

Pro-Active Intercultural Pastoral Care and Counseling with Lesbian Women and Gay Men

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Abstract Clinical work with persons from lesbian and gay communities requires a clear sense on the part of the clinicians about how understandings of homosexuality shape our interactions. The importance of the religious and theological claims of the counselor cannot be underestimated in their ability to support and nurture, or to damage, the spiritual lives of lesbians and gay men. This paper first describes four religious perspectives on homosexuality, arguing for one that is proactive and affirmative. Second, this paper explores the multiple issues presented by lesbian and gay clients, including the role of marginalization, racial and ethnic heritage, internalized homophobia and heterosexism. Third, this paper closes with an invitation to counselors to participate in the public debates about homosexuality as a way of making the world a safer and healthier place for lesbians and gays to live.

Keywords Lesbian · Gay · Intercultural · Public theology · Pastoral counseling

Introduction

Sarah is a 21 year-old Asian–American who works in a law office as an administrative assistant while she attends school to become a lawyer. She rarely talks at the office about her family or about what she does outside of work. Sarah is quiet and polite and people appreciate her presence as well as her work. Sarah has always attended church and is currently a participant in a mainline Protestant community. People there describe her as “pleasant and polite, always inquiring of others about how they are, and praying for those who have needs.” She does not talk much about her family, her parents or her siblings.¹

¹This case is a fictional case that represents the stories and lives of people who are real. As a pastoral counselor I take seriously my role to maintain confidences, even as I present cases. This case is a composite of persons I know and with whom I have worked. For an insightful look at a real person who parallels this case, see the video produced by the Pana Institute, *In God's House: Asian American Lesbian and Gay Families in the Church* (Institute for Leadership Development and Study of Pacific and Asian North American Religion; Pacific School of Religion; Berkeley, CA; www.ingodshouse.com).

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Sarah makes an appointment with me for pastoral counseling. On the phone she says she is looking for someone who self-identifies as a Christian because, as she says, “I need to have a counselor with a Christian perspective to help me.” When Sarah shows up for her appointment, it is clear that she is nervous and cautious. As the session begins, I wonder out loud about what would be most helpful for us to talk about. After talking about her professional life and goals, Sarah confides that she is quite distraught about her personal life, particularly her relationship with her family. It is difficult, at first, to discern what the issue is between Sarah and her family; Sarah simply says that she and her parents “don’t get along and they have refused to talk” to her or to see her. With more conversation it becomes clear that Sarah’s family has distanced themselves from her because Sarah is in an intimate relationship of which they do not approve. When asked about what her parents do not like about her relationship, Sarah suggests that they do not think the person to whom she is related is a “Christian.” Together we explore the problem story, yet Sarah never provides very specific details about the particularity of her relationship.

It is not until the end of the session that Sarah confides to me that her intimate partner is another woman, Leslie, who is Euro–American. Sarah’s parents (who moved to the United States when Sarah was 2 years old) do not think that homosexuality is congruent with the Christian faith, nor do they think it is congruent with her Korean heritage. They also do not approve of Leslie because they feel that she is a bad influence on Sarah’s moral life. After this disclosure, Sarah turns to me and wants to know what I think. Do I think she can love another woman and be a Christian? Can she find community among other Korean–Americans or in her family as a lesbian? The crisis at the moment is that she and Leslie are planning a trip to Korea and she wonders how she will explain who Leslie is to her relatives.

This case represents multicultural, or intercultural, realities for Sarah, for she and her family of origin, for Sarah and Leslie, for her extended family in Korea, as well as for me as a pastoral counselor. Emmanuel Lartey describes intercultural counseling as a phrase that “is used to attempt to capture the complex nature of the interaction between people who have been influenced by different cultures, social contexts and origins, and who themselves are often enigmatic composites of various strands of ethnicity, race, geography, culture and socio-economic setting” (Lartey 2003, p. 13). The intersections of race and ethnicity, various Christian values and the communities that support them, and the multiple strands of the gay and lesbian culture are represented in this case. In order to examine the particularities of Sarah and to be helpful to her, it is necessary to place her story in a broader context. The reality is that for most of us who work with people like Sarah we will experience an intercultural exchange. It may be that the clinician is heterosexual and the client is gay or lesbian; that racial and ethnic differences exist between the client and the counselor; or that the counselor and the client may come from different theological and religious traditions that either oppose or support those who are homosexual. The possibilities for intercultural work are endless and the reality is that we are all working in the midst of them.

