PREDICTORS OF PROTESTANT CLERGY'S ATTITUDES TOWARD PASTORAL CARE REGARDING ISSUES OF HOMOSEXUALITY

A Dissertation

by

CARLA ANN CHEATHAM

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2006

Major Subject: Health Education

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Approved by:

Chair of Committee, Patricia Goodson
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ABSTRACT

Predictors of Protestant Clergy's Attitudes toward Pastoral Care Regarding Issues of Homosexuality.

(December 2006)

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Literature has consistently documented that religious involvement and identity have a positive, protective impact on health. Gay and lesbian persons, as members of a stigmatized group, are at particular risk for numerous physical and psychological difficulties and may benefit from competent care by clergy. The purpose of this dissertation is to report the results of a survey of 1,000 Protestant clergy in the United States designed to describe clergy's training, knowledge, and experience regarding homosexuality and to examine the predictors of clergy's attitudes toward issues of homosexuality.

Evidence indicates that training and contact with homosexual persons can transmit knowledge to clergy, and that such knowledge is associated with more positive attitudes toward gays and lesbians. However, in this sample, males and respondents reporting more conservative religious beliefs scored lower on the knowledge scale than their more liberal counterparts. Additionally, respondents' formal training about

homosexuality overall appears to have been insufficient to meet their professional needs as more information was received through informal training and continuing education.

Conservative respondents reported less personal and professional experience with homosexuals and issues of homosexuality. Similarly, conservative respondents, males, persons from the Midwest and South, persons who did not receive clinical pastoral education (CPE) training, and those with less personal experience with homosexual persons reported significantly more conservative attitudes. The one exception to these findings was with conservatives reporting significantly more professional experience providing pastoral care to a homosexual who wanted to become heterosexual. This finding is congruous with conservatives scoring incorrectly more often on knowledge items regarding the changeability/choice of homosexuality.

While knowledge was a consistent and significant predictor of attitudes (less knowledge predicted more conservative attitudes/beliefs), religious beliefs provided a stronger contribution to regression models with conservative beliefs significantly predicting more negative attitudes.

DEDICATION

This dissertation is dedicated to my father and mother, Charles and Rosa Cheatham, for their never-ending love and support; my brothers, Mike Cheatham, Ph.D., and David Cheatham, J.D., for leading the way; my nephew, Ben, and my niece, Callie, who are among my inspirations, though they do not yet realize it; my "chosen" family at Friends Congregational Church, United Church of Christ, who have nurtured me through eight of the most challenging years of my life; for my "village" who, though they are now scattered along different paths, remain a piece of "home" in my heart and were a steady place from which I could spread my wings and fly; and for my "inner circle" who challenge, enrich, and embolden me in ways that you will never know. Thank you is not enough.

I also wish to dedicate this work to the clergy men and women who serve communities of faith and courageously strive to honor their calling despite innumerable challenges within and without, and to all gay, lesbian, bi-sexual, transgender, queer, inter-sexed and questioning persons who have the courage to struggle to be at home in their own skin despite the risk of losing their spiritual home. May that shared courage be what brings us together to discover and share the gifts each group has to offer the other and to honor the covenant of love under which I believe we live as the created and as co-creators with God.

ACKNOWLEDGEMENTS

This work could never have been accomplished without the encouragement and support of my chair and mentor, Dr. Patricia Goodson. Thank you for having the vision that this work needed to be done, and that I needed to do it, even when I was hesitant. Your patience, quest for excellence, and guidance academically and personally have been an amazing resource and I pray I honor the faith you have put in me.

Many thanks also are due to my committee: Dr. Buzz Pruitt, Dr. Danny Ballard, and Dr. Alicia Dorsey, as well as my original GSR, Dr. Kathy Miller who supported and believed in this project, and me, and encouraged me as I followed a greatly winding road. Dr. Steve Dorman, Dr. Robert Armstrong, Dr. Sue Bloomfield, Dr. Camille Bunting, and Melinda Grant were also valuable personal and academic resources throughout my doctoral work. Each of you inspire me with your integrity, your talent, and your faith.

This project was funded in part by grants from the Center for Sexual Research, the Texas A&M Department of Health & Kinesiology, and the Texas A&M Office of Graduate Studies.

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CHAPTER I

INTRODUCTION

Purpose and Methods

The purpose of this study was to examine the predictors of Protestant clergy's attitudes regarding the practice of pastoral care surrounding issues of homosexuality. Three methodological steps accomplished this purpose. The first portion of the study included a qualitative study of these clergy's *training, experiences,* and *attitudes* regarding the topic of homosexuality, including their views of pastoral care related to such issues, in order to inform the development of a survey instrument. The second task of the study was to develop and pilot-test this questionnaire, designed to gather data concerning the variables emerging in the qualitative portion as well as the variables proposed in a theoretical model of clergy's attitudes toward pastoral care regarding issues of homosexuality. Finally, the last step included collection of survey data from a randomly selected sample of 900 Protestant clergy from across the nation from three denominations classified as conservative and three classified as non-conservative.

Structure

I present results from this study in two sections. Chapter II contains justification for the study and a portion of its theoretical basis, as well as descriptive data from the survey. My purpose there is to document 1) the formal and informal training and

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This dissertation follows the style of *Journal of Sex Research.*

continuing education received by respondents regarding issues of homosexuality, 2) respondents' reports of how this training influenced their beliefs regarding homosexuality, 3) respondents' reports of how well this training prepared them to provide pastoral care regarding issues of homosexuality, 4) results of an assessment of clergy's knowledge of homosexuality and related topics, and 5) a comparison of conservative and non-conservative participants' responses to each of these four variables.

Chapter III reports the assessment of the predictors of Protestant clergy's attitudes toward issues of homosexuality. My purpose there is to delineate, using multiple regression models, which variables (from among *religious beliefs*, *training*, *knowledge*, *personal experience*, and *professional experience*) bear the greatest impact on clergy's attitudes toward 1) homosexuals, 2) homosexuality, and 3) the role of pastoral care regarding homosexuality (Figure 1 - described in detail in Chapter III). That portion of the study additionally delineates potential moderation effects of age, gender, ethnicity, and geographic region. In Chapter IV I will close with a summary of the findings from both portions of the study, the implications of the findings for clergy training, and suggestions for further empirical study.

Rationale

Why study such a topic, especially one as divisive in the political and religious arenas as homosexuality? American society and faith communities struggle with the

politics and morality of various issues surrounding sexual health. Health and religious professionals work daily with those who need and deserve competent care and share many goals for these individuals' overall well-being, yet differences in political and moral views make partnerships between health educators and clergy difficult, if not non-existent. Therefore, health educators and clergy may miss the tremendous benefits they may offer one another when providing professional care in their respective fields.

Research consistently indicates a positive correlation between religious participation and various measures of health (Ellison & Levin, 1998; Levin & Chatters, 1998). Building on the common ground of individual and corporate well-being, health educators and religious communities are beginning to form partnerships to capitalize upon this protective influence (Chatters, Levin, & Ellison, 1998; Ellison & Levin, 1998; Neighbors, Musick, & Williams, 1998; Parks, 1998; Scandrett, 1994). In order to bridge the gap in understanding between these two groups, health educators must consider the factors leading clergy in their practice of pastoral care to persons who are homosexuals and to those who love them.

Medical, psychological, and sociological research indicate gay and lesbian persons face significant health risks, such as threats of violent victimization, isolation and shame, depression, and substance abuse (Garnets, Herek, & Levy, 1990; Herek, Gillis, Cogan, & Glunt, 1997; Herek, Gillis, & Cogan, 1999). While health service fields, and the public at large, originally viewed these risks as inherent to the "pathology" of homosexuality, in 1973-74 the trustees of the American Psychiatric Association ruled unanimously to remove homosexuality from *The Diagnostic and*

Statistical Manual as a mental disorder and by 1986, "homosexuality" was removed from the publication (American Psychiatric Association, 1987). Research now points to the social and psychological impact, as well as the risks of physical and verbal violence and abuse, as influencing the health of gay and lesbian persons (Allen & Oleson, 1999; Cole, Kemeny, & Taylor, 1997).

As political and moral debates involving issues of homosexuality wage in national meetings and the media, clergy express frustration that persons come into their offices every day, hurting and in need of help. When that happens, as one clergy stated, "we either don't know how to help them or our hands are tied by our denomination or congregation and we can only go so far in helping them" (male, senior pastor, focus group participant, 2001).

Having studied and practiced in the field of health promotion for many years, including a former career in the mental health field, and having grown up as a person of faith who now serves as a member of the clergy, I have experienced the positive impact religion may have on my own health, and that of others. However, I have also known and witnessed damage exacted in the name of religion upon those who are gay, lesbian, bi-sexual, or transgender (GLBT). I am a therapist, a teacher, a health educator, and a minister who happens to be left-handed, red-headed, and lesbian and I acknowledge that I come to this study with all these perspectives in mind.

While I aspire that everyone share my Christian theology of God's full acceptance for all persons, I strongly believe persons of faith can, with great compassion and integrity, advocate conflicting views on difficult issues. I desire less, therefore, to

change others' theology than I do to encourage persons, whatever their views, to practice educated and professional responsibility when caring for GLBT persons and to do no harm, despite possible disagreement with the practice of homosexuality.

The better health educators understand clergy's attitudes toward issues of homosexuality, and the determinants that predict those attitudes, the better prepared they/we may be to support and educate clergy who wish to provide competent care for gay and lesbian persons, but may lack the ability to do so. The following study provides initial data in an area representing a serious gap in health promotion research. It is important to begin filling such a void, to promote and sustain partnerships between health educators and clergy aimed at supporting the health of homosexual persons.

CHAPTER II

JUSTIFICATION AND DESCRIPTIVE DATA

Introduction

Literature in the social sciences and health promotion consistently document that religion may have either a positive and protective, or negative and antagonistic, impact on individual and community health (Ellison & Levin, 1998; Levin & Chatters, 1998). Clergy, as leaders of congregations and communities, are in a unique position of influence (Stark & Bainbridge, 1987) and may be especially effective in providing competent care to gay and lesbian persons who, as members of a stigmatized group, may face particular risks of numerous physical and psychosocial difficulties. Yet, while attempting to provide competent care, clergy may face significant barriers when caring for homosexual persons, including a lack of familiarity with and training about the complexities and intricate issues inherent in homosexuality (Conklin, 2001; Haug, 1999).

Despite the growing body of research describing the relationship between religion and health (Ellison & Levin, 1998), a large gap remains in the understanding of clergy's ability to respond adequately to issues of homosexuality in pastoral care. Questions remain regarding the training that Protestant clergy receive in the United States, how effective this training may be, and what Protestant clergy need in order to be effectively prepared for ministry with gay and lesbian persons.

Purpose

I begin to address this gap by reporting selected results from a survey of Protestant clergy across the United States. In the survey, a sample of practicing clergy reported a) the formal (structured classroom instruction), informal (outside of classroom discussions and field experiences), and continuing education they received regarding homosexuality; b) how much this training influenced their beliefs regarding homosexuality; and c) how well their training prepared them to provide pastoral care regarding such issues. The survey also assessed clergy's knowledge of homosexuality and their theological orientation (as either conservative or non-conservative) based on salient religious beliefs. For further development of this conservative/non-conservative construct, see below.

For purposes of communication, however, it is important to first clarify terminology. Research demonstrates when persons, especially heterosexual men, encounter the word "homosexual" they often process it to mean "gay man" (Black & Stevenson, 1984; Haddock, Zanna, & Esses, 1993; Herek & Capitanio, 1999; Herek, 2000). I also recognize that society tends to reduce gay and lesbian persons to sexual beings, neglecting the full range of who they are as *persons*. Further, some have criticized the scholastic use of "homophobia" as it indicates an illness rather than a prejudice and carries with it "baggage" that may increase, rather than close, the distance between the two poles of this difficult issue. Therefore, for purposes of respect and clarity, the text will use phrases such as "gay and lesbian persons" in place of 'homosexual(s)' throughout this text and, following the recommendation of (Herek,

2000), the term “sexual prejudice” will be used, instead of ‘homophobia’, wherever appropriate.

