

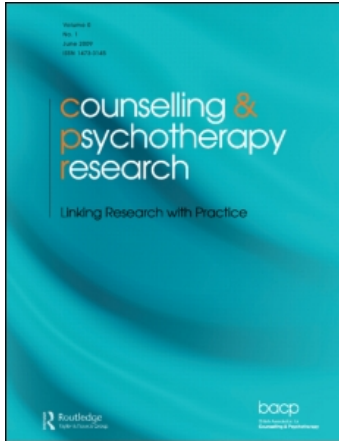
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Christian counsellors' views on working with gay and lesbian clients: integrating religious beliefs with counselling ethics

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Thirty-one counsellors who identified themselves as practising, committed Christians, returned completed questionnaires that investigated how they integrate their Christian beliefs with their professional ethical code when counselling gay and lesbian clients. It was found that although most respondents believed that they were able to accept gay and lesbian clients, a minority demonstrated incongruence in relation to members of this client group, and were judgmental about perceived gay/lesbian behaviours. Counsellors who took a rational stance in their understanding of the Bible and Christianity expressed more open and accepting views. Counsellors with a literalist approach to the Bible appeared to be lacking in acceptance and were unaware that they may not be offering the core condition of respect to their gay or lesbian clients. These findings are discussed in terms of their implications for supervision, research and practice.

Key words: counselling, ethics, religion, sexual orientation, survey

As a Christian I am aware of controversial passages in the Bible, apparently condemning homosexuality, which some Christians claim are unequivocal truths. Homosexuality is currently a 'hot topic' in the Anglican church, of which I am a member, and the Lambeth conference of world-wide Bishops (July 1998) passed a resolution saying that homosexual relationships were incompatible with Scripture. The interpretation by some Christians of the immorality of same-sex relationships may be seen as conflicting with the professional ethical codes published by BACP and other bodies, which demand respect for the client's values. Counsellors who profess a Christian faith may need to resolve the differences that exist between these two stances in order to be congruent with, and accepting of, their gay-male and lesbian clients.

I began thinking about this as the topic for my Masters research because I was taken aback by the strength of my emotional response to a gay family member's 'coming out'. As a couple counsellor with

a large voluntary sector counselling organisation in Britain, I had worked with lesbian couples, believing that I was accepting of other life-styles, but I was unaware of the extent of my own ignorance, and society's prejudice, against gay people until challenged on my own doorstep. It occurred to me that there could be other counsellors who professed to be Christians and who might have a similar ignorance or confusion about gay people in their churches, as well as being unaware of their own prejudices. I had some evidence of this from a colleague (Methodist) who stated that she did not mind men being gay, but they were so promiscuous and flaunted it! Another colleague (Roman Catholic) acknowledged that she was "...much more comfortable keeping my personal beliefs and my counselling 'life' completely separate".

In the Christian literature the debate over morality of sexual relationships centres around what is valid information, what counts as truth and what is seen as God's will. Each Christian denomination takes an

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'official' position, but there are fundamentalist, 'conservative' beliefs and rational 'liberal' ones held by clergy and lay people across all denominations. This confirms the view of Boswell (1980) that discrimination against homosexuals is nothing to do with religion, but more to do with prejudice. The literature on Christian counselling (Collins, 1988; Court and Whitehead, 1996; Davies and Rentzel, 1991) tells us that the 'healing' ministry relies on the assumption that homosexuality is unnatural and the practice of it sinful. This theory is based on Moberly's (1983) selective interpretation of attachment theory and arrested development originally used in psychoanalysis and psychodynamic theory.

Within the counselling and psychotherapy literature, by contrast, increasing attention has been given to gay affirmative therapy (Davies and Neal, 1996; Golding, 1997; Harrison, 2000; Milton 1998) and its implications for training counsellors. However, research recently conducted in Britain (Bartlett et al, 2001; Phillips et al, 2001) has documented a significant level of homophobic attitudes in some psychoanalytic psychotherapists.