In this paper I want to do three things. First, I want to describe multiple religious perspectives and cultural interpretations that counselors and clients bring to their work. My particular perspective is one that is affirmative and proactive of lesbians and gays, but I suspect that not everyone is in the same place (Malony 2001). Hence, I want to spend a few minutes describing various positions. Second, I want to reflect on clinical issues that emerge in the context of working with persons who self-define as lesbian and gay and to note the multiple cultural contexts at work in those conversations. I will draw upon the case of Sarah and suggest some of the issues that might be important to reflect on as I work with her. Finally, I want to invite all of us into the public conversations about homosexuality in hopes that we can create a more healthy and whole world for everyone.

One Christian pastoral theological perspective

As I noted earlier, there is not agreement among—or within—religions about sexuality, much less homosexuality. Immediately we are met with multiple interpretations and cultures that understand homosexuality quite differently. While we do not have time to explore each and every tradition, I would like to outline four positions that people of faith often take in response to questions of homosexuality. Because of my own social location as a United Methodist pastoral counselor, I will frame much of what I am talking about in reference to God, or the Holy One. This should not be understood as ignoring or dismissing other religious traditions. By wrestling with one's own faith tradition in front of others, we find places of difference as well as similarities between us (Ellison and Plaskow 2007).

Just as I want to be transparent about my own position, I ask that pastoral care specialists be transparent and honest about theirs with their clients. This is an aspect of being proactive as a pastoral counselor. Because people of faith disagree on sexuality and homosexuality, I am less concerned that we all come to agreement and more concerned that we find ways to talk across our differences for the sake of our clients and for those to whom we offer care. It is imperative that we be honest about our theological positions for those beliefs have an impact on the way in which we respond to persons and their situations. Additionally, each theological position carries particular strengths and limitations for our counseling and it is important to recognize and name them with one another.

While there may be many ways of talking about our differences, I would like to describe four religious positions that faithful Christians have about homosexuality (Marshall 2001). Each perspective suggests a distinct clinical response to persons like Sarah. As we move through the positions you will hear a difference between two aspects of homosexuality: orientation and behavior. *Orientation* refers to the primary physical, emotional, spiritual, and sexual attractions and intimacies that provide fulfillment and wholeness in people's lives. People may be heterosexual in orientation and attracted to those of the opposite gender/sex. Or, persons may be homosexual in orientation and may include women who find their deepest intimacy needs with other women and men who experience their deepest intimacy needs met with other men. Or, persons may be bisexual in orientation, suggesting that their deepest physical, emotional, spiritual, and sexual intimacy needs may be met by persons of either gender. Orientations refer to internal feelings, experiences, and expression.

Behavior refers to external actions that may, or may not be congruent with one's internal sense of orientation. For example, persons may be heterosexual in orientation yet participate in homosexual behavior at some point in their lives. Or, homosexual women and men may partner with persons of the opposite gender out of a desire to follow cultural norms or to please others, including God or their community of faith. In this latter case, the heterosexual behavior does not internally match the homosexual feelings and orientation that people have toward persons of the same gender and sex. One of my goals in counseling is to help persons discern how to live congruently so that their internal orientation and external behavior might lead them to live more fully.

Before I discuss the four positions two other aspects of this paper need to be noted. First, because of the limitations on time and the scope of issues that need to be addressed, it is impossible to do justice to issues related to bisexuality and transgender in this paper. However, what is clear is that the way in which one begins to think about homosexuality has implications for one's perspective on bisexual and transgender issues. I would encourage those who want to explore these issues to explore others who discuss pastoral care and counseling with persons who are bisexual or transgendered (Kundtz and Schlager 2007; Tanis 2003).

Second, there is another position not fully articulated in this paper. Postmodernity offers a completely different alternative to the four that I describe below. While I have commitments to a postmodern perspective in my own work, it appears to me that many pastoral care specialists who are connected to the Christian faith stand a great distance from the queer theory that represents postmodernity (Wilchins 2004). This article is meant to be descriptive and invitational as I outline positions I believe to be most evident in the contemporary church and in pastoral care and counseling. In the long run, I believe postmodernity will offer us new ways of reflecting on sexuality.

