HOW DOES CHRISTIAN RELIGIOUS AFFILIATION INFLUENCE THERAPISTS' BELIEFS ABOUT SEXUAL ORIENTATION AND COMPETENCE WORKING WITH LESBIAN, GAY, AND BISEXUAL CLIENTS

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ABSTRACT

This study explored the relationship between therapists' religious affiliation, their beliefs about sexual orientation in general and about lesbian and gay clients in particular. Specifically, therapists' who self-identified as belonging to one of the three most prevalent religious denominations in the United States, which include; the Roman Catholic Church, the Southern Baptist Church, and the United Methodist Church. This study utilized an existing data set consisting of 759 participants who were clinical members of the American Association of Marriage and Family Therapy (AAMFT). In general participants reported relatively low levels of homophobia. Overall, participants reported that they somewhat agree to agree that they feel competent working with LGB clients. In general participants were supportive of AAMFT's position statements regarding equality for same-sex couples and families. Overall, participants reported that reparative therapy is unethical. In general participants reported that it is ethical to refer clients based solely on their sexual orientation.

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CHAPTER ONE. INTRODUCTION

There has been much debate in the family therapy literature regarding the influence that therapists' values play in the therapy process (Bergin, 1980; Hines & Hare-Mustin, 1978; Jenson & Bergin, 1988; Melito, 2003). While, therapy was once considered a value-free practice, it is now commonly accepted that therapists' personal values have a direct influence on the therapeutic work that they perform (Fife & Whiting, 2007; Fowers, 2001; Hecker, Trepper, Wetchler, & Fontaine, 1995; Sims, 1994; Vachon & Agresti, 1992). In fact, Carlson and Erickson (1999) argue that it is impossible for a therapist to be neutral in any therapeutic encounter and that their values are always present in their work with clients.

While therapists' values are always present in their work with clients, it is important for therapists to explore how their values influence their clinical judgment in therapy. This becomes particularly important when a therapist's values are highly driven by their religious and/or spiritual beliefs (Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Haug, 1998; Hoogestraat & Trammel, 2003; Houts & Graham, 1986; Lewis & Lewis, 1985) since research has indicated that "religious values may dictate how one views mental health, gender roles, gender identity, and ethnic diversity" (Balkin, Schlosser & Lewitt, 2009, p. 425). Additionally, research has indicated that people who hold strong religious beliefs tend to believe that they hold higher moral values compared to people who are not religious (Hunter, 2001). While therapists have an ethical obligation to not discriminate based on a client's gender, race, sexual orientation, etc., research has also documented that strongly held moral and/or religious beliefs can both positively and negatively influence clinical judgments (Gartner, Harmatz, Hohmann, Larson, & Gartner, 1990; Gerson, Allen, Gold & Kose, 2000; Lewis & Lewis, 1985).

This topic seems particularly important given the increased acceptance and also animosity toward Lesbian, Gay, and Bisexual (LGB) rights throughout the United States. For example, the heightening debate over marriage amendments to include same-sex couples. Many Christian people, including Christian therapists, hold negative attitudes toward gay men and lesbian women and strong beliefs in opposition to the equal rights of LGB persons (Altemeyer, 2003; Malcomnson, Christopher, Frazen, & Keyes, 2006; Herek, 2000; Herek & Capitanio, 1996; Strauss, & Sawyer, 2009; Rowatt et al., 2006). However, it seems necessary to articulate that many Christians including Christian therapists also hold positive and affirming beliefs regarding LGB individuals and rights. While there are no known articles in the family therapy field that directly explore the impact of therapists' religiosity in their work with LGB clients, homophobia has been linked to lower levels of clinical competence among family therapists (Henke, Carlson, & McGeorge, 2009; Rock, Carlson, & McGeorge, 2010). Considering that family therapists tend to identify themselves as highly religious/spiritual (Bergin, 1990; Carlson et al., 2002), it seems important to know whether or not the religious identity of family therapists influence their attitudes and abilities related to working with LGB clients. This is especially relevant given that it is highly likely that family therapists will see gay and lesbian clients in their clinical work. (Buchman, Dzelme, Harris, & Hecker, 2001). For example, Greene and Bobele (1994) found that 72% of American Association of Marriage and Family Therapy (AAMFT) members who participated in their study reported that 10% of the therapy they conducted involved lesbians or gay men. Similarly, Garnets et al., (1991) found that 99% of therapists in their study reported working with at least one lesbian or gay client within their career. It seems likely then, that therapists will at some point work with lesbian and gay clients regardless of their religious beliefs. If Christian therapists are indeed more likely to hold negative views about LGB

persons, and Christian therapists are likely to see LGB clients in their work (whether they are aware of it or not), it is essential to understand how religious affiliation might influence the therapeutic process with LGB clients.

The purpose of this study is to explore the role that Christian therapists' religious affiliations have on their work with lesbian and gay clients. This will be accomplished by creating a profile for therapists that belong to the three primary denominations in the US according to church membership which include; the Roman Catholic Church, the Southern Baptist Church, and the United Methodist Church. These specific denominations (which all happen to be Christian) were selected for this study because they are the three largest religious groups in the United States (NCCCUSA, 2010). The profiles will include information about the following: (1) beliefs about LGB persons and sexual orientation, (2) the self-reported levels of competence working with LGB clients, (3) beliefs about the position statements of the AAMFT affirming same-sex relationships, (4) beliefs about the ethics of the practice of reparative therapy, (5) beliefs about the appropriateness of referring LGB clients, (6) whether or not therapists' have worked with LGB clients, and (7) the number of LGB clients therapists have worked with.

CHAPTER TWO. REVIEW OF LITERATURE

The following section will review the literature related to (1) the impact of values on therapy and clinical judgment, and (2) the influence of Christian beliefs on attitudes toward LGB persons and the relationship between homophobia and clinical competence. Due to the lack of research on bisexuality, the review will focus mainly on LG individuals. Additionally, it seems important to note that this study sought to explore sexual orientation specifically, and thus this study will not explore issues related to the experience of transgender individuals, as the concept of gender identity is distinct from sexual orientation.

