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# Religious Beliefs and Counseling Ethical Guidelines: Challenges for Catholic Counselors

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# Walden University

College of Counselor Education & Supervision

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Theophilus Okpara

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Walden University
2017

Abstract

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by

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B.D., Seat of Wisdom Seminary, Owerri, Nigeria, 1996

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

The Catholic Church tenets are in dissonance with American Counseling Association (ACA) ethical guidelines regarding same-sex sexual orientation. While homosexuality was removed from the Diagnostic and Statistical Manual II as a disorder, the Catholic Church upholds same-sex sexual acts as grave depravity and disordered. Catholic counselors may face the dilemma of adhering to their religious tenets or their professional guidelines in working with gay men and lesbian women clients. Previous research has indicated that values conflicts between religious beliefs and ACA Ethical Codes on same-sex sexual orientation have resulted in legal issues due to counselors refusing therapeutic relationships or providing substandard therapy to gay men and lesbian women clients. An extensive literature review revealed no studies that exclusively focused on the disconnect between the Catholic Church's tenets and the ACA Ethical Codes. The purpose of this phenomenological study was to explore the experience of values conflicts of Catholic counselors while working with gay men and lesbian women clients. Interpretative phenomenological analysis guided the analysis of data collected from interviews with 9 Catholic counselor participants. Six major themes emerged from the analysis: challenges, comfortable, identification with Catholic faith, personal view of Catholic position, referral, and multicultural training. The study provides insight to counselor educators and supervisors in improving multicultural competence of counselors and students. The study is an important contribution to the existing literature and would enhance social change initiatives through support and acceptance of gay men and lesbian women, which the counseling profession advocates.

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# Dedication

I dedicate this study to the parishioners of Our Lady of the Lake Catholic Church, Lake Village; Holy Cross Catholic Church, Crossett; and Holy Spirit Catholic Church, Hamburg, Arkansas. My interest in graduate study in counseling started and was fulfilled while I served you as your pastor. It was challenging to combine full time pastoral responsibilities to three parishes and full time doctoral program. When the challenge seemed unbearable, those of you who were aware of my academic journey, encouraged me to continue to a successful completion. I thank you sincerely. You are essential beneficiaries of the knowledge I acquired in my academic pursuit as I integrate pastoral and professional counseling skills in my services to you.

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Dr. Jason Patton, you accepted to be my committee chair at the very time I needed continuity and encouragement. Your expertise on my topic area boosted my determination to continue the long and intimidating journey. At each stage of the project, you helped me with scholarly insight to align the entire study. I thank you for reminding me to believe myself especially when the journey seemed overwhelming. Thank you, Dr. Andrew Garland-Foreshee for accepting to be my committee member and methodologist. Your feedback provided more insight and motivation to the successful completion of this project. Thank you, Dr. Laura Haddock, the University Research Reviewer, for painstakingly reviewing this project at specific stages. Interestingly, my choice of the research topic originated during your supervision of my field experience in the master's program. You helped me develop multicultural competence I needed at the time to work with a gay client. I am happy that you were still with me in my academic journey.

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Table of Contents

List of Tables ..... vii

Table 1. Individual Participant Demographics ..... vii

List of Figures ..... viii

Chapter 1: Introduction of the Study ..... 1

Introduction ..... 1

Background ..... 3

Problem Statement ..... 7

Purpose of the Study ..... 8

Research Questions ..... 8

Theoretical Foundation ..... 9

Nature of the Study ..... 10

Research Method ..... 10

Methodology ..... 11

Definitions of Key Terms ..... 12

Assumption of the Study ..... 13

Scope and Delimitations ..... 14

Limitations ..... 15

Significance of the Study ..... 16

Implications for Positive Social Change ..... 17

Summary ..... 18

Chapter 2: Literature Review ..... 20

Introduction ....................................................................................................20

Literature Search Strategy ..........................................................................................22

Theoretical Foundation ..............................................................................................23

Attribution Theory ...................................................................................................23

Application of Attribution Theory in Previous Research ....................................24

Attribution Theory and the Current Study ..............................................................25

Historical Perspectives of Same-Sex Orientation .........................................................27

Etiology of Same-Sex Orientation ..................................................................................28

Premodern Views of Same-Sex Orientation ...........................................................29

Psychoanalytic View of Same-Sex Orientation .......................................................30

Innate or Biological Perspectives of Same-Sex Orientation ......................................32

Environmental or Psychosocial theories of Same-Sex Orientation ...........................36

Homosexuality in and out of the DSM .......................................................................38

Oppositions to the Removal of Homosexuality from the DSM-II ...............................40

ACA Code of Ethics and Cultural Diversity..................................................................42

Counseling Ethical Guidelines on Working with Sexual Minority Clients .................43

Multicultural Counseling Competency Training in Counseling Program ...................45

Multicultural Competency Training in Relation to Same-Sex Orientation .................47

Multicultural Competency Evaluation in Working with Sexual Minority

Clients ......................................................................................................................49

Catholic Church Tenets on Same-Sex Orientation .......................................................53

Counseling Ethical Guidelines and Catholic Church Tenets on Same-Sex Orientation ....57
Value Conflict in Counseling Relationship with Gay men and Lesbian Women Clients ....58
Law Suits by Counselors Due to Value Conflicts ....65
Bruff v. North Mississippi Health Services .... 65
Walden v. Centers for Disease Control and Prevention (2010).... 67
Law Suits by Counseling Students Due to Value Conflicts ....68
Jennifer Keeton v. Mary Jane Anderson-Wiley (2010) .... 68
Ward v. Wilbanks (2010).... 69
Debate on Value Conflicts from the Lawsuits....70
Reparative Therapy....72
What is Reparative Therapy?.... 73
Debate on Reparative Therapy.... 74
Rebuttal to Spitzer's (2003) Influential Study on Reparative Therapy .... 75
Renunciation of Reparative Therapy .... 76
ACA Position on Reparative Therapy ....78
Reconciling Personal and Professional Differences ....79
Summary....82
Chapter 3: Research Method....84
Introduction....84
Restatement of Study Purpose ....84

Research Design and Rationale ....................85
Research Questions .................... 85
Central Concept of the Study .................... 85
Identifying the Research Tradition .................... 86
Rationale for the Chosen Tradition .................... 88
Role of the Researcher ....................90
Researcher Bias .................... 91
Addressing Researcher Bias .................... 93
Methodology ....................94
Participant Selection .................... 94
Identification of the Population .................... 94
Sampling Strategy .................... 95
Sample Size .................... 97
Instrumentation ....................99
Interviews .................... 99
Data Collection and Procedure .................... 100
Demographic Data .................... 101
Data Management Techniques .................... 101
Data Analysis Plan .................... 101
Issues of Trustworthiness ....................103
Credibility .................... 104
Transferability .................... 105

Dependability ... 106

Confirmability ... 107

Ethical Procedures ... 107

Summary ... 109

Chapter 4: Results ... 110

Restatement of Purpose and Research Questions ... 110

Demographics ... 110

Participant Demographics ... 110

Table 1 ... 113

Data Collection ... 114

Recruitment and Number of Participants ... 114

Location, Frequency, and Duration ... 115

Variations in Data Collections ... 115

Unusual Circumstances Encountered in Data Collection ... 116

Data Analysis ... 117

Evidence of Trustworthiness ... 118

Credibility ... 118

Transferability ... 121

Dependability ... 121

Confirmability ... 122

Results 122

Thematic Outcomes ... 124

Challenges ........................................................................................ 124

Comfortable with Counseling Gays Men and Lesbian Women Clients ............ 128

Identification with the Catholic Faith ............................................................. 135

Personal Views of Catholic Position................................................................. 139

Referral ............................................................................................................ 143

Multicultural Training........................................................................................ 148

Summary ..................................................................................................................152

Chapter 5: Discussion, Conclusions, and Recommendations........................................154

Introduction..............................................................................................................154

Interpretation of the Findings....................................................................................155

Theoretical Foundation Findings ..............................................................................163

Limitations of the Study.............................................................................................167

Recommendations......................................................................................................168

Positive Social Change ..............................................................................................171

Conclusion ................................................................................................................172

References........................................................................................................................176

Appendix A: Research Participation Letter ...............................................................200

Appendix B: Informed Consent..................................................................................202

Appendix C: Demographic Questionnaire..................................................................205

Appendix D: Interview Guide.....................................................................................207

## List of Tables

Table 1. Individual Participant Demographics……………………………………………113

## List of Figures

Figure 1. Themes Development ..........................................................................123

# Chapter 1: Introduction of the Study

## Introduction

The American Counseling Association (ACA) is a leading advocate of cultural diversity and nondiscrimination of individuals on any basis including sexual orientation and religion (ACA Code of Ethics, 2014; Council for the Accreditation of Counseling and Related Educational Programs, [CACREP], 2009; Whitman & Bidell, 2014). Yet, inconsistency between counseling ethical guidelines and religious organizations including the Catholic Church on same-sex orientation presents issues in providing counseling services to gay men and lesbian women clients (Balkin, Watts, & Alli, 2014; Bowers, Minichiello, & Plummer, 2010; Whitman & Bidell, 2014). Thus, counselors who strongly adhere to religious tenets that oppose same-sex orientation have either provided substandard therapy or have refused to provide therapy to gay men and lesbian women clients which is contrary to the mission of the counseling profession (Bowers et al., 2014; Herlihy, Hermann, & Greden, 2014; Hermann & Herlihy, 2006). The growing statistics of same-sex attracted population in the United States is such that effective counseling services to gay men and lesbian women cannot be overlooked by the counseling profession. The 2010 United States Census Bureau reported that there are approximately 594,000 same-sex couple households in the United States out of which 115,000 had children (U.S Census Bureau, 2011).

The ACA also acknowledges religion and spirituality as components of cultural diversity that both counselors and clients identify with and may also bring to their counseling relationships (Fallon et al., 2013; Remley & Herlihy, 2010; Sherry, Adelman,

& Whilde, 2010). In a national survey of ACA members on the support for spirituality competencies in counseling, 82% of counselors indicated that they are spiritual and 48% considered themselves as religious (Young, Wiggins-Frame, & Cashwell, 2007). To meet the mental health needs of individuals who identify with same-sex orientation, counselors are ethically required to be multiculturally competent in their practice to foster effective cross-cultural counseling relationships (ACA Code of Ethics, 2014; CAREP, 2009; Chao, 2012; Remley & Herlihy, 2010; Whitman & Bidell, 2014). However, the counseling profession still deals with counselors who demonstrate difficulty in working with gay men and lesbian women clients due to strong adherence to the counselors' religious beliefs, despite their multicultural training (Francis & Dugger, 2014; Kaplan, 2014; Kocet & Herlihy, 2014).

While research on values conflicts of counselors are increasing (Bidell, 2014; Fallon et al., 2014; Whitman & Bidell, 2014), there is still paucity of literature that addresses how counselors cope with values conflicts. Moreover, no literature has been identified which has fully centered on addressing values conflicts related to the intersection of religious beliefs and ethical guidelines from the experiences of Catholic counselors who have worked with gay men and lesbian women clients. This study fills this gap and it is needed to add to the professional counseling knowledge base given that Catholic Church's position on same-sex orientation is in dissonance with the counseling ethical guidelines. I sought to generate from this study potential balance between Catholic Church's tenets and the ACA Code of Ethics on gay men and lesbian women, which could be used to address values conflicts of counselors. This study is timely given

the current stance the Catholic Church is taking toward more acceptance and pastoral care of gay men and lesbians and the increasing public support and acceptance of gay men and lesbians by the United States society which is currently at 57% (Pew Research Center, 2015).

In this Chapter, I have presented a brief introduction to the topic of this phenomenological study, and I also explained the need for the study to be conducted. Going forward in this chapter, I presented the background of the study, which I supported with a summary of current literature related to the topic area and identification of the gap in existing literature. I also presented the problem statement, the purpose of the study, and the research questions which all aligned with the central phenomenon. I presented brief description of the theoretical foundation through which this research was conducted. There will be a detailed explanation of the theory in Chapter 2. I described nature of the study to justify the research design and methodology that I used. I gave definitions of key terms used in this study to avoid misconceptions. Finally, I discussed the assumptions, scope and delimitations, limitations, and significance of the study which included social change that relate to the outcome of the study.

## Background

Diversity and multicultural issues have progressively been incorporated as significant components of the counseling profession since the first revision of the ACA Code of Ethics in 1974 (Constantine, Hage, Kindaichi, & Bryant, 2007; Kaplan, 2014). This inclusion was in response to the increasing diversity of society and the need for counseling services by diverse clientele (Balkin et al., 2014). The counseling profession

advanced its attention to cultural diversity in counseling with particular regard to sexual orientation in 1973 when the American Psychiatric Association (APA) removed homosexuality as a mental disorder from the Diagnostic Statistical Manual (DSM-II) (Drescher, 2012; Lev, 2013). Thus, developing multicultural competence became an essential professional requirement for counselors to ensure that culturally diverse populations including gays and lesbian women receive effective therapeutic services (ACA Code of Ethics, 2014; Balkin et al., 2014; Francis & Dugger, 2014).

To foster multicultural competency development in counseling students, social and cultural diversity was included as a core requirement in the counselor education program (CARCREP, 2009). In addition to literature that focused on multicultural competency and reconciling counselors' values conflicts in counseling gay men and lesbian women clients (Fallon et al., 2013; Kocet & Herlihy, 2014; Hutchins, 2013), the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) Board has also developed and approved specific competencies for working with sexual minority clients (ALGBTIC, 2014). For effective integration of spirituality or religious issues in counseling process, the Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) has also approved spiritual competencies for counselors which includes counselors' self-awareness in cross-cultural therapeutic relationship (Robertson & Young, 2011). The counseling profession centers on nondiscrimination of clients in therapeutic relationships.

In spite of the emphasis on cultural diversity and the various opportunities the counseling profession has created to promote multicultural competency, some counselors

still demonstrate resistance to practicing sexual minority affirmative counseling to gay men and lesbian women clients (Bidell, 2014; Priest & Wickel, 2011; Herlihy et al., 2014). Again, this challenge is often related to counselors' religious beliefs that disapprove of same-sex orientation (Balkin, Schlosser, & Levitt, 2009; Bowers et al., 2010). Such values conflicts have often resulted in refusal to provide counseling services to gay men and lesbian women clients; and subsequent lawsuits against the counseling profession by counselors and students who refuse therapeutic relationships with gay men and lesbian women clients (Herlihy et al., 2014; Hermann & Herlihy, 2006; Kaplan, 2014). In defense of their unethical actions, the ACA codes are often referenced by these counselors and students (Kaplan, 2014). Thus, contrary to the mission of diversity which the counseling profession advocates, these counselors and students tend to use the ACA codes to support discriminating against gay men and lesbian women clients (Hermann & Herlihy, 2006; Kaplan, 2014).

The Catholic Church tenets on same-sex orientation present a typical example of conflict between religious beliefs and counseling ethical guidelines (Balkin et al., 2014; Bowers et al., 2010). The Catholic Church asserts that same-sex sexual tendency or inclination is objectively disordered and same-sex sexual act is a grave depravity (Sacred Congregation for the Doctrine of the Faith [SCDF], 1997). Thus, the Catholic Church upholds definitively that in no circumstance will the Church approve same-sex sexual behavior because same-sex sexual behavior does not proceed from genuine sexual complementarities (SCDF, 1997). Researchers have found that the dissonance between the Catholic Church tenets and the ACA ethical guidelines on same-sex orientation

influence Catholic counselors in their counseling relationships with gay men and lesbian women clients (Bowers et al., 2010; Morrison & Borgen, 2010). The dilemma of choosing to adhere to Catholic tenets or ACA ethical guideline may result in covert religious-based homophobia or substandard therapeutic services to clients (Bowers et al., 2010). In some cases, due to values conflicts at the intersection of religious beliefs and ethical guidelines, counselors have suggested or applied clinical interventions that are not endorsed by the counseling profession in working with gay men and lesbian women clients (Bowers et al., 2010). The practice of conversion or reparative therapy, which is controversial and which the ACA does not approve, is evidently grounded in the conflict between religious beliefs and the counseling ethical guidelines (Weiss, 2012; Whitman, Glosoff, Kocet, & Tarvydas, 2013). Furthermore, counselors who practice reparative therapy create the impression that they reject the removal of homosexuality as a disorder from the DSM (Drescher, 2012; Lev, 2013; Whitman et al., 2013). Counselors are bound to follow the ACA ethical guidelines in their services to clients.

It is evident that counselors' values conflicts in working with gay men and lesbian women clients reflects lack of competence in integrating personal religious beliefs and sexual minority identity which is an ethical responsibility that the counseling profession recognizes (Bidell, 2014; Fallon et al., 2013; Whitman & Bidell, 2014). Based on exhaustive literature search for this study, I discovered that there is still a dearth of literature that addresses values conflicts of counselors, which results in a shortage of resources related to the provision of effective counseling of gay men and lesbian women clients. Moreover, the available literature that I found focused generally on religious

beliefs that are in dissonance with counseling ethical guidelines on sexual orientation. I identified no study that was conducted exclusively on Catholic counselors regarding values conflicts on counseling gay men and lesbian women clients.

## Problem Statement

Identifying with two organizations that have conflicting positions on same-sex orientation may put Catholic counselors in a difficult position regarding the choice of adherence to their religious tenets or their counseling ethical guidelines. Such values conflicts may impact competent practice by Catholic counselors in cross-cultural counseling relationships with gay men and lesbian women clients (Balkin et al., 2009; Balkin et al., 2014; Bowers et al., 2010; Morrison & Borgen, 2010). Due to dissonance between religious beliefs and ACA ethical codes, counselors have provided unethical therapy or have overtly denied counseling gay men and lesbian women clients (Bowers et al., 2010; Herlihy et al., 2014; Kaplan, 2014). As Bowers et al. (2010) contended, counselors' experiences of values conflicts may lead to their tendency to try to change a client's sexual orientation while working with gay men and lesbian women, which translates to abuse of power in therapeutic relationship. In these instances, the purpose of the ACA Code of Ethics is undermined and the effectiveness of multiculturalism in counselor education is in question. Citing religious beliefs as rationale for refusing to enter into counseling relationship with gay men and lesbian women clients entails the lack of competence to integrate conflicting values as a professional counselor (Bidell, 2014; Fallon et al., 2013; Herlihy et al., 2014; Kaplan; Kocet & Herlihy, 2014). There are few studies on the influence of religious beliefs in counseling relationships with gay

men and lesbian clients. Particularly, there was no existing research identified with an exclusive focus on how Catholic counselors are challenged by their religious beliefs in working with sexual minority clients. Filling this gap added to current literature on this topic area. It also can provide important information that will help in the training of counselors in reconciling their religious values that conflict with ethical guidelines particularly in working with gay men and lesbian women clients.

## Purpose of the Study

The purpose of this phenomenological study was to explore the lived experiences of Catholic counselors in counseling gay men and lesbian women clients due to the dissonance between the position of the Catholic Church regarding same-sex relationships, and the ACA's ethical guidelines regarding sexual orientation. I also aimed to generate information from the lived experiences of Catholic counselors which would enhance developing strategies to bridge disconnection between counselors who hold strong religious beliefs, and gay men and lesbian clients. Information from this study is also helpful in counseling training programs to develop curriculum on social and cultural diversity.

## Research Questions

In order to explore and facilitate understanding of the lived experience of Catholic counselors in establishing effective therapeutic relationships with gay men and lesbian women clients with regard to their adherence to their religious tenets and their professional ethical codes, I developed three central research questions. Following a phenomenological inquiry process which centers on finding meanings of lived

experiences (Van Manen, 2014), these questions elicited thick and rich responses from participants of this study. The three central questions are:

1. What are the lived experiences of Catholic counselors in counseling sexual minority clients?
2. What meaning do Catholic counselors make of the conflict between Catholic tenets and counseling code of ethics regarding same-sex orientation?
3. How do Catholic counselors navigate between Catholic teachings and counseling ethical obligations?

## Theoretical Foundation

Theoretical foundations in qualitative research are used to conceptualize the research problem and to understand the phenomenon the study is investigating (Wu & Volker, 2009). I conducted this study through the theoretical lens of attribution theory which was developed by Heider (1944). Attribution theory explains human behaviors in the context of two primary originating perspectives: (a) internal or dispositional, which suggests that the behavior is innate in the individual and (b) external or situational, which attributes the behavior to social circumstances (Heider, 1944). Studies on attribution theory have shown that perception of the origin of human behavior predicts attitudes that people demonstrate towards the individual (Haider-Markel & Joslyn, 2008; Whitehead, 2010). Weiner (1979) incorporated the concept of controllability into the attribution theory (Weiner, 1979). Thus, people commonly associate positive attitudes with behaviors that they perceive as innate based on the mentality that the individual has no

control of the behavior. Conversely, people associate negative attitude with behaviors that they perceive as situational based on the notion that individual is in control of his or her behavior (Haider-Markel & Joslyn, 2008; Whithead, 2010). The underpinning rationale supporting counselors who are challenged in providing services to gay men and lesbian women clients may revolve around the meaning counselors give to the origin of same-sex orientation. Thus, in relation to attribution theory, this study explored the meaning that Catholic counselors make of same-sex orientation which might reflect in their attitude towards gay men and lesbian women clients within the therapeutic process. In Chapter 2, I provide a more detailed explanation of attribution theory and how the theory relates to this study.

## Nature of the Study

To add to the existing research on values conflicts among counselors, I explored exclusively, the experiences of Catholic counselors providing counseling services to gay men and lesbian women clients, given that Catholic Church's tenets and ACA's ethical guidelines have opposing stances regarding same-sex orientation. Understanding this conflict and the meaning that Catholic counselors gave to the dissonance informed the development of strategies to bridge counselors' religious values with obligations.

### Research Method

I employed qualitative research method in this study to explore and understand Catholic counselors' experiences of counseling gay men and lesbian women clients. Qualitative research approaches generally focus on understanding everyday human experience within the natural setting in which the experiences occurred (Wu & Volker,

2009). Specifically, I considered the descriptive phenomenological qualitative approach as the best method to explore the live experiences of Catholic counselors in cross-cultural counseling relationships with gay men and lesbian women clients. The purpose of the phenomenological qualitative research was to understand and interpret the meaning of individual's live experiences (Hays & Wood, 2011; Van Manen, 2014). A phenomenological approach relies on the individual's intentional and conscious experience of the phenomenon (Hays & Wood, 2011; Van Manen, 2014). This aligns with the purpose of this study which is to gain understanding of the experiences of Catholic counselors and the meaning they make of counseling experiences with gay men and lesbian women clients.

**Methodology**

Participants in this phenomenological study were Catholic counselors who work in the United States of America. Criteria for the selection of participants were: (a) being informed about the Catholic Church's tenets on same-sex sexual orientation, (b) being a practicing Catholic who attended masses and other church activities, (c) being a licensed counselor by a state board of examiners in counseling and having worked with gay men and lesbian women clients, and (d) identifying as heterosexual. I identified potential participants by using snowball sampling technique which I commenced with reaching out to professional colleagues who are Catholics and subsequent potential participants that they suggested to me. I also used opportunistic and convenience sampling strategies which are closely related to snowball sampling to recruit appropriate participants. In addition, I posted my participation letter to the ACA Connect Call for Study Participants

Community to search potential participants (Appendix A). I used semi structured interview as the data collection method for this study. Interviewing was a way to give the participants the opportunity to share their experiences of disconnect in the intersection of religious identity and professional identity in their own words which informed the credibility of the study (Creswell, 2013; Patton, 2002). Following each interview session, I transcribed the data as a preliminary step to analyzing the collected data. Participants received back the transcriptions of the data they provided to ensure accuracy of their information. I employed the interpretative phenomenological analysis (IPA) process which involved various steps of coding process as the overall data analysis technique for this study.

## Definitions of Key Terms

I used the following operational terms in this study and their definitions are essential to clarify their usage:

*Sexual Orientation*: "Sexual orientation refers to an enduring pattern of emotional, romantic, or sexual attraction to men, women or both sexes (APA, 2016). By this definition, sexual orientation is inclusive of all possible human sexual relationships.

*Same-Sex Sexual Orientation*: Refers to having emotional, romantic, or sexual attraction to members of the same sex (APA, 2016). Same-sex orientation is the preferred or more accurate term than the dated term homosexuality which is associated with negative stereotype (APA, 2010; Hutchins, 2013). In the literature review of this study (Chapter 2), I used the term homosexuality where it was inevitable in order to avoid losing the idea that the author who used the term was conveying. However, I will not use

the term to refer to behavior, not people (Hutchins, 2013). The term same-sex orientation was used interchangeably with same-sex sexual orientation.

*Values Conflicts*: Refers to "incongruence between professional ethical standards and religious teaching" (Fallon et al., 2014, p. 42). Such incongruence results in dilemma and sometimes unwillingness by counselors who hold strong religious beliefs to enter into counseling relationship with gay men and lesbian clients. The values conflicts in this study refer to incongruence between counseling ethical guideline and the Catholic Church regarding same-sex orientation.

## Assumption of the Study

This study involved several assumptions which included:

- Participants would provide authentic information from the interview questions which would inform the trustworthiness of the study.
- The researcher's identity as Catholic clergy and counselor would motivate participants' interest in expressing their individual experiences of the central phenomenon of the study.
- The current wave in the Catholic Church on the pastoral care of individuals in same-sex relationships would influence participants' demonstration of appropriate balance in their religious beliefs and counseling ethical standards regarding gay men and lesbian women clients.
- Given that the Catholic Church is in the minority in Arkansas, it would be challenging to recruit number of participants that would make up the sample size.

## Scope and Delimitations

The scope of this study centered on Catholic counselors' experiences of their work with gay men and lesbian women clients. Potential conflict between religious identity and professional identity is based on the Catholic Church's tenets that disapprove same-sex orientation and their counseling ethical guidelines that advocate same-sex orientation. The scope of the study derived from existing studies that addressed this issue but they lacked elaborate attention on Catholic counselors who experience phenomenon of values conflicts. Further, my experience of values conflicts as a Catholic and a professional counselor significantly influenced the scope of this study. However, the methodological strategy of bracketing (Dowling, 2004; Van Manen, 2014), which derives from phenomenological approach that I used in this study helped to ensure that the entire process was free of researcher's bias.

It is evident that there are other religious denominations that also disapprove same-sex orientation like the Catholic Church such as the Anglican Church in North America, Lutheran Church- Missouri Synod, and Southern Baptist Convention denominations (Balkin et al., 2014). However, counselors of other religious denominations did not participant in this study in order to direct specific focus on Catholic Church tenets which denounces same-sex orientation and equally advocates respect and nondiscrimination of those with this sexual orientation (SCDF, 1997). Further, the counseling profession is inclusive in its affirming of equality and competent treatment of sexual minority identities. Thus, in addition to gay men and lesbian women, cultural diverse populations include bisexual and transgender individuals. However, in

this study, I excluded Catholic counselors' therapeutic relationships with bisexual and transgender clients because the Catholic Church's discourse on same-sex orientation is specifically directed to gay men and lesbian women (SCDF, 1997).

The religious orientation theory of Allport (as cited in Weiss, 2012) which closely relates to the area of this study will not be investigated. Religious orientation theory postulates two roles that religion plays in individual's life (a) intrinsic role which is associated with rigidity in religious belief and (b) extrinsic role which refers to flexibility in religious belief (Weiss, 2012). Specifically, I selected attribution theory for this study because it relates to the fundamental rationale of why the Catholic Church denounces same-sex orientation which influences Catholic counselors.

## Limitations

I acknowledge that there were some limitations of this study which related to its design. Phenomenology centers solely on the lived experiences of the participants on the phenomenon being investigated (Van Manen, 2014). Thus, the accuracy of the information that participants provided, which I cannot guarantee, were fundamental to the trustworthiness of the study. Participants who were not eligible for this study might have volunteered to participate with the intent to present political or personal views on same-sex orientation, which were not genuine experiences of working with gay men and lesbian women clients. To prevent this limitation, I stated clearly in the invitation letter that I sent to potential participants the required criteria for participation.

I anticipated challenges of reaching the stipulated sample size of this study given the potential difficulty of finding Catholic counselors who would meet the specified

characteristics of potential participants of this study. Although I reached the sample size, the small size and the exclusive focus of the study on the Catholic religious teaching posited challenges to the transferability of the findings to other populations. I addressed the limitations related to sample size by applying flexibility in terms of the sample size and ensuring collection of thick descriptions until saturation was reached. To address the limitation of transferability, I conducted a national search for potential participants which also increased the chances of recruiting diverse participants.

My values as a Catholic priest and my own experience of values conflicts might have been a limitation to the study. As key investigator, I cannot deny my personal values and bias that related to the study; rather, in accordance with Maxwell (2014), I acknowledged the biases and values, and I stated how I addressed them. Stating clearly my potential biases in relation to the phenomenon that I investigated and being aware of my biases throughout the course of the study minimized the influence this limitation had on the outcomes of the study.

## Significance of the Study

This research contributed to literature on values conflicts of counselors in cross-cultural counseling relationships. The contribution derived from the uniqueness of the study in its exclusive focus on opposing positions of the Catholic Church and the ACA Code of Ethics (2014) on same-sex orientation than on religious beliefs in general. The findings of this study also provided good insight into understanding the dilemma for Catholic counselors who provide services to sexual minority clients due to the Catholic faith description of same-sex orientation as objectively disordered and sinful (SCDF,

1997). The themes that generated from the data and the data analyses in this study added to the understanding of values conflicts between sexual orientation and religious beliefs which promote unethical behavior in counseling relationship.

The findings of this study identified and highlighted some areas of agreement between ACA ethical guidelines and Catholic Church tenets on same-sex orientation, which will minimize the dilemma Catholic counselors may have in providing therapy to gay men and lesbian women clients (Fallon et al., 2014). Given that counselor education is fundamental in developing multicultural competency, the outcomes of this study provided relevant insight to counselor educators and supervisors in developing more appropriate interventions and training curriculum to improve student and counselor comfort level in working with sexual minority clients (Fallon et al., 2014; Miller et al., 2007). Overall, this study promoted ethical counseling service to gay men and lesbian women clients as stipulated in the ACA Code of Ethics (2014).

