



# Now Who's Coming to Dinner? Pastoral Care for Family and Friends of Gay and Lesbian People

DAVID K. SWITZER

*Perkins School of Theology  
Southern Methodist University  
Dallas, Texas*

**I**N THE FILM "GUESS WHO'S COMING TO DINNER," A PROSPEROUS FAMILY IS WELL settled into a comfortable life, meaningful work, and other activities. Then their 23-year-old daughter returns from a short trip to Hawaii accompanied by an internationally known physician with whom she has fallen in love. She wants him to meet her parents and stay for dinner with them before he flies to Europe later that night. The mother arrives shortly after the couple does, and when the doctor walks into the room her mouth falls open. She stares in shock and disbelief. The doctor is black. The scene is repeated when the father arrives. They cannot comprehend it. The film appeared in 1967.

*Now who's coming to dinner? We never know, do we?*

A husband and father comes home from work. The teenage children are away for the evening. At the dinner table he tells his wife for the first time that he is gay, and would like to be free to date other men openly. He would prefer to maintain the marriage, but if necessary he would agree to a divorce.

The mother of a 15-year-old girl does not like the new friends her daughter is bringing home more and more often. They are all women, three to five years older

DAVID K. SWITZER, a United Methodist clergyman, is professor emeritus of pastoral theology. Among other works, he has written *Parents of the Homosexual*, *The Minister as Crisis Counselor*, and *Pastoral Care Emergencies*.

than the daughter. After weeks of pressure-filled questioning by the mother, her expressions of dislike for everything that she observed about the daughter's friends, the daughter confesses that she has discovered that she is lesbian and that these young women who have been visiting the home are among her sexual partners.

I know personally several ordained clergy of several denominations who have been in their fifties and early sixties when they have informed their families they are gay.

These scenes are being repeated daily among husbands, wives, teenage boys and girls, young and older adults. We sit down together for lunch or dinner without realizing there is a stranger in our midst, one of our own family whom we do not know. But when it is out, and it is coming out more and more often ("I'm gay"; "I'm lesbian"), the reaction of families, close friends, close colleagues at work, and members of a congregation are many and complex. It is as if they do not know the person any longer. What has happened?

In order to try to break through the confusion and conflicting feelings, some people seek the help of a pastor, though frequently not the pastor of their own congregation. Many others would like to talk with a pastor, but do not. They are drawn to a pastor because here should be a source of help, but they are also ashamed and afraid. Nevertheless, in their confusion and desperation some do come, or pastors discover their situation and offer themselves to them. The pastoral response to such persons is the focus of this article.

#### I. PASTORAL CARE IN THE CHURCH

What is pastoral care and its role in the church? The church is a community of people whose purpose is to celebrate, proclaim, and demonstrate God's powerful saving love to the world, as that love is portrayed in the gospels by Jesus the Messiah. The whole life and activity of the church is to celebrate and proclaim the present and coming kingdom of God and to demonstrate something of the life of the kingdom. Pastoral care proclaims the word through faithful servanthood. In this service it reveals something of the quality of life of the kingdom. This does not mean that, at appropriate times, pastoral care does not proclaim the content of the faith, share the scriptures, or teach an ethical perspective. Of course it does. Yet, while pastoral care is one means of *demonstrative proclamation*, it has its own set of procedures designed to produce the unique relationship in which a person in need might experience the love of God, see the servanthood of Jesus through God's present servants, and possibly respond and grow in faith. The procedures and relationships of pastoral care distinguish it from acts of worship, preaching, and teaching, even though all are united in one goal.

The process of pastoral care can be seductive to the caregiver who may want to impose his or her own desired outcome on another person. But doing that, however subtly, is inevitably counterproductive to the other person's genuine growth. Only a relatively free decision on the part of the other to enter into the process and make the necessary decisions can lead to authentic change. In pastoral

care, the process contributes to the relationship between the person or persons and the representative of the community of faith who is God's servant, so that the person(s) in need may experience increasing freedom to explore themselves, their situation, and their relationships; acknowledge what they discover about themselves and their behavior; examine consequences honestly; and make in relative freedom more responsible decisions about their lives. The potential outcome may be increased quality of life and relationships, more responsible behavior, healing of some aspect of their lives, reconciliation with others, or commitments in Christian living. The process depends on the pastor's attentive listening, frequent expressions of empathy, open-ended questions, skillful challenging of discrepancies in what the other is saying and/or doing, and the relationship (developing out of all this) in which there is increasing trust and respect for one another. The process contains within it the seeds of genuine growth and change. The other person becomes aware that this developing relationship is with one who is a representative of the community of faith.

