Sexual Identity Development and Spiritual Development:
The Impact of Multiple Lines of Development[1]

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Abstract. The complex interaction of sexual identity development and faith development is important to address in affirming therapy with lesbian, gay, and bisexual (LGB) clients. Many clinicians are afraid to address this topic. Lack of information as well as therapists' counter-transference issues are associated with therapist's avoiding issues regarding the impact of religion on the coming out process. Many individuals with a lesbian, gay or bisexual identity foreclose on their LGB identity or do not achieve sexual identity synthesis due to conflicts with religious beliefs. It is also possible for an individual to foreclose on their faith development because he or she does not identify with religious heterocentrism. This paper addresses complex interactions of spiritual and sexual identity development for individuals with a LGB identity.

Increasing attention directed toward issues specific to therapy with lesbian, gay, and bisexual (LGB) individuals is emerging in the professional literature (Omoto & Kurtzman, 2006; Perez, DeBord, & Bieschke, 2000). The importance of religious and spiritual issues for these clients is rarely addressed. This paper will provide an in-depth exploration of LGB identity development with faith development and the implications for therapy, clinical training, and research. The complex religious issues involved with sexual identity are rarely, if ever, addressed when discussing LGB sexual identity development or training in affirming therapeutic approaches (Hoffman, Knight, Boscoe-Huffman, & Stewart, 2006; in press). Contributions addressing religious and spiritual issues with (LGB) clients are limited (Davidson, 2000; Hoffman, 2004; Hoffman et al., 2007; Horne & Noffsinger-Fraizer, 2005). This controversial topic continues in contemporary culture both in the general public and faith communities.

[1] Paper presented at the 115th Annual Meeting of the American Psychological Association, San Francisco, CA, August, 2007.

Many clinicians are afraid to address this topic, but this makes it no less important (Hoffman et al., 2006). It is important for therapists and counselors to understand the anti lesbian, gay, and bisexual biases that can operate in both obvious and subtle ways in society. These biases may not only influence conceptualizations of clients but can also influence LGB client conceptualizations of themselves (Pachankis & Goldfried, 2004). Many clinicians think that LGB clients can and should be treated in the same manner as their heterosexual counterparts (Sherry, Whilde, & Patton 2005). How therapists conceptualize and treat client problems is influenced by societal and individual heterocentrism (Brown, 1996). A major part of the societal influence is religious heterocentrism. A major contribution to the literature that focuses on positive or affirming faith experiences and the relation of those experiences to internalized homonegativity, spirituality and psychological health can be found in Lease, Horne, and Noffsinger-Frazier (2005).

To avoid addressing the interface of religion or spirituality with sexual identity especially with LGB individuals often is due to the therapist's lack of information as well as therapists countertransference issues. Therapists need to understand that LGB clients' problems may arise as the result of society's negative reaction to nonheterosexual orientations. It is important for therapists to be aware of the effects that societal factors, including religious factors, have on LGB individuals' psychological well-being and identity development (Pachankis & Goldfried, 2004). Furthermore, many therapists naively believe that their beliefs about *homosexuality* (APA, 2005) do not affect their LGB clients. Hoffman et al. (2007) provides some strong evidence countering this view in their qualitative analysis of LGB religious issues. They found that statements that therapists and religious individuals often felt were accepting, such as “love the sinner, hate the sin,” were more hurtful and problematic to many LGB individuals than the more blatant derogatory statements. Additionally, many LGB individuals who participated in the study encountered negative experiences with therapists.

Clearly, LGB clients may possess certain pathologies that are not the result of their sexual orientation or society's reaction to it. The challenge for therapists working with LGB clients is to differentiate what problems are intrinsic to his or her

sexual identity and the impact of societal, family, and religious factors have on other psychological problems. When working with our LGB clients, therapists therefore need to determine with their clients whether the primary or initial focus should be on the presenting disorder or issues concerning the client's sexual orientation.

LGB-affirmative therapists acknowledge that some of the mental health problems of LGB individuals are not necessarily a result of one's LGB status per se, but rather can be a reaction to society's response to LGB individuals and their behaviors. In the history of Western philosophical and psychological thought, a coherent, cohesive self is an important component of adaptive human functioning. An underdeveloped or fragmented self is then more vulnerable to emotional and psychic disturbances (Wolf, 1988). Erroneous and unfortunate attributions of the sources of distress in an LGB person who is seeking therapy may result if a clients' stage of sexual identity development and faith development are disregarded (Hoffman et al., 2006; Pachankis & Goldfried, 2004).

Less than appropriate treatment with LGB clients occurs when therapists inaccurately assume a client is heterosexual or, when the client reveals a LGB orientation. The therapist then focuses on the sexual orientation of the client even though the client desires to focus on other issues and may not perceive problems related to their sexual orientation. Additionally, some therapists mistreat clients because they are unaware of the unique aspects of LGB identity development. Therapist rarely addresses the impact of religion on his or her identity and self worth. Therapists may not know how to assist LGB individuals deal with religious issues or family of origin issues, LGB romantic relationships, or LGB individuals in parenting roles. The unique issues experienced by older LGB individuals and ethnic minority LGB individuals rarely are acknowledged. Even subtle and unintentional bias can cause significant harm to LGB individuals in need of assistance (Garnets, Hancock, Cochan, Goodchilds, & Peplau, 1991).

