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Religious Attitudes, Homophobia, and Professional Counseling

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During an Australian qualitative and empirical study looking at lesbian, gay, bisexual, and transgender client’s experiences of counseling, and counselor’s experiences of working with minority clients, a large body of unsolicited data emerged related to experiences of religious-based homophobia. Analysis of the data suggests that a lifelong process of posttraumatic recovery for many lesbian, gay, bisexual, and transgender people follows prior experiences of religious-based homophobia. This paper discusses the sociological debate related to how counselors find themselves at the crossroad between a healthy lifestyle model of homosexuality based in well established contemporary professional ethics versus long standing religious-based attitudes and constraints toward homosexuality. This intersection of conflicting beliefs generates a controversial social and political environment in which counselors must make a basic decision to either support minority clients according to ethical guidelines or to side with socially conservative constructs that, rightly or wrongly, rely largely on Western religious traditions.

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Changes in the treatment of homosexuality are in evidence across history and from place to place (Bowers, Plummer, & Minichiello, 2005b). When a sustained sociological analysis is given to the inconsistent nature of attitudes and social policy regarding homosexuality, an acknowledgement of the constructs deployed to censure same-gender love and attraction come to light (Foucault, 1978; Roscoe, 1988). In the West a form of social psychology emerged that was deeply conflated with patriarchal systems of dominance and bolstered by religious biases (Kaufman & Raphael, 1996; Murchinson, 1998). This culture of sexuality came to define same-gender love in negative terms. By the late 1800s the terms “homosexuality” and later its counterpart “heterosexuality” were coined from early studies in psychopathology, forming a dichotomy that come to underwrite contemporary theories of human sexuality (Foucault, 1978; Roscoe, 1988). The “pathological” constructs of human sexuality (and homosexuality in particular) formed an easy bedfellow with existing Christian attitudes of censure.

As a result, later editions of the Christian New Testament used the term “homosexual” to interpret passages from the letters of St. Paul (Helminiak, 1994). As Helminiak pointed out, recent Biblical scholarship suggests that the Old and New Testaments do not refer to a special category of sexuality as we understand it today. He suggested that the Bible does not refer to our present day understanding of homosexuality, and as such when the relevant passages are translated in the future a more accurate phrase to replace the word “homosexual” might be “heterosexual men who have sex with men,” where the primary transgression concerns being unfaithful to their (heterosexual) marriage. In this way, St. Paul’s words related to men “going against their nature” might make more sense, both for his times and in today’s context of sociological and psychological understandings of human sexuality. However, today we are left with generations of people in society, and, more important, generations of counselors, whose beliefs and values are informed by unduly loaded constructions of human sexual identity. This is the case even though contemporary understandings of human sexuality acknowledge a healthy lifestyle model of same-gender love and attraction (Kaufman & Raphael, 1996).

Since the 1970s the pathology model has been partially displaced, religious-based censure of human sexuality has been challenged, and many advances in the social and psychological study of sexuality have been undertaken (Fulton, Gorsuch, & Maynard, 1999; Herek, Cogan, & Gillis, 1999). Yet what existed for centuries as negative attitudes toward homosexuality cannot be changed overnight by advances in sociological and psychological frameworks alone. Health professionals stand at the intersection of old beliefs and values and emerging theories of human sexual identity. This crossroad is
a place of great sociopolitical importance, because when a gay or lesbian youth comes into a counselor’s office for help, what they receive will include the counselor’s beliefs and values about homosexuality. If these values are negatively biased and are further influenced by prejudicial religious attitudes toward homosexuality, the quality of care for clients may be compromised (Australian Counseling Association, 2002).

Approaches that censure homosexuality occur across professional and religious sectors of society and can be seen at every level, from family members’ attitudes to structural prejudice in schools and churches to the attitudes of counselors (Bowers, Plummer, & Minichiello, 2005a, 2005b). The primary environment for experiences of isolation, lack of understanding, and prejudice are peer groups (Plummer, 1999) and the family (Kaufman & Raphael, 1996). The Gay, Lesbian, and Straight Education Network (GLSEN, 2003) conducted a National School Climate Survey of gay, lesbian, bisexual, and transgendered students in the United States. The results confirm studies conducted over the past decade and expanded our notions of the correlation between homophobic abuse and student performance. The study “reported a direct relationship between in-school victimization, grade-point averages (GPAs) and the college aspirations of LGBT students” (GLSEN, 2003, para. 1). The study also showed that “4 out of 5 lesbian, gay, bisexual and transgender (LGBT) students reported being verbally, sexually or physically harassed at school because of their sexual orientation” (GLSEN, 2003, para. 1).

