

SOCIAL WORK & CHRISTIANITY

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OF CHRISTIANS IN SOCIAL WORK

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SPECIAL ISSUE: CHRISTIANITY AND SOCIAL WORK PRACTICE WITH LGBTQ CLIENTS

INTRODUCTION TO SPECIAL ISSUE

Dealing Competently, Ethically, and Faithfully with Hard Issues

ARTICLES

LGBTQ Topics and Christianity in Social Work

The lived Experiences of People Who Identify as LGBT Christians

Christian Social Work Education and Transgender Issues

The Impact of Family Rejection or Acceptance among LGBT+ Millennials
in the Seventh-day Adventist Church

POINT OF VIEW

Religious Freedom is Good For Social Work and Social Justice

Sensitive to “the Right” and “the Left”

Values, Dissonance, and Rainbows: Practice Tips in a Polarized World

Gender Ideology and the Truth of Marriage

The Greatest of These: Reflections on My Journey

NACSW Unity in Diversity Statement

TRIBUTE

Tribute to David Sherwood

SOCIAL WORK & CHRISTIANITY

STATEMENT OF PURPOSE

Social Work & Christianity (SWC) is a refereed journal published quarterly in March, June, September, and December by the North American Association of Christians in Social Work (NACSW) to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice. *SWC* welcomes articles, shorter contributions, book reviews, and letters which deal with issues related to the integration of faith and professional social work practice and other professional concerns which have relevance to Christianity.

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At least three members of the editorial board will anonymously review manuscripts and recommend an acceptance decision based on the following criteria: relevance of content to major issues concerning the ethical integration of competent social work practice and Christianity, potential contribution to social work scholarship and practice, literary merit, clarity, and freedom from language that conveys devaluation or stereotypes of persons or groups. The journal editorial team will make final decisions.

Authors may correspond with the managing editor by email or phone: Rick Chamiec-Case (rick@nacs.org); 203.270.8780.

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CHRISTIANITY AND SOCIAL WORK
PRACTICE WITH LGBTQ CLIENTS

**Dealing Competently,
Ethically, and Faithfully
with Hard Issues:
The Difficult but
Necessary Road**

David A. Sherwood

Christians in professional social work practice are required to make complex decisions regarding the application of Christian and social work values and ethical principles to specific issues related to competent practice with LGBTQ clients in which competent ethical practitioners may disagree. This editorial reviews the dynamics of ethical decision-making using a principle/practice model, recognizing that decisions at the case level frequently involve making judgments that functionally prioritize legitimate values that are in tension with each other. The mission of NACSW and Social Work & Christianity is to walk the difficult middle road—clearly committed to both Christian faith and competent social work practice, not presuming to have the final answers in either, and helping members and readers to come as close to faithfulness and competence as possible. This special issue on Christianity and Social Work Practice with LGBTQ Clients provides a variety of voices and perspectives to challenge and encourage social workers as they deal with hard practice questions.

I T IS FITTING THAT MY LAST ISSUE AS EDITOR OF *SOCIAL WORK & Christianity* should be focused on an important, challenging area of social work practice about which thoughtful, competent, and

faithful Christians in social work do not completely agree. Or may disagree profoundly.

The mission of NACSW and of *Social Work & Christianity* has always been to support the ethical integration of Christianity and competent professional social work practice. In my inaugural editorial in 1983, I said:

I want to continue the policy of encouraging a wide variety of types of materials and points of view. Our goal is to serve those who are concerned about the integration of biblical Christian faith and social work practice by providing a forum of expression and communication. This goal is well served through thoughtful essays, pointed case studies, program reports, and book reviews, as well as scholarly research. (p. v)

The current journal statement says, in part, that its purpose is “to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice.”

At the same time, NACSW and *Social Work & Christianity* have always been committed to the understanding that faithful Christians and competent social workers will not always agree regarding the practice implications of Christian faith or evidence-based practice principles when applied to complex policy and practice situations. At the very first NACSW conference I attended in 1972 there was a vigorous motion put forward that NACSW should take a strong stand articulating “the Christian position” on a hot-button issue of the day. It became quickly apparent that, while relevant Christian principles were clear, there was no single policy, programmatic, or practice action that perfectly embodied “the Christian” response.

As a consequence, NACSW and *Social Work & Christianity* have chosen to try to walk the difficult middle road—clearly committed to both Christian faith and competent social work practice, not presuming to have the final answers in either, and helping members and readers to come as close to faithfulness and competence as possible. Such a position will never make those who are convinced they do have the final answers happy.

The Principle/Practice Pyramid in Ethical Decision Making

A conceptual model that has for many years helped me find perspective and guidance in the challenge to embody fundamental values in complex life and practice situations is the “Principle/Practice Pyramid” I borrowed and adapted from Arthur Holmes (1984). I first found its basic ideas as an undergraduate in Elton Trueblood (1957, 1963). I have written in more detail about this elsewhere (e.g., 2016a; 2016b; 2009; 2007; 2002; 2000). However,

since it is relevant to the material in this special issue on Christianity and social work practice with LGBTQ Clients and since this is my last editorial chance, I am going to repeat myself here—what are they going to do, fire me? (Disclosure statement—the following summary includes liberal self-quoting and paraphrasing.)

Fundamental Worldview and Faith-based Assumptions: The base of the pyramid is formed by our fundamental worldview and faith-based assumptions (religious or not) about the nature of the world, what it means to be a person, the nature of values, and the nature of knowledge. All persons, not just “religious” people or Christians, have no choice but to make some sort of faith-based assumptions about the nature of the world and meaning of life. For example: Do we live in a strictly materialist universe or is there a God? Are all values only relative and subjective or does morality have some ultimate foundation? This is the level where Christians are likely to have the broadest agreement:

Core Values or Principles: On top of and growing out of this foundation sits our core values or principles. As a Christian I understand these to be the “exceptionless absolutes” of love and justice growing out of the nature of God. There is no situation where these values do not apply. Most Christians would agree that this includes the core values expressed in the *NASW Code of Ethics*: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.

Moral or Ethical Rules: On top of and growing out of this “principle” layer are the moral rules that guide the application of the principles to various domains of life. These are “deontological” parameters that suggest what we morally ought to do. Biblical examples would be the Ten Commandments, the Sermon on the Mount, and other Biblical teachings that help us to understand what love and justice require in various spheres of life. These rules can guide us, but they can never provide us with absolute prescriptions for what we should do on the case level because in case situations often more than one rule or value will apply.

Cases Involving Ethical Dilemmas: At the top of the pyramid sit the specific cases or life situations that require us to use the principles and rules to make ethical judgments in the messiness of real life and practice. It is here that we will find ourselves in the most likelihood of conscientious disagreement with each other, even when we start with the same values, principles, and rules.

It is at the case level that we have to resolve ethical and practical dilemmas in which any actual action we can take is going to advance some of our values (and the rules that go with them) at the expense of some of our other values (and the rules that go with them). Our ability to know relevant facts and to predict the consequences of various actions is severely limited, yet some choice must be made and some action taken. Good Christians may well find themselves

in serious disagreement among themselves as to what makes for love and justice in these specific situations.

Hence—Sherwood's Maxim: You can't maximize all values simultaneously. Every available action has a cost. And Sherwood's Corollary: You have to make the best judgment you can at the time about which of the available options best approximates love and justice—and act on it.

This judgment is informed by your knowledge and skill, but depends most of all on the character you have developed. For Christians, this means having developed the mind of Christ by being a disciple of Christ and seeking the guidance of the Holy Spirit:

A Personal Application

As I have tried to be a faithful Christian and a competent social worker over the years, I have had to make a number of those hard judgments about what it means to be faithful and competent. One of the main things I have learned is that I need to seek for humility—theological, epistemic, intellectual, and cultural. I believe that there are absolute truths and values, but that my personal grasp of those truths and values is excruciatingly finite and partial. All the while, I need to make judgments and act. Lord, have mercy.

One implication is that I have to live with the judgments I must make when my core values appear to be in tension yet decision is required. And I must give grace and respect to those who have conscientiously made different judgments than mine. I would love to believe that we can simply agree to disagree, but that is not always practically possible. This leads me to the awkward position of defending the right of people to make policies and take actions that I think are wrong.

Take, for example, my fifteen minutes of fame in the Southern Baptist Church. In 1995, Diana Garland had offered me a position on the faculty of the Carver School of Social Work at the Southern Baptist Seminary and I had accepted. But then the offer was rescinded by President Mohler. Why? I had been asked to write a brief statement about my position on four issues of concern at that time among conservative elements of the Southern Baptist Church. Somehow my statements passed muster on three of the issues, but apparently I flamed out on the question of women in ministry. In my statement, I allowed that God might call women as well as men to pastoral and leadership roles in the church. The consequences for me in being rejected were relatively small, but the consequences for the Carver School were dire. It was closed down in short order. Of course, out of the diaspora of the Carver School several other accredited MSW programs in Christian colleges and universities were born and continue to thrive today.

Here's the rub—I think that Dr. Mohler was wrong, on many levels, but ultimately in terms of biblical principles. But, to this day, I defend his right (along with the Seminary board) to hire faculty they understood to be in harmony with the identity and mission of the Seminary. And I defend the general policy of religious exemptions to non-discrimination rules in hiring for religiously-connected colleges and universities, even when I may personally not agree with particular applications of those policies and may not be able to conscientiously teach in some of them.

Why can't we Christians just find unity because we agree at the levels of our basic faith in God and Jesus Christ and the core values of love and justice that grow from God's self-revelation in Jesus Christ and the scriptures? Because applying the rules that are derived from God's revelation to specific situations is limited by our faulty understanding of both the rules and the facts of the case (and, perhaps, our self-centered spirit). The Pharisees thought Jesus and his disciples were breaking the law. Jesus replied, in essence, that they were using the law to avoid fulfilling its ultimate purpose of love and justice (for example, Mark 7).

Hard as it is, we live in the meantime, trying to apply the values of the Kingdom of God, on earth as it is in heaven. One consequence of this is that life forces us to make provisional decisions about what we can, in good conscience, do or not do. Or what our church can do. Or what our university can do. These decisions may or may not be in harmony with God's ultimate judgment, but they must be made for now. And good, faithful people will wind up on both sides of these judgments.

Let me take my Baptist example one step further. While I taught at Baylor University, my wife and I were members of a wonderful Baptist church (with a wonderful woman pastor, by the way). Because it was such a good church, many folks who came to the university as faculty or students were drawn to it. And many of these faculty and students were not Baptists by tradition or personal commitment and had not been baptized by immersion. Could they become official members? Could they become deacons or assume other positions of leadership? The church was peaceful on the surface as long as this question was not specifically addressed, but it could not be ignored forever. As soon as the church tried to find a way to be “welcoming and affirming” of all Christians it had to make decisions about what it meant to be a Baptist church in terms of doctrine and practice, including the issue of baptism. I don't think anyone in the church thought they were making an ultimate decision on behalf of God, but they thought they had to make a decision about the nature of this particular congregation and what it meant to be a member and a leader.

Decisions on the personal, congregational, or institutional level have to be made and they have the inevitable consequence of functionally including and excluding. If I am a member of that church, I then have to make

the decision regarding whether (all things considered) the consequences require me to leave or permit me to stay. The answer is usually not obvious, because there are always multiple values at stake and any action will come at the cost of some of those values. If I decide I must leave, that does not mean that every one who makes a different decision is evil.

If you are not a Baptist, you may be thinking this whole problem is just ridiculous. Why would Christians ever come to a parting of ways over such a thing? I would argue that this is just the kind of thing that inevitably happens when we are required to make judgments regarding the application of our core values, the rules that inform our application of our values, and the value dilemmas found in decisions about particular cases.

Here is one more personal example, one that is more directly pertinent to this special issue. At the time of this writing, my own church and the denominational structure with which it is associated is going through the challenging process of making functional decisions about its understanding and practices regarding biblical teaching as it relates to persons who are LGBTQ. In the next few months, regardless of what we might variously believe personally, decisions are being made that will affect our congregation, our relationships with each other, and our relationships with the other congregations in this group.

I have come to the place in my spiritual journey and understanding of both the scriptures and the revelation of God in Jesus Christ that compels me to be both welcoming and affirming of all of my brothers and sisters as companions on the journey of growing up into the image of Christ. I pray that we can all help one another to come to a better understanding of what that means, and what it is going to cost us. My prayer is that, at minimum, my church will decide that disagreements about biblical teaching in this matter are not grounds for division and that individual congregations may make different choices regarding the path to take. But what if the denomination group does not make such a decision? Or, what if my congregation does not make such a decision? Then I am faced with some very hard choices, none of which will “maximize all of my values.” I will have to decide and act. But I will know that good and conscientious people have made other choices.

NACSW and This Special Issue

I have shared some of my own experiences and conclusions. I do not presume to speak for NACSW in regard to my personal judgments. I have spoken only to represent and illustrate a little of how we all must deal with hard issues and choices while maintaining a spirit of humility and respect for those who may understand and choose differently. It will never be easy to live out the words of the apostle Paul, who urged us to “walk

in a manner worthy of the calling to which you have been called, with all humility and gentleness, with patience, bearing with one another in love, eager to maintain the unity of the Spirit in the bond of peace” (Eph. 4:1-3).

I have tried to explain why NACSW tries “walk the walk the difficult middle road—clearly committed to both Christian faith and competent social work practice, not presuming to have the final answers in either, and helping members to come as close to faithfulness and competence as possible.” Individual Christians, congregations, denominations, or perhaps sub-groups of Christians in social work may have to make functional choices. NACSW has seen itself as a place where Christians in social work can come together to learn from one another as we try to understand and act regarding hard choices. This special issue is one more attempt to be that place.

In this special issue on Christianity and Social Work Practice with LGBTQ Clients, you will find a variety of voices and perspectives. Some are reports of research, some are essays, and some are personal narratives. I suspect that most will find things that delight you and things that infuriate you. The sample is limited and incomplete but we hope that the articles you read here will challenge and encourage you as Christians and social workers.

May we help each other on the journey; “speaking the truth in love, we must grow up in every way into him who is the head, into Christ, from whom the whole body, joined and knit together by every ligament with which it is equipped, as each part is working properly, promotes the body’s growth in building itself up in love” (Eph. 4:15-16). ❖

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Personal Postscript:

It has been a true labor of love for me to have served as editor of *Social Work & Christianity* since 1983. The journal has undergone many changes and expansions over the years. When I started, it was published twice a year, was about 50-60 pages in length, and was one step beyond being mimeographed. For many years now it has been published quarterly, been 125+ pages in length, and had a much more professional design and appearance. I will admit that for some years I had to learn how to use PageMaker and did the preparation for printing myself.

It has been a privilege to work with the faithful editorial review board and the associate editors in the editorial group. We have aimed for relevance for Christians in social work, academic and intellectual rigor, and a supportive, developmental approach to reviewing and editing manuscripts.

I have often been stretched to find the time to do good work amid the many other responsibilities of family, work, and church, but now I wonder what I am going to do with all the newfound time. I will deeply miss the relationships and friends that have been nourished over the years through my work with the journal. I guess I need to get out of the house and make more friends in Newberg. Maybe practice the trombone more. ❖

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LGBTQ Topics and Christianity in Social Work: Tackling the Tough Questions

Adrienne B. Dessel, Jeanna Jacobsen, Denise L. Levy, David McCarty-Caplan, Terrence O. Lewis, & Laura E. Kaplan

Social workers are mandated to be inclusive of all persons. A number of critical questions are often asked about the intersection of LGBTQ topics and Christianity in social work. These questions speak to important issues such as ethical and competent practice and socially just policies regarding service delivery. In this paper, we address issues for Christian social workers concerning professional ethics and responsibilities involving religion, cultural competence and cultural humility, referring out, affirming LGBTQ clients, reparative therapy, and resources for Christian social workers. This manuscript can be used to navigate the complex, often challenging, and critical issues facing Christian social workers and offers guidance for ethical and culturally sensitive practice with LGBTQ populations.

PEOPLE FROM MANY RELIGIONS HAVE BEEN INVOLVED IN SOCIAL WORK throughout history, all of whom have contributed to the development of the profession and its emphasis on combating oppression in pursuit of greater social justice (Dulmus & Sowers, 2012; Faherty, 2006; Stein, 1956). These foundational values of social work are congruent with many religious belief systems, including Christianity, which has a long history of social justice work (Canda & Furman, 2010; Lee & O’Gorman, 2005). Thus, some religious individuals feel called to enter social work because of the harmony between their religious convictions and social work ideals. However, social work is not a faith-based profession founded on any one

religious tradition, and there are times when social work professional expectations differ from the personal beliefs of religious social work professionals.

For example, some people of faith struggle with issues around serving lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) people (Melendez & LaSala, 2006), although social work has increased its efforts to support sexual and gender minorities in recent years through cultural competence practices and policy implementation (CSWE, 2016; NASW, 2015). The National Association of Social Work (NASW) (2008) *Code of Ethics* specifically calls for culturally competent and non-discriminatory social work practice with persons regardless of “sex, sexual orientation, gender identity or expression” (pp. 1-2). In 2016, the Council for Social Work Education (CSWE) and its Council on Sexual Orientation and Gender Identity and Expression (CSOGIE) issued a Position Statement on Conversion/Reparative Therapy that unequivocally denounced these practices and re-affirmed the equal worth and dignity of LGBTQ persons. Despite these statements by the profession’s self-governing organizations, some social workers experience internal conflicts between their personal religious beliefs and the professional values and ethics in regard to serving LGBTQ communities. When religious beliefs conflict with professional values, the tension produced may lead to ambivalence about how to proceed and may potentially lead to unethical practice.

In an attempt to address this tension, members of the Caucus of LGBTQ Faculty and Doctoral Students in Social Work (LGBTQ Caucus) and the Council on Sexual Orientation and Gender Identity and Expression (CSOGIE) of the Council on Social Work Education (CSWE) developed this article through collaboration with social work practitioners, students, and educators representing various sexual orientations, gender identities, and religious affiliations. This collaborative effort began in 2015 as a professional work-group of social work academics who were concerned with the intersections of religious issues and support of LGBTQ populations in social work education. Monthly collaborative conference calls between the authors, members of the LGBTQ Caucus, CSOGIE, and board members of the North American Association of Christians in Social Work (NACSW) helped develop and frame the purposes and content of this work. Because of this particular composition of collaborative influences, this article focuses on intersections between Christianity and the support of LGBTQ people in social work education.

We believe non-religious social workers and social workers from non-Christian religions will also likely benefit from engaging with this material by being able to transfer themes of culturally competent practice. We hope this article contributes to culturally competent, ethical social work practice with LGBTQ individuals. The intent of this article is to provide social work educators, students, and practitioners guidance for approaching topics in

a way that affirms and respects LGBTQ people and religious beliefs, while encouraging recognition of common ground.

Professional Social Work Ethics and Duties

As professionals, social workers have duties and obligations that differ from other members of society (Reamer, 2014). Social workers are obligated to not cause harm and to ameliorate harm caused by others. Thus, social workers have a responsibility to understand the factors that may cause, increase, reduce, or relieve harm. Social workers are expected to follow the profession's standards of practice and can be disciplined by the profession when they willingly or knowingly choose to not uphold professional ethics and standards (Kaplan, 2006).

The NASW (2008) *Code of Ethics* (COE) provides very specific guidelines for social work professional practice. The COE mandates that social workers understand diversity and oppression, specifically noting social identities related to sexual orientation, gender identity, and religion (NASW, 2008, section 1.05). It further states that social workers should not discriminate based on sexual orientation, gender identity, or religion, and that social workers should work to eliminate such discrimination and injustices (NASW, 2008, sections 4.02, 6.04). We will elaborate on these ethical mandates throughout the article.

Cultural Competence and Humility

Cultural competence begins with cultural humility. It refers to the ability of social work professionals, organizations, and systems to respond respectfully and effectively to people of all cultures in a manner that recognizes, affirms, and values the worth and dignity of all people (NASW, 2015). This ability is often described as an ongoing process that involves development of: (1) awareness of one's own cultural values, biases, and position in established power structures, (2) awareness of a client's worldview, and (3) the ability to develop and implement culturally appropriate interventions (Sue, 2001). Cultural competence does not mean having complete knowledge of any culture. However, social workers should strive to continuously develop competence. One study of LGBTQ social work students in social work programs indicated an increased need for LGBTQ content in educational materials (Craig, McInroy, Dentato, Austin, & Messinger, 2015), suggesting a need for a greater awareness of the worldview of LGBTQ clients.

Social workers have an ethical responsibility to limit any potentially negative impact of their personal beliefs and values on their professional social work practice (CSWE, 2015). Belief systems may influence ethical

decision-making and practice (Bransford, 2011; Osmo & Landau, 2003). In fact, one study found a strong mediating effect of personal religious practices with professional social work practice behaviors (Kvarfordt & Sheridan, 2009). The tension between religion and sexual orientation or gender identity may be challenging for some professionals to reconcile. Nevertheless, the profession requires social workers to commit to resolving this tension, and there are many strategies that can help in this regard.

When considering this tension, a strengths-based perspective recognizes that both clients and social workers bring strengths, resources, and challenges to their working relationships. Further, a strengths-based view of the role of personal beliefs and values acknowledges the potential good they have to offer, the potential for their negative influence, and our obligation to do due diligence to assess possible tensions and act in the best interest of the professional relationship.

In working through this tension, it is helpful to reflect on one's own beliefs, values, and culture, and how one has been socialized (Adams, Bell, & Griffin, 2007). Social workers can complete a cultural self-assessment by examining their own worldviews and how to limit the influence of personal biases in practice (for examples, see Brice, 2014; Drumm et al., 2014; Ortega & Faller, 2011). In addition, self-assessment and reflective practice can help social workers identify previously unrecognized similarities in beliefs, values, and cultural perspectives. Social workers can use these similarities to develop a working alliance based on mutual respect, cultural humility, and client-centered growth (Teyber & McClure, 2011; Miller & Garran, 2008). Social workers should build time into their practices for self-reflection and consultation as needed.

In self-assessment, practitioners should reflect on what values and beliefs are shared with clients, where differences exist, and how they can reduce the impact of any personal biases on professional work. Critical self-reflection is the responsibility of all social workers, regardless of their religious, political, or ideological beliefs. Critical self-reflection may lead to changes in beliefs or to deeper understanding and embracing of beliefs. Critically reflecting on personal values and beliefs does not mean having to abandon those beliefs. In fact, there are many Christian and non-Christian LGBTQ-affirming clergy and communities (Brice, 2014; Drumm et al., 2014; Foster, Bowland, & Vosler, 2015; Levy, 2014; Lewis, 2015; Moon, 2004). It does mean seeking an in-depth understanding of beliefs and how those beliefs may impact others. Cultural humility requires a social worker to grapple with the complexity of serving those who are different (Ortega & Faller, 2011). In the context of social work education and religious beliefs, "the goal...is not to strip students of their religious beliefs, but rather to create an environment for students to examine the way in which personal biases can have the potential to harm individuals" (Chonody, Woodford,

Smith, & Silverschanz, 2014, p. 57). Social workers may benefit from seeking out spiritual and professional mentorship from other Christian LGBTQ advocates (Drumm et al., 2014; Tan, 2014).

In addition to self-reflection and consultation, social workers must also step outside of their own culture and seek to understand and learn about diverse people and populations, including LGBTQ populations (Messinger, 2009; Morrow & Messinger, 2006). It can be helpful to learn from existing literature and research on diverse populations, to learn from individuals, and to learn from immersion (while being sensitive to one's privilege when entering into a group or community). It is important, however, that this process does not lead to generalized assumptions that contribute to stereotypes of others (Melendez & LaSala, 2006; Ortega & Faller, 2011). Social work professionals should remain as open as possible, avoiding assumptions about clients based on one's own beliefs or worldviews. In fact, social workers should look to our clients as the experts on their own lives, honoring, respecting, and empowering them to reach the goals they set for themselves (Sheafor & Horejsi, 2015).

Culturally competent social workers check their understanding with their client's lived experiences. However, clients should not be responsible for teaching social workers about a specific community or population. The social work educator, student, and practitioner should seek additional knowledge and understanding through various resources, professional education, trainings, supervision, interpersonal interactions with other community members, and other learning opportunities (Drumm et al., 2014; Tan, 2014). The CSWE Learning Academy provides excellent resources for learning about sexual orientation and gender identity and expression (CSWE Learning Academy, 2016). In addition, social workers should be intentional about seeking out LGBTQ people in their own social and professional networks (Drumm et al., 2014). This is especially important given research suggesting that lack of social contact with LGBTQ persons is related to anti-LGBTQ bias and that intentional, prolonged interpersonal contact can significantly reduce prejudice and increase positive intergroup attitudes (Norton & Herek, 2012; Pettifrew & Tropp, 2006; Swank & Raiz, 2010).

Discrimination and Oppression

A vital part of the examination of culture, self, and others includes understanding power, privilege, discrimination, and oppression (Adams et al., 2007). One can identify these dynamics in one's own life and the lives of one's clients, and consider how, as a professional social worker, one can promote social justice. A question arises about whether requiring all social workers to affirm LGBTQ populations inhibits religious freedom of expression or creates religious discrimination. To address this issue,

social workers need to understand the complex relationship between social identity and social power, as well as the difference between individual and structural or institutional discrimination and oppression (Adams et al., 2007; Melendez & LaSala, 2006). Experts in the field of ethics have addressed the complexity of freedom of religious expression and the law with regard to LGBTQ populations and law and clear guidelines have been offered (Kaplan, 2014; Reamer, 2014)

Within the NASW *COE*, discrimination based on religious, sexual, or gender identity is prohibited. Just as a non-religious social worker must engage religious clients in a culturally competent manner, social workers with religious beliefs against same-sex sexuality or non-binary gender identities must do the same with sexual and gender minority clients (Reamer, 2003, 2014). Religious freedom is a person's right to practice her or his religion without undue constraint by government bodies, as long as it does not cause harm to other individuals (Perry, 2015). This does not extend to a social worker having the right to practice her or his beliefs in a professional setting at the expense of a client's well-being. One person's religious freedom ends where another person's discrimination begins. Discrimination based on a person's religious identity is different than using religion to discriminate against others (Dessel, Bolen, & Shepardson, 2011). Discrimination and oppression occur in situations where a person, institution, or system with power exerts that power over another person or group of people with less power, favoring some people over others and creating barriers to equity (Adams et al., 2007; Clow, Hanson, & Bernier, n.d.). Therefore, it is incumbent upon social workers to avoid exercising the power they hold within professional relationships in such a way. This requires social workers to refrain from imposing their own beliefs on clients, instead maintaining a client-focused approach that actively respects a client's values and beliefs regardless of the client's identity or lived experiences.

Affirming Practice

Although some religious traditions include beliefs and teachings that may not be accepting of LGBTQ people, it is important to understand that these traditions have core beliefs and values that can be helpful for social workers to practice competently and ethically with LGBTQ populations. Many religious traditions affirm the innate worth of every person and hold love and justice to be the fundamental values through which persons are to be understood and treated. Since complex ethical and practice decisions often require judgments regarding competing values, it is important to be clear about what the social work profession's core values are and which ones overlap with one's religious values. Social workers who strongly identify with religious traditions can call on these core values as they try to understand themselves and their professional responsibilities.

Note that some social workers may struggle with sincerely held religious beliefs about LGBTQ clients, and may believe that changing or addressing sexual orientation or gender identity will relieve their clients' suffering. This belief may lie in an assumption that the client's identified problem is rooted in their sexual identity rather than the Person in Environment (PIE) lens that guides social work education and practice (Karls, Lowery, Mattaini, & Wandrei, 1997). This PIE approach takes into account other causes of social problems, such as relationship concerns, health, or concerns that may be seen as rooted in the social environment rather than within the individual. Thus, some social workers may be tempted to steer clients to their own religious prescriptions. The intent may be well meaning, but the impact is non-affirming. It assumes that the social worker is the expert on the client's life and in the client's relationship with his or her deity. This would be analogous to a social worker using his or her Christian moral framework while working with a Muslim or Jewish client. Rather than focusing on differences in beliefs, a Christian social worker can focus on commonalities.

Social justice, which includes both equality and equity, is a guiding principle of social work practice and can help with resolution of struggles faced by some religious social workers (Judd, 2013; Stewart, 2013). Equality refers to equal access to resources, and equity refers to correcting historical imbalances of power in order to provide people with what they need to enjoy full healthy lives (Clow et al., n.d.). Social justice is a religious value (Todd & Rufa, 2013) and a core value in the NASW COE. Christian social workers can choose to focus on issues of oppression, the value of being non-judgmental, and the practice of unconditional love. In this manner, advocacy for LGBTQ populations also aligns with religious beliefs (Brice, 2014; Drumm et al., 2014). There are many ways to approach an affirming practice. When interpreting Biblical texts literally, Christians could pay special attention to the mandate to attend to the needs of the vulnerable and the oppressed, to adhere to justness and fairness, to loving others, and to avoiding intolerance and oppression (Brice, 2014; Drumm et al., 2014). A social worker of faith can be accountable to the Biblical mandate to love one's neighbor as oneself (Brice, 2014). A social worker can apply social work values and ethical principles to professional practice, advancing human rights, enhancing human well-being and meeting the basic human needs of all people (Brice, 2014).

Referring LGBTQ Clients

Regardless of personal beliefs, social workers have a responsibility to develop the appropriate cultural competence to work effectively with all clients they serve (Martin et al., 2009; Morrow & Messinger, 2006; Tan, 2016). Decisions about referring clients should be based on the best op-

tion for the well-being of the client and not the worker's personal beliefs. Asking if a social worker should refer someone because of their LGBTQ identity is analogous to asking if someone should be referred because they are heterosexual or cisgender (Griffin, Hahn D'Errico, Harro, & Schiff, 2007; Rochlin, 1977). Given that the *COE* mandates social workers not to discriminate against clients on the basis of sexual orientation or gender identity or expression (NASW, 2008, section 4.02), workers should ask themselves if a referral represents competent practice or an act of discrimination. Social workers should be competent to work with someone of any social identity, including sexual orientation and gender identity and expression. If social workers do not feel they are competent to serve LGBTQ clients, they have a professional obligation to work toward such competence. More specialized areas of practice may require specialized advanced training.

While social workers have the responsibility to develop competence, they also have a responsibility to recognize the current limits of their competence and not attempt to practice beyond those limits (NASW, 2008, section 1.04). Social workers who do not hold competence may need to refer a client while they seek the supervision and training they need in order to avoid harm. However, planning to consistently refer LGBTQ clients without seeking additional supervision and training represents discrimination. And, because referral is not always an option, social work students should develop competence during their educational training in order to be prepared for social work practice.

The arguments that support referral point to ethical standards related to competence and appropriate referral to serve the client's best interest. Some clinical social workers specialize in certain areas of practice and clients may benefit from referral by generalist practitioners for specialized care. However, this does not give the generalized practitioner the luxury of remaining incompetent to treat issues related to LGBTQ identity. As a profession, social work is committed to the underserved and oppressed. This means our clients may not be able to afford the luxury of specialized care. Every clinical social worker should be competent in generalist practice, and this includes practice with LGBTQ populations.

If a referral occurs because a social worker's value system does not affirm LGBTQ clients, this could be considered a discriminatory act. It is also important to note that LGBTQ individuals do not feel affirmed by the stance "love the sinner, hate the sin." In part, this is because the issue is about more than sexuality and gender. It is about relationship, connection, and love. Two of the core values of the social work profession are "dignity and worth of the person" and "importance of human relationships" (NASW, 2008, preamble). When LGBTQ individuals are not affirmed for who they are as persons, they are denied the ability to create healthy and fulfilling

romantic relationships, which is a constitutive element of the human experience (Lewis, 2015). We need to recognize that all human beings are whole people who have the right to experience dignity and self-worth.

Additionally, the impact of referral on the client needs careful consideration. Depending on when the disclosure of LGBTQ identity is made, a client may have already formed a therapeutic alliance with the social worker and be hesitant to see another practitioner (Reamer, 2014). Even if such a relationship has not been established, referral can be perceived as judgment or a rejection and could result in potential harm to the client (Reamer, 2014). Further, referral to another worker is not possible in many cases due to the agency situation and context (Reamer, 2014), such as agencies with only one social worker or those in smaller rural communities. This underlines the need for all social workers to be culturally competent in working with LGBTQ clients. In short, if a social worker believes she or he cannot provide services to LGBTQ people, and is unwilling to seek training, consultation, or supervision to develop the needed competence, the question needs to be asked: Can this worker be an effective, ethical, and professional social worker and seek the training and education that they need?

Christian Social Service Agencies and Work with LGBTQ Clients

Christian agencies are based in certain religious beliefs, but they are not churches, and the social worker is not in the role of an ecclesiastical leader. Also, faith-based human service agencies receiving government funding must serve all eligible clients regardless of religion. The United States Office of Faith-Based and Neighborhood Partnerships (n.d.) explains that “organizations receiving Federal funds may not discriminate against beneficiaries or prospective beneficiaries on the basis of religion or religious belief” (para. 9).

It is important to recognize that many LGBTQ individuals also identify as Christian and may seek services from a Christian social service organization (Gay Christian Network, 2015; Levy & Reeves, 2011; Office of Faith-Based and Neighborhood Partnerships, n.d.; Otto, 2014; Pew Research Center, 2015; Rymel, 2014). Social workers serving clients who strongly identify with religious traditions need to employ a strengths perspective regarding clients’ beliefs and practices, as they would with other important dimensions of clients’ lives (Canda & Furman, 2010; Clinebell, 1995). Clients will likely come with various beliefs with regard to sexual orientation and Christian beliefs, and the role of the social worker is to help clients understand their beliefs (possibly within a Christian context) as opposed to prescribing the particular beliefs they should hold. Clients’ faith-based beliefs can be affirming and protective, especially for communities of color, and this should

be recognized (Hatzenbuehler, Pachankis, & Wolff, 2012; Lease, Horne, & Noffsinger-Frazier, 2005; Lewis, 2015; Yashuko, 2005).

Further, there is no single Christian view or belief related to sexual orientation and gender identity and expression. Different views exist on these topics within Christian organizations and denominations (Levy, 2014; Lewis, 2015; Thumma & Gray, 2005). Considerable diversity occurs within and among Christians themselves about LGBTQ issues. It is important to recognize the heterogeneity of beliefs within Christianity and other religious traditions. For example, there are some Christian groups, congregations, and denominations that do not believe they can morally affirm LGBTQ identity, same-sex sexuality and same-sex loving relationships, or gender variation (Levy, 2014; Levy & Lo, 2013). However, there are also Christian groups, congregations, and denominations that fully affirm LGBTQ identity, same-sex sexuality and same-sex loving relationships, and gender identity. Thus, religion need not be a barrier to affirmation. It would be appropriate for the social worker to provide Christian-based resources (such as those found in the Reference List or Appendix 1) to help the client explore her or his identity within a faith-based tradition. Social workers should be well-versed in faith-sensitive practice—for example, understanding the nature of religious belief and conviction, and the role that faith and the faith community play in supporting beliefs and values that are a deep-seated component of many religious clients' worldviews, and, as such, often contribute significantly to clients' self-identity as well as to the clients' connections with valued social networks.

Reparative or Conversion therapy

Some Christian social workers may face challenges in supporting and working with clients who request help reducing unwanted same-sex attractions or who want to maintain celibacy due to their deeply held religious convictions, without promoting reparative therapy.

This issue brings up three inter-related topics: informed consent, self-determination, and ethical, evidence-based practice. Regarding informed consent, the *COE* states that social workers should “inform clients of the purpose of the services, risks related to the services, reasonable alternatives, clients' right to refuse or withdraw consent” (NASW, 2008, section 1.03a). Informed consent also assumes that the client understands and appreciates how the intervention or information may affect her or his life, the possible harms and benefits resulting from the intervention, effectiveness of the intervention, including relevant research, alternative interventions, and the outcomes if no intervention is provided (Kaplan, & Bryan, 2009).

In most cases, unless there are concerns about harm to self and/or others, social workers should respect a client's right to self-determination

(NASW, 2008, section 1.02). If a client requests a type of “therapy,” such as reparative or conversion therapy, that is deemed unethical and harmful by national organizations (CSWE, 2016a, 2016b; NASW, 2014; Substance Abuse and Mental Health Association, 2015), the social worker should not provide this therapy or refer to others who offer this therapy. A social worker may respond to a client’s request for reducing same-sex attractions or specific requests for conversion or reparative therapy by providing research and information about the lack of effectiveness, harm caused, and ethical concerns with this therapy. While clients may choose to live according to their religious values, which may include celibacy, suggesting that clients can change their sexual orientation or gender identity is not supported by research (APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009; CSWE, 2016a, 2016b, 2016c; National Association of Social Workers’ National Committee on Lesbian, Gay, Bisexual, and Transgender Issues, 2015).

The social worker should further explore the client’s desire to undergo this therapy. Clients may present with this desire because of the social pressures and systems of oppression within their families, communities, or belief systems (Dessel & Bolen, 2014). The social worker should be well-versed in understanding the nature of sexual orientation and gender identity development (Garrett, 2009; Wollenschleger, 2015) and the macro societal factors, such as structural and institutional oppression, that contribute to internalized oppression (Adams et al., 2007) and can lead to inquiries about this type of harmful treatment. The Appendix and the Reference List include resources for social workers to use in their own continuing education as well as resources for clients in their decision-making processes.

It may be useful to work with a client to examine the intersections of family dynamics, religious community, religious beliefs, and LGBTQ identity. Families and communities greatly impact the experience of sexual identity (Jacobsen & Wright, 2014; Lewis, 2015). Family rejection of LGBTQ youth predicts negative outcomes, whereas family acceptance of LGBTQ youth predicts greater self-esteem, social support, and general health status (Ryan, 2009). Family acceptance also protects against depression, substance abuse, and suicidal ideation and behaviors (Ryan, 2009). Family acceptance of LGBTQ adolescents is associated with positive young adult mental and physical health. Therefore, interventions that promote parental and caregiver acceptance of LGBTQ adolescents are needed to reduce health disparities (Ryan, 2009). The social worker best serves the client by promoting safe spaces within family and community, rather than trying to change individual orientation or identity to conform to community expectations.

If the desire to undergo conversion therapy is about dealing with the tension the client experiences between their LGBTQ identity and their

personal religious beliefs, a social worker can approach the problem by engaging the client with how one can either learn to live with or to reduce these tensions. Clients often have progressive journeys, emphasizing one identity over the other at certain points in their lives or reassessing their identities over time based on their experiences (Jacobsen & Wright, 2014; Levy & Reeves, 2011). A culturally competent social worker will remain with them on this journey, regardless of their trajectory (Drumm et al., 2014; Levy, 2011). The social worker can affirm both religious and LGBTQ identities in order to help clients integrate their identities. For instance, social workers may assist clients in examining the tenets of their religion that can be framed as supportive of same-sex identity, desire, or behavior. Connecting a client to community resources may also be particularly helpful. Individuals often benefit from knowing the experiences of others who have struggled with their religious, sexual, and gender identities as well as the various ways to resolve or manage that tension. In accordance with a social worker's role, one should maintain resources from the community of affirming religious groups and institutions (see References and Appendix).