It is important to recognize that both subtle and obvious bias saturate the treatment of many LGB individuals. In a survey of a diverse sample of psychologists, the APA Task Force on Bias in Psychotherapy with Lesbians and Gay Men found a variety of accounts of biased treatment of LGB clients (Garnets, Hancock, Cochan,

Goodchilds, & Peplau, 1991). One of the most serious injustices that the Task Force mentioned is the attempt by a therapist to change the client's sexual orientation or to make continuation in therapy contingent on addressing one's LGB identity. Other therapists attribute client’s problems to his or her sexual orientation without taking into account the damage that societal heterocentrism, religion, and internalized homophobia can inflict on LGB individuals. Similar results emerged is research by Hoffman et al. (2007) in which clients reported that their therapists assumed their mental health problems must be associated with being LGB.

Lease, Horne, and Noffsinger-Frazier (2005) wrote that internalized homonegativity or internalized homophobia about family, sexual expression, the after life, and divine worth, mixed with faith messages are often in conflict for LGB individuals. Religion and spirituality are among the most important factors for developing a person’s experience, beliefs, values, behavior, and overall sense of well being (Rose, Westefelf, & Ansley, 2001). Tix and Fraiser (1998) added further evidence that religious coping is an effective coping strategy for a variety of stressful circumstances. These comforts often are not afforded to LGB individuals.

It is important for therapists with an LGB identity to note that they are not immune from employing biases when working with LGB clients. LGB therapists should examine their level of sexual identity development, as they may not be any further along on the sexual and faith identity developmental trajectories than their client. Brown (1989) suggests that LGB therapists who are in the process of discovering their LGB sexual identity should wait at least 2 years after accepting an LGB identity before working with LGB clients to avoid problematic countertransference and vicariously experiencing coming out issues through their LGB clients.

LGB therapists also need to examine their personal meaning associated with LGB identity and how it influences their treatment of clients from the different sexual orientations. For example, an LGB therapist may have little tolerance for the internalized homonegativity that keeps clients from coming out and may push them to come out before considering their unique circumstances. The coming out process is difficult and this often intensified for individuals who are coming from strong religious belief systems and communities that are antagonistic toward LGB men and women.

These individuals may risk losing much of their support system as well as incurring severe challenges to their meaning systems.

It is feasible for the therapist to have found a satisfactory and fulfilling religious and spiritual life and inadvertently expect their client to come to the same conclusion. For example, a therapist may have rejected traditional faith systems and thus does not have empathetic understanding of the importance of membership in a church or faith community. The opposite may also occur.

The consequence of possible conflict between personal and professional lives is another consideration for LGB therapists. LGB women and men often have small, shared social groups and support systems because of limited LGB-related resources, activities, and venues (Brown, 2000; Gartrell, 1994; Shannon & Woods, 1991). It is important for LGB therapists to have a strong social support network so that their exposure to LGB individuals does not solely consist of contact with their LGB clients. Additionally, they should be prepared for possibly encountering their clients outside of therapy when attending LGB events.

Sue (2000) outlines a model for conceptualizing multicultural education. His model has potential to foster greater attention to sexual minority issues within already existing multicultural curricula. Sue's multidimensional model of cultural competence is founded on the premise that a “discipline that hopes to understand the human condition cannot neglect any level of identity” (p. 95). The goal of Sue's model is to instill an understanding of the complex interactions that take place between sexual identity, gender identity, race and ethnicity, and religious identity, as well as the psychological effects of social, political, and even legal oppression of minorities, including sexual minorities.

In graduate programs with established course requirements, faculty could shift their focus from what is offered to how LGB issues are integrated into the entire curricula (Sherry, Whilde, & Patton 2005). Investigation into the relationship between ones sexual identity and religious or spiritual identity is important in order to provide effective treatment for LGB clients. By including identity development and faith development as well as addressing other unique experiences of underrepresented

sexual minority populations to their overall sense of well being is vital in providing ethical and informed treatment.

It is essential to investigate the possibility that therapist's original training and continued education fail to facilitate competence in working with LGB clients. Despite the profession's official stance toward LGB issues, evident in its guidelines and policies (APA, 1997; 2000), psychology has a history of misunderstanding individuals who are sexual minorities. Psychology also has a history of not addressing religious issues even when the client has negative experiences within their religious beliefs or institutions. It is, therefore, not surprising that past surveys have found less-than-ethical practices by psychologists working with individuals from sexual minority groups. We propose that for clients who are struggling with conflict of their sexual identity and religious or spiritual beliefs, therapists need to understand the impact of multiple lines of development or consider an appropriate referral.

LGB Affirming Therapy Including Religious and Sexual Identity Development

To meet the need for empathetic, nonbiased psychological treatment for LGB individuals, some therapists developed models of therapy that affirm LGB identities and foster the development of all aspects of an LGB client's identity and the enhancement of an LGB individual's experiences (APA, 2000; Davidson, 2000; Fassinger, 1991; 2000; Garnets, et al., 1991). Despite such good intentions, it is essential to recognize that LGB clients present unique issues in the therapeutic context. LGB affirmative therapists utilize the body of knowledge that addresses issues specific to LGB individuals with the purpose of bridging the gaps left by the heterocentriic assumptions of the prevailing therapy models (Davies & Neal, 1996). To our knowledge, no studies have examined the effectiveness of particular theoretical orientations in working with LGB clients. Some professionals suggest that a variety of theoretical orientations can be effective in working with LGB clients as long as the therapist operates from an affirmative stance (Cornett, 1993; Dworkin, 2000; Fassinger, 1991; 2000). Regardless of how one integrates affirmative practices into his or her own work with LGB clients, it is important to operate from a position by

considering the core tenets of LGB-affirmative therapy that are relevant to the case at hand.