Other sociological evidence suggests that internalized homophobia in gay and lesbian people continues to be of great concern (Herek et al., 1999; Ross & Rosser, 1996). McLaren, Belinda, & McLachlan (2007) reinforced these concerns within an Australian culture of male homophobic attitudes, suggesting that a sense of belonging for gay men needs to improve alongside a reduction of homophobic social attitudes. Furthermore, Mason (2007) linked hate crimes with a moral category that justifies violence toward gay and lesbian people based largely in religious constructs.

These findings are again confirmed by other recent studies, including the Egale Canada (2009) who supported the first national climate survey on homophobia in Canadian schools. The report suggests that of over 1,700 school student participants over,

- Three-quarters of LGBTQ students feel unsafe in at least one place at school, such as change rooms, washrooms, and hallways. Half of straight students agree that at least one part of their school is unsafe for LGBTQ students.
- Transgender students are especially likely to see these places as unsafe (87%).
- LGBTQ students see more places as unsafe for LGBTQ people than do straight students, and transgender students most of all (4, 2, and 5 unsafe spaces, respectively). (Egale, 2009, para. 5)
Significantly, the national survey (Egale Canada, 2009) shows by comparison and over time that while the discourse of sexual and gender diversity is now into several new generations, the underlying issues of homophobia are nonetheless prevalent. For example, the survey showed that “three-quarters of all participating students reported hearing expressions such as ‘that’s so gay’ every day in school” (Egale Canada, 2009, para. 6). Likewise, “half heard remarks like ‘faggot,’ ‘queer,’ ‘lezbo,’ and ‘dyke’ on a daily basis.” And “over half of LGBTQ students, compared to a third of non-LGBTQ reported hearing such remarks daily” (Egale Canada, 2009, para. 6). Of significance in regard to the biased practice of teachers, “LGBTQ students were more likely than non-LGBTQ individuals to report that staff never intervened when homophobic comments were made” (Egale Canada, 2009, para. 6). These findings are helpful to consider in light of the bias and prejudice tabled among counseling professionals whose practice may also be influenced by prior social scripts based in homophobic social norms (Bowers et al., 2005b). The survey also revealed that “current students were even more likely than past students to hear expressions like ‘that’s so gay’ in school.” In addition, that “current students were also more likely than past students to hear homophobic comments from other students every day.”

Allen and Oleson (1999) investigated the relationship between internalized homophobia, shame, and self-esteem in gay men. Participants were 90 22–65 year olds who self-identified as gay and who responded to three questionnaires and a demographic survey. The results indicate that the longer the men were out of the closet, the less shame and internalized homophobia they experienced and the greater their sense of self-esteem. However, a broad sociological analysis suggests that gay men may in fact be manifesting the affect of psychological dissonance (shame) as a way of coping with extreme social circumstances. These issues appear to be ongoing as many sectors of society have not changed in consistent ways over the past two decades. These insights are confirmed by a later study by Gold, Marx, and Lexington (2007), in which a study of 74 gay male sexual assault survivors showed significant issues related to internalized homophobia associated with increased difficulty in dealing with their posttraumatic stress. Difficulties with coping and moving on with life are compounded by the repeat and recurrent nature of homophobia over time. People who are LGBT continue to experience homophobia in the context of organized religion. While the North American United Church and the Australian Uniting Church opened dialogue on these issues during the 1990s (Habel, 1992; Riordon, 1991), other groups such as the Roman Catholic Church appear to remain closed to changing their attitudes, and their antihomosexual sentiments may have actually become more entrenched as evidenced by statements from the Curia over the past decade (Ratzinger, 2003).

Likewise, some counseling agencies owned by Christian churches defend their negative stance toward homosexuality, and some advocate the use
of conversion therapy (Nugent, 1989). The latter is a process by which gay, lesbian, bisexual, transgender, intersexed, and two spirited (LGBT) people are thought to be changed into a heterosexual, a process that has been discredited and is considered dangerous and unethical by professional psychology and counseling fields (American Psychological Association, 2009; Kaufman & Raphael, 1996; Kirkpatrick, 1998). Because attitudes toward homosexuality appear to change slowly, unless counseling students are exposed to positive role models and are challenged to question issues that bring up their otherwise unconscious biases toward these issues, counselors in practice will continue to carry negative attitudes toward human sexuality and gender issues in particular (Bowers et al., 2005a). Rosik, Griffith, and Cruz (2007) confirmed earlier findings in the literature that people who strongly identify as religious are more likely to condemn LGBT people and show lower levels of tolerance (although this is by no means universal). Following these findings, the author warned that disparaging conservative, religious-based value toward homosexuality may not lead toward a positive outcome for mental health professionals. Finding a way forward appears to be a difficult task that is yet to be adequately addressed in the literature. Most recently the American Psychological Association (2009, para. 1) issued a statement suggesting that there is insufficient evidence that warrants the notion of change in sexual orientation through therapy, and that “mental health professionals should avoid telling clients that they can change their sexual orientation through therapy or other treatments.”

