

Spiritual & Religious Value Conflicts

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Case Study

Reconciling LGBTQ+ Identity and Faith





James is a 34-year-old client who identifies as gay. He was raised in a conservative Christian tradition and frequently states that he “loves God” and wants to “honor Him”. James also reports ongoing **anxiety**, **shame**, and **internal conflict** related to his sexual identity and is **distressed** by church teachings that frame same-sex relationships as sinful.

During sessions, James expresses a desire to **“figure out which part of me has to change”** and asks whether therapy should help him...

- A. Live according to his **sexual identity** while “shelving” his faith identity,
- B. Live according to his **faith identity** while “shelving” his sexual identity, or
- C. Find some other way to live with ongoing tension between **both identities**.

We want to support James **without reinforcing shame or harm**, while also **respecting the role faith plays** in his identity.



Ethical Decision Making

Counselor Context, Ethical Decision-Making Model



Counselor Context

Ethical counseling requires **self-awareness**, **humility**, and a **commitment to supporting the client's exploration** rather than directing their conclusions.

We felt it was important to **acknowledge our own context** because ethical counseling requires **awareness** of how our personal values might influence our work, including ongoing attention to **countertransference** and how our reactions could shape the counseling process.



Counselor Context

Personal Background

- Both of us identify as **practicing Christians**.
- Our faith traditions historically teach that homosexual behavior is **morally sinful**.
- Faith plays an **important role** in our personal values, worldview, and understanding of morality.

Professional Responsibilities

- **Remain aware** of personal values, potential bias, and countertransference.
- **Avoid imposing** personal beliefs on the client.
- **Maintain a therapeutic environment** that supports client autonomy and self-determination.
- **Seek consultation** or supervision if our personal beliefs begin to interfere with clinical objectivity.



(Bayne et al., 2021; Bayne et al., 2022)



Issues & Ethics

In the Helping Professions

Eleventh Edition

Gerald Corey
Marianne Schneider Corey
Cindy Corey

Ethical Decision Making Model

1. Identify the problem or dilemma.
2. Identify the potential issues involved.
3. Review the relevant ethics codes.
4. Know the applicable laws and regulations.
5. Obtain consultation.
6. Consider possible and probable courses of action.
7. Enumerate and consider the possible consequences of various decisions.
8. Choose what appears to be the best course of action.



Step 1: Identify the Problem or Dilemma



Core Ethical Question

How can we ethically **support James** in exploring the tension between his sexual identity and faith identity **while avoiding value imposition** and **minimizing harm**?



Nature of the Dilemma

This situation involves a combination of:

- **Ethical issues** – risk of counselor value imposition
- **Clinical issues** – addressing anxiety, shame, and identity conflict
- **Cultural and spiritual issues** – faith as a central part of the client's identity
- **Moral concerns** – competing beliefs about sexuality and religious conviction



Key Stakeholders

- The client (James)
- The counselor
- The client's faith community and support system





Step 2: Identify the Potential Issues Involved

Client Rights and Wellbeing

- James has the right to **self-determination** regarding his identity, faith, and life decisions.
- Our primary responsibility is to **promote James' wellbeing** and psychological health.

Potential Counselor Value Conflict

- Our personal religious beliefs **may influence** how the situation is interpreted.
- Ethical care requires **awareness** of potential value imposition.

Cultural and Spiritual Context/Competency

- James' Christian faith is a **central part** of his identity and moral framework.
- Ethical counseling must **respect** James' religious and spiritual background while addressing psychological distress.

Psychological Harm and Shame

- James reports anxiety, shame, and internal conflict.
- We must **avoid reinforcing** internalized shame or stigma.
- Formal **diagnosis** (e.g., ICD-10 F66.1 – ego-dystonic sexual orientation) **may or may not be helpful** and is considered controversial in contemporary practice.





Step 2: Identify the Potential Issues Involved



Principles Involved

Autonomy: Respecting James' right to determine how he lives

Beneficence: Supporting James' wellbeing

Nonmaleficence: Avoiding harm or reinforcing shame

Fidelity: Maintaining trust and a safe therapeutic relationship

Justice: Treating the client fairly and respectfully



Key Ethical Tension

We must balance:

- Respecting James' religious identity
- Supporting his exploration of sexual identity
- Avoiding imposition of the counselor's personal beliefs



Professional Competency Considerations

- We must practice **within our scope of competence**, particularly when working at the intersection of faith and sexual identity.
- May require additional training, supervision, or consultation to provide ethical care

Step 3: Review the relevant ethics codes

Implication for This Case

We must **support James' autonomy** and exploration of identity without directing him toward a predetermined outcome.