Background

Unique Health Risks of Gay and Lesbian Persons

Research documents the physical and psychological risks faced by gay and lesbian persons. Studies indicate, for instance, a significant prevalence of fear, guilt, shame, and psychological disorientation during the initial stages of the “coming out” process (Adam, 1978; Dank, 1971; Fein & Nuehring, 1981; Warren, 1974). Gay men and lesbians may face depression, anger, anxiety, Post Traumatic Stress Disorder, personal vulnerability, and other crime related fears (Garnets, Herek, & Levy, 1990; Herek, Gillis, Cogan, & Glunt, 1997; Herek, Gillis, & Cogan, 1999) . These persons cope with verbal harassment and threats, homelessness, and violent victimization (Herek, 1989; Herek, Gillis, Cogan, & Glunt, 1997; Pohan, 1998). Gay and lesbian persons may also be at particular risk for sexually transmitted infection (Lock & Steiner, 1999). Available evidence points to the need for a positive homosexual identity in order for gay and lesbian persons to develop healthy psychological adjustment (Hammersmith & Weinberg, 1973). Those who disclose their sexual orientation more widely experience greater psychological adjustment, comprised of lower anxiety, greater self-esteem, and positive affect (Jordan & Deluty, 1998). However, such disclosure poses risks, as meeting with rejection and sexual prejudice may have deleterious effects (Cole, Kemeny, & Taylor, 1997). The greater the subjective importance the gay or lesbian

individual places upon the one to whom he or she "comes out", the greater the chance the individual will experience self-concept changes based on that one's response (Timmerman, 2001). Shame correlates highly with risk-taking and self-destructive behaviors such as eating disorders, alcohol and other drug abuse, suicide, hostility, and violence (Allen & Oleson, 1999; Dempsey, 1994; Kaufman, 1996; Remafedi, French, Story, Resnick, & Blum, 1998; Skinner & Otis, 1996; Wiginton, 1999). Shame and internalized homophobia have an inverse relationship with self-esteem and may lead gay and lesbian persons to practice negative patterns of coping with health concerns such as avoiding seeking social support and assistance from public health services (Nicholson & Long, 1990; Kirkpatrick, 1992; Robertson, 1998) suggests that persons may find in God a secure attachment figure, much like a loving parent, and a safe place to which they may turn in times of threat, tension, or fear. However, condemnation of homosexuality is prevalent in organized religion with up to 72% of surveyed churches and organizations condemning homosexuality as an abomination in the eyes of God, as evil, and as perverted behavior (Clark, Brown, & Hochstein, 1990; Greenberg & Bystryn, 1982; Keysor, 1979; Melton, 1991; Scanzoni & Mollenkott, 1978).

Despite the importance of a positive homosexual self-concept, the cognitive dissonance faced by gay and lesbian persons when confronted with religious condemnation may interfere with healthy religious identity development (Mahaffy, 1996; Thumma, 1991). In one study, 62% of gays and lesbians reported feeling religion was not important to their lives (Singer & Deschamps, 1994; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). According to Pargament (1997), seeing religion as a source

of answers to and support for life struggles is associated with positive religious coping. For gay and lesbian persons who do not see the relevance of religion in their lives, this resource for positive coping through religious faith may be unavailable.

Studies have demonstrated, however, that positive integration of homosexual and religious identities is possible, at least in some cases. In an extension of Pargament's work on religious coping (discussed below), (Maynard & Gorsuch, 2001) studied the coping of homosexual Christians attending religious groups that affirm gay men and lesbians and found high personal importance of religion and frequent participation corresponded with positive coping strategies in the face of stress. One study of a gay-positive church found those who integrated their identity as simultaneously homosexual and Christian were more likely to be actively involved in church and this identity integration related positively to being open about one's sexual orientation (Rodriguez & Ouellette, 2000).

The barriers gay and lesbian persons may face that obstruct their access to the valuable resources of religious participation, support, and coping serve as potential barriers to their overall health. Understanding these barriers, and the methods by which health educators can work with clergy to overcome them, may serve to improve access to positive care and to health promotion initiatives for gay and lesbian persons.

Role of Religion in Individual Health

Research into the effects of religion on individuals' health has grown tremendously in recent decades and the positive impact religion may have has lead health educators to form numerous and successful partnerships with communities of

faith (Chatters, Levin, & Ellison, 1998; Ellison & Levin, 1998; Neighbors, Musick, & Williams, 1998; Parks, 1998; Scandrett, 1994). Scholars commonly agree religious involvement, religious identity, and religious support may positively affect physical, mental, and spiritual health, general well being, and longevity (Ellison, 1998; Neal Krause, Ellison, & Wulff, 1998).

For instance, research findings indicate frequent religious attendance and religious support associate positively with healthier life habits, greater social and spiritual support, positive patterns of religious coping, healthy beliefs, healthy self-esteem and self-worth, and positive feelings of compassion and forgiveness (Ellison, 1993; Ellison, & Taylor, 1996; George, Ellison, & Larson, 2002; Kamya, 2000; Koenig, George, & Siegler, 1988; Koenig, 1998; Mattlin, Wethington, & Kessler, 1990; Neal Krause, 1995; Neal Krause & Ellison, 2003; Pargament, Smith, Koenig, & Perez, 1998; Waite, Hawks, & Gast, 1999; Wuthnow, 2000). Researchers also have documented associations among these variables and lower levels of physical and psychological distress in response to stress, faster healing rates, greater psychological adjustment, better overall health, and lower rates of morbidity (Bergin et al., 1994; Ellison, 1995; Gartner, Larson, & Allen, 1991; Hummer, Rogers, Nam, & Ellison, 1999; Koenig, Cohen, et al., 1998; Krause, Ellison, & Marcum, 2002; Meyers, 1995; Pargament, Ensing, Falgout, Olsen, Reilly, Van Haitsma, & Warren, 1990; Pargament, Smith, Koenig, & Perez, 1998; Plante & Sharma, 2001; Richards & Potts, 1995).

However, religion may exert negative effects on health as well. Examples of such effects include higher levels of guilt (Chau, Johnson, Bowers, Darvill, & Danko,

1990) and demanding requirements and criticism that may lead to distress (Krause, Ellison, & Wulff, 1998). Faith communities can negatively affect those who go through life events or disobey religious norms through condemnation, blame, and the withdrawal of social support (Ellison & Levin, 1998; Strawbridge, Shema, Cohen, Roberts, & Kaplan, 1998). Church members may engage in "faulting the character of the individual for life circumstances by 'fostering feelings of guilt and shame; eroding feelings of competence, self-worth, and hopefulness; and distracting persons from more productive coping responses (e.g., through excessive worry)" (Ellison & Levin, 1998, p. 713).

As mentioned previously, Pargament has performed substantial work describing the difference between positive and negative religious coping (Pargament, 1997). Persons may either perceive religion as a source of solutions and experience personal religious integration or they may engage in patterns that lead to depression, lower quality of life, psychological distress, and callousness toward others (Pargament, Smith, Koenig, & Perez, 1998). Persons who do not meet generally accepted religious norms, such as gay and lesbian persons, often experience condemnation and loss of support.

Role of Protestant Clergy in Promoting Health

Clergy undoubtedly exert influence over individuals' health, as studies consistently indicate people (in substantially large numbers) choose to see clergy rather than psychiatrists, psychologists, doctors, marriage counselors, or social workers, when seeking help with a personal problem or psychological distress (Belavich, 1995; Chalfant et al., 1990; Veroff, Kulka, & Douvan, 1981). In fact, clergy may enjoy a

particular type of authority and power over parishioners, as research demonstrates those in subordinate positions tend to absorb myths and untruths about themselves that are held by those in dominant ranks (Lebacqz, 1985; Miller, 1976; Richards, 1997). Research also shows society tends to trust clergy and hold them in high regard (Gula, 1996). Therefore, when performing the role of counselor, clergy may have an even greater influence over persons in their care than non-clergy counselors and may be in a unique position to transfer their knowledge and attitudes about issues of homosexuality to counselees and congregants, whether homosexual or heterosexual (Schwartz, 1989).

Similarly, research findings point to a correlation between clergy support and greater use of positive religious coping, and persons call upon clergy to provide guidance on various health-related issues (Hyman & Wylie, 1990; Krause, Ellison, Shaw, Marcum, & Boardman, 2001). Clergy may also serve as a "gateway" to mental health services as data suggests clergy see similar types and severity of mental health disorders as their mental health counterparts (Larson et al., 1988). Most persons come directly to clergy for help, while other mental health specialists are seen by persons only after they are referred to them by another source, such as a doctor or other care provider, which furthers the importance of their role as a "gateway" to services (Veroff, Kulka, & Douvan, 1981).

Health educators increasingly accept the importance of clergy's role in church-based health services (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000) and observe, "Pastors are particularly noted for their efforts in the areas of primary, secondary, and tertiary prevention, as well as in serving as catalysts for health-related behavioral and

social change" (Chatters, Levin, & Ellison, 1998, pp. 692-693). Clergy have a long history of social and political involvement with a particular concern for those who are socially, economically, and politically disadvantaged and clergy's presence in political efforts may lend validation to specific issues (Crawford & Olson, 2001; Guth, Green, Smidt, Kellstedt, & Poloma, 1997; Olson & Cadge, 2002). This position of influence provides clergy with the potential to be "discourse makers with the capability, if they choose to take advantage of it, to affect public opinion in three separate arenas: the congregation, the denomination, and the community at large" (Olson & Cadge, 2002, p. 153).

Health interventions designed to provide competent care to gay and lesbian persons may benefit from partnerships with these leaders of religious institutions and local communities, and public opinion leaders. Clergy may promote religious involvement by providing care directly to gay and lesbian persons and by indirectly affecting whether faith communities reject or welcome them into the supportive environment of the congregation. Therefore, clergy stand in a unique position to influence the spiritual, physical, and mental health of gay and lesbian persons for either good or ill. If health educators wish to develop successful collaborations with clergy for health promotion, they must understand clergy's knowledge, and their training needs regarding issues of homosexuality, more clearly. The study reported here contributes to such understanding.

Barriers to Competent Clergy Care of Gay and Lesbian Persons: Professional Training & Knowledge

Despite being such potentially valuable resources, Protestant clergy often face individual and organizational barriers to providing competent care for gay men and lesbians. According to Albert Bandura's Social Cognitive Theory (SCT), while one's confidence in his/her ability to perform a behavior (self-efficacy) is associated with an increased likelihood the behavior will occur, the actual knowledge and skills necessary for the performance of that behavior must be present as well. Otherwise, lack of pre-requisite knowledge and skills may serve as a non-trivial behavioral constraint (Bandura, 1997; Fishbein et al., 2001). Knowledge acquisition regarding homosexuality may challenge stereotypes about homosexuals and decrease the anxiety heterosexual persons feel when encountering homosexual persons (Cotton-Huston & Waite, 2000; Green, Dixon, & Gold-Neil, 1993; Herek, 1984; Lance, 1987). Available evidence supports the notion that training/education may provide such knowledge and/or a positive change in attitudes (Anderson, 1981; Butler, 1999; Lance, 1987; Patoglun-an & Clair, 1986; Riggle, Ellis, & Crawford, 1996; Stevenson, 1988; Valois, Turgeon, Godin, Blondeau, & Cote, 2001). Thus, appropriate training may contribute significantly to the development of professionals with the necessary knowledge and skills to perform their responsibilities.

Across the spectrum of care services, studies suggest that professionals who lack an understanding of the needs of gay and lesbian persons are more likely to offer these clients substandard quality of care (Annesley & Coyle, 1995; Berkman & Zinberg, 1997;

DeCrescenzo, 1983; Douglas, Kalman, & Kalman, 1985; Garfinkle & Morin, 1978; Jones, 2000; Klamen, Grossman, & Kopacz, 1999; Stein & Cohen, 1986; Wisniewski & Toomey, 1987). Moreover, research findings consistently indicate higher levels of education are associated with less negative attitudes toward gay men and lesbians (Herek, 1984; The Pew Research Center, 2003) Even though more highly education persons hold less negative attitudes toward gays and lesbians than those with less education, evidence across disciplinary fields indicates the attitudes of students in professional training programs, and even practicing professionals, remain negative overall (Hudson & Ricketts, 1980; James Lock, 1998; Lance, 1987; Patoglun-an & Clair, 1986). Such findings have led numerous professional fields to call for improvements in the education and training of their professionals, regarding issues of sexual orientation (Atkinson & Hackett, 1995; Betz & Fitzgerald, 1993; Buhrke, 1989a; Buhrke, 1989b; Burhke & Douce, 1991; Fassinger, 1991; Garnets, 1991; Iasenza, 1989).

One theory of adult learning crucial to the approach of this study is Mezirow's Transformative Learning Theory (1978). The theory postulates that adults approach the learning-task with pre-existing meaning structures, developed over a lifetime of contextual experiences, made up of "specific knowledge, beliefs, value judgments, and feelings that constitute interpretations of experience" (Mezirow, 1991) pp. 5-6. Transformative Learning Theory proposes that adults *transform* these pre-existing meaning structures as they, concomitantly, take in new information *and* critically reflect upon this new information and their own current assumptions. Learners must then

practice and validate their transformed understanding by engaging in rational dialogue (Mezirow, 1996; Taylor, 1997). Mezirow states,

> The most significant learning is that which enables the learner to understand and shape his or her behavior to better anticipate and control the real world. The educational process is to transmit accurate representations of the real world, ideally established as such by scientific test (p. 158, 1996).

