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### Keywords

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# Reconciling Spiritual Values Conflicts for Counselors and Lesbian and Gay Clients

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*Counselors and lesbian and gay clients experience parallel values conflicts between religious beliefs/spirituality and sexual orientation. This article uses critical thinking to assist counselors to integrate religious/spiritual beliefs with professional ethical codes. Clients are assisted to integrate religious/spiritual beliefs with sexual orientation.*

**Keywords:** values, spirituality, gay and lesbian, counselor development

At times, lesbian and gay persons and counselors are disconnected from each other by divergent moral principles regarding sexual orientation. A conflict of sexual orientation and religious/spiritual identity for the lesbian or gay client may parallel the counselor's conflict between his or her religious/spiritual beliefs about sexual orientation and the values articulated in the *ACA Code of Ethics* (American Counseling Association [ACA], 2005; Herrmann & Herlihy, 2006; Kocet, Sanabria, & Smith, 2011; Priest & Wickel, 2011). Rather than viewing the counselor and client values conflicts as separate from each other, we focus on their parallel natures—the potential for both counselors and clients to experience pain, confusion, incongruence, disconnection, and disengagement. We believe that the cultural context that elicits parallel values conflicts, the lived experiences of those facing the conflicts, and the various coping mechanisms engaged by both the client and the counselor affect the counseling relationship. We use critical thinking to analyze the values conflicts. Finally, we propose an approach by which clients and counselors can focus on shared, rather than divergent, values. For the counselor, the focus is on finding mutual values shared by her or his religious/spiritual tradition and the counseling profession. For the client, attending to shared values espoused by his or her religious/spiritual tradition and the relational values expressed through his or her sexual orientation may help to

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integrate religious/spiritual strivings and sexual orientation and improve one's well-being. We intend for this article to provide a novel, values-reconciliation approach that cultivates a meaningful counseling relationship that is focused on client healing and counselor effectiveness.

**DESCRIBING THE PROBLEM**

Religious and/or spiritual beliefs of the client and of the counselor contribute to their values about sexual identity. Religion can be a source of strength and wisdom and also can cause confusion, blame, and rejection for an individual discovering his or her sexual orientation and for the counselor who serves this individual (Halkitis et al., 2009; Sherry, Adelman, Whilde, & Quick, 2010).

**Defining Spirituality and Religion**

Spirituality is a capacity that is innate and unique to each human being. The spiritual tendency moves the individual toward knowledge, love, connectedness, and wholeness (Love, Bock, Jannarone, & Richardson, 2005). Spirituality is approached from a variety of perspectives, including the religious. Spirituality and religion are not mutually exclusive; neither do they automatically coexist in the person. Spirituality involves discovering meaning in life events that is deeply personal to the individual (Sink, 2004). It is the inevitable emergence of that which one discovers to be of ultimate worth, whereas religion represents the organization of beliefs shared in common by a group of people usually accompanied by rituals, doctrine, and practices (Pargament, 2007). Our view is that for some clients and counselors, spirituality is shaped by religious beliefs, and for other clients and counselors, spirituality is freestanding from religion. Because religions often espouse beliefs against lesbian and gay practices, it may be the client's or the counselor's religion with or without their spirituality that accompanies conflict with sexual orientation. Furthermore, clients and counselors who are not religious often adopt heteronormative and homophobic values from the culture at large, which is heavily influenced by religious beliefs (Bowers, Minichiello, & Plummer, 2010).

**Religion and Spirituality Among Lesbian and Gay Individuals**

The religious and spiritual experiences of lesbian and gay individuals are unique to each person (George, Larson, Koenig, & McCullough, 2000; Heermann, Wiggins, & Rutter, 2007). Halkitis et al. (2009) discovered that among lesbian, gay, bisexual, and transgender (LGBT) individuals, spirituality was understood primarily in terms of relationships with God, self, and others. Religion was perceived in terms of communal worship and its negative influence on LGBT individuals and communities. For LGBT persons, spiritual identities were more pronounced than religious ones (Halkitis et al., 2009). Sherry et al. (2010) found that among LGBT individuals for whom religion/spirituality was an important value, sexual orientation often placed them in conflict with religious doctrine that was antigay. Conservative religious beliefs were related to higher levels of shame and internalized homophobia. Sexual orientation

often led to questioning or changing religious affiliation (Sherry et al., 2010). Bowers et al. (2010) observed a high incidence of posttraumatic recovery from religious-based homophobia. Many lesbian and gay individuals are drawn to spirituality as a means of self-discovery and are drawn toward or away from religion based on their experience of acceptance or rejection of their sexual orientation by their religious group (Lease, Horne, & Noffsinger-Frazier, 2005; Tan, 2005).