We must **remain aware** of personal religious beliefs and ensure they do not shape the therapeutic direction.

Because both of us seek to become MFTs and LPCs, both the ACA and AAMFT codes of ethics offer important guidance on avoiding value imposition and countertransference.



Step 3: Review the relevant ethics codes



ACA Code of Ethics

A.4.b – Personal Values

Counselors avoid imposing their own values, attitudes, beliefs, and behaviors on clients.

A.1.a – Primary Responsibility

The counselor's primary responsibility is to promote the welfare of the client.

A.2.c – Developmental and Cultural Sensitivity

Counselors respect the cultural, spiritual, and religious identities of clients.



AAMFT Code of Ethics

1.1 – Non-Discrimination

Marriage and family therapists provide services without discrimination based on sexual orientation, religion, or other identities.

1.3 – Client Welfare

Therapists advance the welfare of families and individuals and respect the rights of clients to make their own decisions.

(American Counseling Association, 2014; American Association for Marriage and Family Therapy, 2015)





Step 4: Laws and Regulations

Implication for This Case

Although no specific Oregon law dictates the **outcome** of this case, Oregon regulations emphasize **non-discrimination**, professional **competence**, and **client welfare**, which guide how we should **approach** the situation.

We must provide **non-discriminatory**, client-centered care.

Therapy should focus on **supporting** James's exploration of identity and faith, **not directing** him toward a predetermined outcome.





Step 4: Laws and Regulations

Oregon Anti-Discrimination Law

Oregon Equality Act:

- Oregon law **prohibits discrimination** in professional services based on sexual orientation and gender identity.
- Therapists must provide services **without denying care** because a client identifies as LGBTQ+.

Conversion Therapy Restrictions

- Oregon **prohibits** licensed mental health professionals from engaging in **sexual orientation change efforts** (SOCE) with minors.
- While James is an adult, this law reinforces the professional standard that therapy should **not attempt to change sexual orientation**.

Oregon Board of Licensed Professional Counselors & Therapists (OBLPCT)

Licensed therapists must:

- Practice **within their scope** of competence.
- Seek consultation or **supervision when encountering** complex ethical dilemmas.
- Maintain **professional standards of care** that protect client welfare.

(Oregon Bureau of Labor and Industries, n.d.; Oregon Health Authority, n.d.; Oregon Board of Licensed Professional Counselors and Therapists, n.d.)



