

From Affect to Mood: Homophobia as Case in Point

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Abstract This article reflects on emotion as an internal state caused by external forces that can result in mood disturbance. It traces the shift from affect to feeling to emotion to mood, following Johann Gottfried von Herder (1744–1803) to Friedrich Schleiermacher (1768–1834) to William James (1842–1910) to Donald Capps (1939-) as mileposts. It reflects on the phenomena of homophobia/heterosexism and heteronormativity as ideological climate and concludes with a proposal for healing the unhealed wound of sexual minorities.

Keywords Theory of affect · Emotion · Feeling · Mood disturbances · Homophobia · Heterosexism

Affect, feeling, emotion, mood

Affektenlehre, the theory of affect developed in the Baroque era, was broadened in the Romantic era, and this paved the way for the shift from “emotion” to “mood”. In the late-Romantic version of *Affektenlehre* a distinction was made between the concepts “emotion” (*Erfahrung*) and “feeling” (*Gefühl*), the latter providing insights for a better understanding of “mood” today. The paper follows the mileposts along the way of this development, starting with *Affektenlehre* in the Baroque era, through Johann Gottfried von Herder in the Romantic era and the post-Romantic Friedrich Schleiermacher to psychologist of religion William James and the present-day pastoral theologian Donald Capps. It concludes with a discussion of homophobia/heterosexism and internalized homophobia as mood disturbance as a case in point.

Homophobia is seen as a disordering affect that has a profoundly negative effect on the lives of sexual minorities¹. From an epistemological perspective, the mind-set of heteronormativity creates the climate for this mood. Heteronormativity is an outdated social construct, and homophobic people do damage to others. Their homophobia is carried over to the “victim,” where it intensifies and becomes internalized. This will remain an unhealed wound in both “perpetrator” and “victim” unless the mood disturbance is identified, dealt with, and healed. For pastoral caregivers, an awareness of the complexity of this dynamic is

¹In this paper, the discussion concerning homophobia is based on sections in three earlier articles by the author (Dreyer 2006, 2007, 2008).

necessary if their aim is to provide gay-friendly pastoral care and counseling and assist people in finding wholeness. If the false cognition of heteronormativity is not exposed, a truly gay-friendly approach will not be possible.

Currently the focus with regard to homophobia is on the emotions of fear, hostility, and repulsion that homosexuality elicits in some people. In the first instance, “homophobia” is not a phobia. It should rather be termed “heterosexism”, which is related to sexism, racism, and other “isms” (see Díaz et al. 2001; Brown 2008; Davidson 2012). It is the manifestation of a paradigm, a shared ideology that people tend to deny or repress. The term “phobia” is a euphemism. In the second instance, these emotions are symptoms of an underlying disturbance. Emotion is an internal state caused by external (in this case, ideological) forces and can result in a mood disturbance. Such a mood disturbance can be identified in both the “perpetrator” and the “victim” in the case of homophobia/heterosexism.

This article addresses the following topics: the shift from affect to feeling to emotion to mood, following Herder to Schleiermacher to James to Capps as mileposts; a reflection on the phenomenon of homophobia/heterosexism; heteronormativity as ideological climate; and a proposal for healing the unhealed wound.

From Herder to Schleiermacher to James to Capps

In theology it was Friedrich Schleiermacher (1768–1834) who first distinguished between emotion and feeling, making use of the *Affektenlehre* (theory of affect) in music. Schleiermacher had a broad understanding of the task of theology, which includes reflection on practice as “lived religion”—what “faith as it is being lived, has to say about human beings, God, and the world . . . for *making sense of life* and for *successfully coping with life* . . . under today’s complex socio-cultural conditions” (Gräb, 2005, p.185).

Friedrich Schleiermacher was strongly influenced by the thought of philosopher Johann Gottfried von Herder (1744–1803), as were philosophers Hegel, Nietzsche, and Dilthey and the poet Goethe. In order to understand affect, resulting in emotion, which in turn has an effect in and beyond the self, a multi-disciplinary mind-set is necessary (see Gadamer 1975/1987, pp. 1–51). In such a mind-set the interrelationships between language, music, art, philosophy, psychology, and religion are seen as contributing to a *Zeitgeist*—a shared ideology, shared values, and a shared practice (Herder 2009f, pp. 357–382). Schleiermacher built on, among others, Herder’s ideas on language, hermeneutics, translation, the mind, art and aesthetics, and God (Herder 2009a, p. 29; cf. Betti (1962) 1990, pp.177–188).