Shannon and Woods (1991) suggested that therapists of LGB individuals must act as advocates for their LGB clients by helping them to face the challenges inherent in possessing a sexual minority status. They state that therapists should help the client identify aspects of the social structure that contributed to discrimination and homophobia. Therapists then can help clients develop a plan of action to take a stand promoting social justice on these pivotal issues. This would include navigating the religious and spiritual questioning in a LGB person's life. LGB affirmative therapists need to be aware of the resources available for LGB clients. Such resources include gay-straight alliances in junior and senior high schools and on most college campuses.

Hillman and Ventura (1992) address similar ideas in addressing diversity issues and discrimination more generally. Therapists too often focus on making clients comfortable in situations that should incite anger, and further argue that this is a disservice to people from many different types of minority statuses who are being discriminated against. There are times when the therapists should help LGB clients use their pain, suffering, and anger constructively to make a difference with LGB issues. Of course, this decision should be made collaboratively with the client.

Knowledge of religious groups that could provide support is vital when working with the impact of religion on the clients LGB identity. Such groups as LGB synagogues within the Jewish Reform Movement and the network of Roman Catholic LGB individuals, Dignity/USA, Integrity for Episcopalians are important recourses for the therapist as well as the client. Additionally, the authors believe that for a therapist to be effective he or she must understand how sexual identity and religious identity development interact. Helping clients to navigate their social, family, as well as religious challenges in their exploration of their sexual identity development adds to the concept of affirming therapy. Clients who have such religious and sexual identity conflicts have limited resources to explore their options in a neutral and non-judgmental environment. When conceptualizing approaches to LGB clients by considering such fundamental issues, it paves an affirmative path to intervention (Pachankis & Goldfried, 2004).

Interface of Sexual Identity Development and Faith Development

Two domains of existence that potentially contribute significantly to a sense of self are the religious and sexual identities. For those people who experience same-sex attraction, this stands to pose a conflict that has profound implications for the self. Because of this, many repress their sexual or religious identity (Hoffman et al., 2006). This is significant because a considerable body of research supports a positive relationship between religiosity and well-being (Ervin-Cox, Hoffman, & Grimes, 2005; Steger & Frazier, 2005: Ross, 1990). Yarhouse (2004) noted that humans have a fundamental need for connectedness to others, and "this is grounded in part in our sexuality" (p. 10). Repressing either the sexual identity or the religious identity can be damaging to emotional well-being "whether from the aspect of fragmenting and denying part of their identity, diminishing or eliminating an important contribution to well-being made by religion, or constricting the capacity to meet the existential need for belonging and connectedness" (Hoffman et al., 2006, p.8).

A majority of therapists lack training and understanding of sexual identity and faith development. For development of an in-depth theoretical basis for understanding the complex religious experience of LGB clients along with developing initial formulations on a welcoming or affirming approach to therapy, it is important to understand the developmental theories that may provide the foundation to build upon to form an understanding of the complex sexual and religious experiences of LGB clients.

Sexual Identity Development

Hoffman et al. (2007), drawing on similar definitions, define sexual orientation as "an expression of the person's sexual attraction to the opposite sex, same sex, or both sexes" (p. 15). It involves a developmental process with self-awareness of the person's sexual orientation generally emerging early in childhood. Homosexuality is the sexual desire or attraction directed toward persons of one's own sex. Gender identity is more stable and refers to ones identification as female, male, or transgendered. The recognition that one is a boy or girl occurs well before the time a

child reaches preschool. In this paper, we will not address gender identity development. To address the development of transgendered individuals is beyond the scope of our theory or research at this time.

This section will discuss the various models of sexual identity development for people with a LGB identity. A majority of LGB individuals have engaged in heterosexual sexual behavior prior to engaging same gendered sexual behavior (Dacey & Kenny, 1997). Sexual identity and sexual orientation differ from sexual behavior. It is understandable why those who are not knowledgeable of the development of sexual identity development would be confused on this point. Many heterosexual individuals tend to associate *homosexuality* (APA, 2005) with sexual behavior instead of the broader, more inclusive conception of attraction. To build a strong therapeutic alliance and support LGB individuals with concerns that are unique to their sexual minority status, it is important to be knowledgeable of sexual identity development.

The three most cited explanations of the occurrence LGB identity are psychoanalytic, learning, and the biological theories. Many lay people, along with a number of religious institutions, adhere to the sociobehaviorist position, which dates back to ancient Greece (Johnson, 2003). Most early psychoanalytic theories, consistent with the sociobehaviorist position, stress the role of parental and family dynamics in the development of LGB sexual identity. There has not been any scientific evidence produced to support the sociobehaviorist or psychoanalytic positions that has sustained the test of scrutiny.

The biological theory of same-gendered sexual identity is dominant in contemporary research. Research drawing on the common genetic paradigm of family and twin concordance rates produced consistent support that genes contribute to or cause sexual orientation, but research has connected causation to specific genes (Mustanski, Chivers, & Bailey, 2002). Nonetheless, there is a strong indication of something other than social determinism causing LGB identity. During the 1950's, attempts to answer the nature versus nurture question associated with the development of same gendered identity appeared in the literature. Hooker (1957) concluded there was no correlation between social determinism and sexual orientation. LaVay (1991) found structural differences in the brain, particularly the

hypothalamus, of gay men and heterosexual men. He determined this difference developed prenatally.