Step 5: Obtain Consultation

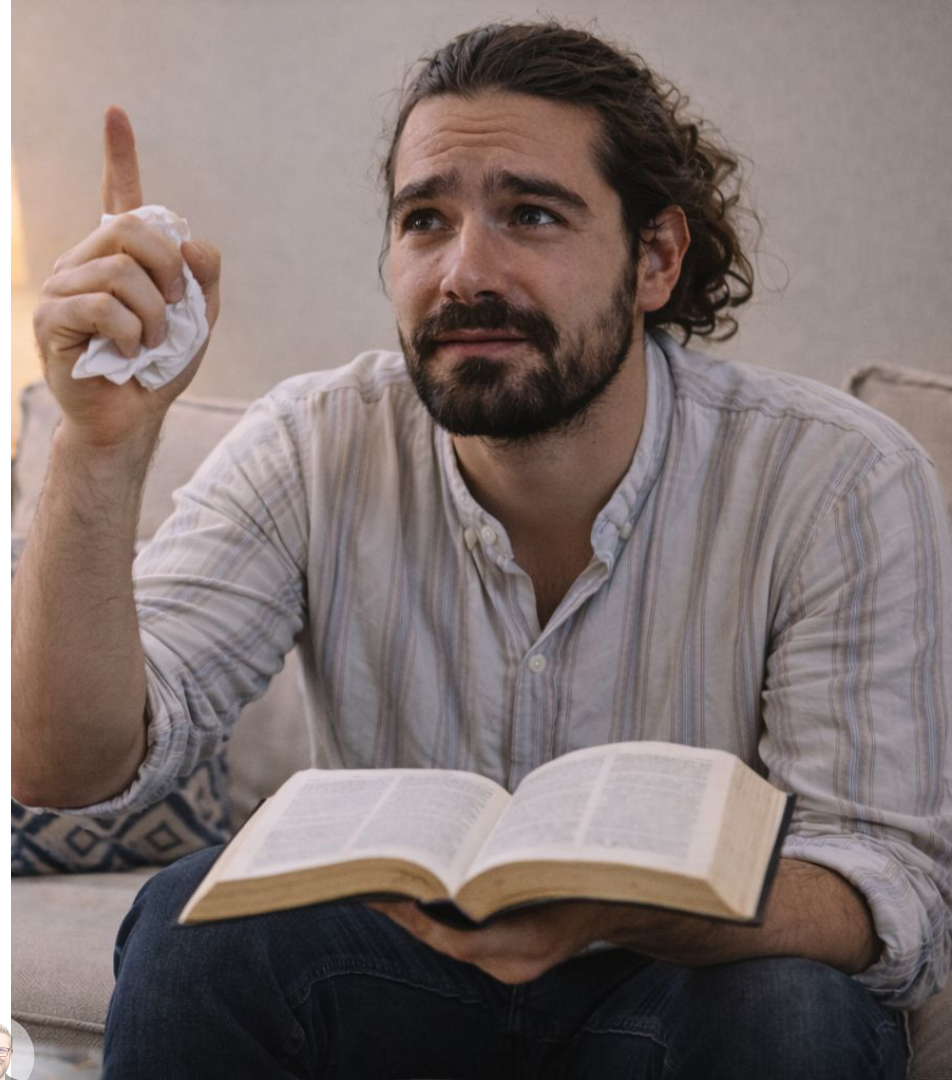
Implication for This Case

Because both of us hold personal beliefs related to the client's dilemma, seeking consultation from professionals with **different perspectives** becomes especially important.

Key Considerations

- Maintain client **confidentiality** when discussing the case
- Avoid seeking consultation **only** from those who share our beliefs
- **Document** the consultation process and feedback received

(Bayne et al., 2021)



Step 5: Obtain Consultation

Consultation Sources

We would specifically seek consultation from the following sources:



Clinical Supervisor

Discuss our **potential value conflicts** and our therapeutic approach.



Colleagues with Different Perspectives

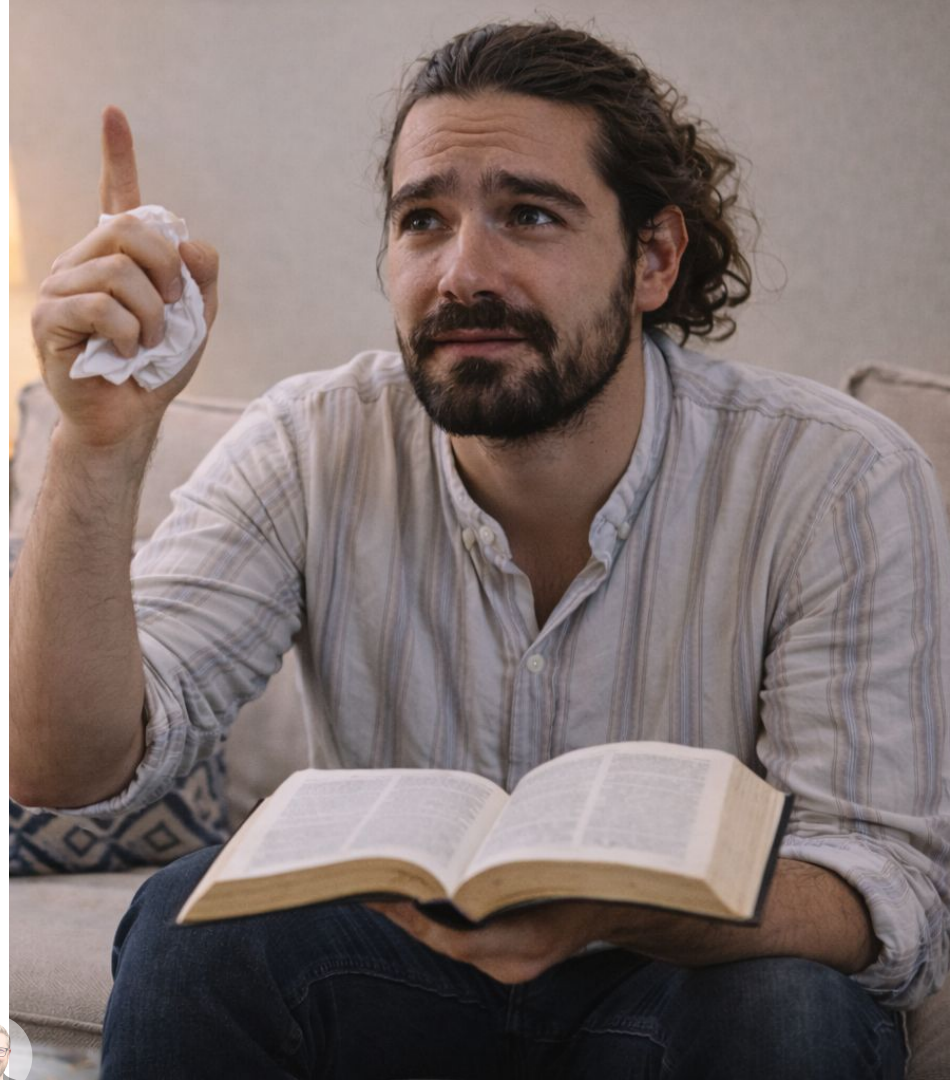
Especially those with **experience in LGBTQ+ counseling** as this would help us avoid consulting only within a shared worldview.