Social constructionism suggests that religion is a form of shared meaning (Wuthnow, 1994). In this framework religion fulfills desires for belonging to a community of ideas, beliefs, and values (Fulton et al., 1999). Religious meaning may mitigate human suffering and provide rituals that help make sense of significant life events, particularly for minority members of society like gay and lesbian people whose needs are strong for positive models of self (Glaser, 1990). From a developmental perspective, religion provides security during difficult changes (Kirkpatrick, 1998). Attachment to a god may soften the blow of loss. As such, religion offers an understanding of issues of life and death. Religion in this sense may be more akin to spirituality, the latter being understood as a process of making meaning that may or may not have “religious” connotations. This process of gaining a personally affirming spirituality appears to be important to many gay and lesbian people (Tan, 2005). Likewise, Glaser (1990) suggested that personal frameworks for understanding life are dynamic and may change with new influences. Allen and Oleson (1999) suggested that by coming to terms with sexual identity, gay men often face internalized shame associated with homophobia. The process of working toward a positive self-identity often includes reframing spirituality—life meaning—in ways that support the person’s moving forward in life (Glaser, 1990).
Even while society has moved forward to a great degree, our research data suggests that these new developments in understanding human sexual identity are not penetrating mainstream counselor education programs; the data suggests that many counselors still carry outdated concepts of homosexuality. This concern is echoed in literature consistently over the past 30 to 40 years and is a contemporary concern within the helping professions (Hoffman et al., 2000). Evans (2003) reinforced these concerns in her study of Christian self-identified counselors, many of whom demonstrated “incongruence” between religious and scripturally based beliefs verses professional counseling ethics based in a healthy lifestyle model of human sexuality. However her study does not reveal the qualitative voice behind these concerns, which this paper aims to provide.

RESEARCH

Our research, based in Australia, began with an interest in exploring via a grounded theory approach (Minichiello, Sullivan, Greenwood, & Axford, 1999) the perceptions of heterosexual, gay, lesbian, bisexual, and transgender counselors and gay, lesbian, bisexual, and transgender clients of counseling. We wished to explore participants’ perceptions of the treatment of gay, lesbian, bisexual, and transgender people in counseling. From this research there emerged a large body of unsolicited data related to religious based attitudes and practices in the context of counseling minority clients. Analysis of this data warranted discussion of these issues in the peer-reviewed literature with suggestions for further study offered toward the end of this paper.

METHODS

This study utilized an interpretative and social constructivist approach via grounded theory that sought to explore how participants located their experiences of counseling in relation to issues associated with minority identity (Morrow & Brown, 1994). From this theoretical perspective we began with the premise that people both experience and shape reality according to the way meaning is constructed around that reality. For these reasons, the study gathered data in order to better understand “reality” as defined by participants with minimal interference from researcher bias.

To further ensure a rigorous design, interviews were structured in a way that information was unsolicited and terms such as prejudice, bias, and homophobia were not used by the researcher and were not contained in the Participant Information Sheet where the project was simply titled “Constructing Counseling Awareness.” If and when these terms were used by participants the interviewer inquired by asking nonleading open-ended questions that
encouraged the participant to describe their experiences further. In many instances, participants did not specifically label their experiences as prejudice, bias or as homophobic per se. Rather, many participants described social interactions that appeared directly linked to their sexual and/or gender identity and that were in some manner difficult, traumatic, and that appeared to increase their sense of social isolation. Only subsequent analysis of themes emerging from the data suggested the strong linkages between these experiences and an overarching theory of homophobia as a social phenomenon.

The project used theoretical sampling (Llewellyn, Sullivan, & Minichiello, 1999) and began with a sampling frame that identified that participants would be adults 18 or over, from rural and urban areas, clients and counselors, and that clients would consist of gay male, lesbian female, bisexual male and female, and transgender male-to-female and female-to-male (LGBT). Counselors would consist of heterosexual people as well as from the same minority groups specified above. Thirty-four adult participants were interviewed, consisting of 18 clients and 16 counselors. Clients’ experiences of counseling varied from single sessions to lengthy therapeutic relationships that spanned several years. Counselor status varied from new practitioners to senior practitioners and included professionals with specialization in sexual and gender minority issues to counselors who had very little experience in the area. Several people had overlapping client/counselor identities. Interview duration was between one and three hours, and total recorded interview time is estimated at 56 hours. Interviews were audio taped. Three open-ended questions were used in all interviews: (a) Can you tell me a bit about yourself and how you came to be where you are now? (b) Tell me a bit about your experiences of counseling or working with gay, lesbian, bisexual, and transgendered clients and, (c) If you could speak directly to counselors, what would you tell them that you most want them to know about working with LGBT clients? The interviewer then asked probing questions to follow up lines of inquiry arising from the participant’s responses.