Conclusion

This article provides professional guidelines for navigating the tensions in social work regarding LGBTQ topics and Christianity. Social workers are called on to critically reflect on personal values in order to avoid negatively impacting clients and to engage with clients in accordance with clients' values and beliefs. Christian social workers should take the approach of cultural humility and be willing to engage in ongoing learning about LGBTQ populations in order to bridge any divides. As noted, many Christians are fully affirming of LGBTQ populations and an appendix below summarizes this work. Finally, all religious social workers can draw on common values of non-judgment, unconditional love, and social justice in order to work in an affirming manner with LGBTQ individuals. This model may be one that can apply to social workers within other religions who may struggle with these questions as well. ❖

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The Lived Experiences of People Who Identify as LGBT Christians: Considerations for Social Work Helping

Carolyn Cole & Helen Wilson Harris

This study utilized a phenomenological qualitative methodology to explore a range of lived experiences of seventeen adult men and women who self-identify as LGBT and Christian. Data collection included questions about participants' faith, sexual orientation and gender identity, and experiences of seeking help both in the church and outside of the church. The results revealed the need for culturally competent practitioners who consider their client's needs for authenticity, acceptance in a changing world, belonging to a faith-based community, and inclusive, respectful language. These recommendations inform culturally competent social work practice with these clients.

SOCIAL WORKERS FOCUS ON BEING SENSITIVE TO DIVERSITY IN AREAS including race, ethnicity, and socio-economic status. When gender identity and sexual orientation are the areas of diversity, do social workers embrace clients with the same commitment to cultural competency? Once an individual has self-identified as gay or lesbian, particularly in contexts of faith or religion, she or he is too often in jeopardy of experiencing social, political, and spiritual discrimination, or as Chu states: "being damned and cast out" (2013, p. 11). The focus of this paper is on culturally competent practice with persons who identify as lesbian, gay, bisexual, and/or transgender (LGBT) and Christian. We recognize the increasing understanding of additional groups including but not limited to questioning (Q) and intersex (I) and the use by some authors of LGBTQ+ to include greater diversity in the understanding of gender identity and sexual orientation diversity. For purposes of our research and this paper, we have limited our work to LGBT persons.

Statement of the Problem and Significance

Individuals who self-identify as LGBT can face a number of challenges for which they might seek professional help from a social worker or counselor. Presenting problems that face LGBT individuals, couples, and communities include barriers to same-sex marriage, adoption, health care, employment discrimination, violence, bullying, alienation, isolation, suicidal ideation, and the potentially daunting process of “coming out” to family and friends (Barret & Logan, 2002). These individuals also experience the same physical and mental health issues as other citizens seeking professional help. Additionally, individuals who self-identify as both LGBT and Christian risk being misunderstood in LGBT communities (Hunter, 2010) and marginalized in Christian contexts (Hunter, 2010; Wilson, 2014). As a result, these Christians need culturally competent guidance and counsel to traverse these difficult circumstances (Otto, 2014). The overarching research question guiding this study was: What is the lived experience of persons who self-identify as Christians and as LGBT individuals? How can social workers best minister to this population? We reflect on the reported experiences of how our participants seek a counselor/social worker who is culturally competent and tips for delivering culturally competent practice.

In the National Association of Social Workers (NASW) *Code of Ethics* (2008), competence is a core value of professional expertise. This value encourages social workers to strive continually to increase their professional knowledge and skills within the cultural context of their client's world and to apply competency in practice. Preconceptions and biases often prevent us from understanding a population and developing competence in working with them (NASW, 2001). The NASW “Standards and Indicators for Cultural Competence in Social Work Practice” (2015) include sexual orientation and focus on self-awareness, cultural humility, and commitment to understanding culture for practice. Israel, Ketz, Detrie, Burke, & Shulman (2003) applied the concept of cultural competence to counselors' work with LGBT clients. The significance of this study is to foster greater social work cultural competence when working with persons who identify as LGBT and Christian. The word competence in this study is defined as having the capacity to function effectively within the context of culturally integrated patterns of LGBT experiences, beliefs, values, and behavior defined by the group (NASW, 2001).

Review of Literature

Terminology Defined

Baker (2014) described sexual orientation as a person's emotional, sexual, and/or relational attraction to others. Members of the contemporary

LGBT community have embraced the terms lesbian and gay rather than homosexual. While it is increasingly common to include queer, questioning, intersexual, or pansexual, for this study, the term self-identify refers to a person publically identifying as lesbian, gay, bisexual, or transgender (LGBT).

For this study, Christian is defined as those persons who self-identify with Christianity as their religion, spiritual experience, or affiliation. According to the Pew Research Center's Religion and Public Life Project (2013), 84% of individuals say religion is at least somewhat important to them, and 78.4% of those individuals self-identify as Christian.

Marginalization and Focus on Change

Christian communities too commonly alienate and marginalize LGBT individuals based on biblical, theological, cultural, and historical beliefs (Levy, 2014; Dessel & Bolen, 2014). As a result, many LGBT persons are in the midst of a faith crisis and/or describe having lost their faith based on exclusion from the Christian community because of their sexual orientation (Wilson, 2014). Others turn to therapy or Christian ministries with a goal to change their sexual orientation.

One response to LGBT individuals is therapy or ministry called reparative therapy (Rymel, 2014). Reparative therapy, also known as conversion therapy or sexual orientation change efforts (SOCE), aims to change sexual orientation from homosexual to heterosexual. The cultural responses to reparative or conversion therapy are very divided. These treatments have been criticized in professional helping circles for being pseudo-scientific (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015; Spitzer, 2003). At the same time, groups including the National Association for Research & Therapy of Homosexuality (NARTH) assert that conversion therapy is effective and the motive for disavowing it is anti-religious bias (<http://www.narth.com>, 2016). Other authors reported that motives for conversion therapy include bias against homosexuality (Drescher, 2001; Jenkins & Johnston, 2004). According to NASW, SOCE results in "short-term reduction of same-sex sexual behavior and negatively impacts the mental health and self-esteem of the individual" (Davison, 1991; Haldeman, 1994). Furthermore, the NASW (2015) National Committee on Lesbian, Gay, Bisexual, and Transgender Issues asserted that SOCE can negatively affect one's mental health and cannot and will not change sexual orientation or gender identity (p. 4). Further, the group asserted that the practice of SOCE violates the very tenets of the social work profession as outlined in the *NASW Code of Ethics*.

Help Seeking

Individuals who self-identify as both Christian and LGBT often seek help for reasons other than their sexuality or their religious beliefs. Lesbians

and gay men seek therapy for the same reasons that heterosexual people seek counseling or social services (NASW, 2001, 2006). While it is reasonable to expect that LGBT persons will experience similar health and mental health conditions as the heterosexual population, there is significant evidence that there are also disparities which result from the stress of social stigma and marginalization (Berg, Miniaga, & Safren, 2008; Lim, Brown, & Sung Min, 2014). Tan (2012) reported that while LGBT persons are most likely to seek counseling or therapy for the same conditions for which most persons seek help, the LGBT population has added layers of stigma and discrimination to deal with, contributing to anxiety and depression. These complications make the need for culturally competent practitioners even more acute. For practitioners to be competent in areas related to their own sexuality or personal religious beliefs, however, NASW calls for social workers to be self-aware of their own perspectives and the context of their practice (Jenkins & Johnston, 2004; NASW, 2001).

Research and Practice

Safren (2005) identified various perspectives concerning best practice options when working with LGBT individuals. LGBT individuals still have reasonable reluctance when thinking about or deciding upon where to go for emotional care. This reluctance often stems from fear of a counselor's/social worker's attempt to change sexual orientation with either religious or psychological interventions (Safren, 2005).

Counselors who are Christians may not have much experience working with LGBT clients and their particular therapy needs (Dressel & Bolen, 2014). LGBT clients often request therapeutic approaches that are LGBT specific, i.e. therapists familiar with the population, terminology, and particular challenges of marginalization and discrimination in families, congregations, and communities (Tan, 2012). In one qualitative study, Romeo (2007) addressed the need for practitioners to receive updated and on-going training regarding practice with this population. This study reported several significant behavioral changes including increased likelihood of therapists to read LGBT related books, engage in conversations with co-workers about LGBT issues, and change language used in reference to and in practice with the LGBT population. Brice (2014) suggested this training for Christians might need to include different interpretations of scripture, particularly when working with LGBT people of faith.

Israel, Gorcheva, Burnes, & Walther (2008) reported on affirmative practice as evidenced-based practice with LGBT individuals. This includes the therapist's awareness of discrimination, a non-homophobic approach, and attention to the client's issues with listening, confidentiality, and ethical responses (Israel, Gorcheva, Burnes, & Walther, 2008; Van Wormer, et

al., 2000). Tan (2012) defined affirmative practice as a respectful space for dialogue in which a practitioner's values and beliefs do not cloud the progress of the client and the practitioner simultaneously respects the client's self-determination. According to Tan, LGBT literature supports the stance that LGBT clients face stigma and lack of familial support. Therefore, tailoring our work to meet these unique barriers is essential to affirmative practice. Barret and Logan (2002) suggested utilizing creative self-questioning by practitioners to build bridges rather than barriers in the therapeutic relationship.

Social Work Cultural Competence

Boroughs, Bedoya, O'Cleirigh, and Safren (2015) identified a three-domain model of competence including: 1) self-awareness of beliefs and attitudes; 2) knowledge of the cultural group, and 3) skills and tools for culturally sensitive responses. The authors discussed the importance of assessment, confidentiality, and language that is culturally sensitive. Sanchez, Sanchez, Lunn, Yehia, and Callahan (2013) reported on the first annual Health Workforce Conference discussion of access to services to reduce health disparities in the LGBT population. The authors recommended macro interventions including meetings with stakeholders, health services education, and training for providers, as well as monitoring quality of medical care and access to services. Sexual orientation and gender identity are identified, along with religion, as cultural areas of diversity and oppression in social work, including by the National Association of Social Workers (2008) revision of the *NASW Code of Ethics* stating:

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability

The Council on Social Work Education Educational Policy Statement and Standards says (2015, p. 14):

The program's expectation for diversity is reflected in its learning environment, which provides the context through which students learn about differences, to value and respect diversity, and develop a commitment to cultural humility. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity,

gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status.

LGBT perspectives. As is true for most cultural groups, LGBT culture includes diversity within diversity. One significant area of diversity is religion, since LGBT persons come from the major faith traditions and include persons who identify with no faith tradition. Common cultural themes include, however, the experience of marginalization from dominant culture, particularly in more conservative communities (Dessel & Bolen, 2014). “Bias-related crime and victimization are common occurrences for lesbians and gay men” (Ryan & Gruskin, 2006, p. 319). Notably, the HIV/AIDS crisis, while devastating to the LGBT community, has also been a catalyst for caregiving, advocacy, and community service development.

Christian perspectives. Among the religious or faith traditions of LGBT persons are Catholic and Protestant congregations. The literature includes diverse conflicting perspectives on how churches should respond to persons who identify as LGBT and as Christian, ranging from exclusion to affirming and welcoming religious perspectives (Wilson, 2014). Wilson, a pastor, describes his journey from exclusion to inclusion, acknowledging the issue is divisive in congregations with strongly disagreeing factions. Otto (2014) noted the importance of the discussion in the Christian community including the mathematic equation estimating that if six percent of the population are homosexual and each individual who identifies as LGBT has two parents, one sibling and one friend, the issue impacts more than 30 percent of the population (109). The author discussed the contrasting positions of Christians and churches and proposes a “third way” to acknowledge the challenges and disagreements and to agree to love one another and struggle together for answers.

Chu (2013) experienced harm from the over-zealous exercise of exclusion, becoming sensitized, cautious, and sober regarding the dangers of being excluded. While some heterosexual and some LGBT Christians encourage inclusion in the church, many others devoutly believe that same-sex relationships are sinful and must be denounced in the church. Often these positions are grounded in very different interpretations of scripture. Vines (2014) discussed scripture interpretation that affirmed both conservative faith and sexual diversity. Conversely, Rymel (2014) reported on Christians adhering strongly to change efforts including efforts to *pray away the gay*. Rymel’s pastor “put his hand on my head tightly, closed his eyes, and prayed God would take the demon out of me. After several moments of praying in tongues, he took his hand off of me, smiled at his job well-done and shook my hand” (29). The end result of that encounter was that Rymel left the church in discouragement when the prayer intervention did not produce change.

Many Christian LGBT individuals tell their stories of being ostracized from family and church. Wilson (2014) referred to a study surveying congregations with gay teenagers in each participating congregation. If the congregation took the *love the sinner; hate the sin* approach, the teenagers were more likely to keep their sexuality a secret from the pastors and youth workers (Wilson, 2014). On the other hand, Yuan & Yuan (2011) shared their journey of their family finding a path for reconciling the son's same sex attraction.

Continuum of Beliefs

Brice (2014) clarified tensions in the Christian church regarding homosexuality, stating that many conservative Christians who interpret the scripture literally disavow homosexuality. In some cases, conservative Christians disavow homosexual behavior while accepting homosexual orientation as not being sin. Further, these evangelical Christians condemn abuse of those with same sex attraction and recommend welcoming them in congregations (262). Christians in more liberal traditions interpret the scripture through the lens of cultural context and relevance and may be more inclusive and affirming (Brice, 2014; Hunter, 2010). Others ascribe to the belief that all persons are sinners and each Christian must reconcile these issues in her or his relationship with God. These differences in attitudes are important in a discussion of cultural competence as social workers from different religious traditions may experience value dissonance between their religious values and social work values.

The literature establishes, then, the juxtaposition of Christian culture and the cultural experience of homosexuality or same-sex attraction across a spectrum of Christian responses. These responses inform differences in practice. While there are several anecdotal narratives in contemporary literature, there are few empirical studies of best and culturally competent practices with LGBT clients who are Christians. This study begins to address that gap by listening to the voices of persons who identify as both Christian and LGBT.

Lived Experiences Qualitative Study

This exploration of the voices and experiences of persons who identify both as Christian and as LGBT was designed to understand the cultural aspects and implications for best practice approaches of helping professions. The study did not categorize whether the helping professionals were Christian or not and did not differentiate by sexual orientation or diversity of the helping professionals. Our research objective was to consider how individuals who self-identify as LGBT and Christian would determine a

helping professional, specifically a counselor/social worker, to be culturally competent and effective in practice.

Research Design

We employed a qualitative, phenomenological study design to capture the experiences and perceptions of adults that identify both as Christian and as LGBT regarding cultural competence of helping professionals. We used a convenience and snowball sampling process (Creswell, 2013).

The convenience sample began with individuals we knew who self-identified as both LGBT and as Christian. For this population, Tan (2012) suggested interviewing for data collection rather than quantitative approaches in order to encourage the narrative approach and provide a safe place for individuals to tell their lived experiences. Likewise, phenomenology as a qualitative methodology focuses on the essence of a unique lived experience, or phenomenon, shared by a population of individuals. As a result, this study focused on the essence of people who identify as both LGBT and Christian (Moustakas, 1994).

We contacted individuals who self-identify as both LGBT and Christian and explained the research study before inviting individuals to participate. Those who elected to participate signed informed consent forms prior to the interviews. Participants suggested or contacted additional participants who were interested in being part of the research.

Our university Institutional Review Board (IRB) decision was expedited and approved. We interviewed participants in person or by phone, while audio recording the interviews. When necessary, we contacted participants in person or by phone to ask any additional clarifying questions. Privacy and confidentiality were protected in the study.

Eighteen participants who self-identified as LGBT and Christian were recruited using a convenience and snowball sample as approved by the IRB, based on our connections in the community. The participants were contacted by email, phone, or in person for recruitment and screening to ensure that participants met the criteria. Appointments were scheduled by email, phone, or in person to review the research purpose and scope, complete the informed consent, including risks and benefits, and general questions. Following participant consent, telephone interviews were scheduled and interview questions were emailed to participants.

Data Collection

Of the 18 respondents, five self-identified as adult men and thirteen self-identified as adult women with ages ranging from mid-twenties to the mid-seventies. While all did not report specific religious affiliations, those who

reported included Baptist, Catholic, Episcopal, Presbyterian, and Pentecostal. Additional demographic information was not collected from the participants. Participants included persons affiliated with Christian universities, churches, and other recognizable organizations. To protect privacy and confidentiality, no identifying information was recorded or provided.

A semi-structured interview guide was developed for this study. The recorded interviews, completed by phone or in person, averaged 60 minutes in length and included responses to questions about the interviewees' beliefs and experiences both with same-sex attraction and with their faith development and church experience. Participants were also asked about family beliefs and family responses to the interviewees' same-sex attraction.

Trustworthiness was addressed through member checking following interviews and transcription. Member checking was implemented by allowing the participants to ensure their responses were accurately interpreted by the interviewers when the interviewers consistently posed, "What I heard you say was...?" and through follow-up questions for clarification.

Data Analysis Procedures

For this qualitative study, transcripts from audio-recorded interviews were analyzed for themes using a form of constant comparison that focuses on inductive connections that emerge in persistent observation of the content (Rodwell, 1998). The data were unitized onto notecards and categorized inductively into emerging themes or categories. Denzin and Lincoln (1995) described sorting the data as a process of dividing the data into smaller units and lumping the data as a process of reorganizing it into provisional categories. These categories exist only to provide deeper understandings of the common and/or unique experiences participants share. From Moustakas (1994), researchers fashion "clusters of meaning" from significant statements in the data that become phenomenological themes. The descriptions of these themes are detailed in our findings below.

Findings

While there are clear distinctions in the experiences of participants, there were several similar topics that centered around LGBT culture, Christian culture, and the intersections between the two. We identified these as themes and present them here with representative quotes from participants. Themes included observations about cultural competence in professional helpers, including the belief in client as expert, the challenges of coming out and marginalization, and specific recommendations for best practices in professional helpers.

Cultural Competence

Virtually all participants discussed the importance of cultural competence with LGBT persons. In some cases, that concern centered on the competence of health care and counseling providers and in some cases the focus was on the recognition that persons who are Christian and LGBT are experts on their own experiences and willing to guide others in understanding their experiences.

Professionals. Almost half of the participants mentioned concerns about healthcare providers' awareness of the health differences of LGBT persons. These included conversations about sexual health and activity, standards of practice for pap smears for lesbian women and health risks or issues for sexually transmitted infections (STI). Several participants mentioned that, as single persons, discussion about sexual activity with health providers was awkward, and even more so true of same sex-attraction.

One of the biggest challenges that I've faced historically and still honestly face when I see new medical practitioners is the, "Are you pregnant? Could you be pregnant?" questions. "Are you sexually active?" they ask and I always ask, "Well what are you getting at?"

Some participants found a doctor they experienced as culturally competent, which eased the conversation somewhat.

My doc now, he knows Maria and I very well and he always is staying up on the latest research of how often lesbians need to have pap test, not as often as the regular population. So he doesn't do that if we don't need to do that. And the questions about sexual intercourse need to be very, very clear and they are not.

One participant who was planning to move to another part of the country had already thought about how to find helping professionals there who would respond to his sexuality and his faith.

I foresee that when I make my move and find a primary care doctor that I heard a lot of people get the advice, you know, if you are in a relationship and there is any type of sexual activity involved, to find a doctor you would be comfortable telling you were gay, just as far as what I would need to know medically.

Client as expert. Most participants expressed the importance of being heard and their experiences of being valued by helping professionals,

including counselors. They recognized that many Christian counselors might not have experience working with Christians who are LGBT. Participants expressed a willingness to be the cultural guide to counselors and therapists unfamiliar with the language and experiences of the community. The participants further interpreted the meaning of the term cultural competence to include a professional client-guided setting immersed in cultural humility. The interviewees voiced a longing for a helping professional open to self-evaluation and critique. One participant said: "I don't think it would take me very long in talking with that person to figure out whether they were gay-affirming or not, because their language, their whole language, is gonna be a little different, if they are."

One area where this concept became clear was that of language. Participants shared several examples of language with the interviewers that were new to us. We learned that recognizing the participant as our guide to their experience included re-examining vocabulary used by participants. One example provided by a participant is the term "fully-out Christian," a term with which we were unfamiliar. The participant shared that being fully-out Christian means embracing fully both identities as a gay man and as a Christian. Another language example was when one person shared that the term "gold star gay" means that the person has never had sexual relationships with the opposite sex.

An additional linguistic concept communicated by multiple participants was that of "holding space." Much of the essence of culturally competent practice is captured in holding space in a safe and nonjudgmental atmosphere, one in which the client determines the flow of storytelling and problem-solving. One interviewee suggested social workers "let the session unfold."

Personal Faith

The intersection of faith and sexuality in health care was followed closely by the emergence of another theme, the centrality for many of their faith experience to cultural identity. This was true whether they described dual identity or synthesized identity as Christians and LGBT persons. It was not possible for most participants to separate faith from the remainder of their identities.

It's not that faith became a less important part of my life, but I wasn't looking to it to dictate, "do this or don't do this." I was looking to it to form me, to join me, to grasp me in to the olive branch of the church and then for that to nourish and grow me into where my faith needed to be, which is hopefully to reunite with the presence of God.

Some described wrestling with how they could be a Christian and reconcile their sexual identity. Same-sex attraction was equated with failure as a Christian.

I think because I felt like a failure and I didn't like, you know you should be this Christian, strong Christian, who's successful, I don't know. I do have a strong relationship with God, but I somehow felt like if I said I was losing, it would be reflected poorly on me as a Christian or something.

Challenges

Virtually all of the participants in this study discussed the challenges of living as a Christian and as an LGBT person. Those challenges were led by considering coming out, and then actually gradually coming out. The experience of living with this dual identity of Christian and LGBT almost always included significant marginalization.

Coming out. This sense of incongruence between sexual attraction and gender identity impacted relationships in church and in families. Many participants hid same-sex attraction. Every participant described being challenged by the process of coming out. Consistently, authenticity flourished only after coming out. The participants in this research credited being successful in other areas of their lives to experiencing authenticity when they were able to decide when and how to come out. Based on participant comments, culturally competent helping professionals/social workers are assets as clients navigate their dual cultures in coming out.

After coming out I felt re-born in many ways. I was able to take control of my life in several areas. I was able to accept myself. I became a healthier Christian overnight. Being genuine in my sexuality translated into authenticity in other areas. My career flourished.

Another reported that coming out cost him his home church but he found another church.

When I came out to my pastor, he called me a week later and told me I needed to leave the church and was no longer welcome to lead music. I tried a number of churches before finding a church that was welcoming and affirming and in which I could worship and serve.

Marginalization. The intersection of participants' identities as Christians and as LGBT persons included their church experiences as well as their personal religious and worship experiences. Church attendance as children

and adolescents was a commonly reported experience. That was challenged when their sexual orientation or gender identity were no longer hidden.

Most participants reported experiencing marginalization by the Christian community when their family of faith and/or their family of origin rebuffed them. This rejection was directly connected with their sexual orientation or same-sex attraction. Since many of the LGBT individuals in this study have been ostracized by both their biological and faith-based families, they expressed the need for affirmation and support about both their faith identity and their sexual identity when meeting with a counselor. Several mentioned specifically children in the family. "My brother told me that I was not welcome in his home and would not see my niece and nephew again." This was directly connected to the brother's belief that his children should be protected from the sin of homosexuality. Another participant reported that though she sees her family, there are awkward times.

The biggest issue I have come across that I am trying to navigate around is the kids, because I have 17 nieces and nephews. So one of them asked me to play the game of Life, so I did. I was not thinking and you have to get married in the game of Life; it's not an option to be single or anything like that.

This generated conversation about same-sex marriage and led to the parents shutting down the conversation.

Help Seeking Motive

One interesting and unanticipated theme that emerged with most participants was the discussion of their motives for seeking help from the church and from counselors, therapists, and health care providers. Participants expressed concern that helpers, including social workers, have preconceived assumptions about their reasons for seeking counseling. Five participants mentioned that counselors began to address sexual orientation rather than the depression or disrupted relationship that brought the participant to counseling. In most cases, participants sought counseling for the same issues as any other client and resented the inference that they were coming to counseling to try to change their sexual orientation. Participants were frustrated at the counselor's focus on same-sex attraction change rather than on the issues of depression and anxiety they presented. "Just how many people have tried to change their orientation and how many times have studies come back saying that you can't?" Another reported that he complied with the counselor's guidance: "I tried to change. I even went through the Exodus program. Nothing worked."

Participants reported seeing helping professionals for depression and anxiety and sometimes suicidal ideation and intent.

And several times feeling like the only way to get out of it would be to just exit altogether, like the only way to stop feeling this I'm treading water trying to keep myself alive, it felt easier if I just wasn't alive cause then I wouldn't have to keep trying to keep myself alive. It was just exhausting; yeah that was more like an escape from pain or struggle.

Two of the participants reported childhood abuse and wondered if there was a connection with their sexual orientation and how to get help.

You know in being able to feel comfortable enough to be honest with a counselor. So I usually said well I'm having, it went from having issues with men to same-sex attraction. I had sexual abuse in the past; I had heard there was a correlation. So I spent a lot of time trying to figure myself out and fix myself.

Implications for Social Work Practice

These findings frequently included recommendations or implications for more effective social work practice that centered on cultural competence. The implications are examined here with supporting quotes from participants to guide professional practice. These implications are applicable in both professional cultural competence and in specific competence for working with LGBT persons who are Christians.

Professional Cultural Competence

Participants reported that they were looking for providers who were aware of their own biases and open to the perspectives of others.

I think a lot of social workers, a lot of psychologists, are in that field because they're always trying to right what they could never right. So I think we come into it with biases, with probably our own bias based on our histories and I don't think it makes us the most effective social workers/counselors that we can be.

This attention to bias and self-awareness extended to a wish for acceptance and openness. One participant said the desire was for a "non-judgmental willingness to learn" atmosphere in the client and counselor

dynamic. "They either understand what being a lesbian or gay man is and how that changes their approach to their clients or they don't, you know." Another stated:

So I think part of it may be a message to the medical community or anybody working in the helping profession, if there is any way to make it obviously clear that people can be who they are and you won't condemn them that might make people feel more likely to be honest and vulnerable.

This finding is consistent with the importance of the therapeutic relationship. The client's wish to be valued and accepted and affirmed as the expert on their own experience is the beginning of culturally humble and competent practice (Leigh, 1998). When their experience is not valued or is judged by the professional, the conditions for effective work together are not met.

They still think this a choice and that I can make a different choice, and I can't. This is who I am. And if you don't like who I am, that's fine; that's your life but I don't have to come pay you money to help me either.

Others specifically mentioned that while they would like to see a Christian counselor, they worry that they will not be accepted and will be judged. One participant said: "If the word Christian is in front of a social worker or counselor's name, that is an indication to run as far as you can from that helping professional."

Participants were interested also in seeing counselors who affirmed their faith. They believed that cultural competence in a practitioner would include both affirmation for LGBT identity and affirmation for Christian identity or with their religious affiliation. One participant said it this way:

I had specifically looked for Christian counselors so I think that's where it gets really kind of hard. It's like I can go to a Christian counselor to affirm this or I can go to somebody who, what do you call it, affirming of LGBT but maybe doesn't understand my Christian faith, I don't know. It does tend to be challenging to find somebody to help with that issue.

This interest in seeing a professional who was also a Christian was connected for participants with their wish to be able to be authentic with other Christians. Talking with another Christian about sexuality was seen as helpful. "It actually would have helped me a lot because when I finally did talk to a gay Christian friend of mine, she's been like an angel and has helped me tremendously with this issue." It seemed important to several participants to know that there are Christians who interpret the scriptures in ways that do not categorically attach judgment to same-sex attraction or

behavior. Several participants were interested in exploring whether or not the scriptures could be understood to support their same-sexual attraction or relationships.

There's several ways that you can interpret scripture. Like somebody saying, not saying you have to believe this way, because we can't do that for people but just encouraging people to explore the whole picture before coming to a conclusion.

Cultural Competence in LGBT Issues

In some cases, however, participants identified specific LGBT issues that they needed in helping professionals. For example, more than half identified needing help managing marginalization from family and church, help with the challenges of coming out, and recognition of the client's own expertise on their experiences.

As discussed previously, participants sought expertise from social workers and counselors with the intrapersonal and interpersonal challenges in the coming-out process. Most reported that it was difficult and sometimes took years to come out to family, friends, and church. They identified coming out as a process over time and stated that there are still people in their lives that do not know. Help with this was particularly important as all stated that their authenticity and personal integrity flourished after coming out.

When the helping professional was not culturally competent, participants reported increased challenges. For those experiencing family members and friends who rejected them when they came out, it was even more marginalizing to experience helping professionals who communicated discomfort with disclosure of sexual identity. Several reported that counselors, including pastors, encouraged either hiding or changing their sexual orientation. Most reported that it was difficult to know whom to ask about the coming-out process. Consistent with the literature, several recommended that social workers practice self-awareness, knowing the research and literature, promoting client self-determination, and providing gay-affirmative practice in the coming-out process. They recommended, when that is not possible, referral is the next best option.

If people can't do that, if they cannot sit in a session with a person who is struggling with their sexual-identity, or who is about to commit suicide because their same-sex partner or lover has left them and treated them like crap, if they cannot do that, don't take on that client, you know. Just don't do it. Just say, I don't think I'm the best person for you to talk to and help find somebody who is, you know. It's just so critical to get them in the right setting or that counseling relationship and to work, I believe.

Another recommended not making assumptions. “One of the important things I think counselors and social workers and even medical personnel have to figure out is how to overcome the notion of, you don’t make assumptions about anything.” One participant was very clear about not assuming that the client is there for sex orientation change. “I told my therapist my name, age, and I told her I was a lesbian and she said: “So do you need help with your sexuality? I’m like “Oh God, no” and she says “Oh good. Thank you.”

Discussion

The themes are consistent both in terms of experience and practice implications as the narratives brought the researchers over and over again to the importance of the positive regard and affirmation. All participants in this study expressed that the issue of their personal faith experience remained vital to their cultural identity even as they self-identified as both Christian and LGBT. Participants consistently stated that cultural competence would include both affirmation of their Christian identity and affirmation of their gay identity. This is consistent with findings in the literature. Wilson (2014) stated that LGBT Christians want to remain faithful and seek out counsel from their pastors and other church leaders. Each of these participants described growing up in church, having a strong faith through high school and college, being tested in his or her faith, and concluding with a stronger personal faith as a result of coming out.

All the participants in this research attributed being successful in other parts of their lives to the authenticity they experienced in coming out. Each participant specified that it would be difficult to effectively utilize a helping professional who was not understanding of his/her authentic self. As the literature on LGBT individuals indicated, gender is internal and not necessarily visible to others (Baker, 2014). Each of the participants voiced a desire for a culturally competent counselor who is able to support an LGBT client in becoming his/her own authentic self.

The Need for Support

This study identified the need for the support of culturally competent helping professionals, including social workers, counselors, and those in the church. Participants expressed the importance of their faith affiliations and church involvement and the wish to be accepted there. Church programs that ostracize LGBT individuals and seek to change them have not been successful, and in addition, they may cause negative effects like alienation (Panozzo, 2013).

All participants vocalized their concern that social workers/counselors have pre-conceived assumptions about LGBT individuals'/couples' reasons for seeking counseling. They sought counseling for the same issues as heterosexual clients, not to try to change their sexual orientation. If a counselor or social worker had pre-conceived assumptions about their reasons for seeking counseling, they would view the practitioner as not culturally competent. Participants expected that practitioners would need training for affirmative practice in order to respect the self-determination of the client.

Participants were willing to be the cultural guide/expert to counselors and therapists unaccustomed to the language and experiences of the community. Barrett and Logan (2002) suggested using creative measures of self-questioning by practitioners to bridge the gap between LGBT clients and their culturally competent counselors.

The Role of Language

There was an indirect link for participants between cultural sensitivity and the willingness of helpers to learn about language in the culture from the client. Leigh (1998) called this concept "cover terms" and discussed the development of language skills to understand the client's experience. The importance of language to communicate experience included sensitivity around the concept of a Christian "choosing" to be LGBT. Without exception, all of the interviewees for this particular study emphasized that they did not experience being gay as a choice and do not like the word "lifestyle" to be used in front of the word "gay" as a descriptor. "Lifestyle" insinuates a choice that is not there. These messages about language and social work cultural competency were linked together by each of the participants.

The lesson here for the researchers was the importance of staying in the learner position in the interviews. Participants suggested that role for counselors, therapists, and other helpers as well.

Next Steps

One gap in the literature encompasses the experiences, perceptions, and beliefs of social work practitioners who work with persons who self-identify as LGBT and as Christians. A recommendation to bridge this gap is for additional research about practitioners as to their understanding of cultural competency, their views about best practices for professional work with the LGBT population, and their perceptions of their own preparation and expertise with LGBT clients. Additionally, it might be possible to survey the clients of these practitioners for their perception of best practices and compare the responses. Further research could explore how this topic is managed in schools of social work, both sectarian and non-sectarian.

As was mentioned repeatedly by participants, self-awareness and cultural competence in practitioners is critical. Education and training that focuses first on the presence of brothers and sisters in Christ who identify as LGBT and experience isolation and marginalization is essential. This includes skills for cultural competence with client as expert on their experience and includes skills for managing value dissonance for those times when the values of the counselor and the client are different. This is not a new need but one that is clear in working with persons who are Christian and who are LGBT who may be experiencing their own value dissonance. Finally, this includes skills for working with persons both within and with the systems important to them like families, congregations, and work settings.

Conclusion

Achieving cultural competency as a counselor or social worker is only possible when the client is the primary guide. Hearing the lived experience of LGBT Christians in one-on-one interviews was heartbreaking and encouraging at the same time. Though marginalized from family and church, many participants continued to seek ways to be connected. Some study participants experienced inclusion and acceptance in the LGBT community but that did not obviate their wish for inclusion in their families of origin and in the faith communities in which they grew up. That possibility calls us to the ability to manage cultural and conceptual dissonance. This is not the only area where the values of practitioners may be different than those of clients. Helping professionals have historically worked with clients whose values were different than theirs. That list could include views about drinking alcohol, sex outside of marriage, and methods of child discipline. What would keep practitioners from applying those same skills for managing work with clients who have different value positions and cultural experiences?

We learned in these eighteen interviews some perspectives of Christians who live the experience of LGBT identity and the challenges of integrating these aspects of themselves in a variety of marginalizing situations. While our research did not identify one answer, we heard strongly the voices longing for personal acceptance and for space to be included in worship. Valuing the voice of the client, learning the language of the client, and starting where the client is are all part of competent social work practice. Engaging in the therapeutic relationship and building rapport are professional practices that make it possible to do work in situations of cultural or value dissonance. The beginning place is cultural humility that leads to cultural competence. Can Christians do less? ❖

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Christian Social Work Education and Transgender Issues: A Faculty Survey

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In this exploratory study, 41 faculty members of BSW programs in schools belonging to the Council of Christian Colleges and Universities responded to questions about transgender issues in undergraduate social work education. The questions focused on three broad areas: beliefs about working with transgender clients, beliefs about the teaching of transgender issues, and beliefs about accepting transgender social work students and faculty. The results of the study indicate largely positive and accepting attitudes on the part of the participants, as well as a desire to reconcile social work values and religious beliefs. However, while most respondents indicated that social work programs should accept transgender students, they showed lower levels of support for faculty members who might come out as transgender. Further research is suggested to address the limitations of the study, as well as the new questions it raises.

TRANSGENDER AND GENDER-VARIANT PERSONS (THE UMBRELLA TERM trans* will also be used in this article) are coming out of the closet, and the emergence of this phenomenon is affecting all of America's social institutions. One estimate puts the number of transgender people at about 700,000, or .3% of the U.S. population (Gates, 2011). This may be a low estimate, since many transgender individuals, especially if they are older, still do not disclose their gender identity for fear of discrimination. By comparison, in a survey among Boston youth, 1.7% of high school students identified as transgender (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). Additionally, a growing number of individuals reject conventional notions of a gender binary by identifying or presenting as gender-variant, genderqueer, or gender-nonconforming. For example, in a recent study of LGBT youth in foster care, almost twice as many respondents were classified as gender-nonconforming as were peers categorized as transgender (Wilson, Cooper, Kastanis, & Nezhad, 2014).

There has also been a backlash against the transgender movement, most recently in the form of “bathroom bills,” prohibiting transgender people from using the restroom facilities that match their gender identity. These statutes have been introduced in a number of states in response to the perceived imposition of a “liberal agenda,” including the protection of transgender rights (Pearce, 2016). Less publicized tensions in regard to transgender rights can be found in a significant number of educational institutions with distinctively religious identities (some with accredited social work programs). These schools seek limited religious freedom exemptions related to Title IX based on their identities and missions. Thus, for various reasons, social workers and social work educators have an interest in learning more about these issues. In particular, this article attempts to explore the beliefs held by social work educators in member schools of the Council for Christian Colleges and Universities, as they pertain to transgender issues in clinical practice, in the social work curriculum, and in the broader context of social work education.

Literature Review

Views about transgender people have been changing rapidly in the media. For example, Laverne Cox has been a star in the popular Netflix series “Orange is the New Black,” while film and television accounts documenting transitions by Chaz Bono and Caitlyn Jenner received public praise. Similarly, changes have become apparent in the clinical literature. Thus, the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) now lists a diagnosis of “gender dysphoria,” rather than “gender identity disorder,” a clear indication that a transgender identity itself is no longer viewed as a mental illness. Moreover, guidelines from the World Professional Association for Transgender Health now explicitly state that any kind of reparative therapy for transgender persons is not only ineffective, but also unethical (WPATH, 2011). Nevertheless, trans* individuals continue to be victims of discrimination, rejection, abuse, and violence (Grant et al., 2011). Similarly, transgender youth report significant levels of stress and victimization in school settings (Greytak, Kosciw, & Diaz, 2009) and on college campuses (Effrig, Bieschke, & Locke, 2011), affecting attendance and academic performance. With respect to college environments, the literature also includes a range of suggestions to accommodate the needs of transgender students in terms of housing, bathroom and locker room facilities, name and pronoun changes on paperwork, programming, and health care support (Beemyn, Dominique, Pettitt, & Smith, 2005; Newhouse, 2013; Seelman, 2014).

Given the increase in trans* people who are out and the need for support and advocacy, one may wonder how well social workers are prepared

to engage with this population. Limited research indicates that social work education programs cover less content related to gender identity than to sexual orientation (Frederiksen-Goldsen, Woodfield, Luke, & Gutierrez, 2011; Martin et al., 2009). With respect to the latter, there have been several studies of the views held by social work students and faculty regarding homosexuality (Chonody, Woodford, Brennan, Newman, & Wang, 2014; Cluse-Tolar, Lambert, Ventura, & Pasapuletu, 2004; Martin et al., 2009; Scott, Siebert, Siebert, & Chonody, 2012). Additional research has investigated the influence of religion on these views (Dessel, Woodford, & Gutierrez, 2012; Chonody, Woodford, Smith, & Silverschanz, 2013; Swank & Fahs, 2014; Walls & Seelman, 2014), suggesting that, in the context of social work education, there is a link between conservative religious beliefs and less positive attitudes toward lesbians and gays. Very few studies have examined the beliefs about transgender issues held by practicing social workers, social work students, or social work educators.

The present project had its origins in the author's doctoral dissertation on the response of school social workers to transgender and gender-variant students. The results of this research revealed that social workers were quite willing to advocate for trans* students, but also showed that they were somewhat confused about the nature of gender variance (de Jong, 2015a). These findings led to an exploratory study of the ways in which transgender content is covered in social work education programs at the undergraduate level, the programs' climate with respect to trans* students, and the attitudes of faculty members toward trans* persons and trans* issues (de Jong, 2015b). The same study also attempted to examine similarities or differences on these variables between BSW programs in secular colleges and universities and those in religiously-affiliated institutions. While the findings indicated positive engagement and positive attitudes on the part of faculty, in both secular and religiously-affiliated programs, the study's sample did not allow for a detailed analysis of the data by type of religious affiliation (i.e. evangelical Christian, mainline Protestant, Roman Catholic, other).