Impact of Therapists' Values

For years researchers and scholars have agreed that value-free or neutral therapy is not possible (Abramowitz & Dokecki, 1977; Carlson & Erickson, 1999; Fife & Whiting, 2007; Fowers, 2001; Hecker et al., 1995; Hines & Hare-Mustin, 1978; Jenson & Berwin, 1988; Melito, 2003; Sims, 1994; Vachon & Agresti, 1992;). For example, Carlson and Erickson (1999) argue that values are inseparable from the therapeutic process since they are a primary part of a person's identity. Fife and Whiting (2007) agree that without values a therapist would be lost as values guide the direction they take in their work with clients. For example, Jenson and Berwin (1988) found that therapists' values effect the theories, techniques, goals of therapy, and outcomes experienced. In fact, Melito (2003) argues that even supporting and encouraging a value neutral position inherently indicates a value position. Since it has been argued that therapeutic neutrality is not possible, it is important to look at the extent to which values may be impacting the therapy process.

Past literature has found that values have an impact on therapist/client interactions in therapy (Agresti, 1992; Balkin, Schlosser & Lewitt, 2009; Beutler & Bergan, 1991; Fife &

Whiting, 2007; Gartner et al., 1990; Gerson, Allen, Gold & Kose, 2000; Hecker et al., 2005; Jenson & Berwin, 1988; Kelly, 1990) and can even affect client outcomes (Beutler & Bergan, 1991). Additionally, research has demonstrated that therapists' values can negatively or positively influence the therapy relationship (Beutler & Bergan, 1991; Gartner et al., 1990; Hines & Hare-Mustin, 1978;Vachon & Agresti, 1992). In particular, a substantial amount of research has highlighted the importance of therapist-client value congruence in determining successful outcomes in therapy (Beutler, 1979; Hlasny & McCarrey, 1980; Richards & Davison, 1989; Vachon & Agresti, 1992). For example, Gartner et al. (1990) concluded that, "clinicians' clinical assessments and personal responses to patients are influenced by the degree of ideological congruence between themselves and the patient" (p. 103). Along these lines, Kelly (1990) argued that when dealing with issues closely related to values, such as sex and marriage, therapy outcomes "may vary significantly depending upon the combination of patient/therapist values" (p.183). Similarly, Jenson and Bergin (1988) asserted that personal values are influential in how a therapist determines what behavior is seen as emotionally or mentally sufficient.

Research has also indicated that therapists' values can influence the clinical judgments that they make about their clients (Abramowitz & Dokecki, 1977; Fife & Whiting, 2007; Gartner et al., 1990; Gerson et al., 2000; Hecker et al., 1995; Jenson & Bergin, 1988). For example, Gartner et al. (1990) stated that, "…values can be a potent elicitor of biased clinical judgments" (p. 104). Likewise, Hecker et al. (1995) concluded that therapists' judgments regularly reflect their values and attitudes. Similarly, when looking at therapists religious beliefs, Gerson et al. (2000) found that these beliefs are in fact related to clinical judgment.

Religious Values and Homophobia

Given that current and past research indicates values have a direct influence on the therapy process, it seems important to explore how Christian religious beliefs influence therapists' values as they relate to their clinical work. This would seem to be especially relevant given that beliefs and values often derive from religious principles (Carlson & Erickson, 2002). Exploring the influence of therapists' religiosity and therapy also seems relevant for family therapists since past research found that family therapists to be the most religious of all mental health professionals (Bergin & Jensen, 1990). While there has been little research in this area, therapists with more conservative religious beliefs appear to be more likely to hold sexist and homophobic beliefs (Balkin, Schlosser, & Levitt, 2009; Lease & Shulman, 2003; Peek et al. 1991). Additionally, Jenson and Bergin (1988) found that "the more religious the therapist is, the greater is the likelihood that he or she will regard religious values as important to psychotherapy and mental health" (p. 295). When it comes to embracing a more diverse and inclusive view of couple and family relationships, for the religious therapist "such bias . . . could complicate the counseling relationship with respect to gender bias, homophobia, and racism" (Balkin, Schlosser, & Levitt, 2009, p. 420). It seems important to note here that while the research in this area tends to use the term religion without clarifying the particular religion they are referring to, it appears that in the vast majority in of these studies/articles they are referring to Christian religions. Therefore throughout the remainder of this section I will be referring to Christian religion unless otherwise noted.

While specific studies on the link between therapists' religiosity and homophobia have not been performed, this relation has been well established within the general population (Altemeyer, 2003; Altemeyer, 1996; Buchanan, Dzelme, Harris & Hecker, 2001; Finlay &

Walther, 2003; Mahaffy, 1996; Malcomnson, Christopher, Franzen & Keyes, 2009; Newman, 2002; Rowatt et al., 2006; Strauss & Sawyer, 2009; Wilkinson, 2002). For example, Mahaffy (1996) suggests that the relationship between homophobia and religious values is important to address given that "Many Christians still consider engaging in homosexual acts to be sinful behavior" (392). Along these lines, Altemeyer (1996, 2003) found conservative religious beliefs to be correlated with negative attitudes and hostility toward lesbians and gay men. Similarly, research has found that people who identified as being from a more conservative religious denomination were more likely to hold negative attitudes toward lesbians and gay men (Rowatt et al., 2006) when compared to people who reported no religious beliefs (Finlay & Walther, 2003) or liberal religious beliefs (Newman, 2002). Likewise, a study done by Malcomnson et al. (2006) found that, "…the stronger the participant's religious beliefs, the more negative attitude they had toward gay men and lesbian women" (p. 441). Research has also found that frequency of church attendance is correlated to prejudiced beliefs toward others (Altemeyer, 2003), including lesbians and gay men (Finaly & Walther, 2003).

While the majority of studies have focused on the relationship between "Christianity" and homophobia, it is important to note that there are a number of Christian denominations that take a supportive position on LGB rights and relationships. This is particularly important to acknowledge since the existing literature tends to present a false dichotomy between being Christian and LGB or LGB ally.

While the link between therapists' religiosity and homophobia is not yet well established there is some data that supports this trend (Balkin, Schlosser & Levitt, 2009). For instance, in a study done by Balkin et al. (2009), they discovered that counselors who had a more conservative religious identity had a tendency to demonstrate more homophobic beliefs. This is troubling

considering that current research has found homophobic beliefs to be a predictor of lower self-perceived clinical competence when working with LGB clients (Henke et al., 2009; Rock et al., 2010).