Increasing evidence suggests that stressful prenatal events are related to masculinisation and there is increasing support for hormonal differences in the brain related to non-heterosexual identity (Robinson, & Manning, 2000). The neurohormonal theory of sexual orientation suggests that sex steroid hormones masculinizes sexual behavior. If human sexual orientation is related to degrees of masculinisation and defeminisation of the brain, then there is evidence that this may occur prior to birth (MacCulloch & Waddington 1981; Pilgrim & Reisert, 1992; Pillard & Weinrich 1987). Additional research found that gay men were up to four times more likely to be related as opposed to control groups (Pillard & Weinrich, 1987). Monozygotic pairs also have high concordance rates as evidenced in several studies (Bailey & Pillard, 1991; Heston & Shields, 1968; Robinson & Manning, 2000).

Hamer, Hu, Magnuson, Hu, and Pattatucci (1993) found a high concordance for genetic markers on the X chromosome Xq28. This provides even more support for the development of LGB identity as caused or predetermined, not a choice. Taylor's (2003) research is consistent with Hamer et al's research connecting a genetic basis for gay male identity. The increased prevalence of lesbian or gay male identity among monozygotic twins and in families further supports the biological hypothesis (Frankowski, 2004). Although specific paths from genes or biology to sexual orientation are not fully clear, research and expert opinion increasing suggest that sexual orientation is not a choice (Rowlett, Pate, Greydanus, 1992; Savin-Williams, 1988; Hoffman, Knight, Boscoe-Huffman, & Stewart 2006). When the various lines of knowledge are pooled together, it appears that sexual orientation is established in early childhood or earlier (Friedman & Downey, 1994; Stronski, Huwiler, & Remafedi; 1998).

A natural or ideal result of the biological processes forming one's sexual orientation is the acceptance of a healthy LGB identity (Friedman & Downey, 1994). There appears to be a great deal of interest in the fluidity of sexual identity often described as the sexual continuum. It is necessary to distinguish between sexual orientation and sexual identity. Many young people may develop an LGB orientation

during high school or college sexual exploration and questioning, but then return to the more stable sexual identity of a heterosexual. However, people who label their behavior as gay or lesbian and develop a LGB identity at a very young age will also move through the developmental process either foreclosing during the process or accept their LGB identity (Diamond, 2003). This should not be confused with the process of questioning and exploration that many heterosexual individuals experience.

Foreclosure may occur in part to unresolved conflict between the questioning person's acceptance of their LGB identity and their identified religion. Same sex orientations that develop at an early age are more stable and less likely to be relinquished (Diamond, 2000; Friedman & Downey, 1994), even upon persistent and determined attempts to alter one's sexual orientation. The conflict between a client's sexual identity and faith development is a significant influence in a client foreclosing on their same sex identity. It is important for therapist to know how to offer an affirming and supportive environment to assist clients in their exploration and establishing a sense of well being and wholeness is a complex process for therapists.

Significant differences exist between the stages of LGB identity development based largely upon the unique experience of each of the stages (Reynolds & Hanjordiris, 2000). However, several similar themes emerge, many centering on personal identity development. Social elements, such as religious, family, cultural, and societal pressures complicate the LGB identity developmental process.

The disclosures of an individual's LGB sexual orientation bring many changes to the individual's relationships. Many of these undergo significant changes and renegotiations. Loss is a very common theme during this time. Some loss occurs from outright rejection from individuals who cannot tolerate their disclosure. Many LGB individuals, however, may choose to leave relationships because they do not like the changes. For example, it is common for LGB individuals to hear responses from those the disclosed such information, saying they still care, but believe the LGB individual is going to hell (Hoffman et al., 2007). At other times, they may be preoccupied with concern that the LGB person may be sexually attracted to them. After experience the

difficult challenges of rejection and new tensions in relationships, many LGB individuals may hide their sexual orientation or try to change it.

Religious beliefs often complicate the process of LGB identity development. LGB individuals who attend church on a regular basis and belong to a religious community often decreased their involvement in such actives as they begin to explore or accept their LGB identity (Lease, Horn, & Noffsinger-Frazer, 2005). For others, if they continue to pursue their sexual identity development, they do it in isolation or hiding. Their fears having people discovering that they have a LGB identity or of being found out too soon, preoccupy them and make any progress in accepting their sexual identity difficult.

The prolonged process of accepting and establishing a LGB sexual identity is painful. A heterosexual identity exempts individuals from this kind of identity struggle. Individuals with heterosexual identity do not need to create a sexual identity by resistance. LGB individuals must create their sexual identity by rejecting a social and cultural history that separates them from society (D'Augelli, 1994). LGB identity then involves the creation of a life that affirms one's LGB identity (For a thorough review of the development of sexual identity, see Pachankis & Goldfried 2004.).

When providing therapy to with LGB individuals, it is necessary to take into account the developmental status of the individual both in terms of the traditional life span trajectory and in terms of where the client falls in terms of his or her LGB identity development. Therapists should acquaint themselves with the prevailing models of LGB identity development (e.g., Cass, 1979; Coleman, 1981/1982; D'Augelli, 1994; Grace, 1992; Troiden, 1979). Although the developmental stages of typical LGB individuals are largely similar across models, it is important to realize that many developmental pathways lead to the same sexual orientation (Savin-Williams, 2001).