### **Religion and Culture Contribute to Parallel Values Conflicts**

Historically, western religious traditions have taken a position that homosexual behavior is deviant, wrong, and should be avoided (Heermann et al., 2007); sexual activity between two women or two men is considered a sin by many Jews; sex between two men is regarded as adultery in Islam; and the Church of Latter Day Saints (Mormons) punishes homosexual acts with church discipline (Heermann et al., 2007). Any exception to heterosexual sex within an official marriage is disallowed in the Roman Catholic Church (Ratzinger, 2003). A teaching of the Catholic Church and of many conservative Christian religions is to accept the homosexual person, but to reject homosexual behavior (Ratzinger, 2003; Rosik, Griffith, & Cruz, 2007).

Religious teachings have contributed to the formation of a heteronormative social and political order (Bowers et al., 2010). The pervasiveness of religious influence regarding homosexuality can be seen in a variety of institutions. For example, the medical community pathologized persons expressing nonheterosexual behaviors. The understanding of homosexuality as disease fit easily with religious views of deviance and transgression (Bowers et al., 2010). Recently, states have enacted legislation and passed constitutional amendments defining marriage as between one man and one woman (Human Rights Campaign, 2012). Religious teachings against homosexuality and conducive to a heteronormative cultural order have influenced not only lesbian and gay individuals, but also professional counselors who are called on to work with them.

### **Values Conflicts for Lesbian and Gay Clients and Professional Counselors**

Religious traditions opposed to homosexuality and the heteronormative culture in America create parallel experiences for lesbian and gay clients and counselors who work with them. Many clients feel torn between their sexual orientation and religious beliefs, whereas counselors may encounter tension between professional ethical codes and their religious beliefs.

*Values conflicts of gay and lesbian clients.* Sixty percent of sexual minorities reported that religious faith was a strong influence in their lives (Heermann et al., 2007). Tan (2005) reported that gay and lesbian individuals aspired to high levels of spiritual well-being, which was a significant predictor of accepting one's homosexual orientation and feeling less alienated. Lesbian and gay individuals with a strong spiritual identity displayed better psychological health compared with those solely affiliated with an organized faith group (Lease et al., 2005).

Religion can be a source of alienation, confusion, and condemnation for lesbian and gay individuals. By participating in a nonaffirming religion, lesbian and gay

persons may feel shame and self-hatred, contributing to low self-esteem and depression (Heermann et al., 2007; Lease et al., 2005). There is evidence indicating that depression, anxiety, and even suicidal behavior may accompany discovery of a lesbian or gay sexual orientation (Evans & Barker, 2010; Heermann et al., 2007; Satcher & Schumacker, 2009). Gay and lesbian youth and adults face discrimination, prejudice, rejection, stigma, and threats of violence (Frank & Cannon, 2010; Luke, Goodrich, & Scarborough, 2011; Wynn & West-Olatunji, 2009). Those addressing their same-sex sexual orientation often seek counseling to assist them in resolving the conflict between their religious beliefs and their sexual orientation (Frank & Cannon, 2010). It is urgent that the counselors to whom lesbian and gay clients come for help be ready to provide support, acceptance, and respect for the lesbian or gay client.