Professionals with Spiritual/Religious Competence

We would want to better understand **integration of faith and identity**.

(Bayne et al., 2022)





Step 6: Possible/Probable Courses of Action

Implication for This Case

What's important here is that several approaches **could** be taken, and each one reflects a different balance of ethical priorities.

Each option carries different ethical implications, particularly related to...

- Autonomy
- Potential harm
- Value imposition





Step 6: Possible/Probable Courses of Action

Possible Therapeutic Approaches

1. Primarily support exploration of sexual identity
 - Encourage James to more fully embrace his sexual identity
 - Process internalized shame related to church teachings
2. Primarily support exploration of faith identity
 - Explore the importance of James's relationship with God
 - Support alignment with his religious beliefs and values
3. Facilitate integration of both identities
 - Help James explore ways his faith identity and sexual identity may coexist
 - Support development of a personally meaningful framework
4. Maintain a neutral, client-led approach
 - Avoid directing James toward any specific outcome
 - Create space for ongoing exploration and self-determination
5. Seek ongoing consultation or refer (if necessary)
 - If we cannot remain objective, consider referral
 - Ensure continuity of care and client support

(Beagan & Hattie, 2015; D'Arrigo-Patrick et al., 2018)



Step 7: Possible Consequences

Key Principles in Tension

Autonomy: Supporting James's right to choose

Nonmaleficence: Avoiding harm (e.g., shame, suppression)

Beneficence: Promoting wellbeing and growth

Fidelity: Maintaining trust and therapeutic integrity

There is **no outcome without tradeoffs**.
Ethical decision-making requires balancing competing values, not eliminating tension.



Step 7: Possible Consequences

1. Support Exploration of Sexual Identity

Potential Benefits

- May reduce shame and internalized stigma
- May support authenticity and self-acceptance

Potential Risks

- May invalidate or minimize James's faith
- Could disrupt an important source of meaning and belonging

2. Support Exploration of Faith Identity

Potential Benefits

- May strengthen James's sense of purpose and relationship with God
- Could preserve connection to an important source of meaning and community

Potential Risks

- May reinforce shame or exacerbate internal conflict
- Risks psychological harm if sexual identity is suppressed

3. Facilitate Integration of Both Identities

Potential Benefits

- Could honor both aspects of James's identity
- May support development of a coherent and meaningful self-concept

Potential Risks

- May prolong ambiguity or emotional tension
- Integration may not feel achievable for James
- Adverse effects on both faith relationships and sexual identity relationships.

4. Maintain a Neutral, Client-Led Approach

Potential Benefits

- May strongly support client autonomy and self-determination
- Might reduce the likelihood of value imposition
- Could help build trust in the therapeutic relationship

Potential Risks

- Could feel unclear or insufficiently directive if James is seeking more guidance
- James Might experience ongoing indecision and distress without more directive support

5. Seek Ongoing Consultation or Refer

Potential Benefits

- Might help reduce the impact of counselor bias or value conflict
- May support more ethically grounded and thoughtful care
- Could help protect James's welfare if objectivity becomes difficult to maintain

Potential Risks

- Extended consultation may be perceived as uncertainty or lack of confidence.
- Referral could be experienced as distancing or rejecting and disrupt continuity



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Step 8: Choose Best Course of Action

Our Choice

Based on the ethical considerations, the most appropriate course of action appears to be to facilitate **integration of both identities** within a **client-led, non-directive therapeutic approach**, supported by **ongoing consultation** as needed. Additional psycho-education and relationship coaching/counseling may also be necessary for dealing with potential rejection from both communities.

Rationale

- This approach may best support James's **autonomy** and **self-determination**
- It allows **both** his faith identity and sexual identity to be explored **without privileging one over the other**
- It may **reduce the risk** of value imposition
- It aligns with ethical priorities of **beneficence and nonmaleficence** by supporting exploration while minimizing harm



Step 8: Choose Best Course of Action

What It Could Look Like

Integration of Both Identities

Supporting James in exploring how his faith identity and sexual identity may both remain meaningful parts of his life

Example:

“What might it look like for you to honor both your relationship with God and your sense of who you are?”