Identity foreclosure can occur during any time during the developmental process (Cass, 1979). The process of identity formation builds a connection between behavior and the formation of personal meaning. This interaction contributes to LGB identity development and the recognition of the significance of psychological and

social factors. When the environment is congruent or incongruent, change and stability in human behavior occurs within an individual. Growth results when a person attempts to resolve the inconsistency between perception of self and others (Hoffman et al., 2006).

Understanding of sexual and religious identity is foundational to work with LGB clients (Yarhouse & Tan, 2005). Erikson (1963) identified role identity versus role confusion as a key psychosocial developmental task. Marcia (1966) expands on Erikson's views and offered four identity statuses related to an identity crisis or identity commitment. The four are (a) Identity diffusion (no crisis and not committed to an identity), (b) identity foreclosure (commitment to an identity, not through crisis but by the suggestion of others), (c) identity moratorium (exploring options following a crisis), and (d) identity achievement (the crisis is resolved and the young person is committed to an identity. When a LGB individual becomes engulfed in sexual identity and faith development, it may result in identity foreclosure or moratorium to psychologically cope with the internal conflict. This may be an area of research in the future.

Heterosexual identity has an established societal demands requiring adherence to certain personal, relational, and social norms (Trickett, Watts, & Birman, 1994). Developing a lesbian, gay or bisexual identity requires two processes. A conscious distancing from heterosexist essentialism, often found in religious contexts, and the creation of a new identity oriented around homosocial and *homosexual* dimensions. Trickett et al. discusses how LGB individuals must create a consistent self in the face of two powerful barriers. One, the social invisibility and second, the social and legal penalties attached to LGB expression. LGB individuals are unique because their defining difference, their sexual orientation, is invisible. Consolidation of the LGB identity is an internal process with few positive and many negative social facilitators. The ‘coming out’ process is nearly always a difficult personal discovery of appreciating and valuing a personal consistency that cannot be explored through routine socialization mechanisms (Trickett et al.1994, p. 315).

It is during the “coming out” process that a religious LGB individual may want and need to turn to their faith for support. However, due to powerful negative

messages from their religious organizations they often experience a psychological and/or spiritual crisis. Therapists have the potential to provide affirming therapy if they know how to help their LGB client navigate the simultaneous sexual identity and religious identity developmental landscape. The first stages of the coming out process are marked by doubt, excessive focus on content about one's sexual identity, and assigning a meaning to being LGB (Cass, 1979; Diamond, 2000; Freidman & Downey, 1994; Stokes, Damon, & McKirnan, 1997;). LGB identity is no longer denied or viewed as an abstract concept; it is relevant. Two options, both necessitating a degree of isolation, become an option. First, individuals can continue attempts to deny, suppress, or hide their sexual identity; however, the consequence is feeling inauthentic in one's relationships (Hoffman et al., 2007). Basing one's life on inauthentic relationships results in loneliness. Second, the individual can be open about their sexual orientation and risk rejection. The perceived choice, in essence, is between existential and physical isolation and loneliness.

Several theorists proposed models of sexual identity formation. Most models include a beginning stage that is described as a state of confusion or crisis, which may lead to premature identity foreclosure thus engaging in heterosexual behavior Yarhouse (2001). Individuals search for information through reading, therapy, and seeking as much information as he or she can on LGB identity. While searching for information they inhibit all behaviors related to same-sex orientation, restrict any information about LGB identity, and deny that the information has any relevance to her or him. He or she uses his or her bias to define lesbian, gay, or bisexuals according to narrow stereotypes that exclude the person from LGB identity (Cass, 1979). Potentially overlapping with or following confusion or crisis, identity attribution may occur which involves making sense from experiences of same-sex attraction. Identity reappraisal occurs when the individual assesses the impact of either their identification or exploration of alternatives to accepting a LGB identity. At this time, expansion of LGB identity involving exploration may occur or foreclosure of the LGB identity may result. The primary task during this phase is to cope with the social alienation created by the development of the sense of not belonging (Cass, 1979). Eventually if identity foreclosure has not occurred, identity synthesis is

achieved. Greater identification with the sexual self or exploring a more general perspective using values as a frame of reference is achieved. Greater congruency, along with the ability to establish support in both the LGB and heterosexual environments occurs with identity synthesis. He or she will find similarities between himself or herself and heterosexuals as well as other LGB individuals. The key aspect of this stage is that his or her sexual identity becomes merely one aspect of the self and not the defining aspect of the self.

If identity foreclosure does not occur, he or she will begin to tolerate increased feelings of not being heterosexual and accept that they are probably LGB (Cass, 1979). The relinquishment of an “us versus them” perspective occurs when identity synthesis develops (Yarhouse, Tan, & Pawlowski, 2005). As an individual’s LGB identity becomes more acceptable, they will increase their contact with the LGB community (Cass, 1979). The feeling of inner tension is greatly reduced. The individual begins to feel as if he or she fits in both the LGB and heterosexual culture. He or she will find more support and a stronger sense of “belonging” in the LGB subculture (Pachkinis & Goldfried, 2004).