It would be inaccurate and unfair to generalize about the beliefs of any religious group, and views about gender identity are bound to vary among different faiths and among different Christian denominations (Green, 2015). Furthermore, while the study reported on in this article focuses on faculty in conservative Christian colleges (member schools of the Council for Christian Colleges and Universities), it is important to acknowledge that "conservative Christians" themselves make up a diverse group, with diverse views on a range of social issues (Greeley & Hout, 2006).

However, certain voices from within the conservative Christian community, while not representative of that community as a whole, have made controversial pronouncements regarding transgender individuals,

essentially denying the existence of a transgender identity by refusing to see “gender” as different from (biological) “sex.” For example, in a report published online by the Family Research Council, a conservative Christian public policy think tank, O’Leary and Sprigg (2015) concluded unequivocally:

A person’s sex (male or female) is an immutable biological reality. In the vast majority of people (including those who later identify as “transgender”), it is unambiguously identifiable at birth. There is no rational or compassionate reason to affirm a distorted psychological self-concept that one’s “gender identity” is different from one’s biological sex (p. 7).

A similar argument was made by Russell Moore, president of the Ethics and Religious Liberty Commission of the Southern Baptist Convention, in response to the signing of a California law supporting transgender rights for public school students. In a blogpost on the religious website Faithstreet, Moore (2013) wrote:

As conservative Christians, we do not see transgendered persons as “freaks” to be despised or ridiculed. We acknowledge that there are some persons who feel alienated from their identities as men or as women. Of course, that would be the case in a fallen universe in which all of us are alienated, in some way, from how God created us to be.

But we don’t believe this alienation can be solved by pretending as though we have Pharaoh-like dominion over our maleness or femaleness. These categories we believe (along with every civilization before us) are about more than just self-construction, and they can’t be eradicated by a change of clothes or chemical tinkering or a surgeon’s knife, much less by an arbitrary announcement in the high school gym.

The transgender question means that conservative Christian congregations such as mine must teach what’s been handed down to us, that our maleness and femaleness points us to an even deeper reality, to the unity and complementarity of Christ and the church. A rejection of the goodness of those creational realities then is a revolt against God’s lordship, and against the picture of the gospel that God had embedded in the creation.

Perspectives like the ones represented above appear to have informed decisions concerning transgender students or faculty by a number of con-

servative Christian colleges. For example, at one such institution (with an accredited social work education program), the administration and a newly transitioned transgender professor came to a “mutual agreement” that led to the faculty member’s departure (Bailey, 2013). Also, two schools with accredited BSW programs were among the first to petition the Federal government to be exempt from housing accommodations for transgender students under Title IX (Kingkade, 2014). Through mid-December 2015, an ongoing study by the Human Rights Campaign (2015) has documented the granting of Title IX waivers regarding transgender individuals to 33 schools of various Christian denominations. Nine of these institutions have accredited BSW programs. The scope of the waivers typically includes access to housing and facilities, as well as participation in sports. However, in 26 of the 33 cases it also covers admissions. The actions by the schools requesting exemptions from Title IX point to the tension between the value of religious freedom and the Code of Ethics of the National Association of Social Workers (NASW, 2015), as manifested in previous debates about homosexuality and same-sex marriage (Beless, 2001; Reamer, 2013). In view of this context, the study reported on here was designed to explore the following broad research questions:

- What are the beliefs of faculty members in accredited BSW programs with a conservative Christian affiliation regarding social work practice with transgender clients?
- What are the faculty members’ perspectives concerning the teaching about transgender persons and transgender issues to their students (i.e. regarding content and with respect to diversity and religious beliefs)?
- What are the faculty members’ views on the acceptance of transgender social work students and faculty (i.e. admission of trans* students; employment and tenure of trans* faculty)?

Methodology

The methodology for this study was based on its purpose (exploratory and descriptive) and feasibility. Thus, an anonymous internet-based survey, utilizing the Qualtrics platform, was employed to collect the data. There were 19 questions on the survey, asking about views on the etiology of a transgender identity, beliefs regarding practice with transgender clients, beliefs with respect to the teaching of transgender course content, and views about the admission and field placement of trans* students and the employment and tenure of trans* faculty. Conceptually, these items were framed by Queer theory, deemed relevant to social work as a way to think about “alternative/intersectional forms of identity” (de Jong, 2014, p. 43; also see

Levy and Lo, 2013), and by a “virtue ethics” model of practice competence based on personal engagement and transformation (Fowers & Davidov, 2006). Other questions asked about the type of social work courses most often taught by the faculty member (practice, human behavior, research, policy, other), and the faculty member’s age range and gender identity.

Potential participants for the study were recruited from information available on the websites of accredited BSW programs in 48 schools (representing almost 10 percent of all accredited BSW programs) that are full members of the Council for Christian Colleges & Universities (CCCU), as identified during the summer of 2015. According to the “Members and Affiliates” section of the organization’s website, institutions with full membership must, among other requirements “...have a public, board approved institutional mission or purpose statement that is Christ-centered and rooted in the historic Christian faith. They are committed to integrating Biblical faith with educational programs.” Additionally, with respect to their employment policy, “[M]ember campuses must have a continuing institutional policy and practice, effective throughout membership, to hire as full-time faculty members and administrators (non-hourly staff) only persons who profess faith in Jesus Christ” (Council for Christian Colleges & Universities, n.d.).

Of the 48 schools considered for participant recruitment, six did not provide faculty e-mail addresses on their website. Of the remaining 42 schools, nine had MSW programs as well. In those cases, an attempt was made not to include faculty specifically associated with the graduate program. Furthermore, faculty members identified as adjunct were not included in the list of recruits. Given these parameters, the survey was sent as a link contained in an e-mail message to 146 faculty members in the fall of 2015. Subsequently, six messages were returned as undeliverable or because the addressee was on sabbatical or leave. A second recruitment message was sent by e-mail to the remaining 140 addressees about two weeks after the first one. Thus, in terms of recruitment, almost the entire population of interest received an invitation to participate, except for the faculty from the six schools who could not be contacted by e-mail and the faculty on leave.

A total of 41 participants completed the survey, resulting in a response rate of 29.3%. This is comparable to some of the typical response rates found for internet surveys (Sue & Ritter, 2007). Moreover, the literature on survey methods suggests that response rates may matter less than the representativeness of the sample or the overall quality of the study’s design (Krosnick, 1999; Carley-Baxter et al., 2009). Nevertheless, with respect to the present study, self-selection by the respondents needs to be considered a source of potential bias.

The findings of the survey were analyzed descriptively. The size of the sample did not allow for a credible analysis of age and gender as potentially

confounding variables (Landen & Innala, 2000; Norton, 2013; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012), as was originally intended.

Findings

Participant Characteristics

Participant characteristics in terms of primary area of teaching, age, and gender are shown in Table 1. The questionnaire did not ask about the respondents' own religious affiliations; however, as noted previously, employment at one of the CCCU's member schools is based on "faith in Jesus Christ." Of the 41 participants, 78% reported social work practice as their primary area of teaching. Demographic information was collected only with respect to age and gender. The modal age group was the category "between 45 and 54" (37%). With respect to gender identity, 75% of the respondents identified as female, 23% as male. Additional options were "transgender" or "other." One participant checked "other," although this may have been the result of displeasure with the given categories, as expressed by this elaboration in the text box on the questionnaire: "Transgender is not a specific gender identity (could say trans man or trans woman). Most trans folks simply identify as male or female. The way you're phrasing these questions is pretty insensitive to the topic itself."

With regard to age and gender identity, no information is available to be able to compare the respondents to those who did not respond to the survey. However, data for 2013 from the Council on Social Work Education concerning all social work programs show that most faculty members were in the 55-64 age bracket and that more than two-thirds identified as female (CSWE, 2014, p. 21). These statistics suggest that, as a group, the respondents in the study presented here may have been somewhat younger than social work faculty generally.

Table 1: Participant Characteristics

AREA OF TEACHING	NUMBER OF PARTICIPANTS *	PERCENTAGE OF PARTICIPANTS*
HBSE	11	27
Practice	32	78
Policy	12	29
Research	14	34
Other	6	15
*Respondents could check more than one area		

AGE	NUMBER OF PARTICIPANTS *	PERCENTAGE OF PARTICIPANTS*
25 or under	0	0
26-34	7	17
35-44	11	27
45-54	15	37
55-64	7	17
65 or older	1	2
GENDER		
Female	31	76
Male	9	22
Transgender	0	0
Other	1	2

Beliefs about Etiology

As noted before, religious views can influence one's beliefs about the validity of a transgender identity. Those views may also be reflected in how someone conceptualizes the etiology of a transgender identity, for example by emphasizing biological or environmental factors. Table 2 shows the beliefs about etiology held by the participants in this study.

Table 2. Beliefs About the Etiology of a Transgender Identity

Do you believe that a transgender identity is	# Responses*	% Responses
determined biologically	6	15
the result of biological and environmental factors interacting	28	70
the result of unknown environmental factors	0	0
the result of pathological family dynamic during childhood?	0	0
the result of childhood abuse?	0	0
the result of factors not mentioned above?	0	0
of unknown etiology?	6	15

*One participant did not respond to this question

Working with Transgender Clients

The survey included several questions about the therapeutic relationship between a social worker and a trans* client. These questions examined beliefs about the importance of understanding and accepting transgender clients as prerequisites for effective practice, and about referrals to other social workers if one were faced with a religious dilemma. They also asked if social workers should explore with transgender clients the possibility of going back to their gender identity assigned at birth. Table 3 contains the results of these questions.

Table 3: Beliefs about Working with Transgender Clients

Question	Response	N	%
Do you believe that an accurate understanding of a client's identity is a prerequisite for working with that client?	Yes	26	63
	No	14	34
	Not sure	1	2
Do you believe that an accurate understanding of a client's identity depends on full acceptance of that identity, including any gender transition?*	Yes	14	35
	No	20	50
	Not sure	6	15
Do you believe that a social worker can be effective with a transgender client even if the worker does not understand the client's motivation for a gender transition?	Yes	14	34
	No	4	10
	Depends	21	51
	Not sure	2	5
Do you believe that a social worker can be effective with a transgender client if the worker does not fully accept that client's identity, including any gender transition?	Yes	9	22
	No	13	32
	Depends	19	46
	Not sure	0	0
Do you believe that, in the future, transgender individuals may want to go back to the gender identity assigned to them at birth?	Very unlikely	15	38
	Unlikely	12	31
	Can go either way	12	31
	Likely	0	0
	Very Likely	0	0
Do you believe that social workers have a moral responsibility to help transgender clients explore going back to the gender identity assigned to them at birth?*	Yes	2	5
	No	24	59
	Depends	14	34
	Not sure	1	2

Do you believe that social workers who oppose a gender transition on religious grounds should refer transgender clients to workers who are fully accepting of such a transition?	Yes	19	46
	No	1	2
	Depends	21	51
	Not sure	0	0

Teaching Transgender Content

All of the participants in the study indicated that they think it is either “important” (56%) or “extremely important” (44%) that social work students learn about transgender issues (see Table 4). In addition to the specific options provided, write-in responses to the question about what kind of information needs to be taught included “rights and other legal questions,” “health care coverage options,” and “self-awareness of [their, i.e. students’] own biases/prejudices.”

Table 4: Teaching Transgender Content

Question	Response	N	%
How important do you believe it is that social work students learn about transgender issues?	Not at all important	0	0
	Unimportant	0	0
	Neither important nor unimportant	0	0
	Important	23	56
	Extremely important	18	44
In terms of transgender issues, what kind of information do you think social work students need to learn about? (Check all that apply)*	Gender identity as a spectrum phenomenon (i.e. gender variance)	33	80
	Etiology	16	39
	Early manifestations (transgender & gender-variant children & adolescents)	28	68
	The transition process	28	68
	Discrimination & marginalization of transgender persons	39	95
	Other (please describe)	5	12
	None	0	0
*Respondents could check more than one option.			
In what course(s) should this content be covered?*	Human Behavior	40	98
	Social Work Practice	34	83
	Social Policy	18	44
	Research	4	10
	Other/electives	13	32
	Does not need to be covered	0	0
*Respondents could check more than one option			

Moral Perspectives

Because of the confluence of values from different perspectives surrounding the teaching of transgender content in a Christian social work program, the survey asked respondents to select one particular perspective (one “that most closely matches your beliefs”) that would provide some overall guidance in the classroom. Table 5 shows the results of that question.

Table 5: Moral Perspectives

Question	Response	N	%
Given that social work is a value-based profession, do you think that transgender issues should be presented from a moral perspective? (select the answer that most closely matches your beliefs)* <i>*(Two participants did not respond to this question)</i>	No, only factual information should be presented	2	5
	Yes, from the perspective that transgender individuals should be accepted as a manifestation of diversity.	14	36
	Yes, from the perspective that transgender individuals should be accepted as a manifestation of diversity and celebrated for their courage to be true to themselves.	11	28
	Yes, from the perspective that, although transgender individuals should be accepted, a transgender identity is in opposition to biblical teaching.	2	5
	Yes, from the perspective that, although transgender individuals should be accepted as people, acting on a transgender identity is a sin.	1	3
	Yes, from a moral perspective not described above. Please elaborate.	9	23

Additional moral perspectives were elicited by the questionnaire and were added as written-in comments. These comments seem to reflect a number of different themes. For example, the idea that social work values and religious values can co-exist with respect to teaching about transgender issues was illustrated by the following descriptions:

An approach that validates, honors, and respects, all possible perspectives. It seems possible to celebrate difference and honor theological perspectives concurrently.

Yes, from a perspective that transgender individuals should be accepted as a manifestation of diversity, celebrated for their courage to be true to themselves, and that transgender identity is in line with biblical teachings on freedom, grace, and love. And, that moral perspectives vary, even in one particular tradition, e.g. Christian faith.

The comments of several respondents indicated their belief that, in terms of social work practice, the profession's values trump personal religious values (Reamer, 2013):

Social work requires an undoing oppression lens that takes into account all forms of oppression. This includes oppression toward persons with non-conforming gender and sexual orientation identities that challenge the dominant discourse of human relationships. What does justice mean for these individuals and communities? This is a question essential to social work ethics and practice.

Transgender identity is complex and must be understood holistically. Although it is contrary to biblical teaching, individuals who are transgendered should be loved and accepted. Furthermore, all clients have rights to self-determination and the social worker does not have the right to impose their own values on the client.

Yes, from a free will/self-determination perspective that it is not our role as social workers or Christians to make judgment but to simply love our neighbor as ourselves.

Should be accepted as a social justice/human rights issue. There are multiple perspectives on acting on transgender identity; however, we must meet our clients where they are and (we) are morally obligated to serve them and value them despite the various perspectives that exist on behavior.

Finally, one response seemed to indicate a less qualified response to issues of gender identity than to sexual behavior:

First a distinction must be made between gender identity and sexual behavior. In regards to the former, the moral issue is always about the harms caused by discrimination. In regards to the latter, it is about what is morally permissible or tolerable within a society that has varying beliefs and values about sexual behavior. That tolerance needs to go both ways.

Acceptance of Trans* Students and Faculty

The survey included three questions that were meant to uncover if trans* students and trans* faculty would be accepted in the various social work programs. (For this purpose, acceptance of transgender and gender-

variant faculty members was operationalized as a willingness to employ them and to provide tenure.) The responses to these questions are listed below (Table 6).

Table 6: Beliefs about Acceptance of Transgender Students and Faculty

Question	Response	N	%
Do you believe that CSWE-accredited social work education programs need to accept students who are openly transgender or gender variant (and are academically qualified)?	Yes	35	85
	No	1	2
	Not sure	5	12
Do you believe that all agencies that work with CSWE-accredited programs need to accept qualified students who are openly transgender or gender-variant in field placements?	Yes	20	49
	No	14	34
	Not sure	7	17
Do you believe that CSWE-accredited social work education programs need to continue to provide employment and tenure to qualified faculty who come out as transgender or gender variant?*	Yes	20	50
	No	5	13
	Not sure	15	38

*(One participant did not answer this question)

Discussion

The findings from this research, while tentative, seem to be consistent with those from a previous survey (de Jong, 2015b). In that study, 113 BSW faculty members in both secular and faith-based programs indicated acceptance of transgender persons and a willingness to teach about transgender issues, while differences due to religious affiliation seemed to be relatively minor.

As was suggested in the discussion of those findings and prompted by controversial decisions on the part of some schools, the present study examined more closely the beliefs of faculty in social work programs housed specifically in conservative Christian institutions of higher education. Again, the data indicate largely positive attitudes and a willingness to engage with trans* issues. Some of the elaborated responses to the question about moral perspectives, in particular, seem to demonstrate the participants' desire to adhere to the social work values of diversity and individual dignity in the context of religious beliefs about love and acceptance.

In terms of beliefs about the origin of a transgender identity, it is noteworthy that none of the participants chose the options suggesting "pathological family dynamics during childhood," or "childhood abuse." By contrast, the views of the current study's participants reflect a large measure of agreement with scientific thinking about the etiology of non-binary gender identities, which places a significant emphasis on biological factors (Collaer

& Hines, 1995; Coolidge, Thede, & Young, 2002; Henningson et al., 2005; Heylens et al, 2012; Nawata et al, 2010) as summarized in this statement:

It is also the case for those trans people whose gender identity develops in conflict with their genital and other sex characteristics, that societal pressures to conform, whether deliberate or inadvertently imposed, cannot overcome their innate gender identity. It is therefore postulated that divergent brain development in the fetus is the most likely trigger for this dissonance. The scientific evidence for this position continues to grow (Reed, 2015).

A significant result with respect to the survey's questions about social work practice is the finding that most of the respondents believe that social workers do not have a moral responsibility to explore conversion to the client's assigned gender identity. Nevertheless, more than one third of the respondents chose "depends" or "not sure" with respect to the question as to whether or not social workers have a moral responsibility to help transgender clients explore going back to the gender identity assigned to them at birth. Other responses to questions about social work practice with trans* clients were qualified as well. Thus, when asked if a social worker can be effective with a transgender client if the worker does not understand the motivation for a gender transition, 51% of the respondents answered with "depends." Also, 46% of the respondents checked "depends" when asked if a social worker can be effective with a trans* client if not fully accepting of that client's gender identity. Finally, about half of the respondents answered with "depends" regarding the issue of referring clients out if the social worker opposes a gender transition on religious grounds (also, 46% checked "yes" in response to this question; this is a controversial issue, especially given the recent passage of a Tennessee law that allows therapists to reject clients based on "sincerely held principles;" Teague, 2016). The high percentages in the "depends" and "not sure" categories described above may indicate ambivalence on the part of the study's participants. Alternatively, they may suggest that the survey did not capture possible nuances in beliefs.

A large majority of survey participants indicated to be in favor of accepting openly transgender or gender-variant social work students. When faculty members were asked if field agencies need to accept these students as well, the percentage of affirmative responses was considerably lower. This was also the case with respect to the question about employment and tenure for trans* faculty. The reasons for these lower levels of support were not made clear. Possibly, there may be a perceived lack of control over agency policies and with respect to the institutional context (prioritizing religious freedom) of certain social work programs.

Limitations and Directions for Further Research

The survey's response rate of just over 29% leaves room for biased findings due to self-selection. Additionally, given the media coverage of trans* issues in some Christian institutions mentioned in the introduction, potential respondents may have perceived the survey as being of a sensitive nature and may therefore have abstained from participating, which also could have skewed the data. These limitations indicate the need for additional research.

Beyond the issue of possible research bias, results from the present study do not explain why and how accepting attitudes still run up against some reluctance to fully embrace gender diversity. For example, what are the reasons for the hesitancy in endorsing the employment and tenure of trans* faculty (as opposed to the much higher level of acceptance with respect to trans* students)? If this finding is related to certain expectations from some of the institutions in which social work programs are housed, how do social work faculty members reconcile institutional demands with their own faith and with social work values?

This study also did not clarify to what extent respondents believed they could or should require field placements to accept trans* students. Another area not fully explained by the present study concerns the faculty members' beliefs about the relationship between understanding, acceptance of, and effective practice with trans* clients. Possibly, issues such as these may be explored with more qualitative methods.

Finally, it would be quite interesting to research the views of social work *students* (emphasis added) in Christian programs, for example when they enter and again upon graduation. Such research would further increase our knowledge of attitudes toward diversity and of the process of values transmission in social work education. Hopefully, results from the present study and from additional research in this area will contribute to a continuing dialogue about how best to teach students across the faith spectrum for effective practice with clients across the gender spectrum. ❖

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The Impact of Family Rejection or Acceptance among LGBT+ Millennials in the Seventh-day Adventist Church

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Coming to terms with one's sexual identity is a particularly complex process for Christian LGBT+ youth, many of whom are at high risk for negative outcomes such as depression, substance abuse and suicide. Many Christian families are just beginning to actively wrestle with how to view and treat their LGBT+ children. This survey of 310 Seventh-day Adventist adult Millennials explored perceived levels of their families' acceptance or rejection of their sexual orientation or gender identity during their teen years. Other variables included recent levels of self-esteem, social support, depression, substance abuse, high-risk sexual activity, and suicidal thinking or attempts. Findings showed generally low levels of family acceptance and support, as well as elevated rates of depression and at-risk thoughts and behaviors. A high proportion of respondents have retained strong spiritual commitment and moderate church involvement. We include recommendations for social workers who work with Christian families who have LGBT+ children.

LESBIAN, GAY, BISEXUAL OR TRANSGENDERED (LGBT+) YOUTH HAVE historically been subject to various forms of rejecting behavior in the society at-large, their communities, schools and even their own homes. Coming to terms with one's sexual identity is a complex process for LGBT+ youth (D'Augelli, 1991), particularly for those raised in a conservative Christian environment. Having read Scriptures, heard sermons, and been involved in conversations that ridicule, demean and condemn persons who are LGBT+, coming out as LGBT+ is a very frightening process for most of these youth. Due to fear of rejection, many very

reluctantly reveal their sexual orientation and others never come out to their own families.

Research indicates that rejection by one's own family is the most frightening form of rejection (D'Augelli, 1991). This fear is not unfounded. Between 20% and 40% of homeless youth are LGBT+ (National Network of Runaway and Youth Services, 2001). Twenty-six percent of LGBT+ youth who come out to their families are kicked out of their homes because parents cannot reconcile their religious beliefs with their child's sexual orientation. Almost a third of these children suffer physical violence from a family member after coming out (Ryan, Huebner, Diaz, & Sanchez, 2009). Rather than risk family rejection and possible expulsion from the home, some youth act straight, repress their sexual identity, and develop survival strategies such as the use of media, pornography, and internet chat rooms (DeVore & Blemenfeld in Dressel & Bolen, 2014). In discussing the challenges of at-risk youth, McWhirter and associates describe how LGBT+ youth not only commonly experience disapproval, anger, and rejection from family and peers but also are often the victim of hate crimes (2007).

Nearly twenty years ago, Savin-Williams and Dube' (1998) proposed a research agenda for studying parental reactions to their gay and lesbian child's disclosure. Some subsequent studies have begun to explore this complex interaction. Youth who identify as LGBT+ are particularly at risk for negative outcomes such as substance abuse, depression, and suicide. Ryan and her colleagues (2009) found that higher rates of family rejection were significantly associated with poorer health outcomes. LGBT+ young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Latino men reported the highest number of negative family reactions to their sexual orientation in adolescence (Ryan, et al., 2009). A sense of disconnection from one's family due to being a sexual minority is posited as being one of the causes of increased depression and suicidal ideation (DiFulvio, 2011).

Another study of LGBT+ youth revealed that family connectedness, adult caring, and school safety were significantly protective against suicidal ideation and attempts (Eisenberg & Resnick, 2006). A recent study of parental awareness of their child's LGBT+ orientation showed that youth from aware parents initially experienced victimization but also more current family support and less fear of future parental victimization than unaware parents (D'Augelli, et. al., 2005). A recent study examined whether lesbian, gay, and bisexual (LGB) young adults reported lower levels of parental support than their heterosexual peers and whether differences in parental support help explain why LGB young adults tend to have worse health-

related outcomes (Needham & Austin, 2010). The researchers found that lesbian and bisexual women report lower levels of parental support than heterosexual women and that gay men report lower levels of parental support than bisexual and heterosexual men. Compared to heterosexual women, lesbian and bisexual women have higher odds of suicidal thoughts and recent drug use; bisexual women also have higher odds of elevated depressive symptomatology and heavy drinking. Gay men have higher odds of suicidal thoughts than heterosexual men. With the exception of heavy drinking, parental support either partially or fully mediates each of the observed associations.

In one study of LGB youth between the ages of 14 and 21, nearly 30% reported a suicide attempt; and almost half of them described multiple attempts. Compared with non-attempters, attempters had more feminine gender roles and adopted a bisexual or homosexual identity at younger ages. Attempters were more likely than peers to report sexual abuse, drug abuse, and arrests for misconduct (Remafedi et. al, 1991). D'Augelli and associates (2005) reported that half of suicide attempts among LGBT+ youth were related to their sexual orientation.

A ray of hope in this otherwise bleak picture comes from a longitudinal study of youth transitioning to adulthood which found that, while there is evidence of numerous disparities in mental health and substance use outcomes during adolescence and young adulthood between those with LGB attraction and those with heterosexual attraction, there is no indication that these disparities get larger over time (Needham, 2012). In contrast, a study by Marshall et. al. (2009) found that self-identified LGB youth reported higher initial rates of substance use and on average their substance use increased over time more rapidly than did substance use by heterosexual youth.

As American culture creates a more tolerant climate for LGBT+ youth to proclaim their sexual identity, many Christian families are just beginning to actively wrestle with how to treat their LGBT+ children. The Family Acceptance Project (FAP) at San Francisco State University recently studied the impact on LGBT+ youth in the general population whose families rejected them as opposed to accepting them. Data show that “parents who send rejecting messages, who try to change their child’s identity, who prevent their gay and lesbian children from having LGBT+ friends, or who allow negative comments about LGBT+ people to be spoken in their home are more likely to have children who withdraw from the family circle and are at higher risk for serious mental health problems” (Ryan & Rees, 2012, p. 5). These children are also more likely to lose their faith or leave the church.

The Seventh-day Adventist Church (SDA) is generally considered to be a conservative, evangelical denomination. It was founded in the latter half of the nineteenth century and has grown to over 19 million members worldwide (Seventh-day Adventist Church, 2016). As with most denomina-

tions, the SDA Church has been challenged to address the reality that there are members who have a lesbian, gay, bisexual, transgender sexual orientation or gender identity. The official position of the SDA Church is that being homosexual is not in itself sinful, but that the practice of homosexuality (i.e. same-sex sexual activity) is a violation of biblical teaching. “Seventh-day Adventists believe that sexual intimacy belongs only within the marital relationship of a man and a woman. This was the design established by God at creation. The Scriptures declare: ‘For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh’ (Gen 2:24, NIV). Throughout Scripture this heterosexual pattern is affirmed. The Bible makes no accommodation for homosexual activity or relationships. Sexual acts outside the circle of a heterosexual marriage are forbidden” (Seventh-day Adventist Church, 2012).

Understandably, many SDA parents struggle to reconcile their understanding of biblical teaching and the official position of their church with the sexual orientation of their children. In light of these present challenges, the present study, the first of its kind in the SDA Church, examines the perception of acceptance and rejection of LGBT+ young adults as they recall their experiences of coming out to their parents while they were adolescents. This survey research is designed to explore the relationships between SDA family rejection/acceptance and outcomes such as depression, social support, substance use, high-risk sexual behaviors, and suicide. To the best of our knowledge, no study has been published that examines LGBT+ acceptance within families within a Christian denominational context, although the Church of the Latter-day Saints (LDS) has taken the data from the Family Acceptance Project and used it to publish guidelines for church members whose children come out as LGBT+ (Ryan and Rees, 2012).

Methods

Target Population

The target population for the survey was adults who identified as LGBT+, are between the ages of 18 and 35 years old, and who were raised in the SDA church. Survey participants did not need to be current members of the SDA church. We chose this age range to stay broadly within the Millennial Generation, and also to create time boundaries for more recent memory of family relationships.

Survey Development

Following a review of the literature, researchers developed an initial list of questions related to family acceptance and rejection, with a primary focus on teenage years. Some of the questions were adapted from a study

conducted by Ryan and colleagues (2009; 2012) at the Family Acceptance Project, although their study did not specifically target church-affiliated LGBT+ individuals. Other family acceptance questions were developed based on general themes developed by the researchers. Primary themes included Coming out to Parents, Family Rejection, Parents' Responses/Consequences, and Impact of Religion. These questions were also reviewed and edited for sensitive language, question clarity, and comprehensiveness (face validity) by selected key SDA LGBT+ individuals and family members, as well as by selected LGBT+ researchers and allies. Researchers have not yet conducted factor analyses on these variables to determine reliability of the themes.

In addition, researchers identified possible outcomes that might result from family rejection. Outcome (dependent) variables were selected from a variety of standardized scales with strong reliability and validity. They included the Rosenberg Self-Esteem Scale (Rosenberg, 1965); Multidimensional Scale of Perceived Social Support (PSSS) (Zimet, Dahlem, Zimet & Farley, 1988); Patient Health Questionnaire Depression Screen (PHQ-9) (Kroenke, K., Spitzer, R.L., & Williams, J.B.W., 2001); selected substance abuse questions from the national Monitoring the Future survey (Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2016); high-risk sexual behavior and suicidal thoughts/behaviors questions from the Family Acceptance Project Study (Ryan, Huebner, Diaz, & Sanchez, 2009); a standard general health question; questions about religious background and involvement; and various demographic questions. We also included two qualitative questions asking participants to compare their current lives with their teen years, as well as to describe or clarify responses that were not adequately captured in the survey.

Data Collection

Following Institutional Review Board approval through Andrews University, we used purposive snowball convenience sampling to generate responses within current and former SDA LGBT+ networks. Anonymous data were collected from July to October, 2016 using SurveyMonkey. A SurveyMonkey link was sent to the following SDA LGBT+ networks: 1) Intercollegiate Adventist GSA Coalition (IAGC) (iagcadventist.com); 2) SDA Kinship International (sdakinship.org); and, 3) various SDA LGBT+-friendly support networks. We requested that these groups send out the invitation to complete the survey through various forms of social media (personal blogs, Facebook, email, website announcements, etc.), while at the same time asking those distribution groups and individuals to forward the SurveyMonkey link to other SDA LGBT+ friends or related networks. Subjects self-screened by reading the email or social media introduction and then proceeding to the link to complete the survey.

Sample

A total of 495 individuals began the survey, with 332 individuals completing substantial portions of the survey and 310 individuals completing the entire survey. Table 1 shows gender at virtually equal responses for Male (45.8%) and Female (44.1%) respondents, with an additional nine individuals (2.9%) identifying as Transgender, three individuals (1.0%) selecting Intersex, and 30 persons (9.8%) selecting Other, which included self-selected categories of “gender-queer,” “agender,” “gender fluid,” “non-binary,” and several other similar variations. When asked about sexual orientation, over one-third (37.9%) identified as Gay, over one-fourth (28.8%) selected Bisexual, one-fifth (20.3%) selected Lesbian, with the remaining 13.1% selecting Other, which included “Pansexual,” “Queer,” “Asexual,” and several other orientation categories.

Table 1 also shows that almost one-fifth (18.7%) of respondents were college-aged (18-22 years), almost half were early young adult (23-29 years), and one-third (33.8%) were 30-35 years old. While over half (55.7%) of the respondents identified their ethnic background as White/Euro-American, the remainder were a diverse mixture of backgrounds, with 12.7% Hispanic/Latino, 9.4% Black/African American, 9.1% Multi-racial, 8.8% Asian or Pacific Island, and 4.2% Other. Almost one-fourth (23.9%) of respondents were not born in the U.S., but almost half of this sub-group (46.2) had lived in the U.S. for more than 10 years.

Table 1: Demographics

Gender	% (N)		Ethnicity	% (N)
Male (M)	45.8% (142)		Hispanic/Latino	12.6% (40)
Female (F)	44.2% (136)		Black/African American	9.4% (29)
Transgender (F -> M)	2.6% (8)		White/Euro-American	55.7% (172)
Transgender (M -> F)	0.3% (1)		Asian or Pacific Island	9.1% (28)
Intersex	1.0% (3)		Multi-Racial	9.1% (28)
Other	9.7% (30)		Other	4.2% (13)
Age	% (N)		Sexual Orientation	% (N)
18-22 Yrs	18.6% (57)		Gay	38.2% (116)
23-29 Yrs	44.6% (137)		Lesbian	20.4% (63)
30-35 Yrs	33.9% (104)		Bisexual	28.5% (88)
Other	2.9% (10)		Other	12.9% (40)

Findings

Religious Background and Involvement

Virtually all respondents (97.4%) grew up as Seventh-day Adventists. Respondents said that religion was an important feature in their homes, with more than three-fourths (76.8%) describing their family as Very Religious or Spiritual and less than one-fourth (22.8%) saying their home was Somewhat Religious or Spiritual. Currently, only 41.6% identify as SDA, with almost a third (32.8%) claiming no religious affiliation and another fourth (23.4%) selecting Other (including common responses such as Christian, atheist, agnostic, Buddhist, “badventist,” and an eclectic variety of religious denominations). Despite having grown up in strongly religious families, only a third (32.1%) of respondents Agreed or Strongly Agreed that they considered themselves to be *religious*. However, three-fourths (73.4%) Agreed or Strongly Agreed that they considered themselves to be *spiritual*. As evidence for this claim, almost a third (30.8%) said they pray daily, with another one-fourth (23.4%) praying at least weekly. In addition, one-fourth study the Bible or other sacred text (24.0%) or read religious books or journals (23.4%) at least weekly. Finally, almost a third (29.6%) participate in religious services on a weekly basis.

Independent Variables: Family Acceptance and Rejection

Coming Out to Parents/Caregivers

Respondents were asked how old they were when they first came out as LGBT+ to a parent or caregiver. A third (33.1%) came out during their teen years, with most coming out between ages 16–19 years. The largest group (40.2%) came out between ages 20–29 years, presumably after leaving home, with an additional 6.3% coming out when they were 30 years or older. One-fifth (20.5%) have *never* (emphasis added) come out to their parents.

Table 2 shows the results to questions about coming out as LGBT+ to parents or caregivers. Only 11.0% Agreed or Strongly Agreed that they felt comfortable coming out to their parents, with four-fifths (80.5%) saying that they were scared to come out because they knew their families would think they were sinful and/or disgusting. Three-fourths (75.8%) knew of their parents’ prejudice toward LGBT+ individuals, making it hard to come out to them. Further, around half were afraid their parents would disown them (57.2%) or knew they would be rejected (47.9%) if they came out as LGBT+.

When respondents did come out as LGBT+, less than half (41.4%) said their family listened attentively as they shared their sexual orientation

and/or gender identity journey with them. Over two-thirds (69.5%) said their parents/caregivers were disappointed and 42.8% said their parents forbade them to tell anyone else about their orientation. Only one-fourth (25.0%) of parents communicated that they “loved me no matter what.” Finally, 17 people (8.9%) said they were kicked out of their house when they came out to their parents.

Table 2: Coming Out to Parents/Caregivers

Coming Out to Parents/Caregivers	Strongly Disagree + Disagree	Not Sure	Strongly Agree + Agree
I felt comfortable coming out to my parents	85.2%	3.8%	11.0%
I was scared to come out because I knew my family would think I was sinful and/or disgusting	9.9%	9.6%	80.5%
I knew of my parents' prejudice against LGBT+ persons, so it was hard for me to come out to them	16.4%	7.7%	75.8%
I knew that I would be rejected if I revealed my sexual orientation and/or gender identity to my family	26.2%	25.9%	47.9%
I was afraid that my parents would disown me if I came out to them as LGBT+	31.8%	11.0%	57.2%
My family listened attentively as I shared my sexual orientation and/or gender identity journey with them	51.2%	7.4%	41.4%
My parents were disappointed when I came out to them	14.4%	16.1%	69.5%
Immediately, or very soon after coming out, my parents communicated that they loved me no matter what	67.1%	7.0%	25.9%
I was forbidden to tell anyone else of my sexual orientation and/or gender identity	45.9%	11.4%	42.8%
When I came out to my parents, I was kicked out of my house	89.0%	2.1%	8.9%

Family Rejection

Table 3 shows generally high levels of family rejection. Respondents believed that most of their parents (81.9%) struggled to accept their sexual orientation and/or gender identity, with two-thirds (65.8%) saying that one or both of their parents responded as if their orientation or identity were a poor reflection on the parents. Rejection was often manifested in humiliating ways within some families, with 42.1% of respondents saying they were ridiculed by their families for the way they dressed or fixed their hair to express their sexual orientation and/or gender identity. In addition,

over a third (37.5%) said their families used demeaning language about their orientations or identities, with 20.6% saying their families called them names such as ‘fag’ or ‘sissy.’ Almost a third (29.0%) said their parents’ financial support was dependent on them complying with their parents’ wishes about their sexuality or gender. Finally, almost a third (28.4%) said their families blamed them for any anti-LGBT+ mistreatment they received.

Table 3: Family Rejection

Family Rejection	Strongly Disagree + Disagree	Not Sure	Strongly Agree + Agree
My parents struggled to accept my sexual orientation and/or gender identity	8.1%	10.1%	81.9%
One or more of my parents responded as if my sexual orientation and/or gender identity was a poor reflection on them	21.4%	12.8%	65.8%
I was ridiculed by my family for the way I dressed or fixed my hair to express my sexual orientation and/or gender identity	47.1%	10.8%	42.1%
My family used demeaning language about my sexual orientation and/or gender identity after I came out to them	53.8%	8.8%	37.5%
I was called names such as “fag” or “sissy” by my family	71.9%	7.5%	20.6%
My parents’ financial support was dependent on my complying with their wishes about my sexuality and/or gender	55.4%	15.6%	29.0%
My family blamed me for any anti-LGBT+ mistreatment I received	55.4%	16.2%	28.4%

Parent Responses/Consequences

Table 4 describes the kinds of responses or consequences that parents or caregivers gave to their LGBT+ children. About one-fourth (27.7%) of respondents were not permitted to associate with any LGBT+ friends. In addition, one-fourth (26.0%) of parents/caregivers took their LGBT+ children to counseling to try to change their orientations or identities. On the other hand, a minority of parents tried to help their children better understand their orientations and/or identities, with over one-fourth (27.8%) of parents expressing their openness to exploring ways to support their LGBT+ children. Further, 11.8% of parents took their children to counseling to help them understand and accept their identities and/or orientations. Similarly, 16.5% of parents searched for organizations that would help them understand,

support and accept their children's orientations and/or identities. Finally, around one-fourth of respondents felt that their parents would defend them if anyone else demeaned or attacked their orientation or identity.