(Beagan & Hattie, 2015; D’Arrigo-Patrick et al., 2018)

Client-Led, Non-Directive Approach

Allowing James to define his own values, goals, and direction, rather than guiding him toward a specific outcome

Example:

Avoiding statements like “you should...” but asking, “What feels most true or important to you right now?”

(Ybañez-Llorente & Smelser, 2014)

Ongoing Consultation

Seeking input from supervisors or colleagues to monitor potential bias and ensure ethical care.

Example:

Consulting with professionals who have experience in LGBTQ+ and faith integration to gain additional perspective

(Bayne et al., 2021)



Summary

Ethical decision-making remains an ongoing process, not a one-time choice.



At its core, this case isn't about choosing between faith and identity. It's about **how we, as counselors, show up** when a client is carrying both.

What makes this situation complex isn't just James's internal conflict. It's **the real possibility that our own values could unintentionally shape the direction** of his care if we're not careful.

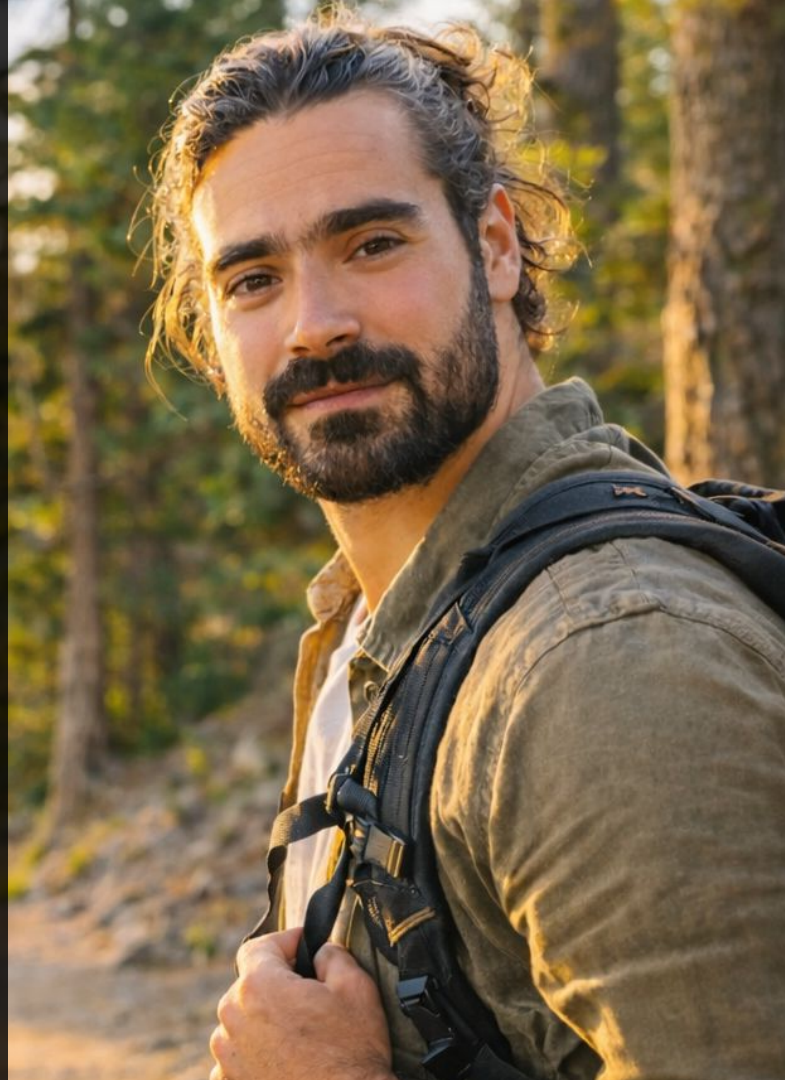
That's why ethical decision-making here **isn't a one-time choice**. It's an ongoing discipline of awareness, restraint, and intention.

We're called to **hold space without directing outcomes**.

We want to **support exploration without reinforcing shame** and to **respect the full complexity of who James is**, not just the parts that are easier to reconcile.

Ultimately, the most ethical path forward seems to be one that **keeps James in the driver's seat**, supports **integration instead of eliminating part of his identity**, and stays grounded in both professional standards and humility.

In cases like this, doing the right thing seems less about eliminating the tension and more about **helping James live meaningfully within it**.



Appendix

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A person with a backpack is hiking away from the camera on a dirt trail. The scene is set at sunset, with warm golden light illuminating the landscape. The hiker is wearing a green jacket, dark pants, and a black backpack. The trail is surrounded by trees and shrubs, and a valley is visible in the background.

Thank You!

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