantial concerns about coercive sexual-orientation-change efforts, particularly where they involve pressure, shame, forced conformity, false guarantees, or practices that increase psychological distress (APA, 2021; United Nations Human Rights Council, 2020).

This does not make prayer, pastoral guidance, spiritual direction, discipleship, or moral reflection inherently harmful. The ethical question concerns **coercion, deception, humiliation, predetermined outcomes, and psychological harm**.

A pastoral counsellor can therefore accompany someone who says, *I want to live according to my Christian convictions*, without responding, *I guarantee that I will change your orientation.*

Healthier therapeutic and pastoral goals may include value congruence, behavioural boundaries, meaning-making, spiritual formation, emotional regulation, healthy friendship, celibacy when freely chosen, vocation, resilience, and identity integration (Hill & Yarhouse, 2021; Park, 2013; Yarhouse, 2010).

Such counselling respects agency.

The counsellor walks with the person rather than deciding what the person must become.

A Framework for Compassionate Pastoral Counselling

The discussion above suggests several interrelated commitments for pastoral counselling practice.

Ministry of Presence

The first intervention is often presence rather than explanation.

People disclose deeply personal struggles tentatively. The initial response may determine whether they ever seek help again. A counsellor who listens without visible disgust, panic, interrogation, or condemnation communicates a simple but powerful message: *Your story can be spoken here.*

Pastoral presence does not require immediate agreement. It requires sufficient emotional steadiness to remain with another person's complexity.

Dignity-Preserving Language

Words can follow clients long after counselling sessions end.

Pastoral language should therefore distinguish the evaluation of behaviour from condemnation of personhood. Terms intended to portray individuals as contaminated, cursed, subhuman, or inherently dangerous are inconsistent with psychologically responsible pastoral practice.

One may articulate moral conviction without stripping another person of dignity.

Careful Assessment

Counsellors must assess more than sexuality. Anxiety, depressive symptoms, trauma history, suicidal ideation, self-harm, substance use, family conflict, loneliness, abuse, coercion, and social isolation may require urgent attention.

The presenting spiritual concern may exist alongside a mental-health condition requiring specialised treatment.

Confidentiality

Confidentiality is especially important in tightly interconnected religious communities. A disclosure made during counselling should not become material for sermons, prayer meetings, leadership discussions, or family interventions without appropriate consent, except where recognised safeguarding or legal obligations require otherwise.

Confidentiality protects both dignity and willingness to seek help.

Respect for Client Agency and Conscience

Pastoral counselling should clarify what the client actually desires from counselling.

Not every person seeks the same outcome.

The counsellor must resist imposing either a religious or secular identity conclusion upon the client. Faith commitments should neither be dismissed nor weaponised. Clients need room to examine values, desires, beliefs, choices, relationships, and identity in an atmosphere free from manipulation.

Meaning-Making and Identity Integration

Human beings need coherent stories.

Meaning-making allows individuals to explore how faith, family, culture, sexuality, relationships, vocation, suffering, and hope form part of a larger personal narrative (Park, 2013). Integration does

not require reducing the person to sexuality. Rather, the individual learns to hold various dimensions of life together without continual fragmentation and self-contempt.

Supportive Community

Isolation magnifies distress.

Healthy friendship, caring family relationships where available, appropriate peer support, and compassionate faith communities can strengthen resilience. Religious involvement may itself function as a significant source of meaning and mental-health support when the environment is characterised by care rather than fear (Koenig, 2018).

Pastoral care should therefore ask not simply, *What must this person stop?* but also, *Who will walk faithfully with this person?*

Appropriate Referral

The pastor or pastoral counsellor must know the boundaries of competence.

Severe depression, suicidal thinking, trauma-related disorders, substance dependence, psychosis, significant self-harm risk, or other complex clinical presentations may require referral to appropriately qualified mental-health professionals.

Referral is not evidence of failed ministry.

It is responsible ministry.

Prayer and psychotherapy do not have to compete. Spiritual support, psychological treatment, and, where indicated, psychiatric or medical care may function collaboratively in whole-person healing.

Whole-Person Healing: From Shame to Meaning

An important pastoral objective is not simply symptom reduction but the recovery of personhood.

People who have lived under prolonged shame may eventually internalise the condemning language of their environment. External stigma becomes an internal voice: *I am worthless. I cannot be loved. God has rejected me. My life has no future.*

Pastoral counselling must challenge this collapse of identity.

Self-worth is not equivalent to moral self-approval. Within Christian theology, dignity can coexist with the acknowledgment of human limitation, moral responsibility, repentance, and the need for grace.

Indeed, people may become better able to face difficult truths when they are no longer fighting for basic permission to exist.

Whole-person healing therefore involves emotional, relational, spiritual, cognitive, and vocational dimensions. It may include rebuilding self-worth, developing emotional regulation, forming safe relationships, resolving trauma, strengthening boundaries, rediscovering spiritual practices, clarifying moral commitments, developing meaningful work, and participating in a community where belonging does not depend upon pretending.