Participants were recruited through three methods: by snowball referrals, by posting requests for volunteers on community e-mail list servers, and by contacting counselors in the telephone directory. Client participants comprised four gay, six lesbian, four bisexual, and four transgender participants. Several counselor participants identified as gay male and bisexual female. No lesbian counselors were accessed during the study, though one client who identified as lesbian was a social worker and another who identified as bisexual and “polyamorous” worked in sexual health. When the project began, counselors were chosen based on their expertise in sexual and gender counseling. It was felt that hearing their perspectives may help the project focus on relevant issues. Later, counselors who had no experience in the field were sought to offer a contrast. The counseling practitioners included psychologists, clinical psychologists, clinical social workers, health workers who also worked as counselors, private practitioners, ministers of religion,
alternative practitioners, and counselors in several fields including individual, couple, and family work. Ten client participants came from rural settings and eight from urban settings. The urban based clients consisted of two lesbian, three bisexual, and three transgender people. Eleven counselors came from rural settings, and five from urban environments.

Data analysis proceeded from verbatim transcripts of interviews. A coding process was used that linked emerging ideas directly with words used in the data. Over 800 codes were developed and sorted into categories of logical coherence by using a qualitative data analysis software package (Qualitative Solutions and Research, 1997). The codes were examined by a team of four researchers from different sociopolitical and professional backgrounds who were able to comment on emerging thematic analysis and ensure coherence. The most dominant themes related to homophobia in family, church, and local social environments (Bowers et al., 2005b) and homophobia in counseling practice (Bowers et al., 2005a). These reflections suggest that “homophobia” describes a phenomenon related to experiences of bias, prejudice, and discrimination in everyday life and in counseling.

Each stage of the analytical process was documented by analytical memos that expressed the rationale for grouping together persistent codes into categories that were identified by a dominant idea from the data. As categories were clarified throughout the coding process they were subsumed into larger thematic groups. Client and counselor data was coded according to themes that emerged across the complete sample, with an emphasis on client-initiated themes. Themes relating to homophobia that were documented fell into three areas of experience: (a) family, school, community, and religious; (b) healing from homophobia; and (c) counseling. Several themes were excluded because of resource limitations; for instance, medical and psychological issues associated with gender reassignment.

The following section discusses themes related to religious attitudes toward homosexuality. In line with standard qualitative methods, the following quotations are not framed by extensive researcher-driven concepts. The major categories for analysis are displayed but are grounded within the quotes. The participants’ words are highlighted in a way that allows them to speak for themselves. Many insights can be gathered in this manner, many of which are intentionally left to the reader to consider and explore further as a form of interpretative dialogue with the data.

**RELIGIOUS-BASED EXCLUSION**

Many participants described being excluded by their churches once they could no longer hide their gay, lesbian, bisexual, or transgender identities. From these stories the notion of religious-based exclusion evolved to describe religious values we may interpret as forms of religious-based
homophobia. For example, Adam was allegedly expelled from his church because he came out at the age of 29:

It was an issue about what communities am I plugging myself into by identifying as being gay. So there was a transition... out of the church I'd been heavily involved with. It's an issue... because I choose to add this label to myself, which this church doesn't allow me to... It excludes me. I don't choose to be excluded... I enjoyed the sense of sharing.

Disconnecting from his church led to a period of isolation and later efforts to create community among gays and lesbians:

Communities are powerful in terms of forming and informing personal development. And I struggled to create community in the... gay and lesbian world that I'm in because I find that it doesn't exist for all sorts of reasons, partly because we're embedded in a world that tries to make us feel worthless. When you're feeling worthless, it's hard to create community.

The common experience of participants suggested that homophobic attitudes toward gays and lesbians may be common within churches. Bert suggested that homophobic religion can cause wounds that take a lifetime to heal:

The scars of Christianity take a long time to heal... even fifty years down the track you have five minutes of... reconsideration... it's an imprint, that's why you don't think about it in your day-to-day life, it's sort of like little seeds of doubt... creeping in... and its sort of like, jeez, I wish that really wasn't happening.

Claire, a lesbian in her 40s at the time of interview had mustered courage to reach out for help during her early 20s:

I felt there really wasn't anywhere to go and there wasn't anyone to get help from, and I wasn't religious, although I tried that for awhile because I thought that might be a place that I could get help. But... they were interested in their own agendas. They weren't interested in noticing that I was in need of healing... The church was more concerned about me becoming baptized and Christened and all the rest of it.

Claire's experience of the churches having their own agendas was not uncommon. These agendas likely work in concert with the categorization Bert experienced. There appear to be many assumptions around what constitutes helping and healing in both religious and secular environments. The lesson learned from Claire's experience is that assuming anything about what is
helpful and healing for another person can be misguided. The best option may be to ask nonleading questions and to listen to what people express as their needs.