Table 4: Parental Responses/Consequences

Parents Responses/Consequences	Strongly Disagree + Disagree	Not Sure	Strongly Agree + Agree
I was not permitted to associate with any LGBT+ friends	59.1%	13.3%	27.7%
My parents took me to counseling to try to change my sexual orientation and/or gender identity	69.0%	5.0%	26.0%
My parents took me counseling to help me understand and accept my sexual orientation and/or gender identity	85.4%	2.8%	11.8%
My parents searched for organizations that would help them understand, support, and accept my sexual orientation and/or gender identity	64.4%	18.9%	16.5%
My parents were open to exploring ways of supporting me as an LGBT+ person	60.8%	11.4%	27.8%
My parents would defend me if anyone else demeaned or attacked my sexual orientation or gender identity	39.2%	34.1%	26.7%

Impact of religion

Religion played an extremely important role in how respondents and their families interpreted and responded to issues of orientation and identity. Table 5 shows that religious beliefs triggered feelings of guilt and shame in three-fourths (75.2%) of respondents. Most parents were heavily influenced by their religious beliefs, with 82.4% of respondents saying that religious beliefs led to difficulty in parents accepting their orientations and/or identities. Almost two-thirds (60.4%) of parents prayed that God would change their child's orientation and/or identity, and well over half (57.0%) of parents used Scripture to try to talk their children out of their orientations and/or identities. One-fourth of parents (25.0%) took their children to a pastor for prayer and counseling to change their sexual orientations and/or gender identities. In contrast, about a third (37.0%) of parents drew upon their religious beliefs to help them understand and support their children's sexual and/or gender journeys. Because only one-third of respondents came out to their parents while they were in their teen years, it is likely that these percentages underestimate the behaviors of parents trying to change their children's beliefs.

Table 5: Impact of Religion

Impact of Religion	Strongly Disagree + Disagree	Not Sure	Strongly Agree + Agree
When I came out, my religious beliefs triggered feelings of guilt and shame	21.4%	3.4%	75.2%
Given my parents' religious beliefs, they had difficulty accepting my sexual orientation and/or gender identity	10.2%	7.5%	82.4%
My parents prayed that God would change my sexual orientation and/or gender identity	12.5%	27.1%	60.4%
My parents used Scripture to try to talk me out of my sexual orientation and/or gender identity	36.7%	6.4%	57.0%
My parents drew upon their religious beliefs to help them understand and support my sexual and/or gender journey	44.5%	18.5%	37.0%
My parents took me to a pastor for prayer and counseling to change my sexual orientation and/or gender identity	70.2%	4.8%	25.0%

Dependent Variables

Social Support

Respondents were asked questions about current levels of social support using the Multidimensional Scale of Perceived Social Support (PSSS). Tables 6–8 show selected social support questions, organized by the categories of Friends, Family, and Caregiver/Clergy/Church. Researchers combined Very Strongly Agree and Strongly Agree responses into the same category in order to better highlight similar results. Findings show strong differences between the three categories. Social support from friends (Table 6) was generally strong, with respondents saying they have a special person or friend who: a) *cares about my feelings* (69%); b) *is around when I am in need* (68%); c) *I can talk about my problems* (65%); and d) *I can count on my friends when things go wrong* (62%).

Table 6: Social Support from Friends

Social Support: Friends	Very Strongly Disagree & Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree & Very Strongly Agree
There is a special person with whom I can share my joys and sorrows	4.2%	4.8%	6.4%	14.7%	70.0%

There is a special person in my life who cares about my feelings	3.2%	5.4%	6.7%	15.4%	69.2%
There is a special person who is around when I am in need	5.8%	6.1%	4.8%	15.3%	68.1%
My friends really try to help me	1.6%	1.6%	5.4%	23.6%	66.7%
I have a special person who is a real source of comfort to me	5.4%	5.4%	7.0%	16.3%	65.8%
I can talk about my problems to my friends	2.2%	3.2%	5.1%	24.3%	64.9%
I can count on my friends when things go wrong	2.2%	1.9%	9.3%	24.9%	61.7%

In contrast, family members were considered to be much less available and helpful. Table 7 shows that social support from family was moderate to low, with between 42% and 21% believing their families were available for support. Respondents Very Strongly Agreed or Strongly Agreed that: a) my family really tries to help me (42%); b) my family is willing to help me make decisions (34%); c) I get the emotional help and support I need from family (24%); and d) I can talk about my problems with my family (21%).

Table 7: Social Support from Family

Social Support: Family	Very Strongly Disagree & Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree & Very Strongly Agree
My family really tries to help me	10.6%	8.3%	18.5%	27.5%	34.2%
My family is willing to help me make decisions	10.9%	8.9%	18.5%	27.5%	34.2%
I get the emotional help and support I need from my family	25.0%	14.4%	8.3%	27.6%	24.7%
I can talk about my problems with my family	27.6%	12.5%	11.5%	27.5%	20.5%

Finally, caregivers, clergy, and religious congregations (Table 8) were generally not considered to be good sources of social support for respondents. Respondents Very Strongly Agreed or Strongly Agreed that: a) I have a professional caregiver who is an important support (21%); b) I have a clergy person who is an important source of support (12%); and c) my religious congregation is an important source of support (9%).

Table 8: Social Support from Professional Caregivers, Clergy, or Religious Congregation

Social Support: Professional Caregiver, Clergy Person, and/or Religious Congregation	Very Strongly Disagree & Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strong Agree & Very Strongly Agree
I have a professional caregiver (therapist, healthcare provider, etc.) who is an important source of support to me	36.2%	9.9%	19.9%	13.1%	20.8%
I have a clergy person who is an important source of support to me	58.0%	8.0%	11.5%	10.6%	11.9%
My religious congregation is an important source of support to me	56.7%	9.0%	14.7%	10.3%	9.3%

High-Risk Behaviors

While SDAs have a strong tradition of abstinence from using alcohol, tobacco, and other drugs, we asked questions about drug and alcohol use to better understand possible risk behaviors (no table provided). Almost one-fourth (22.3%) said they used alcohol weekly, with another 17.7% saying they used alcohol between three or more times per week. In addition, 10.0% of respondents used tobacco three or more times per week. Almost 10% of respondents used marijuana weekly or more often. Finally, 14% of respondents said they had passed out or lost consciousness as a result of using drugs or alcohol within the past five years.

We asked two questions relating to risky sexual behaviors (no table provided). Almost one-fourth (22%) had had unprotected anal or vaginal sex with a casual partner or a steady partner who was non-monogamous within the past six months. Of that group, 4% (12 respondents) had had sex with someone who was HIV positive. We did not ask the HIV status of the respondent.

Depression and Suicidality

We asked a series of questions relating to nine standard clinical criteria for depression that occurred over half or more of the days in the two weeks prior to the survey (no table provided). Thirty percent of respondents reported low energy and 29% said they had sleep difficulties. In addition, respondents reported appetite problems (21%), feeling bad or like a failure (19%), and trouble concentrating (19%). Sixteen percent reported

anhedonia, 14% said they felt down or hopeless, 10% reported moving or speaking slowly, and 5% said they had suicidal thoughts.

We also asked three questions relating to suicidality. Almost one-third (31.7%) of respondents said they had thoughts of suicide or thoughts of ending their lives during the past six months. Almost one-third (29.0%) had made a suicide attempt at some point in their lives. Of this group, almost a third (29.5%) said that their suicidal thoughts or attempt(s) were related to their sexual orientations and/or gender identities.

Discussion

As Christian social workers, the foundation of our values and practice is found in the biblical commands to love God with all of our being and to love our neighbor as we love ourselves (Matt 22:37-39; Mark 12:28-34; Luke 10:25-28). Jesus follows with this admonition: “The entire law and all the demands of the prophets are based on these two commandments” (vs. 40). The command to love includes those who are different from us as in the parable of the Good Samaritan (Luke 10:30-37) and those who are considered by others to be the “least of these” (Matthew 25:31-40). God seems to advocate particularly for those who have been treated as outcasts (Psalm 147:2-3; Zechariah 7:10), identifies personally with those who have been rejected (Isaiah 53:3) and states emphatically that He will never reject those whom the Father has given Him (John 6:37).

Despite Jesus’ command, the majority of the LGBT+ individuals in this study have not experienced consistent love from their families or the SDA church. They have been considered by others, and often sadly by themselves, as being different and the least in the kingdom, if members of it at all. The findings of our study bring to light the painful reality that many LGBT+ individuals in the Seventh-day Adventist Church felt rejected by their families in their youth and often continue to feel that rejection as adults. Many have felt the sting of sermons in which same-sex attracted youth are spoken of as disgusting and sinful outcasts and too many (8%) have literally been cast out of their own homes.

Differing Points of View, Differing Needs

As with many conservative evangelical churches, the Seventh-day Adventist church has both official and unofficial positions on LGBT+ issues. As Christian social workers, it is important to be aware of varied positions on this issue among church membership, knowing that we will not personally agree with them all. Since the social work profession is committed to self-determination, dignity and worth of the individual, and a nonjudgmental approach to clients, we need to be aware of potential resources to help those

with differing points of view. There is a range of viewpoints regarding homosexuality within the SDA church. Some believe that same-sex attraction is *de facto* sinful, not distinguishing between attraction and acting sexually on that attraction. A second position, officially held by the SDA Church, is that the practice of homosexual *behavior* (same-sex sexual activity) is against biblical teaching. This is likely the majority position of SDA church membership and has been articulated in the SDA Theological Seminary's recent position paper on homosexuality (SDA Theological Seminary, 2015). An example of a person espousing this view is Wesley Hill, an Anglican pastor and professor, who frankly describes his own journey of celibacy as a gay man, including both the blessings and challenges of deep friendship in this context (Hill, 2015). An emerging position in the church is the understanding that identifying as gay in either identity or orientation reinforces a sinful identity. The thought of those who hold this position is that our Christian identity is that of new creatures in Christ, that old things have passed away (2Cor. 5:17), and that "such were some of you" (1Cor 6:11). They no longer identify as gay or lesbian, but see the same-sex attraction that they experience in the present to be a form of temptation to return to a former life of sin (Coming Out Ministries, 2016). This view does not identify as a form of change ministry or reparative therapy, but simply the living of a life of victory (celibacy) by the power of God. Finally, there are those in the SDA Church who have fully embraced LGBT+ as their sexual orientation and/or gender identity (e.g. SDA Kinship).

There are some individuals on SDA campuses who, while acknowledging the fluidity of sexual attraction in youth (Diamond, 2015), are committed to providing safe places and support for youth who are on the journey of discerning their identities, sexual and otherwise. While Christian youth in general tend to be more open to LGBT+ persons than their parents (Marin, 2016), it is still a reality that many of the same-sex attracted youth on SDA campuses have experienced rejection from their peers. Title IX requires protections for LGBT+ youth on college campuses in the form of nondiscrimination policies (National Women's Law Center, 2016). Unofficial support groups on some college campuses provide an additional place where youth share their experiences and connect with others on similar journeys.

Religious Background and Involvement

The nearly universal need for humans to find meaning in their lives is most often expressed in a hunger for the Divine. It would appear from our research that LGBT+ individuals are no exception. Few respondents totally rejected God through atheism or agnosticism; to the contrary, nearly three-fourths considered themselves to be spiritual. This research confirmed,

however, that spirituality and religious practices are not identical concepts. Slightly over a half of our respondents prayed at least weekly, while fewer engaged in other religious practices such as spiritual reading or regular church attendance. Despite significant rejection, nearly 43% still consider themselves to be Seventh-day Adventist. Most came from very religious families and were involved in the fabric of church life as youth. They may have been involved in the Adventurer and Pathfinder programs (similar to Boy & Girl Scouts). Their roots go down very deeply into the soil of Adventism and they still want to find a home in the Adventist Church. These findings compare positively with the Christian church at large, where research indicates that 36% of LGBT+ Christians are still practicing in the faith tradition in which they were raised (Marin, 2016). On an even more hopeful note, Marin's research indicates that 76% of those who have left a church tradition are open to coming back (p. 69).

Family Acceptance and Rejection

Coming Out as LGBT+

One of the most remarkable findings in this study is the difficulty that most LGBT+ youth had resolving their sexual orientations and/or gender identities. Due to their religious beliefs, over three-fourths had difficulty admitting to themselves that they were gay or lesbian, felt isolated as they faced their orientation, felt guilt and shame, and experienced fear that their families would think that they were sinful or disgusting. D'Augelli (1991) states that dealing with these feelings precedes disclosure to family and that, in fact, emotional safety is a primary issue for young people who do disclose. Because of these fears, LGBT+ youth often disclose to safe friends or siblings prior to disclosing to parents (D'Augelli et. al., 2008). The reality that nearly 50% of the persons in this study who did come out to their families did not do so until the age of 20 or after speaks to the tremendous fear that our respondents felt. Even more sobering is the statistic that an additional 22% have never come out to their families. This painful finding requires that the SDA Church finds ways to create safe spaces for difficult conversations about this subject.

Family Rejection

It is understandable that Christian parents with conservative values would struggle to accept their children's disclosure that they are LGBT+, as over 80% of the parents were perceived to have done in this study. One could speculate that it is the nature of the struggle rather than the struggle itself that is of most concern. For example, when parents perceive that their

child's same-sex attraction is a poor reflection on them, their concern and focus is more on what others will think of them than their child's well-being. When rejection is expressed as ridicule for the child's choice of clothing or hairstyle, when demeaning language and name-calling are used against children and they are blamed when they are the victims of abuse, research indicates that there will be higher levels of future negative outcomes in areas such as depression, suicidal ideation and attempts, and lower self-esteem (Ryan, 2009, 2012). Future data analysis will explore whether or not these correlations are also true in this Seventh-day Adventist sample.

Parent Responses/Consequences

Approximately one-fourth of the adult respondents in this study experienced their parents as either trying to control their "gayness" by not allowing them to associate with friends who were also LGBT+ or by taking them to counseling to change them. Both of these strategies can be harmful to children as well as adults (Anton, 2010). It was, however, encouraging to see that over one-fourth of the parents in this study were seen as trying to support their children deal positively with their same-sex attraction by helping their children to understand it through counseling and by learning more about it for themselves. This type of supportive behavior is correlated with positive health outcomes in the future of a child.

Impact of Religion

Christian parents, particularly those who come from more conservative evangelical churches such as the SDA Church, are faced with a dilemma when their children reveal struggles with same-sex attraction. Many are perplexed about how best to relate to their child's revelation. They first have to examine their own feelings and even prejudices about members of the LGBT+ community. Second, they must attempt to reconcile their own understandings of Scriptural teaching about homosexuality with their love for their child. As described above, the foundational biblical command is to love. Wise Christian parents, knowing the immense challenges that lie ahead for their children, must be particularly concerned that their children are cared for, loved, and respected. This study revealed that only one-fourth of the parents immediately, or very soon after their child came out, expressed unconditional love for their children (leaving two-thirds who did not). In addition, only 41% felt attentively listened to, nearly two-thirds experienced parental disappointment, and over 80% agreed that their parents struggled to accept their orientation because of their religious beliefs.

This may be justified by parents as some variation of 'love the sinner but hate the sin,' but children, much less adults, cannot easily distinguish between these two tensions, in large part because sexual and gender identity

are parts of what make up one's core identity. Rejecting the 'sin' essentially means rejecting that person's essential self. Therefore, it is important for parents to be able to communicate clearly their love for their child even as they wrestle with their own understanding of biblical teaching in the area of homosexuality. Parents need to learn how to express their authentic thoughts, feelings, and reservations with their children while conveying their love. Their struggles with disappointment, with their confusion and fears, and their concerns for their child's future parallel the struggles their children have faced prior to coming out to them. Genuine love conveys the message that "even though I may not fully understand or agree with your position, I am with you on this journey, for better or for worse, until the end. You are my child and nothing can change my love for you."

Social Support

In general, an LGBT+ person's friends were perceived to be much more supportive, caring, empathic and reliable when difficulties arose than family. Perhaps this could be explained by the reality that most friends of LGBT+ persons are more similar in age and interests and thus more open than parents were. Only one-fourth of families were seen as being available for emotional help and support, leaving much work for improvement among families in the Seventh-day Adventist Church. Finally, professional caregivers, clergy, and religious congregations were seen by most respondents as being of little support to LGBT+ respondents. The church needs to explore ways to understand, listen carefully, and support its members who want to make their churches safe places for them to find a social and worship home.

At-Risk Behaviors

The findings in this study confirm those of prior research that LGBT+ individuals use alcohol and drugs in significant amounts, engage in unprotected sex, display significant symptoms of depression, and have a high rate of suicidal ideation and attempts (Ryan, et. al, 2009; DiFulvio, 2011; Remafedi et. al, 1991). While D'Augelli and associates (2005) reported that half of suicide attempts among LGBT+ youth in their study were related to their sexual orientation, less than 30% of the respondents in our study reported the same. Because members of the Seventh-day Adventist Church have been taught the values of caring for their own bodies as the 'temple of God,' many possess strong values against the use of alcohol and drugs, sex outside of marriage, and suicide. Therefore, it would not be surprising to find lower, but still significant, frequencies of other at-risk behaviors as well. Further research will compare the frequencies of at-risk behaviors found in this study with those of Adventist youth in other studies and those of Christians from similar evangelical Protestant denominations.

Limitations of the Study

The findings of this study cannot be generalized to populations outside of the Seventh-day Adventist Church, although our findings do not differ in many respects from those done on the population at large in North America (Ryan, et. al. 2012). Another limitation is that many of the family acceptance variables are measures of the perceptions of the participants in this study. While perceptions are important and often are determinative of a person's reality, it may also be true that parents may not have intended to reject or stigmatize their children, nor even perceived that they had done so. Well-meaning parents, attempting to love their child, may have shared with them their understanding of God's word and the child may have perceived parental rejection as a result. The difficulties of researching perceptions and their impact on reality can be very challenging. Despite one's best efforts, love can be perceived as rejection, making this a limitation in this study. Thirdly, the findings of this study are limited by the memories of the respondents. Memories can be unreliable, but accurate or not, can shape perception and subsequent behavior. Finally, we did not ask questions about the extent of family trauma, including sexual abuse, violence, substance abuse or neglect. Family dysfunction can emerge in all family types, not just those with LGBT+ children, leading to mental health challenges and at-risk behaviors on the part of children in response to those traumas.

Recommendations for Future Research

This research highlights current challenges within the SDA Church to grapple with the difficult issues related to LGBT+ youth in its ranks. Further research should be done to compare the risk of SDA LGBT+ youth with those of youth in other denominations as well as those in the general population. It would also be very important to compare how the perceptions of LGBT+ youth about parental acceptance or rejection compares with the perceptions of parents themselves. The present data will be further analyzed in order to establish whether there are correlations between the acceptance vs. rejection independent variables and the dependent variables of depression, suicidality, unprotected gay sex, substance abuse and so forth. Such research will take the form of correlations, cross-tabulations, regressions, and odds ratios.

Recommendations for Christian Social Workers

It is important for Christian social workers to help families with same-sex attracted youth to understand: 1) that they are not alone; 2) the strength and courage it takes for LGBT+ child to come out; 3) the need to expand

their knowledge of LGBT+ issues; 4) that they should not try to change their child's sexual orientation or gender identity; 5) the importance of their support, even if they are confused or uncomfortable with their child's orientation or identity; and 6) the importance of coming to terms with their child's sexuality in the context of their religious beliefs.

The following suggestions are adapted from Ryan (2009). Christian social workers should *encourage* the following behaviors in parents:

- Pray earnestly for their LGBT+ children as they do for their other children that their hearts and minds will be open to the movement of the Holy Spirit within.
- Encourage their children with the reality that God loves them and has no condemnation in his heart toward them.
- Maintain a vibrant personal devotional life and encourage intimacy with God in all of their children.
- Share with their children honestly and authentically about their thoughts and concerns and listen respectfully to their child's story, thoughts and feelings.
- Communicate clearly their understanding of Scriptural teachings about homosexuality without condemnation and invite their LGBT+ child to share their understanding of the same. Invite their child to ask questions, express confusion or conviction about their sexual journey to this point.
- If uncertain about how to handle their child's questions, seek the help of a qualified Christian social worker or counselor to help the child process their questions, thoughts and feelings.
- Love their child unconditionally and express affection for them when they come out despite any misgivings or discomfort that they may have about their decision. More than any other time, their children must know that they have a safe place in their home to live and to explore their lives in all aspects.
- Protect their children and advocate for them when they are mistreated. Anticipate that there will be those who do not understand or accept their child's struggle. Be aware that other children in their family may also experience ridicule because of a same-sex attracted sibling.
- Prayerfully consider their child's level of development and maturity as well as where they are on their journey of sexual identification as they consider the decision to welcome their child's LGBT+ friends into their home. A warm welcome does not of necessity convey acceptance of a child's choices. It may provide an opportunity both to listen to, and to share with, their child's friends. Consider their child's need for friendship as opposed to

isolation. Understand normal adolescent impulses and provide safe boundaries for their children. Forbidding a child to bring their LGBT+ friends home will be likely to create underground contacts with them and may further the isolation their child experiences.

- Talk with their church leaders and fellow members about welcoming LGBT+ persons to church services and about providing ways to loving support them.
- Be willing to openly discuss their child's identity with others when they have questions. Be willing to share their convictions and their journeys with others.

Christian social workers should help parents avoid the following behaviors:

- Any type of physical abuse including hitting or slapping their child because they are LGBT+.
- Shaming or condemning language, harassment or name calling since it continues the cycle of rejection and subsequent self-defeating thinking, emotions, and behavior.
- Excluding LGBT+ youth from the family and family activities. It is important that they feel included as members of the family.
- Blaming their children if they are bullied.
- Pressuring their children to be more masculine or feminine.
- Telling their children that God will punish them for being LGBT+ or that they will not go to heaven if they don't change.
- Telling their children that they are ashamed of them because of their being LGBT+.
- Preventing their children from talking about their same sex attraction.
- Attempting to change their child's same sex attraction.
- Sending their children to reparative therapy or change ministries.

In summary, Christian social workers are in the unique position of being bridge-builders between LGBT+ children and their parents. When LGBT+ youth come out to their parents, the conversations that need to be had between them are often difficult, filled with varying feelings of shock, fear, grief, and confusion. The social worker can assist LGBT+ persons by helping them to 1) process their own thoughts and feelings, 2) clarify how they can communicate with their parents clearly, 3) anticipate the range of possible responses from parents, 4) debrief with both parents and children after the coming out has occurred, and 5) continue to provide support for the family as they walk through their journey together in the future. In this

process, social workers will need to be prepared to be demonized as being too progressive or conservative by both parents and their children. Learning to respond in grace and to be an objective voice in their lives during this difficult time is a mission unique to Christian social work.v

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Religious Freedom is Good for Social Work and Social Justice

Stanley Carlson-Thies

Many fear that religious freedom shields views and actions harmful to vulnerable clients. Yet religion was an important inspiration for the social work profession and motivates much good. This article discusses freedoms of and limitations on religious organizations and persons and proposes that the diversity of clients and communities can best be served by a diverse social work profession.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The *NASW Code of Ethics* reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments. (*NASW Code of Ethics*, 2008)

Is conservative religion a shield for discrimination and bigotry against LGBTQ people? That is the stated view of the chairman of the US Commission on Civil Rights. In a September, 2016 report of that federal advisory body, Chairman Martin Castro said that religious freedom in our day is a code word for "discrimination, intolerance, racism, sexism, homophobia, Islamophobia,

Christian supremacy [and other] form[s] of intolerance” (2016, p. 29). The Commission majority claimed that religious organizations use the “pretext” of religious convictions to justify discrimination (p. 26). It is apparent that many agree with these views.

A multi-faith group of religious leaders appropriately asked President Obama and congressional leaders publically to disavow this governmental labeling of American religious organizations and citizens as bigoted. They pointed out that it is not legitimate, under the US Constitution, for the government to pass judgment on the validity or acceptability of the faith convictions of Americans (LDS Church, 2016). As Justice Robert H. Jackson wrote for the majority in a famous US Supreme Court decision during World War II that vindicated the refusal of Jehovah’s Witness children to salute the US flag and pledge allegiance to the nation, “If there is any fixed star in our constitutional constellation, it is that no official, high or petty, can prescribe what shall be orthodox in politics, nationalism, religion, or other matters of opinion or force citizens to confess by word or act their faith therein” (West Virginia, 1943, p. 642).

And yet, even though religious freedom is a high constitutional value, if it is the case that people—social workers—guided by certain religious views in fact will harm rather than help LGBTQ clients, it would be legitimate—and necessary—to keep such people, academic programs, and organizations far from the profession and practice of social work.

I’d like to propose an alternative perspective to the US Commission on Civil Rights: religious people and organizations contribute greatly to the profession of social work and to the well-being of those the profession is dedicated to serving. And religious freedom—protection for religious persons, views, and organizations—is therefore a positive support for the goals of social work and for the common good in society.

The Pro-Social Contributions of Religious Organizations

There should not be any need to belabor the point about the positive contribution of religion to the well-being of people in need, notwithstanding that religions, regrettably, are not always “pro-social.” Pro-social behavior is, in fact, quite often the fruit of religious commitment and the work of faith-based organizations (Baylor University, 2016).

A recent study of the “socio-economic contribution of religion to American society” proposes as a mid-range estimate an annual value of \$1.2 trillion, totaling the impact of congregations, faith-based service organizations, and businesses inspired by religion (Grim & Grim, 2016). This huge number, larger than the annual revenues of the top ten tech companies combined (Faithcounts, 2016), adds together what these entities spend in their communities (e.g., salaries, rent, purchases) with the value

of the good that they do, such as the many social services that virtually all congregations offer to non-members. A fun fact: on his or her way to Starbucks for a morning coffee, a person will, on average, pass twenty-six congregations, almost all of which offer several or even many services, at no charge, to their neighborhoods (Religious Freedom and Business Foundation, 2016). Or simply note the many religious organizations that provide social work services, from Catholic Charities and Lutheran Social Services to the Salvation Army, Jewish Social Service Agencies, and Baltimore's Muslim Social Service Agency.

Recall, too, the faith-based initiative, a federal effort, now spanning three administrations and both parties, to ensure that federal rules and practices foster valuable partnerships between federal social programs and faith-based organizations. The principles of the faith-based initiative were enacted into law several times in the form of Charitable Choice provisions during the Bill Clinton administration. The George W. Bush administration extended those principles to additional federal social-service spending programs via an Executive Order and regulations. And the Bush principles have been affirmed, in slightly modified form, by President Obama, through an Executive Order and amended regulations (Carlson-Thies, 2009; Daly, 2009; Chandler, 2013; Federal Register, 2016).

Nor should it be forgotten that the social work profession has religious roots, and, despite differentiating itself from congregations and clergy, continues to exist in close connection with religion. The settlement house movement, for instance, a fount of the American social work profession, "was originally developed in England by a clergyman . . . and imported to the United States by yet another clergyman" (Cnaan, Wineburg, & Boddie, 1999, p. 58). Some significant proportion of social workers today receive at least part of their social work education in religious colleges or universities and many, whether students in religious or secular social work programs, serve their MSW field placements in religious organizations. Another testament to that religious aspect of the social work profession, of course, is the existence of the NACSW alongside the NASW.

Balancing Religious Freedom, Pluralism, Social Justice, and Participation in the Public Square

These social-justice roles of religious people and religious organizations have had an expansive and positive impact. The contributions are possible in significant part because of the strong protections afforded, in the past and present, to religious people, concepts, and organizations in our country. Such protections have been important because, although the United States has long been a very religious country, it has never been religiously uniform nor has it ever lacked secular critics of religion. And

America also has a strong tradition of church-state separationism that, with lesser and greater success in different eras, urged that religion should be kept out of services offered to the public. Noted religious sociologist Peter Berger is reported to have once remarked that if India is the most religious nation and Sweden the least, then “America is a nation of Indians ruled by Swedes” (Johnson, 1993). Stephen Monsma and I have written an extensive overview of the contemporary religious freedom challenges to faith-based service organizations (Monsma & Carlson-Thies, 2015). We propose a principled pluralist approach to resolving the issues. I am drawing from this framework for my discussion in this article.

“Religious freedom” is a bundle of concepts, constitutional principles, legal provisions, and court decisions that extensively—but hardly always—protect the exercise of religion by persons and by organizations even when their religious convictions lead those persons and organizations to act in ways disapproved by society and government. Religious freedom, along with the freedoms of speech and association, and other constitutional and legal protections, protect the diverse faiths, philosophies, and lifestyles that comprise American society (Inazu, 2016; Galston, 2002).

Consider two specific religious freedom protections. Religious staffing by religious organizations is controversial to some and yet is a foundational principle of our fundamental civil rights laws. That is, when the federal government decided to prohibit racial, ethnic, religious, and sex discrimination by private employers in the 1964 Civil Rights Act, an exemption was built into the law so that religious employers could consider religious compatibility when choosing employees for positions with religious responsibilities. And that exemption was broadened to cover every position in religious organizations—not only jobs like chaplains, counselors, and top executives—when the employment nondiscrimination provisions were strengthened in 1972.

Why broaden the exemption to cover receptionists as well as chaplains? Democratic Senator Sam Ervin, known for his constitutional expertise, explained that the expansion was needed “to take the political hands of Caesar off the institutions of God, where they have no place to be” (quoted in Esbeck, Carlson-Thies, & Sider, 2004, p. 27). Challenged as unconstitutionally broad in a case that involved a janitor fired for spiritual reasons by a Mormon health club, the full exemption instead was unanimously upheld by the US Supreme Court in 1987 (*Corporation of the Presiding Bishop v. Amos*, 483 U.S. 327). The Court stressed that it cannot be the appropriate task of the federal government to second-guess the decisions of religious organizations about which positions legitimately have religious qualifications. See Esbeck, Carlson-Thies, & Sider (2004) for an extensive discussion of the religious staffing freedom, its constitutional basis, and its policy rationale.

Thus, ever since the federal government has acted to end employment discrimination in American society, it has accepted that a distinctive rule must apply to religious employers. For a religious organization to assess the religious qualifications of job applicants is not, in federal law (or generally in state or local law), illegal discrimination, just as it is not illegal discrimination for a Democratic Senator to refuse to hire Republicans for her staff. Being able to consider the religious suitability (the religious organization) or political suitability (the Senator) of applicants is essential to these different employers, fundamental to operating in accordance with their respective purposes and convictions. In some federal programs, religious hiring is not permitted; however, religious organizations can appeal to the Religious Freedom Restoration Act in order to participate in such programs despite having a policy of hiring based on religion. See the discussion in Esbeck, Carlson-Thies, & Sider (2004). State and local laws are somewhat varied, most jurisdictions permitting, but some forbidding, religious hiring when government funding is involved.

To term these practices wrongful discrimination and to forbid them would be to undermine the viability of religious organizations and political offices. Conversely, protecting the ability of organizations to screen applicants based on their compatibility with the identity and mission of the organization enables those employers to operate in accordance with their respective sets of convictions, religious or political, whether or not those convictions are unpopular with some or many.

Unpopular beliefs are protected as well by Title IX, a second example of religious freedom protections. Title IX is the federal law that forbids sex discrimination by educational institutions that receive federal financial support (including through student loans), as all but a small handful do, and it also applies to educational programs that are federally subsidized. Early, its main effect was to equalize spending on women's and men's collegiate sports; more recently, it has compelled schools to act forcefully against sexual harassment and abuse. From the beginning, it has included an exemption for institutions with a religious reason not to comply with the nondiscrimination requirements. Many religious colleges and universities have been exempted, enabling them, for instance, to restrict admission to their training for the priesthood to men or to maintain single-sex dorms. (Not only religious institutions are exempted: YMCAs and YWCAs are exempt, as are the Boy and Girl Scouts and fraternities and sororities.)

More recently, as the federal Department of Education has reinterpreted sex discrimination to encompass discrimination on the bases of sexual orientation and gender identity, additional religious colleges and universities have sought—and received—an exemption. The exemption enables a religious institution to maintain a religiously-based conservative moral conduct code for students, faculty, and staff, if such a code is based

on the teachings of the religion professed by the college or university. The exemptions are essentially automatically granted by the Office of Civil Rights in the federal Department of Education. That is because Title IX specifically provides that a religious institution is exempt where application of the nondiscrimination requirement would be “not consistent with the religious tenets” of the school or college. For a good overview of the Title IX religious exemption and its operation, see Augustine-Adams, 2016.

The Title IX religious exemption became very public and controversial upon the publication of the Human Rights Campaign’s report, *Hidden Discrimination: Title IX Religious Exemptions Putting LGBT Students at Risk* (Human Rights Campaign, 2015). One outcome of the report was the creation by the federal Department of Education of special webpages on its website listing religious higher education institutions that have applied for or received a religious exemption. Other institutions holding exemptions under Title IX or other laws administered by the Department receive no similar public exposure. The implication is that religious colleges and universities are somehow acting improperly by utilizing an exemption that Congress included in the law to protect their constitutional religious freedom rights.

Taken all together, Title IX as currently interpreted has two distinct requirements or views about sex, and now also LGBTQ, discrimination in federally supported educational institutions and activities. It holds that it is illegal, as a general rule, for a federally supported educational institution or activity to treat students, faculty, and staff differently based on their sex, gender identity, or sexual orientation. At the same time, it provides that it is not illegal discrimination for a federally supported educational institution or activity to treat students, faculty, and staff differently if such different treatment is required by the religious convictions of the institution.

In these and many other ways, the laws, regulations, and constitutional principles of our country strongly protect a diversity of convictions and actions, where citizens and organizations have sincere and strongly grounded alternative views. These are protections for individuals and also for institutions. It is important to emphasize, however, that these strong protections do not justify harmful actions. Persons and organizations are free to act according to their convictions but those convictions, however sincerely held and no matter how deep their religious grounding, do not authorize the causing of actual harm to others.

Tenure protects unpopular views, but a tenured professor will nonetheless go to prison for sexually abusing a student. Free speech is extensively protected in the United States but does not shield a person who incites another person to commit a crime. The right of religious organizations to engage in employment practices based on religion does not protect from legal penalties an organization that claims its religion requires racism or not

paying into employees' Social Security accounts. (But note that the courts, because of the First Amendment, have acknowledged a very broad religious exemption that permits houses of worship and other religious organizations to select their "ministerial" employees without regard to the restrictions of employment law. This "ministerial exception" was unanimously affirmed in 2012 by the U.S. Supreme Court in *Hosanna-Tabor Evangelical Lutheran Church and School v. Equal Employment Opportunity Commission*.)

Similarly, faith-based non-profits are eligible for federal funding to provide social services without first closing down chapel services and removing religious icons from walls, but cannot use grant funds to coerce anyone into prayer or conversion. The federal Religious Freedom Restoration Act (RFRA), which, to the deep concern of many, at the US Supreme Court supported the Hobby Lobby company's refusal, on religious grounds, to include several contraceptives in its employee health plan, provides no blanket freedom for religion. Rather, RFRA directs courts to uphold government policies, except if those policies impose heavy penalties on religious conduct and the government could find a less restrictive way to implement its compelling interest. Moreover, the Court noted that, while its Hobby Lobby decision upheld the religious refusal of the company to include all contraceptives in its plan, this refusal did not prevent women from accessing the contraceptives in other ways.

Likewise, three states specifically protect the ability of religious adoption agencies to use faith-based criteria to decide what kinds of family environments are best for the children in their care according to the precepts of their religious beliefs. Yet such agencies, of course, exist within a broad diversity of providers. And religious child welfare organizations have no power to restrict the evaluations and placement decisions of other agencies and cannot reverse a government's decision to allow people to adopt without regard to marital status or sexual orientation. Likewise, the deference our society gives to professional judgment does not absolve a social worker who harms her client, even if her actions are motivated by sincere convictions, whether those convictions are grounded in religious belief or in a secular ethical system.

Dealing with Hard Cases When Principles and Values Come Into Tension

All of this raises the vital question: what is substantial harm—action that should not be permitted no matter how strongly our laws, custom, and Constitution protect conscience, religion, diverse worldviews, and professional judgment? This, it is apparent, is not a simple question. Witness the *NASW Code of Ethics*. It stresses important values and principles that must guide social workers, such as protecting the dignity of every person; combatting social

injustice, including discrimination; honoring clients' self-determination; and respecting the particular cultural expectations and the convictions, including religious convictions, of each client. And yet it is not evident how all of these values and principles can be fully realized in every instance.

To a secular social worker, a client's deep attachment to a religious community may seem disempowering and the source of negative customs, and yet social workers are not to impose their own values. To those not sharing the norms about relationships and sexuality of a religiously conservative denomination, it may appear, at best, puzzling that a gay student chooses to attend a college with a very traditional conduct code, and yet that student may highly value the opportunity to assess how his sense of his sexual identity intersects with his sense of his religious identity. If the student is the client, what action, if any, should a social worker take? Likewise, the *Code* requires social workers to be dedicated to every client's well-being, to respect each client's beliefs and values, and to be careful not to take advantage of their positions to press their own religious, political, and other views on clients—and yet being professionally responsible may require a social worker to break off the professional relationship instead of continuing to try to help. As the *Code* says, "In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client" (NASW, 2008, "Social Workers' Ethical Responsibilities to Clients" 1.06).

The *Code*, indeed, notes that there can be "conflicts among [its] values, principles, and standards" and that it "does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict." And it rightly states that "many other sources of information about ethical thinking" can be helpful, although these should be subordinate to the *Code*, and that social workers must be aware of possible conflicts between their personal beliefs and the professional values they must uphold—without ignoring that their "ethical behavior" as social workers "should result from their personal commitment to engage in ethical practice" (all from the Purposes section).

In short, what is entailed in promoting the best for a client can be a complex matter, and likewise what constitutes harm can be a controverted issue, with well-intentioned, attentive, and well-prepared professionals coming to different conclusions. This is the real complexity of ethical decision-making, and the complexity is particularly great in a society where neither social workers nor clients share a common set of convictions and values. It is no solution to these complexities to ask social workers simply to ignore their personal commitments and the beliefs and values of the ethical communities—the religious, political, philosophical communities—from which they respectively come. The good of clients and society depends on social workers (and all with societal and intellectual power)

being committed to operate on the basis of a deep and vibrant dedication to ethical decision-making, an animating dedication beyond rote adherence to professional standards.

Thus, social work students, programs, and organizations must be encouraged to be rooted in and inspired and enlivened by ethical systems and by communities of conviction, notwithstanding that these systems and communities do not hold identical views on the different values and how they can be harmonized or best realized together. Our society relies on people and organizations being committed to living by conviction and is designed to foster this. Thus we have all the protections for expression, religion, association, and conviction, we encourage a very diverse civil society, we permit businesses to be mission-oriented, and we protect significant self-governance by professional associations. But with that reliance on and protection of conviction and religion comes the reality of diverse values and convictions. Difference of convictions, varied ethical decisions, alternative weightings of values: these are realities of professional life, of American life. They cannot be wished away. We should be careful about declaring out-of-bounds as illegitimate or biased views that are different but that ought to be accepted as good-faith alternative understandings of how best to be helpful in complex situations. Charles Glenn warns that professional norms can undermine legitimate value differences in *Ambiguous Embrace* (2000).

The liberal pluralist political philosopher, William Galston (2004), puts it this way, in discussing the differences that religious communities and private organizations ought to be allowed to maintain. He notes that in liberal democracies, religious organizations are given significant latitude to express and live by values that differ from the societal consensus. However, he says,

[t]his does not mean that all religiously motivated practices are equally deserving of accommodation or protection. Some clearly are not. Religious associations cannot be permitted to engage in human sacrifice; there can be no “free exercise” for Aztecs in a liberal society. Nor can such associations endanger the basic interests of children by withholding medical treatment in life-threatening situations. But there is a distinction between basic human goods, which the state must defend, and diverse conceptions of flourishing above that base-line, which the state should accommodate to the maximum extent possible. There is room for reasonable disagreement as to where that line should be drawn. But an account of liberal democracy built on a foundation of political pluralism should make us very cautious about expanding the scope of state power in ways that mandate uniformity (p. 49).

