

Member Insights

By Gregory K. Moffatt, Ph.D., LPC, CPCS

Ethics, religion and diversity

Summary teaser: Professional counselors are called to help the hurting, not attempt to evaluate who is worthy of help based on culture, age, religion or sexual orientation

Tears streamed down her face. Kaylah (not her real name) was a 21-year-old woman struggling with a romance in trouble. I'd seen it many times, even though I'd only been in the field for a few years at this point. My heart broke for Kaylah as I saw the same old story played out in the same old way — only the names and a few of the details were new.

Kaylah had been psychologically mistreated and her relationship was in serious trouble. Her partner demonstrated what social psychologists call the *principle of least interest*. This principle teaches that the person in any relationship— work, friendship, marriage— who has the least interest in maintaining it possesses the most power. My client's partner treated her well on occasion but at other times humiliated her in front of others, exploded at her or ignored her for days on end. Kaylah tolerated these behaviors because she was desperate to maintain the relationship.

Kaylah's partner's emotions ran hot and cold. One day they were talking about starting a family; the next, Kaylah's partner threatened to leave, causing Kaylah to feel confused, hurt, angry and torn. Like most abused women, at times Kaylah felt surges of confidence that she should leave the relationship and never look back. Then, as if someone had flipped a switch, she was overwhelmed with love, hope and compassion for her relationship. In this phase, Kaylah made excuses for the pitiful way she was treated and assumed all the responsibility for their relationship troubles. It was classic battered woman syndrome.

What readers also need to know about Kaylah is that she was a lesbian. She was also a staff member at a church. Her lover, a member of the pastoral staff, was also Kaylah's boss, which created a serious power issue (and a significant ethical issue too). For obvious reasons, the relationship was a carefully guarded secret. Kaylah had no one to talk to because her family wasn't receptive to her lesbian lifestyle and she didn't feel she could confide in her friends in the religious community. She also worried that if anyone found out, her partner would terminate the relationship — the thing Kaylah

feared most in the world. Exposure might also mean that Kaylah could lose her job, her family and the few friends she had. She was totally isolated. What a mess.

One last thing that I need to tell readers: I am a person of religious faith, and until I met Kaylah, I hadn't been forced to clarify the place for my religious beliefs in the counseling profession. That day, the decision I faced became crystal clear to me.

No room for debate

It was around the time that Kaylah entered my world that I taught my first college course overseas. As I was preparing to teach a marriage and family course in India, it dawned on me that our two cultures were very different. I worried that my knowledge would be so based in American culture that it wouldn't translate well into Indian culture. But without denying our vast differences, my host reassured me. "Dr. Moffatt," he said, "problems are problems."

How right he was. Hurting relationships are the same regardless of culture, age, religion or sexual orientation.

In some ways, I can't believe that equity for LGBTQ clients even remains a topic for debate. I remember when the AIDS epidemic first became public in the 1980s. Some people of religious faith actually stated that AIDS victims deserved the outcome as punishment for their lifestyle. I hope that even the most cold-hearted person today wouldn't utter such nonsense. Even in those uncertain times when we didn't know much about the disease, doctors served these men and women because it was their professional duty to do so, regardless of their personal opinions on homosexuality, drug use, multiple partners or other factors. Today, many nonprofit counseling agencies are run by faith-based agencies specifically for those who have HIV/AIDS. Thank goodness.

How, then, could there still be any possibility of debate in the 21st century over whether we should discriminate against our clients? Our concept of human rights as counselors is that all people deserve the same treatment, regardless of worldview, religion, gender, age or creed. Our modern view of equality has been evolving for decades, yet even counselors have not yet perfected it in practice. Just in the past decade or less, there have been several highly publicized court cases in which graduate students have refused to work with gay clients and suffered academic consequences because of their beliefs. These include Julea Ward in 2009 at Eastern Michigan

University, Jennifer Keeton in 2010 at Augusta State University and Andrew Cash in 2014 at Missouri State University.