INTERNALIZED RELIGIOUS-BASED HOMOPHOBIA

From experiences of exclusion in religious-based homophobia it was also clear from the stories that participants internalized these attitudes. Their stories suggested the extreme personal difficulties that being excluded had created in their lives while also trying to deal with the detailed attitudes of prejudice toward homosexuality that they had taken on board as part of a personal philosophy. Feldon, a gay man in later life greatly distrusted himself because he had internalized religious-based homophobic attitudes:

At this stage in my Christian career, I am very careful with regard to any Christian institution.... Being a Catholic, well lay monk, if you like... gave me a very strong sense of identity, which was reinforced by the public perception of me.

For most of his life he lived within this socially acceptable construct of “lay monk.” He admitted that this was a form of living “in the closet.” Homophobia prevented him from experiencing love for many years, but in his 50s the extreme denial of himself changed after he fell in love:

The experience of my loving relationship has caused me to reflect deeply, and that means theologically and scripturally, on the received traditions of hostility to homosexuality... in the Christian tradition.

Feldon's internalization of (homophobic) religious values was expressed in a chronic self-censoring, social isolation, and the projection of this conflict in his counseling practice. While it is by no means universal among gay men, Feldon personally expressed remorse that his actions colluded with homophobic attitudes of many nongay individuals in his life. For years he had followed the instructions of a local bishop who suggested gays and lesbians must be celibate, fast and pray, and deny their sexual urges:

I have to report... that on the occasions when I did deal with people who had sexual difficulties, I was still in the closet. I fear I did damage. With the best of intentions. And with the bishop's wholehearted approval. He told me so in writing. I am quite embarrassed by, as I recall, some of the things I have said to two individuals who were gay. But more particularly, what was said to a number of parents who were really uptight about the issue in regard to their children.
Feldon explained his mind-set at the time:

The view that I gave to those parents...were based in the Orthodox position, for which I was commended by the bishop in writing. Now, why did I do that? Because that was my source of authority and I considered that the source of authority was bigger than I was as an individual. In other words, I allowed the institution to dictate to me, and that is one of the things I profoundly regret, because I didn't do those people very much good.

Feldon spoke of working with a gay male client:

One young man, a university student, who was HIV positive, came to see me and was referred by a priest. The only advice that I could give was the classical advice—celibacy is your only option. And he said, you are no help to me at all. But I had the authority behind me...but I was wrong! I was wrong! Because that didn't meet his present need. And he was in a stable relationship. And I thought afterwards, how arrogant. Who was I to be telling him that celibacy was his only option even if I had the authority of the Church behind me?

The client complained to his priest, who rang Feldon and told him he was incompetent. The Roman Catholic bishop in question later confirmed Feldon’s actions were right and the priest was wrong. The “Orthodox” stance is well supported by centuries of negative attitudes toward homosexuality, though not all members of the institution share this perspective. Feldon was now actively reinventing himself:

On the basis of these experiences, which were pretty awful, and other experiences including intensely private ones, I had concluded that...institutions, particularly religious institutions, are to be treated with the greatest of caution, particularly in the area of sexual morality.

Lilliana, a bisexual women and counselor, suggested that the greater the degree of religious influence in a person’s background, the higher the likelihood of struggle with their sexual identity:

Those who are from strict religious backgrounds really struggle with their sexuality a lot more than those who aren't...I do see people who struggle with their religious beliefs, their desires and their sexuality. In a rural community where you go to the pub with your mates, you play sport with your mates and your family watches, and often your family is involved, and you go to church with your family, if you're not into those three groups, then you are an outsider.
Julian, a gay man, fought any realization of his gayness because of strong religious messages he had internalized most:

I realized then that I think I wanted to look at men and I let myself. I never let myself look at anyone sexually forever. And I realized I liked it. So I began to explore that then, and the religious guilt was pretty major.

Jack, a heterosexual counselor and Anglican minister specializing in sexual minority issues, said many of his clients also face many posttrauma recovery issues due to church involvement:

I think much of the issues around sexuality came out of the church involvement where people had been pained and hurt and particularly in the area of HIV.

Mention of HIV in the context of religious homophobia suggests that with the presence of the disease the degree of homophobia increases. Jack added:

Where you’ve got the double taboo, the person being diagnosed with HIV and then having to talk to their family that they’re both HIV positive as well as gay…then just exploring with them some of their life history, you find in terms of the churches and institutions, they’d been rejected, and put on the outer; they were sort of immoral, gross, sinners.

One young man came to Jack after they had known each other for three years. Jack suggested the degree of trauma the client experienced had created a lengthy process of gaining trust enough to seek counseling and to eventually open up about his story:

He’d been involved in a parish council, youth groups, and a key member of the church, but had some doubts about his own sexuality in terms of heterosexuality. He went to this clergyman and sought to explore with him and just question. The person…listened to him but virtually told him he was evil and bad. Then a couple weeks later he found that he was been publicly denounced and he was refused communion.

Regarding his work with gay clergy, Jack said:

I’ve dealt with a number of them in that position. I’ve had to be mindful of ensuring they weren’t outed because of the potential damage to them, to the church, to their future.