**Implications for Positive Social Change**

The issue of same-sex orientation has been controversial in the religious, societal, and mental health contexts which prompts discrimination of gay men and lesbian women population (Toperek, Lewis, & Crethar, 2009). However, there is an increase in public support and acceptance of gay men and lesbian women population by religious organizations (Pew Research Center, 2015). This study contributed to the positive social change that is reflected in the society about same-sex orientation. According to Pew Research Center (2015), a majority of the Unite State society (63%) accepts same-sex orientation which is contrary to societal perception in the previous years. The same

positive change is also taking place in the Catholic Church. Pew Research Center (2015) reported that 85% of younger Catholics ages 18-29 and 57% of older Catholics ages 65 and above indicate support and acceptance of same-sex orientation. Moreover, since the inception of his papacy, Pope Francis has demonstrated unprecedented openness and a more accepting tone toward gay and lesbian women populations (Gibson & Specie, 2013). In 2014, Pope Francis inaugurated Synods of Catholic Bishops on the Family which included discussion on same-sex orientation which arguably influenced social change (SCDF, 2014). Discussion on the data from participants of this study added to the unprecedented steps the Catholic Church is currently taking on pastoral issues of gay and lesbian Catholics. This study was timely in promoting social change among Catholics by highlighting commonality between Catholic Church and the counseling profession about gay men and lesbian women. The debate on same-sex orientation results mostly from religion; thus, the positive perception of gay men and lesbian women population among Catholics in this study generated positive social change regarding the perception of same-sex orientation.

## Summary

The summary of literature related to values conflicts, which I have presented in chapter 1 attested to challenges counselors who hold religious beliefs may encounter in counseling relationships with gay men and lesbian women clients. I also provided evidence from the research literature that there is ethical and research problem that has not been addressed in knowledge in the area of study. Thus, I framed the purpose of the study and the research questions that guided this study in filling the gap in literature. I

briefly described the origin and central postulation of attribution theory as the theoretical foundation of the study. I identified qualitative phenomenology as the research approach and the use of interview as the data collection method for the study. To avoid misconceptions, I defined key concepts that I used in the study and I listed several assumptions that are associated with the study. I clarified the scope and delimitations of the study, which mainly stated that only Catholic counselors were eligible to participate in this study. I acknowledged some limitations of this study as related to the methodology which solely relied on the authenticity of the participants' information. Lastly, I described the significance of the study which derived from its uniqueness in exploring the dissonance between the position of the Catholic Church on same-sex relationships and the ACA Code of Ethics regarding sexual orientation. I argued that understanding the dissonance contributed to positive social change that is currently reflecting in the United States society and the Catholic Church regarding gay and lesbian populations. In Chapter 2, I provided detailed information from exhaustive literature review on the research topic on various major concepts of the study.

# Chapter 2: Literature Review

## Introduction

The ACA Code of Ethics is an articulation of the values of the counseling profession which communicates standards of practice with the primary goal of ensuring client welfare (Francis & Dugger, 2014; Remley & Herlihy, 2010). Counseling practitioners who earn professional endorsement by the state or national credentialing bodies are obligated to the standards stipulated in the ACA ethical codes (Francis & Dugger, 2014; Kocet & Herlihy, 2014). As religious and spiritual individuals, counseling professionals are equally committed to the tenets of their religious organizations, which in some cases, are in dissonance with their counseling ethical standards (Kocet & Herlihy, 2014; Whitman & Bidell, 2014). For example, while the Roman Catholic Church tenets disapprove of same-sex sexual orientation (SCDF, 1997), the counseling ethical standards uphold affirmative view of same-sex orientation (ACA Code of Ethics, 2014). When counselors experience value conflicts between adhering to either their religious values or professional ethical codes regarding cultural diversity, it sometimes results in disconnect between counselors and gay men and lesbian women clients (Fallon et al., 2013). Inability to reconcile the two opposing values challenges counselors' competence to accept and provide affirmative therapy to gay men and lesbian women clients.

This study added to the literature on values conflicts in counselors due to their religious beliefs with particular focus on Catholic counselors. This study focused on understanding what challenges Catholic counselors encounter in their counseling

experiences with gay men and lesbian women clients. Findings from the study informed potential strategies to help counselors integrate their religious and professional values.

It is important to acknowledge that the term homosexuality is associated with negative stereotypes of individuals who identify with same-sex orientation (APA, 2010); thus, in this literature review, I used same-sex orientation as the preferred term to homosexuality. However, to avoid altering flow of ideas conveyed in some of the resources cited in this literature review, I purposely used the term homosexuality devoid of stereotypic connotation.

The literature review included historical perspective of same-sex orientation which included the concept of *homosexuality* in the Diagnostic Statistical Manual of Mental Disorders (DSM) and etiology of same-sex orientation. Following the historical perspective is the discussion on ACA Code of Ethics in relation to specific sections that emphasize cultural diversity including same-sex orientation. There is a section on the position of the Catholic Church on same-sex orientation as clearly distinct from the counseling ethical guidelines. There is review of sources on multicultural competency development and evaluation in counselor education program and in relation to same-sex sexual orientation. Based on the conflicting backgrounds of the ACA and the Catholic Church on same-sex sexual orientation, there is also review of literature on counselors' values conflicts in working with gays and lesbians. Additionally, I presented two issues that the counseling profession has encountered due to counselors' values conflicts: (a) lawsuits by counselors and counselors-in-training against the counseling profession and (b) practice of reparative therapy which the ACA does not approve. This is discussion on

the ACA position on reparative therapy in relation to counselors' inconsistency with the core principles of the counseling profession due to religious beliefs. Lastly, I presented available literature on how counselors may successfully navigate personal and professional differences.

## Literature Search Strategy

I conducted the literature search by accessing library databases which included PsyINFO, PsycARTICLES, LGBT Life with Full Text, Academic Search Complete, EBSCOhost, ERIC, ProQuest Central, SocINDEX with Full Text, and dissertations at Walden University. Some of the key words and combination of words used for the literature search included *same-sex orientation; homosexuality; religious beliefs and counseling; values conflicts; religious beliefs and counseling gays and lesbians; homosexuality and etiology; multicultural and sexual competency development; dissonance, religious belief, and sexual orientation; disparity, beliefs, and counseling profession; and reparative therapy.*

Given that there is dearth of literature identified on values conflicts with particular attention to Catholic counselors, I reviewed literature that generally related to religious beliefs and values conflicts of counselors and counselors-in-training and I singled out in few instances where Catholic counselors were involved in the reviewed studies. A general review of counselors' values conflicts in counseling relationship with gay men and lesbian women provided background for this study. This background helped to focus precisely on Catholic counselors who have experienced conflicts while counseling gay men and lesbian women clients due to Catholic tenets on same-sex orientation.

## Theoretical Foundation

### Attribution Theory

I chose to use attribution theory by Heider (1944) as the theoretical foundation for this study. Heider conceptualized attribution theory from the scientific notion of causality and consequent effect which posits that every phenomenon is a product of an original source. Heider contended that attribution to the origin of a phenomenon influences the meaning we give to the phenomenon. Heider used attribution theory to explain causes of human behavior as deriving from internal or external factors which he termed dispositional and situational respectively. Based on the principle of causality, Heider explained that there is the perception that human behavior due to dispositional or innate factors is not the responsibility of the individual; whereas there is the perception that behaviors due to situational factors are the individual's responsibility.

In his discussion on persons as origins, Heider (1944) stated that, whereas there may be other potential origins of an act, the perception of persons as origins of an act undermines consideration of other conditions that may be responsible for the act. Heider explained that interpretations given to personal causality depend on the value level of the other person; that is, whether the act is because of something about the person (internal) or of something outside the person (external) (Heider, 1944; Weiner, 1979). Weiner (1979) added the concept of controllability to attribution theory, which centered on explaining rationale for reactions towards a person. Weiner contended that the conception that a person can or cannot control his or her action largely relates to reactions or perceptions about the individual. Weiner theorized that actions that are people

perceive to be internal or dispositional are uncontrollable by the person and may warrant positive perception of the person; whereas actions that are perceived to be external or situational are controllable and attributed to be the responsibility of the person (Weiner, 1979; Whitehead, 2010; 2014). The central issue in the debate on approval or disapproval of same-sex orientation is whether being a gay man or lesbian woman is dispositional or situational. Thus, the divided opinions on the perception of individuals who identify with same-sex orientation revolve around the belief that the individuals have or do not have control over their sexual orientation (Haider-Markel & Joslyn, 2008; Weiner, 1979; Whitehead, 2010; 2014).

**Application of Attribution Theory in Previous Research**

Haider-Markel and Joslyn (2008) used data from the 2003 Pew Research Center and the 2006 Gallup national survey to examine attribution theory. They applied Weiner's theory of controllability on the origins of homosexuality and the acceptability of social rights of individuals who identify with same-sex sexual orientation. Haider-Markel and Joslyns' reports aligned with attribution theory that origin of sexual orientation as internal or external predicts negative or positive perception of gay men and lesbian women in relation to the changeability of the sexual orientation. The result reflected that 85.5% of the respondents who attributed homosexuality to innate origins believed that sexual orientation cannot be changed. Among those who attributed homosexuality to situational origin, 65.5% of them believed that sexual orientation is not changeable (Haider-Markel and Joslyn, 2008).

Research on attribution theory has shown religion as a predictor of perception and support of social rights for individuals who identify with same-sex orientation (Haider-Markel and Joslyn, 2008; Whitehead, 2010). In a study that used data from a national survey (2007 Baylor Religion Survey) of 1,648 United States citizens, Whitehead (2010) measured the effect of religion, among other variables, on same-sex unions and attributions of same-sex orientation. The result showed that inclination to religious beliefs aligned with belief of same-sex orientation as a choice. Interestingly, the result showed that Catholics were to be 43% less likely than Evangelical Protestants to believe that same-sex orientation is a choice. Overall, 67% of those whose religious belief reject same-sex orientation as innate were less likely to support same-sex marriage.

**Attribution Theory and the Current Study**

Attribution theory relates to the present study given that the Catholic Church upholds that same-sex behavior "are acts of grave depravity … and intrinsically disordered" (SCDF, 1997, p. 566). The Catholic Church contends that same-sex sexual behavior does not conform to the gift of human life which naturally generates from sexual acts (SCDF, 1997). This position reflects a non affirming perception of same-sex orientation, which relates not only to gay men and lesbian women but also influences Catholic counselors' challenges in working with an LGBT client population. The Catholic position on same-sex orientation aligns with attribution theory which postulates that a non biological perception of same-sex orientation supports negative attitude towards gay men and lesbian women (Heider, 1944; Weiner, 1979). The debate on conflict between religious beliefs and counseling ethical guidelines regarding working

with gay men and lesbian women partially hinges on attribution about origin of same-sex sexual orientation which remains an open debate.

In a theology-based discourse on the concept of soul, Li et al. (2012) specifically compared Catholics and Protestants' tendency to adopt internal attribution and they reported that Protestants more than Catholics endorse explanation of human behavior as internal or dispositional attribution. Li et al. based their hypothesis and findings on the theological claim as it was shown in their study that Protestants emphasize belief in a soul more than Catholics. It is noteworthy that Li et al. were short of relating their findings to causality of same-sex orientation by Protestants and Catholics. However, if attribution theory were applied to the findings in Li et al. (2012) regarding same-sex orientation, it will be assumed that Protestants hold biological (dispositional) attribution to same-sex orientation more than Catholics. Consequently, Protestants would demonstrate positive attitude to gays and lesbians more than Catholics according to attribution theory (Haider-Markel & Joslyn, 2008; Weiner, 1985). However, this is not consistent with Haider-Markel and Joslyn (2008) and Whitehead (2010) who reported that Catholics had a less negative attitude towards same-sex orientation than Protestant denominations, especially the Evangelicals. Further, the assumption is in contrast to the non affirming position of same-sex orientation by the Catholic Church based on the Church's view that same-sex orientation is a grave depravity and disorder (Bordeyne, 2006; SCDF, 1997).

**Historical Perspectives of Same-Sex Orientation**

The word homosexuality was first coined in 1869 by a Hungarian journalist, Kertbeny Benkert) whose publications criticized the Prussian law that criminalized homosexual relationships (Bailey, 2014; Drescher, 2010, 2012). Prior to the 19th century when scientific study on homosexuality began (Bayer, as cited in Mendelson, 2003), homosexuality was censured and denounced by religious authorities as sin, abomination, and liable to death penalty (Drescher, 2010; Mendelson, 2003). In the late 19th century, the understanding of human sexuality and behavior shifted from religious perception to scientific study (Bailey, 2014; Bower et al., 2010; Mendelson, 2003). There were divergent views among psychiatrists in the 19th and early 20th century on the classification of homosexuality as normal or abnormal human sexual development. The view of homosexuality as abnormal sexual orientation outweighed its positive view and thus, most psychiatrists regarded homosexuality as a mental disorder (Bailey, 2014; Drescher, 2010). Given the conception that homosexuality was pathological, some psychiatrists held the mentality that homosexuality could be cured or changed and even conceptualized as a criminal behavior (Bailey, 2003; Drescher, 2010; Johnson, 2011; Pillard, 2009). As a result, individuals with same-sex orientation received "inhuman treatments including castrations, torture drugs, shock therapy, and lobotomies" (Bailey, 2003, p. 21). Although there were divergent views of homosexuality prior to and in the early 20th century among psychiatrists, negative views remained dominant, which reflected on the relationship between the society and gay men and lesbian women.

The story of Pauli Murray, a Rhode Island hitchhiker 1940 who was picked up by the Rhode Island police, partly captures the negative effect of classifying homosexuality as pathological (Jakle, 2009). Upon the disclosure that she was a homosexual, attention was focused on Murray's sexual deviation and subsequently, she was referred to a hospital (Jakle, 2009). Again, the scientific study of homosexuality from the 19th century has been focused on understanding the etiology or causation of sexual orientation, particularly homosexuality, with the view of resolving the divergent and conflicting perceptions of sexual minority identities (Jenkins, 2010). Thus, in the next section, I will present a brief literature review on the etiology of homosexuality.

## Etiology of Same-Sex Orientation

From the premodern era to the current scientific era, various theories have emerged as potential explanation of the etiology of same-sex orientation. Apart from the premodern mythological perspective of etiology of same-sex orientation, other scientific theories are generally categorized under two mainstream approaches: innate or biological and environmental or psychosocial (Jenkins, 2010; Sheldon, Pfeffer, Jayaratne, Feldbaum, & Petty, 2007). While the theoretical approaches have numerous research studies to support their stance on sexual orientation, no single theory has been proven to have enough evidence to claim absolute explanation of the origin of same-sex orientation (Blanchard, Cantor, Bogeart, Breedlove, & Ellis, 2006; Jenkins, 2010; Sheldon et al., 2007). I present an overview of biological and environmental views of etiology of homosexuality in this section. However, it is worthy to note that the information in this section does not represent a comprehensive postulation on the origin of same-sex

orientation. Further, literature on the etiology of same-sex orientation has focused more on males which reflected in the discussion in this section. However, as Jenkins (2010) noted, the same models used in studying the etiology of sexual orientation apply to both males and females.

**Premodern Views of Same-Sex Orientation**

There may not be a clear categorization of etiology of same-sex orientation in the pre-modern era as biological or environmental. However, descriptions of same-sex orientation reflect in the contemporary and scientific theories of sexual orientation (Blanchard & Zucker, 1994; Johnson, 2011). One of the common stories of sexual orientation in Plato's Symposium, described humans as originally and physically joined in pairs to each other (Broido, 2000; Johnson, 2011). The pairs were either males, females, or male and female together. When the gods later split pairs, each went searching for new partner. Some sought their other half from the same gender and some desired partners of the opposite gender. Those who had partners of opposite sex sought opposite sex partners and those who were joined with same-sex partners sought new partners of the same sex (Broido, 2000; Johnson, 2011).

Johnson (2011) described Peter of Abano's theory of homosexuality, which suggested that there was obstruction of seminal vesicles in some men which resulted in such men being effeminate. Consequently, while men in this category have sexual urges, the only way they derive their sexual satisfaction is by stimulating the anus (Johnson, 2011). Another explanation of potential development of same-sex orientation in the premodern era was from Bernardino of Siena (Johnson, 2011). Bernardino suggested that

parenting style and parent-child relationship especially with fathers who practiced sodomy were prone to shaping young boys' development into same-sex orientation (Johnson, 2011). Further, Bernardino noted that dressing boys with feminine appearance could expose them to being attractive to adult male sodomites (Johnson, 2011).

**Psychoanalytic View of Same-Sex Orientation**

An influential figure in the modern era in the conceptualization of same-sex orientation was Freud, whom contemporary psychoanalytic proponents critique his psychoanalytic view of sexual development as ambivalent (Gareth, 2012; Newbigin, 2013; Johnson, 2011). Freud's explanation of human sexuality centered especially on the phallic stage of his psychosexual development which comprises of the first 5 years of childhood and follows the oral and anal stages of the child's sexual development (Johnson, 2011: Sharf, 2008). Freud postulated the Oedipus complex at this early stage during which the child develops unconscious sexual desire for the parent of the opposite sex as a sex object while developing hostility on the parent of the same sex (Bauer, 2005; Sharf, 2008). The traumatic stage ends with the appearance of the castration complex when the male child becomes aware of the father's obstruction to his incestuous desire for the mother (Sharf, 2008). The child then identifies with the father and desires sexual satisfaction by a father figure (Bauer, 2005; Johnson, 2011; Sharf, 2008). Oedipus complex in a female child manifests in the rejection of the mother as a sex object in order to identify with the father (Bauer, 2005). The way parents address the child's phallic stage plays role in the child's sexual orientation development (Corey, 2005; Sharf, 2008).

Thus, Freud argued that every person has the tendency or capacity of developing both same-sex and heterosexual orientation (Newbigin, 2013; Johnson, 2011).

Freud's position on same-sex orientation from his psychoanalytic perspective is described as ambivalent given his statements that tend to support notions of same-sex sexual and heterosexual orientation development (Gareth, 2012; Johnson, 2011; Roughton, 2002). In a letter to an American mother who was concerned about her homosexual son, Freud described homosexuality as a variation of sexual function and arrest of sexual development and in the same letter he stated that homosexuality is not an illness (Gareth, 2012; Newbigin, 2013; Roughton, 2002). Freud also adopted the Darwinian notion of reproduction as the primary essence of human sexuality; thus, assigning heterosexuality as a biological and normal form of reproduction while same-sex orientation is abnormal and perhaps pathological (Newbigin, 2013; Roughton, 2002). Contemporary psychoanalysts have shifted their positions of same-sex orientation from Freudian perspectives as reflected in the American Psychoanalytic Association's statement which distances from the curative view of working with sexual minority populations (Gareth, 2012; Lewis, Young-Bruehl, Roughton, Magee, & Miller, 2008; Newbigin, 2013). Lewis et al (2008) contended that psychoanalytic theory of homosexuality is itself moderately homophobic. Literature on etiology of same-sex orientation in the premodern era presented mythological explanation of homosexuality. In the modern era, psychoanalytic theory was influential in the explanation of same-sex orientation. Various scientific theories also emerged in the modern era as etiology of same-sex orientation.

**Innate or Biological Perspectives of Same-Sex Orientation**

Biological theories of same-sex orientation are basically genetic explanations of possible imbalances of hormones in the human endocrine system which are purported to potentially result in same-sex sexual orientation (Ellis & Ames, 1987). Researchers also directed their attention on genetic explanations of same-sex orientation to perinatal hormone levels based on the argument that hormonal operations during gestation plays determining role in the development of sexual orientations (Ellis & Ames, 1987). Some common innate theories of same-sex sexual development include fraternal birth order effect, maternal immunity theory, and neurohormonal theory.

**Fraternal birth order effect.**

Fraternal birth effect is a genetic theory of same-sex orientation which suggests that older brothers increase the odds of homosexuality (Blanchard & Bogaert, 1996). Earlier studies on fraternal birth order effect suggested that average birth order of gay men is higher than the average birth order of heterosexual men (Blanchard & Zucker, 1994). Blanchard and Bogaert (1996) advanced the birth order theory by studying a large number of participants (N – 736) that consisted of older brothers and older sisters among whom were 302 homosexuals and 434 heterosexuals. Blanchard and Bogaert found that the number of older siblings for homosexual participants was significantly different than heterosexual participants ($t = 2.86$, $dt = 602$). The result showed that having an older brother increased odds of homosexuality than other siblings at the rate of 33% in each participant.

In further research, fraternal birth order effect was correlated to other genetic factors such as handedness in the etiology of sexual orientation. Blanchard et al. (2006) studied larger number of participants than previous studies on genetic view of etiology of homosexuality to test the hypothesis that attributes the cause of sexual orientation to combined effect of fraternal birth order and handedness. Among the participants which included right handed heterosexuals (n-1774), non-right-handed heterosexuals (n-287), right handed homosexuals (n-928), and non-right-handed homosexuals (157), result showed evidence of fraternal birth order effect only on right handed participants. Blanchard et al. also found significant difference ($\chi^2$ (1, N = 1268) = 4.41, P = 0.04) in the rate of non-right-handed homosexual male participants (n-465) and heterosexual male participants (n-803) who indicated that they have one or more older brothers. Conversely, there was zero correlation in non-right-handed participants. Major interpretations that emerged from the results include that some genetic factors in relation to non-right handedness increased the odds of homosexuality only in the first male births but the same factors decreased the odds of homosexuality in later male births.

**Maternal immunity theory.**

The fraternal birth order effect relates to maternal immunity theory which proposes that there is progressive increase of male antibodies in the mother's immune system which consequently increases its effects on the sexual orientation development in each succeeding male fetus (Blanchard & Bogaert, 1996). The male typical fetal antigen in maternal birth order is purported to cause the individual to develop sexual attraction to men rather than women (Blanchard & Bogaert, 1996; Kangassalo, Polkki, & Rantala,

2011; Rahman, 2005). There is divided opinion on the effect of the male typical antigens in sexual differentiation (Francis, 2008; Kangassalo et al., 2005). Francis (2008) reevaluated the maternal immune hypothesis by using data from the National longitudinal study of adolescent health which was a sample size of 5,000 male and 5,600 female respondents who were interviewed in three different years. Contrary to older brothers having effect in male sexual orientation (Blanchard and Bogaert, 1996), Francis (2008) reported that the coefficients of the four variables (behavior, desire, identity, and identity/desire) he used in his reevaluation of causality of homosexuality in relation to having one older brother showed no significant difference from zero: behavior P < -0.008; desire P < -0.002; identity -0.007; and identity/desire P < -0.002. Based on this result, Francis argued that one older brother is not likely to affect the presence of homosexuality. Frances also reported that while multiple older brothers showed positive prediction of homosexuality, its effect was insignificant at the 0.5% confidence level: behavior P < 0.040; desire 0.049; identity 0.039; and identity/desire 0.035. However, the result was consistent with maternal immune hypothesis with regard to older sisters having no effect on the presence of homosexuality in both men and women. Francis (2008) further reported that social and demographic variables such as family structure, race, and educational have significant influence in developing same-sex sexual orientation. Francis' (2008) reports reflect inconclusive explanation of etiology of same-sex sexual orientation.

**Neurohormonal theory.**

Blanchard et al. (2006) hypothesized testosterone as the genetic factor of sexual orientation development. The neurohormonal theory provides explanation of testosterone in sexual orientation development. Research on neurohormonal functioning suggests that the degree of prenatal exposition of fetus to testosterone influences differences in sexual orientation and behavioral development (Arnold, 2009; Ellis & Ames, 1987; Rahman, 2005). Male fetuses that experienced exposure to low levels of testosterone are predicted to develop female traits and preference for male sexual partners. Conversely, female fetuses that experienced high levels of prenatal androgen develop male traits and preference for female partners (Ellis & Ames, 1987; Rahman, 2005).

The conclusion that testosterone in the fetal periods have the capacity to affect masculine or feminine behavior derives from animal experimentation in which testosterone propionate was injected in pregnant pigs and the observation of the offspring on their display of male or female sexual behaviors when they were adults (Phoenix et al., as cited in Arnold, 2009). The researchers injected Estradiol and Benzoate on the offspring when they were sexually mature to ensure stimulation of mating behavior and to test for lordosis and masculine mounting. Upon exposure to receptive females, the experimental animals displayed mounting behaviors and less receptive postures compared to the control group (Phoenix et al., as cited in Arnold, 2009). While neurohormonal theory bases on scientific experimentation on animals, researchers are still cautious about equating laboratory results to human population since hormones

cannot be measured directly in human body (Ellis & Ames, 1987; Felson, 2011; Mustanki, Chivers, & Bailey, 2002; Rahman, 2005).

**Environmental or Psychosocial theories of Same-Sex Orientation**

Sexual orientation has been attributed to individuals' interaction with their environment particularly parent-child relationship in the family (Seutter & Rovers, 2004). Bieber et al., (as cited in Seutter & Rovers, 2004) was famous in the conceptualization of sexual orientation development from the perspectives of parent-child relationship. Bieber et al. suggested the *weak father* theory of sexual orientation development which posits that father's exhibition of distant or hostile relationship with the son especially during childhood may result in the child's search for emotional connectedness with the father in a same-sex relationship (Seutter & Rovers, 2004). Subsequent and related research on family pattern has provided divergent results on same-sex sexual orientation. Results from Seutter and Rovers' (2004) study of 154 gay men and heterosexual Catholic Seminarians in Canada on how their close or distant relationships with each of their parents relate to their sexual orientation development supported the weak father theory. The 154 seminarian participants were 84% heterosexuals and 16% gay men. The study focused on how distant or close relationship of the seminarians with either of their father and mother from childhood related to their sexual orientation. The researchers measured intimacy and intimidation with father and mother between the two groups of participants. Result showed significant differences only on intimate relationships the two groups of seminarians had with their fathers and not with their mothers (152) = 2.55, $p < .01$. The seminarians who identified themselves as gay men reported that they had distant

relationships with their fathers more than their heterosexual counterparts reported. However, Seutter and Rovers (2004) noted that the specific stage of the participants' life which marked the onset of their same-sex orientation was unknown.

With the increasing number of same-sex couples with children, there is the assumption that children of same-sex parents could develop same-sex orientation given their observation of their parents in a healthy and acceptable relationship which could be seen as an alternative to heterosexual relationships (Jenkins, 2010). However, studies show that, in some cases, regardless of their parent's sexual orientation, children do not show differences in their attraction to same-sex gender. Further, the majority of children raised by same-sex parents develop heterosexual relationships (Golombok & Tasker, 1996).

The brief review of etiology of same-sex orientation that I provided in this section centered on two major perspectives: genetic and environmental. While the perspectives are distinct in their arguments on sexual orientation developments, some researchers share the opinion that multiple factors account for understanding the development of sexual orientation (Ellis & Ames, 1978; Felson, 2011; Jenkins, 2010; Seutter & Rovers, 2004). Disparity between genetic and environmental explanations of same-sex orientation persists given the inconclusive research information on the etiology of same-sex orientation. As Jenkins (2010) asserted, there is still lack of definite response to the question of why people are gays or lesbians.

**Homosexuality in and out of the DSM**

The perception of homosexuality as pathological within the 19th and 20th centuries had much influence on the first publication of the DSM-I in 1952 by the American Psychiatric Association (APA). Thus, the APA classified homosexuality as a "sociopathic personality disturbance" (Mendelson, 2003, p. 681). At the publication of DSM-II in 1968, there was reclassification of homosexuality as sexual deviation which included personality disorders and some disorders that were considered nonpsychotic. Criteria for sexual deviation in DSM-II included (a) having sexual interest primarily in people who are not of the opposite sex, (b) having sexual acts that are not coitus related, and (c) having any form of sexual acts that are not normal sexual behavior (Mendelson, 2003). The pathological concept of homosexuality and the supposed preference for heterosexuality is evident in this description. However, although DSM-I classified homosexuality as a sexual disorder, it equally noted that homosexuality did not generate lasting symptomatic effects as in some severe disorders (Drescher, 2010; Mendelson, 2003).

Despite the inclusion of homosexuality in DSM, sexologists and psychiatrists who held opposing view on homosexuality as a disorder continued with researches to gain more understanding of homosexuality from wider perspectives (Drescher, 2012). Evelyn Hooker, a psychologist at the University of Los Angeles, conducted one of the most influential studies in 1957. With the support of the National Institute of Mental Health (NIMH), Hooker conducted nonclinical research (projective tests) which involved 30 gay men and 30 heterosexual men. After administering the tests, Hooker invited experienced

clinicians to interpret the tests; and they could not identify difference between the two groups. The result showed that there was no empirical evidence that gay men and heterosexual men are different in mental health presentation and adjustment (Drescher, 2012).

Additionally, sociopolitical events in the 1960s amplified the attention of psychiatrists to reconsider the concept of homosexuality as a disorder. The stonewall riot of 1969 in New York led to the formation of gay liberation movement (Gillespie, 2008). Gay men and lesbian women activists demonstrated at APA annual meetings which earned them the opportunity to present at the 1971 and 1972 APA meetings to advocate for change in the concept of homosexuality as a disorder (Drescher, 2012). Varied revolutionary movements of minority groups in 1960s motivated the determination of gay men and lesbians to make their voices heard and to continue pushing their cause (Pillard, 2009). Thus, scientific findings and sociopolitical events in the 20th century were significant in effecting change of perception of homosexuality as mental disorder.