Study Purpose and Research Questions

Based on the literature review and the apparent link between religiosity (i.e. Christian) and homophobia, the purpose of this study is to explore the relationship between therapists' religious affiliation, their beliefs about sexual orientation in general and about lesbian and gay clients in particular. In order to accomplish this goal, I created a profile of the three primary religious denominations in the United States in regard to the following areas: (1) beliefs about LGB persons and sexual orientation (i.e., means and standard deviations), (2) the self-reported levels of competence working with LGB clients (i.e., means and standard deviations), (3) beliefs about the position statements of the AAMFT affirming same-sex relationships (i.e., means and standard deviations) (4), beliefs about the ethics of the practice of reparative therapy (i.e., frequencies), (5) beliefs about the appropriateness of referring of LGB clients based solely on sexual orientation to another therapist (i.e., frequencies), (6) whether or not therapists have worked with LGB clients (i.e., frequencies), and (7) the number of LGB clients therapists have worked with (i.e., means and standard deviations).

Overview of the Three Major Religions in the United States

The following sections will discuss the three largest religious denominations in the United States according to The National Council of Churches' 2010 Yearbook of American and Canadian Churches (NCCCUSA). According to NCCCUSA (2010) the three largest religious denominations in the United States are: The Roman Catholic Church, with over 147 million members, Southern Baptist Church, with more than 16 million members, and The United

Methodist Church, with over 7 million members. A brief overview of each denomination's theology will be presented along with a summary of each religion's stance on sexual orientation, position on LGB clergy, position on LGB membership and involvement in church activities, and position on gay marriage or civil unions.

Roman Catholic Church

As stated above, The Roman Catholic Church is the largest religious denomination in the nation, with more than 147 million members (NCCCUSA, 2010). Unless otherwise indicated, the majority of information used to describe the Roman Catholic Church, and its beliefs was found on "The Official Vatican Web Site" http://www.vatican.va/ (2011).

Position on sexual orientation. The Roman Catholic Church believes that the bible condemns same-sex sexual relationships as being immoral and sinful. The Roman Catholic Church also teaches that LGB sexual orientations are unnatural and disordered. Furthermore, the Roman Catholic Church asserts that same-sex intimacies are not acceptable in any circumstance, and that LGB individuals should employ sexual abstinence.

Position on LGB membership and involvement in church activities. The Roman Catholic Church does not appear to support LGB individuals as being members of the Church, or in having significant involvement in the Church unless they are willing to abstain from same-sex relationships/sexual interactions. It seems that LGB individuals can be accepted as members of the Roman Catholic Church if they do not involve themselves in relationships and maintain celibacy through the assistance of prayer, God's grace, and supportive friendship. If an individual actively engages in an LGB lifestyle the Roman Catholic Church believes they are behaving immorally and that they are in need of assistance and care.

Position on LGB clergy. The Roman Catholic Church has many guidelines and rules when it comes to determining if a candidate is qualified and fitting for ordination. Within these regulations, the Roman Catholic Church (who only allows baptized men the opportunity for ordination) explicitly prohibits gay men from becoming members of the ordained ministry. This regulation applies to all gay men, even those who practice celibacy. Furthermore, men that simply support the LGB community are not welcome to become ordained or even attend seminary. Additionally, if a gay candidate were to conceal his sexual orientation in order to acquire ordination in the Roman Catholic Church, he would be considered dishonest and therefore not a suitable person for ordained ministry.

Position on gay marriage or unions. The Roman Catholic Church strongly believes that marriage is only for heterosexual couples. This is based on the idea that marriage is for procreation which requires a man and a woman. The Roman Catholic Church believes this to be natural and views same-sex relationships as unnatural. Therefore, the Roman Catholic Church considers same-sex unions to be in conflict with God's design of marriage and consequently they are seen as intensely unacceptable.

LGB organizing within the Roman Catholic Church. It seems important to point out that not all people who identify themselves as being Catholic hold negative views of LGB persons. There are many Catholic organizations that hold affirmative beliefs towards the LGB community. Some of the largest, and most well-known groups include; Dignity USA, Call to Action, The Rainbow Sash Movement, New Ways Ministry, and Fortunate Families. These groups advocate for a reform on Catholic teachings and traditions regarding sexuality, and the full inclusion of LGB persons with the Roman Catholic Church.

Southern Baptist Church

As previously indicated, The Southern Baptist Church is currently the nation's second largest religious denomination with over 16 million members (NCCCUSA, 2010). Unless otherwise indicated, the majority of information used to describe the Southern Baptist Convention, and its beliefs was found on "The Official Website of The Southern Baptist Convention" http://www.sbc.net/ (2011). The phrase Southern Baptist Convention (SBC) is used to describe the religious denomination as well as the church's annual meeting.

Position on sexual orientation. The Southern Baptist Church believes that the bible condemns LGB orientations as being a sin. The Southern Baptist Church also considers LGB orientations to be unnatural and disordered. Additionally, the South Baptist Church believes that God views LGB individuals as having a disgraceful lifestyle.

Position on LGB membership and involvement in church activities. It appears that LGB individuals would not be accepted as members of the church without asking for forgiveness for engaging in same-sex relationships/sexual interactions. The Southern Baptist Church believes that "…the open affirmation of homosexuality represents a sign of God's surrendering a society to its perversions" (The Southern Baptist Convention, 1993). Although the Southern Baptist Church believes that LGB persons are immoral and perverse they also believe that salvation is possible through repentance and faith. Thus being said, it would seem unlikely for openly LGB individuals to be welcomed as a member of the Southern Baptist Church without being remorseful for their sexual orientation.

Position on LGB clergy. The Southern Baptist Church does not permit LGB clergy. The Southern Baptist Convention is very clear on their disapproval of churches ordaining or employing anyone from the LGB community. If a Southern Baptist church were to allow LGB

clergy, they would likely be in violation of the Church's Constitution and would be banned from sending any voting members to the South Baptist Convention's annual meeting.

Position on gay marriage or unions. The Southern Baptist Church does not support gay marriage or unions, and believes that marriage and sexual intimacy should be between one man and one woman. The Southern Baptist Church strongly believes that the bible makes it clear that engaging in same-sex sexual activities is sinful and perverted. Therefore, the Southern Baptist Church deems same-sex marriage as shameful and indecent. Additionally, the Southern Baptist Church has made a strong commitment to pray against the legalization of gay marriage and to preach what they believe the bible says about LGB sexual orientations. The Southern Baptist Church also urges lawmakers to oppose and fight against the legalization of gay marriage.