## II. THE DYNAMIC ROLE OF THE PASTOR'S BELIEFS AND FEELINGS

What we believe about something can affect how we feel about it. What we feel about an issue or a certain type of person can affect what we believe. Why do we tend to condemn some things condemned in scripture and not others? With what sort of people do we feel uncomfortable or anxious, do we behave in a guarded manner, keeping ourselves physically or emotionally apart? These personal realities affect what we do and say (or do not do and say) in pastoral care, thus influencing the relationship and the outcome. This is certainly true in regard to homosexuality.

When talking with persons in distress and confusion about a family member or other person emotionally close who is gay or lesbian, the pastor's own feelings of fear, revulsion, anger, or disapproval (whether conscious or not) may well lead the pastor away from the primary task of giving full attention to the person or family and helping them explore their own feelings and experiences and their relationship with one another. Those who are concerned about being effective in pastoral care need to be open to the exploration of how their own feelings might interfere with their being most helpful.

By the same token, what pastors believe can shape and can alter their feelings. What they believe about homosexuality, the reasons for it, and precisely what the Bible condemns has the potential to influence how pastors work with gay and lesbian persons and their families and friends.

First, in spite of recent research, many still hold the misconception that homosexuality is merely behavior and not a fundamental deep-seated sexual orientation. If the behavior is chosen, the conclusion is that homosexuals act in a perverse manner, choosing to sin; moreover, they have the power to influence children and young people to be perverse and sinful also. Unfortunately, this view is reinforced by many otherwise knowledgeable persons, including some gay and lesbian persons themselves, who use the expression "homosexual lifestyle" or even

"alternative lifestyle" to refer to all homosexual relations. The use of the word "alternative" implies a decision. A lifestyle refers to a particular manner in which we relatively freely choose to live. We know that there are numerous lifestyles among heterosexual people. Precisely the same applies to persons who are of the homosexual orientation. Homosexuality describes who a person *is* sexually; it is not relatively freely chosen. Although some fundamentally heterosexual persons may on occasion, or frequently throughout a limited period of time, engage in homosexual acts, their sexual orientation remains heterosexual. Likewise, persons whose primary or exclusive sexual feelings are towards persons of the same sex may sometimes engage in heterosexual activity, but they have not become heterosexual.

Homosexuality, like heterosexuality, is a relatively stable orientation. Its development, especially in the adolescent and in young adult years, is complicated by the fact that most parents of gays and lesbians are heterosexual. Parents rarely give any thought to the possibility that their children will be anything other than heterosexual; their verbal and non-verbal communications express this expectation. Most of society is heterosexually oriented, and social penalties are assessed to persons who give any indication they are not. As a result many gay and lesbian people grow up prejudiced against themselves and with extremely strong internalized forces denying their sexual orientation.

Recently several studies have indicated that at least some homosexuality is either genetic or determined by other early physiological factors.<sup>1</sup> Research suggests that other early influences interacting with the physiological makeup of the person may also be involved, at least in some cases. Even those investigators who are not yet convinced that genetic/physiological factors are at work are practically unanimous in their opinion that the foundation of homosexuality is established within the first few years of a person's life and is therefore an integral part of an individual's total being, not subject to change by some conscious decision and rarely responding either to intensive long-term psychotherapy or to religious conversion (though exceptions have been reported).

The point of the discussion here is merely to suggest that accepting homosexuality as an orientation or believing it to be freely chosen affects the way in which we engage in pastoral conversations with gays and lesbians and their family and friends. The conclusions stated in the previous paragraph can be of importance to many family members who are struggling with their reaction to the knowledge that another member is gay or lesbian. It may, although not always immediately does, help them move toward a realistic acceptance of the person and remove from the dynamics of the family system the pressures exerted on a person to change what cannot be changed; in some families it can reduce the generalized condemnation of one of its members.

Beliefs about what the Bible says about homosexual acts also influence pas-

<sup>1</sup>See, e.g., D. H. Hamer, S. Hu, V. L. Magnuson, N. Hu, A. M. L. Pattatucci, "A Linking Between DNA Markers on the X Chromosome and Male Sexual Orientation," *Science* 261 (1993) 321-27.

toral care in these situations. Family members and friends who are Christian or are related to a church or have even the vaguest awareness that "the Bible condemns homosexuality" sometimes use whatever they understand the Bible and the teaching of the church to be as leverage on the other person to repent, to change, to behave differently.