Traditionally, seminaries have communicated the knowledge and skills necessary to perform professional behaviors and to socialize clergy into their careers. However, seminary education regarding sexuality, in general, and homosexuality, in particular, is minimal, representing an important gap in the professional training of clergy (Conklin, 2001; Goodson & Conklin, 1997; Goodson & Conklin, 1998). What training *does* occur will either reinforce or negate students' pre-existing views, but the traditional lecture format of formal classroom instruction often allows little room for the critical reflection and dialogue Mezirow, and others, deem so crucial to learning. Dialogue and reflection tend to occur more often within informal instructional settings such as seminars, lunch conversations with other students or professors, and fieldwork or internship placements. Additionally, clergy may graduate from seminary and later encounter or pursue training through which they become acquainted with various types of persons in hospitals, the military, schools, and the community. This latter form of education may offer the chance for clergy to integrate new information into actual work with gay and lesbian persons or their loved ones who come to clergy for pastoral care.

Given the scarcity of data regarding formal and informal training and continuing education clergy receive regarding issues of homosexuality, this study offers an initial

assessment of whether a sample of theological schools is addressing these topics and, if so, in what contexts (ethics course, Bible courses, seminars, personal discussions). This information will expand upon the work of Conklin (Conklin, 2001) who surveyed a sample of 183 Protestant seminaries to assess the type of sexuality training offered to students. Results indicated information about sexuality was embedded in other formal classroom course content, particularly ethics and pastoral counseling while only 46% of seminaries participating in the study reported offering a course in human sexuality.

The study also assesses how much continuing education study participants received regarding these issues and how much respondents believe these sources of education influenced their beliefs and prepared them for pastoral care. Such information may offer insight into the training needs of clergy, and into the types of programs and/or delivery strategies that may potentially serve these needs.

Methods

Instrument Design (Figure 2)

To understand the factors that are important to clergy related to pastoral care regarding issues of homosexuality, and to discern the appropriate terminology for use in the wording of items in a survey instrument, the author conducted in-depth interviews with two clergy and led two focus groups with a total of seven Protestant clergy in the spring of 2001. Audio recordings of these sessions were transcribed and transcripts were assessed for common themes and terminology. These qualitative data helped in determining the variables to consider in this study of the determinants of Protestant

clergy's attitudes toward pastoral care regarding issues of homosexuality and the question design for the survey instrument. Clergy members who had participated in the interviews and focus groups, as well as four additional clergy from the local area, provided feedback on this instrument, although none of the feedback required substantial modification of the questionnaire. For a summary of the minor changes made to the survey at each methodological stage, see Appendix I.

Sample

Protestant denominations are not a monolithic group, as much variability exists in religious beliefs, training requirements, and overall culture of each denomination. Research suggests a fundamentalist-to-liberal classification of denominations is a strong predictor of numerous variables, including attitudes and behaviors toward homosexuality (Smith, 1990). Given this research, and the desire to capture and control for inter-denominational variability, the study assessed three theologically "conservative" denominations and three moderate or liberal denominations identified, here, as "non-conservative". Previous research informed the categorization of the six denominations into these two groups (Hunter, 1982; Roof & McKinney, 1992; Smith, 1990). The conservative denominations included the Lutheran Church—Missouri Synod (LCMS), the Presbyterian Church in America (PCA), and the Southern Baptist Convention (SBC). The non-conservative denominations included the Episcopal Church—USA (EC-USA), the United Church of Christ (UCC), and the United Methodist Church (UMC). From this point forward, the text will address each denomination by its acronym.

Complete sampling frame information is not available for this study, however, total population size of clergy for each of the 6 denominations chosen for this sample provide the following data: EC—USA = 7,027 clergy, UCC = 5,424, UMC = 33,047, LCMS = 5,457, SBC = 28,818, and PCA = 1,294. Based on a formula that accounts for (a) the acceptable amount of sampling error, (b) size of the population, (c) variability of the population regarding the study's variables, and (d) the desirable confidence level (Dillman, 2000), it was estimated that a sample of 383 usable surveys would be needed to statistically represent this population [(N = 81,067) with a +/- 5% sampling error, a conservative 50/50 split (regarding variability) and a 95% confidence level].

To ensure that the adequate number of surveys would be obtained, a random sample of 1,000 participants was chosen [100 for the pilot test and 900 for the final survey] to receive the survey (estimating a 30 – 40% response rate). To further ensure adequate numbers, a monetary incentive of $1.00 was included in each survey packet mailed to participants (total = $1,000). American Church Lists (ACL), a national proprietary database in operation for over 20 years, provided the randomly selected list of 1,000 church addresses, and the names of the senior pastors serving them, within the 6 denominations chosen for study. ACL updates its database of information with the Postal Service's National Change of Address each month and uses staff to update current information by phone with each church.

Pilot Test

Using a random numbers generator http://www.randomizer.org/, 100 church addresses and corresponding senior pastor names were randomly selected from the list of 1,000 names obtained from ACL. These 100 randomly chosen participants were included in a pilot test of the instrument, during the Fall of 2001. Analysis of pilot responses revealed valid and reliable data generated by the measurement scales (see description below), therefore only minor revisions to wording and content of the items were made to clarify questions and item responses (Appendix I).

Measures

Demographics

The final survey included numerous demographic variables such as age, gender, and ethnicity. Research indicates persons who are older, male, and African American hold conservative attitudes toward homosexual persons, especially gay men (Herek, 2000; Herek & Capitanio, 1995 Herek & Capitanio, 1999; Kite & Whitley, 1996; Lewis, 2003; The Pew Research Center, 2003).

Opinions also vary according to geographical region, with persons in the Southeast, Midsouth, and the Midwest holding more negative attitudes than those from the West and Northeast (Schulte & Battle, 2004; Sullivan, 2003; The Pew Research Center, 2003). Therefore, participants' current states of residence were coded into four regions following the United States Census Bureau divisions (United States Census Bureau, http://www.census.gov/geo/www.garm.html, downloaded 7/24/02) (Table 1).

Professional Demographics

Participants were asked about the role they served within the congregation; the size of the congregation they served, with data organized into ascending categories of 100; number of years spent in ordained ministry; and whether they had ever been a member of another denomination and, if so, which one. Also requested was the percentage of time spent performing pastoral care, with response options given in 10% increments, and whether participants would characterize the community in which their congregation resided as “inner city”, “rural”, “suburban”, or “urban”.

Training

Research consistently cites an association between greater levels of education and knowledge about homosexuality (Herek & Capitanio, 1996). Therefore, the survey questions included requests for the theological degrees and certifications participants held, including training in Clinical Pastoral Education (CPE). A decision was made to use a composite theological degree score for analysis rather than highest degree attained in order to capture any influence that may be present for those who received more than one Bachelor’s or Master’s degree. Recoding to provide this composite score for theological degree involved weighting Bachelor’s degrees and certifications related to theology as “1”, Master’s degrees as “2”, the “practical” Doctorate of Ministry as “3”, and the more academically rigorous Doctorate of Theology and any theological Ph.D. as “4”. Using these artificial weights, I summed a total, or composite, score for theological degree for each participant.

As research indicates that training about issues of homosexuality may affect knowledge and understanding, participants were asked to check whether or not they had received formal training, informal training, or continuing education about homosexuality. Each type of training can occur in differing contexts, such as formal seminary courses in Ethics or Pastoral Care, informal group discussions or field experiences, and continuing education through books or seminars. To determine in which specific contexts clergy received their formal training, informal training, and continuing education, respondents were asked to check all that applied to them from a list of options. The total number of checked responses under each category were summed to provide a composite, or total, formal training, composite informal training, and composite continuing education score for each individual. These three scores were summed to form a training-regarding-homosexuality composite score.

Participants' perception of how well their formal and informal training, combined, prepared them to provide pastoral care regarding issues of homosexuality was assessed, along with how much this training influenced their beliefs regarding such issues. Responses were provided in a Likert-type scale ranging from "1" ("Very much") to "5" ("Not at all"). These two questions were repeated for continuing education.

Theological Classification

In addition to sorting respondents based on their denomination's conservative or non-conservative classification, I asked individuals to classify themselves as theologically "liberal", "moderate", or "conservative". However, studies suggest

contrasts are more clearly visible between a conservative and non-conservative dichotomy since “moderates” as a group can be hard to define (Roof & McKinney, 1992; Smith, 1990). Therefore, I combined “moderate” and “liberal” respondents into one “non-conservative” group. From this point forward, when theological self-classification is mentioned, it will refer to this dichotomized group of “conservative” and “non-conservative” theological self-classification.

The Religious Beliefs Scale was adapted to assess the sample’s degree of conservatism (Dixon, Jones, & Lowery, 1992). The scale comprised 13-items assessing various aspects of individual beliefs with responses presented in a Likert-type scale. Questions included, “The miracles reported in the Bible are historical accounts of events that really happened.” Others also have documented reliable scores (Cronbach’s alpha=.91) when using this scale with a similar population (seminary students) (Goodson, 2002). Given that much of the debate between conservative and non-conservative beliefs stem from questions of Biblical interpretation (Sullivan & Wodarski, 2002), I adapted the Religious Beliefs Scale by adding two questions regarding how respondents’ believed scripture should be interpreted: 1) with consideration given to the historical and cultural contexts of the time in which it was written, and/or 2) taking into account current scientific understanding.

To generate a clear conservative/non-conservative grouping based on the Religious Beliefs Scale for use in analyses, I performed discriminant function analysis with the Religious Beliefs Scale as the predictor variable and theological self-classification for the grouping variable. I separated conservative from non-conservative

individuals and post hoc analysis revealed a significant difference between the two groups (Wilks' Lambda=.426; F=514.144; p <.001). Averaging the means of these two groups generated a cut point of 55.94; I artificially dichotomized individuals' scores below that point as "0" (for non-conservative) and those with scores above that point as "1" (for conservative). Classification results found the function was able to correctly classify 88.3% of the original cases (Table 2). Others have used a similar classification scheme, with positive results (Goodson, 1996).

While the three measures assessing conservative/non-conservative theological classification (denomination classification, self-classification, and classification according to religious beliefs) appeared to distinguish between the two groups rather accurately and consistently (see Kappa results, Table 3), the phenomenon of interdenominational variability and the subjective nature of individuals' self-classification prompted the choice to use the more objective Religious Beliefs Scale for analyses.

All further analyses will use respondents' Religious Beliefs scores, either in its original scaled form or in its dichotomized form, to assess *Theological Classification.* Reliability analysis for scores from the Religious Beliefs Scale revealed a standardized Cronbach's alpha of .944 and Principal Component Factor Analysis with Varimax rotation yielded 2 factors. Factor 1 exhibited factor loadings ranging from .690 to .867 for the 13 original items of the Religious Beliefs Scale, explaining 56.82% of the total variance. Factor 2 contained the 2 items added to consider matters of biblical interpretation. Although these two items exhibited lower factor coefficients (.784 and

.687), their deletion did not improve the resulting Cronbach's alpha, therefore, I chose to retain these two items, given their theoretical relevance. In tandem, the two extracted factors accounted for 67.86% of the variance in scores.

Knowledge

The "Knowledge About Homosexuality Questionnaire"(Harris, 1998), used with permission), a true-false test consisting of 20 items with possible scores ranging from 0 to 20, was included to assess clergy's *knowledge*. Examples of items include "Homosexuality is a phase which children outgrow". After dummy-coding responses (correct/incorrect), a higher score indicated greater knowledge. To standardize terminology throughout the questionnaire, I altered the language of one item (item "e") to read "Homosexuality" instead of "Sexual orientation".

The authors of the scale found a mean score for a previous sample of health care professionals (n=97) of 16.3 (82%) with a Cronbach alpha reliability of .70 (Harris, Nightengale, & Owen, 1995). With a sample of college students (n=210), researchers found a mean score of 14.4 (72%) and a reliability of .74, while with a sample of high school students (n=31), the mean score was 12.7 (63%) and the reliability was only .28 (Harris & Vanderhoof, 1995). In the three aforementioned studies, those with education relating to issues of homosexuality had higher knowledge scores, held less prejudicial attitudes toward gay and lesbian persons, and held less conservative political and social opinions. Correlations between the knowledge scale and these measures of attitudes and opinions ranged from -.41 to -.61 (Harris, Nightengale, & Owen, 1995).

Once scores were recoded for correct and incorrect answers and participants' individual scores were summed, 93 missing cases were found (23%) as one missing answer in a case prompted the statistical program to delete the case from the entire scale. Therefore, the mode for each answer was calculated and imputed in place of the missing data (Allison, 2002).

Reliability analysis found a Cronbach's standardized alpha of .652. Item "t" appeared to cause confusion for some participants, based upon responses written beside the item, and analysis revealed reliability improved to .718 if this item was deleted. However, given that improvement was not substantial, I chose to maintain the integrity of the original scale by keeping item 't' among the items. Principal Component Factor Analysis with Varimax rotation extracted 7 factors, with factor loadings ranging from .415 to .771, explaining 52.85% of the variance.

Data Collection

The completed survey instrument was mailed to the remaining 900 addresses and senior pastor names in January 2002. I divided the sample evenly across the denominational groups, in order to ensure 150 clergy from each of the six denominations. Each survey packet included a letter of introduction and informed consent form, a copy of the survey, a self-addressed stamped return envelope, and the $1 bill as incentive.