Four positions

The first theological position suggests that God only creates persons as heterosexual. From this perspective, there is no homosexual orientation; there are persons whose behavior might be described as homosexual but they are understood to be heterosexuals who are negatively acting out in some way. Persons within this perspective often use words such as “abomination” and “evil” to describe those who participate in non-heterosexual activities or who experience non-heterosexual feelings. In response, clinicians from this position counsel persons like Sarah—those who come to talk about being lesbian or gay—by suggesting that there is no such thing as homosexual orientation. They believe that what is most important is challenging the *behavior* of those who self-identify as lesbian or gay through reparative or conversion therapy. For Christians, their theological assumptions often rest on interpretations of the six or seven passages in the Bible where there is passing reference to sexual activity between same-gender people. Clinically, persons within this perspective would argue that homosexual behavior is the outward manifestation of an inward flawed character or pathology (Nicolosi 2001; Hill 2001).

A second position, although more moderate, maintains that persons with homosexual feelings and behaviors are not necessarily evil, but are created with a defect or disease. Normal people are born heterosexual, yet we know that there are abnormalities in the world such as persons who are born with genetic diseases. Persons from this perspective often rely on a narrow interpretation of biblical narratives to point out that we must work to cure people of their diseases. There is no “healthy” homosexual behavior in this perspective and those who believe they are gay or lesbian are encouraged to abstain from behaviors that are homosexual in nature. At times people from this perspective will encourage others to “love the sinner and hate the sin,” suggesting that persons are to be valued for how they have been created but they are clear that homosexual *behavior* is a “sin.” Again, conversion therapy or reparative therapy might be used with persons reflecting the belief that even when people are born with a defect, they must undergo some kind of treatment for their disease. At the very least, abstinence from behavior is encouraged. A pastoral counselor from this perspective would understand that Sarah may have feelings of homosexuality, but these feelings are really an abnormality that requires treatment and intervention (Balswick and Balswick 2001).

A third position is more generous, recognizing that God’s creative expression is seen in homosexuality just as it is evident in persons who are born with inclinations to write with their left hand or with the inability to discern one color from another (color-blindness). The abnormality of homosexuality is understood to be neutral and may even be reflective of the richness of God’s creativity. Accompanying this affirmative position is often a caution that homosexuals not be allowed to place themselves in situations where their “abnormality” will distract or persuade others. While persons with homosexual feelings should not be condemned for their feelings, they ought to be encouraged to live quietly

“in the closet,” to not “rock the boat,” to not “upset their families,” or to not “promote their lifestyles.” A pastoral clinician from this perspective who is working with Sarah would affirm her as a child of God (perhaps in spite of her difference) and encourage her to live carefully and faithfully. Others—family, friends, and community—are encouraged to be tolerant (Wilke 2001).

There is a fourth position, and it is the one to which I am most committed in the context of pastoral counseling and Christian faith. In the fourth position it is understood that God has a hand in the creation of homosexuality and that such a creation is not just to be tolerated but to be deeply celebrated as life-giving. Persons who are lesbian and gay are to be affirmed as part of the goodness and blessing of creation. They are understood to be representatives of a God in whose love can be seen wisdom and care. It is not that homosexuals are better than heterosexuals or vice versa; rather it is that diversity in creation is to be celebrated and affirmed in ways that make us all richer and more faithful. This position suggests that counselors have things to learn about the meaning of life from lesbians and gay men. It does not suggest that we cannot learn things from heterosexuals; it only recognizes that we have understood heterosexuality to be normative for so long that it is now time we move toward privileging gays and lesbians in ways that invite us into new revelations about the Holy One. From within this perspective, a pastoral counselor working with Sarah would not simply affirm her as a child of God, but would wonder with her about what her life has to teach others (including her family, her community, other heterosexual people) about God and about God’s wisdom. The assumption that underlies this position is that lesbian and gay people reveal God in new ways (Graham 1997; Marshall 1997, 2001; Tigert 1996).

I have not dealt, in this quick explanation of the four perspectives, with the various sacred texts and faith claims that are used to support each position (Nelson 1978; Rogers 2006). Again, I acknowledge that not all Christians agree with me that the fourth position is a faithful response to God. Herein lies part of the intercultural counseling we all must do. I will work—as a pastoral caregiver and a clinician—with persons and families who stand in very different places from where I stand. An intercultural approach requires that I seek to understand each position, but not that I agree with every stance. In my clinical work I must respect and learn from every position while being clear about my perspective. There are times when I need to refer clients to other counselors because I am unable ethically, or morally, to offer them reparative therapy or to try to convert them to be heterosexuals.