Despite significant disagreement about the applicability of the relevant passages (Lev 18:22 and 20:13; 1 Cor 6:9-10; Rom 1:26-27; 1 Tim 1:9-10), it is obvious that they condemn homosexual *acts* and not homosexuality as a condition. Since these were apparently acts done by people who were, or were considered to be, heterosexual, they were seen to be of a different order than those between two persons who are, as we know it today, of homosexual orientation. Further, the homosexual acts of which Jews and early Christians were most aware were those of the other peoples and religions of the Mediterranean world, the ones from whom the Jews and early Christians were most concerned to distinguish themselves. Those homosexual acts often related to temple prostitution or were performed between adult males and boys, an obviously unequal relationship. The people of that day seemed to know nothing of adult committed mutual relationships of love between persons of the same sex.<sup>2</sup>

These considerations may change a hard and absolute condemnation to a position which includes an openness to the question of whether what is being condemned in the Bible can include all homosexual relationships today.

### III. THE REACTIONS AND NEEDS OF FAMILIES OF GAYS AND LESBIANS

When pastors are aware of and/or called upon to be involved with families who have just discovered that one of them is lesbian or gay, it can be useful to have in mind the variety of feelings and experiences they might be having. This awareness can be used as a guideline in the pastoral care process. On the other hand, an assumption that we now know exactly the particular complex of reactions these particular persons are experiencing will limit the extent of the initial exploration of their feelings and thoughts, and how they are responding to one another, thus thwarting the overall pastoral process.

A family member might be the first one to get in touch with a pastor. It does occasionally happen, but this has not been my own usual experience. Either the gay or lesbian person has made the first contact, raising the question of whether to tell other family members or expressing his or her concern about the pained, confused, and sometimes angry response of family when they have already been told.

There certainly is no ironclad rule about whether a person should reveal a homosexual orientation to the family, but in most instances it is better to discuss this openly than to be found out. And in a large percentage of instances, with

<sup>2</sup>Victor Paul Furnish, *Moral Teaching of Paul: Selected Issues*, rev. ed. (Nashville: Abingdon, 1985) 52-82.

enough passage of time, it is discovered. But each particular person must be helped to come to her or his own best-under-the-circumstances decision. Usually there is already physical and emotional distancing within the family, producing discomfort for all involved. The gay or lesbian person genuinely desires to be known for who he or she is, and while dreading the immediate consequences, may prefer to let them come and begin to work them out with the others. If in conversation with the pastor the decision is made to tell, the pastor could offer to be present when the family is first informed. The pastor could be an emotional support for the gay or lesbian person as well as the other family members. The pastor could serve as interpreter, clarifier, and facilitator. Often the lesbian or gay person, even though expecting shock, dismay, disapproval, and tears, is surprised by the intensity of the emotional reaction and by some of the extreme statements. Here the pastor can serve as interpreter and emotional buffer, and perhaps help during the conversation to diminish the intensity of the most extreme feelings, statements, orders, and threats.

Not all situations are so difficult. Sometimes a spouse or parent or sibling will say, "I already knew (or suspected) that, but none of us seemed to want to talk about it. Now we can." Others, hearing the news for the first time, might be surprised, disappointed, and confused, not knowing what to say; yet, there will be no outbursts, no hysteria. Sometimes, in the face of a difficult but unknown future, people will express love and support.

When family members have already become aware of a member's homosexual orientation and that person is discussing the situation with the pastor, the conclusion of the conversation should always include the strong suggestion that the gay or lesbian person encourage the others to contact the pastor for themselves. And in my experience the gay or lesbian person has always followed this suggestion; but family members do not always agree to it, or agreeing, do not follow through. Then, in consultation with the gay or lesbian person, pastors might suggest that they contact family members. Experienced pastors will already have their own criteria for making a decision about when to take the initiative to go to a family that is experiencing disruption and conflict. Many, perhaps most, of these people need and will respond to such initiative. It would probably be a good idea to phone the people, tell them that their family member has talked with you, that you are aware of their situation, and would like to visit with them. Many who would not take the initiative to come to the pastor will respond to the pastor's invitation. Since the people involved will not always be members of the particular pastor's own parish, it is appropriate that they be encouraged to seek out their own pastor for discussion. If they will not, we might, I believe, have at least an initial conversation with them and try to determine if they might then be willing to contact their pastor. The ethical dilemma is whether we can offer them a necessary and helpful ministry without luring them away from another congregation.