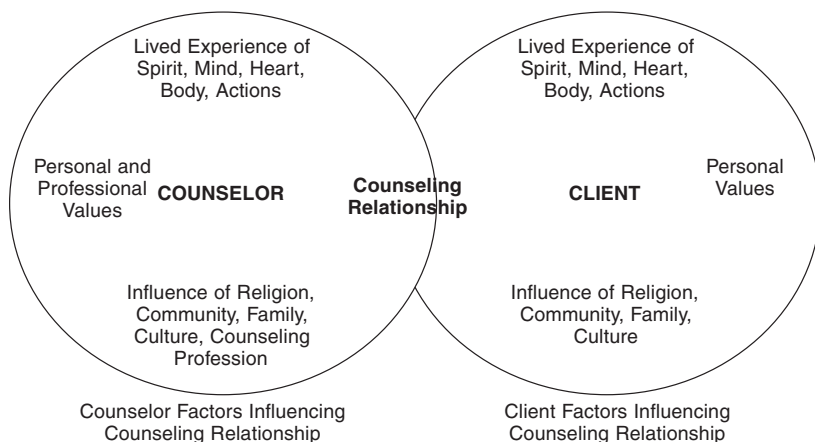
*Values conflicts of counselors.* A number of studies indicate that counselors and other professionals are sometimes bearers of society's homonegative values through their own religious beliefs (Evans, 2003; Fulton, Gorsuch, & Maynard, 1999; Newman, Dannenfelser, & Benishek, 2002; Rainey & Trusty, 2007; Rosik et al., 2007). In these studies, counselors and therapists-in-training with conservative or fundamentalist religious affiliations were found to have more negative attitudes toward gay men and lesbians. In a study with 132 counselors-in-training in a program accredited by the Council for Accreditation of Counseling and Related Educational Programs, the more religious the respondents were, the more negative their attitudes were toward gay men and lesbians (Rainey & Trusty, 2007). When asked about same-sex relationships, 10 of 31 Christian counselors responded with some level of rejection, and as many as 10 were discovered to be judgmental about perceived gay and lesbian behaviors based on responses such as "God did not create us for same sex" and "their sexual orientation is irrelevant. . . . The expression of their sexuality in genital contact would be unacceptable" (Evans, 2003, p. 57). Those who practiced a contextual approach to understanding the Bible represented more open views, whereas counselors who used a literalist understanding were less accepting and were unaware that they were not providing the core condition of respect to their gay and lesbian clients (Evans, 2003). Among graduate social work and counseling students, 6.5% scored with negative attitudes toward lesbians and gay men; those with conservative religious perspectives were most likely to express negative views (Newman et al., 2002). Homosexuality was perceived as unnatural by a substantial percentage of the students, and 16.9% agreed with the statement that "female homosexuality is a sin." Fulton et al. (1999) discovered that antihomosexual feelings were related to fundamentalist Christian beliefs, lack of a questioning approach to religion, and low intrinsic with high extrinsic motivation. Rosik et al. (2007) observed that among conservative Christians who made a distinction between homosexual persons and their behavior, there were more negative attitudes toward lesbian women than among those who did not apply such a distinction.

**Parallel Values Conflicts Within the Counseling Relationship**

Counselors who have adopted religious teachings that reject homosexuality may be unwilling to accept gay or lesbian clients' sexual orientation or expression.

Counselors may experience incongruence between professional ethical standards and religious teaching. For example, they may feel responsible to change their clients' sexual orientation, thus creating the risk of abusing their power within the therapeutic relationship (Bowers et al., 2010). A counselor's values conflict may exacerbate the conflict the client experiences between his or her sexual orientation and religious/spiritual belief. If a client senses a counselor's defensiveness and lack of acceptance, the client may feel judged and become disengaged, resulting in an ineffective or harmful counseling experience. Furthermore, the client's values conflict might stir up a parallel values conflict within the counselor.

The tension that may be experienced between a conservative religious counselor and a gay or lesbian client represents a microcosm of the larger cultural context. Counselors from some religious groups may resist working with gay and lesbian clients, because they may perceive their beliefs regarding their moral principles—and ultimately their relationship with their higher power—as threatened. Some conservative Christian groups have experienced hostility toward their beliefs about homosexuality, even feeling persecuted as the lesbian and gay communities work toward gaining their civil rights (Linneman, 2004). Noting the parallel, both conservative religious communities and lesbian and gay communities each may feel threatened and seek to protect their foundational assumptions about human nature and social order. The conversation surrounding prejudice toward the lesbian and gay communities rarely addresses the effects of prejudiced thinking on those who do not identify as lesbian or gay. Heterosexism and a rigid adherence to traditional gender norms also affect the heterosexual population (Kimmel & Mahler, 2003). The same heterosexist prejudices that create discrimination against members of gay and lesbian communities restrict counselor perceptions through their participation in the heteronormative culture. Figure 1 shows a graphic representation of how the



**FIGURE 1**

### **Parallel Counselor and Client Factors Influencing the Counseling Relationship**

counselor's and the client's lived experiences within broader cultural contexts can influence what each brings to and how each affects the counseling relationship.