In a similar way, if gays and lesbians approach you as a caregiver and you are convinced that it is immoral or wrong to be lesbian or gay, it will be impossible for you to help them thrive in relationships with their partners or with themselves. Or, if you feel a need to convince clients of your position (whether you take a stance that understands homosexuality to be evil or one that understands homosexual persons to reveal God’s grace in the world) you are already not being faithful to the call to care for those who come to us for assistance. What is more important than persuasion and convincing is meeting the needs and struggles of persons who come to us for care and counseling (Marshall 1997).

For those of us who work with persons in the midst of crisis and who carry a particular faith or religious perspective it is imperative that we be honest with ourselves, our clients, and our communities of faith about our understanding of homosexuality. Persons who come to us deserve the best care we have to offer and they deserve to know that their clinician has a deeper understanding of their culture than might be the case in the broader world in which they live. For heterosexual (or straight) caregivers and clinicians, an intercultural experience might be learning from a gay or lesbian person about what it means to live in a faithful and committed relationship against the will of a culture.

Attending to multiple care and counseling issues

Marginalization in families and in church

At this point, I want to continue to unpack some of the pastoral clinical issues necessary to discuss when working with lesbian and gay clients. To be a pro-active pastoral caregiver requires that we consciously explore the social and cultural contexts of our work with marginalized persons. The first issue is to name the marginalization that lesbians and gays feel in their families, at church, and in the broader culture. One of the most destructive aspects of living as a lesbian woman or a gay man in the world is the constant reminder that we are not “quite normal” in the eyes of others. In fact, the culture around us has multiple ways of suggesting that lesbians and gays are “less than” others. Persons are kept at a distance out of fear, out of concern for families, or out of a mistaken belief that they need to protect a “traditional life.” Marginalization occurs at all levels of our lives—in our families, our religious communities, and in the broader culture.

Families often encourage their lesbian and gay children, aunts, uncles, mothers, fathers, and cousins to be “quiet and respectful” or to change their lifestyle. This may mean that the family wishes the gay or lesbian person would not bring her or his life partner to events or talk about issues related to the lesbian and gay community when they are around the family. In more heartbreaking situations, families disconnect from those who self-identify as lesbian or gay because they are afraid of the message that will be conveyed to other children in the family or the implicit approval that may be assumed by friends and community simply by having lesbian or gay relatives. We know that the amount of pain and destruction that occurs within families under various circumstances can take years to deconstruct. How much deeper the pain is when, as is the case with Sarah, the family does not acknowledge the most important relationship in her life much less affirm that she is created as a lesbian child of God who is loved and cared for within her family? Everyone in the family is anxious about the trip that Sarah is planning with her partner to visit relatives in Korea (Switzer and Thornburg 1999).

As noted earlier, religious institutions are often places in which lesbian and gay folks experience not only marginalization, but deep and abiding judgment against them. Our constant debating about whether persons who have homosexual feelings are blessed by God with those feelings and whether they are welcome at our tables and in our communities makes many within the lesbian and gay community believe that not only does their community of faith not love them, but they wonder if the Holy One cares for them. People are denied access to a spirituality that is life-giving, often having to choose between their own mental health and life in their local community of faith. In Sarah’s case, as someone who has grown up in the church, she has heard her community talk about a God that loves everyone and yet hates people like her. She has also listened carefully to the debates within her denomination and has watched the hierarchy of the church be divided about whether to accept gays and lesbians in the membership or the ministry of the church. She does not believe she would really be welcome at this church were she to acknowledge openly her love for another woman. She feels alone as she worships (Graham 1997).

Marginalization occurs at cultural levels in ways that are both overt and covert. Not only does Sarah find herself struggling with her family and her church, she also lives in a broader culture of the United States that does not support her. The world that surrounds lesbian and gay people almost always actively discourages us from feeling as if we are fully welcomed into the community. Lesbians and gay people in the United States do not usually have the same access to civil rights that heterosexual persons have. In most parts of the

United States there is no access for gay and lesbian partners because they cannot be legally married. Similarly, they may not qualify for benefits that normally are granted to heterosexual spouses, such as insurance or health care. The debate in the United States about whether gay and lesbian people can marry continues to reinforce the double standards of the culture and makes people like Sarah feel like they always have to be careful in the world (Ellison 2004). Sarah will soon be traveling to Korea and she is aware that the culture in Korea will be different still. Additionally, she does not quite know whether she will feel at home in Korea since it has been many years since she last visited.