Each survey was tracked using a code placed upon the survey and return envelope for participant anonymity. In an additional effort to increase response rate,

post-card reminders were sent 8 days after the initial mailing of the survey packet to the coded addresses that had not yet been returned. In another 8 days, a second round of surveys was sent to those who had still not responded. Final response rates varied by denomination, with 45% coming from clergy of the PCA and SBC, and 56% coming from LCMS clergy, with a total response rate of 49% (412) for all respondents (Table 4).

Results

Analyses found relatively few missing responses, with the exception of the knowledge subscale (discussed above), and revealed that the data were missing completely at random, (Allison, 2002). All variables were assessed for normality and found to meet normality assumptions. Nevertheless, certain demographic variables such as gender and ethnicity were, in fact, skewed, reflecting the true composition of this population, not sampling error. Therefore, final analyses included all items, none of which required statistical/mathematical transformations.

Demographic and Professional Characteristics

Survey respondents were primarily Caucasian (92%) and male (88%) with a mean age of 52 years (SD=9.99). Most were serving as senior pastors (91%), as a second or third career (53%), and had been ordained a mean 20.37 years (SD=11.91). These pastors served in small-to-moderate sized churches (76% in churches of 499 members or less) in suburban areas (42%) in the South (42%) where they spent a median 40% of their time performing pastoral care (M=43.18%, SD=23.48) (see Table 4).

Training

Education

The majority of the sample (81%, n=335) reported having a Master's of Divinity degree. After summing individuals' total number of theological degrees, with more advanced degrees given greater weights, participants had a mean of 2.67 (SD=1.50, Median=2, Range=1-8), with 31.1% having a score of 3 or greater. Most respondents (73%) reported no training in Clinical Pastoral Education (see Table 5).

Training Regarding Homosexuality

Forty-five percent (n=186) of the sample reported receiving formal training in their theological education regarding issues of homosexuality, 66% (n=273) reported receiving informal training, and 58% (n=238) reported receiving continuing education since graduation. Reports of the contexts within which participants received these types of training are listed in Table 6.

Summing all responses checked under each type of training (checked=1 "yes", not checked=0 "no") provided mean composite scores of 1.22 (SD=1.64, Median=0, Mode=0, Range=0-6) for formal training, 2.04 (SD=1.98, Median=2, Mode=0, Range=0-9) for informal training, and 1.53 for continuing education (SD=1.57, Median=1, Mode=0, Range=0-5). Combining the three scores provided a mean score of 4.79 for composite training regarding homosexuality (SD=3.68, Median =4, Mode=0, Range =0-18). From this point forward, degree will refer to composite theological degree (the weighted scores for all the theological degrees individual participants held),

formal and informal training will refer to their respective composite scores, and continuing education will refer to their composite continuing education score (the sum of all the contexts in which they received those respective types of training).

While no significant differences were found between denominations' mean scores for theological degree, formal training, or informal training, a significant difference was found for continuing education ($F = 2.575$, $p = .026$, Tukey HSD—"Honestly Significantly Difference" $p = .02$). Post hoc analysis indicated UCC clergy reported receiving more continuing education regarding issues of homosexuality than LCMS clergy ($M_{UCC} = 2.01$, $SD = 1.66$; $M_{LCMS} = 1.21$, $SD = 1.55$).

Regarding contexts in which each particular type of training was received, those who did report receiving formal training regarding issues of homosexuality indicated it was most often embedded within courses in Ethics (77%) and Pastoral Care (76%) and to some extent within biblical courses (New Testament=46%, Old Testament=44%). Very little formal training was reported in Human Sexuality courses (23%). Informal training was reported most often in one-on-one discussions with peers (71%) and discussion groups (63%). Only 14% of those reporting informal training received it through internships and only 10% through retreats. Continuing education was reportedly received most often through books (78%), materials from specialized ministries (68%), and conferences and workshops (61%). The least amount of continuing education regarding homosexuality came from additional college courses (3%) (Table 6).

LCMS clergy reported more information about homosexuality from Chapel speakers than clergy from the PCA ($M_{LCMS} = .12$, $SD = .328$; $M_{PCA} = .53$, $SD = .507$) and

SBC (M_{LCMS} = .12, SD=.328; M_{SBC} = .44, SD =.502, p = .01) (F=4.158, p = .001). One last significant difference was found for conferences and workshops as a context for continuing education (F=6.543 p <.001), with PCA and SBC clergy scoring significantly lower than clergy of all three non-conservative denomination.

Perceived Effectiveness and Influence of Training

Of the 308 who reported receiving formal and/or informal training regarding homosexuality, 52% (n=159) indicated it prepared them to provide pastoral care regarding issues of homosexuality "Some"; 27% (n=83) responded this overall training prepared them "Very little". When asked how much this training influenced their beliefs regarding homosexuality, 38% (n=118) responded "Some", 23% (n=72) stated "Very much", and 27% (n=83) said "Very little". Of the 238 who reported receiving continuing education, 72% (n=168) indicated it prepared them "Some" and 19% (n=45) said "Very much" to provide pastoral care about such issues. Respondents indicated this continuing education influenced their beliefs about homosexuality "Some" (53%, n=124) and "Very much" (13%, n=30) though 24% (n=57) said "Very little" (Table 7).

Theological Classification

Scores for the Religious Beliefs Scale ranged from 21 to 75 out of a possible range of 15-75, with a higher score indicating more theologically conservative beliefs. The mean score for the sample was 56.01 (SD=13.83, Median = 62, Mode = 67) and analyses of the dichotomized Religious Beliefs Scale for the entire sample revealed a

significant difference between conservative (n=225) and non-conservative (n=160) scores. Conservatives scored higher, as expected, and exhibited substantially less variability in their scores than non-conservatives (M_{cons} = 66.44, SD=4.16, $Median_{cons}$=67, $Mode_{cons}$ =67; $M_{non\text{-}cons.}$ = 41.34, SD=8.19, $Median_{non\text{-}cons.}$=41, $Mode_{non\text{-}cons.}$=46; t=35.651, p <.001, Cohen's d=3.86).

Mean Religious Beliefs scores differed significantly and substantially (more than 2 standard deviations apart) between the groups of conservative and non-conservative denominations (M_{cons} = 66.81, SD= 4.48; $M_{non\text{-}cons}$ = 45.38, SD= 11.47; F=580.129; p <.001; Cohen's d=2.46) (see Table 8). Religious Belief Scores also differed significantly among individual denominations (F=145.312, p < .001), but not all scores follow expected patterns (Table 9). Post hoc analysis (Tukey's HSD) revealed three distinct groupings (homogeneous subsets, alpha=.05) of denominations instead of the expected two groups. Mean Religious Belief Scores for PCA, LCMS, and SBC clergy (subset 1) were not significantly different (p= .291) and neither were the scores for EC-USA and UCC clergy (subset 3, p = .354). However, UMC clergy formed its own subset (2) as its scores were significantly higher than the conservatives' scores and significantly lower than the scores of the other two non-conservative groups (p < .001). Table 9 displays the effect sizes for all significant differences between individual denominations.

Further investigation of this variation in the UMC denominational group can be seen in Table 10. While PCA clergy were correctly classified as conservative most often (predicted=59, observed=59, 100% correct classification as conservatives), UMC clergy

were the most incorrectly classified group (predicted non-conservative=64, observed non-conservative=40, 38% correct classification as conservative).

Knowledge

Scores for the knowledge scale with the current sample ranged from a low of 7 to a perfect score of 20, and a mean of 15.54 (SD=2.95, Median and Mode = 16). Items "P" ("coming out" is a term for acknowledging homosexuality; n=406, 99% correct), "D" (denominational condemnation of social discrimination; n=401, 97% correct), and "R" (National Gay and Lesbian Task Force agency for legal rights; n=395, 96% correct) had the highest rate of correct responses. Conversely, items 'N' (homosexuals as "sick" or "sinners"; n=167, 59% incorrect), "J" (homosexuality is a choice; n=238, 42% incorrect), and "K" (homosexuality in animals; n=244, 41% incorrect) were answered incorrectly more often than other items (See Table 11).

Females (n=49) scored significantly better on the knowledge scale than males (n=361) ($M_{females}$ = 17.94, SD=1.75, M_{males} =15.22, SD=2.92; F= 40.601, $p < .001$, Cohen's d=1.13). Clergy from the South scored significantly worse on the knowledge scale than clergy from the three other geographical regions (mean difference with West = -2.08, Std. Err.=.45, $p < .001$; mean difference with Midwest= -1.00, Std. Err.= .34, $p = .016$; mean difference with Northeast = -2.10, Std. Err.=.41, $p < .001$; F=12.74, $p < .001$). Mean knowledge scores were greater for Anglos than for African Americans (mean difference= 2.72, Std. Err.= .92, p =.039, Cohen's d= -.94) and Native Americans (mean difference=5.39, Std. Err.= 1.67, p =.017, Cohen's d= -1.68) (Table 12).

When denominational differences were examined, the lowest mean knowledge scores came from SBC and PCA clergy (M_{SBC} =13.33, SD=2.64) (M_{PCA} =14.00, SD=2.38). Alternately, clergy from the UCC and EC-USA scored significantly higher than participants from all other denominations (M_{UCC} =17.23, SD=2.15; ($M_{EC\text{-}USA}$ =17.40, SD=2.45; F=28.35, p <.001) (See Tables 13 and 14).

No significant association emerged between knowledge scores and number of theological degrees, though the knowledge scores of those who received CPE training (n=100) were significantly higher (albeit modest in size) than the scores of those who did not engage in CPE (n=302) (M_{CPE} =16.73, SD=2.67; M_{NoCPE} = M=15.20, SD=2.94; F=21.26, p <.001, Cohen's d=0.54). Results also indicated a significant correlation between knowledge and informal training (r =.116, p =.019), and knowledge and continuing education (r =.202, p <.001) indicating those with more training had higher knowledge scores.

No significant associations between knowledge scores and any of the perceived efficacy or influence measures were observed. However, a significant, negative correlation was present between knowledge and religious belief scores (r = -.539, p =.01) indicating that conservative clergy scored more poorly on the knowledge scale, supporting the importance of considering further comparisons between conservative and non-conservative respondents.

Conservative / Non-Conservative Comparisons

To consider which factors may contribute to this significant correlation between knowledge and religious beliefs, analyses of the differences that exist between conservatives and non-conservatives in this study is important. To describe these comparisons, I will provide a profile of conservatives' responses, detailing significant findings between the two groups.

An independent t-test found the mean difference between the Religious Beliefs scores of the conservative and non-conservative groups was statistically significant, and sizeable ($t=35.651$, $p <.001$, Cohen's $d=3.86$). These theologically conservative participants were more likely to be male ($F=94.529$, $p < .001$) with only one of the 43 females in the entire sample scoring as conservative on the Religious Beliefs Scale. However, this sample exhibited no specific associations between religious beliefs and ethnicity.

Conservative respondents also were younger ($F=14.816$, $p < .001$, Cohen's $d= -0.40$) and from different geographical regions than non-conservatives ($F=12.902$, $p <.001$). Conservatives were more likely to live in the South (Mean difference=-12.13, Std. Error=1.98, $p <.001$) and Midwest (Mean difference=7.72, Std. Error=2.10, $p=.002$) than the Northeast.

Though the sample's conservative group spent significantly more time performing pastoral care ($M_{cons} = 46\%$, $SD=24.69$; $M_{non\text{-}cons}= 38\%$, $SD=20.39$; $F=11.56$, $p =.001$, Cohen's $d= 0.35$), they were significantly less likely to participate in CPE during their theological education ($F=47.793$, $p <.001$). Theologically conservative participants

reported receiving much less informal training (F=14.359, p <.001, Cohen's d= -0.39) and continuing education (F=12.267, p =.001, Cohen's d= -0.36) as well as composite training (total theological training about homosexuality with formal, informal, and continuing education combined) (F=9.555, p=.002, Cohen's d= -0.32). Conservatives were also more likely to report that continuing education did *not* influence their beliefs (F=7.14, p =.008), and overall those who reported that their continuing education influenced their beliefs "Not At All" held significantly more conservative religious beliefs than those who answered "Very Much" (F=3.436, p=.010, Cohen's d= 0.36).

As reported previously, conservatives' mean knowledge scores were significantly lower than those of non-conservatives (F=143.721, p <.001, Cohen's d= -1.27). Conservatives scored similarly to, although lower than, non-conservatives on items "P", "D", and "R" (Table 11). They also scored well below non-conservatives on item "B", ("There is a good chance of changing homosexual persons into heterosexual men and women"), item "E", ("Homosexuality is established at an early age"), item "I", "A majority of homosexuals were seduced in adolescence by a person of the same sex, usually several years older"), and item "J", ("A person becomes a homosexual (develops a homosexual orientation) because he/she chooses to do so").