LGB organizing within the Southern Baptist Church. Although the Southern Baptist Church as a whole embraces condemning viewpoints of LGB persons, not all individuals who identify as Southern Baptist's have the same beliefs. There are a number of organized groups whose positions regarding LGB persons are positive and affirming. Some of the largest, and most well-known groups include; The Alliance of Baptists, The Association of Welcoming & Affirming Baptists, and The Baptist Peace Fellowship of North America. These groups believe in and advocate for full inclusion of LGB persons within the church and also within society as a whole.

United Methodist Church

As stated in the overview of religions, the United Methodist Church is currently the third largest religious denomination in the nation, with over 7 million members (NCCCUSA, 2010). Unless otherwise indicated, the majority of information used to describe The United Methodist

Church, and its beliefs was found on "The official online ministry of The United Methodist Church" http://www.umc.org/ (2011).

Position on sexual orientation. The United Methodist Church believes that because all humans were created by God, everyone has great worth, and is equally valuable in the eyes of God. The United Methodist Church asserts that people have limited understanding of the complexity of human sexuality. Discussion and research concerning sexuality are encouraged within the United Methodist Church. The United Methodist church also encourages praying for everyone that is in pain or conflict due to the nature in which Christians have responded to sexual minorities.

Position on LGB membership and involvement in church activities. The United Methodist Church allows all people to become members, attend services, and receive sacraments (e.g., baptism and communion). The United Methodist Church believes that Jesus (who United Methodists believe to be the son of God) set an example for others by displaying extreme inclusion of individuals that were marginalized by the majority. The United Methodist Church considers itself to be a ministry of compassion and hospitality to individuals regardless of their sexual orientation.

Position on LGB clergy. Although the United Methodist Church presents itself as being welcoming and accepting to people of all sexual orientations, this same openness and equality seems to be limited only to church members and not allocated to clergy. In fact, the United Methodist Church's standing related to LGB clergy seem to greatly deviate from standings about sexual orientation in general. For example, when it comes to clergy the United Methodist Church articulated that same-sex orientations are not compatible with Christian principles and

therefore LGB individuals should not hold official leadership positions within the United Methodist Church.

Position on gay marriage or unions. The United Methodist Church also seems to have contrasting views regarding LGB rights. The United Methodist Church believes that all people, including LGB individuals, deserve certain fundamental human rights as well as civil liberties. Although the church appears to be supportive of some rights for the LGB community, same sex marriage is not one of these particular rights. For instance, the United Methodist Church asserts that sexual interactions are only supported within a heterosexual, monogamous marriage. Along these lines, the church also holds that ceremonies for same-sex unions are not to be conducted in their churches or by their ministers. While the United Methodist Church has claimed an affirmative stance on particular equal rights for the LGB community, they have chosen not to include same-sex marriage in the specific liberties they support.

LGB organizing within the United Methodist Church. Due to the mixed messages regarding LGB persons within the United Methodist Church, it seems important to point out that there are numerous organizations that identify as United Methodists and consistently hold affirmative views of the LGB community. Some of the largest, and most well-known groups include; Affirmation, Reconciling Ministries Network, Methodist Federation for Social Action, and The Church within a Church Movement. These groups are all considered activist groups or movements that advocate for the full inclusion of LGB persons within the United Methodist Church.

CHAPTER THREE. METHODS

Sample Description and Recruitment

This study utilized an existing data set consisting of 759 participants who were clinical members of the AAMFT. The participants were recruited from eighteen states (i.e., California, Colorado, Florida, Georgia, Iowa, Michigan, Minnesota, Mississippi, Missouri, New Mexico, New York, Oregon, Pennsylvania, Tennessee, Texas, Utah, Washington, and Wisconsin) and also the District of Columbia. The Therapist Locator database, sponsored by the AAMFT was used to identify potential participants for the study. The mean number of participants from each state was 165, with a range of 15 (i.e., the District of Columbia) to 400 (i.e., California and Texas) participants. There were 3,166 invitations sent out by email to participants. In total, three emails were sent to participants within one week intervals. The first email was the initial invitation for the study; the two preceding emails were reminders. The total number of participants who completed the survey was 759, equaling a response rate of 24.0%. Participants were also asked to identify their religious affiliations. This question was open ended in order to allow the participants to self-label their own preferred faith community. As previously mentioned for this study, the three largest religious denominations in the US based on church membership were chosen to be examined. These denominations included Catholic (*n*=74), Southern Baptist (*n*= 16), and United Methodist (*n*=35). For a description of each of these sub-samples see Table 1.

Instruments

Therapists' personal beliefs and attitudes regarding sexual orientation were measured using The Modern Homophobia Scale (MHS) (Raja & Stokes, 1998). The MHS specifically focuses on personal uneasiness with LG populations, beliefs about the level of deviance and

variableness of sexual orientation, and beliefs concerning LG rights. The MHS has two versions, the MHS-Lesbian (MHS-L), and the MHS-Gay (MHS-G), which contain 24 and 22 items respectively. The two versions were created by Raja and Stokes (1998) to determine beliefs about lesbian women and gay men separately, due to the fact their research revealed a difference in societal attitudes about lesbian women compared to gay men. Raja and Stokes reported that both the MHS-L and the MHS-G had an alpha level of .95. In the results from the larger sample, both versions of the MHS had an alpha level of .97, with a correlation of .98 between them. Therefore for this study participants' responses to the two versions of the MHS were combined. When combined, the alpha coeffient for the MHS was .98.

The Sexual Orientation Counselor Competency Scale (SOCCS) (Bidell, 2005) was used to measure participants' perceived level of competence working with LG clients. The SOCCS contains three sub-scales: Knowledge (7 items), Awareness (9 items), and Skills (12 items) of therapists' working with LG clients. The Awareness sub-scale was not used in this study as it measure the same construct as the MHS. Bidell (2005) found the SOCCS has good reliability and validity (a = .90) with an alpha coefficients of .91 for the Skills sub-scale and .76 for the Knowledge sub-scale. Additionally, the test-retest reliability was also found to be strong at .94 (Bidell, 2005).

For the larger study, the SOCCS had an overall alpha coefficient of .89, with an alpha coefficient of .92 on the Skills sub-scale and an alpha coefficient of .69 on the Knowledge sub-scale. For additional information on convergent validity and criterion of the SOCCS, refer to Bidell (2005).