The family is a single system, though individual family members differ from one another. It would be a rare occurrence for several family members to react in an identical manner. In most instances the family system itself is disturbed, even

though there might be an individual or individuals who are not disturbed. If the gay or lesbian person has one or more siblings, one or more of these may already know and sometimes be supportive. More often than not, when the gay or lesbian person decides to let the family know, it is not first the whole family. Frequently, it is only a sibling. If all goes well, later he or she may want to tell one parent, usually not both. Most often, in my experience, this has been the mother. "Daddy would never understand," they say; or even, "I am afraid of what Daddy would do." More than one mother has said to the gay or lesbian child, "Let's not tell your Dad. He just wouldn't be able to take it." It is even more revealing of difficulty within the family if, when the mother has been told and is asked not to tell the father, she agrees to keep the secret. This agreement contributes to even greater tension and distance among family members. The father is kept "out of the loop." Mother and son or daughter have their own secret. The father is further isolated from significant family information. There is greater distance between the spouses. Closedness within the family is reinforced.

Parents almost inevitably have some type of picture of who they think their child is and is going to be. Rarely does that include the possibility that this growing child is going to be homosexual. Also rarely do people who are in love, come to know one another, and then marry, think that their partner may realize at some later date that he or she is gay or lesbian. The same is true for a child in regard to a parent. Thus, when they are told or discover that this significant person is lesbian or gay, it is as if they have lost the person whom they believed they knew so well. The reaction is one of grief. As with grief, there is a process which includes several stages.

One always needs to consider stages of a process as descriptive of people in general, not a requirement for every person in a particular situation. The stages and their characteristic experiences and behaviors suggest what persons in grief might be prepared for and what helpers might be looking for. The stages reveal a general direction of the process that is usually expected. Stages are not sharply distinguished in their transition from one to another, nor should a scheme be rigidly applied to every individual. With that said, the following is a realistic and useful scheme, adapted to people's reactions upon discovery that a family member is lesbian or gay.<sup>3</sup> Most of the time, even when a family has noticed some clues, the first reaction is some combination of shock and denial. "It can't be. This is the person I've been living with all this time." There may be a type of emotional numbness, perhaps a sense of the unreality of the experience ("This is not really happening to me"). Regardless of the denial and shock, the question almost always arises in the case of the gay man, "Do you have AIDS?" Or, "Are you HIV positive?" It is especially tragic and difficult for a family when they discover at the

<sup>3</sup>C. Murray Parkes, "'Seeking and Finding' a Lost Object," *Science and Medicine* 4 (1970) 187-201; *idem*, "The First Year of Bereavement," *Psychiatry* 33 (1970) 444-67.

same time that the family member is not only gay but is HIV positive, has AIDS Related Complex, or even AIDS itself.

The second stage is yearning, the wish that things were like they used to be, when they thought that everything was "all right." There are often some of the usual behaviors and difficulties associated with grief: weeping, sleep and eating disturbances, people's sense that this is all a dream and that they are going to wake up to the former "reality."

The third stage is disorganization and despair: guilt and self-blame; blame of the family member for "doing this"; anger at the person; blame of others for leading the family member astray; wonder at why God is punishing them in this way; anger at God; shame; the disruption of the family system; confusion.

The final stage, if it is reached, is the reorganization of life and acceptance of the reality of the situation. Having moved beyond most of the behaviors in the previous stages, it may be possible to diminish the disruptive power of those that remain, to reduce pain, perhaps to find reconciliation among family members, including the gay or lesbian person.<sup>4</sup>

#### IV. THE PROCESS OF PASTORAL CARE

The best situation for pastoral assistance is for the whole family to be present. The first conversation with them after they discover that one of their own is gay or lesbian usually focuses on allowing and facilitating each person to express his or her reaction. At this point it is counterproductive for family members to argue with one another, and if they begin to, the pastor will need to interrupt and redirect the conversation. Nor is this the time for the minister to express his or her own views on homosexuality and what the Bible says (or does not say). People cannot hear and assimilate material very well when they are in shock or are emotionally distraught. There will be time later for more detailed discussion and for educational input. The most effective pastoral responses at this point will be empathy, questions asking for clarification or inviting further detail, open-ended questions stimulating further self-exploration by the other(s), or brief summaries of what a person or the group has said to this point. This process will elicit much information, so very few informational questions will need to be asked. After each person has had an opportunity to speak, the pastor might ask others what they understand that person to have said. The first goal is not merely catharsis but understanding one another: not agreement, not all thinking and feeling the same thing, not judging what is right and wrong, but simply understanding what the other is expressing at the moment, what each one believes. Further goals are acceptance of and responsibility to one another as persons who love one another, in spite of all differences, and ultimately reconciliation. Genuine acceptance and reconciliation, though, are impossible without the fullest possible understanding.