Discussion

As very little research has provided information regarding Protestant clergy's training, their perception of the efficacy and influence of this training, and subsequent knowledge scores related to issues of homosexuality, this paper provides a beginning to

a line of research that may inform the development of training curricula to prepare clergy for providing pastoral care around these issues. Specifically, this study provides information that may guide training tailored to the unique needs of conservative and non-conservative clergy, given the unique characteristics of each group's religious beliefs. After presenting a brief summary of major findings, I will discuss implications for further study and training development, and close with comments about this study's limitations.

Participants, overall, scored as expected on the Religious Beliefs Scale and Knowledge Scale, but one non-conservative denominational group (UMC clergy) scored more conservatively than expected on both measures. Future research may consider the theological variability that may be present within all denominations and respond with training appropriate for such diversity.

Both conservatives and non-conservatives spent a substantial portion of their professional time providing pastoral care, even if few received training in CPE. Conservatives spent more time in pastoral care but were less likely to be trained in CPE. Conservatives also received less informal training and continuing education regarding homosexuality.

While approximately one half of respondents reported feeling prepared by their theological education to provide pastoral care regarding issues of homosexuality, almost one-third did not. The high percentage of clergy who reported feeling prepared by the continuing education they had received *after* leaving theological school indicates that their theological education may have been insufficient. Participants reported their

overall training and continuing education had roughly similar amounts of influence over their beliefs about homosexuality, yet conservatives were much less likely to report any influence from continuing education upon their beliefs.

Inconsistent with previous research, more advanced theological degrees was not associated, in this study's sample, with greater knowledge scores, but CPE was related to greater knowledge. Conservatives scored worse than non-conservatives on the knowledge scale. Non-conservatives overall scored higher than a sample of health care providers examined by the scale authors in previous research. Conservatives reported less informal training and continuing education and participants reporting less informal training and continuing education scored worse on the knowledge scale.

This paper contributes to the research literature in a number of ways. The small number of respondents indicating they had received training about homosexuality in a Human Sexuality course supports previous research that found seminaries provide little, if any, training in human sexuality(Conklin, 2001). As CPE, informal training, and continuing education may contribute to greater knowledge, these types of training may be especially important for training clergy to recognize and competently address the needs of gay and lesbian persons. Continuing education may be especially welcome and effective for non-conservative clergy already serving congregations.

However, it is unclear whether conservatives would welcome or be receptive to such training. These results cannot tell us, for instance, whether some seminary students (conservatives) avoided engaging in courses, discussions, and materials related to homosexuality or if institutions simply did not provide such opportunities, previous

research may provide some guidance. Could either of these be true? Do conservative clergy see less of a need for counseling skills outside of the ability to relate the Bible to human needs and pray with, and for, those seeking pastoral care? Is it possible that the culture of conservative seminary education may lead both seminaries and seminarians to see less of a need for skill development that falls outside of these two sources of guidance? Future research could consider these questions empirically, to further clarify the dynamics behind differences between conservative and non-conservative's receptivity to certain types and contexts of training.

Research performed with this sample and reported elsewhere (see Chapter II) indicates a positive association between greater amounts of *formal* training and conservative religious beliefs. Why is this so? Could the formal training reported by this sample focus mainly on a literal interpretation of Scripture (commonly accepted by many theological conservative groups), making homosexuality a "clear-cut" issue with no need for discussion or further education? Do conservatives' tendency to score incorrectly more often on items portraying homosexuality as a choice that can be changed (items "B", "E", "I", and "J") indicate their inclination to believe homosexuality is, in fact, a changeable choice? Previous research demonstrates that the belief homosexuality is a choice and is subject to modification is one of the strongest independent predictors of negative attitudes toward homosexuality (The Pew Research Center, 2003). If one believes homosexuality is a non-genetic (item "E") choice (item "J") and/or the result of sexual coercion in adolescence (item "I"), then one may believe "spiritual healing" (through the use of prayer, spiritual counsel, and aligning one's life

with a literal interpretation of scripture) could occur and could allow a homosexual to choose to live as a heterosexual person (item “B”).

At the very least, we may suspect the possibility that conservative seminary students would seek out information that affirms their views, and, if they encounter information that challenges these views, they would likely reject the information. Bandura discussed this phenomenon of deeply held beliefs disallowing new knowledge to challenge existing beliefs (Bandura, 1986) and the issue is worthy of consideration. With this study’s sample, the above remains pure speculation, however, and further research must test the validity of this explanation. Nevertheless, given documented precedents among other populations, clergy’s resistant to new information vis-à-vis their religious beliefs may well be worthy of further attention.

Given the association between greater knowledge and informal training or continuing education, this study supports findings that those who received training specifically related to the topic demonstrated greater knowledge of homosexuality (Stevenson, 1988). Other studies support this finding and indicate programs providing interaction with homosexuals can decrease anxiety and improve attitudes (Cotton-Huston & Waite, 2000; Green, Dixon, & Gold-Neil, 1993; Herek, 1984; Lance, 1987) The “contact” hypothesis of Intergroup Contact Theory postulated by Gordon Allport (1954) suggests that contact with members of a stigmatized group may be especially effective in reducing prejudice through increased knowledge and anxiety reduction (Dovidio, Gaertner, & Kawakami, 2003). At least one meta-analysis indicated that the strongest effects of intergroup contact occur between heterosexual and homosexual

persons (Pettigrew & Tropp, 2004). Therefore, training that involves personal contact and especially contact with homosexuals, provided more often in informal training contexts, may have greater influence on those who hold negative pre-existing stereotypes than the didactic training typical of formal classroom instruction.

As discussed previously, Transformative Learning Theory suggests reflective practice and dialogue enhance the learning experience and serve the learner better than traditional didactic methods alone (Merriam, 2004). King (2004) found adult learners report learning activities such as discussion, journal writing, reflection, and class readings substantially influenced a transformation in their perspectives. It should be considered that training involving such opportunity for discussion and reflection, including reconsidering one's own beliefs when new information is encountered, could help to overcome resistance experienced by those whose beliefs are challenged by new information.

Continuing education often involves such interactive formats, as opposed to formal classroom training, and may seem more relevant when practicing clergy can put the knowledge into action in their professions. Daley found adult professional learners participating in Continuing Professional Education preferred to engage in meaning-making of the material they were learning in ways specific to the professional practice in which they participate every day (Daley, 2001). Researchers and practitioners have utilized techniques based on Transformative Learning Theory to pursue and study social change (Lange, 2004), and acceptance of diversity within organizations (Brown, 2004;Henderson, 2002). Therefore, such a theory may be beneficial to any effort

designed to present information to clergy in a way that is more meaningful for them; practitioners seeking to develop such curricula also should consider the potential benefit of informal modes of training rather than formal "lecture" formats.

As stated previously, simply hearing new information that negates one's beliefs may be resisted, but interacting with homosexual persons may be a better method of disproving stereotypes and dispelling myths. This lends further support to a form of training for clergy that includes more informal methods of discussion, reflection, and contact with homosexual persons and with those who advocate positive views toward them. Again looking to Transformative Learning Theory, Mezirow (1996) outlines the conditions that should be met in order for adult learners to be transformed by discourse. They must,

> (a) have accurate and complete information; (b) be free from coercion and distorting self-deception; (c) be able to weigh evidence and assess arguments as objectively as possible; (d) be open to alternative perspectives; (e) be able to critically reflect upon presuppositions and their consequences (f) have equal opportunity to participate (including the opportunity to challenge, question, refute, and reflect and to hear others do the same); and (g) be able to accept an informed, objective, and rational consensus as a legitimate test of validity (pp. 170-171).

Scholars recognize other barriers may prohibit transformation, for example, as significant others in one's social context react negatively to perspective change. Additionally, the learner may struggle with the anxiety associated with changing one's individual world perspective. Therefore, learners require support to assist, challenge, and encourage them through this process (King, 2004). Health educators should be prepared to play a supportive role for clergy through their learning process.

Questions remain regarding the training that Protestant clergy receive in the U.S., how effective this training may be, and what Protestant clergy need in order to be effectively prepared for ministry with gay and lesbian persons. To determine which program qualities will best promote changes in clergy's knowledge of homosexuals, researchers must continue this line of investigation. The differences observed among clergy and denominations with regard to training needs requires careful analysis to determine the best interventions for each particular group. As more information is gathered, better programs may be implemented within seminaries and denominations to prepare clergy to meet the needs of the gay and lesbian youth and adults in their communities.

Limitations

Though this study contributes to the knowledge base of clergy's training, knowledge, and perceptions of efficacy and influence of the training they received, limitations do exist which must be considered. First, studies tend to be limited, in part, by the measures chosen. Inclusion of all possible research variables and questions would present a sizeable response burden for participants, therefore, some questions, which may have been informative for this study, were not included (Subcommittee on Measuring and Reporting the Quality of Survey Data, 2001). Further study that continues this line of questioning into clergy training and knowledge regarding issues of homosexuality is needed to extend our understanding. While the scores generated by the

three scales measuring attitudes and beliefs were reliable, further testing is required to develop instruments that best serve the purpose of assessing clergy's attitudes.

An additional issue may confound these results as well. Some scholars have presented research indicating that when heterosexuals, particularly men, encounter the word "homosexual", they tend to assume it to mean gay males rather than gay men and lesbians (Black & Stevenson, 1984; Herek, 2000; Herek & Capitanio, 1999; Haddock, Zanna, & Esses, 1993). In at least one study, those who interpreted the term in this way also tended to have more negative attitudes than those who interpreted it to mean gay males and lesbians (Black & Stevenson, 1984). Similarly, Herek and Capitanio (1999) also demonstrated the influence of context effects on the response of heterosexual men, such that, when asked about gay men first, their subsequent attitudes were more negative toward gay men and lesbians. Conversely, when asked about lesbians first, heterosexual men gave less negative responses about lesbians and gay men as well. Given space limitations, this study's survey instrument used the term "homosexuals" exclusively. Therefore, the misconstruing of this term may have confounded the results presented here.

Finally, another limitation relates to the fact that most of this sample was theologically conservative. Response bias could have been present here. Do conservative clergy feel more strongly and have stronger beliefs about this issue, that they feel compelled to share their views with others? Are non-conservative clergy clear about their feelings and beliefs or, if they are clear, do they have concerns about voicing them in a climate rife with conflict over the issue of homosexuality? It is impossible to

ascertain these issues, solely based on the results and respondents, in this sample. Further empirical examination may benefit from consideration of these questions.

Conclusion

Despite occasional disagreements, Health Educators and persons of faith generally concede that all persons deserve professionally competent care when seeking assistance from clergy. A response that respectfully disagrees yet is compassionate and fully informed will fare far better for the spiritual, and thus mental and physical, health of gay and lesbian persons, as demonstrated by two quotes from clergy below.

> While our denominations fight it [issues of homosexuality] out at the national level, we have people in our offices every day who are hurting and need direction, and we don't know how to help them…and if anyone finds out we are [helping]…God help us.

> I have been to a leper colony in northern Japan; I've seen the last of a 'dying breed' who have given up their 'freedom'. Otherwise the world today might be one large leper colony. Shouldn't homosexuals, who are the most paeverted (sic) of all humans, lower than anumals (sic) be willing, asked to do the same? How can a civilization made up only of homosexuals survive? Case closed!

Though difficult, the conflict and struggles surrounding issues of homosexuality are not without hope. Evidence indicates that knowledge can be transmitted to clergy, through both training and contact with homosexual persons, and that this knowledge is associated with more positive attitudes toward gays and lesbians (see Chapter III). Stereotypes and anxieties that can contribute to negative attitudes, and the means by

which educational interventions may transform them, deserve continued attention so that the positive impact clergy may have, as professionals, may be extended to all.

CHAPTER III

ASSESSMENT OF MODEL PREDICTORS

Introduction

Research demonstrates that religious involvement may exert a positive and protective influence on individual health (Ellison, & Taylor, 1996; George, Ellison, & Larson, 2002; Hummer, Rogers, Nam, & Ellison, 1999; Neal Krause, Ellison, & Marcum, 2002; Pargament, Smith, Koenig, & Perez, 1998). Data further indicate that clergy, as leaders of religious institutions, stand in a unique position of authority in their congregations and within society (Krause, Ellison, Shaw, Marcum, & Boardman, 2001; Lebacqz, 1985; Richards, 1997). As many persons turn to clergy for personal assistance, often before turning to any other form of professional help, clergy may serve as gatekeepers to health services and as a primary caregiver for those in need (Belavich, 1995; Chalfant et al., 1990; Veroff, Kulka, & Douvan, 1981). The role clergy (and congregations) may play in health promotion has lead health educators to partner with faith communities in providing education, interventions, and other services (Chatters, Levin, & Ellison, 1998; Ellison & Levin, 1998; Parks, 1998; Scandrett, 1994). Yet religion may also serve as a dysfunctional source of guilt and shame for persons experiencing stress or for those who defy religious norms (Allport, 1950; Arterburn & Felton, 1991; Faiver & O'Brien, 1993). These persons may experience negative patterns of religious coping, instead of positive patterns, including a lack of security in a

relationship with God, a lack of meaning in life, and an ominous worldview (Pargament, Smith, Koenig, & Perez, 1998).