The aim of this study was to investigate how committed Christian counsellors integrate their beliefs with their counselling code of ethics and practice when counselling gay men and lesbian clients. The purpose of the research was to foster growth of awareness among such counsellors of the ethical issues and possible bias they may have in counselling gay and lesbian clients, and to bring this issue to the attention of a wider audience, particularly trainers and supervisors of counsellors.

Method

A survey questionnaire was used to collect information about Christian counsellors' attitudes to homosexuality. A letter was sent to 40 Diploma and MA students on counselling courses at two Midlands universities. They were invited to join in the research if they were practising Christians who had attended church at least once in the past year, and subscribed to a recognised counselling Code of Ethics and Practice. This invitation produced 21 respondents. To increase the number of participants the 'snowball technique' was used; colleagues and respondents told me of other counsellors they knew who would be eligible and might be interested. Permission was refused for the researcher to survey the counsellors at a city centre Methodist counselling centre. Further letters were sent out over a period of six weeks. A total of 40 questionnaires were mailed. An additional 10 counsellors were recruited using this technique, giving a total sample of 31 counsellors who were practising Christians.

I chose to use a questionnaire as a means of data collection, rather than carry out interviews, as I felt

this allowed for more confidentiality, gave time for respondents to give a considered and honest response, reduced the chance of deliberately 'politically correct' or 'religiously correct' answers, and minimised any effect of researcher influence and bias which may have been apparent by body language in an interview.

The questionnaire was designed to generate both quantitative and qualitative data and was piloted with two counsellors. There were eight closed questions where a range of possible answers was stated with the question; six semi-open-ended questions (pre-specified answers with encouragement and opportunity for other open comments); and ten open-ended questions, each of which represented a topic about which the respondents were invited to comment freely.

The order of the questions was chosen carefully. To encourage the responses, the first six questions were unemotive (i.e. sex, age, experience, qualifications, theoretical orientation and place of work). There followed a series of questions on denominational affiliation and commitment to Christianity. There were then some open-ended and semi-open questions on feelings towards gay/lesbian people, and on the official view taken of such people in the respondent's church, to probe for more thoughtfulness. These perceptions of gay and lesbian people led on to consideration of how these views might fit with the counsellor's Code of Ethics. There was then a series of challenging questions which were Bible-based and one to ascertain if the Bible was the only influencing text on the person's belief system. The final two questions asked how doing this questionnaire had affected the participant and whether there was anything else they wanted to add. Respondents were encouraged to write freely on the open-ended questions.

The qualitative data were analysed in a heuristic way in that concepts and categories emerged inductively from the data, which I then subjected to thematic analysis. Quantitative data were entered into a spreadsheet.

A significant aspect of my work in this research study centred around keeping a research journal, which was important because of my personal involvement with the topic. In this I charted the progress of my thoughts and feelings from the start of the process, to disclaim any possible bias and in order to explore the personal meaning of the research. Personal therapy was important to me at this time as I found much of the process personally very hurtful. My journal reflects a similar process of 'coming out' as that which may be experienced by a gay person, but without the added element of personal danger. Writing this paper is another stage on my journey, which has taken me four years since completing the research.

Results

Participants

Completed questionnaires were received from 11 men and 20 women. The majority were in the age range 40 to 59. This was an experienced selection of counsellors: seventeen had more than seven years experience. Most held more than one qualification, at least a certificate in counselling, and were currently in training for a Diploma or MA; two were qualified psychotherapists, three already had Masters degrees in counselling, and six were currently studying for one. Most (20) of the participants were in the pews or pulpits at least once a week. Six were ordained. Fourteen respondents were Anglicans, five Roman Catholic, and two Quakers. Seven were non-conformist and three described themselves as Ecumenical. Further information about the characteristics of participants can be found in Table 1.

Attitudes and experience in relation to gay and lesbian clients

The majority (26) of these counsellors reported previous experience of counselling gay or lesbian clients. When asked for their views on sexuality, 20 of the 31 respondents agreed with the statement that "sexuality is expressed on a continuum from hetero- to homosexuality", five disagreed, four chose not to answer this question and two did not know. Counsellors varied in their explanations of same-sex orientation: "part of the variety of creation" (13), genetically determined (10), arising from developmental factors (11), a pathological psychiatric condition (4), resulting from sinfulness (2). Five were unsure and a variety of other answers were offered (more than one response was possible). Three participants reported that sex between gay or lesbian individuals was not acceptable, and six indicated that 'it depends'.