Supporters of these students lauded their bravery and commitment to their religion. Even though I am a person of faith, I cannot see why this type of irresponsibility to clients should be lauded. Interestingly, Christian tradition teaches that Jesus spent most of his time with the outcasts of his culture, not with the religious upper echelon, and he didn't abandon people simply because they behaved in ways that were contrary to Jewish teachings. Gandhi and Mother Teresa also demonstrated a seeming lack of interest in religious pedigree. Instead, they helped the people who came to them.

Sadly, the three lawsuits from academia that I noted are just the ones that made the news. I suspect that many more therapists are practicing discrimination without the public becoming aware. "I'm not culturally competent to work with those issues" is a common argument that I hear among some in the profession to justify their referral of LGBTQ clients. In fact, the real reason is often a personal belief system rather than a question of competence. There is no way to tell how much of this type of referral or redirecting of client goals happens in our profession, but if my anecdotal experience as a clinician, supervisor, professor and public figure in the field are any measure, the answer is a *lot*.

This clearly violates our *ACA Code of Ethics*. Under Standard A.4.b., we are clearly called to "seek training in areas in which [we] are at risk of imposing [our] values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature." Seek training, not refer. In fact, Standard A.11.b. specifically prohibits referring solely on the basis of a conflict between the counselor's values and the client's values.

This culture war hit home for the American Counseling Association in 2016 when the Tennessee Legislature passed a bill that the state's governor subsequently signed into law making it legal for counselors and therapists to discriminate against their clients if the client's "goals, outcomes or behaviors ... conflict with the sincerely held principles of the counselor or therapist." This legislation clearly contradicted the *ACA Code of Ethics*. Consequently, ACA moved its planned 2017 annual conference from Nashville to San Francisco.

It should be noted that before we even get to the standards in the *ACA Code of Ethics*, our association's mission statement directs that we exist to "...promote respect for

human dignity and diversity” through the profession. The key word here is not *diversity* but rather *promote*. We are actively to promote diversity, not actively run away from it.

A common base for truth

For any reader who thinks that I am not sensitive to the importance of religion, please bear with me. Religion does indeed matter, and many religions have clear teachings on a variety of subjects —sex, marriage, work, the roles of men and women— that are central to people’s faith and shouldn’t be ignored. But we must also recognize that many discriminatory traditions have their roots in religious teachings. Even in my short lifetime, I can remember a relative of mine excusing the discriminatory practices of his all-white church, saying, “God didn’t intend for the races to mix.” He then proceeded to use Bible verses to justify that belief. He made similar comments about mixed-race marriage, again justifying them weakly through religious teachings. Refusing to see clients based simply on sexual orientation is no different.

Some religious therapists have defended discriminatory practice by arguing that equating racism with clinical treatment of gay couples is comparing apples and oranges. The argument goes that if a counselor's religious views teach that, for example, the heart of a couple’s problems are directly related to homosexuality— something the counselor's religion teaches is inappropriate — then helping these clients maintain the very relationship that is causing their grief would be problematic if not unethical/immoral. I’ll address this argument momentarily. But, first, a brief tangent.

It would be disingenuous to say that counselors never force a worldview on a client. Of course we do. For example, one of the goals we almost always have for clients who are addicted is that they stop doing their drug of choice, even if they don’t want to stop. The difference between this worldview and that of the anti-gay worldview, however, is that this worldview is based on objective research, not moral code or religious teaching. Using methamphetamine destroys tooth enamel, leads to degenerative behaviors and can eventually kill the user. Alcohol abuse changes brain structure, destroys the liver, and leads to degenerative lifestyle and potentially death, not to mention a host of other social ills.

As for a religious argument against homosexuality, there is no scientific evidence that being gay, transsexual, bisexual, etc., is clearly linked to any social or physical issue that is not also present among the heterosexual population. We must have a common base for “truth,” and that base is research, not religion.