Principled Pluralism in Social Work Practice

The base-line in social work is: no harm to the client. But also: client self-determination. But also: respect for the client's culture, values, and religion. These are not easily meshed. How a social worker, who has her own values, her own intuitions about how to assist a person, family, or community away from harm and to flourishing is to infallibly make these decisions is not obvious, and all the less obvious because those being assisted have their own diverse perspectives, values, and ethics. There is likely to be, legitimately, more variation, less consensus, than, for example, in a physician's diagnosis and treatment of a broken limb. But yet not all variation is legitimate and acceptable.

How can the social work profession ensure a base-line of no harm, indeed, of practice that contributes to social justice, while respecting the diversity of views and values on the part of both social workers themselves and the persons and communities they are assisting? Are some views simply too much at odds with the Code to be acceptable in a social worker?

Specifically, considering how fundamental is the professional requirement that social workers must not "practice, condone, facilitate, or collaborate with any form of discrimination," including discrimination on the basis of sex, sexual orientation, gender identity or expression, marital status, or religion (among other characteristics) (NASW, 2008, 4.02), should adherence of a social worker or social work education program to historic Christian understandings of human sexuality and intimate relationships make them, at the least, suspect of being unable to fairly practice the profession? Should they be excluded? Should legal arrangements—for example, the religious staffing exemption and the Title IX religious exemption—that protect the perpetuation of these views be overturned?

The possible incompatibility of some moral views of theologically conservative Christians (and Jews and Muslims and some secular people) with the nondiscrimination commitment of the profession has been and will be a significant matter for discussion within NACSW and between Christian social workers and their peers. It is the topic of this special issue, and rightly so.

Let me offer four observations as a contribution to this important matter.

1. A social worker need not affirm a client's self-understanding in order to provide good assistance.

This must be true or most social work would be impossible, for it must be common that a social worker—highly educated, (relatively!) well compensated, often secular—is responsible to assist a person, family, or community that differs along all of these dimensions. Indeed, it is because

a difference in values, outlooks, and culture between a social worker and a client is a common occurrence that the *Code* takes pains to guide social workers to promote the client's interest and self-understanding, rather than to substitute his or her own values and interests.

Thus also with the Christian holding to traditional sexual ethics, or for that matter, convinced of the truth of the Christian faith. As to the latter: it is the most common thing in the world for Christians to serve non-Christians with respect and compassion. This is a fundamental commandment of the faith: love your neighbor as yourself; your neighbor is the Samaritan and anyone else needing your help. And it is a basic reality of Christian social services, whether Gospel rescue missions, overseas relief and development organizations, drug treatment programs, micro-finance organizations, health or dental clinics, or low-income housing programs: they commonly serve people of other or no religious faith. Catholic leaders have articulated the principle nicely: "We serve the homeless not because *they* are Catholic, but because *we* are Catholic" (then-Archbishop of Washington, DC, James Hickey. https://en.wikipedia.org/wiki/James_Aloysius_Hickey). The same point could be made by other religions.

The same holds for a social worker committed to traditional sexual ethics serving LGBTQ clients. It is not impossible to imagine a conflict of values such that, in exceptional circumstances, the social worker has to refer a client to a colleague whose values and understanding of flourishing are in closer agreement with the client's. Similarly, though, it is not unimaginable that an LGBTQ social worker might need to refer a very traditional client to another social worker who better understands the client's values and culture and religion. But, as a general rule, there is no reason to believe that a social worker who has a strong commitment to traditional understandings of sexuality and marriage cannot provide respectful and excellent social work help to clients whose views and practices are quite different.

President David Wright (2016) of Indiana Wesleyan University, testifying to a state legislative committee considering how to reconcile religious freedom and LGBT rights, put it like this:

We do not believe that gender and sexuality are self-defined human constructs. Instead, we believe that human beings are created in the image of God...

In America, it is our right to hold these convictions, to speak about them, and to participate in public life while holding such sincerely held beliefs...

By the same token, our religious convictions also call upon us to honor the dignity and worth of our fellow citizens who, for their own good reasons, disagree with and choose

to live in ways contrary to our convictions. In fact, in this intensely conflicted debate about sexual orientation and gender identity, most of us who hold the religious convictions I have described know, care for, serve, and associate with persons who are either uncertain about their sexual orientation or have come to the settled conviction that their personal happiness lies in the pursuit of a life different from the one we would choose.

What do we want for these friends and neighbors of ours? We are not at war with them. We are in conflict with their understanding of the pathway to personal and social well-being. But we do not view them as enemies to be ridiculed, bullied, punished, or persecuted. They are the neighbors whom Jesus has called us to love as we love ourselves.

2. Christians, and also other religious believers, valuably bring into social work an understanding of and sensitivity to religious faith as an important dimension of life for many clients and communities.

The *NASW Code of Ethics* identifies religion as an important dimension of client diversity and a source of ethical values and practices. The *NASW Standards for Palliative & End of Life Care* (2004) stress even more strongly that religious views and commitments are integral to many clients and cannot be ignored. And, indeed, although LGBTQ people and religious communities are very often discussed as two separate worlds with no overlap, this is an inaccurate picture. Rather, religious communities of all faiths and in both traditional and progressive variations include LGBTQ people who may, or may not, experience dissonance between the two identities, but in any case do not regard religion as an unimportant aspect of their lives.

And yet, despite how important religion is and has been in American life, and notwithstanding the roots of the American social work profession in the values (e.g., love your neighbor) and practices (e.g., settlement houses) of religion, the American profession of social work has tended to be dismissive of religion. That was the conclusion of Ram Cnaan in his pathbreaking 1999 study, *The Newer Deal: Social Work and Religion in Partnership*. Despite religion all around, the religious roots of social work practice, the personal religious faith of many social workers, the social work education offered by religious institutions, the many faith-based agencies that do social work, the many faith-based agencies where social work students are placed for supervised training, and despite the very strong political interest from the mid-1990s and onward in forging new partnerships between government

social service programs and faith-based social services—despite all of this, religion is an underappreciated dimension of the lives of the people and communities that social workers serve and an undervalued positive resource for ethical reflection and practice. The presence of identifiable Christians (and Jews, Muslims, and others) in social work helps to overcome these significant problems.

3. Clients are diverse; the social work profession should be equally diverse.

It is not the case that social workers can only excellently serve clients who are similar in culture, ethnicity, class, values, and cultural practices. And yet some clients may be better able to trust and respond to social workers who are not too different in expectations, beliefs, and customs, and some social workers may have a better insight than their colleagues into certain needs or particular communities' challenges because of a closer fit of values and experience. This is just to say that, given how important religion, including morally and theologically conservative religion, is for many people and communities in our society, identifiably religious social workers should be seen as an important asset, an important dimension of diversity that makes the social work profession more effective. Religious social workers may bring a valued understanding of the importance and challenge of religious teachings to some LGBTQ persons, in particular.

4. Key concepts such as discrimination, harm, dignity of the person, social justice, and self-determination are not obvious and simple in meaning, and Christians may have invaluable insight to contribute to how the profession understands them.

What contributions can and should Christians make? More or less at random, here are two examples of how Christian insight can shape the understanding of human nature and the helping relationship, respectively: Larry Siedentop, in *Inventing the Individual: The Origins of Western Liberalism* (2014), shows how Christian conceptions transformed the ancient understanding of persons, families, and society. Steve Corbett and Brian Fikkert, in *When Helping Hurts: How to Alleviate Poverty Without Hurting the Poor...And Yourself* (2009), offer theological and practical insight to churches and persons seeking to provide effective assistance to poor persons and communities.

However, it is neither my task here nor my particular competence to answer the question I have posed. Instead, let me highlight the call to Christian boldness issued by Miroslav Volf (2011) in his thought-provoking book, *A Public Faith: How Followers of Christ Should Serve the Common Good*.

Volf, a theologian at Yale Divinity School, is originally from Croatia and has won notice particularly for his work to understand and to promote inter-faith and inter-community bridge-building. In *A Public Faith*, he urges Christians to acknowledge our place as but one of the communities in our diverse, multi-faith, and multi-ethnic globe and country, rather than presuming a place at the head of the table. And he counsels us to a stance of humility, of acknowledging that, notwithstanding what we know from the Bible and Christian tradition, much of what we consider to be true and right has come to us from other faith communities and from secular voices.

And yet he also counsels us to speak up, specifically as Christians, for the sake of the common good. We are not the only voices, we must learn from others—and yet, we confess, we know essential truths, and we have a light that we must let shine for the sake of our neighbors. We can and must make our distinctive, our uncommon contribution to the common good. No one else can make our specific contributions. It helps no one to be intimidated into silence or to have a false humility. We are learners and sinners, and yet we also have a valuable contribution to make in our ever-more pluralistic society, not only a contribution of serving but also a contribution of understanding what good service is.

The Christian religion in its particular instantiation in the contemporary United States is flawed, to be sure. And yet it is not only flawed. We must learn from others, but we also have ethical principles, particular values, and distinctive insights that constitute our unique contribution to our society, to the common good. Our faith motivates extensive acts of service and a large set of serving organizations, and it does, or can, also shape unique insights into flourishing, harm, respect, discrimination, and help.

Religious freedom protects those acts of service, except when they are instead acts of harm. And religious freedom, by protecting distinctively Christian involvement in the social work profession, in social work education, and in research into social injustice and social dynamics makes it possible for Christians to make their distinctive contribution to the concepts, practices, and ethical understandings of the social work profession. ❖

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Sensitive to “the Right” and “the Left”: One University’s Experience in Our LGBT/ Title IX Exemption Case

J. Randall O’Brien

Carson-Newman University, a Christian institution, filed for a Title IX exemption. School administrators, trustees, faculty and staff value both the 14th Amendment and the 1st Amendment of the United States Constitution, the former protecting equal rights for all citizens in society, the latter promising freedom of religion for religious institutions. The university community also embraces love and justice as moral imperatives for a Christian institution. As the university seeks to welcome, love, and care for all her students fairly, while abiding by school policy supporting traditional Christian values relative to sexuality, neither the religious Right, nor the progressive Left are pleased with the school’s course. In fact, both groups are angry. How should the school respond to the LGBTQ issue going forward?

THE STORY FALLS SOMEWHERE BETWEEN THE FOLLOWING LITERARY genres: “Once upon a time,” and “Final arrangements are incomplete at this time.” Stories of Christian colleges often play out between the fairytale-like, birthing hopes of spiritual idealism, and a facade of fatalism or threat of demise in hard times.

Born in idyllic hope that a Christ-centered, educational island of heaven on earth might flourish in a worldly sea of secularism, Christian universities exist to educate, transform, then graduate and send forth Christ-like servant-leaders to help change our needy world through love and justice. Meanwhile, Christian colleges, not uncommonly, struggle to survive, lacking the tax revenue stream from which state institutions benefit richly.

Sectarian schools must rely heavily upon tuition from never-enough student enrollment, and gifts from alumni and other donors. These patrons hold competing political and religious views across a broad spectrum, each

expecting synonymy from the institution they support. In most cases, institutional well-being depends upon advocacy from pastors—fundamentalist, moderate, and liberal—churches, denominations, and a variety of people from divergent “tribes of thought,” ranging from ultra-conservative to strongly progressive. Presidents must be part politician to keep widely divergent stakeholders happy and helpful.

The Story

In April of 2015, a number of Carson-Newman University alumni formed a support group called LGBT Alumni of Carson-Newman. The association, which also included current students, decided to march in the annual Knoxville Gay Pride Parade. Since the organization consisted of some persons who had not yet “come out” publicly, the approaching public event bore heavily upon many hearts and minds in the group, especially participants currently enrolled at Carson-Newman.

A request from the group to be chartered by the university was denied (only student groups are chartered). However, upon the advice of legal counsel, permission to use the college name was granted. As president of our university, I was asked by the group to write a letter of encouragement, which would be read to the members at a retreat. The event would be hosted by East Tennessee’s famed Highland Center, prior to the planned gay pride march. I agreed to write. My letter dated April 10, 2015, follows:

Dear Sisters and Brothers in Jesus Christ our Lord,

Many of you know, but some may not, that you are meeting today where Rosa Parks, Martin Luther King, Jr., and other saints of the 1950s and ‘60s Civil Rights Movement trained for their heroic work for equal rights for all people.

Today you meet, sitting where they sat, planning your own stand for equality for all. It is regrettably true that you will walk into the face of resistance in many quarters. It is also true you will march boldly into history books. God be with you.

Kay and I are out-of-state attending a president’s conference, but send our love and blessings to each of you. Thank you for showing love to all, even while you pray for reciprocity. May God hasten the day when justice and equality for all prevail in our fallen world, and love and peace fill our hearts.

Love and prayers to each and all,

Randall and Kay

The letter was well received by the group, however, not by significant other stakeholders.

Later that same month our school attorney called informing me:

[T]he Department of Education's Civil Rights Division requires a religious college to file for an exemption to Title IX if the school desires to operate according to its religious principles in relation to sexual orientation, marriage, sex outside of marriage, gender identity, pregnancy, and abortion. Freedom to act regarding issues of employment, housing, restrooms, locker rooms, sexual behavior, and athletic participation based on birth sex, and other related issues may only be exercised when a letter requesting exemption from Title IX is filed and granted by the Department of Education.

I protested. "Why is any document other than the First Amendment required for a church or religious institution to operate according to their sincerely held religious beliefs?" I inquired. "Because the Department of Education says so," our legal counsel responded. "But that makes no sense to me," I argued. "What happened to the Separation of Church and State clause and freedom of religion?" "They're still there," he said. "You just have to file the letter to request the exemption. I have a template that fifteen other client schools of mine are signing if you would like to sign and send one, too." "No, I wouldn't like to sign one. For me, the First Amendment should be enough." "But it's not," our attorney replied. "It just makes no sense to me," I said; "but if you're telling me this protects our religious identity and liberty, then I guess I'll sign it."

Soon the template was signed and placed in the mail to the Department of Education.

Meanwhile. The LGBT Alumni of Carson-Newman posted my letter on their website (without my knowledge). One, or some, then many Baptist pastors in the state found my letter on the Internet site, read it, forwarded it to others, printed and distributed it, and angrily complained to the Executive Director of the Tennessee Baptist Convention (TBC). (Affiliated with the TBC, Carson-Newman receives approximately two million dollars annually from the Convention.) Constituent anger, understandably, resulted. The pastors felt betrayed. Churches send students and financial resources to our school believing traditional biblical values and teachings will be imparted to their young people. Tennessee pastors and churches have no interest in sending students, nor financial resources, to an institution that undermines the teachings of the church. So when the Carson-Newman president appeared to be pro-LGBT, naturally, disappointment, hurt, anger, and swift action followed.

Immediately, two separate meetings were called at the convention

headquarters with my attendance invited and expected. In addition, a months-later third meeting of the Executive Committee of the Convention occurred at the annual Tennessee Baptist Convention in November (2015). In each of the three meetings I testified that our priority at Carson-Newman University is to believe and behave as Jesus did and would have us do. Just as Jesus loved everyone, so do we. As an educational institution, our doors are open to all qualified students regardless of race, religion, age, gender, disability, nationality, or sexual orientation, I testified. Both the Fourteenth and First Amendments are pillars of our republic, which we hold dear, I allowed. “I believe in equal rights for all in society, and freedom of religion for churches and religious schools.” Then explaining that our school’s policy supports the traditional view of marriage and encourages lifestyles consistent with biblical teaching, I sought to ease the tension.

Apparently, my assurances were not reassuring. The threat of defunding the school, or, in the least, escrowing our funds remained in play. One of the committee chairs remained livid, while most remained deeply disappointed, unconvinced, and prayerful about making the right decision regarding funding. We would not know our fate until the final curtain fell upon the annual convention. Thankfully, we were not defunded. Breathing a deep sigh of relief, I began my seven-hour drive home.

The Plot Thickens

Within a week my life would be threatened, with the threat coming this time from The Left. Using the Freedom of Information Act, a reporter from a LGBTQ magazine discovered and published the names of the Christian colleges that had filed for a Title IX exemption with the Department of Education. Soon television reporters were showing up in my office. I granted interviews. One nineteen-minute conversation was edited to approximately 45 seconds, seemingly intentionally omitting every explanation I offered to help our request appear reasonable.

Libel was soon committed against us. Sensationalist internet social media sites ran stories featuring fabricated headlines such as, “Carson-Newman University bans women who have had sex. President O’Brien says, ‘This is who we are.’” This and other unethical “click bait” headlines brought an advertising monetary bonanza to these sites. An estimated 14 million persons viewed the sites before Christmas (within a month). Understandably, millions of readers were incensed, believing we were bigoted bullies, self-righteous hypocrites, and backward Bible-thumpers determined to make life miserable for others in the name of Jesus.

Letters, emails, phone calls, and visits to our various campus offices followed by the hundreds, with 9.0-9.5 of 10 of the responses ranging from negative to hostile. One letter read: “Truth, Beauty, and Goodness need to

be removed (from your seal) and replaced by Bigotry, Self-Righteousness and Exclusion. Remove my name from your mailing list and never send me another bumming letter.” Another read: “I am ashamed to have acquired a degree at CN, which will forever be known as a bigot “elementary school.” An email announced: “So (You) would keep Mary, the Holy Mother of Christ from attending your “private” university. Remember her? She was the virgin who bore a baby out of wedlock. Hmmmaæ.... You’ll get no more support from me. Sorry for lack of diversity and tolerance at JESUS TECH.” One raging caller screamed, “I hope you burn in Hell.” Then, a phone call came that brought the FBI into the game: “I think I’ll come down there and kill every one of you @#%&*s!”

For the first time in my career I presided over commencement exercises that December with armed plain-clothes police officers seated around me. We prepared for protestors, hecklers, sustained hecklers, and an active shooter.

Suffice it to say, I was not doing a very good job of pleasing friends on either The Right, or The Left. Thankfully, our Board of Trustees extended both grace and support to me during a terribly difficult season. Clearly, I was failing to represent the university in a fashion that was “winning friends and influencing people.” Whenever I tried to reason with the Right, the Left was further inflamed. Whenever I sought to make peace with The Left, The Right was further alienated. All microphones were live. Always.

For the first time in my professional life, I felt there were no winning options. Desiring peace, “with charity for all and malice toward none,” as President Lincoln put it in another time of turmoil, *we chose to be pastoral, rather than political*. That is, as a Christian university, we understood—and understand—our call to heed Christ’s new commandment imparted to believers prior to his crucifixion, resurrection, and ascension: “A new commandment I give you,” he said, “that you love one another” (John 13:34).

Jesus warned, “Beware the leaven of the Pharisees. Beware the leaven of the Sadducees” (Matthew 16:11). I take this to mean believers are to avoid the teaching, or guidance, of the far religious Right, but also the direction and influence of the far secular Left. Therefore, we will seek to avoid mean-spirited, vitriolic alignments on the Right or on the Left. Then where might a Christian stand? Where Christ is. Where orthodoxy and orthopraxy meet: with Jesus Christ. Jesus is, as God is; God is, as Jesus is. “God is love” (I John 4:8). “They will know you are my disciples,” Jesus taught, “by your love” (John 13:35). Therefore, our *sine qua non* is love.

A New Tennessee Law

In April of 2016, Tennessee Senate Bill 1556 became law when the Governor signed new controversial legislation. The alarming law allows counselors with “sincerely held principles” to reject gay, lesbian, transgender and other clients whose life’s views and choices disagree with the

counselor's. (Before signing the original bill, the Governor insisted on provisions ensuring that persons who appear to be an imminent danger to themselves or others not be turned away, and that referrals be made when a person is denied service.) Objections to the polemical law include the possible missed diagnosis of potential danger involving a prospective patient, conceivable prohibitive distance to a welcoming counselor or therapist, and violation of professional codes of ethics. (At least one professional association cancelled its Nashville location for its annual convention in strong protest of the new Tennessee law.)

Obviously, convictions vary regarding the new law. Here is mine: unconscionable!

First, the law violates the 14th Amendment to our U.S. Constitution, which promises equal protection for all citizens, under the Equal Protection Clause. This clause rejects irrational or unnecessary discrimination to citizens of various groups.

Secondly, professional counseling codes of ethics emphatically prohibit discrimination against clients. For instance, the *Code of Ethics* of the National Association of Social Workers reads:

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability (NASW, 2008).

Thirdly, as a Christian called to follow the teachings and example of Jesus Christ, I find no exception clause for helping others in need, when it is in my power to do so. The teachings of Jesus recorded in Matthew 25 make it clear that we will be judged on the basis of our ministering to those in need. Jesus even goes so far as to teach, “In as much as you did, or did not do, unto others, you did it unto me” (Matthew 25:40).

Social Diversity and Christian Response

How do we operate at Carson-Newman University in relation to social diversity? We respect it. Our application form for admission to the university does *not* discriminate against prospective students. We welcome all academically qualified students from various backgrounds, worldviews, lifestyles, conditions, and circumstances from across the nation and around the world. How could a Christian university not welcome and love all her students?

In the heat of our controversy with the Tennessee Baptist Convention regarding homosexuality, I presented the following notes to our Board of Trustees and to the TBC:

1. **In testimony with the 2000 Baptist Faith and Message** we affirm: “All Scripture is testimony to Christ, who is Himself the focus of divine revelation.”
2. **In obedience to our Lord’s commands**, we will love everyone, with education, evangelism, discipleship, and ministry our goals.
3. **In compliance with our American Constitution**, we support liberty, justice, and equality for all in society. As our Lord taught us, we desire to, “Do unto others as we would have them do unto us.”
4. **In defense of religious freedom**, we support our First Amendment Rights in our churches and religious schools. Jesus is Lord; Caesar is not.
5. **In faithfulness to Carson-Newman University policy**, we support, exclusively, traditional marriage between a man and a woman in all our university operations.
6. **In accordance with Biblical teaching**, we recognize all sin as rebellion against God, oppose all forms of promiscuity, both homosexual and heterosexual, and call all persons to repentance, and the blessed Lordship of Jesus Christ.
7. **In humble gratitude**, we give thanks for your prayerful partnership in the Gospel of Jesus Christ.

How are Christian ministers, educators, counselors, social workers, legislators, other professionals, and other citizens to think regarding LGBTQ rights and religious rights? I do not believe I am qualified to answer that question for others. Christians (and all others) think quite differently about social and ethical issues, as well as interpretations of biblical passages. However, I am willing to share my own thoughts.

To begin, no person in American society should be discriminated against, in areas of employment, commerce, and housing, on the basis of race, religion, age, disability, gender, sexual orientation, nor any other descriptor of diversity. Everyone should be allowed to eat in restaurants, purchase automobiles, stay in hotels, live in apartments or houses of their financial means and choosing, and hold any job for which they are qualified. Our founding document promises “liberty and justice for all.” The Fourteenth Amendment to the Constitution ensures equal protection for all against discrimination. Many of us are old enough to remember overt racial discrimination in America in the 1950s and ‘60s, when hotels, restaurants, good jobs, and the best neighborhoods were off-limits to African-Americans. We bear our shame. Let us reject bigotry and discrimination in America now and forever.

On the other hand, we must not discriminate against churches and religious schools and organizations. The First Amendment of the Constitution guarantees freedom of religion for these entities. In these settings, sincerely held religious beliefs must be honored. It is not, for instance, discrimination when a Catholic Church prefers a single, celibate priest to

one in a live-in relationship with a woman or a man. The church is only following Catholic religious principles. An African-American church should have the right to refuse to call as their pastor a White chaplain of the Ku Klux Klan without being prosecuted for illegal discrimination. A Christian college is not guilty of discrimination when a Christian professor, rather than a Muslim instructor, is hired to teach the Bible, or any other course of study. The decision is the college's to make, in light of its mission. Likewise, choice should rest with members of the mosque, or synagogue, regarding the use of their sanctuary for marriages involving persons of other religions or for gay marriages. One church congregation may accept women, divorced persons, and gays as deacons and ministers, while another may not. None of these examples should be labeled discriminatory. Each case involves sincerely held religious principles of congregations, whose consequent practice is protected by the United States Constitution.

Both the 14th and 1st Amendments of our Constitution are pillars of our American democracy. The removal of either pillar would lead to a collapse of the Republic as she currently stands. Surely in a nation that values pluralism, diversity, and tolerance there is a place for religious institutions and their devotee-citizens to practice their faith. In many instances of dissonance to mainstream society, consonance will in time come about due to “evolution, not edict,” “market, not mandate,” and modern beliefs of new generations replacing traditional views of older congregations. However impatient progressive change-agents may be, it is important to stress, the government has no place in deciding religious beliefs and behavior.

University Town Hall Meeting

As one might imagine, in relation to the LGBTQ issue, the Tennessee Baptist Convention, the LGBTQ Movement, CNU alumni, friends, and media were not the only ones exercised over Carson-Newman University's controversy involving the two letters bearing the name of the school's president. Our faculty and staff, naturally, were also totally invested in the ethical contest and political nightmare. Reputation (institutional and personal/professional), ethos and direction of the university, financial consequences, relations with stakeholders, and other concerns all elevated campus temperatures. Communication was imperative. I called a Town Hall meeting.

My address was divided into four parts featuring four questions: (Yes, I know the following sentences should not end with a preposition. Sorry.)

1. What are the people of God up to?
2. What is God up to?

3. What are we at Carson-Newman up to?
4. What was I up to with the letter? (Our faculty and staff knew only of the letter filed with the Department of Education.)

I will graciously spare you the details of an hour-long meeting. Instead, please allow me to share the essence of our conversation.

1. Reading, or quoting, Isaiah 11, Micah 6:8, Luke 4 and Galatians 3:28, we noted that the people of God are called to work for *peace, liberation, love, justice, and equality*. Like Christ we are to preach good news to the poor, open blind eyes, set captives free, and bring liberty to the oppressed.
2. Next, we spoke of the Four Grand Cosmic Movements:
 - Creation
 - Corruption
 - New Creation
 - Creation to Come

Something has gone terribly wrong with God's created order. Corruption begs for correction. I used a metaphor to describe God's response to human corruption in this way: God chose a Second Adam, Christ, who takes a bride, the church, creating a new family (believers). A new tree of life, the cross, makes possible eternal life, or paradise regained. This new family is commissioned to be fruitful and multiply, that is, to add members.

Citing 2 Corinthians 5:17 ("If anyone is in Christ, he is a new creation"), I suggested that *God is re-creating the world through Christ in the church*. Thus, should one wish to know how God intends life on earth to be lived, or to know what life in heaven is like without leaving the block, she need only look at the church, the new creation—or, in our case, the Christian college. *As the Body of Christ, we are the prolonged incarnation, the visible picture of the invisible Christ*.

3. So, what are we up to at Carson-Newman?
 - Education, yes; but also transformation, or new creation work.
 - Education, transformation, and aspiration are hallmark words for us. We are called to educate, transform and send out aspirational world-changers.
 - The question is not, "What makes CNU different than secular schools," but "Who makes us differ

ent?” Jesus Christ makes us different?” Jesus Christ makes us different.

- We are called to love God with all our heart, soul, and mind, and to love our neighbor as our self. Rhetorical question: Is the LGBTQ person our neighbor?
- There can be no Christian evangelism, discipleship, missions, nor ministry apart from love.
- Justice is what love looks like when it goes out in public. Justice is being fair. We are called to “Let justice roll down like waters and righteousness (a term meaning, “right relationships”) like an everlasting stream. Therefore, love and justice are moral imperatives for Christians and the Christian community.

4. So why file the letter requesting exemption from Title IX compliance?

First, I shared with our faculty and staff the letter I had written to the LGBTQ alumni (and student) group. I informed them of the repercussions from the Baptist Convention and the threat to our funding. Losing funding would likely cost the college seventy jobs, positions held by faithful employees in the room, likely threatening our existence, certainly as we now know it (We have approximately 335 employees).

Next, I shared that Carson-Newman has never needed the federal government to tell us how to treat persons justly. Nor do we believe the federal government should be dictating operating principles to churches and religious schools. Our religious beliefs and principles guide us well without outside interference.

Then, I shared that in a litigious culture with an unpredictable future regarding societal movements and mores, which may conceivably clash with our religious beliefs and operational policies, it is prudent to acquire safety-net exemption in order to limit liability in the event such is ever needed.

Therefore, the exemption letter serves us prudently in three important ways: first, it secures our ability to operate according to our religious beliefs and principles. Second, it protects our resources, and third, it limits our liability.

No Fairytale Ending: Balancing Core Values in a Changing World

So, what are the issues facing the Christian university going forward in relation to LGBTQ issues? Critically important to remember is that good people are found on all sides of this issue and others. We must listen deeply to each other. “The road to the heart is the ear,” Voltaire noted. Seeking, with sensitivity and respect, to hear and understand the position of our neighbor reduces the tension of conflict and better affords the opportunity for healthy, shared problem-solving.

Current political conversations within state and federal governments include proposals ranging from identifying publicly colleges who have filed for Title IX exemption to elimination of government funds to those colleges, thereby threatening their very existence. Christian colleges affiliated with denominations may, or may not, find funding dependent upon alignment with traditional church positions on homosexuality. In all likelihood, trustees, alumni, donors, faculty, staff, students, and other stakeholders will remain divided on LGBTQ issues.

To be sure, cultural and financial realities have long ago awakened Christian colleges from their “Once upon a time,” naïve, fairytale narrative. Terribly premature, however, is any talk of “Final arrangements are incomplete at this time.” To borrow a phrase from an ancient saint, the Christian college is “an anvil that has worn out many hammers.”

For our part, Carson-Newman University intends to heed the admonition of our Lord Jesus Christ to, “Beware the leaven of the Pharisees and Sadducees,” while we, lovingly and prayerfully, fulfill our calling to follow Christ as educators and accept the scriptural charge to “Do justice, love kindness, and walk humbly with our God.”

Please pray for us. ❖

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Values, Dissonance, and Rainbows: Practice Tips for Christian Social Workers in a Polarized World

Helen Wilson Harris & Gaynor Yancey

Social workers who are Christians and work with Lesbian, Gay, Bisexual, and Transgender (LGBT) clients may struggle with their own faith perspectives and how best to respond to their clients. Historically, there have always been examples of social workers who experience incongruence and even dissonance with their own competing values, with the values of the profession, and with the values of society or the culture. In those cases, the challenge and the opportunity is to maintain client self-determination, commitment to justice, and personal integrity. This paper explores the social work experience of value incongruence and dissonance, particularly for social workers whose religious values may seem to be incongruent with an affirmative approach to homosexuality. Included is a discussion of social work education in religiously-affiliated universities to address challenges in a polarized world, the integration of faith and social work practice, and principles and tips for working with value incongruence.

A HELPER OF PEOPLE.” THOSE ARE THE SIMPLE WORDS OFTEN USED by social workers to describe their call and their profession. Practice texts often include phrases such as “helping skills” and “helping process.” The focus on process and skill that is grounded in research and evidence distinguishes social work from informal helping and establishes the profession of helping to achieve change. This intentional, evidence-informed change is drawn from theory and professional practice.

Garland (2015) identified social work as a “little known and often misunderstood profession” (p. 1). Some of that misunderstanding is nested in social work as a “calling” for those social workers who are Christian. Their practice is often informed both by professional values and by the values of their faith. The focus of this article is how Christians in social

work can manage value differences between themselves and their clients regarding sexual orientation.

Christians who are social workers can experience value dissonance, i.e., the challenge of possible differences between personal and professional values. In work with persons who identify as LGBT, the social worker may experience a variety of situations of value dissonance: (1) when the social worker experiences conflicting personal values which she must prioritize; (2) when the social worker's values are in conflict with the values of the profession and/or society; and (3) when a social worker's values are significantly different from the values of the client. There may be combinations of these three scenarios as well.

In this article, we discuss our perspectives as social workers and social work educators with particular focus on the value challenges and opportunities in working with LGBT persons. Social work values, Christian values, the ethical integration of faith and practice, the research evidence for best practice, and the importance of space to deal with the nuances of each lead the reader to specific practice tips for working with persons who identify as LGBT.

A Value Based Profession

Segal, Gerdes, and Steiner (2013) and others assert that social work is a profession grounded in values and ethics (Keith-Lucas, 1994; Keith-Lucas, 1985; Sherwood, 2016; Shulman, 2012). The National Association of Social Workers (NASW, 2008) provides a Code of Ethics that begins with the identification of shared social work values, including service, social justice, dignity and worth of the person, the importance of human relationships, integrity, competence, and, more recently, the addition of human rights and the importance of scientific inquiry (NASW, 2011). Both individual understandings and organizational policy statements have evolved through the years. The Code of Ethics includes ethical guidelines with responsibilities to clients, to colleagues, to the agency, to the profession, and to society. Social workers experience ethical dilemmas when they must prioritize competing values in the Code. There are a number of models for that prioritization but no standardized response for how to elevate one value over another when they are competing. Conscientious social workers may disagree over what specific actions most uphold the intent of the Code and ethical practice.

Values and Christian Faith

People of faith who are members of, and believe in the tenets of, a religion and/or religious organization are also grounded in values that

inform ethical decision making. While there are many Christian perspectives and denominations, some common values include the individual and corporate worship of God, the centrality of religious texts, the valuing of human life, the importance of service, and the seeking of knowledge and wisdom. Love, justice, and the worth of every person are all fundamental Christian values and they comport well with core social work values. Those broad values, however, are interpreted differently in different denominations and interpretations have changed through the years. What is broadly called “the church,” has seen significant changes through the years and continues to experience significant diversity of understandings of many realities like slavery, the position of women in education and leadership, capital punishment, responses to social justice and poverty, divorce, and increasingly, to homosexuality and same-sex marriage.

Some denominational structures are more directive, with central authority structures that determine how the scripture shall be interpreted. Others are more focused on the conscience and personal perspectives and decisions of individual believers as they seek the guidance of the Holy Spirit. This individual understanding of God is sometimes called the “priesthood of the believer,” indicating an individual interpretation of religious freedom.

Different Applications of Values

We live in a society in which individual, denominational, and professional values are often strongly held and are increasingly politicized. Freedom of religion is constitutionally protected in the United States. However, when we disagree about the policy and programmatic implications of our beliefs, particularly around religion, we can become part of the differences in our culture operationalized in behavior. Social workers may wrestle with the impact of strongly held religious and/or personal beliefs on our professional behaviors. One challenge in social work practice with persons who are LGBT is the ethical integration of religious faith and belief with social work values and principles. It is not a new or impossible challenge. Alan Keith-Lucas, in his ground breaking 1985 work, *So You Want to Be a Social Worker*, described social work as a profession founded on humanist principles and said:

... [Christian workers] may have to think through very carefully how their religious beliefs affect their practice of social work—what to do about their mission to spread the gospel or their convictions about sin, or the authority of the Scriptures—not to give up their beliefs but how to integrate them into their practice (p. 5).

Shared Values

One starting place is to identify the shared values of the social work profession and Christianity that clarify work with persons who are LGBT. Keith-Lucas (1994) started by acknowledging social work's development in a Judeo-Christian culture that honors justice and stresses "loving interactions" with others. This provides the foundation for congruence with social work values such as the worth and dignity of all human beings, the commitment to justice for those who have been marginalized, care for the poor, systemic responses to poverty.

The challenge has come in the nuances. Does the value of social justice mean the right of every person to marry the partner of his or her choice or the right to refuse services to those whose interpretations of scripture and right violate another's fundamental beliefs? Even when social workers are Christian and share Biblical values and belief in the authority of the Bible, their interpretation of scripture and prioritizing of scripture may be very different. This is not, however, unique to the LGBT question. There was a period in our history, for example, when some religious leaders and denominations asserted scriptural support for the institution and practice of slavery. The application of biblical values of love and justice to the issue of slavery has changed over time. Social workers' application of social justice to various issues may change as well.

These challenges of belief, interpretation of scripture, and juxtaposition of values continue to inform the dialog of Christians in social work. What is the responsibility of the church to address sex trafficking? Does the church begin internally by addressing issues of clergy sexual misconduct or pornography? What is the role of the church with regard to the marginalization of persons who identify as LGBT, to the suicide rates of LGBT youth, and to solving the professional challenges of evidence-based treatment versus spiritual interventions? These issues are no longer rhetorical and Christians in social work must address them by looking again at our shared values. One place that discussion is happening is in social work education.

Social Work Education in a Christian-Affiliated University

Social work education that leads to professional licensure includes program accreditation by the Council on Social Work Education (CSWE). Accreditation standards are both prescriptive in approaches to issues including work with LGBT persons and flexible in allowing programs to develop program-specific competencies and approaches that value their contexts. The combination of being prescriptive and being flexible around faith and practice can be challenging.

We (the authors) teach in a social work program that is very intentional about the ethical integration of religious faith and social work practice in all programs including the BSW, MSW, and PhD degree programs. We teach our students that it is possible to be a committed Christian and an ethical social work practitioner. Most of us are in social work because we feel called by God to the profession and the specific ministry of helping persons, families, groups, organizations and communities thrive. Most of us have practiced social work in both non-sectarian and in sectarian settings, including religiously-affiliated agencies and in congregations.

We teach that the integration of faith and practice includes three basic premises:

- 1) The faith/religion/worldview of the client matters; i.e. the spirituality of the client informs their values, opinions, decisions, and how they make sense of the tragedies they experience. Persons who identify as LGBT also identify with a variety of faith/religious traditions, in many cases Christian.
- 2) The faith/religion/worldview of the social worker matters; i.e., the spirituality of the social worker informs her values, opinions, practice, and how she makes sense of the challenges she sees and experiences with clients. Social workers find ways to practice that integrates their faith while valuing their client's faith.
- 3) The organizational context matters; i.e., funding sources, affiliations, and mission statements impact service offerings and delivery. This is seen most clearly in the differentiation of agencies funded with public/tax money and those funded by sectarian sources (Harris, Yancey, & Myers, 2016).

We teach our students that our experience in social work has taught us that, while there are challenges, it is possible to integrate our faith values and our social work practice with clients.

The Intersections of Faith and Values

Faith can mean many different things to social workers. Our students and graduates come from a wide variety of belief systems that range from atheism to detachment to affiliation with an array of religious groups including Muslim, Buddhist, Catholic, Protestant, and others. Our university is a Baptist-affiliated university and many of our students identify as Christians. We encourage open discussion about the intersection of student religious values with the social work curriculum.

Among our students, including Baptists, there is a broad continuum of beliefs about scripture, about social issues, including homosexuality

or same-sex attraction, and about living out one's own faith perspectives. Students are often also in a developmental process of being away from their families of origin and often their places of worship, while at the same time they are figuring out what they believe and what that means for their lives and for their social work practice.

Some social workers come from religious traditions that can be prescriptive or directive about social issues. Many students have strong perspectives about social issues based in their religious beliefs and traditions. We have discovered through the years that there are as many different perspectives as there are students. Students and social workers can differ on how they understand social justice and who constitutes the vulnerable and oppressed in society. They can differ on interpretation and prioritizing scripture, particularly as it applies to society's hot-button issues of abortion, capital punishment, sexual and gender diversity, end-of-life care, pre-marital and extra-marital sex, and many others. For some students, social justice means addressing issues like poverty, racism, and health care disparities. For others, social justice means protection of the unborn and protection of religious freedom. Students who identify as conservative Christians may feel that the social work principle of client self-determination and the values of the social work profession exclude or marginalize their religious beliefs. In those cases, students and social workers who feel called to the profession may see that call as a way to bring the gospel to clients and feel shut down when their role does not allow evangelism, particularly in non-sectarian contexts of practice like public schools.