Herder (2009a, p. 6) brought about a shift in philosophical thought. For him, metaphysical knowledge is meaningless when not firmly rooted in the empirical realities of nature and human society, and similarly, knowledge on ethics and morality is meaningless if dealt with on a purely abstract level and not rooted in practice (cf. Bernstein 1982, pp. 823–845). He regarded art as a way of exerting moral influence (Herder 2009e, pp. 347–357; 2009f, pp. 357–382). A narrative, for example, does not preach morality, but literary characters who portray a high moral standard could influence people.

A pioneer of the philosophy of language, Herder saw the connection between thinking and meaning as dialectical, not dualistic. Words and concepts do not *have* meaning, but attain meaning from their usage. Words and concepts begin with perceptual and affective *sensation*, of which some may evolve to attain more abstract meanings (Herder 2009b, pp. 31–40), which could result in an ideology. An insight of Herder that changed the direction of hermeneutics is that people differ (especially, but not only, over time and cultural boundaries) to such an extent that it is difficult if not impossible to understand others without imposing the interpreter’s own

world onto that which she or he is trying to interpret. Herein lie the roots of what was later called the “hermeneutical circle”, that is, the merging of the horizons of the interpreter and the interpreted (see Dilthey 1894/1900/1924, pp. 317–358; see Thielen 1999, p. 126; Schloßberger 2005, p. 107). The data change the world of the interpreter, and simultaneously the interpreter attributes meaning to the data. Present-day reception aesthetics is the result of this. David Tracy (1993, pp. 73–97) refers to such a theory of human understanding and existence as a “post-modern theology of conversation” (*Theologie als Gespräch*) (see Barwasser 2010, p. 383; Reiser 2007, pp. 40–41). The following assumptions form the basis of Herder’s hermeneutics (Herder 2009c, pp. 51–176; 2009d, pp.177–290):

- *secularity*, according to which there is no longer a distinction between sacred and profane hermeneutics—hermeneutics is universal;
- *genre* is important to what is interpreted;
- a *broadened rationality*, which results in a methodology that focuses not only on the cognitive, but also includes experience and practice;
- interpreting through *Einfühlung* (“divining”) —re-living a historical experience by sensing the gist of what people experienced in the past in spite of the divide of time, language, geography, and social context while avoiding the psychological fallacy of over-identification;
- the *whole* is more than the sum of the parts;
- *psychology* helps to understand the intention of the speaker/author;
- *heuristics*—discovering, through *Einfühlung*, a larger world despite the paucity of available evidence (this led to present-day pragmatism’s abductive reasoning).

Herder’s (2009e, pp. 347–357) aim was to remain as faithful as possible to the source text with regard to both the “linguistic” as well as the “musical” aspects of communication in order to preserve the aesthetics and the expression of experience (for Schleiermacher, the “feelings”) (Herder 2009b, pp. 31–40). Words convey meaning, whereas music conveys both meaning and experience/feeling. Heuristics (discovering the larger world) takes both into account.

In his 1778 work *On Cognition*, Herder (2002, pp. 187–244) spoke out against dualistic thought. He does not conform to René Descartes’s (see Rodgers 2005, pp. 39–40) idea, published in 1649, of separating the corporeal body and thinking mind or of fragmenting the faculties of the mind. With his theory that the faculties of the mind are expressed by the body and manifest in behaviour, Herder attempted to transcend dualism. Mental states cannot be separated from the body, but are also not reduced to bodily behaviour (Herder 2002, pp. 165–166). Not all mental states manifest in behaviour. All attempts to compromise the unity of the mind will lead to problems (Herder 2002, pp. 165–166). So, also, cognition cannot be separated from volition and affect. An attempt to keep thinking “pure” and free from feeling will lead to meaninglessness (Herder 2002, pp. 187–244). Concepts, beliefs, and experience function inter-dependently. For Herder, thought, meaning, and mental life are fundamentally *social* though, at the same time, the human mind is also deeply *individual* (Herder 2002, pp. 268–358, 370–373). For Herder, what goes on in the mind is to a great extent unconscious, and therefore self-knowledge is limited. Following Herder (*On the Cognition and Sensation of the Human Soul*, 1778), Schleiermacher emphasized the unity of mind and body and rejected any form of reductionism. Should the body be reduced to the mind (according to René Descartes (1596–1650), “thinking substance”/“spiritualism”) or the mind to the body (“corporeal substance”/“materialism”), that would be a reduction of “life” (see Kisner 2008, p. 21).