Procedure

As previously explained, the participants were emailed an invitation to take part in this study. The invitation that was emailed contained a link that connected participants to the on-line survey used in this study. The MHS was completed first, followed by the SOCCS, and lastly a demographic questionnaire.

Analysis Plan

In order to create a profile for each religious denomination, descriptive statistics were run for each of the following variables: (1) beliefs about LGB persons and sexual orientation (i.e., means and standard deviations), (2) the self-reported levels of competence working with LGB clients (i.e., means and standard deviations), (3) beliefs about the position statements of the AAMFT on same-sex relationships (i.e., means and standard deviations) (4), beliefs about the ethics of the practice of reparative therapy (i.e., frequencies), (5) beliefs about the appropriateness of referring of LGB clients (i.e., frequencies), (6) whether or not therapists have worked with LGB clients (i.e., frequencies), and (7) the number of LGB clients therapists have worked with (i.e., means and standard deviations).

CHAPTER FOUR. RESULTS

As previously mentioned, the purpose of this study was to create a profile for participants from each of the three largest Christian religious denominations in the US (i.e., Roman Catholic, Southern Baptist, and United Methodist). The profiles include demographic characteristics of five specific areas including (1) beliefs about LGB persons and sexual orientation, (2) the self-reported levels of competence working with LGB clients, (3) beliefs about the position statements of the AAMFT affirming same-sex relationships, (4) beliefs about the ethics of the practice of reparative therapy, and (5) beliefs about the appropriateness of referring of LGB clients.

Catholic Profile

In regard to demographic characteristics, a total of 74 participants self-reported that their religious affiliation was Catholic. The sub-sample was predominantly White (90.5%), heterosexual (89.2%), and female (64.9%). The mean age of the sample was 55.11 years (*SD* = 11.51) with a range of 31 to 79 years. About half of the sample (52.7%) reported that their highest level of education was have a master's degree. The average number of years of post-master's clinical experience was 18.57 years (*SD* = 9.28) with a range of three to 47 years. Additionally, 91% of the sub-sample reported having worked with at least one LGB client, with the average number of LGB clients worked with being 40.82 (*SD* = 124.73) with a range of zero to 1,000 LGB clients. Refer to Table 1 for complete listing of demographic characteristics for the Catholic sub-sample.

In order to measure participants' beliefs about LGB persons and relationships, the MHS was used. The MHS measures attitudes toward lesbians and gay men by using a Likert scale of 1 to 6 (strongly disagree to strongly agree) to measure participants responses. Higher scores

signify higher levels of negative beliefs toward LGB individuals. For the Catholic sub-sample, the mean score on the MHS was 1.84. This indicates lower levels of homophobia.

In order to measure participants' perceived level of competence working with LGB clients, the SOCCS was used. The SOCCS measures counselors' attitudes, knowledge, and proficiency when working with LGB clients. The SOCCS uses a Likert scale ranging from 1 to 6 (strongly disagree to strongly agree). Higher scores signify higher levels of perceived competence working with LGB individuals. For the Catholic sub-sample, the mean score on the SOCCS was 4.5. This indicates participants report feeling that they somewhat agree to agree that they are competent working with LGB clients.

This study also sought to determine the level of agreement of the participants with two positions statements of the AAMFT related to sexual orientation and same sex relationships. In the first statement, "AAMFT Position on Couples and Families", the AAMFT affirmed the rights of same-sex couples and families "to legally equal benefits, protection, and responsibility" (2005). In regard to this statement, 80.3% of the Catholic sub-sample reported that they agreed or strongly agreed with this statement by the AAMFT.

In the second statement, "What is Marriage and Family Therapy?" The AAMFT states that they welcome and invite same-sex couples and families "…to engage with marriage and family therapists for relational development and problem solving within their cultural contexts" (2005). In regard to Catholic participants' beliefs about the position is statement 85.5% reported that they strongly agreed or agreed. These findings indicate a strong level of support for the AAMFT statements that are inclusive and supportive of the rights of LGB clients and relationships.

This study also sought to explore participants' beliefs about the ethics of reparative therapy and the ethics of referring LGB clients. Participants were asked, "Do you think it is ethical to practice therapy intended to change sexual orientation from homosexual to heterosexual (i.e. reparative, conversion, or reorientation therapies)?" For the Catholic sub-sample, 86.8% reported that they believed it is unethical to practice conversion therapy. The participants were also asked about their beliefs regarding the ethics of referring a client based solely on the client's sexual orientation. While a strong majority of the participants in the Catholic sub-sample believed that conversion therapy was unethical, 56.9% of the Catholic sub-sample reported that it is ethical to refer LGB clients. For complete information on each of the three sub-samples see tables 3 and 4.

Southern Baptist Profile

In regard to demographic characteristics, a total of 16 participants self-reported The Southern Baptist Convention as their religious affiliation. The sub-sample was predominantly White (93.8%), heterosexual (100%), and male (56.3%). The mean age of the sample was 49.94 years (*SD* = 8.26) with a range of 30 to 60 years. The majority of the sub-sample reported their highest level of education to be a master's degree, or a Ph.D., 56.3% and 31.3% respectively. The average number of years of post-master's clinical experience was 18.75 years (*SD* = 9.64) with a range of five to 32 years. Additionally, a good number of the sub-sample reported having worked with at least one LGB client (81.3%), with the average number of LGB clients worked with being 20.00 (*SD* = 20.73) with a range of two to 60 LGB clients. Refer to Table 1 for complete listing of demographic characteristics of the Southern Baptist sub-sample.

In order to measure participants' beliefs about LGB persons and relationships, the MHS was used. The MHS measures attitudes toward lesbians and gay men by using a Likert scale of 1

to 6 (strongly disagree to strongly agree) to measure participants responses. Higher scores signify higher levels of negative beliefs toward LGB individuals. For the Southern Baptist sub-sample, the mean score on the MHS was 2.43. This indicates moderate levels of homophobia. Additionally, this score represents the highest score of each of the denomination groups.

In order to measure participants' perceived level of competence working with LGB clients, the SOCCS was used. The SOCCS measures counselors' attitudes, knowledge, and proficiency when working with LGB clients. The SOCCS uses a Likert scale ranging from 1 to 6 (strongly disagree to strongly agree). Higher scores signify higher levels of perceived competence working with LGB individuals. For the Southern Baptist sub-sample, the mean score on the SOCCS was 4.19. This indicates participants report feeling that they somewhat agree that they are competent working with LGB clients.