Showing the extent of religious homophobia in churches, even the specialist counselor in this area conceded that when a clergy member ‘comes
out” the action will likely cause damage to everyone involved because of the stigma associated with being gay. He described that his approach in these cases was around giving them the opportunity to explore who they were and find a way of expressing that, or expressing it sort of sexually in a relationship if that is what they wanted, or finding a way of dealing with it for themselves.

Bob sought out the help of a Baptist minister when he was younger. He described this as “was one of those first disclosures, when a youth was reaching out for help”:

I was still in high school, and I had a lot of respect for the minister of our church and he seemed to be a very tolerant person. . . . I went to see him and confided in him and told him that I was attracted to men. . . . He listened sympathetically and more or less indicated that I should pray about it, that I should pray and be healed . . . he said not to feel ashamed, but simply that it was probably just a phase that I was passing through, and to pray about it.

Though Bob’s experience happened during the 1950s, the other participants confirm that similar experiences are still happening. For example, Margaret, a heterosexual counselor who works in an Anglican church based agency, suggests that although the agency’s policy was to bracket “religion” unless the client brings it up first, homophobic attitudes may come forward when church-based counselors work with gay and lesbian issues. The issue of bracketing is an important one. It is commonly recommended in counseling training and used as a strategy to deal with sensitive and taboo issues; however, it is important to ask whether it really is possible for practitioners to “bracket” their attitudes about deeply taboo issues. In the Australian context, significant doubts arose when it was recently shown that the care offered by medical practitioners was materially affected by their attitudes and that bracketing may not offer genuinely safe environment in which to seek care (Khan, Plummer, Hussain, & Minichiello, 2008).

I mean it’s Biblical, but it doesn’t really come up. We are certainly trained to accept everyone. As I said, it was interesting with this fellow because I mean I’d probably have principles myself before that. And then when I saw him and I saw how helpful going to the Sydney Mardi Gras was going to be for him, to be able to be himself, and basically that’s what people need to be able to be themselves, isn’t it?

Margaret hesitated, and the conflict between her religious-based values toward homosexuality verses her professional training became obvious and part of the discussion. She brought up Sy Rogers as an influence in her
practice. Mr. Rogers belongs to Exodus International, a transdenominational Christian organization that condemns homosexuality as a sickness needing the cure of prayer and faith. Mr. Rogers claims to have been a male-to-female transsexual on the path of sexual reassignment surgery when God intervened. Margaret spoke about meeting Mr. Rogers:

He's married with a fourteen year old daughter now...he told me some things which I've used in counseling, just different perspectives...showed in his life, and how do I change that path. And basically he was saying that God changed him.

When encouraged to define her beliefs more clearly, she admitted to not having the answers. Part of her believed that God changed Sy Rogers from a miserable gay transsexual into a happy heterosexual male, and part of her did not believe his story applied to other clients. But she admitted his story influenced her practice and that she used his insights with clients who wanted to “change out of homosexuality.”

Kylie, a bisexual women, said:

I think religion is one of the biggest problems. A lot of these things will be intensely worse in smaller towns, smaller communities...I can't even think what it would be like if I was brought up in a Presbyterian kind of way and...went to talk to a counselor and they're sitting across the road from the church....I mean it might go against everything the church stands for.

This quote highlights in a visual picture of the battle of authority that is now waging between negative religious-based attitudes toward human sexuality (and sexual difference in particular) verses modern secular-scientific findings and related professional ethics. The question of whose authority and validity warrants a practitioner’s loyalty in relation to ethical practice with sexual and gender minority clients ought to be clearly delineated by professional counseling associations. In spite of the valuable work that has been done in this area already, there appears to be a lack of clarity on the part of practitioners working in the field.

HEALING FROM RELIGIOUS-BASED HOMOPHOBIA

The foregoing experiences of exclusion, religious-based homophobia, and internalization of these attitudes suggest that long term and often lifelong issues arise for minority populations in healing from homophobia. The life experience of participants suggests that an ongoing process of posttrauma recovery needs to be acknowledged. As Kylie suggested:
I think organized religion is one of the downfalls of our society. It brings a lot of denial, fear, and anger, and I think a lot of people are sick, physically sick, because they hold a lot within themselves....It's the shame, fear, and guilt, even for the fact that they are not supposed to masturbate at all. It's like this...shameful thing they carry around inside.

To move beyond isolation, participants began creating new meanings associated with their emerging identity. Bert, a bisexual male, suggested:

I'm not religious. I am spiritual. But...spirituality too can conflict. Sometimes I see the world in merely physical, biological terms and that we are controlled by our genes...but then again I get spiritual again, because I am a living, breathing, sentient being, and I'm going to die as well.

From a kind of existential philosophical gaze, Bert reflected on sexual identity as one facet of the circularity of life and death:

Physically my body, let's look at the physical. It's a circle. Because the atoms and the like that are in it are going to go into the ground and become part of the dirt and the worms will eat it and the like. That itself is a sort of circularity and a sort of spirituality, even in purely physical terms.