In his work *Critical Forests*, Herder (2009c, pp. 51–176; 2009d, pp. 177–290) developed his theory of aesthetics. Beauty pertains not only to what is visually pleasing, but to everything

that has a pleasurable effect on the soul (Herder 2009b; pp. 31–40). For Herder, art contributes to building character (*Bildung*), and also moral character (see Herder, *On the Effect of Poetic Art on the Ethics of Peoples in Ancient and Modern Times* (1778) and *Calligone* [1800]; see Charles Taylor 1991/1995, pp. 79–99). Music is especially powerful, though not only for doing good (see Hans Adler 1994, pp. 55–74).

When reflecting on history, Herder focuses on the inner life of historical figures (see Manuel 1972, pp. 211–237; Runyan 1988, p. 13). In his 1819 Berlin lectures, Schleiermacher (1832/1864; 1864) was the first to construct a biography of Jesus. Schleiermacher (1799/1958) defended religion against those Romantic intellectuals who spurned it. The pendulum had swung from the cognitive to the aesthetic. The intellectuals regarded the Christian religion and its Bible as cognitive (consisting of words) and therefore worthless, whereas aesthetics could bring real meaning and true value to life. Art, for the intellectuals, was the highest form of insight. Schleiermacher, who actively engaged with this group, brought the two worlds together. He made a case that religion formed the dialectical connection between the cognitive and the aesthetic. The feelings of biblical characters could be re-lived through *Einfühlung*. By means of this hermeneutics of congeniality, biblical characters (especially Jesus) could become role models for modern individuals (Schleiermacher 1830/1928/1976, p. 384). Schleiermacher regarded Jesus as *Urbild* (divine Source, God-with-us) and *Vorbild* (an example of true humanity) (see Clements 1987, pp. 54–55). Jesus gets hurt, is wounded, and has in his *ousia* (essential being) the divine ability to heal not only those who have been wounded, but also those who do harm to others.

Schleiermacher lectured on psychology, language, and aesthetics, as well as on other subjects. For him, language is not only about words, and biblical language is not sacred. For an understanding of the Bible, many lenses (universal hermeneutics) are needed. Language, even “inner language”, is social in nature and therefore involves communication of some sort. Language and thought are central to human mental processes, and they organize human experience. The function of language in the Bible is not only “technical”, but also “psychological” (see Mueller-Vollmer 1992, pp. 72–97), namely, to express the experiences and emotions of the characters in their full humanity. Through congeniality, these experiences can be re-lived by modern individuals. “Inner language” reveals thoughts, self-consciousness, and perception, which are all fundamental to being human. These can be distinguished from other human traits such as feelings and desires. Experiences lead to emotions that fluctuate between highs and lows, swinging between the moods of excitement and melancholy. For Schleiermacher, a deep dependence on God makes it possible to exist in a meaningful way amid fluctuating experiences/emotions (see Albrecht 1994, p. 109; Schleiermacher 1830/1928/1976, pp. 16–17). Jesus was the divine-human being who was capable of this. In a spirit of congeniality with Jesus, it becomes possible also for human individuals (see Albrecht 1994, p. 203; Schröder 1996, p. 197).

Aesthetic discourse about God articulates the human experience of God in history even though language cannot describe God who is not an “object” of human experience. Being conscious of God (*Gottgläubige Bewusstsein*) (Brandt 1941, p. 62) is not only about reflecting on God, but is simultaneously a reflection on the self that takes place in a specific human context. The response to God is, according to Schleiermacher (1830/1928/1976, pp. 16–17; see Brandt 1941, p. 167), a “feeling of absolute dependence”. For Schleiermacher, “emotion” is the response to objects, to that which is finite, whereas “feeling” is about being aware of one’s own finitude (see Grondin 1994, p. 71). Awareness of finitude brings human beings to the point of acknowledging their own feebleness. In the Transcendent, the only constant that is possible in human life can be found. Therefore, in Schleiermacher’s holistic point of view, knowledge (also of God) does not come only through one channel, that of pure intellect. There

is no intellect unaffected by the rest of what it is to be human (see Albrecht 1994, p. 126), because the body, sensation, affect, and mood will also come into play. For Schleiermacher, religion is not only about knowledge or a moral life, but also about intuitive feeling. In *On Religion*, he articulates this as follows: Religion is not only about knowing and doing, but also about intuition and feeling. The essence of religion is a persistent feeling of dependence. This relationship with the Transcendent is fundamental to the essence of being (for Heidegger, *Dasein*) (see Dumbreck 2012, pp. 61–68). Feeling, in this sense, constitutes the heart of what it means to be religious (Dumbreck 2012, pp. 42–48).