In December 1973, the APA Board of Trustees voted unanimously in favor of deleting homosexuality from the DSM-II (Drescher, 2012; Pillard, 2009; Silverstein, 2009). Subsequent DSM-II reprints replaced the term homosexuality with sexual orientation disturbances and emphasized that homosexuality was not a psychiatric disorder. However, homosexuality reappeared in DSM-III in 1980 as ego-dystonic homosexuality under psychosocial disorders in relation to individuals who experienced issues about their sexual orientation (Lev, 2013). The criteria for ego-dystonic homosexuality yet revolved around homosexuality; thus, raising questions on the reality

of delisting homosexuality from DSM in 1973 (Drescher, 2012; 2002; Lev, 2013). Further changes emerged at the publication of DSM-III-R in 1987. The changes included: (a) ego-dystonic homosexuality was delisted; (b) psychosocial disorders was changed to sexual disorder; (c) sexual disorder Not Otherwise Specified became the only diagnosis for sexual disorders; and (d) gender identity disorder of childhood was added as a new disorder, which would evolve controversial interpretation in relation to homosexuality (Zucker & Spitzer, 2005). There was yet further change in 1994 at the publication of DSM-IV. Sexual disorders was changed to sexual and gender identity disorders while sexual disorder Not Otherwise Specified was maintained. There was no further change in DSM-IV-TR published in 2000.

Lastly, in the current DSM-5, published in May of 2013, a new diagnostic class, gender dysphoria was added to replace gender identity disorder which was aimed at toning down the stigmatic language associated with gender identity disorder (Lev, 2013). While the inclusion of gender dysphoria in the DSM-5 indicates a step forward in continuing effort to depathologize same-sex orientation, Lev (2013) argued that this step did not go far enough but was only a change of nomenclature (Lev, 2013). Since the removal of homosexuality from the DSM in 1973, varied terms have appeared in subsequent publications of the DSM to reflect positive view of same-sex orientation. However, this change was not supported by all members of the APA.

**Oppositions to the Removal of Homosexuality from the DSM-II**

The history of homosexuality in mental health discipline has always generated controversies regarding its classification as a disorder. Some members of the APA

challenged the unanimous vote by the APA Board of Trustees to delist homosexuality in 1973 by questioning the accuracy of reaching a scientific conclusion by mere voting (Gadpaille, as cited in Drescher, 2012; Zachar & Kendler, 2012). Meanwhile, opponents to the delisting of homosexuality demanded for vote of membership, which APA conducted and the result upheld the decision of the Board of Trustee (Pillard, 2009; Zachar & Kendler, 2012). Yet opponents maintained that even the referendum was not acceptable given the poor participation of members in the voting (Socarides, as cited in Zachar & Kendler, 2012). Responding to the critic of using votes to determine scientific conclusion on homosexuality, Silverstein (2009) contended that it was equally by vote that homosexuality was listed initially as a mental disorder. Silverstein projected that the removal of homosexuality was only a step to achieving a long-term goal of delisting of all sexual disorder diagnoses from the DSM (Silverstein, 2009). Proponents of the debate on the use of vote to reach scientific conclusion on homosexuality support their position with reference to the use of votes by the members of the International Astronomical Union (IAU) in 2006 to eliminate Pluto from the list of planets (Zachar & Kendler, 2012).

There are perceptions that the various renaming and introductions of diagnoses which pertain in sexuality in DSM publications since the delisting of homosexuality as a disorder is a covert replacement of the diagnosis of homosexuality (Drescher, 2002, 2002; McCarthy, 2003). McCarthy (2003) contended that the DSM-IV classification of gender identity disorder is a covert labeling of gay and lesbian adolescents as those in need of treatment. However, Zucker and Spitzer (2005) rebutted this notion given that

several clinicians and psychiatrists who supported delisting homosexuality as a disorder from DSM-II were members of the subcommittee that supported introducing gender identity disorder in DSM-III. More than thirty years of the historic delisting of homosexuality from the DSM, mental health professionals have yet to settle their disparity on this issue which has consequent effect on standardized therapeutic intervention for sexual minority clients. Counselors' religious beliefs that disapprove of same-sex orientation add to the disconnection between religious minded counselors and gay men and lesbian women clients in the counseling relationship.

## ACA Code of Ethics and Cultural Diversity

The American Counseling Association was formed in 1952 and its first code of ethics was developed and adopted in 1961 which qualified the counseling association as a fully established professional organization (Kaplan, 2014; Watson, Herlihy, & Pierce, 2006). However, the mono cultural background of the counseling association during its early stage reflected in the initial edition of the code of ethics as there was no inclusion of cultural diversity or awareness (Harper, as cited in Watson et al., 2006). Social factors in the 1960s such as the civil rights movement, the women's movement, the sexual revolution, and the rising opposition to the dominant socio-cultural structure in the American society opened the door for cultural diversity awareness into the counseling profession (Francis & Dugger, 2014; Harper, as cited in Watson et al., 2006). Thus, the 1974 revised edition of the ACA Code of Ethics included two references to minority populations (Watson et al., 2006).

The revised edition of the ACA Code in 1981 included additional references to diverse populations, which focused particularly on raising counselors' awareness and insight into cultural diversity issues that ensue in counseling relationship (Francis & Dugger, 2014; Watson et al., 2006). In response to the constant increase of cross cultural issues in the counseling profession, cultural diversity was reasonably incorporated in the subsequent versions of the ACA code of ethics, (Kaplan, 2014; Watson et al., 2006). Two principal concepts in the present study (religion and sexual orientation) were included among cultural diversity identities in the ACA Code of Ethics (Sections C.5; E.8, 2014). This inclusion reflects the counseling profession's focus from the counselor to the client since the first revision of the ACA Code of Ethics (Kaplan, 2014). However, religious views about sexual orientation have in some cases cut across ethical guidelines during counseling relationships that involve gay men and lesbian women clients. Such scenarios have often resulted in contention between counselor's adherence to religious tenets and adherence to professional ethical guidelines (Fallon et al., 2013; Francis & Dugger, 2014).

## Counseling Ethical Guidelines on Working with Sexual Minority Clients

The ACA Code of Ethics emphasizes inclusiveness of all populations in counseling professional services. Thus, counselors have the obligation to develop multicultural competency in working with diverse cultural populations by always being aware of their personal bias (ACA Code of Ethics, 2014). The ACA Code of Ethics (2014) emphasized in its mission and preamble the counseling profession's commitment to the respect and promotion of multicultural approach in counseling. The mission

statements advocate multicultural development of professional counselors as essential means to promote respect for human dignity and diversity. Recent editions of ACA code have reflected this commitment as multicultural and diversity considerations are significantly included in most sections of the document.

The ACA Code of Ethics strongly aligns with positive perception of same-sex orientation and support of sexual minority clients since the delisting of homosexuality from the DSM (Whitman, Glosoff, Kocet, & Tarvydas, 2013). Specifically, the ACA Code of Ethics, section C.5 states that counselors are ethically obliged to eschew discrimination against current or future clients from cultural minority backgrounds including sexual orientation and religion/spirituality. This code attests to the ACA's recognition of diverse religious and sexual orientation in multicultural counseling practice. It is debatable from this code that ACA may have foreseen potential conflict between counselor's religious beliefs and clients' cultural minority identity which could impact the therapeutic process. To avert this contention, counselors are required to be aware of personal values, beliefs, and attitudes during cultural diverse counseling process (Section A.4.b).

Whereas the counseling profession recognizes religious beliefs of the counselor in the therapeutic process, the ACA Code of Ethics makes it imperative that counselors assume the responsibility to read, understand, and adhere to the ethical guidelines (Section C.1.) in therapeutic relationships with clients regardless of clients' cultural or sexual identity. In sum, refusing to provide counseling based on sexual orientation of the

client is an ethical violation which may be subject to disciplinary sanctions on the counselor (Hermann & Herlihy, 2006; Kaplan, 2014).

**Multicultural Counseling Competency Training in Counseling Program**

To ensure counselors' development of multicultural competency, CACREP (2009), which is responsible for setting standards for counseling training programs, included multiculturalism in all the core counselor education courses. Multicultural Counseling Competency (MCC) consists of three core components (awareness, knowledge, and skill) as developed by Sue, Arredondo, & Davis (1992) and which has formed the principal conceptual base for the training and assessing counselors and students regarding working with culturally diverse clients (Bidell, 2014; Farmer, Welfare, & Burge, 2013; Hipolito-Delgado, Cook, Avrus, & Bonham, 2011; Malott, 2010). CACREP accredited counseling programs are designed to incorporate the three multicultural components into the eight core training courses (CACREP, 2009; Hipolito-Delgado et al., 2011). Thus, multicultural counseling development centers on training counselors and students to be conscious of how their assumptions, beliefs, and other personal limitations reflect in their relationship with clients of different cultural identities (CACREP, 2009; Chao, 2012; Malott, 2010; Sue et al., 1992). Counselors receive training to have knowledge and understanding of their clients' worldview, which promotes respect, acceptance, and being non-judgmental of the clients (Bidell, 2014; CACREP, 2009; Chao, 2012; Sue et al., 1992). The standards also center on training counselors and students to develop and to use interventions that are relevant and effective to clients in relation to their culturally diverse backgrounds (CACREP, 2009; Chao,

2012; Remley & Herlihy, 2010; Sue et al., 1992). Thus, Sue and Sue (as cited in Hay, 2008, p. 95) defined multicultural competent counselors as "those who have self-awareness of values and biases, understand client world-view, and intervene in a culturally appropriate manner."

The counselor education programs employ various pedagogical and experiential activities to develop counseling students' multicultural competency including supervision, consultation, role play, and research (Rock, Carlson, & McGeorge, 2010). One of the experiential training models is the cultural immersion project in which students are required to identify and engage in activities of populations that are culturally different from theirs based on race, gender, sexual orientation, and age. The central objective of cultural immersion is that contact and interaction with diverse cultures would minimize personal bias and promote self-exploration (Hippolito-Delgado et al., 2011). Group counseling is also a setting for developing counselors' multicultural counseling competency (Lassiter, Napolitano, & Culberth, 2008). Adopting the Structured Peer Group Supervision Model (SPGS), Lassiter et al., formed a multicultural supervision model with focus on developing supervisee's multicultural competency. The SPGS model usually comprises of the following phases: (a) introduction and presentation of an actual counseling experience by a supervisee, (b) assigning of roles to group members, and (c) feedback and discussion on the case presented in group (Lassiter et al., 2008). To incorporate multiculturalism into the model, Lassiter et al., added two roles to the model: (a) multicultural intensive member role which focuses on identifying cultural diversity issues that transpired in the supervisee's work with a client and (b) the supervisor as a

multicultural competency infuser which stresses the supervisor's role to employ varied strategies to make the group setting a conducive environment to encourage multicultural growth of group members. The central focus of the multicultural group supervision model is the feedback on each presentation which benefits the group members in their individual competency development process.

The overall effectiveness of multicultural competency training depends on continuous assessment and improvement on the outcome of the program courses. In a review of nine articles that examined outcomes of multicultural courses in a single semester or quarter period, Malott (2010) asserted that even a single multicultural course can positively influence multicultural competency development. Based on the finding, Malott reiterated the importance of varied pedagogical strategies in the training process such as exposing students to diverse populations and encouraging students' exploration of their personal biases. The importance of multicultural competency in counseling has extended to incorporating training of counselors to effectively work with gay men and lesbian women clients.

## Multicultural Competency Training in Relation to Same-Sex Orientation

Initially, multicultural counseling competencies focused primarily on racial and ethnic minority populations with secondary inclusion of gender, sexual orientation, and other special populations (Sue et al., 1992; Bidell, 2005). In the past decade, researchers have extended multicultural competency development to counseling relationships with sexual minority populations (ALGBTQ, 2014; Bidell, 2005; Farmer et al., 2013; Goodrich & Luke, 2011). Similar to racial and ethnic populations, multicultural

competency training in working with sexual minority populations focuses on (a) the importance of exploring one's personal biases and attitudes towards sexual minority clients; (b) having knowledge and understanding of worldview of sexual minority clients and the socio-cultural factors that affect this population; and (c) the ability to conceptualize presenting problems of sexual minority clients and the ability to use culturally appropriate interventions to work with them (Kocarek & Pelling, 2003; Israel & Salvage, 2003). Israel and Salvage (2003) reiterated the importance of equally infusing LGB issues into counselor education curriculum to foster sexual orientation competency. Kocarek and Pelling (2003) developed competency building mode with LGB issues in three progressively difficult scenarios using role plays. The first scenario is a dyad counseling relationship with heterosexist language; the second scenario involves triads with relational issue such as coming out; and the third scenario is a small group that addresses identity development issues such as coming out, spirituality, and sociopolitical issues.

Goodrich and Luke (2011) developed the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) responsive model of supervision of group work (RMSGW) in which the supervisory foci of the Discrimination Model of Supervision: conceptualization, personalization, and intervention were replaced with multicultural counseling competencies (knowledge, awareness and skills) to address issues relating to LGBTQ population in group setting. In relation to conceptualization, knowledge in LGBTQ group requires that the supervisor pays attention to how group members' gender identity could potentially influence their participation in the group process. In relation to

personalization, awareness in LGBTQ group requires the supervisor to encourage supervisees to explore how their personal experience and bias on LGBTQ persons may affect their group and supervisory participation. In relation to intervention, which is the same as skills, supervisors are required to use counseling strategies that are specific to addressing LGBTQ issues in group (Goodrich & Luke 2011). During the LGBTQ RMSGW process, and depending on the level of multicultural competence the supervisee presented, the supervisor assumes (a) the role of a teacher in identifying the supervisee's multicultural deficiency and thus, using teaching strategies to address such deficits; (b) the role of a counselor by employing counseling skills to assist the supervisee in acquiring competent skills to work with LGBTQ group members; and (c) the role of a consultant in which the supervisor and supervisee are more of peers to encourage self-direction based on the competencies the supervisee had acquired (Goodrich & Luke, 2011). In addition to infusing multicultural counseling competencies in the core courses of the CACREP counseling programs, specific competencies to work with sexual minority populations have been approved by the ACA to promote effective cross cultural counseling relationships with sexual minority clients (ALGBTIQ, 2014).

## Multicultural Competency Evaluation in Working with Sexual Minority Clients

In response to the needed extension of MCC to sexual minority population (Israel & Salvage, 2003; Kocaret & Pelling, 2003), Bidell (2005) developed the Sexual Orientation Counselor Competency scale (SOCCS) to evaluate students and counselors' competency in working with LGB clients. SOCCS is a self-report instrument that consists of 29 questions which are scored individually on a 7-point Likert rate ranging

from 1 (not at all) to 7 (totally true) with the higher scores indicating higher levels of sexual orientation counselor competency. Eleven items of SOCCS focus on counselor's experience and skills with LGB clients, 10 items focus on counselor's attitudes and prejudices towards LGB client, and eight items focus on counselors' understanding of mental health issues pertaining to LGB clients (Bidell, 2005).

Researchers have used SOCCS as a single instrument or in combination with other multicultural competency instruments to evaluate the multicultural competency development of counselors and counselors-in-training in counseling LGB clients (Bidell, 2013; 2014; Farmer et al., 2013; Rutter, Estrada, Ferguson, & Diggs, 2008). Rutter et al. (2008) conducted a quantitative research to explore the impact of LGB affirmative training on counseling students' competence in providing counseling services to LGB clients. The researchers employed SOCCS to evaluate 38 counseling students who formed treatment group (n – 21) and control group (n – 17). The treatment group received didactic and experiential LGB competency training while the control group did not. Both groups completed pre and post SOCCS surveys. The researchers found that the total scores of the treatment group were significantly higher than the control group t (12) = 2.418, P < 0.02. The differences pertained specifically on skills t (24), = -2.80, p < 0.01 and on knowledge t (24), = -2.44, p < 0.02. However, no significant differences were found regarding awareness t (24) = - 0.551, P < 0.605. The researchers attributed the awareness score potentially on the diversity of the program's faculty where they conducted study which included an openly gay full time faculty. This supports the recommendation to include LGB individuals in counselor education program faculty as

an effective strategy to developing students' multicultural competence with sexual minority clients (Sherry, Whilde, & Patton, 2005).

Bidell (2013) conducted an evaluation of the impact that an LGBT affirmative counseling course has in developing MCC in counseling sexual minority clients. Using the SOCCS and LGB affirmative counseling self-efficacy inventory (LGB-CSI), Bidell evaluated 23 master-level counseling students who enrolled in a summer session of an LGBT course and a comparison group of 23 students as control group drawn from existing research data. The 23 participants who took the LGBT course received pre-course and post course SOCCS and LGB-CSI assessments. Bidell found that the overall SOCCS scores $F(1, 22) = 112.66$, $p < .001$, $\eta^2 = .84$ and LGB-CSI scores $F(1, 22) = 148.53$, $p < .001$, $\eta^2$ were significant for the participants who took the LGBT course. Conversely, no significant difference was found among the comparison group $t(22) = 1.76$, $p = .092$. The result suggests that LGBT affirmative course is effective in developing counseling students' competency in working with sexual minority clients (Bidell, 2013).

In a previous correlational quantitative study, Bidell (2012) examined the multicultural and sexual orientation counselor competencies of school counseling students in comparison with community agency counseling students in working with LGBT clients. Bidell (2012) employed Multicultural Counseling Knowledge and Awareness scale (MCKAS) and SOCCS to evaluate 164 Masters level schooling counseling and community agency counseling students. Bidell found that regarding SOCCS, school counseling students scored significantly lower than community

counseling students in awareness $F(1, 161) = 10.01$, $p = .002$, $\eta^2 = .10$; skills $F(1, 161) = 12.53$, $p = .001$, $\eta^2 = .11$; and knowledge $F(1, 161) = 12.53$ $p = .001$, $\eta^2$ .11. Equally, in MCKAS, results showed that school counseling students scored significantly lower than community agency students in knowledge $F(1, 162) = 8.51$, $p = .004$, $\eta^2 = .05$ and awareness $F(1, 162) = 5.63$, $p = .019$, $\eta^2 = .03$. Although this study showed discrepancies between two counseling training specializations, the study attests to the attention the counseling field focuses on multicultural and sexual orientation competency development and evaluation of counseling students. Based on the discrepancies of the result, Bidell emphasized constant review of counselor education curriculum to enhance overall development of counseling students.

Farmer et al. (2013) evaluated a wide range of counseling professionals (N-468) on counselor competence with LGB clients based on the three dimensions of SOCCS. The study included community counselors (n-217), counselor educators (n-40), and graduate students (n-96). The researchers found that there was significant effect on the three dimensions of SOCCS at different degrees. The significant effect in Knowledge $F(5, 462) = 18.3$, $p < .001$, $\eta^2 = .16$ indicated that counselor educators showed more self-perceived LGB knowledge competence than other counseling specialties that participated in the study. Equally, community counselors and counseling students had higher scores than school counselors in Knowledge. Regarding the significant effect on Attitude $F(5, 462) = 2.59$, $p < .05$, $\eta^2 = .03$, the researchers found that community counselors had higher scores than school counselors. Finally, regarding the significant effect on Skills $F(5, 462) = 48.85$, $p < .001$, $\eta^2 = .26$, counselor educators again indicated higher self-

perceived Skill competence on LGB than other participants. The demonstration of significant self-perceived competence by counselor educators in the three dimensions of SOCCS perhaps corroborates with their responsibility to training prospective competent counselors in counseling LGB clients. Farmer et al. also suggested that the high competence score by community counselors related to the more opportunity they have to counsel LGB clients in community counseling settings than school counselors. It is obvious that the counseling profession strongly maintains its affirmative position on same-sex orientation by ensuring through counselor education program that counselors develop multicultural counseling competencies in counseling gay men and lesbian clients; however, the position of the Catholic Church on same-sex orientation may not be in full alliance with this position.

## Catholic Church Tenets on Same-Sex Orientation

The Catholic Church has an explicit position that is disapproving of same-sex orientation which is antithetical to the ACA Code of Ethics (2014) and which may impact Catholic counselors' beliefs about gay and lesbian clients and their treatments. The Catholic Church derives its disapproving position of same-sex orientation from the Sacred Scripture which describes homosexual act as grave depravity and disordered (SCDF, 1997). The Catholic Church upholds its firm disapproval of same-sex orientation on the argument that same-sex sexual act does not comply with natural law since human life which is an essential end of human sexuality does not proceed from same-sex sexual act (SCDF, 1997). However, Catholic Church offers two classifications of individuals who identify with same-sex orientation in a doctrinal document, *Declaration on Certain*

*Questions Concerning Sexual Ethics* (*Persona Humana*) (SCDF, 1975). The first classification includes individuals whose same-sex sexual inclinations originate from various learned or external factors; thus, the inclinations are curable. The Catholic Church does not consider same-sex sexual tendencies as sinful (SCDF, 1975). The second classification includes individuals who definitively identify with same-sex orientation and acts on the basis of innate or pathological instinct (SCDF, 1975). The Catholic Church considers same-sex sexual acts as objectively sinful (SCDF, 1975). While the document (Persona Humana) encouraged nonjudgmental and prudent treatment of individuals who identify with same-sex orientation in the pastoral setting, it also stated that there is no ground to justify their same-sex sexual behaviors (SCDF, 1975). The SCDF (1997) maintains that gay men and lesbian women have the same responsibility of fulfillment of Divine life and therefore they have to be accepted and respected with sensitivity. Positively, doctrinal documents of the Catholic Church on same-sex orientation advocate nondiscrimination of gay men and lesbian women.

Catholic Church's advocacy for nondiscrimination on the basis of same-sex orientation does not extend to formation and ordination to the Catholic priesthood. The *Congregation for Catholic Education* (2005) instructed that men who engage in same-sex sexual act, have profound same-sex tendencies, or support same-sex culture are ineligible for admission to Catholic seminary or priesthood. However, the Congregation for Catholic Education (2005) allowed men who experience same-sex sexual tendencies, which Catholic Church considers curable, to be admitted to Seminary on the condition that the individuals will eliminate the tendencies three years prior to their ordination to

the diaconate (Congregation for Catholic Education, 2005). Overall implication of the instruction is that gay men, by any definition, are disqualified from becoming Catholic priests.

Declaration on criteria for admission of men with same-sex sexual tendencies into Catholic seminaries was published during the period when reputation of the Catholic Church in the United States was at stake because of sexual abuse of children by Catholic priests (Plante & McChesney, 2011). In the course of addressing the challenge, some people held the opinion that same-sex orientation was probable cause of the child abuse which researchers refuted (Plante, 2007; Plante & McChesney, 2011). Plante (2007) argued that there is no scientific evidence to prove correlation between sexual abuse of children by Catholic priests and same-sex sexual orientation which the Congregation for Catholic Education (2005) seemed to allude to in the criteria for admissions of men to Catholic seminaries. Plante (2007) suggested that the Catholic Church needs more balanced admission criteria than sexual orientation identities of applicants. Plante supported his suggestion with results from his convenience study of 49 heterosexual men and 14 gay men who were applicants to the Catholic seminary between 1990 and 2004. Plante employed the MMPI-2 and interviews to evaluate differences between gay and heterosexual seminary applicants in terms of psychological health. He found that there was no significant difference in psychological adjustments of the applicants in relation to their sexual orientation.

SCDF (2003) published another doctrinal document, *Considerations Regarding Proposals to Give Legal Recognition to Unions between Homosexual Persons*, which

stipulated that Catholics especially Catholic politicians are obliged to oppose legal recognition of same-sex union. The document reiterated that the traditional and Biblical position of the Catholic Church is contrary to same-sex sexual relationship. The Catholic Church sent the document to countries that were intending to grant or had already granted legal recognition of same-sex unions. The document argues that it is wrong for the State to grant same-sex relationships a legal equivalence to marriage (SCDF, 2003).

Despite a firm negative position of the Catholic Church about same-sex orientation, the Church clearly advocates in all her official documents that every sign of discrimination against gay men and lesbian women should be avoided (SCDF, 1986; 1997). To ensure pastoral care and respect for gay and lesbian Catholics, the SCDF (1986) issued *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*. The document entrusted the Bishops with the responsibility of developing pastoral programs for gay men and lesbian women which would be strictly on the Catholic Church's teaching that same-sex orientation is morally unacceptable.

Recognizing negative attitudes associated with identifying as gay or lesbian which includes family rejection, the Catholic Bishops in the United States encouraged parents to accept and love their children who have same-sex sexual orientation. The Bishops reached out to parents in an official document tilted "*Always our children: A pastoral message to parents of homosexual children and suggestion for pastoral ministers*" (USCCB, 1997). The Bishops provided recommendations to parents of gay and lesbian children, which included loving and accepting their children but not approving of their sexual orientation. Interestingly, while the Bishops recommended that parents seek

professional help for their children including counseling and spiritual direction, they indicated preference for therapists who appreciate religious values (USCCB, 1997).

**Counseling Ethical Guidelines and Catholic Church Tenets on Same-Sex Orientation**

From the literature presented above about ACA ethical guidelines and Catholic Church tenets on same-sex orientation, it is evident that there are points of dissonance between the two organizations. Primarily, the concept of same-sex orientation as disordered or grave depravity by the Catholic Church (SCDF, 1997) is contrary to the advocacy positions of the major mental health organizations including the ACA advocate. That is, since 1973, ACA has maintained affirming position of same-sex orientation following the removal of homosexuality from the DSM-II (Drescher, 2012). The Catholic Church bases its position and teaching on same-sex orientation on the Sacred Scripture which categorizes same-sex sexual relationship as sinful and unnatural (SCDF, 1997). The immoral status attached by the Catholic Church to same-sex sexual act is also extended to all those who support gay culture (Congregation for Catholic Education, 2005). Conversely, ACA bases its affirming position of same-sex orientation on scientific evidence (Drescher, 2012; Zachar & Kendler, 2012) and counseling practitioners are ethically bound to uphold positive attitude towards gay men and lesbian women clients (ACA Code to Ethics, 2014; Whitman et al., 2013).

It is worthy to note that despite the opposing views between the ACA and Catholic Church, there is an outstanding agreement between the two organizations. They emphasize nondiscrimination of gay men and lesbian women. Thus, Catholics and

professional counselors are to accept and respect individuals with same-sex orientation rather than judging them or discriminating against them (ACA Code of Ethics, 2014; SCDF, 1997). Yet, counselors and students have demonstrated personal conflict between their religious beliefs and professional ethical guidelines which in some cases resulted in negative attitudes towards gay men and lesbian women in the counseling relationships (Balkin, Schlosser, & Levitt, 2009; Hermann & Herlihy, 2006; Rainey & Trusty, 2007).

**Value Conflict in Counseling Relationship with Gay men and Lesbian Women Clients**

Counselors' strict adoption of religious teachings that regard same-sex sexual orientation as sin is fundamental factor to the negative attitudes towards gay men and lesbian women in counseling relationships (Miller, Miller, & Stull, 2007; Fallon et al., 2013). From the counselor training perspective, unethical behaviors by counselors in rejecting or providing substandard therapy to gay men and lesbian women clients due to values conflicts are also attributed lack of multicultural competency to integrate the dissonance between religious values and sexual minority identity which are both endorsed by the ACA (ACA Code of Ethics, 2014; Fallon et al., 2013; Kocarek & Pelling, 2003).

In a study that was originally intended to explore the experiences of 18 sexual minority clients in counseling and the experiences of 16 heterosexual and sexual minority counselors in working with sexual minority clients, Bowers et al. (2010) found that an unsolicited theme emerged on religious-based homophobia which redirected their study to focus on the struggle for counselors to choose between religious beliefs and

professional ethical guidelines when working with sexual minority clients. The 18 sexual minority participants reported that they presented with mental health problems even prior to counseling experience basically from negative treatments they received from their churches. One of the sexual minority counselors in Bower et al. (2010) identified as a gay man and Catholic lay monk and had lived in the closet due to effects of homophobia. The counselor disclosed how his internalized religious values conflicts influenced his counseling practice. He noted that he followed his Bishop's view on same-sex orientation and provided unethical service to his gay men and lesbian women clients for fear of opposing the Catholic Church's teaching. For example, the monk reported that in working with a gay male and Human Immunodeficiency Virus (HIV) positive client under the recommendation of a Catholic priest, he presented celibacy to the client as the best intervention to his presenting problem. However, the lay monk later expressed regrets about the therapeutic approach he employed due to pressure from his religious beliefs and authority rather than by counseling ethical guidelines. Bowers et al. concluded that counselors' religious stance is no excuse to perpetrate homophobia in therapeutic relationship that should reflect professional ethical guidelines.

Balkin et al. (2009) provided insight and a probable rationale as to why counselors experience challenges of values conflicts in working with gay men and lesbian women clients. Balkin et al. conducted a national survey of 111 counseling professionals and graduate students to examine how counselors' religious identity related to attitudes towards sexism, homosexuality, and racism. The researchers employed a set of religious identity subscales from the Religious Identity Development Scale (RIDS) and sets of

multicultural competence subscales from Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R). The findings showed significant canonical relationship between professionals' religious beliefs and homosexuality (Wilks's lambda = .23, $F(42, 463.11) = 4.10$, $p < .001$). Thus, counselors who strongly adhere to their religious beliefs without questioning or are not open to accepting people of other religions showed that they were less likely to accept or tolerate gay men and lesbian women. Balkin et al. (2009) aligns with Bowers et al. (2010) regarding counselors being under pressure by their religious beliefs to be unethical when clinical relationships involve sexual minority clients.

Attitude and experiences of 10 out of 31 Christian counselors in relation to gay and lesbian women clients showed some level of rejection and judgment as expressed in some of their responses such as "I do not believe God created us for same-sex", "my belief tells me love the person but hate the sin," "… and their [same] sexual orientation is irrelevant" (Evans, 2003, p. 57). Evans noted that the religious beliefs of the counselors and the position of the Association of Christian Counselors to which they belonged which echoes fundamentalist understanding of the Bible regarding same-sex orientation influenced the counselors' ethical therapeutic services to gay men and lesbian clients. Evans (2003) was consistent with Newman, Dannenfelser, and Benishek's (2002) finding that among five other predictors on attitudes toward lesbian women and gay men in a study of graduate social work and counseling student, religious identity was the most variance in attitudes towards same-sex orientation ($SS = 47,481.6$, $df = 6$, $F [6, 2462] = 14.51$; $P < .001$). Newman et al. reported that 6.5% of graduate social work and

counseling students scored with negative attitude towards gay men and lesbian women. Interestingly, Catholic participants were among the religious identities that expressed more accepting attitudes towards gay men and lesbian women than religions with conservative perspectives. In their study of 228 participants that was comprised of 160 master's-level counseling students, 18 doctoral-level counselor educators, and 50 counseling supervisors, Bidell (2014) examined the relationship between religious conservative belief and sexual orientation counselor competency (SOCC). The study also focused on determining predictors of counselors' sexual minority affirmative competency. The results indicated a significant main effect for counselor religious conservativism on overall SOCC scores: $F$ (4, 220) = 2.78, $P$ = .028, $X2$ = .048). The results also showed that most of the participants were influenced by their religious beliefs than their professional training. Consequently, Bidell expressed concern that participation in a multicultural course was not a significant predictor of SOCC.