The pastor will need to be prepared for weeping and very intense expressions

<sup>4</sup>David K. Switzer, *Parents of the Homosexual* (Philadelphia: Westminster, 1980) 15-77, 104-113.

of anger, disappointment, and blame (including occasionally family members blaming one another), even though these might not take place. These responses often provide some relief and insight and might even contribute to the beginning of understanding. However, complete understanding may not take place in the first conversation. If more than two people are involved in addition to the pastor, everyone should be prepared to spend at least an hour and a half in this meeting. Every person should be encouraged to state what he or she would like to see happen as a result of continued conversations with the pastor's assistance.

(Family members) are often relieved and given hope if they realize from the beginning that their reactions are like those of grief, that these reactions are normal under the circumstances, that their feelings need to be acknowledged and expressed rather than hidden, that the intensity of their reaction will diminish but also that the process will take some time, that therefore they must be tolerant of themselves and one another within the family, that this may be the occasion of an increase of faith even though now experienced as the dark night of the soul, and finally that a genuine and loving and growing relationship between them and their (gay or lesbian family member) is possible.<sup>5</sup>

The emphasis on tolerance of one another is at least as necessary for the gay or lesbian person as for the others. Perhaps an individual conversation between the pastor and that person will be necessary to emphasize that it is inevitable that some family members will react intensely and that the family will need some time to grow accustomed to their new situation and relationship.

A second session should include a review of how each responded to the first session, what has gone on within each person and between persons since that time. Additional moves toward mutual understanding will need to take place. Differences in what people believe can be discussed more clearly since the intensity of feelings may have diminished somewhat. During this session, if it seems useful, the pastor might give the family some beginning information about homosexual orientation and the factors that may interact to produce such an orientation. There might also be discussion about what the Bible does and does not say about homosexual acts. Conscientious and sensitive pastors, regardless of their own beliefs, can at least let people know what information is available and point them to reading that might help them think through the issues for themselves.<sup>6</sup> Hopefully the gay or lesbian family member has been present during these conversations. That person will already have often made statements about struggling with her or his sexual identity and feelings, about having become aware of and trying to deny homosexual feelings (often believing they are wrong, that something is wrong with him or her), about trying to change (praying more, going to a counselor, dating people of the other sex), yet finally being unable to deny the feelings

<sup>5</sup>David K. Switzer, "Pastoral Care and Homosexuality," *Homosexuality: In Search of a Christian Understanding*, ed. Leon Smith (Nashville: Board of Discipleship of the United Methodist Church, 1981) 334-52.

<sup>6</sup>Betty Fairchild and Nancy Hayward, *Now That You Know: What Every Parent Should Know About Homosexuality* (New York: Harcourt Brace Jovanovitch, 1979); Switzer, *Parents of the Homosexual*.

and who she or he is. If the person does not volunteer his or her own experience, the pastor would properly invite the person to do so in the presence of the rest of the family. That person usually states that she or he cannot change or even, for many, does not want to change.

What can other family members do after hearing such a statement from one they love? They may simply accept it or at least begin to move gradually toward acceptance. They may say the person is wrong about himself or herself, that the person cannot trust her or his own experience, and that the person ought to change. If the person is not in counseling, they may urge or insist that that be done. This is actually a good idea in this situation, but often the family's purpose is to get the person to "change," whereas the gay or lesbian person's reason for accepting the advice may be different (as is usually that of the counselor or psychotherapist to whom the person goes). Regardless of these or other reactions, can the family members love and accept the person as a continuing member of the family? Such love and personal acceptance are primary goals of the pastoral care.

The pastor needs to realize that what he or she, led by the spirit of Christ, understands to be the goal of pastoral care may not be accepted by some people. Because of the strength of some family members' negative feelings about homosexuality and homosexual persons, even their own family members, they may seem to be impervious to the best efforts of the pastor and remain angry at the lesbian or gay family member and will have nothing to do with the person unless she or he changes. Family members who maintain a hard position against a lesbian or gay family member and who use Bible passages referring to homosexual acts to support their reactions may need to be reminded of the far more numerous passages emphasizing God's love and forgiveness, of Jesus' attitude and behavior toward those in need, and that all Christians are called to the ministry of reconciliation (2 Cor 5:18-20).