One group that could benefit from religious involvement, and the services of clergy, are gay and lesbian persons. While political and moral debates regarding issues of homosexuality fill the media, these persons face daily health risks, either due to direct victimization or to the indirect effects of isolation, condemnation, and stigmatization (Allen & Oleson, 1999; Herek, 1989; Herek, Gillis, Cogan, & Glunt, 1997; Remafedi, French, Story, Resnick, & Blum, 1998). Gays and lesbians do have access to some religious communities (Rodriguez & Ouellette, 2000), but access in general may be limited by the condemnation they experience from many communities of faith (Clark, Brown, & Hochstein, 1990; Greenberg & Bystryn, 1982; Keysor, 1979; Melton, 1991; Scanzoni & Mollenkott, 1978). Gay and lesbian persons may have difficulty, therefore, integrating their sexuality with their religion, thus placing themselves at increased risk for cognitive dissonance, emotional stress and physical illness (Rodriguez & Ouellette, 2000; Schuck, 2001).

While attitudes toward issues of homosexuality in the United States have improved steadily over recent decades (Loftus, 2001; The Pew Research Center, 2003; Yang, 1997), sexual prejudice (Herek's alternative term for the rather divisive word, "homophobia", (Herek, 2000) remains a barrier to, among other things, competent care by professionals. Research indicates that professionals from various help-related fields, even those trained in counseling, may be ignorant of homosexuality and hostile toward homosexual persons, and such ignorance and hostility may lead to a lower standard of

care or may interfere with the counseling process (Berkman & Zinberg, 1997; Betz & Fitzgerald, 1993; Douglas, Kalman, & Kalman, 1985; Garnets, 1991; Jones, 2000; Klamen, Grossman, & Kopacz, 1999; Stein & Cohen, 1986; Wisniewski & Toomey, 1987).

Clergy, who regularly perform the professional service of pastoral care (see Chapter II), may face similar barriers to providing competent attention and services to gay and lesbian persons. These barriers include a lack of knowledge and professional training about (Conklin, 2001), lack of experience with (see Chapter II), and negative attitudes toward (Haug, 1999) gay and lesbian persons. Regardless of clergy persons' theological framework, sensitivity about, and skills to address the various emotional, physical, and spiritual needs of homosexuals may assist clergy in providing compassionate and competent care. (For a more complete treatment of the subject matter in the above Introduction section, see Chapter II).

Purpose

Though some research has been performed (Hochstein, 1986; Olson & Cadge, 2002; Wagenaar & Bartos, 1977; Wellman, 1999), researchers have yet to fully and systematically explore the predictors of Protestant clergy's attitudes regarding issues related to homosexuality. Therefore, the purpose of this chapter is to describe the predictors of Protestant clergy's attitudes regarding issues of homosexuality. Specifically, Protestant clergy (n=412) from six denominations, nation-wide, responded to a survey questionnaire asking about their *attitudes toward homosexuals*, *attitudes*

toward homosexuality, and *beliefs about the role of pastoral care regarding issues of homosexuality*. These three latent variables, combined, formed the dependent variable *attitudes toward pastoral care regarding issues of homosexuality*.

Background

Theoretical Framework

The Theory of Planned Behavior (TPB) (Fishbein & Ajzen, 1975) provides the overall framework for this study. TPB asserts that behavior is largely a product of one's intention to perform the behavior, which, in turn is shaped by *attitudes*, *subjective norms*, and *perceived behavioral control*, regarding that particular behavior. Empirical testing of the TPB has found strong correlations between each of the three predictive variables and *intention* as well as between intention and actual *behavior* (Eagly & Chaiken, 1993).

Given the lack of data on Protestant clergy's pastoral care behavior regarding issues of homosexuality, a first and sensible step would be to focus on one of the factors affecting behavioral intention. Attitudes may, perhaps, be the most amenable to change through educational interventions while *subjective norms* and *perceived behavioral control* in religious organizations regarding the issue of homosexuality would be both difficult and slow to change and might, therefore, be inappropriate foci for educational interventions. Therefore, this study will focus on attitudes of clergy and their possible determinants (*religious beliefs*, *training*, *knowledge*, and *experience*) in order to provide insights into how clergy view the task of pastoral care related to issues of homosexuality.

Predictors of Protestant Clergy's Attitudes: Conceptual Model

Figure 1 introduces the conceptual model for this study, which proposes that *religious beliefs* and *training about issues of homosexuality* serve as predictor variables of Protestant clergy's *attitudes toward pastoral care regarding issues of homosexuality.* The model postulates that the variables of *religious beliefs* and *training* also influence *experiences with issues of homosexuality*, and *knowledge about issues of homosexuality.* Finally, I included *gender*, *age*, *ethnicity*, and *geographic region* as moderator variables for the entire model. I will discuss each of the predictor variables, in relation to attitudes, below, and then state the hypotheses for this study.

Impact of Religious Beliefs on Attitudes toward Homosexuality

Researchers have, for decades, presented data indicating religious people tend to be prejudiced (Allport & Ross, 1967). According to Altemeyer (1996), "…one's creed per se does not particularly associate with such prejudice, but the attitude that one's beliefs are the fundamentally correct, essential, inerrant ones *is* associated with bigotry" (p. 19).

Attitudes toward homosexuals and homosexuality have been found to be significantly related to strength of religious conviction (Cotton-Huston & Waite, 2000; Herek & Capitanio, 1995, Herek & Capitanio, 1996; Lewis, 2003; Rodriguez & Ouellette, 2000; Seltzer, 1993). Further research indicates that traditional gender role beliefs and the belief homosexuality is "controllable" (therefore, a choice) exert strong independent effects on attitudes toward homosexuality for religious persons (Aguero,

Bloch, & Byrne, 1984; Cotton-Huston & Waite, 2000; Herek, 1988; Herek & Capitanio, 1995; Horvath & Ryan, 2003; Kite & Whitley, 1996; Sakalli, 2002). Protestant clergy -- as a professional group -- are not monolithic, as research indicates the presence of variability within the training and knowledge regarding homosexuality of conservative and non-conservative clergy (see Chapter II) as well as variability in their religious beliefs and their attitudes toward homosexuality (Wagenaar & Bartos, 1977; Wellman, 1999). Therefore, in the present study, responses of conservative and non-conservative clergy were compared, in order to further document such intra-group variability.

Training Regarding Issues of Homosexuality

According to Bandura's Social Cognitive Theory (Bandura, 1986), individual behavior is a result of *behavior*, *personal factors*, and *environmental influences* that interact with one another. Without the assurance that one has the necessary knowledge and skills to perform a task, the chances of one performing that task, or behavior, diminish. Therefore, providing knowledge and skills to clergy regarding issues of homosexuality may be an effective goal toward promoting better care for homosexual persons.

Traditionally, such knowledge and skills necessary to perform behavior have been communicated via education and training, with strong emphasis on learning by observation or through modeling. Bandura (1986) states modeling can influence the behavior, thought patterns, emotional reactions, and evaluations of observers (p. 48). Professional development, through such modeling, may increase professionals' self-

efficacy to perform work-related tasks, thus influencing future professional behavior (Bandura, 1986) One theory of adult learning is Mezirow's Transformative Learning Theory (Mezirow, 1978), which he defines as "the social process of construing and appropriating a new or revised interpretation of the meaning of one's experience as a guide to action" (Mezirow, 1994, p. 222-3). Reviews of literature find support for two key components of Mezirow's work deemed essential for transformational learning to take place—rational discourse and critical reflection (Taylor, 1997, 2000).

Scholars suggest practitioners use reflective practice and dialogue in addition to traditionally didactic methods of delivering content and skills to passive learners (Merriam, 2004). King (2004) found adult learners reported learning activities such as discussion, journal writing, reflection, and class readings substantially influenced a transformation in their perspectives. In similar fashion, Daley (2001) found that adult professional learners who participated in Continuing Professional Education programs saw value in applying the knowledge received, particularly through interaction with clients. The study also demonstrated that transmitting information alone works less well for adult professional learners than when combined with actual professional practice.

Scholars also recognize that significant others in one's social context, who may react negatively to perspective change, can function as barriers to transformation. The learner may struggle with the anxiety associated with changing one's individual world perspective. Therefore, learners require support to assist, challenge, and encourage them through this process (King, 2004).

As professionals, clergy may be transformed by information received didactically and experientially in formal classroom training, informal seminary instruction, and continuing education. The previous study (Chapter II) found a sample of Protestant clergy received little formal training related to issues of homosexuality and a greater amount of informal training and continuing education regarding the issue. The amount of preparation to provide pastoral care relating to issues of homosexuality was modest, as was clergy's reports of how much their training influenced their beliefs about these issues. The current study seeks to assess how other factors, including training / education and knowledge, may influence clergy's attitudes toward issues of homosexuality. As such, this information may offer further insight into the efficacy of an education that offers clergy the particular professional skills necessary to deal competently and sensitively with the diverse needs of those they serve.

Influence of Experience and Knowledge on Attitudes toward Homosexuality

Research into the effects of personal contact on prejudice and intergroup relations became much more prevalent after World War II, when Black and White soldiers returned with more positive attitudes toward one another, and during the years of desegregation, when Black and White persons were coming into contact with one another, often, for the first time. The Intergroup Contact Theory (ICT), which suggests contact between "in-groups" and "out-groups", may decrease prejudice, was designed and studied by Gordon Allport (Allport, 1954).

Researchers continue to confirm, refine, and describe the mechanisms underlying ICT through a tremendous amount of research that includes both longitudinal and meta-analytic studies (Levin, van Laar, & Sidanius, 2003; Tropp & Pettigrew, 2005). One such meta-analysis found that greater contact is consistently associated with lower prejudice between groups, across numerous studies (mean $r = -.21$, $p < .001$) and samples (mean $r = -.22$, $p < .001$) (Tropp & Pettigrew, 2005).

Particularly, contact that is more frequent, with multiple out-group members that are closer and more personalized (rather than a public figure not personally known) has the greatest direct effect on attitudes. Personalization that dispels stereotypes, which are then generalized to the out-group as a whole, leads to new behavior, according to several studies (Amir, 1976; Pettigrew, 1997; Pettigrew, 1998; Wright et al., 2004). Such personalization impacts both cognitive and affective variables, as contact can provide knowledge (cognitive factor) that challenges and dispels stereotypes, and can reduce anxiety, increase empathy, and raise admiration (affective variables) as familiarity increases and in-group members learn of the oppression out-group members face (Esses & Dovidio, 2002; Islam & Hewstone, 1993; Pettigrew & Troop, 2000; Pettigrew, 1997).

The strongest effects of intergroup contact have been found with contact between homosexual and heterosexual persons (Pettigrew, 1997). Evidence suggests interaction with a greater number of gay and lesbian persons who are more personally known to a heterosexual person may lower that person's perceived feelings of dread and discomfort and improve their attitudes toward homosexual persons (Cotton-Huston & Waite, 2000; Herek & Capitanio, 1996; Horvath & Ryan, 2003; Lance, 1987).

However, contact *per se* may not lead to increased knowledge and more positive attitudes, for anxiety is typical of contact with other groups, and it may actually prime negative reactions to out-group members, strengthen stereotypes, interfere with effective communication, and lead to distrust amongst group members (Dovidio, Gaertner, Kawakami, & Hodson, 2002). How open individuals are to new experiences may serve as a powerful mediator to contact effects, as persons unwilling to allow experience to challenge pre-existing stereotypes and beliefs may actually perceive interactions as reinforcing, rather than changing, their values and beliefs (Cullen, Wright, & Alessandri, 2002; Pettigrew, 1998).

Upon discovering another person is gay or lesbian, one may either use pre-existing prejudices to reinterpret one's assessment of that person and dismiss this person as atypical of other homosexuals, thus changing no opinions, or they may extend positive associations about this person to the entire group. Researchers suggest that changing long-held attitudes involves the greatest cognitive effort and is the most difficult outcome to achieve without multiple contacts (Herek & Capitanio, 1996). Changing one's opinion about a particular gay or lesbian person may not be allowed to generalize into attitude changes toward the entire group.

Therefore, given the prominent mediating role of prejudice in attitude formation, while numerous variables may explain clergy's attitudes toward homosexuals, *Religious Beliefs* may be the most important of all factors (Allport & Ross, 1967). In particular, beliefs about the interpretation and authority of Scripture lie at the heart of the debate between conservative and non-conservative Protestant denominations in general, and,

specifically, over issues of homosexuality (Burdette, Ellison, & Hill, 2005; Sullivan & Wodarski, 2002). As documented in previous research, beliefs about the changeability of homosexuality and beliefs in traditional gender roles have been found to have strong and independent direct effects on attitudes toward homosexuals, in a negative direction (Overby & Barth, 2002; Sakalli & Ugurlu, 2002).