This study also sought to determine the level of agreement of the participants with two positions statements of the AAMFT related to sexual orientation and same sex relationships. In the first statement, "AAMFT Position on Couples and Families", the AAMFT affirmed the rights of same-sex couples and families "to legally equal benefits, protection, and responsibility" (2005). In regard to this statement, 68.8% of the Southern Baptist sub-sample reported that they strongly agree or agree.

In the second statement, "What is Marriage and Family Therapy?" The AAMFT states that they welcome and invite same-sex couples and families "…to engage with marriage and family therapists for relational development and problem solving within their cultural contexts" (2005). In regard to this statement, 75% of the Southern Baptist sub-sample reported that they strongly agree or agree.

This study also sought to explore participants' beliefs about the ethics of reparative therapy and the ethics of referring LGB clients. Participants were asked, "Do you think it is ethical to practice therapy intended to change sexual orientation from homosexual to heterosexual (i.e. reparative, conversion, or reorientation therapies)?" For the Southern Baptist sub-sample, 66.7% reported that they believed it is unethical to practice conversion therapy. The participants were also asked about their beliefs regarding the ethics of referring a client based solely on the client's sexual orientation. For the Southern Baptist sub-sample, 75% of the participants reported that it is ethical to refer LGB clients. For complete information on each of the three sub-samples see tables 3 and 4.

United Methodist Profile

In regard to demographic characteristics, a total of 35 participants self-reported The United Methodist Church as their religious affiliation. The sub-sample was predominantly White (91.4%), heterosexual (94.3%), and female (68.6%). The mean age of the sample was 53.06 years (*SD* = 11.05) with a range of 26-71 years. The majority of the sub-sample reported their highest level of education to be a master's degree, or a Ph.D., 60% and 20% respectively. The average number of years of post-master's clinical experience was 17.54 years (*SD* = 9.75) with a range of zero to 37 years. Additionally, almost the entire sub-sample reported having worked with at least one LGB client (94.3%), with the average number of LGB clients worked with being 22.84 (*SD* = 25.03) with a range of two to 100 LGB clients. Refer to Table 1 for complete listing of demographic characteristics for the United Methodist sub-sample.

In order to measure participants' beliefs about LGB persons and relationships, the MHS was used. The MHS measures attitudes toward lesbians and gay men by using a Likert scale of 1 to 6 (strongly disagree to strongly agree) to measure participants responses. Higher scores

signify higher levels of negative beliefs toward LGB individuals. For the United Methodist sub-sample, the mean score on the MHS was 1.68. This indicates low levels of homophobia. Additionally, this score represents the lowest score of all the denomination groups.

In order to measure participants' perceived level of competence working with LGB clients, the SOCCS was used. The SOCCS measures counselors' attitudes, knowledge, and proficiency when working with LGB clients. The SOCCS uses a Likert scale ranging from 1 to 6 (strongly disagree to strongly agree). Higher scores signify higher levels of perceived competence working with LGB individuals. For the United Methodist sub-sample, the mean score on the SOCCS was 4.60. This indicates participants report feeling that they agree that they are competent working with LGB clients.

This study also sought to determine the level of agreement of the participants with two positions statements of the AAMFT related to sexual orientation and same sex relationships. In the first statement, "AAMFT Position on Couples and Families", the AAMFT affirmed the rights of same-sex couples and families "to legally equal benefits, protection, and responsibility" (2005). In regard to this statement, 97.1% of the United Methodist sub-sample reported that they strongly agree or agree.

In the second statement, "What is Marriage and Family Therapy?" The AAMFT states that they welcome and invite same-sex couples and families "…to engage with marriage and family therapists for relational development and problem solving within their cultural contexts" (2005). In regard to this statement, 88.6% of the United Methodist sub-sample reported they strongly agree or agree.

This study also sought to explore participants' beliefs about the ethics of reparative therapy and the ethics of referring LGB clients. Participants were asked, "Do you think it is

ethical to practice therapy intended to change sexual orientation from homosexual to heterosexual (i.e. reparative, conversion, or reorientation therapies)?" For the United Methodist sub-sample, 93.9% reported that they believed it is unethical to practice conversion therapy. The participants were also asked about their beliefs regarding the ethics of referring a client based solely on the client's sexual orientation. Interesting however, 78.1% of the United Methodist sub-sample believed that it is ethical to refer an LGB client. For complete information on each of the three sub-samples see tables 3 and 4.

CHAPTER FIVE. DISCUSSION

Based on the results of this study, there are several important findings that warrant further discussion. These findings include: (1) the relatively high levels of support for the AAMFT's position statements on same-sex couples, (2) participants beliefs about reparative therapy, (3) the potentially conflicting beliefs about referring LGB clients, and (4) comparison of results of the different denominations.

AAMFT's Position Statements on Same-Sex Couples

Relatively high levels of support were observed across all three Christian denominations in this study for the AAMFT's position statement regarding same-sex couples that asserts all committed couples deserve equal rights and benefits. Likewise, the majority of the three denominations reported that they support the position statement from the AAMFT that defines marriage and family therapy as being inclusive to same-sex couples. These findings seem noteworthy because they suggest that even therapists that belong to Christian denominations that may not be affirming are supportive of same-sex couples being recognized within society. This is surprising because two of the denominations in this study maintain positions that LGB orientations are sinful and disordered and directly oppose the legal recognition of same-sex relationships. Another reason these findings seem important is because they show that members of the AAMFT who identify as religious are supportive of the policies of the AAMFT that are supportive and affirming of LGB couples and relationships.

Ethics of Reparative Therapy and Referral

In regard to reparative therapy, 80% of the 125 participants in the overall sample believe that reparative therapy is unethical. This is an encouraging finding because it indicates that therapists from each denomination have beliefs about reparative therapy that are consistent with the literature that has found reparative therapy to be unethical due to its harmful and oppressive

nature (Serovich et al., 2008). These results also indicate that therapists across all three denominations hold beliefs that are consistent with AAMFT's statement on reparative therapy which emphasizes that, "...we do not believe that sexual orientation in and of itself requires treatment or intervention" (2009).