When that happens, students in social work programs may choose to hide their beliefs for fear that they will be counseled out of the program. They may feel they are asked to support positions or policies or practices that violate their beliefs and violate scripture (religious texts) as they understand it. This is true in both sectarian and non-sectarian programs. We believe that our focus on the ethical integration of faith and practice opens up the conversations specific to this possible dissonance.

Just as there is a continuum of involvement in religious life, there is a continuum of interpretation of scripture and application of beliefs. The question arises: How do we teach students that their beliefs matter and, at the same time, tell them that their professional roles and purposes mean not using the power of their positions to impose those beliefs on their clients?

One answer to that is the previously mentioned concept of religious freedom that is often articulated as the "priesthood of the believer." In some religious contexts, the principle of religious freedom includes the right to different interpretations of religious texts and expressions of beliefs. In some traditions, those beliefs and understandings are established by a central authority of the religious entity. In some traditions, the concept of the "priesthood of the believer" supports the understanding that God,

through the Holy Spirit, brings understanding and conviction to individual believers. Students who identify with a faith tradition that takes a particular position on these issues may find themselves struggling with how to ethically integrate their faith and their social work practice.

Working with the Faith of Clients

If it is true that the faith/worldview of social workers matters and sometimes brings value dissonance, that concept can be true for clients as well. Clients also come from a variety of religious traditions, with the same broad spectrum or continuum as social workers. In our program, we teach our students to begin with clients by exploring with them their beliefs and values—those things that inform their decision-making, the lens through which they experience the world and make meaning out of the tragedies and joys of life. Helping clients explore their own beliefs and values to make decisions does not disrespect or obviate our own. That allows social workers to live in freedom to explore our own beliefs and values and to make decisions about our lives that are informed by those beliefs and values. There may be times when we discuss those with clients as part of exploring options and decisions, but not from a position that our beliefs are right for the client or must be the client's beliefs. That is a unique difference between social work and other forms of helping, like ministry. We recognize that in congregational contexts, those roles are less clear. The power disparity in the position of helper is significant to this discussion. This seems as true about politics and religious practices (like baptism, sanctification, the dietary decisions, and observation of holidays) as it does about relational behavior like marriage, parenting, participation in war, and sexual relationships.

Beyond social work education and beyond our work with clients, there are many social issues that have religious implications for many of us as well. In a democracy, how much does religious belief determine social policy and whose religious belief takes precedence? This has been the conversation regarding many social issues through the years including slavery, poverty, divorce, and currently abortion, homosexuality, and end-of-life decisions. We manage to live in the tension and tolerate different answers for many of these.

The Example of Homosexuality and Value Dissonance

A prime example of potential value dissonance between religious/personal values and social work/professional values is the debate about homosexuality. Is it a sin or illness or just a difference? In fact, even agreement around language is challenging. Homosexuality is a term offensive

to clients who prefer to be identified as LGBTQ. That is true for the term “same-sex attraction” as well since that term has been associated with sexual orientation change efforts. Is same-sex attraction or LGBTQ the result of mental illness or sin or both or neither? Is it choice or biology? The term homosexuality, identified prior to 1973 as a psychiatric diagnosis in the Diagnostic and Statistical Manual for Mental Disorders (DSM), is now only a psychiatric concern when it causes dissonance (see, for example, Drescher, 2015).

The language of treatment is a challenge as well. Therapy is an evidence-based response to mental illness, generally not indicated for questions of sin unless it is focused on a client’s dissonance. In that case, the therapy target would be depression or anxiety or relationship disruption or related issues. During the years when homosexuality was identified as a mental disorder, a number of therapies were used with persons with same-sex attraction, sometimes to treat homosexuality and sometimes to treat depression, anxiety, suicidal ideation, and self-harm. Those treatments included behavioral therapy, cognitive therapy, cognitive-behavioral therapy, and others. The emergence of reparative or conversion therapy sometimes combined one or more of those therapies with religious approaches. One important question has been whether the co-morbid conditions like depression and anxiety, which are indications of poor mental health, were the result of homosexuality (<http://www.narth.com>, 2016) or the result of the cultural marginalization, isolation, and value dissonance that accompanied homosexuality (Levy, 2014).

Over the years, the research evidence and professional conclusion was, and is, that sexual attraction and behavior occurs normally along a continuum, and that homosexuality and LGBTQ, including being transgender, are not mental illnesses and are no longer listed in the DSM. The National Association for Research & Therapy of Homosexuality (NARTH) asserts that reparative or conversion therapy is effective and the motive for disavowing it is anti-religious bias (<http://www.narth.com>, 2016). The journal on the NARTH website, *The Journal of Human Sexuality*, includes articles that review literature and find that there is evidence for effectiveness of reparative therapy (Phelan, Whitehead, & Sutton, 2009). Volumes 1-5 include articles that review literature, provide secondary data analysis, and policy statements and analysis. We did not find an article with methodology for original research.

Practice Research

While Phelan (2014) cites multiple studies documenting some success with sexual orientation change efforts (SOCE), the vast majority are pre-1980 and the success rates are modest. The current research

evidence suggests that conversion and reparative therapy are not effective to change sexual orientation or sexual identity (Hein & Mathews, 2010; SAMHSA, 2016; Shildo & Schroeder, 2002). In some cases, the research suggests that such therapy may be harmful (Anastas, 2013, p. 303). The major helping professional organizations, including the American Psychiatric Association, the American Psychological Association, The National Association of Social Workers, and others, have made strong statements that such therapy is unethical. However, the studies asserting that reparative therapy is, in some cases, harmful are largely qualitative studies or reviews of practice literature (Hein & Mathews, 2010; Shildo & Schroeder, 2002). In some cases, lesbians and gay men experience conflict between their religious identities and their sexual identities and may seek treatment to change. Those treatments, sometimes incorporated in reparative therapy, have included behavioral and biological treatments “such as electric shock or nausea-inducing drugs paired with same-sex erotic material. These treatments focus on changing same-sex attractions by pairing them with negative consequences” (Hunter, 2010, p. 59).

Others suggest that the harm of reparative therapy is nested in the harm of exclusion: “Inequalities, inequities, and social exclusion are just as detrimental to the health, mental health, and human well-being of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people as they are to the health and well-being of their heterosexual counterparts” (Anastas, 2013, p. 302). Van Wormer, Wells, and Boes (2000) discussed the American Psychological Association’s (APA) 1997 investigation of reparative therapies and assertion that one of the fallacies of reparative therapy is that it violates the APA principles for therapy for LGBT persons starting with “(1) that homosexuality is not a mental disorder and that treatment to change one’s sexual orientation is unwarranted” (p. 110).

The strong argument against reparative therapy interacts with the question of whether and how to work with clients who identify as Christians and who experience dissonance with their same sex attraction. Phelan (2014) asserted that not to provide SOCE therapy is to deny clients self-determination. Dessel and Bolen (2014) find that dissonance in sexual orientation and religious faith is the result of marginalization and alienation by one’s faith community and family. Are these opposite positions with no overlap? Is it possible that persons experience sexuality on a continuum and that one explanation of everyone’s journey is insufficient for the range and scope of experiences?

Affirmative practice. Consistent with most current literature, Alessi (2013) reviewed therapy practices and policies and described affirmative practice as most effective. In their article about clinical work with the transgender population, Collazo and Austin (2013) described trans-affirmative

practice as essential to de-pathologize the experience and complete effective assessment and intervention in transition. In a meta-analysis of clinical practice with LGBTQ clients, Moe and Sparkman (2015) found affirmative practice as essential to effective engagement and therapy. Messinger (2006) provides a guide for affirmative practice with clients who are LGBTQ using a cultural competence framework for practice with individuals, families, communities, and organizations and provides a conceptual approach for "straight allies" (468). These writings suggest that it is possible to provide affirmative practice, even if the social worker has religious views that do not support homosexuality.

Therapy versus ministry. If, consistent with the literature, the issue of homosexuality is not one of mental illness and if, consistent with conservative Christian literature, the discussion around homosexuality is often about sin rather than about mental illness, then therapy for homosexuality is not indicated in any case. The beginning place for social work practice and therapy is the problem identified by the client. Therapists do work with clients around the client's own value systems including religious values and cultural norms and work with clients to negotiate any areas of dissonance or distress.

While ministers may preach, advise, and provide counsel, they may be much less likely to provide therapy like Cognitive-Behavioral Therapy, Solution-Focused Therapy, Narrative Therapy, etc. Ministerial interventions may include scriptural admonition, advice-giving, and counseling about life issues. These interventions may result in decisions by followers to change behavior in order to be consistent with their understanding of scripture (religious texts) or consistent with requirements for membership in a particular religious group. Sometimes that can result in the appearance of change for those who choose abstinence or those whose behavior continues hidden from view. Sometimes people experience conversion or change in beliefs and attitudes and values through their own experiences with God or scripture. One differentiation to that change focus is on the relationship between the person and their God.

While these roles of minister and social worker are usually distinct, Garland and Yancey (2014) identified the role of social workers in congregations including both therapists and ministers; further, some social workers were in both roles simultaneously. They found that 37 out of their sample of 51 social workers in congregational settings were licensed social work practitioners (Garland & Yancey, 2014). That creates another level of complexity in understanding the differentiation, when there is one, between therapy and ministry.

It is possible, in any case, for individual or family therapy to address the clients' value dissonance and family relationships. This therapy, if pro-

vided in a way consistent with social work ethics, is contingent on valuing self-determination and avoiding the therapist's values taking center stage rather than the client's values as the client prioritizes them.

One Study

In a small qualitative study of 18 Christians who identify as LGBT, Cole and Harris (2017) found a number of participants whose faith journeys included self-doubt, failed attempts at conversion therapy, marginalization in church and family, and an eventual spiritual experience that affirmed their relationships with God and their sexual orientations. Those participants found churches that welcomed or affirmed them as gay or lesbian persons. Others in the study reported a similar journey resulting in exclusion from the church. Still others reported a similar journey resulting in celibacy and hiding their sexual orientation from the church. These responses were similar to those found in the literature. Vines (2014) and Rymel (2014) are among many who have written about their own journeys to self-acceptance both as Christians and as gay men. Yuan and Yuan (2011) wrote about their family's experience of familial healing and ministry together following life as a gay man, including experiences with drug addiction, prison, and HIV. Otto (2014) explored the scripture and the different approaches and understandings of Christians who are LGBT and asserts that the central, most important issue is their relationships with Jesus Christ rather than the expression of sexuality.

These similar experiences with different decisions are only part of the complexity of Christian social workers' responses to LGBT clients who are also Christians. It is clear from the narratives of the study and from the literature that Christians who identify as LGBT are on a journey of understanding and a continuum of figuring out how to live with the dissonance of values—their own and those of their families, friends, church, and culture. Cole and Harris (2017) found that there was less dissonance and distancing from family and faith communities of research participants when the participants lived in more affirming parts of the country. In other words, participants from the East Coast and the West Coast were more likely to find value congruence with their Christianity and their sexual orientation and identity and to find gay-affirming churches to attend. Participants from the South were more likely to decide to leave the church, to live lives of celibacy, and/or to keep their sexual identities secret or hidden. That finding alone seems to have implications for additional research into the impact of value dissonance of others on our own understanding of values.

One clear implication for future research is the importance of exploring the experiences of churches and church staff members across Christian denominations and across different parts of the country. Understanding

more about the experiences of individual ministers and staff, as well as understanding the history, policies, and processes in the church across the past several decades will help identify challenges and opportunities and best ways forward that value each person in Christ.

Christian Identity in Social Workers and Clients

Social workers who are Christians work with clients who are similar in terms of beliefs and affiliations, as well as with those who are different. These differences in beliefs may be influenced by their own experiences with friends and family, their own understandings of scripture, their geographical locations, and the guidance and conviction of the Holy Spirit in their own lives. Those same complexities may be true of their clients. Social workers who identify as Christians may work with clients who identify as Christian with all of the influences identified above; they may work with clients who do not identify as Christian and may identify as atheist, agnostic, or with another religious tradition. Social workers who do not identify as Christian may be from another faith tradition and may work with clients who do identify as Christian or who identify as from no faith tradition or from another faith tradition. Differences in traditions, experiences, beliefs, and values can impact the therapeutic work and so must be discussed in the therapeutic process. Effective and ethical practice in social work is possible in all of these situations.

Beliefs, Values, and Ethics

While it is ethical to provide services to clients whose values are different from ours, is it ethical to refuse to provide social work services and therapy to clients whose religion or values are different than the worker's values? If we understand religion as part of culture (NASW, 2011; CSWE, 2015; APA, 2013), the principles of cultural humility and cultural competence are critical to ethical and effective practice. That begins with the understanding that the client is the expert on his/her cultural experience (Boroughs, Bedoya, O'Cleirigh, & Safren, 2015). A social worker should not assume that she or he knows what the client's beliefs, values, and behaviors are based on, whether they are categories of affiliation or identification. Social workers start with the client as the cultural guide to his experience and learn what meaning (challenge and/or strength) his belief system provides for the client. The choice of helping the client with the social worker's belief or referral to a social worker with similar values is an artificial and unnecessary choice in most cases. Keith-Lucas (1985) said it this way:

It perhaps does not need saying, but yet should always be kept in mind, that the most effective Christian witness is

not talking about religion, but treating people in a Christian way oneself. And perhaps one should add a word of warning to the worker who in his or her desire to share his or her experiences of God, makes a personal testimony. The most dangerous of all helpers is the one who has solved his or her own problem and has forgotten what it cost (p. 29).

Ethics and Social Work Education

The language of religious freedom and the priesthood of the believer is not the language of the Council on Social Work Education, the accrediting body for social work education. That body makes decisions on social work programs' compliance with accreditation standards that include valuing diversity and challenging injustice. When a social work education program is part of a Conservative religiously affiliated university, the question arises as to the responsibilities of the social work program for university policy and practice when those policies may be in conflict with accrediting standards.

This is an issue for accrediting bodies of counseling programs as well as social work programs (Smith & Okech, 2015). The primary responsibility of any social work program is preparing students and graduates for competent, ethical social work practice with all clients. In the school in which we serve, our commitment is just that—to prepare our students and graduates to practice ethically and competently with all clients. That includes challenging injustice and advocating for justice for clients. Our faculty recognizes the tension of institutional values and policies that may be dissonant from social work values; for example we only hire faculty who identify as Christian as stated in their applications' faith statements. We recognize the challenge and potential dissonance. However, we do not experience those tensions as a barrier to preparing students for ethical practice with all persons.

These individual practice issues are part of the larger discussions of social work practice standards, accreditation requirements for social work education, and the policies in religiously-affiliated programs that inform those decisions. The larger discussion is beyond the scope of this article. However, the unifying principles come from the commitment in social work to evidence-based practice. Social workers must be good consumers of research, examine the evidence through the critical lens of objective scientific knowledge, to continue to evaluate the effectiveness of their practice, and to be willing to develop and test new methods of treatment.

There are many challenges that continue to confront us in the area of value dissonance (Comartin, 2011). Garland and Argueta (2014) and Pooler and Frey (in press, 2016) tackled the complex challenge of clergy sexual misconduct, an area in which the issues of therapy and ministry are mingled both for clients and for pastors who, in the name of treatment,

have abused their power and their charges. While clergy sexual misconduct seems an area in which there would be agreement, the contributing issues of gender roles in the church, the use of power in the church, and the attribution of authority are all part of ongoing difference. The philosophical landscape in the United States has become a strange juxtaposition of the different Christian and religious approaches to complex social problems of poverty, abortion, refugee resettlement, homosexuality and same sex marriage, and many more. When social workers find ourselves working with clients and in systems where our values, the values of the profession and the values of society are in conflict, is there guidance that helps us navigate these complexities? More specifically, how do we practice ethically when we experience value dissonance with clients who identify as LGBTQ?

The Context for Practice Tips

Social workers are professionals with professional education, codes of ethics and licensure standards, and a commitment to work with clients based on professional values and evidence-based practice. When we experience value dissonance, one clear response is to examine the research evidence and to evaluate the effectiveness of our practice as we contribute to the research literature. Evidence includes research results, client needs and expressed self-determination, and social worker knowledge, skills, and competencies. As professionals, it is our responsibility both to examine the current evidence and to push the practice boundaries to develop new knowledge for best practices. All evidence-based practices were once new ideas, theories, and skill sets that have been evaluated with different client populations, problems, issues, and needs. Our understanding of mental illness, cultural competence, and best practice continues to evolve as evidenced by the multiple revisions of the DSM and the increased emphasis of treatment research in the profession.

While much in the profession is fluid and ever-changing, there are fundamental principles and assumptions that have informed those of us who are Christians and social workers through the years. In 1985, Alan Keith-Lucas closed his book, *So You Want to be a Social Worker*, with a philosophical frame, some of which we propose can continue to guide social workers who are Christians in these thorny, complex waters of today:

- Human beings are of infinite worth, irrespective of gender, race, age, or behavior.
- At the same time, human beings, including myself, are fallible, limited creatures. They are not capable, and never will be, of solving all their problems or of creating the perfect society.

Nevertheless they are sometimes capable, with appropriate help, of transcending their nature in acts of courage and compassion.

- As a fallible being myself, I have no right to pass moral judgments on others, to assume authority over them except as mandated by law, or to imagine that I know everything about them.
- Human beings have been endowed with the faculty of choice, which must not be denied them except by due process of law, or where their actions or threatened actions are demonstrably gravely harmful to others or self-destructive, or where they voluntarily surrender this right for a prescribed purpose.
- They are, however, responsible for the consequences of their choices, and may need help in perceiving what those are likely to be.
- No person is beyond help, although at this time we may not have the knowledge or skill to help.
- All programs and policies that depreciate people, treat them as objects rather than as subjects, seek to impose on them behavior not mandated by law, manipulate them without their knowledge and consent, or deny them choices permitted by others in our society are to be avoided or resisted.
- Our society is far from perfect, and it is not my business to act as its representative but rather to help people determine their relationship to it.
- Love, understanding, and compassion are the source of well-being and acceptable behavior, rather than the reward for them.
- While force is sometimes the quickest way of obtaining an immediate result, in the long run it is self-defeating. Compassion, understanding, and concern are the eventual victors.
- The social sciences provide much useful knowledge for practice, but cannot explain all phenomena and their pronouncements need constantly to be evaluated in terms of the values they subsume.
- There are outcomes to human helping that cannot be measured statistically as well as those which can.
- All human institutions, ideals and commitments are liable to subtle perversion of their values unless they are constantly examined. The new is not necessarily the best, nor does new knowledge always invalidate the old.
- Professional education and training in self-discipline are indispensable to good social work.
- As a Christian committed to the dissemination of what I believe to be the truth, my task as a social worker is not so much to convince others of this truth, as to provide them with the experience of being loved, forgiven and cared for so that the Good News I believe in may be a credible option for them (33-35).

Our Practice Guidelines and Tips

As we consider both the principles above, the complexities of different beliefs about LGBT issues, and the fundamental requirements for ethical practice with clients, there are a few tips/guidelines that emerge:

- 1) The ethical integration of faith and social work practice is the logical starting place for social work with clients that involves value dissonance. For work with clients who identify as LGBTQ, that means exploring the religion, spirituality, and worldview of the client including both the positives of strength and the negatives of marginalization. It also means social worker self-awareness to draw on his/her own faith and identify challenges. Additionally, it means honoring one's practice context and communicating that clearly.
- 2) Ethical work with clients who are LGBTQ begins with the principle of client self-determination. This means allowing for differences in understanding and interpreting scripture differently.
- 3) Work with clients who are LGBTQ is most effective when social workers are culturally humble and culturally competent, recognizing that the client is the expert on his/her experience.
- 4) Affirmative practice with clients who are LGBTQ includes the value, dignity, and worth of every person and a commitment to informed consent so the client understands what she is consenting to and is empowered to choose that which best supports her values or her prioritization of values. Affirmative practice also supports the client's capacity for spiritual discernment and decisions when that is important to them.
- 5) Therapy and ministry are not the same thing. Differentiating between the two is part of informed consent for programming. In religiously-affiliated contexts of practice, including congregations, the social work role may include the title and role of minister. The purpose of the organization may drive programming and policy and may impact and assume informed consent. Social workers must communicate clearly their scope of practice, role and purpose, the research evidence for best professional practice, and the therapy models they employ and why.
- 6) Social workers provide all services based on assessment and on evidence-informed best practices. This means knowing the research and communicating the research evidence to clients. It also means evaluating the effectiveness of interventions with client contracts for the work, the goals, and the measures.

- 7) Each client is unique and true evidence-based practice includes evaluating the effectiveness of interventions with clients and renegotiating for the work as needed.
- 8) Referral is NOT the default for situations of value dissonance. Dissonance of values is not a reason for referral; social workers work effectively and ethically with clients with different values all the time. The client is a person with multiple values, strengths, and needs. These are all points of therapeutic connection. Referral should only occur when the social worker is not competent to provide the particular services requested or the services are outside the scope of the agency.
- 9) When working with clients who are LGBT, especially in cases of value dissonance, consultation and supervision are essential to good practice. Complexities require more than one point of view for good decisions.
- 10) Issues of value incongruence and dissonance are complex and not easily solved. Those complexities do not relieve us of the responsibility to wrestle with them with humility and integrity and to be transparent about how we prioritize competing values.

Conclusion

Social workers are professionals whose practice is guided by knowledge, values, and skills. Values include the social worker's values, professional values, and societal values. An additional essential variable is the value system of the client. While social work with a client is often framed in value congruence, there are times when social workers experience value incongruence and even value dissonance. This incongruence can include internal value dissonance when the social worker's own values are in conflict; it can include external dissonance when the social worker's values are different from the client's, different from those of the profession, or different from those of society at large. In those cases, social workers are able, with knowledge and skill, to contract for work that values the client's self-determination, is ethically congruent with the profession, and maintains the social worker's own integrity. That is not always easy, but the goal is noble, achievable, and the highest level of social work practice.

The title of this article includes reference to rainbows, a metaphor that is sometimes used for the LGBTQ community. It is also a scriptural metaphor of God's grace and new beginnings in the aftermath of judgment.

Rainbows are more complex than a child's rendition with clear boundaries and delineations between colors. Rainbows include the nuance of color that blends, so indistinct as to be difficult to see where one ends

and the next begins. While there are clear colors, there is also significant blending with new colors and new variations in each rainbow.

Perhaps the experience of value dissonance provides the same opportunity for different understandings of scripture among Christians and the different applications of social work values among social workers as we work with all persons, including clients who identify as LGBTQ. The challenge before us offers that kind of rich experience. May we be faithful to the opportunity before us. ❖

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Authors' Note: The Reconciliation and Growth Project has developed a useful Best Practices Document for Latter-day Saints that we find applicable for working with faith-based clients. It is titled Best Principles and Practices for Mental-Health Professionals Helping Faith-Based Individuals Respond to Same-Sex Attraction. The current version of the document is available at the Reconciliation and Growth Project website: <http://www.reconciliationandgrowth.com/adoptions>

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Gender Ideology and the Truth of Marriage: The Challenge for Christian Social Workers

Paul Adams

This essay explains and defends both a welcoming and accompanying approach to LGBT people and also a comprehensive rejection of gender ideology as false, an attack on marriage, families, and especially children, and incompatible with Christian orthodoxy and the Judeo-Christian tradition. The article explores the challenge to Christian social workers of being truthful, patient, and present in working with clients who identify as LGBT while rejecting gender ideology.

RECENT EXTENSIONS OF GENDER IDEOLOGY'S INFLUENCE HAVE CHANGED the terrain for Christians in social work. There is still the challenge, for example, of working with adolescents and their families when a youth "comes out" to his parents—when coming out may range from acknowledging same-sex attraction to an embrace of a lifestyle and identity in which such desires are acted out and when the family response may range from loving embrace to expulsion. The issues involved there may include risk of homelessness, suicidal ideation and attempts, drug use, and risky sexual behavior. The tasks for social workers may be manifold, and there may be much work to do with the family system and dynamics as well as with the individual youth.

These matters are taken up elsewhere in this special issue. Here the focus is on the challenge for Christians in social work in the face of the increasing adoption of gender ideology, in law and regulation, as well as in the social work profession, as a new official orthodoxy.

The challenge is twofold. It includes how to practice ethically and competently with individuals who embrace the new orthodoxy as well those who do not; and secondly, how to protect children and families from harm, as well as defending practitioners' conscience rights and duties in

the face of the growing attack and the failure, perhaps uniquely unbending among professional organizations, of the National Association of Social Workers (NASW) to defend their own members in this regard (Adams, 2011). Meeting the challenge requires clarity about the relation of the underlying ideology—variously called gender theory, sexual orientation, and gender identity (SOGI), gender mainstreaming, or simply, as here, gender ideology—to its contrast, as a comprehensive worldview, that is, the prevailing Christian (as well as Jewish) orthodoxy over previous millennia (George, 2001).

Three Stories and Two Contrasting Visions

Consider these stories, based on actual events, which reflect some current transgender issues or dilemmas.

1. In the first case, a boy of ten years old, in answer to a question about what he wants to be when he grows up, answers, “A girl.” Upon further inquiry, the boy’s father learns that at school that day the boy’s class had been taught that gender was a matter of choice or feeling, unconnected with a person’s sex, and that they could decide or determine for themselves that they were “really” of one of, in principle, any number of genders that were culturally associated more or less closely with either biological sex.
2. In the next example, a boy of thirteen is brought by his parents to a mental health center. His parents insist that social workers and medical staff address him with feminine pronouns. They want him treated to inhibit puberty, with the idea that he can choose (as most patients do in such circumstances), to receive further chemical and surgical intervention to achieve a body that more closely resembles that of the opposite sex.
3. In the final case, it is late November in Boise, Idaho, 14 degrees with a foot of snow. “Kim” was biologically male, but identified as female and dressed as such, with pink sweat suit, pigtails, and makeup. Kim came to Interfaith Sanctuary, a shelter run by a collaborative of the Roman Catholic Diocese of Boise, Mormons, Lutherans, Muslims, Jews, Methodists, Mennonites, and a humanist organization. The only other shelter in the vicinity, run under evangelical Christian auspices with very strict admission rules, had turned him away.

In the third case, there is an emergency situation that is potentially a matter of life and death. Christian charity demands an unconditional response, welcoming Kim out of the cold, accompanying him in his brokenness (even respecting his preference for feminine pronouns), listening to him and discerning his situation, with a view to integrating him healthily into his community. What kind of community that is and what constitutes health in this case remain matters for future exploration, but not while he is in danger of freezing to death.

The first two cases are not so clear. They pose particular problems for social workers and social work values. They involve children who are being encouraged by at least some of the adults in their lives to accept and “go with” their feelings that they are in some sense “really” of the opposite sex from that of their birth and biology. In one case, the parents are shocked by what the school is teaching and encouraging. In the other, the parents are actively supporting and encouraging efforts to bring the boy’s body into line with his feelings. In some 80 to 95 percent of such cases, in the absence of the kind of adult “encouragement” described here (and promoted on internet sites and chat communities)—that is, with no intervention beyond watchful waiting—the “gender dysphoria”(GD) is resolved by late adolescence and the young person accepts the sense of his own sex and identity that corresponds to his birth and biology (American College of Pediatricians, 2016; Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008). Social contagion—the promotion and normalization of transgenderist ideology in the child’s environment at home, school, or in the media—may itself be a significant cause of gender dysphoria. Similarly, chemical and surgical interventions aimed at altering the body into something resembling more closely that of the opposite sex may inhibit efforts—even when they are not prohibited by law—to understand and treat the mismatch between sex and gender feelings by helping clients adapt to and accept their biological sex.

The origins and nature of gender dysphoria are contested. Some medical practitioners and researchers variously regard gender nonconformity as a normal variation of gender expression, a medical condition, or a psychiatric disorder in which the emphasis may be on the dysphoria or distress rather than the nonconformity. In the absence of a clear understanding of the etiology, these views influence the management approach (Olson-Kennedy & Forcier, 2016). Drescher and Byne (2012) note the sparseness of evidence to support one approach as opposed to another. “Presently, the highest level of evidence available for selecting among the various approaches to treatment is best characterized as ‘expert opinion.’ Yet, opinions vary widely among experts and are influenced by theoretical orientation and assumptions and beliefs regarding the origins of gender identity, as well as its perceived malleability at particular stages of development” (p. 501). Some studies have suggested that cross-gender identification is not simply a subjective state

of mind, but has a basis in the disjunction between a female-type brain in a male body or vice versa (Sapolsky, 2013). In rare cases—intersexuality (as opposed to cross-gender identity where there is “no discernible neuroendocrinological abnormality”)—biological features of both sexes are present (Bostwick & Martin, 2007; Intersex Society of North America, n.d.). A careful review of the evidence in this area finds “inconclusive evidence and mixed findings regarding the brains of transgender adults” (Mayer & McHugh, 2016). Diamond and Rosky (2016) conclude from their scrutiny of the scientific and legal literature that to argue that gender dysphoria is innate is unscientific, unnecessary (for protection of “sexual minorities”), and unjust. One group of physicians, the American College of Pediatricians (2016), reviewing the literature and in view of twin studies, concludes that gender dysphoria is neither innate nor immutable. They emphasize family dynamics and social contagion rather than interventions aimed at changing the body and its normal development:

There is no single family dynamic, social situation, adverse event, or combination thereof that has been found to destine any child to develop GD. This fact, together with twin studies, suggests that there are many paths that may lead to GD in certain biologically vulnerable children. The literature regarding the etiology and psychotherapeutic treatment of childhood GD is heavily based upon clinical case studies. These studies suggest that social reinforcement, parental psychopathology, family dynamics, and social contagion facilitated by mainstream and social media, all contribute to the development and/or persistence of GD in some vulnerable children. There may be other as yet unrecognized contributing factors as well.

What appears to one professional as competent and ethical practice with transgender individuals suffering from gender dysphoria—namely the use of chemical and surgical interventions to inhibit puberty and reshape a patient’s body to resemble that of the opposite sex—will appear to others as a particularly callous form of child abuse with irreversible effects and unknown harms, in violation of the fundamental medical maxim and principle of bioethics, “first, do no harm.”

Christian social workers confront dilemmas like these in a particularly hostile environment. They seek to integrate the demands of love and those of truth in such situations where the prevailing ideology, at least among those in law, academia, helping professions, politics, and media, reduces both love and truth to subjective feelings. The conflict between orthodox Christian teaching for two thousand years and the current ideology of sexual progressivism is fundamental and intense. It is a world in which,

in the words of the title of Eberstadt's (2016a) recent work on religious freedom and its enemies, "It's dangerous to believe." Eberstadt draws on historical experience of witch-hunts and drives to extirpate heresy to find historical analogies to what she observes in the West. She describes our current situation as a relentless and virulent anti-Christian campaign to coerce traditional religions and believers to change their beliefs—or as Hillary Clinton put it, laws must be backed up with political will—"And deep seated cultural codes, religious beliefs and structural biases have to be changed" (Thiessen, 2016). The political nature of this task to change religious belief was underscored by the series of emails released by Wikileaks that involved Clinton's campaign chairman and leading Democratic political adviser, John Podesta. The messages evinced both a deep contempt for faithful Christians, especially Catholics, and the setting up and funding of front organizations aimed at splitting Catholic laypeople from their bishops and campaigning for changes in doctrine to bring it more into line with current progressive thinking (George, 2016b).

The legal scholar and political philosopher Robert P. George (2001), a professor of jurisprudence who has served on U.S. or presidential councils and commissions on civil rights, bioethics, and international religious freedom, argued that we face, not a clash between religion and science, or between a public political neutrality and personal, faith-based beliefs, but a *Clash of Orthodoxies*, a conflict between two comprehensive views of reality and morality in the areas of life, death, sex, and marriage, one being that of the Judeo-Christian tradition, and the other being that of secular progressivism. George (2016b) says of the Podesta emails, "These Wikileaks-published emails confirm what has been evident for years. Many elites, having embraced secular progressivism as not merely a political view but a religion, loathe traditional faiths that refuse to yield to its dogmas." Several recent and about-to-be-published works by prominent Christians describe the deep-seated and intense animus against Christians in our culturally post-Christian society and propose ways to respond to the discrimination we face (e.g., Chaput, 2017; Dreher, 2017; Esolen, 2017; for a contrasting, global and more positive view of the "triumph of faith," see Stark, 2015).

To see the orthodoxies in sharp contrast, consider the view each takes of the issues of marriage, sex, and children as well as the underlying assumptions about truth, identity, desire, character, and the virtues, about the meaning, purpose, and direction of life (what in the older tradition is called theological anthropology) in each of these worldviews. In an essay of this length the contrast must necessarily be drawn broadly and schematically, but even in that form may be sufficient to indicate the incommensurability of the two traditions (MacIntyre, 2007). George (2001) contrasts the Judeo-Christian and secular-progressive orthodoxies without any appeal to revelation. He aims to show, as he does in his other work on natural law, marriage, and conscience,

the superiority even in secular terms of the comprehensive view of the world within Judeo-Christian orthodoxy to that of its more recent but no less comprehensive rival. That rival is the “religion”—increasingly the official state religion promulgated and enforced in the courts, education, and media—of secular (or in this context, sexual) progressivism. (On sexual progressivism as a new, evangelical, and intolerant religion, see Eberstadt, 2016b.)

In this briefer treatment, I compare each orthodoxy’s views of marriage. I use the teachings of the Catholic Church (for the most part, but not in every respect, common to Judeo-Christian belief as a whole over the past two thousand years) to represent one tradition and gender ideology (the ideology of sexual orientation and gender identity—SOGI) as expressed in law and policy to represent the other. This is not, I argue, a clash between faith and reason, or religion and science, but between two comprehensive views of reality.

Catholic Christian Teaching on Marriage

Sex, the division of human beings, like many other species, into male and female, each necessary to and completing the other, is fundamental to the Jewish and Christian understanding of the human person. Men and women were created for each other and complete each other biologically (they form individual digestive, nervous, circulatory systems, but only together have a reproductive system). “God created mankind in his image; in the image of God he created them; male and female he created them” Gen.1:27). It is man and woman together who are created in the image and likeness of God.

This is the nuptial meaning of the body, of which John Paul II (2006) speaks. God, who is Love, created us, male and female, out of love, and for love. We are called to be a gift for one another, a complete gift of the self, holding nothing back. Marriage is the institution through which the sexes come together in a one-flesh union (Gen. 2:18; Mt 19:6)—in modern parlance, they have sex, a unitive act that has a “generative meaning” (John Paul II, 2006). It is the act through which marriage is consummated and without which it may be annulled; it is the act that is necessary for defining adultery. (These ancient provisions of civil and canon law required a special exception when same-sex marriage was adopted in English law in 2013.) This one-flesh union is the only sexual act ordered to bringing a new person into the world, the natural and normal (but not inevitable or invariant) fruit of that union. In that sense, it is the only true sexual act and the act fundamental to our human participation in God’s work of creation and to the survival and propagation of our species.

Marriage varies in many details from culture to culture and one historical period to another, but it is a primordial, pre-political bond rooted

in our biology and nature as human persons. In Christian understanding it communicates God's Trinitarian life and love. But even in pre-Christian and non-Christian cultures, it is tied closely (until recent decades) to the bearing, raising, and educating of children, in which every society has a strong interest. Marriage has by its nature certain features, which can be discerned even without benefit of revelation or scripture. As Girgis, Anderson, and George (2012), Lee and George (2014), and Girgis (2016a; 2016b) argue, marriage by its nature and logic has certain features. It brings the sexes together in a union that is:

- permanent (unconditional, for better or worse, expressing the complete gift of self);
- exclusive (again, an expression of their being each for the other, holding nothing back and vowing their fidelity without mental reservations
- comprehensive—a bodily, emotional, and spiritual union; and
- open to life—rooted in the one and only sex act that can in any circumstances generate new life.

Husband and wife, not priest, are themselves, in the Catholic understanding (which differs in the Eastern Orthodox church and other communions), the ministers of the sacrament of marriage. They consummate the sacrament through the conjugal act, the one-flesh union of man and woman. Marriage enables children to be raised where possible in a natural family by their own mother and father. As evident in the earliest legal codes, long preceding Christianity, marriage creates fatherhood as a legal and social bond and obligation rooted in the biological relationship. "In all observed societies," Scruton (2006) observes, "some form of marriage exists, as the means whereby the work of one generation is dedicated to the well-being of the next" (p.5). Marriage is, in short, the sacrifice each generation makes for the next—it is the gift of self of each spouse to the other and to any children that result from their one-flesh union.

In this understanding, we all have appetites and desires that may correspond more, but often less, to the nuptial meaning of the body. They may be more or less disordered and we may, still in adulthood in some cases, be more or less, in the psychoanalytic term, "polymorphously perverse" (Freud, 1962 [1905], p. 57). As with other appetites and desires, say for food, sexual desires call, in the Christian as well as classical understanding, for the exercise of the cardinal virtue of temperance or self-mastery. In this traditional understanding, our character and identity are not defined by those appetites or desires, but by our mastery of them.

If this is the central case of Christian marriage, rooted in our biological and spiritual nature, what of the exceptions and objections that are commonly raised against this comprehensive worldview—often as if they were knockdown arguments never before thought of? One frequently voiced

objection, repeated no matter how often or cogently it is answered, is that some male-female couples are infertile due to age or disease (and that no couple is always fertile all the time). This objection is supposed to refute the view of marriage as fundamentally about children and the conjugal act that produces them. It is supposed to show that there is no morally significant difference between 1) acts that are inherently, by their very nature, *per se* infertile or inept for generation and 2) those that are behaviorally conjugal acts but that *per accidens* are infertile in their biological outcomes in the given circumstances. The books already cited by (in various combinations) Girgis, Anderson, George, and Lee as well as others deal with all these objections, which nevertheless continue to be raised as if for the first time.

The purpose of this article, however, is not to rehearse these objections and respond to them, but to set out the basic Christian understanding of marriage in the sharpest form to show its contrast, as a fundamentally incommensurable tradition, to the prevailing secularist orthodoxy. That modern secularist view is often presented and understood as the simple and obvious fact of the matter, informed by science and unclouded by primitive superstitions and prejudices. On the contrary, I argue, that view is less coherent and less supported by evidence than the traditional view it seeks to suppress.

Gender Ideology as Secularist Orthodoxy

Gender ideology, the secularist-progressive alternative to the Judeo-Christian orthodoxy in matters of sex and marriage, differs in fundamental respects in its positions, philosophical assumptions, and practical implications. As ideology it embraces what Haldane (2012) calls the

argumentum ad consummationem, which runs as follows. Major premise: Sexual attraction and love are determinants of human happiness and should be consummated where sincerely felt. Minor premise: You cannot choose to whom you are sexually attracted, and you cannot choose with whom you fall in love. Conclusion: Whether or not they are chosen, attraction and love should be consummated where sincerely felt. This simplistic syllogism (uncritical in its use of choice, love, sentiment, and sincerity) provides the rational foundation for a culture of often unrestrained, promiscuous, and unfaithful, yet indulgently sentimental, coupling. And it undergirds the push for same-sex marriage on both sides of the Atlantic.