**Coping Responses of Lesbian and Gay Clients and Professional Counselors**

Lesbian and gay clients may need to find ways to cope with the conflict they experience between their sexual orientation and religious/spiritual beliefs. Counselors may experience a parallel need to find ways to cope with the conflict they experience between their religious/spiritual beliefs about sexual orientation and professional ethical codes.

*Coping responses of lesbian and gay clients.* Frequently, because of stress related to anticipated rejection over coming out, the lesbian or gay individual will experience internal conflict between sexual orientation and religious identity (Bartoli & Gillem, 2008). Rodriguez and Ouellette (2000) identified four paths the individual may take in search of reconciliation between the two. One may (a) reject one's religious identity; (b) reject one's sexual orientation; (c) compartmentalize the two (i.e., maintain separate sexual and religious identities without attempting to integrate them; neither identity is rejected, but each is pursued with little or no reference to the other); or (d) integrate religious identity and sexual orientation. The first three paths represent a compromise wherein sexual orientation and/or religious identity are denied or neglected.

Counseling is a pathway for lesbian and gay persons to explore and work through the emotions brought on by conflict between one's homosexuality and religious identity not viewed as reconcilable in many cultures (Bartoli & Gillem, 2008). A four-step counseling process has been recommended for reconciling one's religious experience/spirituality and sexual orientation (Kocet et al., 2011). The first step begins with understanding the importance of spirituality and religion followed by exploration of unresolved feelings related to conflict between sexual orientation and religious/spiritual identity. An individual's sexual orientation is integrated with religious/spiritual beliefs as one works through unresolved feelings. The final step involves faith community support of the client's newly discovered integration of religious/spiritual identity and sexual orientation. Considering the potential for counseling to contribute to a client's healing and wellness, it is relevant to consider how counselors cope with their values conflicts.

*Coping responses of counselors.* Research over the past decade has revealed that most therapists are not prepared to work with lesbian and gay clients because of a lack of knowledge and insufficient training about the lives and needs of such individuals (Bowers et al., 2010; Chavez-Korell & Johnson, 2010; Evans & Barker, 2010; Luke et al., 2011; Rutter, Estrada, Ferguson, & Diggs, 2008; Singh & Burnes, 2010). Green, Murphy, Blumer, and Palmanteer (2009) found that only 65% of practitioners indicated learning about sexual/affectual orientation and gender identity in any graduate courses and only 46% ever addressed it in clinical supervision. One third of gay men and 40% of lesbian women reported negative or mixed reactions from mental health professionals when they attempted to be open about their sexuality (King, McKeown, & Warner, 2003).



Four recent legal cases highlight examples of counselor coping responses to values conflicts working with lesbian and gay clients (*Bruff v. North Mississippi Health Services, Inc.*, 2001; *Keeton v. Anderson-Wiley*, 2011a, 2011b; *Walden v. Centers for Disease Control*, 2010; *Ward v. Wilbanks*, 2011). In each case, the counseling student or professional refused either to work with a lesbian or gay client or to address in the counseling session any issues related to sexual orientation, with the exception of working only from a conversion therapy framework. In the first case, the counselor—who had an established therapeutic relationship—informed the client that she would continue to work with her after the client disclosed her lesbian sexual orientation. However, because of religious beliefs, the counselor would not work with her on sexual orientation or relationship issues (*Bruff v. North Mississippi Health Services, Inc.*, 2001). In another case, a professional counselor stopped an intake session and referred the client immediately to a colleague on site when the client presented with same-sex relationship issues (*Walden v. Centers for Disease Control*, 2010). In another case, a counseling student referred a client prior to the first session upon discovering in the case file that the client was gay (*Ward v. Wilbanks*, 2011). And in another case, a counseling student—as articulated in her written course assignments—was open to working with gay and lesbian clients only from a conversion therapy framework (*Keeton v. Anderson-Wiley*, 2011a, 2011b). Arguably, such coping strategies appear to pose challenges for both the counselor and client.