This diversity of opinion was reflected in the open-ended qualitative comments that were made. One response to the acceptability or otherwise of gay people engaging in sexual relationships was:

"Yes if that is their personal choice, although if following Christian beliefs I feel there is some conflict."

A further respondent stated that "I do not believe God created us for same-sex", citing alleged testimony given by a person "who (through prayer) was set free from homosexuality". S/he later stated that "my belief tells me to love the person, but hate the sin". A further judgmental response was "...their sexual orientation is irrelevant. The expression of their sexuality in genital contact would be unacceptable, as is intercourse outside marriage". Overall, 21 respondents acknowledged that same-sex relationships were acceptable, with the

Table 1. Characteristics of study participants

<i>Gender</i>	
Male:	11
Female:	20
<i>Age</i>	
30-39:	6
40-49:	13
50-59:	9
60-69:	3
<i>Have had personal therapy</i>	
Yes:	28
No:	3
<i>Counselling experience</i>	
<=5 years:	16
6-10 yrs:	8
11-15 yrs:	3
16-20 yrs:	3
>20 yrs:	1
<i>Counselling setting (some participants worked in more than one setting)</i>	
Health care	19
Private practice	15
Specialist agency	13
School/college	4
Workplace	2
Christian Centre	1
Parish Service	1
Voluntary centre	1
<i>Theoretical orientation (participants could identify more than one orientation)</i>	
person-centred	24
psychodynamic	17
eclectic	7
CBT	4
relationship	2
Gestalt	1
TA	1
<i>Frequency of attendance at a place of worship</i>	
Daily	1
More than 1/week	6
Weekly	13
Monthly	2
Occasionally	8
1 or 2 times per annum	1
<i>Ordained</i>	
Yes:	6
No:	25
<i>Denomination:</i>	
Church of England	14
Roman Catholic	5
Ecumenical	3
Methodist	2
Quaker	2
Reformed	2
Baptist	2
Pentecostal	1

"Overall, 21 respondents acknowledged that same-sex relationships were acceptable, with the remaining ten participants expressing some level of rejection"

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Tensions between Christian beliefs and counselling ethical codes

Most of the respondents adhered to one of two Counselling Codes of Ethics and Practice: British Association for Counselling (1996) or the Association of Christian Counsellors (1995). The two Codes appeared to offer a sound framework of boundaries within which practitioners could operate. However, on closer inspection there were crucial differences in emphasis. Whereas the BAC Code emphasised respect for whatever the client's values might be, the ACC Code limited respect and placed more emphasis on undefined Christian values, and Scriptural authority, but without specifying how these are determined: whose assumptions, whose translations and whose interpretations we are not told.

The counsellors who took a fundamentalist stance in their interpretation of the Bible believed that homosexual practice was wrong. For example, one respondent wrote that:

"My beliefs are strong. Jesus many times accepted people but also told them to sin no more — to change their ways. I want to be able to accept and support all. I don't have the right to judge, but if I felt pushed and cornered, I believe my beliefs would come out."

However in response to the next question, also on ethics, this same counsellor replied:

"When in my bereavement counselling role, I would respect their losses and respect their confidentiality and right to make their own choices."

It seemed there could be some splitting and incongruence here. The counsellor claims to be person-centered, offering empathy and non-judgmental acceptance. How are gay or lesbian bereavements dealt with?

Eleven of the respondents showed a lack of awareness of their own church's official stance towards gay and lesbian people, or the implications of it:

"To my knowledge we have no gay /lesbian members. Church policy is to love them, but while accepting that biblical beliefs would also be upheld until lifestyle changed and repentance took place, the individual would not be encouraged into any leadership role."

The impact of participating in the research

The final two questions, which were entirely open, produced the fullest responses. Respondents were invited to comment on the effect upon them of doing this questionnaire. Some felt challenged in a positive, non-threatened way:

"It tells me that my social and theological views have not grown and developed apace."