Given the level of support that the participants indicated for the AAMFT position statement and their overwhelming opposition to the practice of conversion therapy, it seems somewhat contradictory that a large portion of the sample believes referring LGB clients is ethical. One possible explanation for this potentially contradictory finding is that perhaps the participants believe that referring LGB clients is ethical as a means to avoid potential harm from a therapist who holds negative biases or would practice reparative therapy. While this may seem to be a reasonable position, it fails to answer the question as to whether therapists have the right to act on discriminatory beliefs when deciding which clients they will or will not work with. For example, is it ethical for a therapist to not see certain clients due to their own negative beliefs and biases? Some people may argue therapists should have the right to hold whatever beliefs they want. However, if it was not about sexual orientation and was instead about gender or race it seems unlikely that negative biases would be an acceptable reason for a therapist not to see certain clients. Perhaps a therapist who holds such negative beliefs towards a certain group of people is not fit to be a therapist in the first place.

Differences across the Denominations

Although a number of the items measured had similar results across all three of the Christian denominations, there are some differences (not tested for significance) that seem notable. For example, the biggest difference among groups appears to be between the Southern Baptist sub-sample and the samples from the other two denominations. Overall, the Southern

Baptist sub-sample was found to hold the highest levels of negative beliefs toward LGB individuals. This is consistent with the SBC's beliefs concerning LGB individuals, as they appeared to be the least affirming of the three denominations. On a similar note, the United Methodist sub-sample was found to overall hold the most positive beliefs toward LGB individuals when compared to the other denominations in the study. This finding is also consistent with the United Methodist's beliefs concerning LGB individuals, as they appear to be the most affirming of the three denominations. Surprisingly, the Catholic sub-sample had overall results that were most similar to the United Methodist sample. This is somewhat unexpected given that the Roman Catholic Church actively opposes the rights of LGB individuals and relationships. It is possible that these therapists have found a way to reconcile their religious beliefs with their own beliefs as a therapist that LGB clients deserve to be treated with respect and without biases. While the Roman Catholic Church holds beliefs that oppose the rights of same-sex couples, members of the Roman Catholic Church clearly have established the highest number of organizations that support and affirm the rights of LGB individuals and same-sex couples when compared to the two other groups.

Limitations

This study had several limitations. One of the most apparent weaknesses in this study was the disproportionate number of participants across the three sub-samples. Furthermore, as with any study it is possible that there was selection bias—meaning that individuals with strong beliefs (negative or positive) regarding a certain topic are more likely to complete the survey materials for a study. Lastly, a large majority of the participants in this study identified themselves as White and heterosexual which greatly limits the generalizability of the findings.

Suggestions for Future Research

Throughout the course of this study several ideas for future research became apparent. Obtaining a larger and more equally balanced sample size across the sub-samples would allow the results to be tested for significance. Also, obtaining a sample that includes more diversity in participant race/ethnicity as well as sexual orientation would allow the results to be more generalizable. Additionally, expanding the study to include more Christian denominations or other non-Christian religions would allow for a broader perspective on the whole. Another suggestion for future research could involve exploring potential differences in attitudes and beliefs of therapists' who identify with liberal religions versus conservative religions. Lastly, since the findings of this study regarding ethics of referring LGB clients seem to be incongruent with the rest of the results, a qualitative study looking at therapists' rationale for referrals could prove to be insightful.

Clinical Implications

Based on the results of this study, there are several important clinical implications to consider. First, given the potential conflict that may arise between therapists' religious beliefs and the accepted ethical positions of their professional organizations regarding sexual orientation, it would seem important that therapists work to reconcile the potential discrepancies between their personal beliefs so that they are in-line with values that are consistent with competent practice. It may be helpful for Christian therapists to identify organizations within their own denomination that are LGB affirming to learn more about how others in their faith community have developed an affirming position on LGB identities and relationships. Additionally, it would seem important that therapists be knowledgeable about the various

organizations within Christian denominations that are LGB affirming as a resource for their clients.

Another recommendation for Christian therapists is to familiarize themselves with the AAMFT's position statements that are affirming of same-sex couples and families and the AAMFT's official stance on reparative therapy. This is particularly important to ensure that their clinical work is consistent with current ethical guidelines. Given the apparent confusion about the ethics of referring a client based solely on sexual orientation it seems appropriate for the AAMFT to provide a clear set of guidelines regarding the ethical treatment of LGB couples and families.

Conclusion

This study sought to explore the relationship between therapists' Christian religious affiliation, their beliefs about sexual orientation in general and about lesbian and gay clients in particular. The findings from this study are consistent with the literature that suggests most family therapists will at some point work with LGB clients. Therefore, it can be presumed that most family therapists including those who identify as Christian will likely work with at least one LGB client within their career. Additionally, the findings seem to indicate a certain level of consistency between therapists' Christian religious affiliations and their beliefs about sexual orientation in general and also about LGB clients. Overall the results suggest that the more affirming a (Christian) denomination is toward LGB individuals and relationships, the more affirming the beliefs of a therapist belonging to that denomination will be. However, it is important to note that this observed trend is not so clear-cut, as we also observed therapists' who identify with a less affirming Christian denomination may find a way to reconcile their religious beliefs with their own beliefs as a therapist that LGB clients deserve to be treated without biases.

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APPENDIX. TABLES

Table A1

Characteristics of the Denominations

	Roman Catholic Sub-Sample (N=74)		Southern Baptist Sub-Sample (N=16)		United Methodist Sub-Sample (N=35)	
Characteristics	n	%	n	%	n	%
Gender						
Females	48	64.9	7	43.8	24	68.6
Males	25	33.8	9	56.3	11	31.4
Missing	1	1.4	0	0.0	0	0.0
Race/Ethnicity						
Latino(a)/Chicano(a)/Hispanic	4	5.4	0	0.0	1	2.9
African American	0	0.0	1	6.3	1	2.9
European-American/White/Caucasian	67	90.5	15	93.8	32	91.4
Biracial/Multiracial	2	2.7	0	0.0	1	2.9
Other	1	1.4	0	0.0	0	0.0
Sexual Orientation						
Gay	3	4.1	0	0.0	0	0.0
Lesbian	3	4.1	0	0.0	1	2.9
Bisexual	1	1.4	0	0.0	0	0.0
Heterosexual	66	89.2	16	100.0	33	94.3
Other	1	1.4	0	0.0	0	0.0
Missing	0	0.0	0	0.0	1	2.9

Table A1 *Characteristics of the Denominations* (continued)