The counselors reported that working with lesbian and gay clients would place them in personal conflict with their religious beliefs. One student stated, “[f]or me, compromising my strong convictions for the betterment of the client would stifle my own relationship with God and prove to be a disingenuous attempt at hiding my true feelings” (*Ward v. Wilbanks*, 2010, p. 32). Each case suggests coping strategies along a continuum of disconnection, disengagement, and avoidance. We argue that such coping responses are inconsistent with ACA’s ethical standards (e.g., Standards A.1a., A.4a., A.4b., and A.11a.), can impede therapeutic effectiveness, and can lead to client harm and even counselor harm (ACA, 2005). For example, *Bruff* and *Walden*’s clients elected not to return to counseling and filed complaints, suggesting that they perceived the counseling contact to be negative or harmful. The professional counselors’ and students’ decisions affected their careers also, with each being either fired or terminated from their academic programs for discriminatory practice. In the following sections, we use a critical thinking lens to analyze such values conflict coping strategies as those used by counselors in these legal cases, proposing alternative responses based on alignment, engagement, and connection.

## **ANALYZING VALUES CONFLICTS THROUGH A CRITICAL THINKING LENS**

Ethical standards require counselors to be aware of their own values, attitudes, beliefs, and behaviors and to avoid imposing onto clients values that are inconsistent with the client’s counseling goals. Instead, counselors are directed to

respect client dignity and diversity while promoting client welfare (ACA, 2005; American Mental Health Counselors Association, 2010; American School Counselor Association, 2010). To help embody these ethical standards, counselors are encouraged to engage in a critically reflective self-examination of their values, beliefs, assumptions, and behaviors (Granello & Young, 2012; Remley & Herlihy, 2010). They need guidance on how to process insights gained from self-reflection and how to work through emerging values conflicts. Professional counselors and lesbian and gay persons have profoundly difficult decisions to make when faced with values conflicts. Rather than attempting to choose *either* religious *or* professional values, the authors suggest that counselors use a critical thinking approach to create options encompassing *both* professional and religious values. Such an approach assumes that each element—religious values, a counselor’s upholding ethical standards, and a client’s sexual orientation—is honored. Just as counselor educators and supervisors support counselors in a values reconciliation process, counselors can use a critical thinking strategy to support clients who are struggling to reconcile sexual orientation and religious values conflicts. The goal of a critical analysis is to discover how each element may perpetuate rejection of one’s own or others’ values yet also may offer solutions that support a person’s faith journey and their professional or personal commitments.

Critical thinking is a process involving four key elements: (a) identifying assumptions influencing thoughts and actions; (b) critiquing assumptions’ supporting evidence to evaluate their accuracy, reliability, and generalizability; (c) examining assumptions from multiple and varied perspectives; and (d) taking actions informed by this process (Brookfield, 2012). The critical thinking process is consistent with cognitively complex skill sets expected in one who achieves clinical competence, including the ability to assess and conceptualize presenting issues, develop treatment interventions, manage ambiguity, respond to novel information, recognize the legitimacy of a client’s values that are different from the counselor’s, and engage in ethical decision making (Berman, 2010; Granello, 2010; Remley & Herlihy, 2010). Critical thinking skills are relevant for clients and counselors. By critiquing assumptions that limit how individuals perceive themselves and others, critical thinking can help individuals live more integrated and authentic lives (Brookfield, 2012).

Rarely are individuals self-motivated to develop critical thinking skills. Brookfield (2012) found that persons were compelled most commonly by “disorienting dilemmas” to develop critical thinking skills. Disorienting dilemmas are unexpected situations that demand that persons reassess the previously unexamined ways they have understood how the world works—or should work. Coming to terms with one’s own sexuality or that of a loved one, or realizing that one will be working with lesbian and gay clients could each create a disorienting dilemma. Counselors are challenged to use these disorienting dilemmas to develop and model critical thinking skills.