As a young man, Bert's identity issues inspired him to study world religions and science. He was looking for a way of understanding his life experience. He related this search to the lines of a pyramid that were directed toward one objective:

You can imagine the peak of a pyramid with one hundred different lines or a thousand or a million lines drawn from the base somewhere up into the peak. That is where they are all heading. It's not the one and only way, it's like creating a better map, better road map to a destination, clear lines, instead of tattered.

For Bert, the search for truths that have personal value included open exploration of different lifestyles and sexuality:

Some people will try to reach this point of...self-actualization through various means...some people will do it through religion and some people will do it through pure physicality. Some days I can walk around and see a tree and it's like I feel at one with it...I see it and appreciate it and it is becoming more and more often. I'm not going to go up and hug the tree but I'm not saying that I wouldn't. I've done it before. I see the unity. I'm calm, and that's a change for me. I'm calmer.
Coming to a sense of his personal spirituality and his embodiment led this individual to a state of peace (Scharen, 1998). Through his realizations, his sexuality became integrated into a new worldview:

I see the way that sexuality fits into the overall picture I have of the world, and it is consistent, I believe with it being mixed, having experienced both extremes and everywhere in the middle. It is thoroughly explored. I see it as absolutely consistent with what I do in every other aspect of my life.

Revising Feldon’s narrative, he added that after extensive personal work his sense of sexual identity had changed:

With regard to...the sexual dimension of my body, I am now...theologically, in scriptural terms, personal terms, social terms, I am just thoroughly comfortable with who I am and with my sexuality.

Feldon also maintained loyalty to a revised sense of religious values:

I needed to integrate them together. I couldn’t just reject them...so many gay Christians say oh, stop that, I can’t do that. I have to be able to integrate sexuality into my belief system. That set me on the way to the whole process of reinvention of tradition...The desire to reach out to that reality we call God, the desire to hold another human being erotically, they come from the same source.

Indeed, the further he explored these issues, the more he decided it was necessary to articulate for himself a gay-positive sexual theology:

I was a person of dignity and worth and was determined to look at my life that way. I began to develop a sexual theology of my own because I had no choice. I had to do it on my own....My sexual orientation and my sexuality in general is absolutely, unequivocally integral to my spirituality...and I will tell anybody that, including the Pope, if he would listen to me.

Many gay and lesbian people are re-claiming and revising religious traditions to incorporate their emerging self-affirmation (Benkov, 1994). In each way, all of the participants in this study were engaged in a process of self-actualization in relationship to recovery from homophobia and self-redefinition posttrauma.
CONCLUSION

The findings of this study focus the debate around the importance of maintaining strong professional ethical guidelines for practitioners in counseling, psychotherapy, and allied health care practice. The strength of the argument is partly based on the fact that the study, as it was intended, was designed to explore issues unrelated to religious experience. However, the unsolicited data gathered in this regard, although somewhat surprising in its directness and robustness, nonetheless confirmed our emerging hypothesis that issues of prejudice were involved in minority practice among counselors. During the analytical process we confirmed that these layers of bias, prejudice, and their associated behaviors indeed constituted the mechanisms of homophobia active within counseling practice. Therefore, the importance of discussing this data in the peer-reviewed literature became heightened.

Lesbian, gay, bisexual, and transgender people along with counselors of all sexual orientations who participated in this study suggested that religious contexts are problematic. Religious attitudes, beliefs, and associated behaviors tend to encourage repeated traumatization for minority clients, resulting from therapist's intended or unintended expressions of homophobia. Regardless of the well meaning nature of many counselors’ practice, somehow their underlying attitudes, beliefs, and associated behaviors are “overlooked,” or “understandable,” or “forgiven,” or more overtly “justified” by religious frameworks of meaning that counselors bring into therapy from past and/or present cultural, spiritual, and/or religious affiliations. Whether these mechanisms of prejudice are consciously held or unconsciously maintained is beside the point. Most people would agree that the focus of professional practice ought to be based on clear and conscious ethical guidelines, which in contemporary contexts relies on the healthy lifestyle model of human sexual and gender diversity.