Family religious background and inclination is associated with developing perception and attitude toward gay men and lesbian women which may extend to counseling settings. Kissinger, Lee, Twitty, and Kisner (2009) explored the relationship between family environment and attitudes towards gay men and lesbian women in a study that involved 143 graduate students who enrolled in counselor education, social work, and rehabilitation counseling programs. Kissinger et al. employed the Family Environment Scale and the Attitudes toward Lesbians and Gay Men Scale to evaluate three family dimensions: (conflict, intellectual-cultural orientation, and moral religious emphasis). With particular reference to moral values, Kissinger et al. reported that there

was a significant relationship between family emphasis on ethical and religious issues and the graduate students' negative attitude towards gay men and lesbians $v = .16$, $F(2, 143) = 10.53$, $p < .01$, $\eta^2 = .16$. Simultaneously, Kessinger et al. (2009) found that graduate students who were 23 years old and younger scored significantly higher in negative attitude towards gay men $F(2, 144) = 19.83$, $p < .01$, $\eta^2 = .07$ and towards lesbians $F(2, 144) = 32.53$, $p < .01$, $\eta^2 = .15$. This indicated that younger participants, 23 years and below were less positive than participants who were 24 years old and older in attitude towards gay men and lesbian women. Conversely, the Pew Research Center (2011) reported that a higher percentage of people younger than 30 years (69%) support societal acceptance of same-sex orientation; whereas among people who are 50 years and older, 52% support societal acceptance of same-sex orientation. Overall, 92% of the sexual minority population in America acknowledges that there is more acceptance of minority population currently in American society than in the past decade (Pew Research Center, 2014).

Similar to Kissinger et al. (2007), Rainey and Trusty (2007) conducted a survey to investigate factors that are predictive of attitudes toward gay men and lesbian women. Participants included 132 graduate heterosexual students in three different counseling programs accredited by CACREP. Rainey and Trusty (2007) reported that among other variables, religiosity had higher scores on the Attitudes Toward Lesbians and Gay Men scale (ATLG) which was used in the study. The scores indicated that the more counseling students identify as religious, the more likely they are to demonstrate negative attitudes toward gay men and lesbians. Results equally showed no interaction effect

between attitudes and religiosity. Rainey and Trusty contended that participants came from geographical areas that conservative Christian Churches dominate, which might account for lack of interaction with gay men and lesbian women and negative attitude towards same-sex orientation. It is worthy to note that counseling students' negative attitudes toward gay men and lesbian women posits concern that such behavior may evolve into values conflicts when the students earn license to practice in the field.

Given their ethical and professional responsibility of training prospective counselors to develop multicultural competency (ACA Code of Ethics, 2014 Section F.7.a; F.7.c), counselor educators stand in the spotlight of being assessed of their own bias related to same-sex orientation. Miller et al. (2007) conducted a study involving 154 counselor educators from 83 CACREP accredited counseling programs to explore discriminatory behaviors of counselor educators based on race, gender, sexual orientation, and social class. The counselor educators indicated lower discrimination and bias on race and gender and higher discrimination on sexual orientation and social class. While Miller et al. did not relay report on counselors' discriminatory behavior specific to religious beliefs; they suggested "need for counselor educators to continue examination of their prejudices and discriminatory behaviors particularly those related to sexual orientation and social class" (p. 332).

Rejection or providing substandard counseling services to gay men and lesbian women clients due to counselors' values conflicts prompts attention to counselors' empathy which is essential for therapeutic connection with clients regardless of clients' background (Clark, 2010; Morrison & Borgen, 2010). With exclusive focus on

Christianity and using a critical incident technique, Morrison and Borgen (2010) examined how Christian spiritual and religious beliefs help and hinder counselors' empathy toward clients. They conducted their study with focus on the definition of empathy as the quality of being in other's world without judgment or bias. Twelve counselors including practicing Catholics participated in the study which based on descriptions of critical incidents in counseling involving participants' religious beliefs. From the incidents presented, the researchers generated 14 helping categories and three hindering categories. Among the hindering categories, clients' actions that do not align with counselors' religious belief were identified as the highest hindering factor to empathy. Thus, disagreement between client's actions and counselor's religious beliefs hinders empathy. This attests to the difficulty counselors demonstrate in integrating conflicting backgrounds that are integral parts of cultural diversity which the counseling profession advocates (ACA Code of Ethics, 2014).

Counselors' difficulties in fostering therapeutic relationships with gay men and lesbian women clients due to dissonance between religious beliefs and same-sex orientation have sometimes resulted in legal cases (Hermann & Herlihy, 2006; Kocet & Herlihy, 2014). Such legal cases challenge the counseling profession's principle of nondiscrimination of clients based on their sexual minority identities (ACA Ethical Code, 2005; Hermann & Herlihy, 2006; Kaplan, 2014). Counselors and students who file the lawsuits argue that providing counseling to gay men and lesbian women is affirming same-sex relationship and contrary to their religious beliefs (Kocet & Herlihy, 2014). Conversely, refusing to counsel gay men and lesbian women clients on the basis of

religious belief is interpreted by the counseling profession as an ethical violation of nondiscrimination standards (ACA Code of Ethics, 2014; Kocet & Herlihy, 2014).

## Law Suits by Counselors Due to Value Conflicts

### Bruff v. North Mississippi Health Services

Bruff v. North Mississippi Health Services, Inc. (2001) was the first legal case regarding counselors' values conflicts. In this case, Sandra Bruff was one of three counselors employed by North Mississippi Medical Center Inc in its Employee Assistance Program (EAP) to provide counseling to employees of various regional businesses. In 1996, Bruff counseled a woman identified as Jane Doe for several sessions before Doe left counseling. After several months, Doe returned to counseling during which she disclosed to Bruff that she was a lesbian and asked for help in improving her relationship with her partner. Bruff refused counseling Doe on her same-sex related issue because of her religious belief that conflicted with same-sex orientation. However, Bruff offered to continue counseling Doe on other issues. Doe complained to her employer on Bruff's decisions and the employer complained to the North Mississippi Medical Center. Following the company policy, Bruff's employer asked her to document the aspect of her counseling responsibility she wanted to be free from. In response, Bruff requested exception from providing counseling services related to same-sex lifestyle and relationship with their partners. She also requested exemption from counseling persons who have sexual relationships outside of marriage.

After several discussions on Bruff's request and efforts to accommodate her need by shifting responsibility among the three EAP counselors, the Medical Center

Management found that Bruff's requests were not feasible. The Management cited that the EAP contracts required counselors to treat diverse clinical issues and not to exclude certain issues or individuals. The Management noted also that it is not possible to determine specific client issues in advance. They also argued that granting Bruff's request would constitute uneven distribution of work load. Further, they stated that Bruff's request to counsel or decline to counsel certain issues violates ethical provisions. Consequently, Buff was relieved of her counseling responsibilities and placed on leave with pay (Bruff v. North Mississippi Heath Services, Inc., 2001). Bruff appealed the decision to a vice president of the Medical Center who after due deliberations offered Bruff three options: (a) reconsider her request for accommodation; (b) request a transfer to another position or department in which value conflict issues were less likely to occur; or (c) resign her position. Bruff chose to apply for another counseling position but another applicant with more qualification had already taken the position. Bruff refused to apply for another position that was available and the 30-day continued period ended which resulted in Bruff's termination.

Bruff filed suit in a federal court and a jury decided that the Medical Center had discriminated against Bruff because of her religious beliefs. The jury stated that the Medical Center had not made a reasonable accommodation for Bruff's beliefs. The jury conferred to Bruff monetary award for compensatory damages and punitive damages (Bruff v. North Mississippi Heath Services, Inc., 2001). The Medical Center appealed the decision in 2001in the United States Court of Appeal for the Fifth Circuit. The Appeal Court reversed the decision citing that while employers are obliged to make

accommodations for the religious beliefs of their employees, they are not required to accommodate all employees' requests. The court stated that granting Bruff's request would result in disproportionate work load among EAP counselors. The court ruled that Bruff's employment contract did not limit the scope of issues that Bruff would address in counseling and that Bruff's employer was not obliged to accommodate her inflexible position which resulted in undue hardship to the EAP environment.

**Walden v. Centers for Disease Control and Prevention (2010)**

In the Walden v. Centers for Disease Control and Prevention (2010), the United States District Court for the Northern District of Georgia ruled against Marcia Walden who was an EAP counselor at the Centers for Disease Control and Prevention (CDC) on the case of refusal to counsel a sexual minority client due to religious belief of the counselor. In 2007, Walden met with a CDC employee in an initial counseling session; and the employee raised issues relating to her same-sex relationship of eighteen years. Walden concluded that the employee's same-sex relationship conflicted with her religious beliefs; thus, she informed the employee that based on her personal values, she could not provide the requested counseling. Walden referred the employee to another counselor who provided satisfactory counseling service to the employee. However, the employee was upset because she felt that Walden "judged and condemned" her; and that Walden's "nonverbal communication also indicated disapproval of her relationship" (Walden v. Centers for Disease Control and Prevention, 2010, p. 5).

While addressing the complaint with Walden, the employer suggested to Walden an alternative way she could refer clients to another counselor without referring to her

personal values. The employer advised Walden to cite lack of relationship counseling experience when referring clients seeking same-sex relationship counseling. Walden continued denying the suggested alternative as “dishonest” (Walden v. Centers for Disease Control and Prevention, 2010, p. 6). CDC laid Walden off because of her inflexible position; however, she was provided access to finding and applying for another job with CDC which she declined. Subsequently, Walden filed lawsuit against CDC claiming constitutional and statutory violation of her rights (Walden v. Centers for Disease Control and Prevention, 2010). The court ruled against Walden, not on the basis of his refusal to counsel the employed due to conflict with Walden’s religious beliefs, but based on “the manner in which [Walden] handled the situation and the CDC’s reasonable concern about how [Walden] would handle similar situations in the future” (Walden v. Centers for Disease Control and Prevention, 2010, p. 17).

## Law Suits by Counseling Students Due to Value Conflicts

### Jennifer Keeton v. Mary Jane Anderson-Wiley (2010)

In 2010, the United States District Court for the Southern District of Georgia decided on a preliminary injunction case filed by Jennifer Keeton, a counselor education student at Augusta State University (ASU). Keeton had expressed many times in the classroom, written assignment, among her fellow students, and her professors her religious-based negative views on same-sex orientation. Keeton stated that “she condemns homosexuality based on the Bible’s teaching” (Keeton v. Anderson-Willey, 2010, p.3). The faculty was concerned that Keeton “may not be able to separate her personal, religious-based views on sexual morality from her professional counseling

duties, in violation of the ACA's Code of Ethics" (Keeton v. Anderson-Willey, 2010, p.4). The faculty also received report from fellow counseling students that Keeton had interest in conversion therapy which is not endorsed by the ACA. Based on these concerns and in compliance to the counseling program's policy, the faculty placed Keeton on remediation status to further develop her multicultural counseling competence. Keeton declined to participate in the second portion of the plan, and consequently, the faculty dismissed her from the program. Keeton filed a suit against the counseling faculty and the University. The court denied Keeton's claims by stating that the faculty was not concerned about Keeton's religious belief but on her inability to demonstrate judgment-free decisions in counseling situation according to the ACA ethical standards (Keeton v. Anderson-Willey, 2010, p. 3).

**Ward v. Wilbanks (2010)**

In 2006, Julea Ward, a counseling student at Eastern Michigan University (EMU) filed suit against the University based on conflict between her religious belief and fulfilling practicum course requirements. During the practicum, Ward encountered a client who had previously been in counseling on same-sex relationship issues. After reviewing the client's file prior to their counseling session, Ward requested to refer the client to another counselor because counseling sexual minority clients violated her religious beliefs. The faculty had informal review of Ward's practicum performance and concluded that Ward's refusal to counsel a client was contrary to the ACA ethical standards on which the EMU counseling program based. At the end of the informal review, the faculty gave Ward the options of (a) completing remediation program, (b)

voluntarily leaving the counseling program, or (c) requesting a formal hearing. Ward chose to have a formal hearing (Ward v. Wilbanks, 2010).

Ward stated that she would willingly counsel clients on any other issues than same-sex relationships because that "goes against what the Bible says" (Ward v. Wilbanks, 2010, p. 4). Ward stated also that she disagrees with ACA's prohibition of reparative therapy. The faculty dismissed Ward from the program following a decision from the formal review committee. Ward filed suit claiming that the faculty violated her First Amendment Rights and her Fourteenth Amendment Equal Protection rights. The court summary judgment was in favor of the EMU. The court stated that Ward violated EMU's curriculum requirement of not excluding any potential clients based on particular religious beliefs. The court also stated that Ward was not required to change her religious belief but be open to all counselor-client relationships in accordance to the ACA ethical standard (Ward v. Wilbanks, 2010).

## Debate on Value Conflicts from the Lawsuits

In the lawsuits by the professional counselors and counseling students, some ethical codes were obvious to the debate on values conflicts which were equally part of the argument presented by the plaintiffs. For example, Bruff argued that her actions of disclosing her personal values and inability to work with the client were appropriate to the ACA Code of Ethics (Section, C.2.a., 2014). While Bruff referred to this code, other several codes equally urge counselors to engage in multicultural competencies to avoid discrimination of clients on the basis of minority identities (ACA, 2014, C.5.).

Another ethical code that was common in these cases was the issue of referral of clients. The plaintiffs [Walden, Ward, and Keeton] resorted to referring their gay or lesbian clients to other counselors rather than working with them based on Section A.11.a. of the ACA Code which states that "If counselors lack the competence to be of professional assistance to clients, they [counselors] avoid entering or continuing counseling relationships" (p. 6). However, Section A.11.b. cautions counselors to refrain from referring clients "based solely on the counselor's personally held values, attitudes, beliefs, and behaviors" (p. 6). As Herlihy, Hermann, and Greden (2014) contended, referral due to lack of competence is accepted but it is ethically binding on counselors to acquire needed multicultural competence to always work with diverse clients. Further, given their experiences of discrimination, gay men and lesbian women clients have the tendency to always perceive their referral to another therapist as continued discriminatory behavior by counselors regardless of the ethical reasons for the referral (Priest & Wickel, 2011). Priest and Wickel (2011) argued also that counselors who avert therapeutic relationship with gay men and lesbian women clients deprive themselves of the opportunity to develop multicultural competency.

While the ACA Code of Ethics is intended to ensure the welfare of clients from diverse cultural backgrounds, counselors have interpreted the codes in different ways that support each side of the debate on values conflicts particularly with regard to religious beliefs (Kocet & Herlihy, 2014). Consequently, there is divided opinion among some counselors regarding support or critique of refusing to provide counseling to gay men and lesbian women clients based on religious beliefs of the counselor and the interpretation of

the ethical code. Some counselors are of the view that to avoid imposing personal values on clients, counselors with strong religious beliefs that conflict with same-sex sexual orientation should not enter into counseling relationship with gays and lesbian women clients (Hall, Flaun, & Russo, 2008). Conversely, Hermann and Herlihy (2006) maintain that counselors have ethical obligation to seek professional competency to provide services to diverse population to avoid any form of discrimination. Furthermore, Remley and Herlihy (2010) asserted that if "a counselor's values were so strong that he or she could not counsel clients who held differing beliefs, we would be concerned that the counselor is not well suited for the counseling profession" (p. 23).

There is available literature which focused primarily on negative perception and discrimination of gay men and lesbian women clients due to counselors' religious beliefs in general (Balkin & Schlosser, 2009; Bowers et al., 2010; Hermann & Herlihy, 2006; Priest & Wickel, 2011). I could not identify any research that focused exclusively on how Catholic counselors are challenged by their Catholic religious beliefs in working with gay men and lesbian women clients given the dissonance between Catholic Church doctrine and counseling ethical guidelines on same-sex orientation. Thus, there is need to explore and understand this dissonance from the experiences of Catholic counselors which might help improve cross cultural therapeutic relationship particularly regarding same-sex orientation.

## Reparative Therapy

Conflict of religious beliefs and counseling ethical guidelines is commonly associated with the reparative or conversion therapy regarding counseling services to gay

men and lesbian women clients (Whiteman et al., 2013). Conservative religious counselors provide reparative therapy to Gay men and lesbian women clients contrary to sexual minority affirmative counseling that the counseling profession advocates (Whitman et al., 2013).

**What is Reparative Therapy?**

Reparative therapy, which is also known as conversion therapy or sexual orientation change efforts (SOCE) refers to various treatments or interventions that are aimed specifically at changing sexual orientation (Arthur, McGill, & Essary, 2014; Beckstead, 2012). Reparative therapy is rooted in psychoanalytic theory which pathologized same-sex sexual orientation and proposed a cure for gay men and lesbian women who wish to change to heterosexual orientation (Authur et al., 2014; Drescher, 2001). In In alliance with psychoanalysis, proponents of reparative therapy are mostly religious organizations that uphold the idea that non heterosexual orientation is a sin or a dysfunctional behavior that originates in childhood or by social experiences which are curable (Arthur et al., 2014; Beckstead, 2012; Drescher, 2002; Weiss, 2012). Thus, practitioners of reparative therapy contend that with various religious interventions and psychoanalytic approach, individuals with same-sex orientation can receive assistance to change to heterosexual orientation (Andre, 2008; Arthur et al., 2014; Ian, 2014; Weiss, 2012).

There is the perception that assumptions of reparative therapy portray rejection to the depathologizing of homosexuality as a disorder from the DSM-II (Drescher, 2002; Lev, 2013). Drescher (2002) argued also that the inclusion of sexual orientation

disturbance in DSM-II reprint after the removal of homosexuality was an indirect legitimization of reparative therapy practices. Interestingly, the opening of the first reparative clinic, Love in Action, in San Francisco was in the same year, 1973, that homosexuality was removed from the DSM (Arthur et al., 2014). As Nicolosi, Bryd, and Potts (2000) noted, following the removal of homosexuality from the DSM, support for treatment of homosexuality dwindled significantly while affirmative therapy for sexual minority populations has become dominant. However, counselors who hold strong religious beliefs that denounce same-sex orientation resort to reparative therapy rather that sexual minority affirmative counseling services (Nicolosi et al., 2000). Two significant organizations that advocate the right to receive reparative therapy are Exodus International and the National Association of Research and Therapy of Homosexuality (NARTH). Based on their religious inclination, reparative therapists adopt the notion that while they denounce same-sex sexual orientation as sin, they equally accept and love the individuals by helping them to overcome their lifestyle and adopt the normative heterosexual life (Besen, 2012).

**Debate on Reparative Therapy**

Various studies have emerged in the past decade that either supported or undermined claims to the effectiveness of reparative therapy (Beckstead & Morrow, 2004; Jones & Yarhouse, 2011; Maccio, 2011; Nicolosi et al. 2000; Shidlo & Schroeder, 2002; Spitzer, 2003). The most influential research that reported effectiveness of reparation therapy was Spitzer's (2003) study which included 200 participants (143 males and 57 females) who were recruited through Exodus ministry, NARTH, and ex-gay

ministries. About 99% of the participants identified as Christians or Jewish and 93% reported that religion was extremely or very important in their lives. Spitzer reported that on a scale ranging from zero (exclusively heterosexual) to 100 (exclusively homosexual), a mean score of 91 (men) and 88 (women) reported of sexual attraction prior to reparative therapy compared to mean score of 23 (men) and 8 (women) post reparative therapy. Before receiving therapy, 76% (n-108) of the men and 65% (n-37) of the women indicated that they were having issues regarding their same-sex orientation. At the end of the therapy, there was report that these numbers reduced (26% for men and 49% for females). Generally, 93% of the participants reported that reparative therapy eliminated their same-sex sexual orientation.

Spitzer's (2003) study drew much attention from within and beyond the mental health community given the vital role Spitzer played in delisting homosexuality as a disorder from the DSM in 1973. Proponents of reparative therapy held on to Spitzer's 2003 study as a credible scientific asset to sustain their position that same-sex orientation could be changed contrary to the views of mental health organizations (Arthur et al., 2014). Rather than bridging the controversy over reparative therapy, Spitzer's study opened a wide range of criticisms to the credibility of the study which amplified the debate on reparative therapy.

**Rebuttal to Spitzer's (2003) Influential Study on Reparative Therapy**

Varied critiques on Spitzer's study (Sandfort, 2003; Smith, 2006; Wainberg, 2003) undermined the effectiveness of reparative therapy. The recent shift of positions by significant advocates of reparative therapy including Spitzer himself (Spitzer, 2012)

further undermined Spitzer's study. From methodological perspectives, Spitzer's report was criticized for its reliance on self-report of the participants which Spitzer himself acknowledged as potential flaw to his study (Sandfort, 2003; Spitzer, 2003; Smith, 2006). Sandfort (2003) and Wainberg (2004) argued that the participants' self–reports were already biased given that 78% of Spitzer's sample had spoken publicly in favor of effort to change sexual orientation. Further critique of Spitzer's study was that the sample selection of the study was not random rather from ex-gay organizations that already support the purpose to the study (Sandfort, 2003).

Sandfort (2003) articulated further criticisms of Spitzer's study which included (a) participants were surveyed retrospectively and in some cases beyond five years following treatment which questions the accuracy of their responses; (b) the use of telephone interview as data collection method which might have limited extensive response and clues; (c) while Spitzer concluded that there was no potential harm in the use of reparative therapy, Sandfort alleged that Spitzer did not define the concept of harm and how it would have been measured; and (d) reporting of findings was more of selective than comprehensive (Sandfort, 2003). In summary, opponents of reparative therapy assert that Spitzer's (2003) study was likely to insinuate societal and internalized homophobia and pursuit for sexual reorientation therapy that is not scientifically proven (Wainberg, 2004).

**Renunciation of Reparative Therapy**

In the most recent years, significant individuals who had been advocates of the conversion therapy have remarkably undermined the credibility of reparative therapy. In

2012, a former president of Exodus ministry, John Smid, recanted his position on the principles of reparative therapy. John Smid stated, “I‘ve never met a man who experienced a change from homosexual to heterosexual” (Besen, 2012, p. 5). Another president of Exodus, Alan Chambers admitted his disbelief in curing sexual orientation. He stated that 99.9% of people he has met did not experience change in their sexuality (Besen, 2012).

Particularly, Spitzer (2012) published a review of his 2003 influential study and recanted the conclusion of the study. Spitzer acknowledged major flaws in the study which included his reliance on participants’ self-report of sexual orientation change which was difficult to prove the veracity of the report. Spitzer also apologized to gay persons who had believed in his 2003 study: “I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of reparative therapy because they believe that I had proven that reparative therapy works with some “highly motivated” individuals” (Spitzer, 2012, p. 757). Finally, in 2013, Exodus International and its more than 200 branches in North America closed down. The president further apologized for causing harm to gays due to Exodus’ operation on false promises of changing sexual orientation. The president disclosed that he ignored his own same-sex sexual orientation but has come to accept it. He also encouraged gays to deal with their experience of ineffective reparative therapy (Mcclam & Leitsinger, 2013).).

Critiques against reparative therapy revolve fundamentally around the following: (a) its assumption that same-sex sexual orientation is pathological and therefore curable,

(b) lack of enough scientific evidence to support its assumption, (c) assumptions that tend to support homophobic views, (d) conflict between religious rituals and clinical therapy involved in reparative therapy, and (e) reparative therapy can be harmful to clients (Andre, 2008; Bartlett et al., 2009; Besen, 2012; Smith, 2006). These points do not agree with the ethical guidelines of national mental health organizations including the ACA in working with sexual minority clients. Consequently, the ACA has published professional statements on its position on reparative therapy.

## ACA Position on Reparative Therapy

The ACA issued a resolution in 1999 opposing reparative therapy as a cure for individuals with same-sex orientation. Yet in response to continued request by ACA members for direction on the practice of reparative therapy, the ACA Ethics Committee provided interpretation based on ACA Code of Ethics that reaffirms opposition to the practice of reparative therapy (Whitman et al., 2013). The committee members reiterated that the primary goal of reparative therapy (changing same-sex orientation to heterosexual) presupposes that same-sex orientation is abnormal which is contrary to the position of the national mental health organizations including the ACA. This position alludes to the removal of “homosexuality” as a disorder from the DSM (Drescher, 2012; Lev, 2013).

Based on their review of literature, the Ethics Committee concluded that reparative therapy lacks scientific evidence and thus, may be harmful to clients. In cases where clients request referral to reparative therapist, Ethics Committee cautioned that while respecting clients’ autonomy (ACA Code of Ethics, Section A.11.a.), counselors

should equally bear in mind the primary responsibility of counselors to respect the dignity and to promote the welfare of clients (ACA Code of Ethics, Section A.1.a.) and the obligation to avoid harm (Section A.4.a). Hence, the Ethics committee warned that referring clients to treatment that ACA disapproves is harmful to the client and unethical (Whitman et al., 2013).

Regarding the ethical requirement for counselors to practice within their areas of professional training and specialty (ACA Code of Ethics, Section C.2.a.), the Ethics Committee noted that ACA provides no professional training in reparative therapy. In sum, the ACA Ethics Committee strongly suggests that counselors do not refer clients to reparative therapy. Should counselors refer clients to reparative therapists, it is imperative that they ensure that clients are duly informed of the nature of the treatment including especially the risk involved due to lack of scientific evidence of its effectiveness (Whitman et al., 2013). Again, the ACA advocates the use of approved competencies in working with sexual minority clients developed by the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTC).

## Reconciling Personal and Professional Differences

Fallon et al. (2013) recognized that religious counselors may encounter dilemma in working with gay men and lesbian women clients regarding inconsistency between religious tenets on same-sex relationship and professional ethical guidelines on same-sex orientation. Thus, they suggested that counselors apply critical thinking to reconcile these opposing values. They described the application of critical thinking under four key elements: “(a) identifying assumptions influencing thoughts and actions: (b) critiquing

assumptions supporting evidence to evaluate their accuracy, reliability, and generalization; (c) examining assumptions from multiple and varied perspectives; and (d) taking actions informed by this process" (Fallon et al., 2013, p. 45).

The first stage of critical thinking suggests that counselors explore and identify the assumptions that cause their conflict with working with clients with same-sex orientation; that is, their rigid adherence to religion which is not open to other considerations. Fallon et al. encouraged counselors to identify and focus on areas of congruity between their religious beliefs and professional guidelines, such as respect and care of persons in their therapeutic relationship with gay and lesbian clients. The second stage of critical thinking involves counselors questioning of the identified assumptions. Critique of one's assumptions might prompt the counselor to hold on to his or her religious values and still work with individuals from different cultural background. At the third stage of critical thinking, counselors need to challenge themselves to consider multiple perspectives especially how their refusal to provide therapy affect sexual minority clients. Recognizing how challenging this stage may be for counselors, Fallon et al. suggested that counselors may develop multiple perspectives by collaborating with their religious leaders who are inclusive in their pastoral work despite their faith traditions. Lastly, critical thinking involves action towards developing multiple perspectives which is an important skill for counselors to reconcile their religious beliefs and professional differences (Fallon et al., 2013). Thus, effectiveness of critical thinking in reconciling opposing values depends on counselors' readiness to take actions and to challenge their assumptions.

Priest and Wickel (2011) suggested four strategies for counselors to minimize anxiety due to personal values and professional differences. First, counselors should engage in examination of values from a macrosystemic perspective rather than microsystemic perspective. Priest and Wickel contended that religious counselors who operate from a microsystemic perspective limit the meaning of therapeutic relationship with gay men and lesbian women to a single value context. Conversely, operating from a broader perspective, counselors can establish relationship with gay and lesbian clients based on other values they hold in common. Second, Priest and Wickel suggested that religious counselors should always distinguish between narrative and values in their experience of values conflicts. Narratives are used to explain values; thus, challenges in working with gay men and lesbian women clients derive from the personal narratives counselors attach to values. If counselors employ broader perspectives in counseling relationships, they may realize that they only differ from gay and lesbian clients in terms of their respective narratives of describing "meaningful sexual relationship" (Priest & Wickel, 2011, p. 145) and not on the value of sexual relationship. Third, counselors need to develop high level of differentiation which promotes balance between individuality and commonality in cross cultural therapeutic relationship. Counselors' awareness of feelings and reactions to values that are incongruent with theirs promotes openness to listening and respecting others' values. Fourth, counselors should remember that their responsibility is to understand values and to be non-judgmental of clients from different cultural background. Counselors' interest in understanding other values opens wider

ethical considerations that might prevent termination or rejection of therapy to gay men and lesbian clients.

**Summary**

The literature reviewed in this Chapter articulated the major concepts that pertain to the conflict between religious beliefs and counseling ethical guidelines in working with gay men and lesbian women clients. I presented historical perspectives and etiology of same-sex orientation to show how various interpretations of sexual orientation emerged at different periods which highlight divergent perceptions of gay men and lesbian women. I established that the counseling profession and the Catholic Church hold opposing positions on same-sex sexual orientation. While the Catholic Church holds the view that same-sex sexual act is sinful and is a grave depravity, the counseling profession maintains affirmative view of sexual minority identities since the removal of homosexuality as a disorder from the DSM II in 1973 (ACA Code of Ethics, 2014; Drescher, 2012; SCDF, 1997). Thus, identifying with two organizations that have opposing perceptions of same-sex sexual orientation posits potential dilemma for some of the adherents regarding which organization's principles to follow in a given situation.