Schleiermacher's idea of "feeling" differs from what we would call "feeling" or "emotions" today. His understanding of the term was based on the theory of affects, the *Affektenlehre*, a theory from the philosophical field of aesthetics with roots in ancient theories of rhetoric and oratory. According to the *Affektenlehre* in the Baroque era (1600–1750), a piece of music should evoke *one* specific affect in the hearer. The range of affects that this theory focused on was love, hate, joy, sorrow, wonder, and desire and was later expanded to include anger, sadness, and jealousy (see Buelow 2004, p.16). The understanding of affect in this era is described by Lorenzo Giacomini (1552–1598) as "a spiritual movement or operation of the mind in which it is attracted or repelled by an object it has come to know as a result of an imbalance in the animal spirits and vapours that flow continually throughout the body" (Giacomini [1597] in Gozza 2000, p. 299). Affects in this sense are therefore not the same as emotions, but are rather "a spiritual movement of the mind" (Palisca 1968/1991, p. 3).

In the 19th century Schleiermacher moved away from Descartes's (18th-century) "I think, therefore I am". He shifted from cognition to feeling. At the turn of the 19th/20th century, William James (1842–1910) applied this shift to psychology of religion. In his empirical perspective on human nature, people are seen as thinking, experiencing, and acting beings who fluctuate between these three states of consciousness. This is also why there is a *variety* of religious experience. The element of choice in this fluctuation he expresses as: "I am what I attend to" (see Richardson 2007, p. 450).

Though a classic in the field of psychology of religion, William James's *Varieties of Religious Experience: A Study in Human Nature* (1902/2002/2013) initially had a relatively small influence on the development of the discipline. For some, the reason was its emphasis on exceptional and maybe even pathological phenomena. For others, it was too personal to provide a solid foundation for a psychology of religion. Empirical methods came into vogue. Due to recent postmodern shifts, positivistic psychology is increasingly questioned and the history of the field is now being explored with more appreciation (see Jantzen 2005, pp. 89–96). A unified perspective on psychology is no longer the goal. The fragmentation and pluralism of the discipline is being accepted. Perspectives such as that of social constructivism, hermeneutics, and phenomenology, as well as narrative and discursive psychologies, are now being better appreciated. According to Wulff (2005, pp. 44–45), William James paved the way for this.

In a collection of essays marking the centenary of James's *Varieties of Religious Experience*, the heritage of the work is celebrated. Jeremy Carrette (2005a, p. 3; see Carrette 2005b, p. 72) points out that James's work lay the foundations for psychology of religion to focus on emotion. A development in the reflection on emotion is that a distinction is now made between emotions, moods, and mood disorders. According to Eugene Taylor (2005, pp. 11–12), James paved the way for psychology of religion to interpret empirical psychological phenomena such as dreams, hypnotism, automatism, hysteria, multiple personality, and demoniacal possession from a religious perspective. Donald Capps (2008), for instance, is a psychologist of religion who interprets hysteria as a psycho-religious somatoform disorder.

Radical empiricism is possible only if a distinction can be made between ordinary states of consciousness and those that belong to the transcendental sphere. This distinction between the

“physical” and “metaphysical” comes from the Kantian paradigm (see Taylor 2005, pp. 17–18), to which Herder and Schleiermacher contributed. For Donald Capps, as for William James, religion does not only belong to the transcendental sphere, but also manifests as an empirical social phenomenon. A dialectical understanding is therefore needed. With Janet L. Jacobs, Capps edited a book on the contribution of William James, *The Struggle for Life* (1995). Capps, as did Schleiermacher, used the narratives of Jesus to engage with “the struggle for life”.

In his work *Jesus the Village Psychiatrist*, Capps (2008) explores Jesus’ roles as teacher and healer when investigating how Jesus healed then and still heals today. He focuses on the relationship between medical afflictions and underlying psychological factors. His understanding of Jesus’ healings is that Jesus “worked within the laws of nature, and the fact that he did so does not detract from his curative powers” (Capps 2008, p. 46). With regard to Jesus’ role as healer, both the kind of disorder and Jesus’ personality played a role in the healing. Individuals who are susceptible to psychosomatic disorders are often suggestible, and because of that, according to the *DSM-IV*, “their symptoms may be modified or resolved based on external cues” (American Psychiatric Association 2000, p. 454; see Capps 2008, p. 50). Such an “external cue” could have been Jesus’ charismatic personality in biblical times and Freud’s charismatic personality in modern times (see Capps 2008, p. 50). Capps (2008, p. 130), with Freud (1963, p. 173), asks what would happen should the healer attain the freedom to behave differently and return the love of the wounded individual. That might fulfil that person’s longing for acceptance and become “the decisive therapeutic event” (Erickson 1981, pp. 321–362, quoted in Capps 2010, p. 3). From the side of the wounded person, what Capps calls “the aptitude for trust” (Capps 2008, p. 131) is a strong enabling factor for healing. Neither the haemorrhaging woman in Jesus’ time, nor the women diagnosed with “hysteria” in the 19th century, nor those wounded by homophobia today have had much reason to entrust themselves to the care of “healers”. Should the healers be trustworthy, as Jesus was, the wounded person’s “aptitude for trustworthy, as” can be restored and strengthened in order to contribute to the person’s healing.