Available evidence also demonstrates the conservative-liberal dichotomy works well as a predictor for numerous psycho-social variables, including attitudes toward homosexuality (Cotton-Huston & Waite, 2000; Herek & Capitanio, 1995; Horvath & Ryan, 2003; Smith, 1990). As differences exist between conservatives' and non-conservatives' attitudes toward homosexuality, careful consideration must be given to methods of education regarding sexual orientation in order to determine the most appropriate methods for each group. Particularly, instruction that addresses the particular cognitive and affective concerns that may be present for clergy could be important, and contact with gay and lesbian persons may serve as an effective educational intervention.

Research must increase the knowledge base to allow for better professional development of clergy, qualified to provide competent services to gay and lesbian persons. A study of clergy actively serving congregations, from both conservative and non-conservative denominations, and not necessarily trained specifically in counseling, will be important to assess clergy attitudes that may influence their professional behavior. The lack of data and need for more recent, specific, extensive and quantitative

data from groups of individual clergy regarding their attitudes toward issues of homosexuality was the impetus for this study.

The purpose of this study, therefore, is to describe the predictors of Protestant clergy's attitudes toward homosexuality, particularly, their attitudes toward pastoral care regarding issues of homosexuality. What are the factors determining, or associated with, attitudes towards homosexuals, attitudes toward homosexuality, and beliefs about the role of pastoral care related to issues of homosexuality, for a sample of Protestant clergy, and how do these attitudes /beliefs vary given respondents' gender, age, ethnicity, and geographic region? How much can religious beliefs, training about issues of homosexuality, knowledge about homosexuality, and personal and professional experiences with homosexual persons and issues of homosexuality predict these attitudes/beliefs, if at all? This study seeks to answer these very questions.

Methods

Sample

In order to capture the variability among conservative and non-conservative clergy's attitudes and their predictors, the target sample for this study included clergy actively serving congregations across the country from three conservative and three non-conservative denominations. Classification of these denominations was based on previous work by other researchers (Hunter, 1982; Roof & McKinney, 1992; Smith, 1990). The conservative denominations included the Lutheran Church, Missouri Synod (LCMS); the Presbyterian Church in America (PCA); and the Southern Baptist

Convention (SBC). The three non-conservative denominations included the Episcopal Church, USA (EC-USA); the United Methodist Church (UMC); and the United Church of Christ (UCC). From this point forward, each denomination will be identified by its acronym.

A randomized list of addresses for churches from these six denominations, and the names of the senior pastors serving them, were obtained from American Church Lists, a national proprietary database. One thousand labels were received, with 100 of those used for pilot-testing of the instrument, and 900 total (150 for each denomination), used for final data collection. Details of sample size calculations may be found in Chapter II.

Data Collection Procedures

In January 2002, these 900 surveys were mailed to the 150 clergy from each of these six denominations. To increase response rate, a $1 incentive was enclosed in each survey packet. Within eight days of the initial mailing, a post-card reminder was sent to those who had not yet responded and in another eight days a second round of surveys were mailed to those who had still not responded. A total of 412 surveys (49%) were completed and returned with most coming from LCMS clergy (56%) and the least coming from PCA and SBC clergy (45%).

Instrument

The stages leading to the development and pre-testing of this study's survey instrument are presented in detail, elsewhere (see Chapter II). Through anchoring of questionnaire items in both qualitative (focus groups and interviews with clergy) and theoretical data, the final instrument consisted of items designed to measure each of the theoretical model's (Figure 1) main variables, including moderators. The questionnaire contained the following sections: demographic variables, professional characteristics (size of congregation, professional role in congregation, years in ordained ministry, whether the ministry was respondents' first career), Religious Beliefs Scale (15 items; higher score indicated more conservative beliefs), education, training, and Knowledge Index (20 items; higher scores indicated better knowledge). Additionally, three attitude/belief sections were included: attitudes towards homosexuals (9 items), attitudes toward homosexuality (13 items), and belief about the role of pastoral care regarding issues of homosexuality (5 scaled items and 1 open-ended item). For each of these attitude/belief sections, a higher score indicated more conservative attitudes/beliefs.

Measures

Personal and Professional Demographics

As documented in previous research, men, older persons, African Americans, persons from the South and Midwest, and those who are less educated tend to hold conservative theological beliefs and are more likely to hold negative attitudes toward homosexuals (Herek & Capitanio, 1995; Herek & Capitanio, 1999; Herek, 2000; Hudson

& Ricketts, 1980; Kite & Whitley, 1996; Lewis, 2003; The Pew Research Center, 2003). Therefore, participants of the current study were asked about their gender, age, ethnicity, and were categorized as living in one of four geographic areas (as categorized by the United States Census Bureau), based on the state in which they worked. Additionally, participants were asked about various professional demographics such as the length of time they had served in the ordained ministry, whether the ministry was their first career, the size of the congregation they served at the time of the study, and the percent time they spent performing pastoral care.

Training/Education

Clergy were also asked about their education with a checklist of various master's and doctoral-level theological degrees. Because respondents tended to have more than one academic degree, clergy were given weighted scores for each degree they reported, with higher and more rigorous academic degrees awarded a higher score; this led to the creation of a composite degree variable. Additionally, I asked participants whether they had received any training in Clinical Pastoral Education (CPE), to assess for any potential influence such pastoral counseling education and field training clergy may have received.

To capture the influence various types and contexts of training/education may have on attitudes, clergy were asked specifically about any instruction they had received about issues of homosexuality in their *formal training* (classroom-based courses such as Bible, Ethics, or Pastoral Care), *informal training* (out-of-classroom instruction

including one-on-one discussions with peers, internships, or field experiences), and *continuing education* (such as through reading books or attending additional college courses). For each response option checked under each type of training, clergy were give a "1" and the total number of contexts in which they had received information about homosexuality were summed for each type of training/education. Therefore, respondents had a possible composite formal training score of 0 thru 6, a composite informal training score of 0-9, and a composite continuing education score of 0-6. Clergy were also asked to what extent they felt prepared by their overall (formal and informal) training and how much these influenced their beliefs; similar questions were repeated for their continuing education.

Religious Beliefs

Religious Beliefs were assessed with an adapted version of the Religious Beliefs Scale (Dixon, Jones, & Lowery, 1992). The scale consists of 13 items asking respondents to indicate (with Likert-type responses) their degree of agreement with various statements about theological beliefs including, for instance, "Reconciliation with God can only be achieved through Jesus Christ". In addition to the 13 original items, since so much of the conflict about homosexuality rests on issues of biblical interpretation, I included two statements, one about interpretation of scripture based on the historical and cultural context of the time in which it was written, and one about interpretation of scripture with consideration given to current scientific understanding. Possible scores on the Religious Beliefs scale ranged from 15-75 and, after reverse-

coding, a higher score indicated more theologically conservative responses. Discriminant function analysis provided a cut-off score of 55.94: scores above this point were coded "1" for conservative, and scores below this point were given a "0" for non-conservative, in order to dichotomize this variable for later statistical analyses. Reliability testing revealed a Cronbach's alpha of .944 and Principal Component Factor Analysis with Varimax rotation yielded two factors which, combined, explained 56.82% of the total variance.

Knowledge

The Knowledge About Homosexuality Questionnaire (Harris, Nightengale, & Owen, 1995), used with permission) is a true-false, 20-item test with possible scores ranging from 0-20, with higher scores indicating greater knowledge. Items include statements such as, "Most homosexuals want to be members of the opposite sex". Scores were dummy-coded with a "1" indicating a correct answer and a "0" indicating an incorrect answer. Since 93 cases (23%) were missing once the total score for the scale was calculated, and since data were found to be missing at random, I imputed the mode for each answer to retain all responses (Allison, 2002). Reliability for this scale was .652 (Cronbach's alpha) and Principal Component Factor Analysis with Varimax rotation extracted 7 factors, explaining 52.85% of the variance. As literature suggests knowledge scales generally perform less well due to the variety of topics they cover, this result was considered adequate for this study (Subcommittee on Measuring and

Reporting the Quality of Survey Data, 2001). For more detailed information about each of the measures described thus far, the reader may see Chapter II.

Experience with Issues of Homosexuality

As discussed above, personal contact with gay and lesbian persons has been found to be a predictor of attitudes toward them. Specifically, frequent exposure to homosexual persons is positively associated with better attitudes towards this group (Berkman & Zinberg, 1997; Cotton-Huston & Waite, 2000; Horvath & Ryan, 2003; Millham, SanMiguel, & Kellogg, 1976). To assess this potential influence upon attitudes, clergy were asked about both their personal and professional experiences with issues of homosexuality. First, I asked how many homosexuals they knew personally who were: acquaintances, close friends, children of acquaintances, children of close friends, and personal relatives. Response options ranged from "0" for "None" to ""4" for "A Lot—11+" and an option was included for "Not Sure". Next, I asked for how many people they had provided pastoral care who: were openly homosexual and wished to remain so, were openly homosexual and wanted to become heterosexual, were questioning their sexual orientation, had a child who was homosexual, or had a loved one other than a child who was homosexual. Response options provided were identical to those included for the first question.

Items were summed to provide a *personal experience* scale and a *professional experience* scale with possible scores ranging from 0 to 20 for each and a higher score indicating more experience ("not sure" responses were combined with "none' and

attributed a score of "0"). Reliability analysis for *personal experience* yielded a Cronbach's alpha of .787. Principal Component Factor analysis revealed 54.64% of the variance was explained by one factor and factor coefficients ranged from .603 to .787. Reliability analysis for *professional experience* revealed a Cronbach's alpha of .810. Principal Component Factor analysis revealed 57.12% of the variance was explained by one factor, with individual coefficients ranging from .518 to.831.

Attitudes toward Pastoral Care regarding Issues of Homosexuality

Though the final goal was to assess clergy's attitudes toward performing pastoral care-type behaviors, the nature of attitudes necessitated measuring three separate, but related attitudes/beliefs. One may have attitudes focused on a behavior, an object, and/or the behavior of that object (Ajzen & Fishbein, 1980; Eagly & Chaiken, 1993). Clergy's overall attitude in this study may include their attitude toward the object (homosexuals) and attitudes toward that objects' behavior (homosexuality), in addition to what they believes should be one's role when providing pastoral care related to issues of homosexuality.

To capture this potential variability in attitudes, this survey assessed each of these, separately. The measures for *Attitudes toward Homosexuals* and *Attitudes toward Homosexuality* were informed by three scales commonly used in research to assess attitudes toward gay men and lesbians: Hereks' Attitudes Toward Lesbians and Gay Men Scale (ATLG) (Herek, 1994) , Wells and Franken's Homosexual Information Scale (HIS), and also their Homosexual Distancing Scale (HDS) (Wells & Franken, 1987).

Various items (9 from the ATLG, 4 from the HIS, and 1 from the HDS) were either used verbatim or with language adaptations to make them more appropriate for this study's sample (see Appendix I).

The *Attitude toward Homosexuals* scale included 9 items introduced by the stem, "I believe homosexuals…". Items included statements such as, "… can only be Christian if they remain celibate" and, "… should be allowed to teach school". Response options ranged on a Likert-type scale from "1 - Strongly Agree" to "5 - Strongly Disagree". Items were reverse coded as appropriate such that higher scores indicated more negative attitudes. All items were summed to provide a final score, theoretically ranging from 9 to 45. Reliability analysis indicated an alpha of .913 and Principal Component Factor analysis resulted in factor coefficients ranging from .544 to .898; one factor explained 59.86% of the variance.

The *Attitudes toward Homosexuality* scale included 13 items, introduced by the stem, "I believe homosexuality…" Statements included, "… is a choice" and, "… is more serious than other sins". Items were reverse coded and summed as they were for the previous scale and possible scores ranged from 13 to 65. Reliability analysis found a Cronbach's alpha of .958 and Principal Component Factor analysis demonstrated factor coefficients ranging from .492 to .945 and 66.77% of the variance explained by one factor.

Beliefs about the Role of Pastoral Care Regarding Issues of Homosexuality consisted of 5 scaled-response items and one open-ended item. The stem for the scaled items was, "I believe the goals of pastoral care regarding issues of homosexuality should

include…" and was followed by statements such as, "…assisting a homosexual in becoming heterosexual" and, "…advising a homosexual to live openly as a gay person". Items were coded and summed as in the previous two scales, and possible scores ranged from 6 to 30. Reliability analysis yielded a Cronbach's alpha of .906 and Principal Component Factor analysis displayed factor coefficients ranging from .742 to .918; one factor explained 73.24% of the variance.

Results

Tests of the psychometric characteristics of this study's data (see data above for each scaled variable) revealed that respondents provided, overall, valid and reliable responses (Thompson, 2006). Furthermore, few missing responses were present in the dataset, and data that were missing were found to be missing at random (Allison, 2002). All variables were, therefore, included in the analyses as presented below.