The literature review showed that the counseling profession is committed to ensuring that counselors develop multicultural counseling competency through counselor education programs to effectively serve gay men and lesbian women clients. However, the literature review equally showed that despite the multicultural training, some religious counselors still experience dilemma or conflicts of values between their religious beliefs and their professional ethical guidelines in working with gay men and lesbian women

clients (Balkin et al., 2009; Bowers et al., 2010). In some cases, counselors' values conflicts resulted in sub-standard counseling or refusal to provide counseling to gay men and lesbian women clients which is contrary to the counseling ethical guidelines (Hermann & Herlihy, 2006; Kocet & Herlihy, 2014). The literature showed that in the past few years, the counseling profession had encountered lawsuits by counseling practitioners and counseling students due to influence of religious beliefs (Hermann & Herlihy, 2006; Herlihy et al., 2014).

Based on the literature review, I found that literature relating to influence of religious beliefs in working with sexual minority clients has been increasing in addition to competencies for counseling sexual minority clients which the ALGBTIC developed. I discussed two available resources that suggested strategies for counselors to successfully navigate values conflicts. However, I also found that no research has been published with particular focus on experiences of values conflicts by Catholic counselors in working with gay men and lesbian women clients. This study fills this gap in the literature and provided insight for future studies that will focus on helping counselors reconcile conflict between their religious beliefs and their counseling ethical obligation to work with gay men and lesbian women clients. In Chapter 3, I described descriptive phenomenological research approach which I used to gain extensive understanding of values conflicts from Catholic counselors who participated in this study.

# Chapter 3: Research Method

## Introduction

In this chapter, I provided detailed information on the research method and design that I used to conduct this study which explores the lived experiences of Catholic counselors in providing counseling to gay men and lesbian women clients. The lived experiences are in relation to the conflict between Catholic Church's doctrine and the counseling ethical guidelines on same-sex orientation. I started this chapter by restating the purpose of the study and the research questions and I also defined the central concepts of the study. I discussed the identification of the research tradition and my rationale for selecting the research tradition. I explained my role as the researcher, my potential bias in the study and how I addressed the bias. I addressed participant selection which included the sampling strategy, sample size, and procedure for identifying and recruiting participants. I also discussed data collection method and procedure, data management, and data analysis plan. Additionally, I addressed issues of trustworthiness of the study by explain the concepts of credibility, transferability, dependability, and confirmability. Finally, I provided ethical procedures relating to the study.

## Restatement of Study Purpose

The purpose of this qualitative descriptive phenomenological study is to explore the experiences of Catholic counselors in counseling gay men and lesbian women clients due to incompatibility between Catholic beliefs and the counseling ethical guidelines regarding same-sex orientation. The study also fills a current gap in literature regarding values conflicts for counselors. Findings from the research provided insight into

reconciling conflict between Catholic Church and ACA Code of Ethics on same-sex orientation which affects standard therapy to gay men and lesbian women clients. Findings of the study also provided resources for counselor education programs regarding students' cross-cultural competence development. Additionally, interventions for issues of spirituality in counseling gay men and lesbian women clients emerged from the outcome of this research.

## Research Design and Rationale

### Research Questions

1. What are the lived experiences of Catholic counselors in counseling gay men and lesbian women clients?
2. What meaning do Catholic counselors make of the conflict between Catholic tenets and counseling code of ethics regarding same-sex orientation?
3. How do Catholic counselors navigate between Catholic teachings and counseling ethical obligations?

### Central Concept of the Study

Two major concepts are central in this study: counseling ethical codes and religious beliefs with focus on the Catholic Church. The specific focus on the Catholic Church derived from the paucity of literature on the area of inconsistency between counseling ethical obligation, and the Catholic teaching. Counseling ethical codes is the collection of standards of the counseling profession which counselors are bound to uphold in their therapeutic relationship with clients (Francis & Dugger, 2014). Religious

beliefs represent shared rituals or doctrines by religious organizations which, in this study, I explored from the perspectives of the Catholic Church (Fallon et al., 2013; Myers & Williard, 2003). The two concepts have divergent positions on same-sex orientation in that the Catholic Church disapproves of same-sex orientation and the counseling code of ethics affirms same-sex orientation. Thus, the central concept of this study is that the inconsistencies between Catholic doctrine and the ACA's code of ethics present ambiguity for Catholic counselors who also practice mental health counseling. They identify with two very influential forces to treat gay men and lesbian women as healthy individuals from one set of guidelines and as inherently disordered by another.

Granted that the two major concepts of this study (ACA ethical code and religious beliefs) are distinct from each other in their definitions and backgrounds, the ACA Code of Ethics (2014) integrates the concepts as cultural diversity. The counseling profession expects counselors to develop cross cultural competency that reflects this integration in their therapeutic relationship with gay men and lesbian women. Lack of this competency has in some cases resulted in the rejection of clients who identify with same-sex orientation (Fallon et al., 2014; Sherry, Adelman, Whilde, & Quick, 2010). This study contributes to existing literature on reconciling religious beliefs and ACA Code of Ethics regarding same-sex orientation which will minimize disconnection between counselors and gay men and lesbian women in counseling relationships.

**Identifying the Research Tradition**

I used a qualitative research tradition for this study as the best approach to achieve the purpose of the study. The focus was to collect and analyze information from Catholic

counselors on their experiences of counseling gay men and lesbian women clients. I considered descriptive phenomenological approach as most appropriate for this qualitative study in relation to the theoretical framework and in generating effective answers to the research questions. This research was an effort to fill the existing gap and to contribute to evidence based literature in the topic area. Descriptive phenomenology centers on understanding the meaning individuals give to their lived experiences in relation to the phenomenon that they describe (Creswell, 2013; Laverty, 2003; Patton, 2002; Van Manen, 2014). Phenomenological inquiry focuses on eliciting thick responses on what the participants experienced, how they experienced what they experienced, and what meaning they make of their experience (Browne, 2005; Laverty, 2003; Van Manen, 2014). The theoretical tradition of descriptive phenomenology focuses on three main concepts: consciousness, intentionality, and bracketing (Laverty, 2003; Patton, 2002). Laverty (2003) explained that consciousness in phenomenology refers to direct contact the individual has with the phenomenon. Such contact entails that the individual (the subject) is inseparable from what is experienced (the object) (Laverty, 2003). Intentionality in phenomenology refers to the direct connection of the individual's mind with the object. Such connection informs the individual's conscious awareness and reality of the phenomenon that is being experienced (Laverty, 2003). According to Van Manen (2014), consciousness and intentionality in phenomenological inquiry address the question of exactness of the experience the individual describes since the experience may not be happening at the moment or in the immediacy of the individual's description. Thus, Van Manen (2014) noted that experience that is in the individual's consciousness

and intentionality may be regarded as “the living of life,” (p. 53) making the experience integral part of the individual who experienced it. Bracketing in phenomenology addresses the individual’s biases in relation to the realities of experiences being investigated (Dowling, 2004; Laverty, 2003). Bracketing means attempting to suspend researcher’s judgment and particular beliefs about a phenomenon the researcher is studying even before the collection of data about the phenomenon (Dowling, 2004; Laverty, 2003); in part, this process begins by critically examining one’s beliefs about, and association with, a topic.

In sum, the concepts of consciousness and intentionality pertain to subjectivity in phenomenology given that the individual’s description is the only way the researcher may understand the meaning of the phenomenon being investigated (Creswell, 2013). Conversely, bracketing in the descriptive phenomenological research tradition relates to relative objectivity, which stresses focus on participants’ experiences rather than the experience of the researcher regarding the phenomenon being studied (Creswell, 2013; Dowling, 2004; Patton, 2002).

**Rationale for the Chosen Tradition**

The basic rationale for the selection of the descriptive phenomenological tradition is the alignment between the research problem and the research questions of the study which will rely on participants’ descriptions of their experiences to reach in-depth understanding the phenomenon. Phenomenological inquiry focuses on providing “concrete insights into qualitative meanings of phenomena” (Van Manen, 2014, p. 40); thus, using the descriptive phenomenological tradition led me not only to deep

understanding of the participants' lived experiences but also the meaning they make of the conflict between Catholic religious beliefs and counseling ethical guidelines in their work with gay men and lesbian women clients. Distinct from other methods of inquiry, a phenomenological approach goes beyond description of experience and aims at insight into the individual's "presumptions and suppositions" (Van Manen, 2014, p. 55). Thus, with phenomenological approach, I had the chance of going from the general concept of values conflicts to particular meaning that each participant made of Catholic Church's position on same-sex orientation in relation to the participant's professional life as a counselor who is ethically bound to counsel gay men and lesbian women clients.

Although qualitative traditions share some common features and procedures, they also have unique factors that distinguish them from each other which supported my rationale for not choosing them as appropriate for this study. While narrative methodology uses interviewing as data collection method, emphasis is given to sequence and chronology of events that participant discuss, which entails that the researcher may restory participants' information (Creswell, 2013). This feature might raise questions about accurate presentation of the participants' lived experiences that this study investigated. Further, a researcher's active role in restorying participants' information is not consonant with the concept of bracketing in phenomenology which fosters focus on participants' information rather than the researcher's idea (Van Manen, 2014).

The scope of searching and recruiting of participants for this study extended beyond a particular location to minimize the potential difficulty of finding eligible participants. This worked against ethnography as an appropriate choice for this study

given that ethnography focuses on identified cultural group with members who have been together for a period of time (Creswell, 2013). Further, grounded theory was not considered appropriate for this study since the primary purpose of this study is to explore and understand the experiences of participants without the intention of generating a theory which is a primary feature of grounded theory (Creswell, 2013; Patton, 2002). Additionally, granted that in-depth understanding of the phenomenon is an essential feature of case study approach, I did not consider this methodology as appropriate for this study to avoid limiting the investigation to specific time and place (Creswell, 2013; Patton, 2002; Rudestam & Newton, 2007).

## Role of the Researcher

Researchers in a qualitative research tradition play central role in the research process given that they are key instruments in the process (Creswell, 2013; Hunt, 2011; Miles, Huberman, & Saldana, 2014). Thus, as key instrument in this study, I had the sole responsibility of data collection and analyses which was primarily face-to-face interviewing of the participants. During the data collection, I adopted a participant interview process where I assumed the position of a collaborator with the interviewee in eliciting information that informed the purpose of the study. I developed an interview protocol, which consisted of open-ended questions that were the instrument that I used in this study. For the effectiveness of the researcher-as-instrument, I had the responsibility of demonstrating familiarity with the phenomenon that I investigated (Miles et al., 2014). The effectiveness of the instruments also depended largely on my investigative skills which included (a) establishing trust and rapport with the participants; (b) creating

comfortable environment to promote trust; (c) effective use of open-ended questions to elicit broad and in-depth information from participants; and (d) paying meticulous attention to every detail that participants present (Creswell, 2013; Miles et al., 2014; Hallberg, 2008; Patton, 2002).

**Researcher Bias**

My personal beliefs and professional experiences related to the central phenomenon of this study, which attracted my interest in embarking on this research. Thus, for the reader to understand the background of this study from the researcher's perspective and to ensure my relative objectivity in the research process, I think that disclosure of my religious and professional background is necessary. I identify with the two organizations (Catholic Church and counseling profession) that maintain conflicting positions regarding same-sex orientation. I am a Catholic clergy who, after several years of pastoral experience, decided to pursue graduate training in professional counseling as an additional qualification to serve my parishioners and to extend my helping services beyond religious settings. As a Catholic priest, I am not only bound to uphold the Catholic faith, but I also have the responsibility to defend and to teach the Catholic values. Following my graduate program in counseling, I earned professional status of a licensed associate counselor (LAC) and later, the status of a licensed professional counselor (LPC) from the Arkansas Board of Examiners in Counseling. As a licensed counselor, I am ethically obligated to abide by the ACA counseling ethical codes in my therapeutic relationship with clients.

I experienced my first values conflicts as a prospective counselor during my graduate program when my first client in the field experience identified as a gay man. The experience exposed me to the reality of values conflicts between religious beliefs and professional ethical guidelines with regard to same-sex orientation. While I struggled with this conflict in the course of my therapeutic relationship with the client, my internship supervisor and instructor at the time helped me to develop the multicultural competency that I needed to maintain ethical relationship with the client. As a licensed counselor, I have also had the experience of working with a lesbian woman client who, although did not present issues that precisely related to her same-sex relationship, she often made references to her partner.

My passion for this study originated from the challenges I had in balancing my Catholic faith and working ethically with a gay man and lesbian woman clients in counseling relationships. While I have developed multicultural competency in the course of my counselor education, my supervised clinical experiences, and my deep reflection on specific Catholic Church's documents that advocate respect and nondiscrimination of gay men and lesbian women, I still recognize that (a) as a priest, I am bound to uphold and to teach the Catholic faith, (b) my status as a priest may have influenced the Catholic counselors who participated in this study, and (c) although I share the same identity with the participants as Catholics and counselors, I acknowledge that potential hierarchical power differential might have occurred especially under the priest-laity relationship with the participants. Thus, chances are that, as key instrument of the study, there might have been influence of my religious beliefs and status in course of the study.

**Addressing Researcher Bias**

The concept of bracketing in descriptive phenomenology is an essential strategy for controlling my bias in this study. The essence of clearly stating my personal experience of values conflicts which was fundamental in my choosing the research topic was to attempt to put aside my biases and beliefs regarding the phenomenon of this study prior to data collection and analysis (Dowling, 2004; Van Manen, 2014). Such disclosure fostered the control of my bias and helped to channel my entire focus toward data that participants provided (Creswell, 2013; Van Manen, 2014; Patton, 2002). Following Dowling's (2004) suggestions, in order to understand the meaning of the phenomenon as held by the participants, I was mindful of my own bias throughout the research process. I ensured that I stated clearly to the participants my intentions for the study and I also advised them to be attentive to my inadvertent influence on them regarding their responses (Miles et al., 2014). Further, to minimize or eliminate potential power differential with the participants, I did not include any participant whom I had direct pastoral relationship with as a priest. I also kept a reflection journal throughout the research process which promoted awareness of my potential bias in the study.

Similar to the clinical supervision and consultation stipulated in the ACA Code of Ethics (2014), my dissertation research project was under the oversight of my dissertation committee which is comprised of experts in work with gay men and lesbian women clients and counselor educators. Their constant professional review of my research to its successful completion was effective tool of calling my attention to and addressing my personal bias that emerged in the process.

# Methodology

## Participant Selection

The selection of participants is an aspect of qualitative research that needs careful attention given that collection of rich information and the accuracy of the research outcomes depend largely on the participants (Maxwell, 2013). Thus, the participant selection logic in this study aligns with some key features of qualitative research samples: (a) selection of participants was purposeful; (b) selection was based on the theoretical framework, and research questions of the study; (c) there was selection of a small sample size to attain extensive information, and (d) sample selection was targeted at generalizing the outcome to other Catholic counselors (Cleary, Horsfall, & Hayter, 2014; Curtis, Gesler, Smith, & Washburn, 2000; Maxwell, 2013; Miles et al., 2014). As Englander (2014) suggested, my selection of participants based generally on the question: “Do you have the experience that I am looking for?” (p. 19).

## Identification of the Population

Participants in this study exclusively consisted of Catholic counselors who have experienced therapeutic relationship with gay men and lesbian women clients. To ensure in-depth understanding of the phenomenon, participants indicated that (a) they were conversant with the Catholic Church’s position on same-sex orientation; (b) they were practicing Catholics by attending Mass or Catholic religious activities; (c) they were licensed by the State Board of Examiners in Counseling; and (d) participants self-identified as heterosexuals.

**Sampling Strategy**

The qualitative research tradition essentially involves participants who have experiences of the phenomenon under investigation and who are willing to provide rich information of their experiences (Creswell, 2008, 2013; Patton, 2002). Hence, qualitative methods usually apply purposive sampling strategies to recruit qualified participants to provide the needed information for the study (Onwuegbuzie & Leech, 2007; Hunt, 2011). Researchers have also noted that in a particular qualitative study, recruiting of participants may be via more than one sampling strategy (Creswell, 2013; Patton, 2002). Thus, I used criterion sampling, snowball sampling, opportunistic sampling, and convenience sampling to recruit participants. My choice of these sampling strategies centered on flexibility to overcome potential challenges regarding finding eligible participants for this study (Onwuegbuzie & Leech, 2007; Patton, 2002; Rudestam & Newton, 2007).

**Criterion sampling.** Criterion sampling was the most appropriate approach to identify Catholic counselors to participate in this study. Criterion sampling is the selection of participants who match preconceived criteria of the study (Rudestam & Newton, 2007). According to Patton (2002), "the logic of criterion sampling is to review and study all cases that meet some predetermined criterion of importance" (p. 238). The use of criterion sampling strategy ensured the recruitment of eligible participants for this study which promoted the opportunity to collect rich and in-depth information on central phenomenon of the study (Patton, 2002). The predetermined criteria that were used in this study are the same as enumerated under the identification of population: (a)

participants were conversant with the position of the Catholic Church on same-sex orientation; (b) they were practicing Catholics who attended Mass and other Catholic religious activities; (c) they were professional counselors who were licensed by their State Board of Examiners in counseling; and (d) they self-identified as heterosexuals.

**Snowball sampling.** In snowball sampling strategy, the researcher requests recruited participants to identify or suggest prospective individuals who meet with specified characteristics of the population being studied (Noy, 2008; Creswell, 2008; Patton, 2002). However, the researcher has the responsibility to verify the suitability of the suggested or recommended prospective participants (Patton, 2002). Snowball sampling minimizes the challenges of identifying participants in unique studies where means of gathering information or diversity of participant may be difficult (Noy, 2008; Patton, 2002). The target population of this study was Catholic counselors in the United States. Thus, the scope of the research area was a strategy to overcome potential challenges of finding qualified Catholic counselors who have experienced counseling gay men and lesbian women clients. I also recognized how sensitive and political issues of same-sex orientation and religious beliefs are which might increase the challenges of reaching appropriate participants for this study (Browne, 2005; Pew Research Center, 2014). Thus, I believed that snowball sampling was an effective strategy I could use to overcome these anticipated challenges. Noy (2008) noted that snowballing entails personal network and social relations that inform identifying appropriate participants in a study. I commenced the snowball recruitment by consulting counselors whom I knew, professional counseling associations, and Catholic counseling agencies.

**Opportunistic Sampling.** In opportunistic sampling strategy, researchers take advantage of new information that emerges during data collection (Creswell, 2008; Patton, 2002). Opportunistic sampling provides opportunity for researchers to explore new leads they observe in the process of the study which may generate useful information but the researchers may not have originally foreseen the leads at the initial planning of the study (Patton, 2002). My choice of opportunistic sampling was because of the similarity it has with snowballing regarding studies with potential difficulties of recruiting target population (Notley, 2005). For example, I believed that identifying especially Catholic priests and Nuns who are professional counselors as participants might be unique opportunity to gain more information that would help to understand the dissonance between Catholic tenets and counseling code of ethics on same-sex orientation.

**Convenience sampling.** The similarity that connects convenience sampling with snowball and opportunistic sampling strategies was my rationale for this choice. Creswell (2008) stated that availability is the key feature that defines convenience sampling. Snowball and opportunistic strategies particularly increased chances of having enough participants; convenience strategy focused on ensuring availability and willingness of participants to the study (Creswell, 2008).

## Sample Size

Patton (2002) argued that there are no specific rules that guide decisions on sample size in qualitative research. However, the researcher considers some factors that are vital in determining appropriate sample size that is best for the study. The factors

include, but are not limited to (a) the purpose for which the researcher is conducting the study, (b) what the researcher intends to use the results for, and (c) available resources and time for the study (Patton, 2002). Generally, the extensive data collection that is involved in qualitative study and emphases on in-depth understanding of the central phenomenon play crucial role in determining sample size (Browne, 2005; Creswell, 2013; Patton, 2002). Thus, Cleary et al. (2014) suggested that small sample size that consists of participants who have experienced the central phenomenon of the study could be enough to reach saturation in phenomenological study. Rudestam and Newton (2007) suggested that a relatively small number of participants, about 10 or fewer might be appropriate in a phenomenological study. Englander (2014) suggested using five to twenty participants and also acknowledged that while the suggested number would provide variation of the phenomenon, it entails more work for the researcher. However, Sandelowski (as cited in Onwuegbuzie & Leech, 2007) cautioned that in qualitative study, sample size should not be too small that it may be difficult to reach saturation in data collection. Sandelowski also cautioned that sample size should not be too large that focus on in-depth understanding of the phenomenon may be difficult. Patton (2002) further suggested that qualitative researchers may choose minimum sample size which they could increase if necessary in the course of data collection. Specifically, experts on phenomenological studies have diverse opinions on sample size (Creswell, 2013). Thus, based on these suggestions and opinions, the sample size of this study was six to10 participants. This sample size was flexible and subject to increase until saturation was reached.

## Instrumentation

### Interviews

Interviews with participants on the central phenomenon is an indispensable instrument to collect rich and in-depth data in qualitative study (Creswell, 2013; Mcconell-Henry, James, Chapman, & Francis, 2009). Patton (2002) argued that unique feature that distinguishes interviews from other qualitative data collection methods is that with interviews the researcher enters into the perceptions of the participants which only the participants can disclose through their responses. As stated earlier, effectiveness of interviews as an instrument depends on how the interviewer applies skills to connect with participants by establishing trusting relationship which promotes extensive responses from the participants (Creswell, 2013; Patton, 2002; Hallberg, 2008).

A unique feature of phenomenological interview is the ability of the researcher to shift between "subject-subject relation" and "subject-phenomenon relation" (Englander, 2014, p. 25). That is, in phenomenological interview process, the researcher is present with the participants (subjects) and equally present with the phenomenon in a conscious mode as the participants describe their lived experiences (Englander, 2014). Thus, phenomenological studies require researcher's intense reflection on the central phenomenon in view of developing open ended interview questions that will elicit rich responses from participants (Englander, 2014). The interview process that I used in this study was semi structured to ensure that participants responded to the same basic questions although probes to respective responses occurred (Patton, 2002). The semi structured interview was helpful in keeping the focus on the research area (Smith &

Shinebourne, 2012). However, I was mindful of Englander's (2014) caution that semi structured interview in a phenomenological study should not limit the anticipated extensive description of the participants' lived experience (Appendix D).

**Data Collection and Procedure**

I sent research participation letter and introduction of the study to already identified participants and to ACA Connect Call for Study Participants Community (Appendix A). I sent out the participation letters by e-mail and in-person. I made my contact information (address, cell phone number, and e-mail) available in the participation letter to the prospective participants to contact me. Criteria for the screening of participants were the three characteristics that I specified earlier to identify the research population. Participants who accepted the invitation to participate attested to their qualification for the study either by phone at the initial contact or by signing the informed consent (Appendix B). I had no need of resending the participation letter as I intended because I met my sample size at the initial posting of my invitation letter. At the selection of qualified participants, I scheduled with them a convenient time to have a preliminary meeting either face-to-face or by telephone before subsequent scheduling for the main interview. Englander (2014) noted that a preliminary meeting with the participants creates an opportunity to build trust and rapport with the participants, review research questions, and possibly complete the consent form. The preliminary meeting also gives the participants the opportunity to reflect on their experiences in view of articulating rich description of the experiences prior to the scheduled interview (Englander, 2014).

**Demographic Data**

I provided each participant with demographic questionnaire to fill out either at the preliminary meeting or at their convenience and to mail it back to me within one week post the interview date (Appendix C). The demographic information included participants' age, gender, sexual orientation, ethnicity, marital status, professional educational level, and attendance rate to Catholic religious activities. The demographic data informed the analysis and interpretation of the collected data.

**Data Management Techniques**

Given the extensive information that is associated with qualitative research, it was crucial to consider how to record and save the comprehensive information that participants provided. It was equally essential to consider how to prevent waste or loss of data collected (Noriah Mohd & Yazi, 2012; Patton, 2002). While I took notes during the interviewing process, I also used a tape recorder to capture the exact and entire responses of the participants. However, this was with the consent of the participants (Patton, 2002). Tape recorded interviews, which I personally transcribed provided me with the opportunity to be more conversant with the data and to enhance my immersion in the data during transcription process. I saved the transcribed data in a specific universal serial bus (USB) flash derive and a separate document file in a password protected file in my personal computer.

**Data Analysis Plan**

I used the interpretative phenomenological analysis (IPA) as a guide to data analysis and interpretation of this study. IPA in phenomenological studies centers on

understanding lived experiences and the meaning that are hidden in the experiences people present (Smith & Shinebourne, 2013). There are five stages of IPA which correspond with the general process of coding qualitative data. Coding is a process where the researcher organizes and labels the collected data into categories or themes of words, phrases, or concepts (Creswell, 2013; Maxwell, 2013). The first stage of IPA is researcher's immersion in the data collected by reading the interview transcripts severally and making initial side notes in the margins as new insights emerge (Smith & Shineburne, 2013). Significant phrases, comments, or responses were highlighted and which were referred to as codes (Creswell, 2013; Miles et al., 2014; Smith & Shineburne, 2013). This first step started with listening to the recorded interview and the transcription of the data. Following suggestions by Maxwell (2013) and Miles et al. (2014), I transcribed each interview session before the next to avoid pilling up of data which might be discouraging or overwhelming to transcribe. Additionally, transcribing each interview session before the next facilitated the opportunity to identify relationships in the information that participants provided. At the second stage, I clustered the initial notes or codes to form smaller number of emerging themes (Smith & Shineburne, 2013; Miles et al., 2014). I expanded the themes at this stage as I continued to review the data (Creswell, 2013). The third stage of the IPA is to identify connections between the emerging themes based on their conceptual similarities. At this stage, I clustered further the themes into a smaller number of themes which I labeled respectively in relations to the original transcript (Smith & Shineburne, 2013; Miles et al., 2014). The fourth stage of IPA consists of developing graphically a table of themes that shows the structure of the

major themes and subthemes with some extract from the transcript and the line number of the extracts for easy reference to the transcript (Smith & Shineburne, 2013). According to the IPA and coding process, I went back and forth the original transcript and the various analytic stages to ensure that I duly represented participants' views in the process (Smith & Shineburne, 2013; Miles et al., 2014).

I applied In Vivo coding process by using exact words or phrases from participants especially those that appeared more frequently in the data as code labels (Creswell, 2013; Miles et al., 2014). In Vivo coding approach enhanced focus on participants' responses and thereby applying the process of bracketing rather than relying on my own words (Laverty, 2013). Additionally, I applied value coding approach which consists of codes that "reflect a participant's values, attitudes, and beliefs, representing his or her perspectives or worldview" (Miles et al., 2014; p. 75). Based on the central concepts of this study and the research questions, value coding helped in capturing and conceptualizing participants' religious beliefs in relation to same-sex sexual orientation.

## Issues of Trustworthiness

Trustworthiness is a concept that attests to the quality and validation of qualitative research findings as distinct from quantitative research verification process (Creswell, 2013; Shenton, 2004). Guba (as cited in Shenton, 2004) proposed preferred criteria that address trustworthiness in qualitative studies that correspond to verification process in traditional researches: (a) credibility (internal validity), (b) transferability (validity/generalizability), (c) dependability (reliability), and (d) confirmability (objectivity). However, Morrow (2005) cautioned on construing the preferred concepts

of trustworthiness in qualitative research result in exact same goals as in quantitative research.

**Credibility**

Credibility refers to the accuracy of the research findings as true reflection of the meaning that participants give to their experiences (Whittemore, Chase, & Mandle (2001). Credibility ensures the neutrality of the researcher in the study as demonstrated by a clear communication of rigor in the entire process (Morrow, 2005; Patton, 2002; Whittemore et al., 2001). I used various strategies to establish credibility of this study as duly representing the participants' views and meaning (Patton, 2002). First, I engaged in prolonged contact with the participants to develop familiarity with them which promoted trust and openness in extensive sharing of their experiences (Shenton, 2004). My prolonged contact with participants also entailed allowing them as much time as they needed for the interview and creating possible chances of coming back for further interview or follow up if need be (Cope, 2014; Creswell, 2013; Shenton, 2004).

The second strategy that I applied to achieve credibility was triangulation which is the use of multiple sources or methods to cross check and corroborate evidences and illumination of themes (Creswell, 2013; Rudestam & Newton, 2007). Particularly, I sought for existing studies that are related to the present study to corroborate the accuracy of the themes that led to my findings (Maxwell, 2013; Shenton, 2004). Additionally, I ensured that my recorded interview sessions, my personal hand written notes, and my personal journaling corresponded with the data analysis. Further, multiple checks of this study included feedback from more experienced colleague who had no involvement in

the study (Maxwell, 2013; Williams & Morrow, 2009). The third strategy to establish credibility was the use of member checks. This strategy entailed taking the data, interpretations, analysis, and findings back to the participants for verification (Cope, 2014; Creswell, 2013; Maxwell, 2013). Member checking helped to eliminate the issue of misrepresenting the meaning of what the participants experienced (Maxwell, 2013). Participants checked and indicated the areas they thought that needed change or clarifications. As Rudestam and Newton (2007) noted, member check elevates the participants to the role of co-researchers which adds to the credibility of the study. Above all, the entire process of this research was subject to the review of my dissertation committee which ensured the credibility of my study both in content coverage and methodology.

**Transferability**

Transferability refers to the applicability of findings to other contexts or settings (Merriam as cited in Shenton, 2004). For Cope (2014), researchers achieve transferability if readers who are not involved in the study make meaning of the findings in relation to their own experience. The strategy that I used to establish transferability was thick description. Thick descriptions entail providing detailed information that leads the reader into the world of the participants by using direct quotations and elaborate description of significant events that occurred during the study (Maxwell, 2013; Patton, 2002). Thick description unveils the cultural and circumstantial context embedded in participants' behavior (Tracy, 2010). Thus, providing extensive description of the phenomenon allows readers to reach their own conclusion on how the findings apply to

their own situation rather than depending on the conclusion of the researcher (Tracy, 2010). However, while discussing transferability, it is worth remembering that given the usual small sample size, transferability in qualitative research pertains more to in-depth description of the phenomenon than generalization to a larger population (Cope, 2014; Morrow, 2005).