Individuals initiate the critical thinking process by identifying assumptions influencing thoughts and actions. Brookfield (2012) identified three types of

assumptions: causal, prescriptive, and paradigmatic. Causal assumptions attempt to explain and predict by identifying the causes of events. Prescriptive assumptions attempt to explain preferred ways of thinking and acting. Often existing subconsciously, paradigmatic assumptions are basic foundational assumptions governing the way that individuals understand the world and have been influenced by sociocultural institutions (Brookfield, 2012). Sociocultural, political, and religious institutions inform culture, customs, and traditions, thereby influencing prescriptive and paradigmatic assumptions, such as heteronormativity. Clients experiencing discrimination and social stigma, who may internalize homophobic messages, can benefit from identifying the assumptions upon which discriminatory behavior is based (Kocet et al., 2011). To facilitate and model this process, counselors need to have already engaged in a similar process of identifying assumptions.

Bruff, Walden, and Ward chose not to work with clients whom they believed expressed values different from their own (Bruff v. North Mississippi Health Services, Inc., 2001; Walden v. Centers for Disease Control, 2010; Ward v. Wilbanks, 2011). Counselors would benefit from exploring the assumptions surrounding both a stifled relationship with God and the consequences of engaging with a client whose values the counselor believes are antithetical to their own, such as the conflict described earlier in Ward v. Wilbanks (2010, p. 32). For example, if a client stole food to feed his family, would a counselor be punished for working with someone who broke a commandment? A counselor may find support in working with diverse religious leaders who encounter daily individuals who discuss behaviors, thoughts, and feelings that may differ from the religious leaders' values. Upon what assumptions do these leaders choose to engage with those holding diverse values and experiences?

Critical thinking involves evaluating the evidence that calls into question the accuracy, reliability, and generalizability of identified assumptions. By informing their clients and their employers that they would not work with clients exploring issues around sexual orientation, Bruff and Walden did not appear to engage in a process of examining assumptions, a process that would have entailed the need to be open to critiquing assumptions and considering whether they are accurate or valid for their clients (Bruff v. North Mississippi Health Services, Inc., 2001; Walden v. Centers for Disease Control, 2010). In the previous examples of a counselor working with a client who broke a commandment by stealing and a religious leader working with persons of differing values, the counselor could examine the accuracy of a counselor or religious leader's culpability for working with someone of differing values. How reliable is it to assume that a person with values other than one's own has wrong, bad, or evil values? How might it be possible for a counselor to simultaneously hold one's own values and engage the client in an effective counseling relationship?

The third step of critical thinking takes assumption analysis beyond familiar sources of support for proof and challenges individuals to examine assumptions

from multiple and varied perspectives. This step involves not only intellectual critique, but also intuitive empathy (Brookfield, 2012). For counselors, considering multiple perspectives means taking into account the impact counselors have on their clients when they act based on unchallenged assumptions. For example, did Bruff consider empathically the emotional consequences to her client when she refused to work with her on her relationship issues? For counselors, the client's perspective is key when evaluating assumptions and avoiding imposing onto clients the counselor's values. This critical thinking step may be challenging, particularly for religiously conservative counselors, students, and their clients. It is of utmost importance to understand compassionately the potential threat against faith structure and cultural belonging that questioning previously accepted assumptions from multiple perspectives represents (i.e., Ward v. Wilbanks, 2010). To support counseling students, clinicians, and clients through this threatening step, establishing collaborations with leaders of faith communities who hold multiple perspectives could help persons consider their assumptions and the evolution of interpretations about sexual orientation within their faith traditions.

The presumed goal of critical thinking is taking informed action. When counselors refuse to work with clients or discuss issues that conflict with their own religious beliefs, such actions suggest decisions that were made with limited attention paid to critical thinking. We propose that such actions as those taken by the women in the legal cases demonstrate a lack of attention to multiple perspectives of prescriptive and paradigmatic assumptions upon which thoughts, feelings, and behaviors are based. Similarly, clients may feel stuck because of actions that are similarly uninformed by dynamic assumption analysis. Thus, developing critical thinking skills can lead to actions that ameliorate pain for clients and counselors and empower the counselor to reconcile both faith values and professional ethical standards.