"As I write, I can see areas I need to think through, but that may be because belief does not coincide with what I instinctively feel."

"It has made me think more about my views of homosexuality and religion. I have read more of the Bible today than I have in many years as I wanted to read not only the extracts but the full version. I felt anger when reading that bigoted views still remain regarding homosexuality, and though there is much more tolerance today, many people still hold such judgmental views."

The questionnaire stirred up deep feelings in several people. 'Anger', 'anxiety' and 'irritating' were all words that were used. Some reported feeling 'trapped', 'put in a box' or 'cornered' in relation to the topic of the research questionnaire:

"There was a fear of being cornered. Perhaps that's no bad thing! ... In order to reply I felt my real self got constricted somehow, or is that how I feel? I sit fairly light to what obviously bothers many Christians (and RC's!)"

However, some participants appeared to be struggling with internalised homophobia, of which they might not be aware, or which they chose to avoid addressing. Other respondents appeared confused, or ambivalent, in their thinking about the position of gay and lesbian people in relation to their own religious beliefs.

"I felt angry and impatient at some of the questions, lost and puzzled at others. I felt like the questions were trying to fit me into a box that I don't fit easily into. I'm perhaps not a very conventional Christian and am interested in all the great religions and what they have in common. Q.22 was the most difficult because I can see what is meant by the churches saying that same-sex relations are unnatural, but I do not wish to deny anyone their sexual leaning. I don't feel that it is my job to judge in the particular."

Seventeen (55 per cent) spoke about acceptance. There were also those who seemed to be truly integrated. They did not have global views on the behaviour of gay men and lesbian people. Nor did they have a fundamentalist literal belief in the Bible. Twenty-one counsellors (68 per cent) explicitly

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emphasised the importance of acceptance for same-sex relationships and twenty-seven (87 per cent) expressed horror at the quoted Biblical texts which condemned homosexuality. Integrated counsellors generally believed that sex was on a continuum from homosexuality to heterosexuality, or that sexuality itself is culturally defined. They had no problem in acknowledging a homosexual part of themselves.

Overall, the results of my research showed that two-thirds (21) of my sample were accepting of gay orientation and behaviour. The remaining third (10 participants) were either homophobic or confused in their thinking and worryingly unaware of their prejudice. Taking their responses across the whole questionnaire, it appeared that four participants would have a serious difficulty in counselling gay or lesbian clients objectively and with respect.

Discussion

Although the research covered a limited number of participants, the findings suggest that some counsellors need to look at their own belief systems more profoundly so that they may assess their compatibility with their professional Code of Ethics. Some respondents to this questionnaire demonstrated a lack of self-awareness, or of thinking in depth in relation to the implications of their religious beliefs for their counselling practice. Translations of the Bible may be historically grounded and subject to different interpretations, but the BAC Code of Ethics is clear and has not changed fundamentally, even in its BACP (2002) update. Counsellors are required to offer respect to every client with whom they contract. If the struggle of counsellors to do this can be more openly acknowledged, and brought into everyone's awareness, then more specific counsellor training, and attention to these issues in supervision, could be provided, which will help us all to integrate our beliefs with our Ethical Framework for Good Practice in Counselling and Psychotherapy.

The findings of this study reinforce the observations of Bartlett et al (2001) and Phillips et al (2001) concerning the prevalence of both overt and hidden homophobic attitudes in a minority of members of the counselling and psychotherapy profession in Britain at this time. It is notable that most participants in both the Phillips et al (2001) study and the present investigation had undergone substantial amounts of personal therapy. In the light of the findings of these studies, it would appear that personal therapy, and indeed other elements of current therapy training programmes, do not provide an effective framework within which individuals can constructively develop in relation to basic values. While Phillips et al found that some of the therapists interviewed in their study used psychoanalytic theory as a means of rationalising their rejection of gay and lesbian clients and colleagues, the present study

found no consistent relationship between theoretical orientation and attitudes to sexual orientation. It seems clear that further research is needed into these issues.

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Further reading

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