Many years ago, a religious group, knowing I am a person of faith, asked me to do a seminar addressing why homosexuals would not be good parents. I refused because there is absolutely no evidence that one's sexual orientation has anything to do with quality of parenting. It would be unethical to promote such a baseless argument. Academic integrity as a professional counselor demands that we pursue what we know. We must be driven by facts, not opinions and preferences.

Make a choice

Empathizing and working with a diverse population does not mean that a counselor must sacrifice her or his own position. We are free to think what we want, engage in our own religious practices and beliefs, and live our lives as we choose.

For many years, I've spent part of my year in the United States and part of the year in Chile, my second home. During this time, I have also traveled the world. Whether I'm in a clinic in India, the Philippines, Peru or Mexico, I still think like an American/Chilean. But when I'm in those varied cultures, I try to see the world through the eyes and culture of the people I encounter. I can easily do that without making any value statement about the culture itself, and even though I have personally adopted many customs and preferences from around the world, I have done so voluntarily. I would still be a competent counselor in those cultures if I hadn't. My preferences are irrelevant when working in another country.

Our professional ethic simply means that we will not thrust our belief systems upon our clients any more than we would try to sell our clients a car, recruit them into a political party or manage their retirement accounts. What we cannot do is make choices that are at odds with wanting to work as a counselor, such as simultaneously wanting to function as a missionary who proselytizes clients into our personal belief system.

I occasionally work with individuals who have been mandated to treatment. Some of them have drug issues. I've heard all the arguments:

“Why is weed illegal? It's a dumb law.”

“Who cares what I do in my own home?”

“Smoking weed doesn't affect my job or my personal life, so why should I have to go to addiction counseling?”

My response is always the same. You can do anything you want — but all behaviors have consequences. If you want to smoke weed, go ahead. But if you don't want to

risk arrest, being fired from your job or kicked off your athletic team, don't smoke weed. You can't have it both ways.

To our profession, I make the same suggestion. If you are a pastor or priest, be a pastor or priest. Nobody is trying to stop you. But do not attempt to be a pastor while you are a counselor. If your religion teaches that you must proselytize in the workplace, then the counseling profession is not the best fit for you. There is nothing wrong with being a pastoral counselor in which your focus is pastoring, not counseling. But don't pretend to be a counselor who is religious when, in fact, you want to function as a pastor who is also a counselor.

As counselors, our job is to help the hurting. We cannot — we must not — attempt to evaluate who we think is worthy of our help. Whether our clients are gay or lesbian, battered women or batterers, abused children or abusers, we don't pick and choose who we help. Our ethical standards determine when we refer or step away, but our personal feelings — whether driven by religion, morals or anything else — have no role in our decision to help. Pain is pain. The pain of Kaylah's relationship was no different than the pain from any other relationship. The fact that she was a lesbian was, in some ways, irrelevant.

Diversity includes people of faith

History hasn't always been friendly toward people of faith. We hardly need to be reminded of the many wars and episodes of genocide that have been perpetrated against various religious groups throughout history. Even today in different places around the world, including the U.S., Christians, Jews, Muslims and others are persecuted for their faith. Television mogul Ted Turner brashly claimed in 1990 that Christianity was a "religion for losers." These were thoughtless words from one who knew nothing of the religion. Jewish men, women and children are still isolated in many parts of the world. And I can't imagine how difficult it must be to live as a Muslim in the U.S. Sadly, the words "Muslim" and "terrorist" are sometimes used interchangeably these days.

The field of psychology has not always been friendly to people of faith either. Sigmund Freud proposed that neurosis and religion were closely related and that religious people were weak and in need of a dominant father figure. In the 1950s, Alfred Kinsey despised religion, claiming it repressed "healthy sexual desires." And as a graduate student, I was taught that we should never talk about religion in session, even if our clients brought it up, because it would only distract from more important

issues. Really? Faith can be a central part of a person's existence, influencing almost everything, from food, dress and marriage to job choice and child rearing. Yet I was taught that this was somehow unimportant and distracting.