A continued examination by the counseling profession is warranted in regard to correctly understanding and reinterpreting Western religious traditions in light of contemporary understandings of human sexual and gender diversity. Contemporary readings of ancient spiritual texts can reveal significant layers of insight for present-day practice, particularly when based in a balanced scientific as well as an ecosocial-psychological perspective. From the religious side, Helminiak (1994) suggests many theologians are revisiting the Hebrew and Christian scriptures and are concluding that balanced hermeneutics does not produce homophobic sanctions against sexual and gender minority lifestyles. Likewise, our general knowledge suggests that many churches are responding to this trend in appointing gay clergy, including bishops and other leaders, and that Christianity (and other religions) are by no means universal in their homophobia. As a result, counselors who rely on religious justifications for their prejudicial treatment of clients are walking on increasingly shaky ground.
While the evidence suggests that the central issue of maintaining ethical and legal standards of care remain problematic, particularly in a discipline where many agencies are run by independent churches who may elect to overlook, circumvent, or outright ignore professional ethical guidelines set up by mainstream professional associations as well as legislated by various levels of government, we are also convinced that this social and historical process of gaining recognition across the professions for the healthy lifestyle model of sexual and gender diversity is well underway, albeit far from concluded. We have noted that the dubious practice of conversion therapy is increasingly in the domain of extremists who may be driven by an otherwise ideological agenda. We have likewise noted that bias does infiltrate everyday counseling practice and can have detrimental impacts on clients. It is worth highlighting that many participants, both clients and counselors, expressed a high degree of ambiguity and a lack of clarity between what appear to be long held cultural and religious frameworks verses information received through education that is called into doubt when issues of sexual and gender diversity are raised. The intrapsychic landscape suggests that long held social scripts are not easily discarded. When “sensitive” or “controversial” issues are perceived, people tend to rely on preexisting scripts to navigate what appear to them as difficult ethical decisions. In these cases, practitioners in particular appear to rely on personal dispositions to sort out perceived ethical dilemmas. When their disposition has been influenced by prior scripts based in outdated ethical standards, without clear training or guidance around contemporary culture and ethical expectations, their professional judgment can be compromised and may warrant claims of incompetence.

Across the sample the evidence suggests that minority clients experience homophobia in counseling. The data shows that practitioners are uncertain of how they ought to proceed in working with minority clients. This situation exists even when conclusive evidence supports a healthy lifestyle model of human sexuality and when ethical frameworks for gay-supportive practice are now institutionalized by the major professional bodies internationally.

The point ought to be considered that everyone loses when homophobic attitudes are wedded to religious and/or faith expressions. To separate out homophobia from religion can be accomplished by first understanding the negative impact of discrimination on the lives of minority people. This impact is extensive, touching every area of life, including general health and well-being. Recovery from these difficult experiences is potentially a lifelong process. That traumatization and harassment allegedly happens in what is often viewed as the most trusted and sacred of social settings ought to be of great ethical and legal concern among the helping professions.

To further separate homophobia from religious beliefs, we can reflect on how attitudes toward homosexuality tend to be culturally relative and socially constructed and are not consistent across time and place. By
understanding how gender and sexuality are socially and culturally grounded within constructs that are diverse and quite creative within human societies, we can engage a new scholarship within the helping professions that supports a more comprehensive appreciation for gender and sexual diversity.

We note that over time within Western nations, there has been a process of values clarification across the whole spectrum of social norms in regard to science, lifestyle, family life, gender identity, and sexual identity. We can also see a similar process of clarification and challenge occurring from postcolonial studies that raise serious questions about mainstream notions of racial bias and prejudice that underpins much of Western theory and practice, perspectives coming forward from scholarship among Aboriginal American, Australian, and Canadian contexts (Bowers, 2007a, 2007b, 2008). Counselors ought to be encouraged to engage in values clarification to improve the quality of care for minority clients.

In creating an understanding of the impact of homophobia, more humane and just approaches to difference need to be considered by those who take a religious stance. From a professional ethical perspective, tolerance is not enough and likewise neither is “bracketing” of beliefs that run contrary to contemporary ethics. Much like the debate has moved forward in professional secular circles, attitudes need to be challenged within religious sectors of society. Sadly, as many media reports suggest, religious leaders in mainstream Christian denominations are the last to stand up for the rights of sexual and gender minority people. Indeed, sometimes they find themselves aligned with perpetrators when they fail to denounce homophobic violence with the same passion that they denounce other forms of violence. Complicity perceived by people on the streets appears to be a license for further hate crimes. Having a religious stance can no longer be an acceptable excuse for acts of homophobia and discrimination within a civil society where each citizen has equal rights to participation and access to ethical standards of care. This right to equal participation extends to religious and secular contexts, and there remains no rational argument to discriminate on the basis of sexual and gender diversity.

Also consider that both religious and professional communities need to agree on a way forward that understands, acknowledges, and offers tangible support to minority people. Especially where many present day counseling and social service agencies are also church-based, owned or managed by religious groups, and may also be in varying degrees funded by public resources, the ethics of care toward sexual and gender minority people ought to be more clearly defined by professional associations. The implications suggest that harm and retraumatization is likely occurring not only among religious-based counseling practices but that these approaches are being actively supported by frameworks that engage homophobic values under religious authority. A larger context of ambiguity among professionals working in the field but who have little or no exposure, education, or training...
related to these issues is a problem that must also be addressed by counselor education programs. These issues require the timely consideration of every practitioner and person of conscience.

REFERENCES