**Dependability**

Patton (2002) described dependability as "a systematic process systematically followed" (p. 546). This refers to stability and consistency of the research process so that it could be repeatable in similar situations (Cope, 2014; Morrow, 2005). Dependability is achieved by providing sufficient details to facilitate replication of the procedure; however, "not necessarily of the participant sample or findings" (Williams & Morrow, 2009, p. 578). To establish dependability, Shenton (2004) suggested that the researcher should clearly state (a) the research design and its implementation, (b) detailed data collection process and all that transpired during this process, and (c) the evaluation of the effectiveness of the project. Further, Williams and Morrow (2009) suggested that rich data from sample size that includes diversity in demography and views of participants add to the dependability of the study. This relates to the choice of purposive sampling strategy that I used in this study to ensure that there is reflection of diversity in the participant selection process. Further, in order to establish dependability of this study, I showed clear articulation of the methodology which aligned with the three suggestions articulated by Shenton (2004). Again, review at each step of this research process by my dissertation committee ensured the dependability of this study.

**Confirmability**

Confirmability refers to objectivity as much as possible that the adequacy of the findings is based on the analysis of the data collected from the participants and not on the researcher's biases (Morrow, 2005). Patton (2002) argues that it is difficult to ensure absolute objectivity in any research project regardless of the research method given that all research measurements including statistical measures are based on "someone's definition of what to measure and how to measure it" (p. 574). Thus, Miles et al., (2014) contended that essential characteristic of confirmability is that researchers explicitly acknowledge their personal biases in the phenomenon they are studying. Consequently, my primary strategy to demonstrate confirmability of this study was reflexivity. Reflexivity is self-awareness and ownership of personal assumptions, values, and biases and how the assumptions might influence the study (Miles et al., 2014; Patton, 2002). Significant step to maintain reflexivity in this study was the explicit expressions of my personal bias about the central phenomenon of the study which I have articulated earlier. Other strategies to ensure reflexivity included (a) the use of bracketing by keeping constant personal journal of my thoughts and personal values throughout the research process, (b) using direct quotes to attest that I duly represented participants' voices, and (c) again applying member check for the participants to verify my analysis and interpretation of the data (Cope, 2014; Morrow, 2005; William & Morrow, 2009).

**Ethical Procedures**

One of the primary responsibilities of researchers is to consider ethical issues that could emerge during several phases of the research in the process (Creswell, 2009;

Rudestam & Newton, 2007). The researcher's ethical considerations include protecting the participants, developing trust with them, guarding against misconduct, and maintaining the integrity of the research (Creswell, 2009).

I took various steps to ensure that I maintained ethical standards throughout the entire process of this study. The first ethical process that I took to ensure the protection of participants was my successful completion of the National Institutes of Health (NIH) web-based training course *Protecting Human Research Participants* (Certification Number: 819775). Second, I sought approval by the Institutional Review Board (IRB) of the Walden University prior to conducting the research. The IRB approved my application on 05-27-2016 and my approval number is 05-27-16-0242172. Third, as Creswell (2013) noted, I adhered to the ACA Code of Ethics (2014) standards for conducting research and publication. Particularly, I ensured that I clearly stated the rights of the participants in the informed consent. For instance, I guaranteed confidentiality of the participants and I protected their identity by using pseudonyms to identify each participant's responses. Participants understood that their participation in the study was voluntary and that they were free to terminate their participation at any time without penalty (ACA Code of Ethics, 2014). Additionally, as stated, I did not recruit any participant who had pastoral relationship with me. Since I saved the data electronically in a password secured computer, I shredded the hard copies that I printed out during analysis process after the research process. I will keep the electronically saved data for a period of five years prior to destroying them.

## Summary

At the beginning of this Chapter, I restated the research purpose and questions of the study to guide a general introduction of the chapter. I defined the central concepts of the study and identified descriptive phenomenology as the research tradition to this study. I also provided my rationale for selecting the research tradition which was to gain in-depth meaning of the participants' experiences of working with gay men and lesbian women clients. I described my role as key instrument of the study which included explicit articulation of my potential bias and how I addressed the bias. I discussed the identification of the population and description of the sampling strategy and sampling size. I identified and described interview as the instrument of the study along with the data collection procedure, data management, data analysis and interpretation. In the last section of this chapter, I discussed issues of trustworthiness which consisted of credibility, transferability, dependability, and confirmability. The Chapter concluded with discussion on ethical procedures that guided the entire research process especially the protection of participants' rights. In Chapter 4, I described the implementation of the research methodology and findings of the study which I supported with excerpts from the information that the participants presented.

# Chapter 4: Results

## Restatement of Purpose and Research Questions

The purpose of this qualitative descriptive phenomenological study is to investigate the lived experiences of Catholic counselors in providing counseling to gay men and lesbian women clients. The study derives from the opposing positions of the Catholic Church and the counseling ethical guidelines on same-sex orientation. Results of this study generated insight into reconciling the opposing positions which will promote standard therapy to gay men and lesbian women clients. I composed the following questions which guided the course of this study:

1. What are the lived experiences of Catholic counselors in counseling gay men and lesbian women clients?
2. What meaning do Catholic counselors make of the conflict between Catholic tenets and counseling code of ethics regarding same-sex orientation?
3. How do Catholic counselors navigate between Catholic teachings and counseling ethical obligations?

## Demographics

### Participant Demographics

For ethical reasons, I assigned pseudonyms to the participants.

**Mario.** Mario was a 47-year-old White male. He had Master's degree in Mental Health Counseling with specialty in Substance Abuse. Mario was a licensed professional

counselor and at the time of the study, he had his own private practice in a Southeastern state. Mario indicated that he attended church more than once a month.

**Trina.** Trina was a 44-year-old White female. She had Doctorate degree in Counselor Education and Supervision. Trina was a licensed professional counselor, licensed marriage and family therapist, and a registered nurse. At the time of the study, Trina had her own private practice and was counselor educator in a Southeastern state university. Trina indicated that she attended church monthly.

**Brian.** Brain was a 42-year old White male. He had Master's degree in counseling with specialty in School Counseling. Brian was a licensed professional counselor and a certified school counselor. At the time of the study, Brian had his own private practice in a Northeastern state. He indicated that he attended church weekly.

**Sandra.** Sandra was a 31-year old White female. She had Doctorate degree in Counselor Education and Supervision. She was a licensed professional counselor. At the time of the study, Sandra was working as a counselor in a correctional facility in a Northeastern state. She indicated that she attended church weekly.

**Drew.** Drew was a 44-year-old White male. He had Master's degree in counseling with specialty in School Counseling. He worked in private and public schools in a Southwestern state as a licensed professional counselor. At the time of the study, Drew stated that he had recently retired from counseling. He indicated that he attended church weekly.

**Hilda.** Hilda was a 75-year-old White female and a Catholic nun. She had Master's degree in counseling with specialization in community counseling. Hilda was a

licensed professional counselor. At the time of the study, Hilda had recently retired from counseling practice but she was still helping in a Midwestern university when needed. She indicated that she attended church more than once a week.

**Kasha.** Kasha was a 55-year-old White female. She had Master's degree in Community Counseling. She was a licensed professional counselor and a Registered Nurse. At the time of the study, Kasha had her own private practice in a Midwestern state as an Eye Movement Desensitization and Reprocessing (EMDR) therapist. She indicated that she attended church more than once a year.

**Pablo.** Pablo was a 65-year-old African American male. He had Master's degree in Counseling with specialization in community counseling. He was a licensed professional counselor. At the time of the study, Pablo was working with Catholic Charities (a Catholic faith based nonprofit organization) in a Southern state. He indicated that he attended church more than once a week.

**Juan.** Juan was a 51-year-old Asian male and a Catholic priest. He had Master's degree in counseling with specialization in community counseling. Juan was a licensed marriage and family therapist. At the time of the study, Juan was a part time counselor at a family counseling center in a Southern state. He also ran a counseling center in the church under the approval of the state. Juan indicated that he attended church more than once a week. (See Table 1 for visual of participant demographics).

Table 1

*Individual Participant Demographics*

| Participants Pseudonym | Sex | Age | Ethnicity | Education | License | Church Attendance |
|---|---|---|---|---|---|---|
| Mario | M | 47 | White | Master's | LPC | More than once a Month |
| Trina | F | 44 | White | Doctorate | LPC | Monthly |
| Brian | M | 42 | White | Master's | LPC | Weekly |
| Sandra | F | 31 | White | Doctorate | LPC | Weekly |
| Drew | M | 44 | White | Master's | LPC | Weekly |
| Hilda | F | 76 | White | Master's | LPC | More than once a month |
| Kasha | F | 55 | White | Master's | LPC | More than once a month |
| Pablo | M | 65 | Black | Master's | LPC | More than once a week |
| Juan | M | 51 | Asian | Master's | LMFT | Daily |

## Data Collection

### Recruitment and Number of Participants

I reached out to participants through snowballing strategy and by posting my research participation letter to the ACA Connect Call for Study Participants Community. Initially, I contacted counselors whom I knew were eligible for the study to request their participation. Two participants were recruited through this direct contact. The two recruited participants suggested five other potential participants whom I reached out to by phone calls. Four of the suggested participants agreed to participate while one did not return my calls. From the ACA Connect Call for Study Participants Community, I received five responses via e-mail from interested participants. I provided my full consent information to all interested participants either in person or via e-mail. I informed the participants to read carefully the consent information before making their decision to participate. Four of the interested participants from the ACA Connect Call signed and returned the consent information to me via e-mail. One of them did not return the consent information and when I contacted her, she expressed her regrets that she might not have time for the interview. Five of the participants who were recruited through snowball sampling sent back their signed consent information to me via e-mail while one of them returned hers in person. Prior to data analysis, I discovered that one of the participants did not fully meet the criteria for participation; thus, the participant's data was not included. The final sample size of this study was nine participants.

**Location, Frequency, and Duration**

After receiving signed consent information from participants, I scheduled with each of the participants time for the interview. I conducted the nine interviews by phone which lasted 1 hour or less. To ensure privacy, I used my house for the interviews given that I live alone. The only interview that I conducted in person was with the participant whom I later found did not meet with the full criteria for participation. During the interview, I informed participants that follow up interview might occur if there was need. However, there was no need for more than one interview from each participant because responses from each interview were exhaustive. In addition to recording all the interviews with a digital tape recorder, I also took notes on what transpired during the interviews. The notes were helpful to incorporate some unusual circumstances that occurred during data collections.

**Variations in Data Collections**

My plan was that participants would have the option of completing the demographic questionnaire after each interview and submit to me the same day or using a self-addressed envelope that I would provide them to mail it to me within 1 week after the interview. Five participants sent back their demographic questionnaire more than 2 weeks after the interview. Another participant mailed his questionnaire back to me more than 1 month after his interview. In all cases of late return of the questionnaires, participants stated that they forgot about the document.

Another variation was that I planned to transcribe each interview session before the next to avoid pilling up of data that might be overwhelming. I could not keep up with

this plan because (a) some interview schedules were close to each other due to availability of participants and (b) my professional and personal demands sometimes conflicted with this plan.

**Unusual Circumstances Encountered in Data Collection**

While I was interviewing Mario on his personal view of the position of the Catholic Church regarding same-sex orientation, he made a comment which I considered as a potential issue to Mario's openness to providing rich responses. Mario stated, "You are not going to get me excommunicated now." While we laughed over the comment, I briefly reviewed and reiterated my informed consent with Mario to reinsure confidentiality and that my position as a priest had nothing to do with the research. Mario seemed to appreciate my clarification. He said, "Good; well that was one of the reasons when I read our paper-work, I was like good I am glad he addressed that. I am glad he said that." We continued with the interview and Mario provided extensive responses to the questions.

Prior to recording my interview with Juan who is a Catholic priest, Juan informed me that he was going to share with me information which he did not want me to record. What Juan shared with me was relevant to this study and my request to include the information or modify it was strictly rejected by Juan. I respected his request by not including the information in this study. Although I encountered the unusual circumstances, I still had successful collection of data from the participants.

## Data Analysis

The first stage of my data analysis process was immersing myself in the data. I started this process by transcribing the recorded interviews myself. I read over the transcripts several times while I highlighted and made comments in the margins. After several readings of the transcripts, I classified the data into six broad themes which I developed based on the interview guide and the participants' pattern of responses to the questions. These classifications helped to organize the data for analysis. For example, the first and second interview questions were about the meaning and importance of participants' Catholic beliefs to their counseling practices. The broad response I identified was that participants valued their Catholic faith as counselors, and in some cases their Catholic faith which emphasizes love and care for others, aligned with their helping profession as counselors. Thus, the broad theme I gave to the first and second questions was *identification with the Catholic faith*.

After identifying the broad themes, I started breaking the data into subthemes under each broad theme. What guided my coding of subthemes at this stage included participants' experiences, the meaning of their experiences, settings, recurring data, and salient words or phrases. Under the broad themes, I coded the data into 49 subthemes using the In Vivo and value coding approaches. To reach a more manageable and analyzable unit of the data, I clustered subthemes that were closely related or somewhat redundant. This process reduced the subthemes to a total of 22 In Vivo and value codes. Upon reaching the 22 clustered subthemes and reviewing the entire analytic process, I found that I needed to adjust the labels I gave to some of the broad themes so that they

would closely relate to the subthemes. Finally, the 22 subthemes were clustered under six broad themes: (a) challenges, (b) comfortable, (c) identification with the Catholic faith, (d) personal views of Catholic position, (e) referral, and (f) multicultural training. Prior to reporting the findings, I printed each transcript for easy accessibility to the data.

## Evidence of Trustworthiness

Trustworthiness attests to the quality and strength through rigor of the entire process in qualitative research (Morse, 2015). Qualitative research is considered trustworthy if the study is credible, transferable, dependable, and confirmable (Morse, 2015; Shenton, 2004). I employed various rigorous verification strategies to attest to the credibility, transferability, dependability, and confirmability of this study.

### Credibility

Credibility is the assurance that the data and the result of the study were accurate representation of the experiences that participants provided and the meaning they gave to their experiences (Patton, 2005; Whittemore et al., 2001). The first strategy I used to ensure credibility was prolonged contact to establish a trusting relationship with participants. I made several contacts with participants by phone, email, or in-person to solicit participants' participation, sending them the consent forms, giving them time to study the forms, addressing their concerns, and finally scheduling for interviews. Spending prolonged time with participants during the study enhanced their openness to provide extensive information about their experiences in accordance with (Hallberg, 2008). For example, during the data collection, two participants presented with personal

concerns which necessitated my reviewing the informed consent after which they had more confidence to share personal information.

The second strategy I used to verify credibility of this study was triangulation. Rudestam and Newton (2007) described triangulation as the use of multiple sources to corroborate themes that emerged in a study. I sought existing studies on value conflicts to verify the credibility of the themes that emerged from this study. Bidell (2014) examined the relationship between religious conservatism and LGB affirmative counseling. Two of the overall findings of the study corroborated with two themes in the current study. First, Bidell reported that interpersonal contact with LGB friends, family, and acquaintances were strongly related to counselors developing LGB affirmative counseling competency. This finding supported the credibility of the theme comfortable with counseling gay men and lesbian women which the participants stated that having friends and family members who are gay men and lesbian women promoted their comfort level in working with gay and lesbian women clients. Second, Bidell found that multicultural courses were not significant predictor of sexual orientation counselor competency. Participants in Bidell's study reported that they received minimal LGB training which affected their competency in working with sexual minority clients. This finding corroborated the themes of multicultural training and challenges identified in the current study which participants alluded to their challenges of working with gay men and lesbian women clients.

Saussaye (2012) explored counselor educators' perceptions of working with students who are unwilling to set aside their religious beliefs when counseling clients.

One of the main themes from the study was referral. Saussaye reported that a counselor educator instructed and supported her students who experienced values conflicts to refer clients if the students were not clinically competent to work with the clients. This finding corroborated with the theme of referral that emerged in the current study.

Bowers et al. (2010) explored participants' perceptions of the treatment of gay, lesbian, bisexual, and transgender clients in counseling. One of the themes that emerged from the data was religious based homophobia towards sexual minority clients which relates to two themes of the current study. Bowers et al. described unethical service to a gay client by a counselor who was rigidly guided by his Catholic religious values and the influence of his local Bishop. This finding verified the theme, identification with Catholic faith in the current study which posited challenge for the participants to work with gay and lesbian women clients. Bowers et al. equally reported that after extensive personal work, the counselor later expressed remorse for his unethical clinical behavior towards clients and the counselor also recanted his rigid assumption of his religious values. The revised religious value corroborated the theme, personal views of Catholic position in which participants expressed opposing views to the position of the Catholic Church on same-sex orientation.

The third strategy that I used to establish credibility was member checks which means sending data and findings back to participants for verification and thereby making the participants co-researchers (Maxwell, 2013; Rudestam & Newton, 2007). Following transcription of each interview session, I sent the transcript to the participant for verification and feedback. Five participants affirmed the transcript with no corrections

while four participants affirmed the transcript with minor feedback, which I incorporated. I did an additional check to ensure credibility by seeking feedback from two colleagues who are experienced in coding process in qualitative research. Moreover, review of the data analysis and the entire research process by my dissertation committee added to the credibility of the study.

### Transferability

Transferability in qualitative research entails leading the reader into participants' experience and meaning of the phenomenon (Maxwell, 2013; Patton, 2002). If transferability is established, readers could relate the results of this study to their own experiences (Cope, 2014). To achieve transferability, I used thick description of the phenomenon that participants presented. I provided direct quotations from the participants extensively to ensure that I gave total focus to participants' experiences and not the researcher's views. With thick description of the phenomenon, I presented to the readers, clear analysis of the conflict between the Catholic Church and the counseling ethical guidelines on providing counseling services to gay men and lesbian women clients.

### Dependability

Dependability is the clarity and consistency of the research process for easy replicability of the study (Cope, 2014; Morrow, 2005). In chapter 3 of this study, I provided clear and comprehensive methodology that guided the research process. This included participant selection, sample size, instruments for data collection, and data analysis. I provided my interview guide which has eight questions that generated data

from the participants (Appendix D). The interview guide could be modified for future related studies. I provided a graphic figure that depicts the coding process and the themes and subthemes that emerged from the data. Finally, the research process was subject to the review of my dissertation committee which added to the dependability of the study.

**Confirmability**

The essence of confirmability of this study was to ensure that the data collected and analyzed was objective and not influenced by the researcher's biases. The first strategy I used to attest to confirmability was reflexivity. The essential activity I used to increase reflexivity was bracketing. I acknowledged my own biases and was aware of them throughout the data collection. I remained conscious of the fact that the data in this study was not centered on me but on the experiences of the participants. I kept a reflection journal of my thoughts during the interviews which related to my personal values. I processed the thoughts following each interview session to increase self-awareness prior to engaging in subsequent interview.

The extensive use of direct quotations added to the confirmability of this study. The quotations attested to the reality of the information as provided exclusively by the participants. Further, use of member check provided essential evidence to the confirmability of the study given that the participants confirmed that the data was accurate representation of their lived experiences.

## Results

Analysis of participants' data resulted to six major themes: (a) challenges, (b) comfortable with counseling gay men and lesbian women, (c) identification with the

Catholic Church, (d) personal view of Catholic position, (e) referral, and (f) multicultural training. Discussions on these themes provided answers to the three research questions.

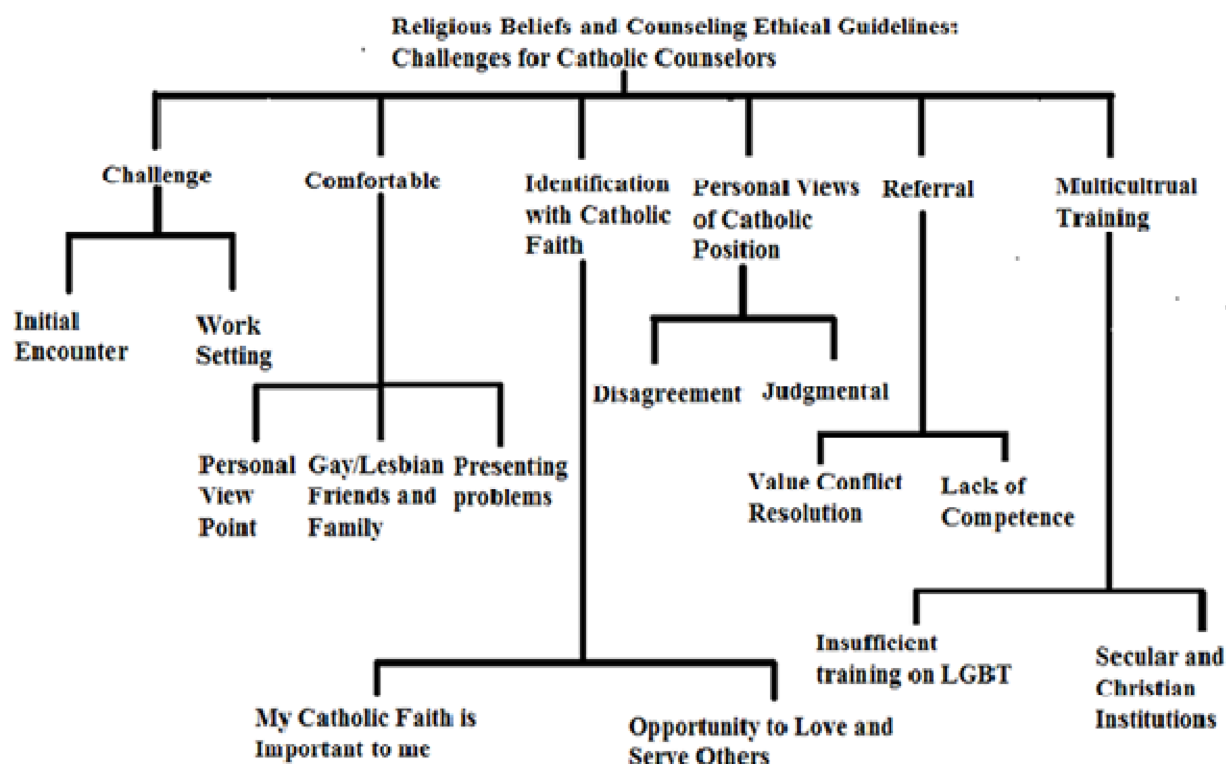


*Figure 1*: Themes Development

## Thematic Outcomes

### Challenges

Five of the nine participants shared challenges they experienced particularly during their initial encounter with gay men and lesbian women in a clinical relationship. In addition to the initial challenges, two of these participates related their challenges to the influence of their work settings which were not accepting of services to gay men and lesbian women clients.

Although Trina related her initial challenge to her faith, she equally stated that she derived reasons from the same faith to overcome the challenge. She stated:

> I think in the beginning I struggled just trying to get a greater insight to understanding from one human to another of what they were going through and to find the objective of what my purpose for them as a counselor was…. It is really a struggle for me but it is something that I look at the bigger picture and operate under the faith that God loves all his children and it is my job if I am in their path to help them but I have to believe that I was intervened to be in their path for a reason and to operate under love verses judgment.

Kasha's initial challenge in working with sexual minority clients was not based on religious belief but on lack of competence in providing standard therapy. However, her religious value of acceptance motivated her to work with her first clients. She described her experience thus:

> There were two clients who were bisexual women and when I first met with them it was a bit of panic in me; do I know enough; can I work with these guys; even

> faithfully can I handle this? What I found was that my ability and I guess I will call it my morality or my values, I saw children of God and that was the only way I could describe my faith orientation. I then had no trouble in any kind of transference or counter transference reaction.

While Trina and Kasha experienced their challenges in working with gay men and lesbian women clients at the beginning of the counseling career, Sandra said that her value conflicts continued till the publication of the ACA Code of Ethics (2014). Sandra said that the ACA Code of Ethics which discouraged value based referrals was pivotal to her resolution of the conflicts:

> You know, I would probably still be in that same mindset if it were not for the changes today in the Code of Ethics 2014 that discouraged value based referrals and that was an important piece in my development. Before then I was very uncomfortable working with them because I was like, if I were to work with this homosexual person, I will be betraying my Catholic faith and I will be betraying God and I thought I was caught in losing my faith. I didn't see it that I can remain a 100% true to my Catholic faith and also remain a 100% true to ACA Code of Ethics. Now I believe that I can be true to both of them but before I could not and I experienced extreme conflict inside and I will even say you know it caused me anxiety and a little depression for me.

Juan admitted that he was challenged at his first encounter with a gay man but his approach to the encounter was more of pastoral than clinical. He expressed the influence of his religious belief in being pastoral than clinical:

> A young man came to me and said he was gay and his friend died of AIDS. I was absolutely shocked and I didn't know what to tell him so I got my anointing bag and prayed over him and I told him if you come to Jesus now what is he going to tell you? The Lord will tell you I accept and I love you for who you are. I told him that day that the counseling, I will do but you cannot practice this thing [same-sex relationship] because I have no permission to give you to do what you are doing.

Juan further explained to the gay man instructions from his (Juan's) Bishop on the position of the Catholic Church regarding gay men and lesbian women. Juan said that the gay man felt accepted and respected even though the Church did not sanction his sexual orientation.

Two of the nine participants in this study related their challenge in working with gay men and lesbian women clients with work settings. They spoke about how working in a religious based setting influenced their dilemma to either accept or reject working with gay men and lesbian women clients. Comparing influence of his previous work setting which was a community center and his current work setting which is Catholic Charities, Pablo stated:

> You know, if you are living your faith you have a difficult choice to make and right now, I can tell you that in the past I would have said absolutely sure I didn't have any problem with working with gay or lesbian in any manner. It wouldn't have been a choice for me or an issue at all. But now my attitude would be much different. I will probably say that if I know that [working with gay men and

> lesbian women] is part of the agency or organization requirements to work there, then I will not. It will be very close to working for reproductive services or abortion agency. I wouldn’t work there; I would make a different choice.

Responding to follow up questions regarding chances of his working with gay men and lesbian women perhaps in his potential private practice with no affiliation with Catholic Charities, Pablo maintained:

> If their presenting problem is to help them deal with issues in their relationship so that they can continue to live in active gay lifestyle or active gay relationship, that is not something I would do.

Sandra shared her experience in a Christian counseling setting where her challenges were not directly from her religious beliefs but from the organization’s LGBT non affirmative policy. Sandra expressed her surprise and disappointment with her licensed professional counselor supervisor who aligned with the policy of the work setting rather than providing professional help to Sandra. Sandra explained:

> I had a woman, she was 17 years old and she came in and her presenting issues were anxiety and depression but throughout the counseling session, she disclosed that she was experiencing same-sex attraction and she eventually identified as bisexual and so I was in a Christian counseling center and I felt very conflicted the time and I discussed it with my supervisor. My supervisor at the time encouraged me to go back to the Bible and work with her on what the Bible teaches and kind of discourage her from entering into the homosexual lifestyle. I did not do that because I thought that it was unethical.

**Comfortable with Counseling Gays Men and Lesbian Women Clients**

Despite the challenges that participants shared, they equally described experiences that attested that they were comfortable working with gay men and lesbian women clients. Six participants expressed that their personal viewpoints or having gay friends and family members were essential to being comfortable in working with gay men and lesbian women clients. Two participants stated that they are comfortable with counseling gay men and lesbian women clients because they (participants) focus on other problems that clients present which are unrelated to same-sex relationships.

Mario said that he is comfortable as a Catholic to counsel gay men and lesbian women because their sexuality does not impact him as a counselor. He said that he enters counseling relationship with gay men and lesbian women clients with broad mind of helping them with their issues rather than focusing on their sexuality:

> If homosexual clients come to see me, I know they are coming to see me not as homosexuals. They are coming to see me because they got an issue that they need my help with and I am going to help them on the issue. I am not going to help them with homosexuality; I am going to help them with their issues. You know, they are coming to me because they have depression issues. They are coming to me because they have relationship conflicts and I help them find their answers within their value system not necessarily according to my system. I think that is one of those things as therapists we need to meet clients where they are at and not worry so much about getting them where we are at.

Trina argued that every individual is entitled to medical and mental health care; thus, refusing to provide health care to individuals based on their sexual orientation would be discriminatory and judgmental. Trina said that she was open and comfortable to work with gay men and lesbian woemn on whatever issues they bring to counseling to help them find solution to their problems. She disclosed that because of her LGBT affirmative therapy which is published on her website, she tends to have good number of gay men and lesbian women clientele. Trina further explained that her comfort level in working with Gay men and lesbian women clients was motivated by the need to provide an alternative to the clients who are denied therapy in their community especially by counselors who hold rigid religious beliefs:

> … I think culture in our community… homosexuality is not well received and a lot of them would not access services as fear of retribution of being judged. I have actually had clients that come to me because their other therapists or counselors were pushing them that their homosexuality was wrong and that they will not find happiness until they converted to heterosexuality. And my belief system is it is not a choice.

Sandra and Kasha were comfortable in working with gay men and lesbian women clients based on Biblical teaching of love of all which the Catholic Church principally upholds. They stated that while they may not agree with the values and lifestyle of their clients, they have specific religious backgrounds that motivate them to be open and accepting of all clients. Kasha referred to Mother Teresa who made herself and her humanitarian services available to all:

> When I look into people's eyes I do see the child of God in those children, my clients, even if they are adults. Of course, you must have the skill, the understanding, the energy, and the feeling of love to understand the attachment with the people because some of them really work hard to live day to day and are in extreme pain. So, when I work with people, that is where I go. I don't worry about whether they are Catholic Christians or atheist. I think about the Catholic belief; Mother Teresa did it all the time.

While Kasha referred to Mother Teresa, Sandra cited Biblical verse that speaks of fairness to all as her motivator to being inclusive in working with clients regardless of their sexual orientation:

> If a client [gay men or lesbian woman] comes to me as a public counselor in an institution and although I don't believe in it [same-sex relationship], I bracket those beliefs and really focus on give to God what belongs to God; give to Cesar what belongs to Cesar. I am working in a State institution where I must follow rules set forth by the State and working with individuals [sexual minorities]. But I kind of reconciled the two by remembering that Jesus clearly stated that you should love one another as I have loved you.

Sandra also stated that when she worked in a school system, being mindful of the constitutional separation of church and state encouraged her to always bracket her religious values to work comfortably with gay men and lesbian women students. Sandra said:

> I was very comfortable with my role there as a Catholic counselor working with homosexual students because I understood the separation of church and state situation. I was working in a public school and for absolutely no reason should my religious values come into that situation.