About 20 years ago, I was presenting an ethics seminar for professional counselors. One of the case studies the seminar participants were supposed to discuss involved religion. The concise version of the question I posed was, "If your client was a person of religious faith, would it be acceptable to include that person's religion in your therapeutic process?" Every single one of the 75 or so participants said no. Apparently, they had the same training I had.

I have personally witnessed bias within the counseling profession against people of faith. At professional conferences, I have heard comments in hallways and elevators openly disrespecting people of various religions. One clinician, wearing her ACA name badge, rolled her eyes as the elevator door closed and said to another attendee, "Oh, God, this hotel is crawling with Christians. Heaven help us!" To which her friend snickered and nodded consent, as if Christians, Jews or Muslims were some sort of infestation.

At a past ACA annual conference, I attended a workshop on gay and lesbian issues. In the workshop, the leader subtly condescended to people of faith — something Derald Wing Sue calls *microaggressions*— and the audience openly jeered, laughed and mocked Christians in their public comments. No one said a word about the overtly biased, thoughtless and hurtful commentary. Although I certainly didn't fear for my safety, I didn't feel comfortable confronting this bigotry. And even though I agreed with the position presented by the session leader, I have never felt more discriminated against in my life.

The heckling I witnessed was the same thing that those in the LGBTQ community have rightly fought against in times past. It was the same behavior — only the target had changed. People of faith should be as welcome as members of any other group in a professional meeting.

I might also argue that people of religious faith can make outstanding counselors. Many religions teach the inherent value of all humans, creating a natural empathy among the religious for a hurting world. Although there are individuals who have used religion to pursue their own selfish agendas, there is no scientific evidence that people of faith are less intelligent, weaker or any less capable of working in the helping professions than are non-religious individuals.

Conclusion

In a public presentation many years ago, Albert Ellis, a man known widely for his aggressive approach to his clients, littered his address with profanity. Visibly upset, several participants in the room eventually made an overtly public statement by storming out. The only remark Ellis made about it was this: “Counselors should never be upset with what people say.”

I have never forgotten those words. Whether or not Ellis was right, the message I took away was that, as counselors, we treat those who need help. In that regard, our clients’ words, sexual orientation, religion, age, gender, race, criminal history and socioeconomic status have no relevance. We help. That is what we do.

Many people in the counseling profession are also, in their personal lives, deeply committed to their faith. These counselors see clients daily without issue and function at the highest level of ethical conduct. But the few who feel they are called to change the profession, rather than to accept the profession as it is or to move on to another line of work, give us a black eye. Even worse, these counselors leave clients hurting—and perhaps discourage them from ever seeking help from a counselor again. It is always about the client.

Counselors using their religion as an excuse to refer clients or to force their ideas about sexuality upon their clients can deceive themselves into thinking they have ethical grounds for doing so. You don’t. Period. You must seek training to work through this issue (Standard A.4.b.) rather than perpetually referring LBGTTQ clients. As a footnote, I saw Kaylah in counseling off and on for a little over a year. During that time, her relationship went through various ups and downs. When we terminated, her daily functioning had improved significantly, but she was still nursing her seriously troubled relationship.

Months after termination, I happened across Kaylah in a shopping center. She was with her mother. Meeting clients on the street always makes me nervous, but when our eyes met from a distance, she beamed and ran toward me, towing her mother along by the hand.

Kaylah introduced me to her mother and, in turn, her mother’s face brightened. She stepped forward and hugged me tightly. When she stepped away, she had tears in her eyes. “I don’t know what all you did, but I know you saved my daughter,” she said. “Thank you for helping my baby.”

These were the most sincere and heartfelt words of gratitude I have ever received. I'm positive I did the right thing by my client, and I can't imagine a world in which my religion would have allowed me to tell Kaylah to move along because I don't work with clients who are gay.

BIO BOX

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