Conversion disorder describes the condition where an unacceptable idea in the mind, some sort of inner conflict, is converted into a physical symptom. The nature of the symptom is symbolic of the nature of the internal conflict (see Capps 2008, p. 32). The primary gain of the symptom is to relieve the psychological anxiety of the conflict and keep it from awareness. Capps (2008, p. 33) points out how easily caregivers focus on the secondary gains of receiving care and attention. When they miss the point, namely the primary gain, the cause of the disorder cannot be eradicated and the healer might be prone to judge or reprimand the person for the secondary gain. Capps (2008, p. 33) emphasizes that only when the psychological conflict itself is brought into the conscious awareness of the person can the problem be dealt with effectively, and then the individual has a chance of finding healing and peace. Such a pastoral approach requires multi-disciplinary lenses on being human, the interactions between people, and how the Bible can contribute to healing and wholeness.

This insight has come a long way from the 19th century, when the aesthetic aspects and impacts of communication were acknowledged in hermeneutics. Texts were approached from the point of view of “the impression of beauty” (Pokorný 2011, p. 108). According to Petr Pokorný (2011, p. 108), there exists “no text in which the aesthetic aspect is a matter of complete indifference, just as there exists no artistic text that does not require analysis of substance”. He continues: “The aesthetic function does not mean that the text should always have to find melodious and beautiful renderings in the common sense of the word. The important thing is that it should be emotionally effective” (Pokorný 2011, p. 109).

With this insight that a text should be emotionally effective, hermeneutics has come full circle: from Herder’s insight into the *beauty* of communication as aesthetic art; to Schleiermacher’s dialectics that connects human *emotions* to either an unhealthy *feeling* of

dependence on human feebleness or a healthy *feeling* of absolute dependence on the Transcendent; to James's insight into the *varieties of religious experience*; to Capps's psychobiblical pastoral approach that seeks healing and wholeness for people traumatized by *mood disturbances* through an engagement with narratives about Jesus as God-with-us.

The distinction between *emotions* and *mood* will subsequently be explored and finally applied to heterosexism/homophobia.

Emotion and moods

Emotion, which is dynamic and volatile, is fundamental to human experience. A 2013 volume on "changing emotions" (Hermans et al. 2013) develops "a *dialectical constructivist view* of functioning that takes emotion as the fundamental datum of human experience, but recognizes the importance of meaning making and narrative, and ultimately views emotion and cognition as inextricably intertwined" (Greenberg 2013, p. 223; see Greenberg 2010; Greenberg & Pascual-Leone 1995). Greenberg (2013, p. 223) emphasizes "both the dynamic nature of emotion and the interaction between felt experience, meaning making, and social influence" (see Camras & Shuster 2013, pp. 24–30; Tsai 2013, pp.120–6).

The way in which individuals make sense of life experiences is by telling emotion narratives (see Fyvush 2010, pp. 88–98). How successful they are in regulating their emotions correlates with the degree of their well-being (see Woltering & Lewis 2013, pp. 38–39). Greenberg (2013, p. 225) puts it as follows: "*Regulation* . . . involves managing emotional intensity. . . . *Reflection* on emotional experience helps people make sense of their experience, and promotes its assimilation into their ongoing self-narratives". Previously, the investigation of emotional change and well-being was interested in *whether* people tell their stories or not. The focus has since shifted to *how* they narrate their emotional lives. When the narrative displays characteristics such as coherence, cognitive processing, and emotional expression (both positive and negative emotions), emotions are regulated more successfully and a higher level of well-being is achieved (Fyvush 2013, p. 14; see Pennebaker & Chung 2007, pp. 263–284). When the narrative is simply about remembering the event and sharing it spontaneously, rather than actively trying to make meaning, the sharing does not have much impact on the individual's cognitive reorganization and emotional recovery (Rimé 2013, p. 93), but studies have shown that such social sharing can have a positive effect (see Zech & Rimé 2005, pp. 270–287). Sharing can bring people closer together and strengthen social bonds (Rimé 2013, pp. 94–95). However, remembering a difficult emotional experience and rumination without active meaning-making could result in depressive symptoms and lower levels of well-being (Fyvush 2013, p. 15; see Nolen-Hoeksema et al. 2008, pp. 400–424; De Rivera & Páez 2007, pp. 233–253). Since narrating an emotion story is a social process, such interactions "facilitate the construction of culturally canonical narratives that structure the voicing and silencing of particular aspects of emotional life in ways that define and regulate the self" (Fyvush 2013, p. 15).