As a nun, Hilda described her gay and lesbian affirmative attitude as pastorally motivated because she is empathic with the pain, challenges, misunderstanding, rejection, and guilt that gay men and lesbian women experience. Hilda described how she extended her pastoral care to the families of gay men and lesbian women as they experience relationship issues due to member's identification with same-sex orientation:

> There was one situation with a mother where her son was in the nursing home where I was working; she was struggling because she couldn't accept that her son was gay and had never accepted it and he was dying and so I had an opportunity to work with them in their relationship. But there was another mother whose son died and the Catholic Church would not allow her to bring his ashes into the Mass, he was cremated, and so she put the ashes in a big pocket book and she brought them in for his memorial Mass. But she was told by the priest that she couldn't. I mean there have been some terrible injustices to people [gay men and lesbian women].

Brian, who was a theology teacher and a counselor, contended that his personal belief that every person was created good by God informs his comfort level with working with gay men and lesbian women clients. Brian discussed specifically how he was open to helping his high school students to explore their sexuality:

> So, for my students who were exploring their sexuality who weren't sure but in some ways, knew what they weren't or simply didn't fit into the heterosexual, normative culture, they would seek me out at school to talk about these things as opposed to the other counselor or teachers because they knew that I was open to respecting their questions and journey. I believe in respecting adolescents and being supportive of them in this process…. I always say to them that it doesn't conflict with my faith to talk about these things because more so than anything, I believe that we are created good so that regardless of the specifics of homosexuality, I believe in the original blessing well before I believe in original sin.

In relation to being comfortable and open to counseling gay men and lesbian women clients, three participants provided insight into their passion for counseling sexual minority populations. They disclosed that they have either family members or friends who are gays or lesbians. Thus, they had personal experiences of the need to support sexual minority individuals rather than escalating their challenges by denying them mental health care.

Hilda recalled the death of her brother who was a gay man and who died of Acquired Immune Deficiency Syndrome (AIDS). She asserted that her brother's experience and death prompted her interest to work in gay community:

> When my brother died, I spent 10 years working with the AIDS community and I heard everybody's story. You know some people knew they were gay when they were five years and some people did not know they were gay till they were older

even 53 and all kinds of stories. I had a lot of experience getting to know the gay community and making good friends. That is where I delved into some of these things more rigorously than I would have.

Trina believed that having family members who identify with same-sex orientation helped her to be open and accepting therapeutic relationship with gay men and lesbian women clients. She argued that Catholic counselors who have direct gay men or lesbian women family members would be more affirmative of sexual minority clients:

> I think that having a direct family member and knowing what her struggle was coming out and the reasons why she was having such a conflict in her conscience with her Catholicism; with her fear of being rejected by her family; with her fear of being judged as a sinner; and trying to reconcile what her place was being a lesbian gave me a lot of insight to what my clients go through.

Pablo explained that he already had relationships with gay men and lesbian women long before he started working as counselor. Thus, encountering clients who identify with same-sex orientation made no difference to him. Pablo shared:

> I have known people my whole life that saw themselves as perhaps gays and lesbians from the time I was in high school. I knew people in school, in my own family who identify themselves as gay or lesbian; so, when I started working with people in the counseling session, it wasn't a big cultural or sexual dilemma. Really, I was not significantly impacted by their sexual orientation. I mean it had minimal impact on me in my reaction to them.

Mario and Pablo mentioned that gay men and lesbian women clients do not come to counseling to present with only same-sex relationship problems. They (Mario and Pablo) agreed that presenting with other mental health issues added to their comfort level of working with gay men and lesbian women clients. However, the two participants differed in their positions regarding being open to continue a therapeutic relationship if clients maintained same-sex relationship as their primary presenting problem. For Pablo, who works with the Catholic Charities where same-sex relationships are not approved, he had no conflict with working with clients if therapy was only based on other presenting problems than same-sex relationship. Pablo shared his experience with gay men and lesbian women clients at the Catholic Charities as follows:

> I don't work that much with gays and lesbians and part of that is because of the setting that I am working in. Not that many gays and lesbians call in for services. When I have had those few people, when it comes to individuals who are coming in and are having problems in their relationship with their same-sex partners, may be in active gay lifestyle, then I let them know what my biases are up front that I don't do relationship counseling same-sex couples. With individuals who come in, I say 95% of the people who are gay men and lesbian women, what we are working with some aspect of their lives that is causing them some difficulties, whether it be emotional problems or behavior issues or something like that, but not centered around or involved in relationship or their actual gay lifestyle. We talk about life anxiety, mood disorders, emotional problems, stress, loss, you

> know, things like that in life. And so therefore, I don't really have conflict between Church and the ethics of the counseling.

On the contrary, Mario said that he addresses whatever presenting problems clients bring in counseling and he follows their lead even to exploring their same-sex relationship issues. Mario said that he saw no difference in his therapeutic relationships with heterosexual and gay men and lesbian women clients. It is worthy to mention again that contrary to Pablo, Mario runs his own private practice. Mario shared:

> I have had multiple gay and lesbian clients over the years and here is the thing, I think sometimes the misunderstanding that many people have is that you know, many of the clients are not coming to me because they are gay or because they are lesbian. Or they are not necessarily coming to me because I am a Catholic. I mean they are coming to me because normally they are struggling with substance abuse problem. They are struggling with something else that is going on and I think homosexuality is to be addressed or talked along the way. But I have to verify that a lot of times you know it is similar with working with somebody who is heterosexual.

**Identification with the Catholic Faith**

Values conflicts that counselors experience in therapeutic relationships with gay men and lesbian women clients are associated with religious beliefs (Bowers et al., 2010; Hermann & Herlihy, 2006). All the participants in this study indicated that they identify with their Catholic faith even as professional counselors. Specifically, three of the participants expressed how important their Catholic faith is to them in relation to the

counseling profession. Three participants discussed their dual identities (Catholics and counselors) as an opportunity to serve others.

Brian contended that his Catholic faith informs his counseling practice because Catholicism has been part of his life from birth which he would not deny. He described the inseparability of his Catholicism from his counseling practice as follows:

> I would say that my Catholic faith informs my counseling. I don't think it necessarily goes the other way around. I very rarely think of my counseling profession informing my Catholicism; maybe it is because it hasn't had to do. I would say that being a Catholic, somebody who believes in the dignity and worth of every human being definitely informs my counseling. So, to say that it [Catholicism] is not important to my counseling practice or my private practice would be dishonest. But at the same time, I don't know if any of my clients either in my institutional practice or my private practice would necessarily know or even care that I am Catholic.

Pablo's discussion on the meaning of his dual identity as a Catholic and a counselor was more emphatic than Brian's. Pablo not only affirmed the inseparability of his faith and counseling practice, but also presented the view that his Catholicism guides his understanding of his clients. He related his view to the influence that his work setting [Catholic Charities] has on him. In response to the meaning and importance of his Catholic faith and professional practice, Pablo stated:

> It means that I am able to in my profession to live out as best as I can my faith. This is the biggest meaning it has for me, that separation doesn't exist there as it

> has in the past when I worked at a secular community as a professional and providing services. In especially Catholic Charities where I am able to practice counseling, acknowledge, and even incorporate my Catholic faith makes a whole lot of difference. That is what it means to be a Catholic and a counselor. It [Catholicism] is at the center of what I believe about my practice in the counseling because it forms and continues to inform my understanding of the person.

Juan's discussion on dual identity as a Catholic and counselor revolved strongly around the Catholic tradition of referring to the Church as Mother. Arguably, Juan's identity as a counselor was subsumed into his identity as a Catholic priest. It was difficult to deduce from Juan's response a reflection of his counseling identity:

> The Catholic Church is my mother; Jesus is my brother, God the father is my heavenly Father, and I believe in one God, Father, Son, and Holy Spirit. I experience God through my Mother, the Church. I will always be a devout son of my Mother. The Church is my Mother and at the same time, when someone comes to me who is totally different from what I believe or what my Mother believes, I respect them for who they are. So, I just make it very clear that this is who I am. I respect them and I expect them to respect me. My Lord told me one thing, do not judge anyone.

Participants perceived their helping profession as part of expression of their Catholic faith. Thus, Drew talked about his Catholicism and counseling as service to people in the following way:

> My identity as a Catholic and counselor is that I hope I can help people and making sure that they can make decisions. I have been a cradle Catholic and that is how I was raised. I have always wanted to help people and so becoming a counselor kind of was a good fit for me.

Sandra and Trina shared similar views that their counseling practice derives from their Catholic faith. They expressed the view that by helping clients in therapy, they (Sandra and Trina) are living out their faith. Trina shared:

> I have been a Catholic my whole life and then being a counselor is something that got incorporated into being Catholic. For me it is a way that I can serve and that I can support others and I did hope prayerfully that the work that I do is with the guidance obviously from God through my understanding of love and the teachings that I receive from the Church.

Trina described her meaning and importance of being a Catholic and counselor as:

> Opportunity to extend God's loving and healing grace to others. I believe that work as a counselor is a direct extension of my faith in Jesus Christ and other reflection of his love and mercy for other people.

Sandra explained her counseling profession as an extension of her Catholic faith. Thus, the meaning she attaches to her faith as counselor is reflected in her service or help to others:

> Most importantly, I feel my [Catholic faith] is an opportunity to extend God's loving and healing grace to others. … I believe that my work as a counselor is a direct extension of faith in Jesus Christ and other reflection of his love and mercy

> for other people. It is very important to me to be a Catholic who is a counselor especially during this time in our society and I think it plays important role to helping people navigate through their differences.

**Personal Views of Catholic Position**

In addition to sharing how they identify with Catholic faith and their counseling practice, participants also provided their personal views on the position of the Catholic Church on same-sex orientation. Their responses centered on the Church's description of the same-sex orientation as grave depravity, intrinsically disordered, and contrary to natural law (SCDF, 1997). Three participants expressed disagreement with the position of the Catholic Church while three other participants described the Catholic Church's position as judgmental.

Hilda's disagreement sounded like a rebuttal to the terms used by the Catholic Church:

> I am out of sync with the Catholic Church's position on same-sex relationship and I am in sync with the ACA ethical guidelines. I disagree with much that the Catholic Church teaches on homosexuality. The Catholic Catechism refers to homosexuals with these words: act of grave depravity, intrinsically disordered, contrary to natural law, objectively disordered, and bases this largely on scripture. These words strike me as hypocritical, misguided, ignorant of good scripture understanding, and most of all, disregarding of people and the creation of God. I don't believe that if you are gay and you are created gay by God, that means you should never have sex with anybody. I don't believe that kind of thing.

Brian not only disagreed with the Catholic Church but also argued that the position that the Church maintains regarding same-sex orientation contradicts the Catholic social teaching on dignity of human beings. He also questioned the concept of natural law in regard to sexual orientation:

> I think from a pastoral point of view the words are extraordinarily problematic. I think that in a lot of ways those words are in direct opposition to the foundational teaching of Catholic social teaching; certainly, the dignity and worth of every human being. So, if we believe that in and of themselves that somebody is having sexual orientation of sexual attraction, then to call that a moral disorder, to call that a contrary to natural law then what becomes problematic is what do we mean by natural law?

Mario and Hilda discussed their disagreement with the Church in relation to the concept of reparative therapy. While the Catholic Church did not explicitly use the term reparative therapy (SCDF, 1997), the Church maintains that homosexual tendency is curable. Mario expressed his disagreement to this position:

> I guess I do not believe where the Catholic Church stands on it [same-sex orientation] because I do not believe it can be changed and I think that if they necessarily, I don't have to act on the behavior which needs to be in alignment with the belief system but I do not believe in [reparative theory] where we can change sexuality.

Hilda cited experiential example to support her argument against homosexual tendency and its being curable as suggested by the Catholic Church. Hilda argued:

> I have known gays. I knew one guy who was in medical school in Kansas City and he went to one of those programs where if you are gay they knock it out of you [reparative therapy]. Yes, he was in that for three years and well, it didn't work. He still was a gay. I think it is a terrible thing to lead people into something that is not true for them.

Participants believed the Catholic Church's tenets on same-sex orientation are judgmental. This view is a direct contrast to the ACA Code of Ethics which advocates nondiscrimination of clients. The judgmental perception of same-sex orientation was crucial in participants' disagreement with the position of the Catholic Church. Mario said that the terms the Catholic Church used in describing same-sex orientation do not reflect the Biblical teaching of love of neighbor. Mario said: "when I think of moral depravity, I think of judgement … whereas judgement is for God and not the Church."

For Brian, being judgmental of same-sex orientation encourages living in the closet because the terms that the Catholic Church uses apply only to open gay men and lesbians. Thus, Brian stated that the position of the Catholic Church dissuades some gay men and lesbian women from openly identifying their sexuality:

> To me, what is so difficult about the phrase, objective disorder or intrinsically moral evil, is that they are so bound in judgment. It seems that the use of the phrases only becomes really necessary when gay and lesbian people are no longer closeted. We use those words when in a lot of ways historically the Church seems to be very much okay with gay and lesbian people as long as it wasn't known or at the very least it wasn't talked about.

Drew and Sandra referred to Pope Francis as an example of being nonjudgmental of sexual orientation. Drew explained the need for the Catholic Church to consider changing their position to reflect Pope Francis' nonjudgmental statement about gay men and lesbian women. For Sandra, Pope Francis' famous statement on not judging gay men and lesbian women was pivotal to reconciling her values conflicts. Sandra said:

> I leaned on Pope Francis and his take on it [same-sex orientation] as well. I have a quote here on what he said. He said, 'if someone is gay and he searches for the Lord and has will, who am I judge?' We shouldn't marginalize people but we have to integrate them into the society. So, he didn't apply that homosexuality is a sin. It is not something we should be judging because there are many repeated scriptures throughout the Bible on how we should not judge others but welcome them and love them and help them as we would any other marginalized population.

Kasha and Hilda expressed their personal view of the Church's position as judgmental and homophobic. For Kasha, the Catholic Church should focus on people having loving and mutual acceptable relationship rather than using statement's that seem to be judgmental. Kasha and Hilda alleged that they know priests and nuns who are gay men and lesbian women and that they are happy but sometimes live in fear due to the teaching of the Church. Hilda presented yet another emphatic opinion about the Catholic Church's teachings on same-sex relationship. Hilda alleged that the Catholic Church is homophobic but should learn from the example of Pope Francis. She shared her view as follows:

> I don't believe everything that the Catholic Church teaches. I really don't; and this is one area where I think there is a lot of homophobia in the Catholic Church and among clergy. It's been a long time now since I have known gay priests and gay bishops and gays in Vatican and a lot of them are very happy people. But some of them are real homophobic and I think a lot of what the Catholic Church has taught is homophobic. I think Pope Francis is my model now of someone who love everybody and doesn't approach people to fear.

**Referral**

The most recurring theme that emerged while participants responded to how they navigated their values conflicts was referral. Eight of the nine participants stated that they coped with their values conflicts by referring their clients to other counselors. They maintained that referral was in adherence to the ACA ethical guidelines for the welfare of clients.

Pablo spoke about client referral in the context of his work setting, Catholic Charities, and how they refer gay men and lesbian women to other agencies who may work with them. Pablo also mentioned informed consent as another ethical concept that facilitated their client referral. He argued that referral of client based on services that are not included in the informed consent is not discrimination. Pablo discussed referral and consent form in his work place as follows:

> We have informed consent which is a big part of what we do. If [same-sex relationship] is what their presenting issues are and they know very early that it is not the service we do, that the Catholic Charities counseling service is not just a

> charity or professional service but is also part of the ministry of the Church, then we help them find more appropriate setting to address those issues. I don't know how that will be discrimination if we are saying that we don't and I don't work with that [same-sex relationship] presenting problem.

Drew said that he practiced in an area with several counselors which gave him the advantage of referring gay men and lesbian women clients. Drew acknowledged that the ethical guideline discourages value based referral, but he also argued that it is equally unethical to continue to work with clients while the counselor is not of help to them. Drew seemed to base his argument on his Catholic identity rather than on lack of competence:

> I would refer them to another therapist that I know. I have always worked in Dallas where there were hundreds of therapists, so I can always refer to someone I knew who has different faith or different background and feel very comfortable that my clients' need with still being met. They always say you should refer clients if you are not helpful for them; if you don't feel you have the knowledge, you need to refer them. It is unethical to treat someone if you are not qualified. As a Catholic counselor, I don't feel I am qualified to help someone make sexuality decisions.

Drew responded to follow up question regarding his description of referral being somewhat covert discrimination. He defended his referral as nondiscrimination and seemed to disagree with the ethical guideline that discourages value based referral. Drew explained:

> It is not discrimination if you are referring to someone else who is very well qualified and has a greater ability. If a client came to me and I really felt strongly that another counselor will be much better therapist for this client, then I will refer. I feel I can help the clients who are struggling with their sexuality, I can help them in the counseling environment but it's always going to be out there those who are not Catholics on their issue; I don't believe it would be against my choice, so I would refer them. I don't see how it is against ACA or how it goes against my ethics because I am referring clients when I feel that there is a counselor there who can provide the same type of service and be perfect for that client.

Hilda who was adamant in her criticism of the Catholic Church on same-sex orientation supported referral of clients as an intervention for values conflicts. She expressed her opinion that value based referral is not rejection of clients if the referral was made prior to establishing therapeutic relationship. However, Hilda suggested that counselors who experience values conflicts should seek help to resolve their conflicts:

> A Catholic counselor who has value conflict with homosexuals should admit it and refer to another counselor who is open to working with this population. They also should in my opinion, get guidance for themselves on what is blocking them from being open to all people. If I would know that a person is coming to me who is gay and I don't feel comfortable with that, I don't think I should ever start working with the person. Really, it wouldn't be a rejection if I refer him to somebody else before even I started working with him.

Trina had earlier acknowledged that she works with gay men and lesbian women clients even when they presented with same-sex relationship issues. However, she spoke about a situation when she considered it necessary to refer clients not to another professional counselor but to their clergy for the welfare of clients. Trina did not consider the situation she described as religious based referral. She described the referral case in the context of counselor-clergy cooperation to help clients as follows:

> I have had clients that I referred to their clergy because they were clients that are homosexuals but they have no desire to be homosexuals. If they come to me that they are struggling with homosexual tendencies, homosexual thoughts, homosexual dreams, and they are really struggling with what that meaning really is, we can work through that. But I also want them to make sure that they are talking about that with the expert. I am definitely not an expert on the Catholic [tenets] and that is typically when we are talking about their struggle with if it is religion, if it is spiritual, if they talk about in that component, then that is when I usually refer them to their clergy or their priest or pastor.

As counselor educators, Trina and Sandra acknowledged that the ACA Code of Ethics (2014) discourages value based referral; however, they spoke in favor of referring gay men and lesbian women clients to other counselors in the best interest of the clients while the counselor seeks supervision to remedy his or her competency deficiency. Trina shared that she encouraged her students to always be aware of their bias towards gay men and lesbian women clients. She added that she encouraged the students that when their

bias hinders their standard services to clients, they should refer clients to other counselors:

> I usually tell students that if they have a bias that they are struggling with the client that they need to relieve themselves from the case and let them know that they think that there may be another therapist that is better suited to help them in their needs and their presenting problems. You may not necessarily want to highlight it if your bias is against sexuality and those kinds of things because every counselor has to be aware of what his or her biases are. I usually encourage my students to be aware of what their biases are and if they are being challenged and they feel that they are not serving their clients and their interest to refer the clients to someone else.

Sandra expressed her views and suggestions on referral about students or supervisees who struggled to work with gay and lesbian women clients. Sandra supported referral as a last resort in the best interest of clients if the students or supervisees are not benefitting from the supervision. Sandra recommends that the students:

> Seek supervision immediately and also attend trainings. If I were in a position where I was providing supervision for the students or for the counselors, I will pull on to supervision models that encourage the supervisees to really self-reflect and dig a little deep into themselves, their reasons, and their values, their reasons for doing things and what role it plays in the counseling profession. .... Now if the persons who were experiencing conflict were not able to reconcile their belief system and their work with homosexual client through supervision, then I will say

> you know what, this is the point where you need to refer because your lack of bracketing is likely to harm the client and that is actually what we do not like to do?

Mario discussed referral within the context of counselors' self-awareness and competence development. In reference to the ethical principle of veracity, Mario supported that counselors should not hesitate to refer clients if they (counselors) are truly not helpful to the clients. He suggested that counselors should then view their incompetence as motivation to seek professional development. He discussed lack of competence and referral this way:

> Unfortunately, there are a lot of professionals that will be very uncomfortable or even refuse to say, I am not competent to do that. It is not a weakness. So, many people view acknowledging a limitation or acknowledging lack of competence as a weakness, 'oh that means I am not a good counselor' and I disagree with that. That, actually gives you an opportunity to grow. We find strengths sometimes in recognizing limitations.

**Multicultural Training**

The final theme that emerged from participants' responses which was not solicited in the research questions was multicultural training. While discussing how they navigate between Catholic Church tenets and the counseling ethical guidelines on same-sex orientation, most participants cited their training program in relation to their competency development. Information that participants provided indicated skepticism

about the effectiveness of multicultural training in preparing counselors with strong religious belief to work with sexual minority clients.

Drew had the impression that multiculturalism is extensive that the curriculum does not provide in-depth focus on specific diversity issues. Drew stated that his training did not prepare him enough to face the reality of values conflicts in the field:

> I don't think that the training I was provided went into this [same-sex relationship issues]. I don't think it guided me at all. I think your training gives you the basis but there is so much you work on…. There is so much you delve into which you still have to learn about…. But I don't think that the training trained me at all because it was so generic and it didn't give me specifics. It wasn't until I started working in schools and working with students that I came to that conflict…. I don't think my program did enough.

Mario shared similar view that cultural diversity training did not provide him with much preparations to work with diverse populations. However, he somewhat defended the program based on vast cultural minority identities which students needed to acquire specific training within a limited learning time frame:

> I really and truly think that in the big picture of things, I don't know if we can be prepared for every specific diverse situation. Again, in my opinion that is one of the reasons that we do need to focus on continuing education.

Hilda described her experience of receiving basic training in multiculturalism from the counselor education program. Hilda, who at the time of this study was a part time counselor at a university, said that she was learning a lot about sexual minority

populations at the university more than she did during her training. She recalled that the most helpful cultural diversity training she had was during her work with the gay men and lesbian women community:

> Well I don't think I had any training in it [multicultural] to tell you the truth. I remembered us talking about the code of ethics and accepting everybody. I remember all that part; but my training to work with gays and lesbians was in my work with the gay community and AIDS crises. I had a lot of training but it was from the gays themselves.

While Sandra believed that multicultural training she got from the counselor education program was crucial in navigating her value conflicts, she acknowledged distinction between her graduate and doctoral programs in secular and Christian institutions respectively. Sandra asserted that during her doctoral program in a Christian institution, she experienced open discussion on counselor's religious belief in relation to working with sexual minority clients more than she did in a secular institution during her master's program:

> When I attended secular institution for my Master's degree, there was emphasis in training on the counselor's capability to work with sexual minorities but they did not address religious counselors' working with sexual minorities and it was almost like a taboo topic. It was not something that came up and in fact I did not feel safe as a religious or Catholic student. I didn't feel safe bringing that up in a secular institution because I knew that my peers and professors a lot of them were not religious. So, I thought like if I brought it up I will kind of be then

> inappropriate for the counseling profession and that might be traumatic on my own head [laughter]…. I want to agree that the preparation I received in the Christian institution you know, led me to understand that it is okay to counsel homosexual clients. It is okay to provide that care but the opportunity never came for me to reconcile those beliefs in the secular institution or the secular program.

Brian seemed to take a middle position in his discussion on the effectiveness of multicultural training particularly regarding CACREP accredited programs and the law suits that related to values conflicts. Conversely to the views that Drew, Mario, Hilda, and Sandra expressed, Brian contended that multicultural training in CACREP accredited programs has been relatively successful. However, he believed that there is still room for improvement in the effectiveness of the multicultural training in the counseling program:

> I would say that largely, it [multicultural training] has been successful. I think that in a very large wide spectrum that the counseling profession and the CACREP accredited schools have been very successful in preparing counselors for a multicultural world. I think the law suits are few comparatively to the vast number of graduates coming out of the programs all across the country who embrace these ideas. Now at the same time, do I believe that counseling program still needs to be more focused on multiculturalism? Absolutely; … I think that we still have to keep focused on multiculturalism whether it is around the issue of ethnicity, culture, sexuality, or gender. We have to continue to challenge each other and ourselves to grow and to become much more accepting of differences.

## Summary

In Chapter 4, I presented detailed information on the data collection from Catholic counselors on their lived experiences of working with gay men and lesbian women clients. I discussed the data analysis process and results which centered on addressing the three research questions in this study: (a) what are the lived experiences of Catholic counselors in counseling gay men and lesbian women clients? (b) what meaning do Catholic counselors make of the conflict between Catholic tenets and counseling code of ethics regarding same-sex orientation? and (c) how do Catholic counselors navigate between Catholic teachings and counseling ethical obligations?

To the first research question, results showed that Catholic counselors had mixed experiences while working with gay men and lesbian women clients. While some reported of having challenges to establishing standard therapeutic relationship and services to gay men and lesbian women clients, others shared that they were comfortable in working with the clients. I presented explanations that participants discussed in relation to their diverse experiences of challenges or being comfortable with clients.

To the second question, results showed that most of the participants expressed strong identification with the Catholic faith. However, they disagreed with the Catholic position on same-sex orientation. They acknowledged that they derived their interests and commitment to helping profession from the teaching of love of all by the Catholic Church. However, they considered specifically the Church's position on same-sex orientation as judgmental.

The primary result of the third question was referral which most participants employed as their effective strategy to resolving their value conflicts. Interestingly, they argued that this strategy was supported by the ACA Code of Ethics (2014). Finally, multicultural training emerged as an unsolicited theme from the results of the three research questions. Participants noted that their multicultural training did not prepare them adequately as counselors to resolve their values conflicts with being Catholic.

In Chapter 5 I provided detailed interpretation of these findings in the context of the theoretical foundation that I described in Chapter 2. I also described the limitations of this study and recommendations for further research that relate to the study. Finally, I discussed the implications in the context of positive social change from this study regarding counseling practice.

# Chapter 5: Discussion, Conclusions, and Recommendations

## Introduction

The purpose of this study was to understand the lived experiences of Catholic counselors in working with gay men and lesbian women clients in relation to the dissonance between Catholic Church and the ACA ethical guidelines on same-sex orientation. In my literature review, I discussed historical views of the origin of same-sex orientation; I reviewed same-sex orientation in the contexts of ACA Code of Ethics (2014) and the Catholic Church teachings (SCDF, 1997). The literature review finally centered on values conflicts in counseling relationships with gay men and lesbian women clients. The literature showed that counselors who hold strong religious beliefs that disapprove of same-sex orientation often reject or provide substandard therapy to gay men and lesbian women clients (Bowers et al., 2010; Hermann & Herlihy, 2006). The literature search also revealed no research that exclusively explored Catholic counselors' experiences of values conflicts in working with gay men and lesbian women clients based on the disapproval of same-sex orientation by the Catholic Church. Therefore, this study fills this gap in the knowledge base and the results could be used to improve counselors' multicultural competence.

I used attribution theory (Heider, 1944) as the theoretical foundation of this study, which suggests that the meaning people give to the origin of a phenomenon relates to the perception or attitude they have towards the phenomenon. Attribution theory aligned with this study given that religious organizations which disapprove of same-sex orientation base their position on their view on the origin of same-sex orientation. I

conducted this study using the descriptive phenomenological methodology especially for the following reasons (a) to gain authentic information and meaning of the experiences directly from the participants and (b) to bracket my personal experiences and biases from the data collection and analysis process (Van Manen, 2014). Six major themes emerged from the data analysis: (a) challenges, (b) comfort, (c) identification with the Catholic Church, (d) personal view of Catholic position, and (e) multicultural training. The participants experienced initial challenges of working with gay men and lesbian women clients which they overcame and established comfortable counseling relationship with the clients. Interestingly, although the participants identified strongly with their Catholic faith, they largely disagreed with the position of the Church regarding same-sex orientation. This is an important outcome that aligns with the ACA Code of Ethics (2014).

## Interpretation of the Findings

The results of this study both confirm or disconfirm specific findings in the existing literature on counselors' values conflicts. I believe that the varied results are due to lack of specific studies on Catholic counselors and their experiences of values conflicts. Findings in existing literature indicated that due to religious beliefs that do not affirm same-sex orientation, counselors who identify with such beliefs experienced challenges in working with gay men and lesbian women clients (Balkin et al., 2009; Bowers et al., 2010; Miller et al. 2007). When participants in this study described their lived experiences in working with gay men and lesbian women clients, five of them stated that they experienced some degree of challenges which they related directly to

their Catholic beliefs. This is consistent with the findings in Bowers et al. (2010) in which counselors expressed dilemmas between adherence to their religious beliefs and professional ethical guidelines. For example, in the current study, Sandra disclosed: “I was very uncomfortable working with them [gay men and lesbian women] because I was like, if I were to work with this homosexual person, I will be betraying God and I was caught in losing my faith.” Similarly, Pablo expressed that it was a difficult choice for him to live his Catholic faith and working with gay men and lesbian women clients. Based on his strong adherence to the Catholic faith, Pablo stated: “If their presenting problem is to help them deal with issues in their relationship so that they can continue to live in active gay lifestyle or active gay relationship; that is not something I would do.” This statement also confirms the findings in Balkin et al. (2009) and Morrison and Borgen (2010) that counselors who rigidly adhere to their religious beliefs were less likely to accept gay men and lesbian women clients given that rigid religious belief hinders counselors’ empathy for gay men and lesbian women.

Pablo’s definite statement of not being willing to provide counseling to gay men and lesbian women clients aligned with the unethical behavior of counselors and counseling students that resulted in legal cases (Hermann & Herlihy, 2006; Kaplan, 2014). Pablo’s position can be interpreted in the context of two of the essential ACA Code of Ethics (2014) on working with sexual minority clients: (a) Section A.4.b. which cautions counselors to be aware of their personal values in a cross cultural counseling process and (b) Section C.5. which warns counselors not to engage in discrimination against prospective or current clients based on minority backgrounds including sexual

orientation. Hermann and Herlihy (2006) and Kaplan (2014) argued that Pablo's refusal to form counseling relationships with gay men and lesbian women clients based on religious belief could result in disciplinary action.