As Eberstadt (2016b) puts it, “The first commandment of this new secularist writ is that no sexual act between consenting adults is wrong. Two

corollary imperatives are that whatever contributes to consenting sexual acts is an absolute good, and that anything interfering, or threatening to interfere, with consenting sexual acts is ipso facto wrong.”

It is a mode of argument fostered by liberal or radical individualism, a consumerist tendency that defines freedom as absence of restraint. (See Pinckaers, 1995, for a discussion of the alternative view which he calls “freedom for excellence.”)

This consumerist individualism creates a sense of “erotic entitlement” (Haldane, 2012) that stands in sharp contrast not only to the Judeo-Christian tradition but also to a way of thinking about the common good in the politics and morality of the founding cultures of Greece and Rome. “In this perspective, institutions such as education, law, and marriage are grounded in human nature and focused on shared life. They are rooted in what joins humans in natural communities, not what separates them into sectional interest groups” (Haldane, 2012). So education is understood, not as entitlement of children to schooling, but as a necessity for society and a benefit to be shared within it. “Similarly, marriage exists for the sake of making and maintaining family life, the roots of which lie in natural complementarities: in male and female of the species joining together one-to-one, with the intention of creating another” (Haldane, 2012).

Just as the individualist ideology implies an entitlement (within certain limits) to express one’s sexual desires, whatever they are or wherever they came from, so it defines identity in terms of those desires. What is new is not the behaviors or desires but the defining of identity in terms of them, as if they were equivalent to identities of race or sex. So new terms like homosexuality—extended from its coinage in the nineteenth century as a term for a particular psychosexual pathology—become in recent times a term of “gender identity.” The number of genders is potentially limited only by each person’s imagination and the willingness of others to treat the claimed gender and its preferred pronouns as real and claiming respect. Homosexuality is complemented by terms like bisexuality and heterosexuality. Even the term “heterosexual community” is used as if there were such a thing (Hannon, 2014).

Gender is originally a grammatical term implying nothing essential about or intrinsic to the object—so sun is masculine and moon feminine in Latin and Romance languages, but the reverse in German. Gender in its modern ideological sense is thus a term well adjusted to the project of delinking sex from marriage and children. It separates sexual attraction (the subjective, mental state) from the natural, biologically rooted, objective relations of husband and wife, mother and father, brothers and sisters, and so on. (In some current and official usage, the term gender is substituted for sex, in part to distinguish it from sex as activity and partly to avoid the binary, male-female sense of the word. So a passport form may ask

your gender rather than your sex.) Gender ideology delinks marriage and children from these natural relations and in some countries replaces them with bureaucratic terms like Parent 1 and Parent 2 so as not to privilege the natural family, now understood as one among many possible “family structures.” In some countries and U.S. states, the designation of sex on official documents like passports or driver’s licenses may be changed on production of evidence of surgery to change sex designation. In others, it is necessary only to fill out a form. And there is a movement in several countries to remove designation of sex from new passports altogether (National Center for Transgender Equality, 2015; Guardian, 2016). Gender, the sense of myself as male or female (or something else), is thus disconnected from biology.

The sense of the person suffering from gender dysphoria of being, for example, a “woman trapped in a man’s body,” can be taken literally if we think of the self in Gnostic terms, in which “human beings are non-bodily persons inhabiting non-personal bodies” (George, 2016a; Girgis, 2016a). The real person becomes the non-bodily person inhabiting, trapped in a non-personal body. It then appears reasonable to change that body through chemical castration, surgical amputation, or other measures that make it appear more like what the trapped self feels it is. The aim is to relieve distress by altering the body to match the current sense of self, even at the cost of permanently disabling the reproductive organs, even during childhood or adolescence, when feelings of the moment are apt to seem, but turn out not to be, forever. Such an approach to other kinds of body dysphoria is unthinkable. Imagine treating an anorexia patient with liposuction! (See Fleming, 2016, for an essay by a brave social work student and sufferer from anorexia nervosa, who asks why transgender is an identity but anorexia a disorder.)

The paradox of such thinking about what it means to be a woman is that it runs into precisely the kind of essentialism that modern feminism has fought strenuously to reject. Women are no longer, as feminists and anti-essentialist postmodernists commonly claimed, different from men only in a few body details. Rather the “real woman” that wants out of the man is, so to speak “essentially feminine.” She wishes to adopt a full range of what in other contexts would be called socially constructed sexist or at least “gendered” stereotypes—of hair, clothes, gait, voice, and so on.

The “new Gnosticism” is at the heart of the revisionist view of marriage (Girgis, 2016a). It breaks the intrinsic connection between marriage and sex (the one-flesh union of male and female from which new life springs), between the sexes themselves (same-sex marriage dispenses with one of the sexes altogether), between mother and father and their children. The revisionist view severs marriage from all the principles that distinguish it as different in kind from other sorts of friendship. Apart from its source in the givenness

of our nature and biology, from its combined and inseparable unitive and procreative purpose, there is no reason in principle why marriage should be:

- permanent (rather than for as long as the feelings last—“until the wind changes”);
- exclusive—friendship is not and does not need to be limited to two adults, as opposed to three, four, or more, as polyamorists reasonably point out;
- comprehensive, including bodily as well as emotional or mental union (why does sex matter, ask elderly sisters living in long-term, financially and emotionally interdependent but non-sexual relationships? (For example, the English Burden sisters, asked, in the wake of the passage of same-sex marriage in England and Wales and faced with loss of their home to estate taxes when one of them died, to be treated like lesbians in terms of inheritance taxes – (Neil, 2007); or
- open to life—why does procreation matter, if it’s even possible?

Truth, Conscience, and Religious Liberty

We have, then, a clash of orthodoxies, with conflicting and contradictory views and assumptions. These are not simply matters in the realm of politics and public policy. They are incommensurably different comprehensive views of reality. Such a clash does not at all mean that “truth is relative” or that claims to truth are just a matter of opinion, or, in the Nietzschean view, of will and power. At stake are conflicting views not only of what is true, but also of the meaning of truth itself. In the mainstream Christian (and Jewish and Aristotelian) view, there is a givenness to nature and to human being and we flourish to the extent that we act in accord with our nature and purpose as rational creatures made in the image and likeness of God. It is a Christian realism that can speak truth to power, be a constraint on power, and resist the temptation to act as if we were little gods unconstrained by an intractable reality.

The Nietzschean view, in contrast sees claims to truth as disguises for the will to power. We see this contrast in the conflicting views of marriage. The Christian understanding bases itself on the truth about the human person—biological, social, spiritual. It is a pre-political reality rooted in Nature and Nature’s God, as the opening paragraph of the American Declaration of Independence puts it. In contrast, the revisionist view of marriage sees the institution as a human, social invention that (like the meaning of the universe) we define subjectively, according to the infamous “mystery clause” in the 1992 *Planned Parenthood v. Casey* Supreme Court ruling, which has been called, not without reason, “the worst constitutional decision of all time” (Paulsen, 2012). In this view, it is not that individuals

define marriage for themselves, but that marriage is defined by those with the will and power to do so. That is, marriage is whatever the state says it is and enforces through law.

These contrasting approaches to truth and reality have far-reaching consequences for the lives of social workers and those with whom we work. We see this in the question of the claims of conscience, an area where no professional organization that I have discovered does less than NASW to protect its members (Adams, 2011). Here too there are two sharply contrasting views of the nature of conscience itself and therefore of its claims to be respected and not unduly burdened by the state. Each view has a very different implication for the relations of state and civil society, of the proper limits of the state's power to impose its will.

In the first view, embraced by the *New York Times* (2012) and the late political scientist Brian Barry (2002), conscience is an expression of personal preference, no more entitled to special protection and consideration than any other private preference simply because those who hold it are Christians. Indeed, according to the editors of the *Times*, the claim of Christians to be exempt from undue burdens on their conscience is no more than an attempt by Christians (especially Catholics) to impose their will on society. The "real threat to religious liberty comes from the effort to impose one church's doctrine on everyone." (These arguments are effectively refuted in an article by Moschella, 2012.)

In short, I may prefer strawberry ice cream or driving above the speed limit, but those preferences do not entitle me to impose my will or press my claim to exemption from the law. It is this kind of view of conscience that informs the ubiquitous contrast in social work ethics between professional duty and personal "values" (i.e., beliefs or preferences). In that view, one's personal values must be left at the door. Conscience must give way in professional practice to the demands of professional duty and the Code of Ethics.

In the traditional Christian understanding, in contrast, that view is incoherent and trivializes conscience. Conscience is a practical judgment, all things considered, about the right thing to do. Conscience is the supreme and final arbiter for an individual's actions precisely because it represents the agent's best ethical judgment, all things considered. In social work (and in life generally), we do wrong both when we act against our conscience and when we follow a badly formed conscience into evil actions, thinking they are good or neutral. It is the final conclusion after all is considered—including, for example, the Code of Ethics, the law, and the employer's wishes. It cannot coherently be reduced to one matter to be taken into account among others, to be dropped at the office door if need be. What is left to be considered after everything has already been taken into account (Adams, 2011; Novak & Adams, 2015)?

Conscience represents a truth claim. It is not a conversation stopper, like a preference for strawberry ice cream or a report on inner voices. Citizens should not be compelled to do what they believe as a matter of conscience they ought not to do. Conscience imposes a moral burden, as the supreme and final arbiter of our actions, that the state ought to respect and only override for compelling public reason (e.g., when an individual's conscience directs him to perform human sacrifice or kill apostates) and when there is no less restrictive or coercive option. It should not force people to speak lies or celebrate evil.

But conscience is not only a matter of freedom from coercion by an overweening state or bullying professional association. It involves America's "first freedom," that of the free exercise of religion. As Thomas Jefferson (1809) put it to the New London Methodists in 1809, "No freedom in our Constitution ought to be dearer to man than that which protects the rights of conscience against the enterprises of the civil authority." Conversely, no claim should alert us more clearly to the threats of a "soft totalitarianism" (Mahoney, 2016; Legutko, 2016) than the dismissal of the claims of conscience and religious freedom, so common among gender ideologists and marriage revisionists, as "code" for discrimination.

And religious freedom is a matter of truth, not simply freedom from constraint. In the words of Benedict XVI's Message for World Day of Peace 2011: "Religious freedom should be understood, then, not merely as immunity from coercion, but even more fundamentally as an ability order one's own choices in accordance with truth."

Truth, Science, and Tolerance

"For decades," Girgis (2016a) writes, "the Sexual Revolution was supposed to be about freedom. Today, it is about coercion. Once, it sought to free our sexual choices from restrictive laws and unwanted consequences. Now, it seeks to free our sexual choices from other people's disapproval." The phenomenon Girgis notes here is not unique to sex and marriage. It is common to modern ideologies that rely on state power to enforce a view of reality that contradicts reality itself and the lived experience of masses of people. As gender ideology becomes more ambitious and far-reaching in its efforts to remake humanity and the human person in ways that deny the realities of marriage and family, so it becomes more coercive and intolerant of dissent.

Morabito (2016) points out how the "de-sexing of society" has profound implications for human beings and human society. "A de-sexed society is a de-humanized society." It is one based on denial of the reality of sex and family, the imposing in New York City and on some campuses of the use of made-up pronouns as preferred by the person addressed, the

replacement of the biological and objective language of sex with the de-sexed language of gender. “Every single cell of you,” she says, “has either ‘male’ or ‘female’ written into its DNA, but the law refuses to recognize such categories. Such laws will only recognize an infinite, immeasurable ‘gender spectrum,’ your place on which is determined only by your mind.”

According to Morabito (2014), “This puts us on the path to banning recognition of the reality that every single human being exists through the union of one male and one female. There are no exceptions to this reality. You exist as the union of the two opposites through whom you were created.”

In such a scenario, the state controls all personal relationships right at their source: the biological family. The *abolition of family autonomy* (emphasis added) would be complete, because the biological family would cease to be a default arrangement. The “family” would be whatever the state allows it to be. Again, in the de-sexed world of gender politics, all personal relationships end up controlled and regulated by the state.

Elites seeking to implement such massive schemes of behavior modification on the whole population, to remake human nature and society, look for ways to accrue more and more power over the mediating institutions of civil society, including marriage and family, religion, and other associations that mediate between individual and state. The more completely the culturally dominant become unmoored from the intractable realities of the human condition, the more they have to rely on the coercive apparatus of the state to enforce their view of the world and the more intolerant they become of any dissent. The more successful they are in imposing their will, the more they push the limits of absurdity—and the more coercion they need to do so.

Orwell (1949) captures this dynamic well in his dystopian novel, 1984:

In the end the Party would announce that two and two made five, and you would have to believe it. It was inevitable that they should make that claim sooner or later: the logic of their position demanded it. Not merely the validity of experience, but the very existence of external reality, was tacitly denied by their philosophy (71).

What Kersten (2016) calls the “transgender crusade” has shown this link between coerciveness and unreality:

Today’s transgender crusade can be seen as the latest manifestation of this denial. It is inherently authoritarian, as other latter-day Gnostic projects have been, because it has

to be. Nature and common sense oppose it.... Critics who persist in drawing attention to reality must be discredited or silenced. Otherwise, the Gnostic fantasy world crumbles.

Bradley (2016a) describes the speed with which the Obama administration moved from the promise to “restore science to its rightful place” in his Inaugural Address to an ever more extreme and intrusive “sex-driven war on science” in recent years. Obama long argued for “gay rights” and same-sex marriage on the basis that sexual orientation was an inborn characteristic. Refusing to defend the Defense of Marriage Act, his Attorney General, Eric Holder, referred to a growing scientific consensus that sexual orientation was immutable. As Bradley notes, “That claim was unsupported by scientific evidence when Holder made it. That claim is certainly false, as a recent review of the scientific literature by Clifford Rosky and Lisa Diamond [Diamond & Rosky, 2016] (neither a friend of traditional sexual ethics) conclusively shows.”

Many or most of the assumptions on which policy and legislation on LGBT issues have been based appear in light of meta-analyses and more recent research to be unsupported by scientific evidence. For example, early studies that purported to show that there was no difference outcomes between children raised by same-sex couples and those raised by a mother and a father; or that the health disparities between LGBT youth and others were explained by stigma; that gender identity is an innate, fixed property of human beings that is independent of biological sex — that a person might be “a man trapped in a woman’s body” or “a woman trapped in a man’s body”—have been shown to be methodologically, deeply flawed or unreplicable. These assumptions are not supported by scientific evidence (Mayer & McHugh, 2016; Regnerus, 2012; Regnerus, 2016; Sullins, 2015). But they are still believed and propagated with undiminished fervor and determination.

Despite the evidence that sexual orientation is not immutable, Obama called for an end to “conversion” therapies for same-sex attracted or transgender youth, taking on himself and the state the competence to determine what treatments were acceptable (e.g., hormone and surgical intervention) and what were not (psychotherapy)—a policy already enacted in some states. In fact, Bradley (2016a) explains, the President

...would ban a lot more than any sexual orientation change regimen. He would effectively make it illegal for a psychologist or psychiatrist [or social worker] to discuss with anyone under eighteen the conflicts between his or her sexual feelings and that person’s own long-term goals and interests. The president would brush aside a teen’s expressed desire to develop stable heterosexuality. He would ignore *overwhelming scientific evidence* (emphasis added) that

the vast majority (80-90 percent) of teenage boys and more than half of teenage girls who report same-sex attractions (and in some cases, a homosexual or lesbian identity) turn out by age twenty-five or so to be peacefully heterosexual, in favor of a policy to make professional assistance during these passing difficulties illegal. The President's policy would entail that the traumas and pathologies that so often underlie these expressions of homosexuality and lesbianism be left untreated, all so that the afflicted youth can be "affirmed" in their self-reported sexual identity.

This approach, favored by many in social work, may in effect deny mental health treatment to same-sex attracted and transgender youth, attributing (again without evidence) the large discrepancies in mental health and risk of disease and suicide between heterosexual and LGBT youth, to the stressors resulting from the prejudice such youth face in society. Inconveniently for this narrative, prevalent since the political decision of the APA Board in 1973 to remove homosexuality from its list of disorders, such discrepancies in health and mental health prevail in countries that have been the most supportive, culturally, institutionally, and legally, of LGBT youth. In a much-cited study suggesting the profound negative impact of structural stigma on the differential mortality of LGBT populations, Hatzenbuehler et al. (2014) reported an average of 12 years' shorter life expectancy for sexual minorities who resided in communities thought to exhibit high levels of anti-gay prejudice. They used data from the 1988-2002 administrations of the US General Social Survey linked to mortality outcome data in the 2008 National Death Index. But Regnerus (2016) used ten different methods to replicate the findings, including a more refined imputation strategy than described in the original study. The attempt to replicate the findings failed. The original study's conclusions were not supported.

In the case of transgender youth, there is also a lack of scientific evidence that treating boys as girls (and vice versa) solves their underlying problems. Bradley (2016b) concludes that the "compassionate and professionally competent approach to treating those with gender dysphoria is to help them to solve their underlying problems, and so to help them to come to live peacefully as the male or female that God created them." This requires the continued research and development of mental health approaches and not their suppression.

How Should Christian Social Workers Respond?

There are at least three ways in which Christians in social work can and do respond to these challenges or threats to their clients, to society, and to themselves as practitioners.

1. Subordinate conscience to “professional values.”

The first is full-scale surrender to the new orthodoxy. This response subordinates conscience to “professional values” that are increasingly defined by the ideology of sexual progressivism in general and SOGI ideology in particular. The Christian social worker, in this scenario, keeps a low profile and is indistinguishable from her secularist counterparts. She has accepted Hillary Clinton’s advice to change her backward religious views. Finding a conflict between her religious faith and demands of SOGI ideology to compromise it, this worker abandons or compromises her faith.

2. Seek accommodations or exceptions.

The second strategy emphasizes seeking exceptions, accommodations, or exemptions from requirements to practice or advocate in ways that burden conscience. It is the live-and-let-live approach, the “grand bargain” offered reassuringly by politicians and same-sex marriage advocates before their unconditional victory in the culture war—namely that same-sex couples would be allowed to marry, and Christians and others with religious objections would be protected from coercion of their consciences. That option is simply off the table and, so long as *Obergefell* (*Obergefell v. Hodges*, 2014) establishes same-sex marriage as a constitutional right, legislatures are stripped of the power to make such compromises. Appeals to conscience and religious freedom are increasingly dismissed as code for discrimination. Even the long-established practice of referring to another practitioner a case—say, for counseling a gay couple about their relationship issues—with which a counselor or social worker does not feel comfortable or competent, is being closed off as an option. As in the *Julea Ward* case at Eastern Michigan (*Ward v. Wilbanks*, 2010), such a referral request is likely itself to be taken as evidence of an unfitness to practice and a need for remedial counseling—for the professional (Oppenheimer, 2012).

Christians in social work face challenges to their faith and conscience whenever they are expected to treat psychological conditions and (what they understand to be) sinful activities as normal expressions of identity to be honored as morally equivalent to marriage and the conjugal act. We understand that all of us, clients and professionals, are sinners, and many in both groups live in sinful relationships traditionally referred to as adultery and fornication. We know from a great deal of research that these relationships and family structures are not equivalent for adults, especially women, or for children in two-parent families with a married mother and father. Furthermore, the undeniable disparities in health, mental health, education, crime, and violence cannot be explained in terms of social stigma (for example, Amato, 2005, Regnerus, 2012; Sullins, 2015, 2016).

It is not necessary to pretend that all family structures are equal to work with adults and children in all such situations.

Nevertheless, social workers may find themselves in a position where they are expected to endorse structures, relationships, or interventions that they consider harmful, whether or not they see them as sinful. For example, in the second story above, a Christian social worker is asked to go along with the parents of a thirteen year-old who want him to be addressed as if he were a girl. They and the medical team want to proceed with a regimen of chemical and surgical interventions that the social worker considers destructive and unethical. How does she respond in this situation?

For both pragmatic and spiritual reasons (Benedict XVI, 2011), the approach of seeking conscience exemptions and accommodations is necessary. But is unlikely to be sufficient to protect Christian social workers (or bakers, photographers, or florists). Neither transgenderism nor homosexuality is innate or immutable, recent research suggests. Yet the powerful ideological drive to coerce the conscience of practitioners and organizations like hospitals has appealed effectively to the idea that LGBT is an identity analogous to those of race and sex. Marriage, for example, has been redefined by the Supreme Court to include a constitutional right of same-sex-attracted people to marry each other. A refusal to participate in celebrating such unions by declining to use one's creative or artistic skills to bake a cake or provide flowers specifically for the occasion, then, is seen as unjust discrimination, a violation of civil rights comparable to refusal of service on grounds of race. The notion that same-sex attraction and transgenderism, like race and sex, are innate and immutable has proven a powerful buttress for this view and so an ideological weapon against conscience accommodations.

George (2012) argued that the idea that there could be a "grand bargain" on marriage was always an illusion. In such a bargain, supporters of conjugal marriage would accept the legal redefinition of marriage and, in return, the proponents of same-sex marriage would respect the right of Catholics, Evangelicals, Mormons, Eastern Orthodox Christians, Orthodox Jews, Muslims, and others to act on their consciences without penalty, discrimination, or civil disabilities of any type. Same-sex partners would get marriage licenses, but no one would be forced for any reason to recognize those marriages or suffer discrimination or disabilities for declining to recognize them. Proponents of redefinition might give lip service to such a bargain when they were relatively weak, but in the wake of their total victory it could not survive even a day. The Supreme Court's ruling in *Obergefell* could find no rational basis in the universal, millennia-old conjugal view of marriage, but only bigotry. In doing so, it provided the legal basis for treating the traditional view of marriage as equivalent to racism and requests for conscience accommodations on religious grounds as

demands for a license to discriminate and exclude. George (2012), writing two years before Obergefell, concluded:

The lesson, it seems to me, for those of us who believe that the conjugal conception of marriage is true and good, and who wish to protect the rights of our faithful and of our institutions to honor that belief in carrying out their vocations and missions, is that there is no alternative to winning the battle in the public square over the legal definition of marriage. The “grand bargain” is an illusion we should dismiss from our minds.

Recognition of transgenderism as an identity has been even more rapid. The Obama administration’s use of civil rights legislation, extended from race and sex to include LGBT people, has been draconian and brooked no dissent or conscience exemptions. The HHS transgender mandate (2016) allows no room for conscience or even professional judgment about the harm of conducting transition procedures on transgender children. It impacts nearly all doctors and hospitals. The mandate does not allow room for the physician’s professional judgment about the harm that such procedures would cause the child or accept referral “to another doctor, even one more qualified, or for a hospital to find a doctor willing to perform the procedure. Any refusal by a qualified and practicing doctor to perform such a procedure is a violation of the Mandate” (transgendermandate.org, 2016). At this writing, the mandate is under appeal (Becket Fund, 2016) and we do not know whether, or in what form, it may survive the appeal process or the incoming Administration. In any case, treating LGBT as identity rather than condition, as we understand anorexia nervosa, other kinds of body dysphoria like Body Integrity Identity Disorder, or some other kinds of disordered thinking or desire, has provided courts, legislators, and bureaucrats with a rationale for dismissing conscience concerns as demands for a license to discriminate. It reinforces the subjectivist view of conscience as little more than a matter of personal preference. The free exercise of religion, so central to Jefferson and the other Founders, is similarly reduced to freedom to worship, ending at the temple door, as a British chief of the Equality and Human Rights Commission put it (Tartaglia, 2012).

Many Christian social workers find or are likely to find themselves in the position of the Catholic health educator, Alexia Palma, who was fired for refusing to promote contraception or attend a class on birth control at Planned Parenthood (Chretien, 2016). She faced a hostile anti-Christian management that, she alleges, rejected its legal obligation to accommodate its employees’ religious beliefs so long as doing so would not cause an undue hardship to the company. She had received such accommodation

until the company came under new management. As a lawyer in the case put it (Chretien, 2016),

In this case, all that she was asking for was an accommodation for less than two percent of her job...that could never have been an undue hardship for the company. There were ready volunteers that were willing to cover that part of her responsibility while she did some work on their parts too. This could have easily been handled without forcing her to violate her convictions or to lose her job. They put her to that choice between her job and her faith. She chose her faith and was fired because of it.

Social workers now must navigate an environment that is immensely more hostile to religious liberty, even in the realm of abortion and abortifacient birth control. Bradley (2016b) describes a series of coercive measures that restrict the conscience rights of health professionals and institutions. Together they represent a transition “from culture wars to conscience wars” (Messner, 2011). The threat to social workers from SOGI laws is even more severe and imminent, with no Church or Weldon Amendments to limit damage to the rights of conscience. The presidential election may have provided a reprieve after years of erosion of religious liberty (Towey, 2016), but the threat from current and proposed SOGI laws continues, even when accompanied by protections for conscience and religious liberty. As a recent strong statement from religious leaders (Colson Center, 2016) says,

SOGI laws empower the government to use the force of law to silence or punish Americans who seek to exercise their God-given liberty to peacefully live and work consistent with their convictions. They also create special preference in law for categories based on morally significant choices that profoundly affect human relations and treat reasonable religious and philosophical beliefs as discriminatory. We therefore believe that proposed SOGI laws, including those narrowly crafted, threaten fundamental freedoms, and any ostensible protections for religious liberty appended to such laws are inherently inadequate and unstable.

The strategy of seeking conscience exemptions is then a necessary but limited response to gender ideology and its expression in politics, law, academia, and the media. It cannot be detached from the truth claims inherent in the appeal to conscience, rightly understood. Trying to do so reduces conscience to a subjective preference. The appeal against coercion of conscience is a claim to be free from being forced to lie as a condition of keeping one's job, career, or business.

3. Prudently affirm and argue for the truth as they understand it.

The third strategy is prudently to affirm and argue for the truth, in season and out. It involves campaigning against laws and policies that deny basic truths about marriage, sex, and the human person and that forbid good holistic social work practice or neglect or obscure the health and mental health needs of LGBT youth, or seek to “treat” gender dysphoria by changing an adolescent’s body to approximate the young person’s current perception of or feelings about it. This third approach requires compassion in working with distressed individuals, competence in listening to them and discerning their situation, an ability to find the room to maneuver in the situation (e.g., in terms of laws and policies that restrict or mandate practices)—and all without colluding in or reinforcing the disordered thinking and feeling of the client.

Ivereigh (2016), drawing on the approach of Pope Francis, with which I concur, discusses the need to make a clear distinction in transgender debates between theory and people. The distinction is important but, as we have seen, theory frames the way we treat people, whether by condemning or excluding or by pointing to an injurious approach to “helping” that does more harm than good. Theory or ideology may reject stigma and discrimination while following a false narrative that reinforces problems through social contagion and normalization, treating social issues as medical issues, preventing other kinds of treatment and even a strategy of watchful waiting, in a rash and unprincipled abandonment of the ancient precept, “first do no harm.” So there is no wall of separation between theory and practice.

Pope Francis and Social Work Practice

Social workers, like priests and pastors, *typically* work with those engaged in or subjected to destructive or addictive behaviors. Christians and others of faith may see those they work with as mired in sin, whether or not the client sees it that way and whether or not they themselves are wrestling with sinful behaviors. They learn to engage and work compassionately with clients without endorsing or colluding in the disordered thinking or feeling that may be trapping them (families and communities as well as individuals) in problem-perpetuating patterns of behavior. They learn and teach the message of cognitive-behavior therapy (CBT), as of some Buddhist and self-help practices: don’t believe everything you think! Working with a client suffering from anorexia requires compassion and competence but not reinforcing her belief, in the first case, that she is fat and needs liposuction. A practitioner who reinforces the disordered thinking or feelings of a youth—who, for the moment, thinks he is a girl

trapped in a boy's body—and supports hormonal and surgical treatment is not helping and may be doing immense and irreparable harm.

The situations social workers confront, in a social and political environment of hostility to the Christian faith and its adherents, are many and complex, not least in the area of competent and ethical practice with LGBT individuals. How should a conscientious social worker respond in the situation described in the second story above—that of the teenage boy whose parents were steering him decisively in the direction of chemical and surgical intervention?

Pope Francis, appropriately, does not provide direction for practice in a specific case like this. He teaches a pastoral approach that has two sides that seem at first to be in conflict. He has denounced, as fiercely as anyone, the whole ideology or “theory” of gender. He has argued that “gender theory is an error of the human mind that leads to so much confusion; it's one reason why the family is under attack.” He has even compared gender theory to nuclear weapons (San Martin, 2016).

In Europe, Latin America, Africa, and in some countries of Asia, there are genuine forms of ideological colonization taking place. And one of these ... is [the ideology of] ‘gender.’ Today children—children!—are taught in school that everyone can choose his or her sex. Why are they teaching this? Because the books are provided by the persons and institutions that give you money. These forms of ideological colonization are also supported by influential countries. And this is terrible! (Magister, 2016)

This is the context in which social workers practice, one of a regnant gender ideology being imposed as a new orthodoxy, a religion that tolerates no dissent and which does immense harm to youth, to families, and to society. Recognizing the evil for what it is, however, is only one side of Francis's coin. The other is his emphasis on a strong pastoral approach, of accompanying the ‘wounded,’ being open and welcoming to those who are distressed or isolated with seemingly insuperable problems and little understanding from others. His four-fold approach is aimed at faithful Christians rather than social workers specifically, but its application and resonance with the accumulated wisdom of social work practice will be apparent.

Francis's (Catholic News Agency, 2016) four-fold approach, which I list here with some more familiar social work language, includes:

1. **welcoming** (building a relationship vs. stigmatizing, excluding);
2. **accompanying** (walking with the ‘client’ in the direction of healing, starting where the client is);
3. **discerning** the situation (listening to their story, assessing the situation); and

4. **integrating** (not rejecting or ‘excommunicating’) into the community/Church.

It is a both/and approach. On one hand, it rejects the gender ideology and the means through which it spreads as a social contagion, infecting both those with whom we work and our own profession. On the other, this approach works in love and truth with those we serve. It defends the right of LGBT people to a full range of mental health treatment including psychotherapy to address underlying or co-occurring issues of depression, problem-perpetuating family dynamics, suicidality, and the other health and mental health issues that beset them. It resists the drive by activists, courts, and legislators to override professional judgment and conscience by mandating or prohibiting particular interventions, and upholds the principle of first doing no harm as well as that of informed consent ❖

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The Greatest of These: Reflections on My Journey

Luann Adams

Among those of us who have self-identified as American evangelicals many are experiencing wrenching divisions in community over such issues as conservatism vs. progressivism, inclusion vs. exclusion, and various ethical concerns. Nowhere are these divisions more painfully adversarial than in debates over sexual minority matters. The following article offers one Christian clinician's retrospective over her 30-year counseling practice, a glimpse of her own battle scars, and an appraisal of the divisive forces that threaten our unity. And she asks: As we seek discernment through these daunting divides, is it possible to cling to "charity in all things"? Do we still believe that love is "the greatest of these"?

"American evangelicalism is fractured, probably irreparably... This is a very sad development." (Dr. David Gushee, Religion News Service, February 12, 2016)

As a Christian clinician "in the trenches", I am experiencing evidences of church fracturing daily and increasingly in my little counseling office, as discourse around cutting edge cultural issues gives rise to dis-ease, division, and alienation among those who claim the Name of Christ. Our LGBTQ young are being uniquely singled out by many in church leadership for harsh judgment and ostracism. Even contempt. And I wonder: Is there no better way to engage fully with our culture, with minority groups, and with one another while respecting our diversity as God's own, and achieving unity in love?

I offer the following reflections with a heart of love for Christ and His Church. If Dr. Gushee is correct—if we do eventually go our separate ways as conservative and progressive Christians—if the division is indeed irreparable—can we not remember The First and Greatest Commandment, and The Second Like Unto It? My hope is that the joy and sorrow of my story will contribute a breath of inclusion, respect and love as we move forward together.

I'm a bit longer of tooth than many of you dear readers. Therefore, my story will begin for you, as Frederick Buechner (1982) famously crafted, "Once Below a Time." I invite you to a time very different from today in many ways. For me, it was a curiously more innocent time.

Once Below a Time

Mattie and Tina had created a warm place in my young life, long before that wintry evening when they spotted a shivering infant puppy on the school playground. But I'm getting ahead of the story.

Those times were chaotic. The first US troops were sent to Viet Nam, war protesters demonstrated and self-immolated, events in Selma, Alabama foreshadowed Bloody Sunday, and Malcolm X was shot. Lyndon Johnson was President, having taken the oath of office aboard Air Force One in Dallas, Texas, following the tragic assassination of President John F. Kennedy.

"Homosexuals" lived among us during that time, of course. But they were largely "under the radar"—marginalized, trivialized, occasionally parodied by the entertainment industry and generally bullied into silence by the culture. Many churches were primly silent about sexuality altogether. Others tacitly assumed celibacy outside of heterosexual marriage. As a young "cradle Christian", I knew of no context in which to regard same gender romance or same sex attraction, other than loosely gathered impressions. "Heteronormative" was not yet a word in our cultural lexicon, but it succinctly describes that era.

Mattie and Tina lived together, taught elementary school together, and worshipped together. By some combination of courage and love, they were active and beloved members of a suburban Free Methodist church—as a couple. By some gift of unspoken grace, that church embraced their "special relationship" without apparent awkwardness or question.

They were known as Mattie and Tina. "MattieandTina." Their coupling was part of their identity. They were an asexual couple, as I naively supposed, if I thought about it at all. It was many years later that I reflected on those assumed (and incorrect) features of the scenario.

Mattie and Tina were embraced, enjoyed, and respected by our community of faith. In all my youth, I only heard one disrespectful comment, made by a known church gossip, who called them "old maid schoolteachers". Her comment was immediately contradicted and corrected.

Then "once below a time", in an expression of tender love, Mattie and Tina became forever keenly precious to me. In a steely-skied December twilight, they were leaving the school building—together. Mattie caught a glimpse of something move on the deserted playground. Caked with snow, shivering, starving, and terrified, was an abandoned little puppy. Now, Mattie and Tina were "dachshund people", with four little dogs waiting for them at

home. But they gathered her up gently, carried her home, and nursed her back to full health. Signs of cruel abuse were cared for and healed. They managed to gain her trust as they created a safe space for this tiny, discarded mongrel.

For me, it was a match made in Heaven. I was by that time a recent college graduate, moving into my first home. I needed a companion and protector. This sweet little creature needed a home, preferably without dachshunds!

In ways that will be immediately understood by anyone who has been well loved by a faithful dog, ours was a love story that expanded, enriched, and deepened as my life chapters morphed unpredictably. Puppy (her permanent name!) was the constant at the heart of my life throughout her seventeen and a half-year lifespan. Nearly every memory of that time contains her. As a “pack animal”, she became part of “the family pack”, and seemed more human than canine—except for her powerful doglike unconditional, sacrificial, trusting love.

Puppy was a lovely, constant reminder of the very first committed, loving, monogamous, lifelong, same gender relationship I was privileged to know. Mattie and Tina loved life. They loved each other. They loved God and all His creation, especially the suffering. They loved me. And I loved them. The church loved them. “And the greatest of these is love.”

We eventually lost touch, and time flowed on. But I will always treasure the beautiful women I loved “once below a time”.

Once Upon a Time

I would like to believe that love helped to shape my responses to the seismic cultural shifts that characterized the years that followed that time. As a novice Christian clinical social worker, I had sought out post-graduate Biblical counseling education, and worked hard to put psychological theory and practice modalities through the grid of Scripture. My desire was to develop an authentically Biblical Christian practice, based on sound scientific research outcomes.

Therefore, in my care of those seeking Christian counseling for “ego dystonic homosexuality”, I relied on resources I believed to be the most Scripturally congruent models available at the time, such as the writings of Dr. Elizabeth Moberly (1983) and Dr. Joseph Nicolosi (1991). I sought out a local division of Exodus International, actively supporting and serving them, learning from them, and participating in their national gatherings.

It is important to recall that “Ego dystonic homosexuality” had not yet been removed from the diagnostic categories, and was affirmed by health care professions as a legitimately treatable condition. Also, my use of the now somewhat obsolete designation of “homosexuality” is representative of the lexicon of the time, preceding the current more inclusive and descriptive LGBTQ reference.

At that time, those self-identifying as homosexual and seeking a Christian approach to counseling most often requested treatment offering support for overcoming the distress of same-gender attraction in a heterosexual culture, finding a pathway out of homosexuality, restoring an authentic sense of self, and living successfully as ex-gay, or perhaps even heterosexual. Given the cultural climate of the time, this common request was understandable. Professional Christian counseling resources began to offer treatment planning strategies and reparative therapy models to meet those perceived needs.

It was during that time that I convened and facilitated a support group for women with Lesbian lifestyle histories, gender identity questions, and same sex attractions. What amazing, wise, and gentle women they were!

Meanwhile, a major shift in focus was taking place in conservative Christian fellowships. Dissonance over issues such as the role of women in church leadership and remarriage following divorce began to recede in church debate. They were soon replaced by moralizing judgment of any sexual expression other than heterosexual and married. Several parachurch family ministries became especially strident in tone, and were highly regarded by many. Early “Biblical counseling models” followed suit.

Given the assumed felt needs and expressed goals of those seeking a distinctly Biblical Christian approach to “ego dystonic homosexuality”, I began to research emerging literature for a useful counseling model.

Emerging Resources

Early on, Dr. Elizabeth Moberly (1983) provided a foundational understanding of “the genesis of homosexuality” as rooted in an early developmental breach in relationship with the same-gender parent figure. The resulting “push-pull phenomenon”, an unconscious effort to repair that breach, was seen as the genesis of same-gender attraction. Treatment planning, therefore, was organized around identification of that breach, then finding more functional coping and healing strategies.

Dr. Joseph Nicolosi (1991) wrote from the vantage point of restorative therapy for the male homosexual. His chief focus on the failure of the father-son bond provided the main structure for treatment planning, characterized as reparative therapy; making peace with the father, growing out of the false self, ego-strengthening and self-assertion, identification of masculinity, nonsexual male relationships, and relationships with women. Other concepts such as “the search for the masculine ideal”, and “the missing feminine element” were offered to explore features of same-gender male love relationships.

Dr. Jay E. Adams published his book *Competent To Counsel* in 1970, out of which developed what is now known as Nouthetic Counseling. Seen

by some as a pioneer in the field of Christian Counseling, he has also been sharply criticized for doing considerable harm through confrontation of sin as the basis of psychotherapy. Believing that clear Scriptural teaching identifies homosexual attraction and expression as sin, he directs a process of Christian conversion, confession of sin, repentance, and receiving forgiveness as a starting place for treatment.

Hope, in Adams' view, is built through cleansing the life of sinful sexual attractions, orientations, and behaviors, breaking off relationships of "the old life", and developing the habits of a heterosexual lifestyle. His central stated goal is that of "gaining a commitment to total restructuring"—that is, resolving the impact of homosexuality on all areas of life. The chief outcome of successful structuring is either lifelong continence, or heterosexual marriage.

Other authors of that time generally supported, illustrated, and expanded upon these representative resources. Several offered their own personal experiences as Christians dealing with same-gender attractions and homosexual lifestyle histories, culminating in successful self-identification as ex-gay. Some of those autobiographical accounts included heterosexual marriage.

The literature of the time was, I believe, rooted in a genuine desire to address a troubling and cutting-edge issue with wisdom and compassion, while maintaining fidelity to traditional interpretations of Scripture. My own understanding and treatment planning sought to integrate it into my practice judiciously and cautiously. In my commitment to respond respectfully to the uniqueness of each person seeking counsel, it became increasingly important to be selective—to "chew the meat and spit out the bones" of the growing field of literature.