The regulation of the effects of a negative "emotional climate" is more difficult than regulating negative personal emotions, whereas a positive emotional climate has a relatively greater positive effect on individuals because of factors such as social support (Páez et al. 2013, p. 119). "Emotional climate" refers to a general and collective experience of well-being or the lack thereof. Emotional climates "can be expressed as perceptions of collective and interpersonal feelings" characterized by, for instance, fear, trust, security, anger, or despair (Páez et al. 2013, pp. 113–114). People in cultures with egalitarian values that treasure their individual worth experience a more positive emotional climate and a higher level of well-

being, whereas traditional and conservative values, and a high expectation of conformity to those values, have shown to sometimes be associated with a positive and sometimes with a negative emotional climate (Páez et al. 2013, pp. 115–116; see Espinosa 2011).

The conduct of social institutions, whether positive or negative, also contributes to emotional climate. Páez, Espinosa, and Bobwick (2013, p. 118) put it as follows: “When exposed to past collective misdeeds by one’s group, people tend to believe that victims deserved their fate, devaluing them and justifying ingroup actions. In contrast, an official apology reframes past misdeeds positively”. The more positive emotional climate that is created by the apology contributes to people’s willingness to participate in acts of restitution.

Recently a shift has taken place from the study of “actual affect” to investigating what people hold to be their “ideal affect”. Culture shapes ideal affect more than it does actual affect. Culture teaches people what feeling states to strive for. Temperament, on the other hand, shapes actual affect more than it does ideal affect (Tsai 2013, p. 121). Having a different experience in the world than an earlier difficult or traumatic experience can bring about a corrective in an individual’s emotional state. As Greenberg (2013, p. 226) comments, “having one’s shame met with acceptance and compassion rather than rejection engenders a new feeling and leads to a transformation of shame.”

In the study of human affect, it is necessary to distinguish between “emotion”, “mood”, and “dispositions” (see Van Mechelen et al. 2013, p. 174). Whereas “emotions” pertain to feelings and “dispositions” to attitudes, “mood” can be described as “continuous feeling states that, unlike emotions, do not bear upon a particular object” (Van Mechelen et al. 2013, p. 175; see Frijda et al. 1991, pp. 187–225) and also as “a persistent emotional state that affects how the person sees the world” (Lane 2013).

People’s experience of the world is linked to their ideological beliefs that are formed by interaction with their context, be it family, the media, or social institutions such as the church. Such ideological beliefs function unconsciously and can be the cause of prejudice, which manifests in stigmatization, discrimination, and exclusion. Sue Orsillo & Liz Roemer (2011, p. 183) warn that labelling causes harm to people; both “the judger” and “the judged” suffer (Orsillo & Roemer 2011, p. 144). Those who do not stigmatize, who do not judge, are sensitive to others’ happiness and well-being. Mood as a continuous feeling state can be happy or unhappy. Though a “happy mood” is more pleasant than an unhappy mood, moods are not in themselves conducive to optimal mental health. Mindfulness is fundamental to emotional well-being. Moods and mindfulness do not go together. Mindfulness requires psychological flexibility. Remaining in a single state (mood), even if that state is “happy”, is therefore less healthy than changing from one mood to another (Orsillo & Roemer 2011, p. 144).

When an individual’s persistent emotional state or mood is severely disturbed, it is indicative of a mood disorder that manifests in the extremes of depression or mania (American Psychiatric Association 2000, p. 943). If the mood remains at the depressive extreme it is termed “unipolar depression”, and when excessive mood-swings occur, it indicates bipolar disorder or, if the complexity of the disorder is taken into account, “multipolar disorder” (see Preston 2006, pp. 7–40). Mood disorders disrupt people’s ability to function relationally, socially, and in a work environment. Though there is a medical and chemical aspect to the disorder that can be treated with medications such as mood stabilizers, psychological issues such as negative thought patterns or low self-esteem can cause or aggravate the mood disorder. The development of coping skills can assist those affected to manage their disorder (Lane 2013).