Specifically, Bowers et al. (2010) found that due to influence of a participant's bishop, the participant who was a counselor and a lay monk provided unethical therapeutic intervention of celibacy to a gay and HIV positive client. Similar findings emerged in the current study which confirms that not only rigid religious beliefs, but also strict adherence to pastoral leaders in the Catholic Church, can influence Catholic counselors in their therapeutic services to gay men and lesbian women clients. In this study, one of the participants (Juan) who is a Catholic priest described his first encounter with a gay client. Rather than adhering to the ethical guidelines in working with sexual minority clients, Juan stated that he provided the gay man with instructions of the bishop on same-sex relationship and later gave the client anointing of the sick according to the rites of the Catholic Church.

The issue of referral of gay men and lesbian women clients by counselors who hold rigid religious beliefs as strategy to resolving values conflicts was found in existing literature (Herlihy et al., 2014; Hermann & Herlihy, 2006; Kaplan, 2014). The four legal cases pertaining to values conflicts which I discussed in Chapter 2 were the bases for the literature on implications of referring or refusing counseling to gay men and lesbian women based on religious beliefs of the counselors or counseling students. I also found paradoxical interpretations on the cases regarding counselors' referral or refusing to work with gay men and lesbian women clients. Some researchers interpreted refusal to

counseling gay and lesbian women clients due to values conflicts as discrimination and unethical (Hermann & Herlihy, 2006; Kocet & Herlihy, 2014). Some other researchers argued that counselors who hold strong religious views that oppose same-sex relationship should not establish therapeutic relationship with gay men and lesbian women clients to avoid imposing of personal values during counseling process (Hall et al., 2008). Thus, both camps of researchers supported welfare of gay men and lesbian women clients by advocating nondiscrimination and avoidance of imposing personal values which are all aspects of ethical guidelines for working with sexual minority clients. However, there is a seemingly ethical violation in relation to discouraging a counseling relationship due to religious values. Similarly, paradoxical positions emerged in this study regarding referral of gay men and lesbian women clients based on religious beliefs of the participants. At first, Drew acknowledged that value based referral of clients is unethical. But he also argued that it is unethical to continue working with clients when counselors lack competence to best serve the clients. However, Drew later described lack of competence in the context of Catholic belief. He stated: “It is unethical to treat someone if you are not qualified. As a Catholic counselor, I don’t feel I am qualified to help someone make sexuality decisions.” Subjective interpretations of the codes on cultural diversity especially regarding gay men and lesbian women clients are instrumental to the divergent views of adhering to the same code of ethics. However, regardless of the subjective interpretations, the ACA Code of Ethics (2014) provides guidance to ethical reasoning and interpretation of the codes pertaining to referral of clients. Section A.11.b clearly states that “counselors refrain from referring prospective and current clients based solely

on the counselor's personally held values, attitudes, beliefs, and behaviors." Thus, ignoring this caution in any ethical reasoning or interpretation regarding counseling relationship with gay men and lesbian women clients may not be reflecting the core values and principles of the counseling profession. The ACA Code of Ethics (2014) directs counselors to focus on what is the best fit for the client and not the counselor regarding referral of clients.

Granted that researchers contended that refusal to provide counseling to gay men and lesbian women clients based on religious beliefs involved in discrimination (Hermann & Herlihy, 2006; Kaplan, 2014), this study generated results that largely disconfirmed the existing literature from the lived experiences of Catholic counselors in working with gay men and lesbian women clients. Apart from one participant (Pablo), the other eight participants in this study expressed that they were comfortable with counseling gay men and lesbian women clients despite their strong identification with the Catholic Church and the initial challenge which they positively overcame. Even Pablo, whose challenge was an outlier compared to other participants, indicated that he was open to counseling gay men and lesbian women clients so long as the counseling was not directly to support same-sex relationship. Thus, his challenge was directly related to supporting same-sex relationship and not the clients being gay. Rather than citing Catholic tenets as basis for refusing to counsel gay men and lesbian women clients, the participants generated varied rationales which enabled their comfort level that bridged the gap between them and the clients. The personal rationale included having broad mind to help gay men and lesbian women (Mario), gay men and lesbian women are entitled to

mental health care (Trina), "Biblical teaching of love of all" (Kasha), and empathy with gay men and lesbian women clients (Hilda). Sandra stated that her challenge was during her initial therapeutic relations with gay men and lesbian women. She expressed that she later became comfortable as a Catholic counselor to work with gay and lesbian students. Contrary to the existing literature, Catholic counselors in this study established counseling relationship with gay men and lesbian women despite the Catholic Church's opposition to same-sex orientation. The participants' efforts to maintain therapeutic relationship with gay men and lesbian women despite values conflicts was indicative of adherence to the ACA ethical codes. Their efforts indicated also that despite cultural differences between counselors and clients, counselors who are open to professional development can always fine personal rational to bridge the cultural differences in counseling relationships.

Another disconformity between what has been found in literature and findings of the present study was about multicultural counseling competency training in relation to same-sex orientation. There is growing publication of literature to develop counselors' competency in working with sexual minority clients (Bidell, 2013; Famers et al., 2013; Goodrich & Luke, 2011). Researchers indicated significant positive results from evaluations of counselors and students in working with LGB clients based on multicultural courses and training in the counseling program (Bidell, 2012; 2013; Farmer et al., 2013). Malott (2010) found that a single multicultural course was effective in developing counselor multicultural competency. The results of the present study did not provide evidence to validate what was found in existing literature regarding multicultural

training. Four participants in this study expressed the opinion that multicultural training that they received during their counseling program did not prepare them enough to work with gay men and lesbian women clients. Some inconsistent findings from the existing literature included: “I don’t think that the training trained me at all because it was generic and didn’t give me specifics” (Drew); “due to vast cultural minority identities; I don’t know if we can be prepared for every specific divers situation” (Mario); “well, I don’t think I had anything in it [multicultural training] to tell you the truth” (Hilda), and the opinion that she learned more from a Christian institution than secular institution on counseling gay men and lesbian women clients (Sandra).

In Chapter 2, I reviewed core positions of the Catholic Church on same-sex orientation which contrast with ACA Code of Ethics (2014). The Catholic Church maintains that “homosexual acts are intrinsically disordered, contrary to natural law, not open to the gift of life, and under no circumstances can they be approved” (SCDF, 1997, p. 566). Literature on value conflicts indicated that religious beliefs like those of the Catholic Church influenced counselors’ attitude towards gay and lesbian women clients including refusal to counsel them (Balkin et al., 2014; Hermann & Herlihy, 2006; Morrison & Borgen, 2010). When participants discussed their personal view on the position of the Catholic Church regarding same-sex relationship, seven of them disagreed with the Catholic tenets on same-sex relationship. While they recognized their Catholic religion, they described the position of the Church on same-sex orientation as hypocritical (Hilda), not reflecting the Church’s social teaching on dignity of human beings (Brian), and generally judgmental of gay men and lesbian women (Mario). Three

of the participants argued that the Catholic Church needs to follow the example of Pope Francis in being nonjudgmental (Drew; Sandra; and Hilda). The participants' disagreement with the Catholic Church's position was the reason why they were open and comfortable with working with gay men and lesbian women clients which is not consistent with findings in the literature. This finding is inconsistent with Rainey and Trusty (2007) results from a survey of 132 graduate heterosexual counseling students on factors that predicted attitudes towards gay men and lesbian women. Rainey and Trusty found that religiosity is a high predictor of negative attitudes towards gay men and lesbian women clients. In the present study, while all the participants strongly identified with the Catholic faith, there was only one participant who demonstrated rejection of working with gay men and lesbian women clients exclusively due to same-sex sexual orientation. However, the participant explained that he would be open to working with gay men and lesbian women clients on other presenting issues that do not directly relate to supporting same-sex relationship.

I noted that during the literature review for this study, I did not find existing research on values conflicts that focused exclusively on Catholic counselors in working with gay men and lesbian women clients. This research fills this gap in literature and has provided rich information on Catholic tenets to mental health professionals on same-sex orientation. The findings from this study have created insight into further potential research areas on values conflicts and on Catholic counselors. Information on mixed experiences (challenges and comfort) and multicultural training that participants

discussed provide counselor educators and supervisors important resource for the improvement of multicultural competence development for students and counselors.

## Theoretical Foundation Findings

The theoretical foundation of this study was the attribution theory by Heider (1944). Attribution theory suggests that human behavior that is attributed to innate origin is not the responsibility of the individual whereas behaviors that are attributed to external or situational origin are assumed to be the individual's responsibility. The concept of controllability was an added component to attribution theory by Weiner (1979). Weiner suggested that behaviors that are innate or dispositional are uncontrollable by the individual and thus, not the responsibility of the individual while behaviors that are external or situational are controllable by the individual and thus, the individual takes responsibility for the behavior.

The results of this study were mostly consistent with the attribution theoretical perspectives. The meaning that participants gave to the origin of same-sex orientation informed their therapeutic relationship with gay men and lesbian women clients. Generally, eight out of the nine participants indicated that they were comfortable working with gay men and lesbian women clients. Regarding same-sex orientation being natural in relation to the concepts of origin and controllability, four participants expressed their belief that same-sex orientation cannot be changed by the individual; thus, they are innate. Hilda expressed her belief that same-sex orientation is innate and not the choice of the individual:

> In my experience within my own family and knowing many gay people through the AIDS crises of the 1990s when AIDS was death sentence, I listened to many stories and discovered that people are born with this orientation and it is not a choice. … I don't believe that if you are gay and you are created gay by God, that means you should never have sex with anybody. I don't believe that kind of things.

Kasha presented her argument on the origin of same-sex orientation from her experiences as an EMDR therapist in working with gay clients. She shared about the trauma some of her clients experience when they want to change their sexual orientation and her conviction that such change is impossible because it is of natural origin:

> …when they [clients] are traumatized like that, I think we are getting into a point where somebody wants to change, … but I swear to God there are some folks out there that were born that way [same-same orientation]. Genetically something is very different with these individuals that you may not be able to change believe it or not.

While Mario expressed his disbelief in the change theory regarding sexual orientation, he suggested that incongruity between individual's behavior and his or her belief system may cause emotional discord:

> I do not believe where the Catholic Church stands on it [same-sex orientation] because I do not believe it can be changed and I think I do not have to act on the behavior which needs to be in alignment with the belief system but I do not believe in reparative theory where we can change sexuality.

Using a philosophical argument, Brian questioned the meaning of natural law and genuine affective complementarity which same-sex orientation does not reflect according to the Catholic tenets. Brian provided his personal view of same-sex sexual relationship and its origin in relation to being open to the gift of life. While Brian did not deny the non-life-giving nature of same-sex relationship, his argument was in support of attributing same-sex orientation to nature:

> So, if we believe that in and of themselves that somebody is having sexual orientation of same-sex attraction, … to call that a contrary to natural law then what becomes problematic is what do we mean by natural law? Natural law is definitely a philosophical concept that is much different than say Biblical or Hebrew concepts. It is more of a Greek philosophical concept … natural law as I understand it is very tied to this understanding of the openness or the reality of creating new life. This is where this whole idea of complementarity is sadly so tied to human genitals, the parts fitting. If that is what we are talking about, do the parts fit? Ask any gay or lesbian person and their response could be very likely be, well it works for me. But in terms of naturally causing or producing new biological life, no. But it does not necessarily mean that sexual relationship isn't life giving to those two people. I am sure it supports their love and affective lives. Does it produce new life? No … Can they be generative of a new generation of human beings by being parents?

Thus, the innate and uncontrollable meaning that participants in this study held regarding sexual orientation, attested to their being open to working with gay men and

lesbian women clients despite the dissonance between participants' Catholic beliefs and their counseling ethical guidelines. While the other four participants who were comfortable in working with gay men and lesbian women clients did not specifically voice their views of the origin of same-sex orientation, I would interpret their affirmative therapeutic relationship with the gay and lesbian women clients as consistent with innate perception of sexual orientation.

The results of this study are in conformity with two specific findings in existing literature on attribution theory. First, Whitehead (2010) found that Catholics were less likely than evangelical Protestants to believe homosexuals choose their orientation. In other words, Catholics in Whitehead (2010) believed more that same-sex orientation is innate. Results from the present study supported Whitehead (2010) given that majority of the participants in the present study expressed their beliefs that same-sex orientation is innate. Second, Haider-Markel and Joslyn (2008) found consistent results with Weiner's concept of controllability in attribution theory which stated that perception of same-sex orientation as innate or uncontrollable by the individual predicts favorable attitude and support towards the individual; whereas situational and controllable perception of same-sex orientation predicts negative attitude towards gay civil rights. The present study validated Haider-Markel and Joslyn (2008) given that despite their Catholic beliefs, participants in the present study were open to therapeutic support to gay men and lesbian women clients because of their (participants) opinion that same-sex orientation is of innate origin and thus, uncontrollable by the individuals.

**Limitations of the Study**

In this study, I have provided rich information on the lived experiences of Catholic counselors in working with gay men and lesbian women clients; however, some limitations were anticipated prior to the course to the study and still exist. The primary limitations related to the research tradition, descriptive phenomenological approach. Phenomenological data collection depends solely on information from the participants on their lived experiences. Although I stated clearly the criteria for participation in the study in the informed consent, which each participant agreed to, it was beyond my control to verify the veracity of the data that they provided. Further, there was no available tool to measure the extent of their knowledge of the Catholic position including the Catholic Church provision of pastoral care for gay men and lesbian women Catholics. Lack of such knowledge may have limited their responses to the questions.

By conducting a national search for participants, I overcame an anticipated challenge of reaching my sample size and saturation. However, I intended to recruit diverse participants in relation to the transferability of the outcome of the study; this was not possible to reach. The demography of the participants included Whites - 7, Black - 1, and Asian - 1. Five participants were from Southern states and two participants were from Midwestern and Northern states respectively. This demography does not represent the wide diversity within the Catholic Church population. Thus, there is need for caution in assuming that the results of this study represent wide view of Catholics or Catholic counselors.

While I bracketed my personal values by keeping reflexive notes and following strictly the interview guide, I presented unstructured follow up questions which influenced participants' responses. Further, my disclosed identity as a Catholic priest posited limitation to this study. I mentioned as one of the unusual circumstances I encountered in data collection that one of the clients, at a point during our interview, disclosed that he was concerned about being open to say certain personal views about the Catholic Church due to my position as priest. Again, I addressed this concern by reviewing confidentiality of the study with the participant, which helped us to maintain our trusting relationship throughout the process. The findings of this study are limited to counselors and no other mental health professionals due to nuances in codes of ethics and training.

## Recommendations

I conducted this study within some prior defined scope and delimitations. However, the findings from the study raised some issues that I will recommend for future research which will add to literature in the discipline. The choice of this study was born from my personal experience as a Catholic priest and a licensed professional counselor who unexpectedly established a therapeutic relationship with a gay client. Among the nine participants in this study were a Catholic priest and a nun. It was interesting that each of them had unique and somewhat divergent views and experiences on the topic which I believe are essential to the discussion on values conflicts of Catholic counselors. Future research that will focus on Catholic priests and nuns who are licensed professional counselors will generate more information on potential bridge of the gap between

Catholic position and the ACA Code of Ethics (2014) on counseling gay men and lesbian women clients.

Participants in this study alluded to Pope Francis' famous statement, ... *who am I to judge*, as an example of balance between the Catholic Church's position on same-sex orientation and not being judgmental of gay men and lesbian women. Thus, it is arguable that study on Catholic clergy who are not critical of gay men and lesbian women can be helpful in generating resourceful ideas on possible bridge between Catholic tenets and ACA ethical guidelines on therapeutic relationship between Catholic counselors and gay men and lesbian men clients.

This study focused on experiences of Catholic counselors in counseling relationship with gay men and lesbian women clients. While the results from the study provided rich information that could help counselor educators and supervisors to train more multiculturally competent counselors, exploring the experiences of clients will be important to collect comprehensive resource for multicultural development. In the existing literature, Bowers et al. (2010) conducted similar comprehensive study of counselors and clients but their study was not limited to particular religious identity. Further study on experiences of gay men and lesbian women Catholics in relation to the Catholic position on same-sex orientation will fill this gap.

I also recommend that this study be replicated and expanded to include the American Mental Health Counselors Association (AMHCA) Code of Ethics, the Association for Counselor Education and Supervision (ACES) ethical guidelines, and the ALGBTIC guidelines for working with LGBT clients.

Over 75% of the participants in this study identified as White (Whites – 7, Black – 1, and Asian – 1). Again, this demography is not a strong reflection of cultural diversity which is emphasized by the counseling profession. I recommend future study that will focus exclusively on counselors of color who are Catholics. Lived experiences of this population on the present topic will generate outcome from multicultural perspectives which will be used in training of counselors.

The age range of participants in this study was from 31 to 75 which indicated differences in time of training and course content they received. These differences reflected in the participants' analyses of multicultural training. Further research that will limit the recruitment of participants to either Catholic counseling students or practicing counselors who graduated within a given recent period will present more effective evaluation of the counselor training program.

Paradoxical interpretations emerged in this study regarding referral or refusal to counseling gay men and lesbian women clients. Participants supported their interpretations with ethical guideline of either nondiscrimination of gay men and lesbian women clients or avoidance of imposing personal values on clients. Future study could center on gray areas of the ACA Code of Ethics that enable varied interpretations of value based referral in counseling gay men and lesbian women clients. Focus on such gray areas will minimize chances of divergent views from the same code of ethics and training. Again, in relation to Pablo's position of counseling gay men and lesbian women clients only on issues that do not pertain to same-sex relationship, the ethical approach to referral is solely on the basis of lack of competence and not on person values.

Finally, I recommend that in any of these future studies, specific questions on the theoretical foundation or framework be included in the interview guide. This will generate direct responses that will facilitate interpreting the results in the context of the theory that was used to conduct the study.

## Positive Social Change

As I stated in Chapter 1, discussions on same-sex orientation is controversial in the religious, societal, and mental health contexts which mostly allude to the discrimination of sexual minority populations (Toperek et al., 2009). While same-sex orientation remains a hot topic, opinion and support for gay men and lesbian women are currently increasing which infers positive social change (Pew Research Center, 2015). The purpose and significance of this study align with advocacy for effective mental health service to gay men and lesbian women clients. The study has explored the experiences of Catholic counselors and the challenges they encountered in their therapeutic relationship with gay men and lesbian women clients which hinder the nondiscriminatory principle of the counseling profession. Thus, the outcome of this study could help to improve counseling relationship between counselors whose religious beliefs disapprove of same-sex orientation and gay men and lesbian women clients. Respect and acceptance of gay men and lesbian women clients in the counseling practice adds to the increasing acceptance and support of gay men and lesbian women by the society.

While dissonance exists between the Catholic Church and the ACA Code of Ethics (2014) on same-sex orientation, this study provided insight into areas the two

institutions agree regarding gay men and lesbian women. Precisely, the Catholic Church and ACA ethical guidelines disavow discrimination of gay men and lesbian women clients. This agreement is an essential attribute to positive social change which counselors need to adhere to in respect for gay and lesbian population.

Findings from this study have opened dialogue among counselors on how to effectively integrate religious beliefs and professional ethical guidelines in a way that eschews discrimination of clients. Further, the results of this study are essential resource for counselor education programs and supervision to develop multicultural competence of counselors for best services to minority client populations.

## Conclusion

Catholic counselors belong to a religious organization and a professional association that are opposed to each other on same-sex orientation. The Catholic Church based its disapproval of same-sex orientation on the Sacred Scriptures and maintains that "homosexual acts are intrinsically disordered. …under no circumstances can they [homosexual acts] be approved" (SCDF, 1997, p. 566). The American Counseling Association based its affirming position on same-sex orientation on scientific studies that led to the removal of homosexuality as a disorder from the DSM-II in December 1973 (Drescher, 2012; Pillard, 2009). My personal experience of this dilemma as a Catholic who adheres to religious teaching and as a licensed counselor who is bound by professional ethical guideline in working with a gay men and lesbian women clients led to my interest in conducting this study.

My role as the researcher and key instrument was enriching and at the same time challenging particularly during data collection and analysis. I observed how trusting relationships with participants helped participants to provide in-depth information on their experiences in working with gay men and lesbian women clients without caution of disagreeing either with the position of their Catholic faith or their professional ethical guideline. I had to ensure the trustworthiness of the study by accurately presenting the participants' experiences as they described them. In doing this, I gained more understanding of the essence of bracketing in phenomenological research. Without bracketing, my personal values and bias as a Catholic priest or as a counselor could have easily infiltrated the research process. Thus, throughout the study, I constantly reminded myself that the study was all about the experiences of the participants and not the researcher's.

While this study adds to knowledge in the discipline, the results also showed that there is no clear-cut resolution to counselors' values conflicts. It is arguable that strict adherence to either the Catholic tenets or the ACA Code of Ethics (2014) on same-sex orientation means violation of one of the organization's position on same-sex orientation. I believe that recognizing counselors' dual identity as religious and professional individuals and exploring areas of agreement between the two identities regarding same-sex orientation will be an effective strategy to addressing values conflicts.

For example, in his post synodal apostolic exhortation, Amoris Laetitia, Pope Francis (2016) reaffirmed that "every person, regardless of sexual orientation, ought to be respected in his or her dignity and treated with consideration, while 'every sign of unjust

discrimination' is to be carefully avoided" (para, 250). This position aligns with the primary responsibility of counselors which is "to respect the dignity and promote the welfare of clients" (ACA Code of Ethics, 2014, p. 4). While this study opens further literature on values conflicts regarding Catholic counselors, I believe that there are more chances of bridging the gap if researchers focus on respect and nondiscrimination of persons which Catholic Church and the American Counseling Association agree on rather than looking at values conflicts only from the perspective of ethical violation. Generally, addressing counselors' values conflicts from a unilateral perspective of either the counseling ethical guidelines or a particular religious belief would posit more challenge to reconciling the dissonance between religious beliefs and the counseling ethical guidelines on same-sex orientation.

Catholic counselors who are well-informed on the teachings of the Catholic Church on gay men and lesbian women can navigate the dissonance between the Catholic Church and counseling ethical guidelines on same-sex orientation while working with gay men and lesbian women clients. While researchers have also provided suggestions and strategies of reconciling values conflicts for counselors, personal interpretations of religious beliefs and the ACA Code of Ethics fundamentally drives counselor's ethical or unethical therapeutic relationship with gay men and lesbian women clients. Effective reconciliation of the dissonance between the Catholic Church and the counseling ethical guidelines resides with the counselor. Thus, it would behoove Catholic counselors to always be aware of their dual identity as Catholics and professional counselors and to acknowledge their personal obligation to discover commonality between the two

organizations which will bridge the gap that generates unethical behavior towards gay men and lesbian clients.

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## Appendix A: Research Participation Letter

My name is Theophilus Okpara, I am a doctoral candidate in the Counselor Education and Supervision program at Walden University. I am conducting a research study titled, "Religious Beliefs and Counseling Ethical Guidelines: Challenges for Catholic Counselors." The purpose of the study is to explore the lived experiences of Catholic counselors in providing therapy to Gay men and lesbian women clients due to the dissonance between the position of the Catholic Church regarding same-sex relationship; and the American Counseling Association Code of Ethics regarding sexual orientation. Catholic counselors may experience dilemma of adhering to their Catholic teaching which disapproves same-sex relationship or keeping to their professional ethical code which approves same-sex orientation. This research is a partial fulfillment of the requirements for my PhD in Counselor Education and Supervision at Walden University under the supervision of Dr. Jason Patton who serves as my dissertation chair. I am seeking voluntary participants who are interested in this study and who will provide useful information on the topic. Prospective participants must meet the following criteria:

1. They must be conversant with the position of the Catholic Church regarding same-sex relationship.
2. They must identify themselves as practicing Catholics.
3. They must be licensed by their State Board of Examiners in Counseling.
4. They must identify themselves as heterosexual.

Participation in this study will require in-depth interviews by me on value conflicts, which will take approximately one hour. I will conduct the interviews in person

or by phone at a location and time the participant agrees with me. Participants must be open to follow-up phone call to clarify data they provided during the interviews. Participants will be asked to fill out demographic questionnaire and to sign informed consent prior to participating in the study. Participation in this study is strictly voluntary and participants can withdraw at any time during the course of the study.

If you are interested in this study and would like to participate, you can reach me by calling xxx-xxx-xxxx or by e-mail xx@xxxx. If you know counselors who meet the criteria stated above, I would appreciate it if you send them this information.

Thank you for your assistance.

Sincerely,

Theophilus Okpara, LPC

Walden University PhD Candidate

## Appendix B: Informed Consent

This information is provided for you to decide whether to participate in a research study conducted by Theophilus Okpara, a doctoral student in the Counselor Education Program at Walden University, under the supervision of Dr. Jason Patton. The research is a partial fulfillment of the requirements for the Doctor of Philosophy Degree in Counselor Education and Supervision. Your decision to participate in this study is based upon the following criteria which you attest that you qualify:

1. You are conversant with the position of the Catholic Church regarding same-sex relationship.
2. You identify as a practicing Catholic.
3. You are licensed by your State Board of Examiners in Counseling.
4. You identify as heterosexual.

**Purpose of the Study**: This research is conducted to explore the lived experiences of Catholic counselors in providing therapy to Gay men and lesbian women clients regarding the dissonance between the position of the Catholic Church on same-sex relationship; and the American Counseling Association Code of Ethics on sexual orientation. I aim to generate information from the lived experience of counselors, which may help to alleviate the disconnection between counselors who hold strong religious beliefs and gay men and lesbian clients. I also aim at generating data from this study which may help in developing multicultural competency of counselors and counseling students.

**Participant Involvement**: This study involves face-to-face or telephone interview with me, which will be approximately one hour. Participants will complete a short demographic questionnaire which will take about 10 minutes or less to complete. To ensure trustworthiness of the study, I will schedule a follow-up interview in person or over the phone for participants to clarify and verify the information they provided. While I will be taking notes during the interview, I will also use a tape recorder to ensure that I capture the exact and entire responses that you provide.

**Voluntary Participation**: Your participation in this study is absolutely voluntary. You are free to withdraw at any time, either during or after your participation, without consequences. If you choose to withdraw, your data will be eliminated and destroyed.

**Confidentiality**: Information you provide will be strictly confidential and anonymous. I will personally transcribe the recorded data which may be available only to my dissertation committee. Participants will receive pseudonyms to identify their respective responses. Hard copies of the data will be securely locked in an undisclosed cabinet while the electronic data will be password protected. Data will be kept for five years prior to being destroyed. The only use of your personal information during this study will be to mail or e-mail the result of the study to you when the project is completed. The results of this research will be part of my dissertation, which will be published to ProQuest dissertation documents.

**Potential Risks and Benefits**: There are no known risks or discomfort anticipated in this study. However, remember that you are free at any time of your participation to withdraw from the study if you wish. There is no compensation associated with participation in the

study. You may develop self-awareness in the course of your participation, which may enhance your multicultural competency in working with diverse clients. Your participation will also contribute to increasing literature on counselors' values conflicts.

**Contacts and Questions**: If you have any questions about this study or your participation, you may contact me by phone at xxx-xxx-xxxx or by e-mail at xx@xxxx. If you need additional information to my response to your questions, you may contact a Walden representative by phone at xxx-xxx-xxxx or by e-mail at xx@xxxx.

A copy of this consent form will be given to you to keep.

**Statement of Consent**:

I, ________________________________________, certify that I have read and understood the purpose, potential risks, and benefits of this study. I also consent voluntarily to participate in this study with the full knowledge that I am free to withdraw my participation at any time without any consequence.

___________________________________________

Name of Participant (please print)

___________________________________________

Signature of Participant

____________________

Date

## Appendix C: Demographic Questionnaire

Thank you for your participation in this study. In addition to your responses to the interview questions, you are required to complete a demographic questionnaire which will take about 10 minutes or less. The demographic information will inform the analysis and interpretations of the data collected from participants. You have the options of completing and submitting the questionnaire to me following the interview session or to mail it back to me within one week after the interview date. If you choose the latter option, please use the self-addressed stamp envelope that is provided to you.

Please provide the following information:

1. Your Age: ____________

   (Circle one in each of the following questions)

2. Sex:

   Male Female

3. Sexual Orientation:

   Same-sex Heterosexual Other ______________

4. Marital Status:

   Single Married Divorced Cohabiting

5. Ethnicity:

   White Hispanic/Latino Black/African American Asian

   Native American Other _________________

6. Counseling Education Level and Licensure: Master's Degree Doctorate Degree

   Please specify your professional license ______________________

7. Specialization:

   Community Counseling School Counseling Counselor Education Other

8. Frequency of Church attendance on average:

   Daily More than once a week Weekly More than once a month Monthly More than once a year Yearly Less than once a year

## Appendix D: Interview Guide

1. What does it mean to you to be a counselor who is a Catholic?
2. How important is your Catholic belief to your counseling practice?
3. What is your personal view on the position of the Catholic Church regarding same-sex relationship in relation to the counseling ethical guidelines?
4. Share with me your experiences as a Catholic and counselor in working with gay men and lesbian clients.
5. How do you navigate between Catholic Church teaching and the counseling ethical guidelines regarding same-sex sexual relationship in your work with gay men and lesbian clients?
6. What areas do you think that the Catholic Church and the counseling ethical guidelines have in common regarding gay men and lesbians?
7. The ACA Code of Ethics cautions counselors not to impose their values on clients and that counselors should avoid entering or continuing counseling if they lack competence to be of professional assistance to clients. Tell me how you interpret these codes in relation to Catholic counselors who may have challenges in working with Gay men and lesbian women clients due to value conflict.
8. Tell me how balance between the position of the Catholic Church on same-sex relationship; and the ACA Code of Ethics on sexual orientation may improve therapeutic relationship between Catholic counselors and gay men and lesbian clients.