Racial and ethnic identity

Sarah's sexual orientation is only one part of her identity; she also brings her racial/ethnic heritage and all that it means into the counseling room. Sarah is Korean–American and she has come to me, a white Euro–American farm girl who grew up in the Midwestern part of the United States. As a pastoral counselor who wants to be conscious about the role of culture, I am aware that it is important to hear about what it means for Sarah to be born in Korea, to grow up in America, and to now be returning to visit family she has rarely seen. As we talk about this, Sarah reports that her parents have said to her that “our people are not homosexual. You bring shame to our family by your relationship.” The complication here is that not only is Sarah dismissed from her family, but she is reminded that she can bring shame on her family in Korea. The internalization of this shame reinforces the shame Sarah may already experience because of her orientation (Kaufman and Raphael 1996; Sullivan and Jackson 2001).

Those who work in object relations theory will see in this short vignette, the complexity of internalization and the tremendous struggles that are operative in Sarah's inner world. Our work with lesbian and gay clients must do more than simply help them come to terms with their issues. Instead, one has to take account—quite literally—of the ways in which external forces work against life-giving forces and relationships. Internalized homophobia shows up in the fear that lesbian and gay people, like Sarah, have of revealing themselves to others. Sarah's reluctance to share about her partner early in the session is normal because she has been taught by those around her that because she is a lesbian she is not worthy of support and care. Not knowing me, she risks being judged by the counselor whom she has come to see. She has been taught to be afraid of openness and vulnerability because of her experiences with her family, her church, and her community.

Those who work with narrative theory will also hear in Sarah's story the need to externalize the cultural and religious discourse of heterosexism that she experiences daily and that works to destroy her confident sense of self. Heterosexism refers to the structural ways in which the culture—including religious institutions—sends messages covertly and overtly to keep gay and lesbian people marginalized. The inability to be in an open and honest loving relationship with someone of the same sex is constantly reinforced through movies, television shows, sermons, and interactions with people. The fact that there is no cultural affirmation of Sarah's love for Leslie is reflected in her caution about disclosing to me that she is in a lesbian relationship until the end of the session. The added fear—and desire—of seeing a Christian counselor makes talking about her life difficult because she does not know immediately which position I will take toward her.

All of this, combined with the racism of the culture in which she lives as an Asian–American reinforces Sarah's sense of tentativeness and caution for very good and healthy reasons. She knows, by experience, that people who look like her are not always seen for who they are but rather for the caricatures of the culture they represent. She also knows, by experience, that people who are Christian may not welcome her as a lesbian woman, but see

her rather as someone who needs to repent and be fixed or as someone who needs to be tolerated and loved through it all. She is not accustomed to people who see her as Sarah, an Asian–American lesbian who is working to become a lawyer, who is full of God’s grace, and who has something to reveal to others about the God in whom we believe.

Concrete practices of care

How might I work with Sarah in the context of pastoral counseling in a self-conscious and proactive way? First, because of who I am there is a point early in our relationship—most probably in the first session—when I would be transparent and disclosive about my theological position on homosexuality. I understand that she not only is a child of God, but that she reveals something about the very nature of God by all of who she is. I believe it is important, particularly in working with lesbian and gay men who want a “Christian” perspective in their counselor, to be completely honest and direct about my theological position.

At the same time, I want to be transparent about the fact that I am a Euro–American who experiences the culture around me differently than she does as a Korean–American. This means that while her orientation is important to me in the counseling relationship, I am also aware that her racial-ethnic heritage adds to the richness of our counseling relationship. Race and ethnicity do matter in pastoral counseling and I do not want to avoid talking about what it means for her to be Korean–American and for me to be non-Asian (Lartey 2003).