It is important for counselor educators, supervisors, and counselors to understand that persons holding more fundamentalist or literalist religious beliefs may not feel free to see critical thinking strategies as legitimate and may approach this process with suspicion. There is risk for significant consequences in using a critical thinking process. Brookfield (2012) described one such outcome as "cultural suicide," in which people are punished for challenging the assumptions held by their formative communities. Only the individual can decide to take the risk of questioning assumptions. Counselors cannot assume that clients will take that risk, and counselor educators and supervisors cannot assume that students will take that risk. In those cases, individuals need support in exploring not only entrenched religious teachings, but also the potential for profoundly volatile consequences (e.g., loss of family and religious community; Evans & Barker, 2010; Heermann et al., 2007; Lease et al., 2005; Satcher & Schumacker, 2009; Ward v. Wilbanks, 2010). We believe it is possible to undertake a critical thinking process based on engagement that honors deeply held religious values such as respect and compassion for others.

Engagement is a core component of critical thinking (Brookfield, 2012). In other words, to reconcile values conflicts, it is vital that individuals lean in to an unknown situation with humility, curiosity, and openness. Many clients and counselors cope by rejecting, compartmentalizing, or disengaging. In one poignant example, Mary Lou Wallner accepted the teachings of her religion and rejected her daughter's lesbian orientation, judging her as a sinner and ostracizing her from the family (Karslake, 2007). Rather than recognizing her daughter's coming out as a disorienting dilemma, prompting her to question the assumptions on which her religious teachings were based, it took her daughter's suicide for Mary Lou to critically evaluate her religious beliefs. "Now, I'm thankful that God has changed my heart, has transformed me into a person who loves unconditionally" (Karslake, 2007). How could counselor educators, supervisors, and counselors use critical thinking to help students and clients recognize that in closing the door to another human being—or to their authentic selves in the case of clients—they may be betraying the essential values of religious traditions, such as dignity, justice, and autonomy? We propose that one helpful response for counselors is to show the continuity between core values expressed by both religion and professional ethical codes. For clients, we propose exploring the continuity between religion and personal integrity.

## **INTEGRATING PERSONAL, RELIGIOUS/SPIRITUAL, AND PROFESSIONAL VALUES**

In thinking about religious and spiritual values, counselors and counselor educators may consider where these values might support professional ethical codes and practice competencies. Counselors-in-training may need assistance to recognize continuity and incongruity between their religious/spiritual beliefs and professional values required for practicing in their chosen profession. A critical understanding of one's religious/spiritual values and their profession's values can help counselors to recognize consistencies and discrepancies across value systems. Similarly, critical thinking can assist the client to recognize harmony between her sexual orientation and religious/spiritual beliefs (Brookfield, 2012). Potential areas of congruity between religious/spiritual, sexual orientation, and professional values are respect and care for persons, adherence to moral and ethical codes, developing a questioning attitude, adapting to change, relief of human suffering, and building human relationships.

### **Dignity**

The *ACA Code of Ethics* stipulates in its mission statement that counselors "use the profession and practice of counseling to promote respect for human dignity and diversity" (2005, p. 2). In a similar vein, the strongest argument for values in intimate relationships—whether they are homosexual or heterosexual—is that one should care about oneself and about the other person (Sweasey, 1997).

Hindus practice the path of love; Buddhists seek to establish right intentions in relationships with others; followers of Judaism see themselves as called to bring peace and love to the nations; Christians espouse the golden rule to love your neighbor as you love yourself; Muslims practice almsgiving toward those in need; and Native American peoples teach care for others based on the view that all of life is sacred (Wiggins Frame, 2003). The pan-African concept of *Ubuntu* considers interdependence as the essence of being human. Through other persons, we are; and when I dehumanize another in any way, I dehumanize and diminish myself (Tutu, 1999).