Mild forms of depressed moods do not necessarily indicate a disorder. They may be the natural response to disruptive events in life. People with full-blown clinical depression, on the other hand, “distort reality through inaccurate cognitive mind-sets. In other words, what they

think about the world is consistently false, and false in such a way that it makes them sad. According to the Cognitive-behavioral Model, their moods are depressed because their thoughts are depressing” (Ghaemi 2007, pp. 122–130). This is a two-way street; thoughts affect moods and feelings, and moods and feelings affect thoughts. The objective of therapy according to this model would be to alter thinking in order to alter mood disturbances. Distorted reality is normally seen as not being healthy. However, exponents of the Depressive Realism Model have indicated that both nondepressed and depressed persons tend to not be accurate about their reality, but distort it in some way or another. Some mildly depressed persons can therefore have a more realistic view of reality than nondepressed persons. The less realistic nondepressed persons can have a greater sense of well-being, but that is based on illusion.

According to Existential Psychotherapy, mildly depressed realistic individuals should be accepted as they are without trying to alter their mood. In this frame of thinking, “present-centeredness” (compare this to the notion of “mindfulness”) is regarded as “most healthy”. According to Ghaemi (2007, pp. 122–130), “a psychotherapy that focuses on ‘present-centeredness’ may thus be especially effective in mood disorders.” This insight—to take mood seriously rather than trying to alter it—is especially important for respectful, gay-friendly pastoral counseling. However, the emotional climate of the hegemony of homophobia/heterosexism should be altered with all means possible.

Heterosexism/homophobia: a case in point

The initial encounter between psychotherapy and homosexuality was not gay-friendly. In the mid-20th century sexual minorities were stereotyped in psychoanalytic literature (see Kardiner 1954; Bergler 1956; Fried 1960; Bieber 1967). Psychoanalysis was homophobic, (see Lewes 2003, p. 187; O’Connor & Ryan 1993). More recently, there has been an attempt to make amends (see Feldman 2002). According to Lewes (2003, pp. 187-188), however, the new psychoanalytic discourse on sexual minorities still exhibits homophobic elements that are masked by an ostensibly gay-friendly attitude. He suspects that a reason for this could be the obligation psychoanalysts feel to protect the values and institutions of society, such as “family piety” and gender roles. If this is the case among psychoanalysts, then it is even more the case in the church and among pastoral counselors. The role of helpers in society and the church should instead be to criticise hurtful social forms while protecting individual people.

The term *homophobia* was first coined by George Weinberg (1972) to refer to “the irrational condemnation of homosexual individuals, which results in violence, deprivation, and separation”. What is called *homophobia*, however, amounts to much more than just irrational fear. It is a prejudice that often leads to acts of discrimination, stigmatization, abuse, and violence (see Dreyer 2006, pp. 155–173). The term homophobia places the emphasis on the oppressed rather than on the oppressor. An alternative and more accurate term is *heterosexism*, “defined as both the belief that heterosexuality is or should be the only acceptable sexual orientation and the fear and hatred of those who love and sexually desire those of the same sex” (Blumenfeld 1992, p. 15). The term heterosexism includes both the cultural precedence of heterosexuality and what is commonly referred to as homophobia. Blumenfeld (1992, p. 18) summarises the meaning of this term as follows:

We are all born into a great pollution called *homophobia* (one among many forms of oppression), which falls on us like acid rain. For some people spirits are tarnished to the core, others are marred on the surface, and no one is completely protected. But neither

are we to blame. We had no control over the formulation of this pollution, nor did we direct it to pour down on us. On the other hand, we all have a responsibility, indeed an opportunity, to join together to construct shelter from the corrosive effect of oppression while working to clean up the homophobic environment in which we live. Once sufficient steps are taken to reduce this pollution, we will all breathe a lot easier.

Audre Lorde (1988, p. 321) defines homophobia as “a terror surrounding feelings of love for members of the same sex and thereby a hatred of those feelings in others” and heterosexism as “a belief in the inherent superiority of one form of loving over all others and thereby the right to dominance”. Gender is construed by society to be a matter of “either/or”; one is either male or female. There is nothing in between. Gender norm deviations are punished by social means such as stereotyping and labelling. Homophobia is the consequence of this, embedded in a society that tends to conceptualise gender in a binary way (see Gagne et al. 1997, pp. 478–508; Wong et al. 1999, pp. 19–31).