I suspect that the importance of faith, racial/ethnic heritage, and other elements of her identity will appear in the multiple issues that Sarah brings to the counseling process. For example, while her experiences are reflective of other lesbian women and gay men who challenge their families’ understandings of what it means to be in relationship, Sarah’s family is unique and particular. As I work with Sarah I will want to remain open to learning about the particularities of her family and what it means for them to be Korean–American. I will want to learn the narrative of how her parents journeyed to the United States and how they remain connected—or disconnected—with relatives and family in Korea. Because I am informed by narrative theory I will want to listen carefully and closely to the ways in which her family’s narrative has shaped her own understandings of what it means to be Korean, Korean–American, and what it means to be family. Wanting to look for the alternative narratives already at work in her family of origin, I will be curious about how her parents decided to take risks and to thrive in new ways as they moved to the United States? What might this mean for Sarah and her relationship with them? What values have been passed from her parents to Sarah and now reflected in her unfolding narrative with Leslie, her partner?

Another issue that often arises in the context of working with lesbian and gay clients is discernment about being in or out of “the closet.” The closet refers to the places in the lives of gays and lesbians where we remain silent about who we are, often allowing others to assume that we are heterosexual. Sarah has described a fairly large closet at her job, in her church, and elsewhere in her life. She has “come out of the closet” (as we say in the United States) by disclosing to her parents that she has a relationship with a woman. And, she has come out of the closet to me as a pastoral counselor in her disclosure at the end of our first session. Her experience of this disclosure with her parents has not been positive; I hope that her experience of disclosing with me allows her to experience the grace of God in her life in some small way. As we work together, I am eager to learn more about how “shame” might be connected to the closets of her life given the family’s understanding that her relationship brings shame on them. While shame is almost always present in every therapeutic encounter, it takes different forms and structures and nuances given the realities of racial/ethnic identity, family constellations, social location, context, and more. With Sarah, I am

aware that shame is connected to who she is as a woman who loves other women. Hence, I wonder how shame is connected to her sexuality in unique ways. Is she able to externalize the shame so that it does not distort the way in which she understands her body and her sexuality and her intimate relationship with another? Or, does shame take the life-giving love out of her intimate relationships in ways of which she is not even aware?

These are some of the curiosities I bring to Sarah and my work with her. The issues of marginalization, racial and ethnic identity, and the internalization of homophobia and heterosexism are undoubtedly a part of the intercultural work we will do together.

Pastoral counseling as public theology

As I close, I want to take a moment to encourage each pastoral care specialist to be involved in the public conversations about sexuality and, in particular, about lesbians and gays. I come to this case as a pastoral counselor, trained and educated in the United States in theology and in mental health. As a pastoral counselor, I am particularly interested in how my clinical work reflects my theological commitments. This is the reason, I suspect, that I want us to be so transparent and clear about where we stand in relationship to the issues of homosexuality as we work with persons in our clinical practices.

However, there is a second aspect to this understanding of pastoral counseling that is important to me: Pastoral counselors ought to feel obligated to work toward justice in their church and their communities so that those communities can become the kinds of places where Sarah might live and work more faithfully and fully without having to worry about how she will be received. Pastoral care and counseling is not simply about caring for those who come to us; it is also about moving beyond our counseling offices and our communities of faith in order to have an impact on the world in which we live.

There are risks, of course, in this kind of pastoral work. To engage ourselves in the critical issues of the day puts our beliefs out front for people to see, and for them to challenge. Just as I believe that there is no neutrality in our counseling, pastoral counseling is guided by claims and commitments of the therapist and the counselor's community of faith that requires us to be more than tolerant, but proactive on behalf of the oppressed. I am committed to encouraging pastoral counselors to be more public about their commitments to the marginalized folks whom they see in their practices. We must find ways to connect the wisdom we gain from our work as pastoral counselors to the world around us.

The future of discourse related to lesbian women and gay men will, undoubtedly, move toward a deeper exploration of postmodernity. Personally, I believe this is a conversation that will change the way we imagine and think about identities and sexuality. In the meantime, however, articulating the four perspectives most often found in the Judeo-Christian tradition allows for a deeper reflective awareness of how our belief systems play a significant role in our care and counseling.

For this reason, I want to encourage all of us to continue to be involved and engaged in these kinds of conversations. There is not "one" way of being a Christian or a pastoral counselor; instead we are called by God to be in community and in conversation with one another that we might continue to seek wisdom and clarity. The humility that is required of us is great; we might be wrong—in fact, I might be wrong about where I stand on the issue of homosexuality, although at the moment I feel that I have worked hard to discern God's wisdom in the midst of our current social and cultural debates about homosexuality. For this moment, I will stand where I stand and continue to be open to what others believe and what they have to say. We are, after all, called to be God's people together—to be in community together as we transform and change the world.

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