Often another issue is of legitimate concern to family members and will be to the pastor as well. What is the gay or lesbian person doing in regard to her or his sexual life? Is the person abstinent, promiscuous, or in a loving committed relationship? Even those who believe that homosexual acts are always sinful need to realize that there is more or less responsible sexual behavior, and that this does make a difference. The pastor has a moral responsibility to discuss this directly with the gay or lesbian person, though of course not in the presence of the family unless that person has brought it up in that setting or responded to another family member's questioning.

It is always important for pastors to remain focused on the primary goals of pastoral care: to minister to the needs of each person and if possible the needs of the whole family system. Pastoral care seeks to elicit the expression of thoughts and feelings and to identify needs. It tries to help people listen to one another, to facilitate understanding, to stimulate mutual acceptance (even when family members may not accept another's behavior), and finally to bring about reconciliation because reconciliation is the will of God. Pastoral care, involving as it does a representative of the community of faith, is a constant reminder to the others that

God is in the midst of the process, a reminder that may be reinforced in the process by particular words of the pastor and by clarification of the scripture. The proper pastoral care context in working with a disrupted and conflicted family is the reality that all of us stand constantly in need of the grace of God.

#### V. WHEN THE HOMOSEXUAL PERSON HAS AIDS

These days it is impossible to discuss ministry to those emotionally close to gay men without the issue of AIDS arising in some way. It is inevitable that it be in the minds of family and friends. Some families and friends, discovering that a person is gay, do discover at the same time that the person is HIV positive or has ARC (AIDS Related Complex) or AIDS itself. This produces a complex intermingling of feelings related to the discovery that he is gay and other feelings related to the attempt to grapple with the reality of the progressive illness and probably inevitable premature death of someone whom they love, but whom they cannot now understand and with whom they may be angry. It is humanly very difficult to be adequately supportive to the gay person with AIDS when the family members are being overwhelmed with their own complex reactions.

Pastoral ministry to the family, to each of its members, and obviously to the gay person with AIDS is crucial. These people may or may not be related to the congregation, but when a pastor is brought into this situation, a prompt, sensitive and skillful response is necessary for those who are disciples of God's Servant—one who did not shrink from any situation. The faithfulness and quality of the pastor's relationship and conversations with the person with AIDS can be a model for the other family members' response to him. Sometimes the family can be reunited in its ministry to this one whom they love and who is also so ill.<sup>7</sup>

#### VI. THE CARING CONGREGATION

A pastor is never just a committed Christian freewheeling around a community looking for and responding to people in need. The very word pastor is defined by the body of Christ. A caring pastor without a caring congregation would be a contradiction in terms. Yet unfortunately it is not always the case that a systematic and long-term effort is made by a congregation's leadership to cultivate a whole congregation which has a pastoral perspective and response.

Guess who's coming to *church* today? In any congregation numbering more than a few people there will always be several gays and lesbians (sometimes married) and several families, one of whose members is homosexual—though not as many as need to be there or would even like to be present. What if the whole congregation knew? How would they respond?

The ministry of a pastor is of crucial importance to lesbians and gays and

<sup>7</sup>For further detail, see Wendell W. Hoffman and Stanley J. Grenz, *AIDS Ministry in the Midst of an Epidemic* (Grand Rapids: Baker, 1990); Ronald Sunderland and Earl E. Shelp, *AIDS, a Manual for Pastoral Care* (Philadelphia: Westminster, 1987); David K. Switzer, *Pastoral Care Emergencies* (Mahwah, NJ: Paulist, 1989) 100-108.

their families and friends, but it is not enough. How comforted and strengthened they would be by worshiping and studying and serving with Christian friends who knew of their sexual orientation or of a whole family's struggle for understanding, acceptance, and reconciliation. Every congregation is God's servant in the world and can fulfill its calling only as it comes to understand itself as a caring and nurturing community in which any human being can experience Christian love.

Pastoral leadership needs to be constantly in the process of preaching and teaching, strategizing and forming study groups, of using whatever means necessary to bring into being a caring congregation for all who feel unwanted, rejected, or pushed to the periphery because of who they are or what they have done: alcoholic persons, others who are drug dependent, the divorced, the mentally ill, gays and lesbians and their families, others. The church is also a family which needs to go through some of the same process with the pastor that parents and friends of gays and lesbians go through. They react with the same feelings and questions when they discover that one of their number is lesbian or gay. Pastoral care of the congregation can play an important part in providing experiences of greater understanding and acceptance and furthering the process of reconciliation to which Christ calls us.