Counselors who embrace these respective religions and cultural values would find a common expectation of care and respect for others between their faith and their professional code of ethics. Lesbian and gay individuals will recognize, in the spiritual values of respect, care, peace, love, and interdependence, their own longing for unity within themselves and with their partners, family, church, and world. Perhaps the fullness of dignity is the celebration of the giftedness of a gay and lesbian identity and life (Kocet et al., 2011). “Once we start looking behind any label we shall recognize that the peoples of God are beautiful, wearing as they do, however imperceptibly and imperfectly, the multi-colored rainbow cloak of God” (Sweasey, 1997, p. 221).

**Justice**

ACA shares with world religions and spiritual systems adherence to an ethical code, the purpose of which is to create justice and well-being in human communities. Counselors have the *ACA Code of Ethics* (ACA, 2005) to ensure that client needs are kept foremost (Standards A.1.a, A.4.a.). Hindus and Buddhists recognize in the concept of karma that all of one’s acts return on the individual in terms of goodness and harm; Buddhists also follow the Five Precepts (Wiggins Frame, 2003). Jewish people follow the Torah, the Book of the Law, which entails the Ten Commandments. Christian faiths emphasize moral principles and teachings from the Bible, rooted in Jesus’ command to love one’s neighbor. Counselors who follow a religious belief are accountable to that belief and to their profession. Their complementary religious and professional ethical codes reciprocate the requirement that they conduct their practice based on justice. Lesbian and gay clients can be assisted to be true to themselves in the discovery and expression of their sexual orientation and their religious/spiritual beliefs by counselors who recognize a common calling in the essential values of their religion and their profession.

**Autonomy**

The *ACA Code of Ethics* (ACA, 2005) states that counselors should not impose their values on clients (Standard A.4.b.), indicating that the counselor needs to be open to values and beliefs that may be different from one’s own. For Hindus, the four life stages of student (*brahmachari*), householder (*grahasthin*), forest dweller



(*vanaprasthin*), and ascetic (*sanyasin*) culminate in liberation (*moksha*) from all forms of oppression and error (Wiggins Frame, 2003). Achieving the right opinion of things and discovering the right intentions for one's actions embody the Buddhist's search for wisdom. The practice of Judaism reflects a dialogue about the meaning of Jewish theological and social traditions among Orthodox, Conservative, and Reform followers (Wiggins Frame, 2003). Islam comprises Orthodox Sunnis, Shi'ism, and African American Muslims who worship Allah, but who do not share all beliefs in common (Wiggins Frame, 2003). Many Native Americans hold fast to the traditions of their ancestors while seeking to assimilate into contemporary culture(s). Across the different forms of Christianity is the Gospel teaching that one must die to oneself to discover one's true self. Each of these religious principles reflects the need for openness to values contrary to one's own and the need to be open to change that brings about growth. Like counselors, lesbian and gay clients must be open to viewing things in new ways in order to grow. Doing so may entail an altered self-concept, changed family relationships, a new status in the church, and enhanced integrity.

## CONCLUSION

Individuals who choose to enter the counseling profession must be prepared to work through their values conflicts toward the ultimate goal of engaging with clients in a manner that respects client dignity and autonomy and promotes their welfare. Although this expectation may be clear, students, counselors, and educators may be unclear about how to resolve values conflicts that pose barriers to providing competent ethical practice. Dialogue among counselor educators, students, and counselors about essential values shared by the counseling profession with the major world religions—respect, care, love, and autonomy—has the potential to help counselors to recognize, in a lesbian or gay client's request for counseling, a genuine search to integrate sexual and religious/spiritual identities. Critical thinking is a useful approach to assist the counselor and the client to recognize common beliefs held within their religious, professional, and sexual orientations, and a resource with which to allow each of these orientations to inform the others.

This article considered a novel lens, viewing the parallel process of counselors and clients experiencing values conflicts related to religion/spirituality and sexual orientation. It explored the common feelings, thoughts, and behaviors of clients and counselors attempting earnestly to balance sexual orientation concerns with religious/spiritual identity within personal and professional commitments. We analyzed these conflicts through a critical thinking framework and proposed an alternative option, aligning core values to foster reconciliation. Values of respect, caring, empowerment, and having an open, questioning attitude toward life are integral to the field of professional counseling and to the teachings of the major religions. Counselors and clients critically questioning values to un-

derstand them and make them one's own is an essential human pursuit in the service of effective professional practice and personal spiritual enlightenment.

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