	Roman Catholic Sub-Sample (N=74)		Southern Baptist Sub-Sample (N=16)		United Methodist Sub-Sample (N=35)	
Characteristics	n	%	n	%	n	%
Education						
Master's Degree	39	52.7	9	56.3	21	60.0
Master of Divinity	0	0.0	1	6.3	2	5.7
Ph.D.	24	32.4	5	31.3	7	20.0
PsyD.	5	6.8	0	0.0	0	0.0
Ed.D.	1	1.4	1	6.3	2	5.7
DMin/ThD.	3	4.1	0	0.0	3	8.6
J.D.	2	2.7	0	0.0	0	0.0
AAMFT Status						
Clinical Member	74	100.0	16	100.0	34	97.1
Student Member	0	0.0	0	0.0	1	2.9
Approved Supervisor						
No	44	59.5	12	75.0	24	68.6
Yes	21	28.4	4	25.0	10	28.6
Missing	9	12.2	0	0.0	1	2.9
Affiliation						
MFT	52	70.3	11	68.8	30	85.7
Psychologist	9	12.2	1	6.3	0	0.0
Social Worker	4	5.4	1	6.3	1	2.9
Counselor	4	5.4	0	0.0	2	5.7
Pastoral Counselor	1	1.4	2	12.5	2	5.7
Clergy	1	1.4	0	0.0	0	0.0

Table A1 *Characteristics of the Denominations* (continued)

	Roman Catholic Sub-Sample (N=74)		Southern Baptist Sub-Sample (N=16)		United Methodist Sub-Sample (N=35)	
Characteristics	n	%	n	%	n	%
Affiliation (continued)						
Educator	2	2.7	0	0.0	0	0.0
Other	1	1.4	0	0.0	0	0.0
Missing	0	0.0	1	6.3	0	0.0
License						
LMFT	26	35.1	7	43.8	11	31.4
Licensed Psychologist	14	18.9	1	6.3	3	8.6
LCSW/LSW	9	12.2	1	6.3	3	8.6
Licensed Professions Counselor	11	14.9	5	31.3	7	20.0
Licensed Mental Health Counselor	5	6.8	0	0.0	3	8.6
Licensed Addiction Counselor	3	4.1	2	12.5	2	5.7
RN	3	4.1	0	0.0	1	2.9
Licensed Clinical Pastoral Therapist	0	0.0	0	0.0	1	2.9
Other	1	1.4	0	0.0	1	2.9
Not Currently Licensed	2	2.7	0	0.0	2	5.7
Missing	0	0.0	0	0.0	1	2.9
Experience with LGB Clients						
No	6	8.1	3	18.8	2	5.7
Yes	68	91.9	13	81.3	33	94.3

Table A2

Characteristics of the Total Sample (N=125)

Characteristics	n	%
Gender		
Females	79	63.2
Males	45	36.0
Missing	1	0.8
Race/Ethnicity		
Latino(a)/Chicano(a)/Hispanic	5	4.0
African American	2	1.6
European-American/White/Caucasian	114	91.2
Biracial/Multiracial	3	2.4
Other	1	0.8
Sexual Orientation		
Gay	3	2.4
Lesbian	4	3.2
Bisexual	1	0.8
Heterosexual	115	92.0
Other	1	0.8
Missing	1	0.8
Education		
Master's Degree	69	55.2
Master of Divinity	3	2.4
Ph.D.	36	28.8
PsyD.	5	4.0
Ed.D.	4	3.2
DMin/ThD.	6	4.8
J.D.	2	1.6
AAMFT Status		
Clinical Member	124	99.2
Student Member	1	0.8

Table A2 *Characteristics of the Total Sample* (N=125) (continued)

Characteristics	n	%
Approved Supervisor		
No	80	64.0
Yes	35	28.0
Missing	10	8.0
Affiliation		
MFT	93	74.4
Psychologist	10	8.0
Social Worker	6	4.8
Counselor	6	4.8
Pastoral Counselor	5	4.0
Clergy	1	0.8
Educator	2	1.6
Other	1	0.8
Missing	1	0.8
License		
LMFT	44	35.2
Licensed Psychologist	18	14.4
LCSW/LSW	13	10.4
Licensed Professions Counselor	23	18.4
Licensed Mental Health Counselor	8	6.4
Licensed Addiction Counselor	7	5.6
RN	4	3.2
Licensed Clinical Pastoral Therapist	1	0.8
Other	2	1.6
Not Currently Licensed	4	3.2
Missing	1	0.8
Experience with LGB Clients		
No	11	8.8
Yes	114	91.2
Religious Affiliation		
Catholic	74	59.2
Southern Baptist	16	12.8
United Methodist	35	28.0

Table A3

Descriptive Statistics of the Denominations

	Roman Catholic Sub-Sample		Southern Baptist Sub-Sample		United Methodist Sub-Sample	
Category	*M*	SD	*M*	SD	*M*	SD
MHS Total	1.84	0.82	2.43	1.21	1.68	0.54
SOCCS Total Average	4.50	0.67	4.19	0.95	4.60	0.64
AAMFT Position	5.00	1.56	4.63	1.82	5.63	0.55
Definition of Marriage	5.18	1.27	5.19	1.28	5.46	0.89

Table A4

Frequency Distribution of the Denominations' Beliefs

	Roman Catholic Sub-Sample		Southern Baptist Sub-Sample		United Methodist Sub-Sample	
Measures	n	%	n	%	n	%
AAMFT's Position Statement						
Strongly Disagree	6	7.9	1	6.3	0	0.0
Disagree	4	5.3	3	18.8	0	0.0
Somewhat Disagree	1	1.3	0	0.0	0	0.0
Somewhat Agree	4	5.3	1	6.3	1	2.9
Agree	19	25.0	3	18.8	11	31.4
Strongly Agree	42	55.3	8	50.0	23	65.7
AAMFT's Definition of MFT						
Strongly Disagree	3	3.9	0	0.0	0	0.0
Disagree	3	3.9	1	6.3	1	2.9
Somewhat Disagree	1	1.3	1	6.3	0	0.0
Somewhat Agree	4	5.3	2	12.5	3	8.6
Agree	24	31.6	2	12.5	9	25.7
Strongly Agree	41	53.9	10	62.5	22	62.9
Ethics of Reparative Therapy						
No	59	86.8	10	66.7	31	93.9
Yes	9	13.2	5	33.3	2	6.1
Ethical to Refer						
No	28	43.1	4	25.0	7	21.9
Yes	37	56.9	12	75.0	25	78.1