When an individual feels more accepting of their LGB identity they may choose to disclose his or her LGB identity to significant others. Deciding whether and with whom to share their sexual orientation are complex issues that nearly all LGB individuals face. Research offers contradictory evidence regarding the psychological benefits of coming out (D’Augelli & Hershberger, 1993; Green, 2000; Savin-Williams, 1998). It is currently unclear whether disclosure to one’s parents, for instance, leads to poorer mental health, leads to better mental health, or is irrelevant to mental health. Clearly, it is important to assess the multifarious contexts in which the decision to come out is made. Strommen (1993) suggested three issues that are useful for therapists to consider in working with LGB clients: (a) the family’s values concerning sexual orientation, (b) the effect of those values on the relationship between disclosing family member and the family member who receives the news, and (c) the conflict resolution mechanisms available to family members. In the consideration of values, religion needs to be included.

By late adolescence, most heterosexual individuals have achieved an identity with stable emotional, vocational, relational, and spiritual identity. However, those with same sex orientation must resist the heterosexist imperative rendering other identity dimensions unstable because of the incongruence. Incongruence occurs in a significant way between faith and sexual identity development. The view that LGB identity is a sin or perverted often shape the expression, repression, suppression, or denial of same-sex attractions.

Exiting the pseudo-heterosexual identity is profoundly unsettling and complicated by many real societal barriers, (D'Augelli, 1994; Trickett, Watts, & Birman, 1994). The beginning of acceptance of being LGB, the anguish of being different and feeling alienated from his or her family, friends, and/or religion, is extreme. Often a coping strategy of passing develops (Cass, 1979). Passing allows time for the individual to absorb and manage the developing LGB identity. Threatening situations, controlling personal information, deliberately cultivating a heterosexual image, and adapting a stance that conveys detachment form LGB situations are ways that passing is developed. Passing has the potential to contribute to identity formation.

javascript:showCitation('Pachankis, John E.; Goldfried, Marvin R.','CLINICAL ISSUES IN WORKING WITH LESBIAN, GAY, AND BISEXUAL CLIENTS','Psychotherapy: Theory, Research, Practice, Training','41, No. 3','227-246','LGB-Specific Issues','13')Many LGB individuals lag behind their peers with respect to social development for reasons attributable to societal constraints on sexual minorities and the extra time often required for LGB individuals to establish an LGB identity (Pachankis & Goldfried, 2004). For instance, LGB individuals often do not have a chance to establish dating relationships until later ages than their heterosexual peers do (Diamond, 2003). As a result, they may lack the appropriate skills necessary to succeed in many of their relationships. Such clients may benefit from cultivation of interpersonal skills such as assertiveness (Ritter & Terndrup, 2002).

It is important for all people to develop and sense of personal socioaffectional stability that brings together thought feelings, and desires. The personal status functions as a force mobilized to action. Sexual orientation is fundamentally a social

characteristic, in that to a large degree, an LGB individual cannot confirm their sexual orientation without contact with others of the same orientation (Trickett, Watts, & Birman, 1994).

Religious values of family members are most important in deciding whether to tell (Collins & Zimmerman, 1983). As mentioned earlier, LGB individuals may need to be advised to first test the waters by telling their sexual orientation to a sibling, grandparent, or other family member who is perceived to be most accepting. However, LGB clients need to be cautioned that telling only one family member places a large responsibility on that person who must maintain such a secret (Pachankis & Goldfried 2004).

Faith Development

Through out the paper we have primarily referred to religion, but now will be switching to focus on the idea of spiritual development. To explain this transition, it may be helpful to provide an overview of terminology. According to Malony (2005), "Spirituality is in; Religion is out!" (p. xv). Many trends reflect this transition. The phrase, "I'm spiritual, not religious" has become both cliché and a source of deep irritation for many who, like Malony, do not believe religion and spirituality can be separated. However, despite protests, for many spirituality have become not only distinct, but often antagonistic toward each other.

Although there are many ways to explain this distinction historically, one has particular relevance for the discussion of sexual orientation. Wulff (1997) maintains that the linguistic separation of spirituality from religion only occurred in that last 100-years. Before that, it made little sense to talk of these concepts separately. Over this time span, much has occurred to warrant this distinction. As postmodernism emerged, many people lost faith in religion, particularly organized religion, because of the increasing numbers of scandals. As religion, largely represented by the church, lost its appeal, individuals still needed the meaning previously was derived from religion. By separating off spirituality, individuals were able to maintain a type of personalized religion without having to deal with organized religion. Postmodernism's influential distrust of authority compounded the problem of religion.

The idea of being spiritual, but not religious, has particular appeal to individuals who have had bad experiences with religion. For others, this distinction is more problematic. For African Americans since the time of slavery, religion, including organized religion, was associated with hope and used to fight back against racism and discrimination. This may account for why for many people of color, including African Americans, the idea of being religious, but not spiritual does not have the same appeal (Hoffman et al., 2005).

Being spiritual, but not religious is likely to have greater appeal to the LGB community, which has numerous negative experiences with religion. However, this may be more difficult for people of color who are both drawn toward and away from the idea of religion. Regardless, if spirituality replaces religion without finding a new way to integrate the communal aspect, many of the benefits of being religious/spiritual may be lost (Ervin-Cox et al., 2005). Additionally, many LGB individuals simply may not want to give up on religion.

As this discussion illustrates, religion is generally defined more narrowly and associated with organized religion. One definition is that religion is the organized and ritualistic aspects of belief (Ervin-Cox et al., 2005). Conversely, spirituality is the more abstract, personal, and relational aspects of belief. Faith, another important and related concept, is personal belief and trust in a transcendent other or an ultimate reality. Spirituality is the most inclusive of these concepts because it can encompass faith and relates to religion. Because of this, we speak of spiritual development through the rest of this paper.