Positive psychological approaches similarly recognise the contribution of meaning, strengths, relationships, and purpose to human flourishing (Seligman, 2011). Within Christian pastoral care, these concerns are joined by grace, vocation, spiritual formation, prayer, worship, Scripture, fellowship, and service.

Healing should therefore not be defined narrowly as the disappearance of a particular attraction.

Sometimes healing appears as freedom from debilitating shame.

Sometimes it appears as restored prayer.

Sometimes it is the courage to disclose trauma.

Sometimes it is a decision to establish healthier boundaries.

Sometimes it is reconciliation with family.

Sometimes it is discovering meaningful vocation.

Sometimes it is simply the ability to say, after years of self-contempt, *My life still has value.*

Implications for Pastoral Counsellors and Faith Leaders in Ghana

The Ghanaian context requires particular sensitivity because religious faith, communal identity, family obligation, marriage expectations, and cultural understandings of sexuality frequently overlap. Pastoral counsellors cannot simply import models developed elsewhere without attention to these realities.

First, theological education and counselling training should prepare pastors to distinguish spiritual care from clinical treatment. Not every psychological symptom should be spiritualised.

Second, churches require stronger cultures of confidentiality. Private struggles must not become communal information.

Third, pastoral leaders should reject language that portrays people experiencing same-sex attraction as inherently violent, contaminated, possessed, or beyond redemption.

Fourth, Christian counsellors should learn to distinguish attraction, behaviour, identity, and values. These distinctions permit greater ethical and theological clarity.

Fifth, counsellors should assess depression, trauma, social isolation, self-harm, and suicidality rather than assuming that every presenting concern can be resolved through spiritual exhortation alone.

Sixth, the freely held religious convictions of clients deserve respect. Psychological care should not require clients to abandon Christianity in order to receive compassionate treatment.

Finally, churches must recover the pastoral power of accompaniment. People undergoing difficult moral, relational, or identity struggles need communities in which someone is willing to remain.

The deepest pastoral question may therefore be less *How quickly can we solve this person?* and more *How faithfully can we walk with this person toward truth, responsibility, spiritual maturity, psychological health, and hope?*

Discussion

The central contribution of a compassionate pastoral counselling approach lies in refusing a false choice between psychological care and theological seriousness.

One extreme may reduce the person to a moral problem requiring correction. Another may assume that respect requires the counsellor to treat theological convictions as irrelevant. Neither posture adequately serves a client whose Christian faith is central to identity.

Faith-sensitive counselling requires a more mature integration.

It recognises that people can experience attractions they did not consciously choose while remaining morally responsible for their conduct. It acknowledges that deeply held theological convictions may be psychologically significant rather than merely obstacles to treatment. It equally recognises that stigma, humiliation, coercion, and social rejection can produce substantial psychological harm.

Such integration requires humility.

Pastoral counsellors must avoid claiming more certainty than theology, psychology, or the client's story can support. They must resist turning individual experiences into universal causal theories. They must also recognise that counselling narratives can illuminate human complexity without constituting scientific evidence by themselves.

The pastoral task is therefore neither to manufacture predetermined identities nor to promise predetermined transformations.

It is to accompany persons.

Within that accompaniment, truth can be spoken, conscience examined, faith explored, behaviour considered, wounds treated, relationships strengthened, risks assessed, and hope rediscovered.

Conclusion

Same-sex attraction sits at a difficult intersection of sexuality, spirituality, culture, relationships, conscience, and psychological well-being. In Ghanaian Christian settings, these intersections can become particularly intense because belonging to family and faith community carries profound social and spiritual significance.

Pastoral counselling must therefore proceed with theological humility, psychological competence, cultural sensitivity, and ethical discipline.

The person seeking help should never become merely an argument to be won.

Compassion does not require a pastor to abandon conviction. Conviction does not give permission to abandon compassion.

The more faithful pastoral path is one in which dignity and moral seriousness remain together: listening before labelling, assessing before assuming, protecting confidentiality, respecting conscience, rejecting coercion, confronting stigma, encouraging healthy relationships, referring when clinical needs exceed pastoral competence, and helping individuals construct lives shaped by meaning, responsibility, faith, relationship, and hope.

Whole-person healing is not always the disappearance of struggle. Sometimes it is the restoration of the capacity to live meaningfully in its presence.

For pastoral counsellors, this may be among the most important lessons of all: people are not problems to be discarded or projects to be fixed. They are persons to be encountered, understood, responsibly guided, and treated with dignity.

When shame gives way to honest reflection, when fear gives way to safe relationship, and when pastoral conviction is carried in the hands of compassion, counselling can become more than a place of crisis management.

It can become a place where wounded people recover the courage to live, believe, belong, serve, and hope again.

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