Some variables that influence homophobia are the following: an individual’s support for traditional gender roles; gender; the degree of religiosity; religious affiliation; the amount of personal contact with sexual minorities; and the coping style and degree of empathy of the persons themselves. Those who want to hold on to hetero norms will find it difficult, if not impossible, to be tolerant of any behaviour that does not fit in with what they believe to be “the way it is” (Cullen et al. 2002, pp. 120–121; see Grack & Richman 1996, pp. 59–68; Whitley & Kite 1995, pp. 146–154; Nyberg & Alston 1976–1977, pp. 99–107; Smith 1971, pp. 1091–1094). Cognitive rigidity is one of the attitudes that form part of a prejudicial personality (Adorno et al. 1950): “Rigidity serves the function of controlling or making sense of the ambiguous stimuli with which an individual is faced” (Cullen et al. 2002, p. 123). Tolerance or “openness” can be linked to non-conventionality. Together, they “have a significant effect on one’s expressed level of homophobia” (Cullen et al. 2002, p. 128).

Psychoanalyst Donald Moss (2003, pp. 197–223) describes the emotional double bind of people on the receiving end of homophobic behavior in trying to find a suitable lifestyle. They need love as every human being does. Their negative feelings about their sexuality, internalised on account of cultural attitudes, cause them to want to avoid the expression of their “disgusting sexuality”. Moss (2003, p. 205) puts it as follows: “Love damns rather than redeems”. When the pain of this becomes unbearable, it can result in suicide as an attempt to finally get rid of the perceived cause of the pain. Homophobia becomes a mood disturbance when internalized in this way. The mood of self-hatred can lead to depression or worse.

Internalized homophobia has conventionally been seen as “a sexual identity characterized by persistent, structured negative feelings, particularly of shame and self-loathing” (Moss 2003, p. 197). This represents a “taking in” of the dominant culture’s heteronormativity and making it one’s own (see Dreyer 2007, 2008). Internalized homophobia is about self-concept, especially the feeling that one is different, that the difference is and must be kept a secret (Roughton in Moss 2003, pp. 201–202). When the negative attitudes of others are internalized, the growth of these individuals is impeded and they are damaged psychologically. The therapeutic task is therefore to alter the basic concept of self.

Feminist theorists have already pointed out that oppression hurts not just the victims, but both the oppressed and the oppressor. So also heterosexism hurts *all* people. If it is contrary to people’s faith or philosophy of life, it causes inner conflict and impacts negatively on their psychological and spiritual wholeness and well-being.

Internalized homophobia, therefore, is a mood disturbance that originates with emotional responses to homophobic attitudes that judge and leave no room for people who do not conform to the hetero norm. These attitudes do not remain only on the cognitive level as an

ideology. They infect the emotions and spill over into actions of discrimination and violence. This ideology with all its consequences is tolerated and perpetuated by “good people” who assume that the hetero norm is “right”, sometimes “because the Bible says so”. However, heteronormativity is a hegemony that damages life on the cognitive, emotional, and aesthetic levels. It will remain an unhealed wound in both “victim” and “perpetrator” unless the mood disturbance caused by heterosexism is identified, dealt with, and healed.

We have seen that changing thinking alters feelings and, by the same token, changing feelings alters thinking. Changed thinking and feeling has an impact on self-concept and one’s experience of reality. Religious experience is part of the experience of reality—how one relates to oneself, others, and God. Healthy thoughts, feelings, and self-concept provide the means to cope with a reality contaminated by heteronormativity and heterosexism.

For the beauty of life to be restored, wholeness is needed on all the levels of human experience, including an all-encompassing religious experience. If cognition and experience are informed by the narratives of the healing Jesus, being mindful of their beauty could contribute to psychological health. This could contribute to the healing of homophobic/heterosexist individuals and help them to transcend the fear and discomfort they experience in the face of difference. Total dependence on the Transcendent amid the reality of fluctuating emotion could bring inner peace and make possible the acceptance of others as God’s creation.

Total dependence on the Transcendent could also help sexual minorities to eradicate their internalized homophobia and alter their self-concept to that of whole people created by God. If the emotional wound is healed, they can overcome their inarticulacy and take their rightful place in society and religious communities, celebrating the beauty of their lives. The beauty of life can be shared by all in absolute dependence on the Transcendent, who is the essence of all goodness. In Christian faith communities such congeniality with God, engaging with the narratives about Jesus, is the challenge to pastoral counselors and believers. As healed healers, the challenge is to be congenial with individuals who, through no fault of their own, are not able to conform to the hetero norm. Herein lies the healing of both “perpetrator” and “victim” so that all can be sheltered from the acid rain of homophobia and all can breathe more easily.

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