Fowler (1981) developed one of the most well established spiritual development models, although he referred to this as “faith development.” A detailed overview of his stages is not necessary; however, there are three important groupings into which the stages can be categorized. Most people will naturally progress to stage 3, or at least stage 2, through normal development. Several important themes are evident in stage 3 including a more literal or concrete approach to faith/spirituality, the importance of authority and authoritative sources, and difficulty with ambiguity, conflicts, and the unknowns. This stage coincides with what often is often conceived of as religious fundamentalism and the birthing of religious extremism.

Stage 4 is a significant point of transition (Fowler, 1981). This period is filled with struggle and questioning. Through this process, faith becomes personalized if the stage is successfully traversed. The discomfort of this stage often causes people to retreat to a stage 3 faith, which is more comforting and assuring. If this occurs, they are likely to be more adamant and rigid in defending stage 3 beliefs and approaches to belief (Hoffman et al., 2006). If people stay in stage 4 for too long, they may become cynical or fall away from faith (Fowler, 1981).

The dark night of the soul, as conceived by St. John of the Cross, can help illuminate this stage. May (2004) clarifies a common misperception about the dark night. Many have interpreted this as intense suffering or martyrdom undergone by religious individuals. However, as May illustrates, St. John of the Cross was not talking about this type of suffering. The dark night is not about pain, but rather about a period of spiritual questioning in which the rituals of faith often loose their importance. The dark night is more about a lack of something, rather than the presence of pain. This lack of something can be disturbing and often leads to a questioning if one has lost their faith. However, it is more appropriate to say that the individual is letting go of the religious symbols, which may lead to a deeper understanding of what the symbols were pointing toward. Similarly, Keen (1994), Moore (2002), and Schneider (2004) describe a sense of awe, wonderment, or mystery associated with spiritual maturity.

The shedding process that is part of stage 4 prepares individuals for stage 5 and 6, marked by greater openness, tolerance or appreciation of unknowns, and acceptance of paradox. Contradictions in scripture, such as how a God of love can allow for persecution of a group of people such as LGB individuals, are easier to resolve in this stage. For people who successfully negotiated stage 4, stage 5 is liberating. Many other models provide similar understandings of spiritual development. Malony (1988) views spiritual maturity as having a similar openness and flexibility.

Sexual identity has a profound impact on spiritual or faith identity. In stage 3, LGB sexual identity provides a challenge to the authoritative aspect of religion when religion claims that LGB identity is sinful or wrong. Although the individual's internal

sense is that this is not a choice and something they cannot change, religion often gives a different answer. As elements of sexual orientation are often evident to some degree early, this often pushes LGB individuals into a premature stage 4. In other words, they may be pushed into a questioning of faith before they are developmentally ready for it. Entering stage 4 prematurely increases the likelihood of LGB individuals having difficulty working through this stage and becoming stuck. According to Fowler (1981), becoming stuck in this stage often leads to a cynical faith or an outright rejection of it.

Conversely, many LGB individuals emphasize their faith and attempt to repress their sexual identity and longings. This leads many to foreclosing their sexual identity. However, as previously discussed, this rarely works for long. Conversely, some individuals, particularly those who are able to access appropriate resources, may enter and resolve stage 4 earlier than most. When this occurs, their spirituality becomes an important resource as they go through the difficult process of sexual identity development.

The biggest concern is for those who either resist stage 4 or enter it only to quickly return to stage 3. Those who enter stage 4 and then return to stage 3 out of fear often maintain a more rigid stance in stage 3. These individuals are tormented by conflict between their sexual identity and spiritual identity. They may be more likely to seek reparative therapy (Hoffman et al., 2006) or attempt to live as if they were heterosexual. Indeed, this parallels the story of some individuals who initially married and lived a heterosexual life before acknowledging their sexual orientation (Hoffman et al., 2007). The reparative or conversion therapy is particularly a concern. This is one of the few therapy options available in which there is a greater likelihood of harm, than success (Hoffman et al., 2006). Additionally, in stage 3 individuals are more susceptible to the influence of others because of the importance of authoritative sources. As such, they are likely to enter into this very dangerous form of therapy, which often leads suicidal ideation (Shidlo & Schroeder, 2002), because of peer pressure from their religious community or leaders.

Spirituality, depending upon how one navigates the spiritual development process, can be an aid or hindrance to sexual identity development. The associated

conflicts can lead to the abandonment of faith or intense identity conflicts. They also can lead to attempts to repress one's sexual identity, which often can lead to sexuality finding its expression in others ways. As the psychoanalytic cliché goes, that which is repressed will be expressed (or find expression some where).

Therapy Applications

So what happens when spirituality and sexuality collide? Often the results are disastrous. It can lead to abandoning faith, seeking unhealthy ways to repress one's sexual orientation, undergoing risky forms of therapy or spiritual conversion of one's sexual desires, or even suicidal ideation. Since religion and spirituality play a role in the creation of this angst, they deserve consideration in the healing process. Furthermore, leaving religion should not be the only option presented to LGB individuals seeking to embrace their sexual identity.

Figure 1 illustrates the relationship between the different stages of spiritual development and sexual identity development. Many of the challenges when these collide have been discussed; however, it is also important to focus on the potentialities and unmet needs. Examining the impact of religion and spirituality on psychological health offers several avenues for intervention. However, at the outset, it is important to emphasize therapists who have not had training in working with religious and spiritual issues in therapy should seek training and supervision or consultation before attempting to work with religious and spiritual issues in practice.