Some have reported having been helped through those avenues of treatment. Some whom I counseled during that time currently self-identify as ex-gay, and report a peaceful, fulfilling, and successful celibate lifestyle. Consistently, the stated desire was, and remains, to live out their identity as a redeemed child of God, often desiring to omit any reference to the label ex-gay as key their identity. I respect and celebrate the freedom and joy of their lives.

During that chapter of my personal and professional journey, I did not encounter overt contempt or hostility toward homosexual individuals among my mentors and colleagues, in my personal relationships, or in my church affiliation. Admittedly, I encountered awkward discomfort, curiosity, and quiet judgment. But open animosity was not prominent. Sadly, that unfortunate development would soon follow.

Gathering Darkness

The literature of the time noted that issues of shame, depression, alienation, isolation, dissociation, despair, and addictive patterns pre-

sented in the midst of implementing these therapeutic models. Also, the somewhat triumphal nature of some ex-gay testimonies exacerbated the discouragement and self-reproach of those who continued to struggle with same-gender attraction and gender identity uncertainty.

A developing continuum grew increasingly evident in the dominant culture as well as within the church, ranging from responses of rigid, reactionary, shaming, coercive, exclusionary practices at one extreme, to dissolution of all sexual mores, regardless of orientation, on the other. The challenge became one of discerning a wise and compassionate position along that continuum.

Frederick Buechner might helpfully summarize these painful shifts in focus as a violent birth into “Once Upon a Time” for all involved—especially for sexual minorities, and most especially for those in conservative Christian churches. The new reality was hard-edged. The cacophony was daunting. But the birth and the developments were inexorable.

Informed by the legacy of Mattie and Tina and of the Free Methodist church family, and deeply valuing the many stories of inclusion and grace passed down by my own Quaker ancestors, I continued to attempt to integrate these shards of experience and information into a reasonably congruent and compassionate approach to health and healing for sexual minorities. These were demanding and formative days for me as a clinician, as a woman, and as a Christ follower.

Becoming the Strident Pharisee

With sorrow I confess that my movement along the continuum began to sound increasingly judgmental and exclusionary. While I am fully responsible for and repentant of that slide, it has been helpful to identify some factors influential in that direction.

An increasing flurry of Christian books, articles, and sermons focused on the “growing menace of homosexuality”, presumed to be accompanied by pedophilia and promiscuity. Scholarly sources rooted in traditional Scripture exegesis emphasized the traditionally exegeted prohibitive texts as proof of God’s disapproval of same gender sexuality, classifying it as “an abomination”. The ultra-conservative polarity even insisted that the LGBTQ person is by definition evil, living in sin—even demonic. The Westboro Baptist Church with its “God hates fags” rhetoric illustrates that polar extreme.

Of these influences, I was most disquieted by the traditional rendering of key prohibitive Bible passages. I found it increasingly difficult to shrug off the “clobber passages”, as they were sometimes labeled. Surely the prohibitive Scriptures are to be dealt with respectfully, not shrugged off dismissively. I was not yet aware of the exegetical, contextual work being undertaken by theologians of many persuasions to re-examine traditional

interpretations of primary sources made available in part through improved archaeological technology (Brownson, 2013; Wilson, 2014).

My edges gradually became hardened. In the words of Peter Enns (2016), I was guilty of what may be the greatest sin of all—the sin of certainty. This was indeed a bitter pill, at least at first blush. But in time, reordering my positions of “certainty” began to address the inherent dangers of being so staunchly certain of my own judgments, however righteous they may have seemed to me. Relaxing my hold on rigid certainties was daunting, distressing, and confusing. There is a beguiling comfort in certainty!

Yet there was also relief, increased peace, and deepened compassion in the transition. What is the sin of dichotomous “certainty” if not the essence of the Pharisee? In my desire to honor the Word of God, I was in fact facing the Pharisee in the mirror.

But God!

Five main crossroads events combined to grant me release from that dark chapter. They can be summarized by five names: Tony, Rick, Ken, David, and Fran.

Tony: An oft-spoken aphorism was demolished within me in a moment of time. I had been reciting the righteous-sounding lingo, “Love the sinner, hate the sin”. It did have the faint ring of love about it. But its condescending, arrogant, self-righteous aftertaste was foul. It was Tony Campolo who nailed it for me when he said, in a public media interview, “My Bible doesn’t say that. My Bible says, ‘Love the sinner, abhor my own sin’.” I remember how his eyes filled with tears at the painful intensity of that truth.

Yes. In that moment, I was loosed. And horrified at the arrogance of hating someone else’s “sin”. Was I the judge? And the jury? I was appalled. And ever grateful.

Rick: For many years, I’ve been deeply grateful for the wise, steady, compassionate, and faithful leadership Rick Chamiec-Case has brought to NACSW. It was during my dark chapter that conversations with Rick brought my ugly, strident certainty to the surface. Rick courageously challenged my edges with his gentle, respectful strength. As I reflected on those conversations with contemplative prayer and meditation, the Spirit brought gifts that prepared the way for growth and healing yet to come.

Ken: Since I am not a theologian, not an exegete, not a credentialed Bible scholar, I’m left to glean interpretive wisdom from those who are. Much clarification of ancient texts has been published in recent years, opening opportunities to reconsider long-held beliefs. Most recent for me was the careful work of Ken Wilson in his book *A Letter To My Congregation* (2014). I’m grateful for his readable review of traditional interpretations of

key prohibitive texts, comparing Scripture with Scripture, and examining the mitigating contextual factors involved.

David: Dr. David Gushee, Professor of Christian Ethics, author, speaker, advocate, and pastor, has provided a pivotal voice in the lives of many. His positions on such current cultural issues as climate change and torture stand alongside his advocacy for LGBTQ people. His book *Changing Our Mind* (2014) was a lifeline for me in emerging from my dark chapter. Meeting David last year, subsequently conversing with him via email, and following his “Christians, Conflict & Change” articles via the Religion News Service, have provided a foundation for my ongoing formational journey.

Fran: A remarkable woman whom I had previously counseled, who had also participated in the support group mentioned earlier, returned to a counseling relationship with me. But this time it was very different. She had come to realize, after many years self-identifying as ex-gay, that she is gay. Lesbian. Not ex-gay, but ex-ex-gay. As you can imagine, that realization was tumultuous for her on nearly every level of her life.

Her courage in trusting me with these chapters in her journey is empowered by her determination to live authentically as the beloved daughter of The Most High. She is His beloved gay daughter. Reclaiming her life spiritually, emotionally, cognitively, socially, and relationally is an ongoing odyssey of heroic proportions. I stand in awe of her stature.

Forgiving me, seeking to forgive the church and its leaders, and forgiving herself—these are some of the evidences of the healing power of the Spirit in her life. Restoration is now well underway, following 25 years of social isolation, discomfort with church communities, and difficult questions about her true self. Hers is a stunning redemptive story born of love and truth.

So Far, the Journey

Current steps forward include provision of consultation services with area clergy and parachurch leadership, ongoing counseling services for youth and adults dealing with various LGBTQ matters, family counseling for those who love someone who is gay or questioning, and writing as the opportunity arises.

It is also my privilege to offer specialized counseling for those who identify as ex-gay, who often find themselves at the epicenter of the battle. They therefore seek safe refuge, respectful inclusion, and the grace to be heard.

Continuing study of the burgeoning popular, scientific, theological, and spiritual literature has become a mainstay in my personal and professional development. A selection of such resources is available in the bibliography to follow. I'm also deeply grateful for the light being offered by continuing academic work, well represented in this journal.

Thank you, dear reader, for accompanying me on this revisit of my trek. It has been an arduous journey in many ways, as has yours, no doubt. And our stories will continue to unfold until we arrive in Glory—perhaps to find there not so much their endings, as their transcendent, true beginnings!

The Greatest of These: Reprise

Dr. David Gushee (2014) has observed that careful historical, contextual re-examinations of prohibitive Scriptures, even conclusive scientific research, will not create heart change. The “culture of contempt”, he cautions, “will not be reversed without personal love relationships.

May God grant us the grace of deeply transformative love relationships in our midst. May we be granted the grace to not break relationships over our dissimilarities, but instead remain in conversation with each other. As clinicians at heart, surely we can offer one another the gift of respectful, reflective listening in patient, compassionate dialogue!

May we find room for one another under the sovereignty of God, and bear witness to the heart of our Savior Jesus Christ. May the rigid “certainties” with their exclusivism and adversarial spirit be replaced by intentional living out of love—God’s primary and secondary mandates for His followers.

“Jesus said to him, ‘You shall love the Lord your God with all your heart,, with all your soul, and with all your mind. This is the first and great commandment. And the second is like it: You shall love your neighbor as yourself. On these two commandments hang all the Law and the Prophets’” (Matthew 22:37-40).

Dear reader, we may stand on very different locations on that huge continuum. We are not likely to convince one another to budge. Perhaps that’s not necessary—not even desirable. Perhaps richness of texture is to be found in our diversity.

Perhaps it’s sadly true that the church will eventually divide irreparably along these lines of dispute. But can we not reach across those divides with miraculous, healing love? Might that quality of unity-in-diversity heal and enrich the Church, and convey Good News ever more effectively to our generation and beyond? We may fail to achieve that goal; but are we permitted to abandon the attempt?

My beloved Quaker godmother would offer this well-worn foundation:

In essentials, unity.
 In non-essentials, liberty.
 In all things, charity.

In each generation, it seems, we are called upon to discern the essentials from the non-essentials. Wars have been waged, dissenters have been

tortured and immolated, the Bride of Christ has been ravaged as debatables have been elevated to the level of certainties. As we seek discernment through these daunting divides, may we never stray from the law of love, clinging tenaciously to charity in all things.

As I share with you my story, as I describe the scenery at this point in my journey, I am astounded by the steadfast Love that pursued, forgave, and deemed me somehow useful in His Kingdom. I am reminded of the wisdom of my dear Godfather who often reminded me that we serve a God who loves to create beauty out of chaos. And I am forever grateful for the many hearts and hands that have conveyed priceless gifts of healing to me. From Mattie and Tina, through years of rugged terrain, to the joy of Fran and the richness of her life, and beyond—there is faith, hope, and love. But the greatest of these is love.

The ancient call to love God and one another across conflicted divides could not be more critically important—and potentially healing—than at this crisis moment in our political history. We can only imagine how transformation from the culture of contempt to the culture of love may impact our churches, our communities, our nation, and our world. God's people have been instrumental in such stunning shifts throughout history, through similarly wrenching times. Can we do it now? ❖

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ONLINE RESOURCES

- evangelicalsforsocialaction.org**: On earth as it is in Heaven: Radical love made visible
- reformationproject.org**: Advancing the Kingdom, advancing equality
- robgagnon.net**: The Bible and homosexual practice: Texts and hermeneutics, Robert Gagnon
- loveisorientation.com**: Exploring the active engagement of bridging opposing world views
- sexualidentityinstitute.org**: Institute for the study of sexual identity
- gaychristian.net**: The gay Christian network
- GCNjustin.tumblr.com**: Crumbs from the communion table, Justin Lee
- religionnews.com**: Religion news service: Christians, conflict, & change, David Gushee

peteenns.com: The Bible for normal people, Peter Enns

readthespirit.com: Third way newsletter

moremusingson.blogspot.com: More musings on Christianity, homosexuality & the Bible, Misty Irons

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Keywords: homosexual, homosexuality, lesbian, gay, sexual minorities, gender identity, sexual orientation, evangelicalism, religion, church, Biblical counseling, Christian counseling, heteronormative, reparative therapy, ex-gay, love

NACSW Unity in Diversity Statement

This statement on unity and diversity has recently been developed by the NACSW board as a way to reaffirm NACSW's longstanding policy of being a place where Christians in social work hold Christ at the center and from there engage one another from the diversity and depth of our various theological and denominational traditions, learning from and challenging one another.

FOR MORE THAN 60 YEARS, THE NORTH AMERICAN ASSOCIATION OF Christians in Social Workers has sought to equip its members to integrate Christian faith and professional social work practice. At the core of this mission is the conviction that our witness as Christians in what is often characterized as a secular profession is stronger and more vibrant when it comes from a place of unity.

This unity is first and foremost a gift. It is a gift from our Creator made possible by the grace of our Savior and the powerful presence of the Holy Spirit. As the psalmist (133: 1) says, "How good and pleasant it is when God's people live together in unity!"

When our association is at its very best, we are living into Dr. King's vision of the "beloved community." We hope that you will experience this deep sense of community, a foretaste of the ultimate flourishing, the shalom, of the Kingdom of God. We hope that as we walk hand in hand in this mission, all around us will know we are Christians by our love.

At NACSW we celebrate our unity by engaging with one another from the depth of our theological and denominational traditions. We want more than a mere Christianity. The collective wisdom of our various traditions is also a gift, and a gift we offer to one another. We come from many faith traditions, but each of these traditions reveals something of the character of the Triune God to us, each of these traditions is part of the body of Christ. As social workers we affirm and delight in the unique strengths embodied in our faith communities. We understand that we learn the most from one another when we enter conversation as whole selves.

This unity, however, is both a gift and an earnest calling from our Lord. We lament the collective failings of our traditions to live out the unity Christ has called us to. We acknowledge that sometimes Christians have pursued

unity through assimilation and domination. The call to unity must never be separated from the call for truth and the call for justice. In situations of oppression, unity without truth and repentance is not unity. The call for unity can ring hollow because of the pain of both present and past betrayal.

It is one such dark moment of pain and betrayal that we find Christ calling for unity. On the night he was arrested, before Judas betrayed his teacher and friend, before Peter struck out in anger with his sword and denied his Lord, Jesus prayed for unity.

The prayer is the culmination of his “high priestly prayer,” recorded in the book of John. Jesus knows that the end of his earthly ministry is near and that his time is short. In Chapter 15:15 Jesus tells his disciples that, “I no longer call you servants, because a servant does not know his master’s business. Instead, I have called you friends, for everything that I learned from my Father I have made known to you,” and commands them (15:12) “Love each other as I have loved you,” and then again to (15:17) “Love each other.” In Chapter 16, as dusk falls over the Kidron Valley, which he will shortly cross into the garden of Gethsemane, he prays for his disciples. Then there is this passage (17: 20-23):

My prayer is not for them alone. I pray also for those who will believe in me through their message, that all of them may be one, Father, just as you are in me and I am in you. May they also be in us so that the world may believe that you have sent me. I have given them the glory that you gave me, that they may be one as we are one — I in them and you in me—so that they may be brought to complete unity. Then the world will know that you sent me and have loved them even as you have loved me.

Unity is no easy task. We live in an increasingly fractured and contentious world, where the demands of our various tribal identities for purity within the group and opposition to those outside the group are loud and persistent. Political parties, religions, denominations, ethnic groups, sexual identities, and professions clamor to tell us who we are and who we are against. At NACSW we believe that in the midst of this it is all the more important to remember that Jesus Christ is Lord and Savior, and that ultimately those from every nation, tribe, people, and language will stand before the throne and before the Lamb (Revelation 7:9).

So, at NACSW we pursue the unity of the body of Christ through worship and prayer, but we also pursue it through hard conversations about topics on which people of good faith disagree adamantly. We do not shy away from conversations about politics, sexual orientation, immigration, gender identity and expression, the Black Lives Matter movement, abortion, or decisions at the end of life. We are, after all, both Christians and social

workers. We listen, we affirm, we recognize the dignity and worth in all people, we empathize and seek to truly understand even when we do not and cannot agree. We love one another.

While a 24-hour news cycle and the echo chambers of social media may have amplified the voices of disunity, the church has always struggled to live into the calling Jesus gives us to unity. There were early debates about food, ethnic discrimination in welfare, circumcision, and many other issues. Paul participated in many of these debates (and not always with kind words; see his debate with Cephas/Peter in Galatians 2 and his anger at all of the church in Galatia in the next chapter). Yet he writes to the church in Ephesus (Ephesians 4: 2-6):

Be completely humble and gentle; be patient, bearing with one another in love. Make every effort to keep the unity of the Spirit through the bond of peace. There is one body and one Spirit, just as you were called to one hope when you were called; one Lord, one faith, one baptism; one God and Father of all, who is over all and through all and in all.

We believe that our organization is better when it holds Christ at the center, the very core of our work, then when we create a perimeter of beliefs, a wall inside which are the good and over which we will not cross. At NACSW we are not bound together by political party, denomination, ethnicity, language, or even our profession. We pursue conversation, not necessarily consensus. Ultimately, we are bound together by Christ. As Paul says in Ephesians 4:16, "From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work." We invite you to be a part of this work as we seek to integrate Christian faith and professional social work practice. ❖

Tribute to David Sherwood

Rick Chamiec-Case, Janet E. Furness, Peter Hookey, Mackenzi Huyser, Ken Stoltzfus, Mary Van Hook, & Terry Wolfer

So, chosen by God for this new life of love, dress in the wardrobe God picked out for you: compassion, kindness, humility, quiet strength, discipline. Be even-tempered, content with second place, quick to forgive an offense. Forgive as quickly and completely as the Master forgave you. And regardless of what else you put on, wear love. It's your basic, all-purpose garment. Never be without it. (Colossians 3:12-14 from the Message)

FOR 34 YEARS, SINCE 1983, DAVID HAS SHEPHERDED NACSW'S journal, *Social Work & Christianity*, with grace and excellence. He has left an indelible mark on SWC through his decades of service and faithfulness. For those of us who have known and worked with David on the journal, it has been an amazing honor and privilege to pursue NACSW's mission with him through the publication of SWC through the decades.

Of course, in addition to his incredibly long time of service as *Social Work & Christianity's* editor-in-chief, David has also served NACSW in a variety of other capacities, including:

- Member of NACSW since 1973
- Chapter leader of NACSW's Oklahoma Chapter in the early 1980s
- Member of NACSW's Board of Directors for 4 terms (1980-1985; and 1989-1994), including three terms as Board President (1982-1985 and 1990), and ex officio member of the Board from 1995 to the present
- Recipient of the Award for Distinguished Service to NACSW in 1998
- And much more!

For this brief tribute to David in this, his final issue of SWC as editor-in-chief, we've gathered stories and accolades from a number of current

and former colleagues as our way of expressing all that he means and has meant to us and to our association through the decades.

I'll start by sharing a story of one of my first recollections of David from the early 1990s when I became a member of NACSW's Board of Directors. I had driven from Connecticut to Chicago, Illinois for my first Board meeting, and wanting to make a good impression, I arrived a few minutes early only to find a room that was empty except for myself—and David, who at that time was the NACSW Board president.

David apologized that word had not gotten to me—probably because I had been on the road for a couple of days, in the days before cell phones and email—but that the Board meeting was actually going to start an hour later than first announced. “But,” he said with a characteristic David Sherwood twinkle in his eye, “since you are here early, this gives me a chance to bring up something I wanted to talk to you about anyway.” David proceeded to ask if I would be willing to become the Board secretary and take minutes for the Board meeting which would start in, well, less than an hour!

So here I was in the very beginning stages of my social work career, never having been to a NACSW Board meeting—and in fact, never having been on any Board—sitting eyeball to eyeball with NACSW's Board president, someone who was already something of an NACSW icon even back then. And here was David, being all warm and friendly and David-like, building me up, assuring me I was up for the role, and promising that he would be there to support me and help if I needed it. How could I possibly say “no” to this NACSW legend? Well, I didn't say “no,” and true to his word, David nursed me through that role, and many, many others since then!

Even those many years ago, and all the more so in recent years, one of David's most valuable gifts to NACSW has been to dispense a surplus of wisdom and insight with us, following in the tradition of Alan Keith-Lucas, who for many years assumed a similar role on the association's Board. And of the many nuggets of wisdom that David has shared with us through the years, the one that is perhaps the most well-known to his students and to those of us within NACSW is often referred to as the “Sherwood maxim”—that is, “you can't maximize all values simultaneously.” This maxim reminds us that while there are many vitally important values that are “worth fighting for” within both our Christian faith and social work, try as we might, we can't get around the fact that, sometimes, legitimate values compete or even clash with one another, and at those times, something invariably has to give. This, of course, is what makes ethics and ethical reflection—as well as the project of integrating faith and social work—so messy at times. Put another way, as confusing and frustrating as it can be, because of our many limitations as finite and flawed human beings, sometimes, without rejecting the legitimacy of any of the values that are a part of our understanding of faith and/or social work, we still have to find a way to juggle and balance

and prioritize the various competing values in play in the concrete, untidy situations that Christians in social work are called to navigate. David did this juggling and balancing with both humility and tenacity—and in doing so, provided an inspiring model so many of us have tried our best to follow.

In conclusion, through the years, David Sherwood has continued to provide support and guidance to so many of us within NACSW when we have needed it most. He has been wise and yet still deeply humble; gentle, and still persevering in his search for what is true and faithful. For these and so many other reasons, I can't say strongly enough how much it has been an amazing honor and privilege and blessing to work with my good friend, David Sherwood, for these past 30+ years. I miss him already!

Rick Chamiec-Case, PhD, MSW, MAR

Managing Editor of Social Work & Christianity and Executive Director of NACSW

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I attended a workshop at APM last week called Spiritually Relevant Field Education: A Critical Component for Advancing Collaborative Social Work Practice. It was led by faculty of Texas State University - School of Social Work. The leaders handed out a bibliography that included 6 resources. They referred to three sources as *key to their presentation*: Larkin, S. (2010); Poole, J., Rife, J. C., Moore, L., Reaves, A. & Moore, W. (2013); and Seitz, C. R. (2014).

Yes, *these are authors of articles published in Social Work & Christianity*. Twenty years ago, NACSW and CSWE were just beginning to try to talk to each other, to find a pathway that would make it possible to find common ground. In fact, 20 years ago was one of the most volatile APM's on record! A more harmonious relationship endures today. I delight in seeing it, especially as a faculty member of a school in NYC where the collegiality with several—if not all—NYC schools of social work seems increasingly authentic.

One of the greatest vehicles for accomplishing this has been *SW&C*. Its impact has the mark of David Sherwood all over it!

Janet E. Furness, Ed.D., MSW, ACSW

Professor of Social Work; Director, MSW Program, Nyack College

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Seitz, Jr., C. R. (2014). Utilizing a Spiritual Disciplines Framework for Faith Integration in Social Work: A Competency-Based Model. *Social Work and Christianity*, 41(4), 334 - 354.

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From a long time ago—I remember you as the “Leader of the Pack” of joggers each day before the NACSW Board meetings in Chicago in the seventies. You were tough to keep up with, but it felt so good afterwards as we came back to too many donuts!

Peter Hookey, PhD
Mennonite Central Committee
Akron, PA 17501

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Thank you, David, for your years of service as editor of *Social Work and Christianity*. You led the journal with vision and a desire to create a space for intellectual dialogue surrounding faith and practice. This contribution will impact generations of social work practitioners for years to come. Your humble quest to create this intellectual space also came with kind and generous mentorship of authors and the editorial team. Thank you for leading us and mentoring us in this way. We are so grateful.

Mackenzi Huyser, PhD
Executive Director, Chicago Semester

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I met David Sherwood in person for the first time at the 2005 NACSW Convention in Grand Rapids, Michigan. It was my second NACSW conference and I was a nervous assistant professor preparing to present a paper on faith and social work with my colleague, David Cecil. We became even more nervous when we realized that David Sherwood was in attendance at our presentation, as we had cited him extensively in our project. Discussing David’s work in his presence was especially intimidating due to his reputation as a scholar and social work educator who was a leader in both

Christian and secular social work education. Given our nervousness, we were both immensely grateful when David asked us publicly at the end of the presentation to consider submitting the presentation as an article for NACSW's journal, *Social Work & Christianity*.

As I reflect on my first meeting with David, I realize that two of the qualities I most respect about him—his status as a leader in social work education and his tendency toward gracious encouragement—were obvious in our initial meeting 11 years ago. David is a highly respected social work educator who has been able to teach and write in an explicitly Christian manner, while still engaging with the broader social work education community. David's leadership has spanned a multitude of roles, including service on the NACSW Board of Directors and the Council on Social Work Education's Commission on Accreditation. And, of course, David has faithfully served as Editor-in-Chief of *Social Work & Christianity: An International Journal* for 34 years. During my career in social work education, I have not met another Christian social work scholar who has bridged the divide between Christian and secular social work education, and been respected in both worlds, the way David has.

David's bridge-building ability is closely linked to his gracious, encouraging personality. These personal characteristics have been on display during the 34 years he has served as editor of *SWC* and have become embedded in the operations of the journal. Perhaps the most notable example of this is the comprehensive and painstaking review system that David developed for the journal. This system provides manuscript authors with an extensive amount of feedback and encouragement as to how to improve their articles. This process has led many authors to praise the clear, detailed, and encouraging feedback they received as a result of the *SWC* review process. I have personally been the beneficiary of David's gracious encouragement, both as an author and, eventually, as a member of the *SWC* staff. I am certain that many other social work educators have benefitted from David's gracious encouragement during the course of their academic careers, as well.

If there is one thing that, for me, symbolically represents David's legacy, it is his 2009 *SWC* article "Hnau What? C. S. Lewis on What It Means to be a Person." In the article, David reflects on the implications of C.S. Lewis' science fiction novel, *Out of the Silent Planet*, for a Christian understanding of personhood and, ultimately, the practice of social work as a Christian. David's creative blending of concepts from theology, sociology, anthropology, philosophy, and social work highlights the breadth of his gifts as a scholar and educator who has spent his career furthering the thoughtful and ethical integration of Christian faith and professional social work practice.

In closing, I would like to congratulate David on a career spent graciously encouraging Christian social work educators, students, and practitioners to integrate their Christian faith in their work as social

workers. I wish David all the best as he prepares to retire from his role as Editor-in-Chief of SWC. David, you have set an impeccable example for all of us who are in the process of learning how to integrate our Christian faith with our vocation as social workers.

Ken Stoltzfus, PhD, LCSW

Department Chair and Associate Professor, Samford University



David has made so many contributions to social work and to the place of faith in social work that it is difficult to know what to focus on in this brief tribute. I will choose just two from a much longer list.

The first reflects David's willingness to share his careful reflections on the respective roles of faith and social work. His article "Ethical Integrations of Faith and Social Work Practice" in a 2002 issue of *Social Work & Christianity* has been an invaluable resource for me. His thoughtful distinctions between the respective roles of social work and evangelism, his analysis of the ethical issues involved when one blurs these distinctions, and the contributions of each has been extremely helpful. In addition to finding it useful for my own thinking and practice, it has been an important resource in my work with social work students. As a social work faculty member at a state university, I had students who were motivated to become social workers by their Christian faith, but who had really merged the roles of social work practice and evangelism. I was able to use David's article, along with his credibility as a Christian and a leader in the field, to help them to begin to understand this distinction in a way that honored both their faith and the role of social work.

The second contribution that I have learned to value, and also benefited from, is his careful analysis of manuscripts and his willingness to spend hours of his time in seeking to improve manuscripts so that the authors can contribute to the field of social work. As a prospective author, editor of a special issue, and associate editor, I have witnessed David's willingness to wear his many hats as a social work scholar and educator and former English major to identify both strengths and weaknesses in manuscripts and to make helpful suggestions. That David has done so for 34 years is a remarkable contribution and the line of people indebted to him would wrap around many blocks. Thank you, David.

Mary Van Hook, PhD

University of Central Florida, Emeritus

As the long-time editor of *Social Work & Christianity*, David Sherwood has made a unique and substantial contribution to scholarship at the intersection of Christian faith and professional social work practice. He earned a PhD in social work when this was much less common than now, and sacrificially focused much of his social work scholarship on developing the journal. His contributions to the journal included recruiting, cultivating, and supporting editorial board members, other reviewers, guest editors, and countless authors. Having experienced David's assistance in each of those roles, I can vouch for his high academic standards reflected by generous and detailed feedback. At the same time, he exhibited gentleness, patience, humility, sensitivity, and persistence. No doubt, many of us owe David a debt for his assistance in launching our scholarly careers. All of us benefited from the cumulative scholarship he helped to develop in the pages of *Social Work & Christianity* over the past three decades.

Thanks, David!

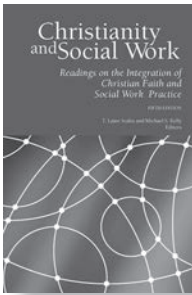
Terry A. Wolfer, PhD

Professor of Social Work, University of South Carolina

PUBLICATIONS AVAILABLE FROM NACSW

CHRISTIANITY AND SOCIAL WORK: READINGS ON THE INTEGRATION OF CHRISTIAN FAITH & SOCIAL WORK PRACTICE (FIFTH EDITION)

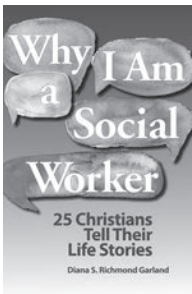
T. Laine Scales and Michael S. Kelly (Editors). (2016). Botsford, CT: NACSW. \$55.00 U.S., \$42.99 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.



At over 400 pages and with 19 chapters, this extensively-revised fifth edition of *Christianity and Social Work* includes six new chapters and six significantly revised chapters in response to requests by readers of previous editions including chapters on evidence based practice (EBP), congregational Social Work, military social work, working with clients from the LGBT community, human trafficking – and much more! The fifth edition of *Christianity and Social Work* is written for social workers whose motivations to enter the profession are informed by their Christian faith, and who desire to develop faithfully Christian approaches to helping. It addresses a breadth of curriculum areas such as social welfare history, human behavior and the social environment, social policy, and practice at micro, mezzo, and macro levels. *Christianity and Social Work* is organized so that it can be used as a textbook or supplemental text in a social work class, or as a training or reference materials for practitioners and has an online companion volume of teaching tools entitled *Instructor's Resources*.

WHY I AM A SOCIAL WORKER: 25 CHRISTIANS TELL THEIR LIFE STORIES

Diana R. Garland. (2015). Botsford, CT: NACSW. \$29.95 U.S., \$23.95 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.



Why I Am a Social Worker describes the rich diversity and nature of the profession of social work through the 25 stories of daily lives and professional journeys chosen to represent the different people, groups and human situations where social workers serve.

Many social workers of faith express that they feel “called” to help people – sometimes a specific population of people such as abused children or people who live in poverty. Often they describe this calling as a way of living out their faith. *Why I Am a Social Worker* serves as a resource for Christians in

social work as they reflect on their sense of calling, and provides direction to guide them in this process.

Why I Am a Social Worker addresses a range of critical questions such as:

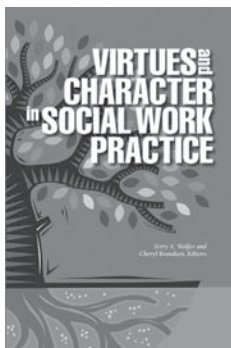
- How do social workers describe the relationship of their faith and their work?
- What is their daily work-life like, with its challenges, frustrations, joys and triumphs?
- What was their path into social work, and more particularly, the kind of social work they chose?
- What roles do their religious beliefs and spiritual practices have in sustaining them for the work, and how has their work, in turn, shaped their religious and spiritual life?

Dr. David Sherwood, Editor-in-Chief of *Social Work & Christianity*, says about *Why I Am a Social Worker* that:

I think this book will make a very important contribution. ... The diversity of settings, populations, and roles illustrated by the personal stories of the social workers interviewed will bring the possibilities of social work to life in ways that standard introductory books can never do. The stories also have strong themes of integration of faith and practice that will both challenge and encourage students and seasoned practitioners alike.

VIRTUE AND CHARACTER IN SOCIAL WORK PRACTICE

Edited by Terry A. Wolfer and Cheryl Brandsen. (2015). Botsford, CT: NACSW. \$23.75 U.S., \$19.00 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.

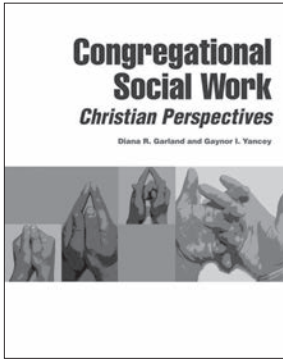


Virtues and Character in Social Work Practice offers a fresh contribution to the Christian social work literature with its emphasis on the key role of character traits and virtues in equipping Christians in social work to engage with and serve their clients and communities well.

This book is for social work practitioners who, as social change agents, spend much of their time examining social structures and advocating for policies and programs to advance justice and increase opportunity.

CONGREGATIONAL SOCIAL WORK: CHRISTIAN PERSPECTIVES

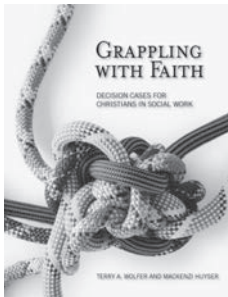
Diana Garland and Gaynor Yancey. (2014). Botsford, CT: NACSW. \$39.95 U.S., \$31.95 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.



Congregational Social Work offers a compelling account of the many ways social workers serve the church as leaders of congregational life, of ministry to neighborhoods locally and globally, and of advocacy for social justice. Based on the most comprehensive study to date on social work with congregations, *Congregational Social Work* shares illuminating stories and experiences from social workers engaged in powerful and effective work within and in support of congregations throughout the US.

GRAPPLING WITH FAITH: DECISION CASES FOR CHRISTIANS IN SOCIAL WORK

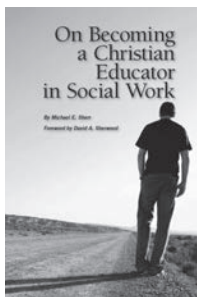
Terry A. Wolfer and Mackenzi Huyser. (2010). \$23.75 (\$18.99 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.



Grappling with Faith: Decision Cases for Christians in Social Work presents fifteen cases specifically designed to challenge and stretch Christian social work students and practitioners. Using the case method of teaching and learning, *Grappling with Faith* highlights the ambiguities and dilemmas found in a wide variety of areas of social work practice, provoking active decision making and helping develop readers' critical thinking skills. Each case provides a clear focal point for initiating stimulating, in-depth discussions for use in social work classroom or training settings. These discussions require that students use their knowledge of social work theory and research, their skills of analysis and problem solving, and their common sense and collective wisdom to identify and analyze problems, evaluate possible solutions, and decide what to do in these complex and difficult situations.

ON BECOMING A CHRISTIAN EDUCATOR IN SOCIAL WORK

Michael Sherr. (2010). \$21.75 (\$17.50 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.

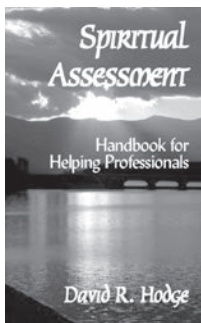


On Becoming a Christian Educator is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators to connect their personal faith journeys to effective teaching practices with their students. Frank B. Raymond, Dean Emeritus at the College of Social Work at the University of South Carolina suggests that “Professor Sherr’s book should be on the bookshelf of every social work educator who wants to integrate the Christian faith with classroom teaching. Christian social work educators can learn much from Professor Sherr’s spiritual and vocational journey as they continue their own journeys and seek to integrate faith, learning and practice in their classrooms.”

SPIRITUAL ASSESSMENT: HELPING HANDBOOK FOR HELPING PROFESSIONALS

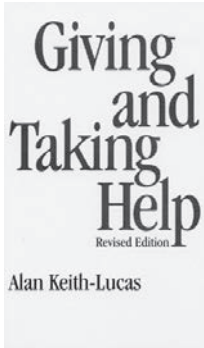
David Hodge. (2003). Botsford CT: NACSW. \$20.00 U.S. (\$16.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

A growing consensus exists among helping professionals, accrediting organizations and clients regarding the importance of spiritual assessment. David Hodge’s *Spiritual Assessment: Helping Handbook for Helping Professionals*, describes five complementary spiritual assessment instruments, along with an analysis of their strengths and limitations. The aim of this book is to familiarize readers with a repertoire of spiritual assessment tools to enable practitioners to select the most appropriate assessment instrument in given client/practitioner settings. By developing an assessment “toolbox” containing a variety of spiritual assessment tools, practitioners will become better equipped to provide services that address the individual needs of each of their clients.



GIVING AND TAKING HELP (REVISED EDITION)

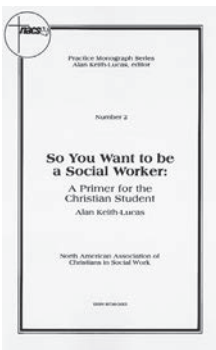
Alan Keith-Lucas. (1994). Botsford CT: North American Association of Christians in Social Work. \$20.75 U.S. (\$16.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



Alan Keith-Lucas' *Giving and Taking Help*, first published in 1972, has become a classic in the social work literature on the helping relationship. *Giving and taking help* is a uniquely clear, straightforward, sensible, and wise examination of what is involved in the helping process—the giving and taking of help. It reflects on perennial issues and themes yet is grounded in highly practice-based and pragmatic realities. It respects both the potential and limitations of social science in understanding the nature of persons and the helping process. It does not shy away from confronting issues of values, ethics, and world views. It is at the same time profoundly personal yet reaching the theoretical and generalizable. It has a point of view.

SO YOU WANT TO BE A SOCIAL WORKER: A PRIMER FOR THE CHRISTIAN STUDENT

Alan Keith-Lucas. (1985). Botsford, CT: NACSW. *Social Work Practice Monograph Series*. \$11.50 U.S. (\$9.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



So You Want to Be a Social Worker has proven itself to be an invaluable resource for both students and practitioners who are concerned about the responsible integration of their Christian faith and competent, ethical professional practice. It is a thoughtful, clear, and brief distillation of practice wisdom and responsible guidelines regarding perennial questions that arise, such as the nature of our roles, our ethical and spiritual responsibilities, the fallacy of “imposition of values,” the problem of sin, and the need for both courage and humility.

HEARTS STRANGELY WARMED: REFLECTIONS ON BIBLICAL PASSAGES RELEVANT TO SOCIAL WORK

Lawrence E. Ressler (Editor). (1994). Botsford, CT: North American Association of Christians in Social Work. \$9.25 U.S. (\$7.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

Hearts Strangely Warmed: Reflections on Biblical Passages Relevant to Social Work is a collection of devotional readings or reflective essays on 42 scriptures pertinent to social work. The passages demonstrate the ways the Bible can be a source of hope, inspiration, and conviction to social workers.

THE POOR YOU HAVE WITH YOU ALWAYS: CONCEPTS OF AID TO THE POOR IN THE WESTERN WORLD FROM BIBLICAL TIMES TO THE PRESENT

Alan Keith-Lucas. (1989). Botsford, CT: North American Association of Christians in Social Work. \$20.75 U.S. (\$16.50 for NACSW members). For price in Canadian dollars, use current exchange rate.

ENCOUNTERS WITH CHILDREN: STORIES THAT HELP US UNDERSTAND AND HELP THEM

Alan Keith-Lucas. (1991). Botsford, CT: North American Association of Christians in Social Work. \$11.50 U.S. (\$9.00 for NACSW members). For price in Canadian dollars, use current exchange rate.

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To order a copy of any of the above publications, please send a check for the price plus 10% shipping and handling. (A 20% discount for members or for purchases of at least 10 copies is available.) Checks should be made payable to NACSW; P.O. Box 121, Botsford, CT 06404-0121. Email: info@nacs.org or call 203.270.8780.



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