First, therapists should inquire about religious or spiritual issues with LGB clients. It is important to maintain an open frame when doing this. The therapist should not assume that the individual desires or is willing to leave the religious affiliation that they belong to even if it maintains that an LGB identity is sinful. Instead, therapists should honor their clients' religious beliefs.

If the client desires to find alternatives to their current religious groups, it at times may, be okay to help the client identify other options. Many therapists make the mistake of suggesting the client consider a radically different religion that may not fit with the client's worldview. For example, if a client grows up in a conservative Christian background, they may not be open to Buddhism. It is often best to help

clients identify options similar to the prior religious beliefs first. If they are Christian, they may want to consider the Metropolitan Community Church (MCC) or United Church of Christ (UCC). The MCC is a church primarily ministering to LGBT individuals and a large portion of its membership is identifies as LGBT. The UCC has many churches that identify as "open and affirming," which includes being affirming of LGBT individuals. Within this distinction, therapists may easily make the mistake of assuming the client would prefer the MCC over the UCC; however, many clients prefer being in a mixed setting with both heterosexual and LGB clients (Hoffman et al., 2007). For individuals interested in retaining some connection to theistic beliefs while exploring other religions, they may be interested in the Unity or Unitarian Church. In these discussions, it is imperative that therapist do not impose or encourage a direction, but rather help clients explore options and what is the best fit for their needs. Rather straightforward questioning can help identify which options may be the best fit. However, it also may be appropriate to mention several options with some description of them to allow the client to decide which they would prefer.

Clients often present undecided about where they stand on whether non-heterosexual identity is a sin or not. Caution should be exercised in encouraging clients to consider other alternatives to their religion's beliefs. This encouragement may cause some clients to distrust the therapist or not feel safe discussing religious issues. Instead, the therapist should help the client explore this issue from the client's perspective. At the appropriate time, it may be helpful to ask the client if they are interested in exploring other options to their current beliefs. If the client is interested, the therapist should use caution in not crossing over to becoming a spiritual director or spiritual guide. It may be beneficial to encourage him or her to set up an appointment with a minister who maintains an affirming perspective. At times, it may be appropriate to use bibliotherapy to help the client explore their beliefs. Possible books include *What the Bible Really Says About Homosexuality* by Daniel Helminiak (2000), *Stranger at the Gate* by Mel White (1995), or *The Good Book* by Peter Gomes (1996). The therapist should be familiar with these books before recommending them.

Therapists should be aware of the nuances of stage 4. If clients bring up spiritual or religious issues in stage 4, they are likely to be concerned that they have lost faith. The informed therapist can help the client explore whether they have truly lost faith or may be going through a spiritual transition. For the therapist not trained in religious and spiritual issues, they may be in difficult territory. Again, it important to help clients explore this, but not impose an interpretation about what is occurring on them. If the therapist encourages them through saying they are just going through a dark night or transition in faith when they actually are falling away from faith, the therapist could do spiritual harm that is difficult to repair or alienate the client.

In the end, when dealing with the spiritual issues, listening and empathetically understanding the client's perspective is what is most important. This is difficult for therapists who have not dealt with these issues themselves. For LGB therapists who left religion behind, this may be particularly difficult. Similarly, LGB therapists who found their answer to this dilemma may be tempter to encourage clients to follow their path. The only right spiritual path for the LGB client is the path they freely choose. Given the various pressures, helping clients achieve this can be extremely difficult. Therapist must be patient with clients as they take this difficult journey.

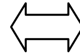
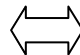
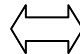
Conclusion

Professional contributions that address religious and spiritual issues with LGB clients are limited. A body of professional literature that addresses the importance of providing affirmative therapy for LGB individuals, couples, and families is available in the literature. This paper contributes to the literature emphasizing the interaction of LGB sexual identity and faith development in therapy. For many, religious and faith issues are important to address for the attainment of LGB identity synthesis. Understanding the interaction of sexual identity and religion or spirituality is vital to include in affirming therapeutic approaches. This controversial topic is a primary discussion in contemporary culture, among therapists, and within mental health training programs. For therapists who want to provide affirmative, ethical, and informed therapy, they must be knowledgeable about the subtle issues that affect a client's sense of wholeness and social belonging. LGB Individuals may foreclose on their faith development to achieve LGB sexual identity synthesis. Conversely, LGB

individuals may foreclose on their sexual identity if they cannot resolve the conflict between his or her religious beliefs and sexual identity. Additional contributions to the literature that focuses on positive or affirming faith experiences and the relationship of those experiences to internalized homonegativity, spirituality and psychological health will be beneficial to promoting spiritual and psychological health for LGB clients. Therapists need to understand that LGB client problems may arise as the result of society's negative reaction to nonheterosexual orientations. It is important for therapists to be aware of the effects that societal factors, including religious conflicts, on LGB individuals' psychological well-being and identity development.

Figure 1.

When Spirituality and Sexuality Collide

Religion/Faith Development		*LGB Identity Development*
Stages 1-3: Concrete, Structured, Literal Faith;		Identity Confusion;
		Identity Comparison;
Stage 4: Spiritual Moratorium or Spritual Desert;		Identity Tolerance;
Stage 5-6: Mature Faith		Identity Pride;
		Identity Synthesis;
(LGB Individuals may foreclose on their faith development to develop sexual identity synthesis)		**(LGB individuals may not move onto identity synthesis if they cannot resolve their collision with their faith development)**

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