Demographics

Respondents in this study were male (88%), Caucasian (92%), an average of 52 years old (SD=9.99), lived in the South (42%), and served as the senior pastor (91%) of their congregations. These congregations tended to be small–to-moderate in size (76% served churches of fewer than 500 members) and were located in suburban areas (42%). Most came to the ministry as a second or third career (53%), had been ordained for an average of 20 years (SD=11.91), and reported spending a median 40% of their time serving in the area of pastoral care (M=43.18%, SD=23.48). Over 83% reported having

a Master's of Divinity degree and participants' mean theological degree score (weighted sum of all theological degrees earned) was 2.67 (SD=1.50, Median=2, Range=1-8). Most (73%) had received no CPE training.

Training / Education Regarding Homosexuality

Less than half (n=186, 45%) reported receiving formal training at seminary regarding issues of homosexuality while 66% (n=273) reported informal training and 58% (n=238) reported continuing education regarding the topic. Mean composite scores for the number of contexts in which respondents received each type of training / education (0=not checked, 1=checked) was 1.22 for formal training (SD=1.64, Median=0, Mode=0, Range=0-6), 2.04 for informal training (SD=1.98, Median=2, Mode=0, Range=0-9) and 1.53 for continuing education (SD=1.57, Median=1, Mode=0, Range=0-5). Formal training, informal training, and continuing education will refer to the composite scores from this point forward.

Regarding preparation and influence, 52% (n=159) of respondents indicated their overall training (formal and informal) prepared them to provide pastoral care for issues of homosexuality "Some"; 27% (n=83) also acknowledged that their training had influenced their beliefs about, homosexuality "Some". For the same questions regarding continuing education, 72% (n=168) answered "Some" preparation and 53% (n=124) indicated "Some" influence over their beliefs (see Chapter II).

Religious Beliefs

Degree of religious conservatism, as measured by the Religious Beliefs Scale, resulted in a mean score of 56.01 for the entire sample (SD=13.83, Median=62, Mode=67, Range=15-75). Dichotomized scores resulted in 225 conservatives and 160 non-conservatives with a significant and sizeable difference found between the two groups (M_{cons} = 66.44, SD=4.16, $Median_{cons}$=67, $Mode_{cons}$=67; $M_{non\text{-}cons.}$ = 41.34, SD=8.19, $Median_{non\text{-}cons.}$=41, $Mode_{non\text{-}cons.}$=46; t=35.651, p <.001, Cohen's d=3.8. See Chapter II).

Knowledge

Knowledge scores for this sample ranged from 7 to 20 with a mean of 15.54 (SD=2.95, Median and Mode = 16). Respondents answered the item regarding "coming out" correctly most often (99% correct, n=406) and the item about homosexuals being "sick" or "sinners" incorrectly most often (59% incorrect, n=167 – see Chapter II).

Experience

For *personal experience*, participants had a mean score of 3.93 out of a possible range of 0 to 15 (n=392, Median=3, Mode=1, SD=2.81, Range=0-13). For *professional experience*, participants had a mean score of 3.88 (n=398, Median=3.5, Mode=3, SD=3.01, Range=0-13). Again, higher scores indicated more experience.

Attitudes toward Homosexuals, Attitudes toward Homosexuality and Beliefs about the Role of Pastoral Care

For Attitudes toward Homosexuals, the scale had a mean score of 24.89 (n=378, Median=26, Mode=29, SD=9.06, Range=9-43). Attitudes toward Homosexuality had a mean score of 40.59 (n=388, Median=45, Mode=52, SD=15.04, Range=13-65). Beliefs about the Role of Pastoral Care exhibited a mean of 17.23 (n=398, Median=19, Mode=22, SD=5.89, Range=5-25). Once again, for each of these scales, a higher score indicated negative attitudes.

Comparison of Conservative and Non-Conservative Respondents (Table 1)

As expected, males (M_{males} = 58.24, SD=12.76, n=340; $M_{females}$= 38.81, SD=8.19; F=94.529, $p < .001$) and persons from the South and Midwest (M_{south}= 59.95, SD=11.88; $M_{midwest}$= 55.54, SD=13.62; $M_{northeast}$= 47.82, SD=13.98; F=12.902 , $p < .001$) answered more conservatively than females and persons from the Northeast. Religiously conservative respondents were also younger (F=14.816, $p < .001$, Cohen's d= -0.40). No differences were found for respondents of different ethnicities overall, however, when dummy-coded (Caucasian =1, Non-Caucasian=0), a significant difference was observed with non-White persons demonstrating more conservative religious beliefs ($M_{caucasian}$=61.03, SD=10.27;

$M_{non\text{-}caucasian}$=55.59, SD=14.02; F=4.331, p=.038).

Conservatives spent more time performing pastoral care (M_{cons}= 46%, SD=24.69; $M_{non\text{-}cons}$ = 38%, SD=20.39; F=11.56, p =.001, Cohen's d= 0.35) but were less likely to

have received CPE training (F=47.793, p <.001), received less informal training (F=14.359, p <.001, Cohen's d= -0.39), and received less continuing education (F=12.267, p =.001, Cohen's d= -0.36). The only difference reported between conservatives and non-conservatives on the questions regarding how well their training/continuing education prepared them to perform pastoral care and influenced their beliefs about homosexuality was for the influence of continuing education on their beliefs (F=7.14, p =.008), with conservatives indicating this education had less influence. Conservatives scored lower than non-conservatives on the knowledge scale ($M_{cons.}$=14.21, SD=2.74; $M_{non\text{-}cons.}$=17.32, SD=2.14; F=143.721, p <.001, Cohen's d= -1.27) and tended to score incorrectly more often on items stating homosexuality is changeable, established at an early age, a choice, and associated with being seduced by an older person of the same gender, when one was in adolescence.

Conservative clergy overall reported less personal experience (M_{cons}=2.84, SD=2.15, $n_{\mathbf{cons.}}$=216; $M_{noncons}$=5.46, SD=2.82, $n_{noncons}$=152; F=102.034, p <.001) and less professional experience (M_{cons}=3.33, SD=2.75, n=218; $M_{noncons}$=4.66, SD=3.18, n=155; F=18.533, p <.001) than non-conservatives. Analysis of the individual items of each of the two experience (personal and professional) and the three attitude/belief scales found significant differences between conservatives and non-conservatives on all but one item. Conservatives scored lower than non-conservatives on all items of the experience scales, except when reporting professional experience with "homosexuals wanting to become heterosexual" ($M_{cons.}$=1.55, SD=.734; $M_{non\text{-}cons.}$=1.23, SD=.506; F=21.434, p < .001).

Conservatives reported significantly more negative attitudes on all three attitudes/beliefs measures (Table 1) (*Attitudes toward Homosexuals:* $M_{cons.}$=30.91, SD=5.55; $M_{non\text{-}cons.}$=17.29, SD=6.51; F=455.082, $p < .001$; *Attitudes toward Homosexuality:* $M_{cons.}$=51.22, SD=6.83; $M_{non\text{-}cons.}$=26.60, SD=10.67; F=720.86, $p < .001$; and *Beliefs about the Role of Pastoral Care Regarding Issues of Homosexuality:* ($M_{cons.}$=21.42, SD=2.80; $M_{non\text{-}cons.}$=11.67, SD=4.11; F=742.265, $p < .001$).

Predictors of Clergy's Attitudes

Separate multiple regression equations were calculated for each of the 3 indicators (as dependent variables): *attitudes towards homosexuals, attitudes toward homosexuality* and *beliefs about the role of pastoral care regarding issues of homosexuality*. For each dependent variable, five regression models (with no interaction effects) were calculated. Model 1 included the demographic predictor variables: age, gender, ethnicity, professional position, years ordained, whether the ministry was the first career, and the geographical regions of West, Midwest, and South. The second model added the variables related to education and training (clinical pastoral care training [CPE], composite theological degree, formal training, informal training, and continuous education). Model 3 added the predictors *personal experience* and *professional experience*, while Model 4 added the knowledge scale and Model 5 added religious beliefs.

Next, analyses for interaction effects began but due to sample size limitations, interaction factors were tested individually (added to Model 5, one at a time). Model 6

added the religious beliefs x gender interaction (coded for 'males'), while religious beliefs x age (age as moderator), religious beliefs x Caucasian (ethnicity as moderator), and religious beliefs x South (geographic region as moderator) were in Models 7, 8, and 9, respectively. Tables 2 through 4 below display the standardized regression coefficients (*β*s), their standard error, the probability/significance level of each of these beta-weights, and adjusted R^2 for each model.

Attitudes toward Homosexuals

Gender remained a significant predictor ($p < .001$) for *Attitudes toward Homosexuals* across Models 1 through 4, though the betas decreased from .361 (Model 1) to .159 (Model 4), with the largest drop in beta scores (from.239 to .159) coinciding with the introduction of Knowledge in Model 4; in Model 5 (after the addition of religious beliefs), gender was not a significant predictor.

Being geographically situated in the Midwest began as a modest contributor in Model 1 ($\beta=.212$, $p < .01$) but decreased to $\beta=.166$ ($p <.05$) with the addition of the training variables in Model 2 and, once the experience variables entered in Model 3, it was no longer a significant predictor of *Attitudes toward Homosexuals*. Being from the South remained significant as a contributor to the prediction model from Model 1 ($\beta=.290$, $p < .001$) to Model 3 ($\beta=.187$, $p <.01$). West entered at Model 2 as a small predictor ($\beta=.117$, $p < .05$), fell below significance levels at Model 3, and returned with an even lower beta ($\beta=.097$, $p < .05$) in Model 4 but did not return as a contributor in Model 5 with the introduction of religious beliefs.

CPE was entered in Model 2 (β=-.248, p < .001) and remained significant through Model 4 (β=-.130, p < .01), and lost predictive power once religious beliefs entered in Model 5. Continuing education entered as a significant predictor in Model 2 (β=-.144, p < .05) but did not return as a contributor in Models 3, 4 or 5. Similarly, formal training entered in Model 3 with minimal predictive power (β=.092, p < .05), and did not emerge as significant in subsequent models. Personal experience entered as a predictor in Model 3 (β=-.376, p < .001) and only decreased slightly as a contributor in Model 4 (β=-.251, p < .001) with the addition of knowledge . The two together contributed to an increase in the adjusted R_2 from .374 to .537 in Model 4, but personal experience lost all predictive power with the addition of religious beliefs in Model 5 and knowledge maintained significance but the beta decreased (β=-.300, p < .001). Once religious beliefs entered into Model 5 (β=.598 p < .001), the adjusted R_2 increased from .537 to .701.

No significant interaction effects were found in Models 6 (religious beliefs X gender), 7 (religious beliefs x age), or 9 (religious beliefs x region) but the interaction variable religious beliefs x ethnicity in Model 8 was significant (β=.104, p < .05), with only a slight rise in the adjusted R_2 (adjusted R_2=.704).

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Attitudes toward Homosexuality

Gender and South were significant and modest contributors to the prediction of *Attitudes toward Homosexuality* from Models 1 (gender β=.395, p < .001; South β=.315,

$p < .001$) through 4 (gender $\beta=.196$, $p < .001$; South $\beta=.110$, $p < .05$) and lost all prediction strength with the entrance of religious beliefs in Model 5. Midwest was a minor contributor in Models 1 ($\beta=.175$, $p < .01$) and 2 ($\beta=.136$, $p < .05$) but demonstrated no significance in subsequent models. CPE ($\beta = -.218$, $p < .001$), Continuing Education ($\beta= -.143$, $p < .01$), West ($\beta=.119$, $p <.05$), and formal training ($\beta= .094$, $p < .05$) offered minor contribution, but of these four variable only CPE remained in Model 3 ($\beta= -.156$, $p < .001$) with the introduction of personal experience and only personal experience remained as significant predictor in Model 5.

Personal experience ($\beta= -.428$, $p < .001$) contributed significantly to Model 3 once entered. Gender, South, and CPE remained as minor contributors in Model 4 (gender $\beta=.196$, $p < .001$; South $\beta=.110$, $p < .05$; CPE $\beta= -.105$, $p < .01$), West re-entered in Model 4 ($\beta=.104$, $p <.05$) with some contribution, and professional position entered for the first time with minimal contribution ($\beta=.097$, $p < .05$). However, only personal experience remained a significant contributor ($\beta= -.312$, $p < .001$) in Model 4, as knowledge provided the strongest contribution with a beta of -.462 ($p < .001$). Once religious beliefs was entered in Model 5 with strong prediction of *Attitudes toward Homosexuality*, ($\beta= .706$, $p < .001$), knowledge remained with a modest contribution ($\beta= -.243$, $p < .001$) and personal experience offered slight prediction ($\beta= -.085$, $p < .05$). The adjusted R_2 increased substantially after religious beliefs entered (to .820) in Model 5. The significant, and only, contribution of the four tested interaction variables came from religious beliefs x ethnicity in Model 8 ($\beta= .089$, $p < .05$).

Beliefs about the Role of Pastoral Care Regarding Issues of Homosexuality

Age offered slight contribution from Models 1 (β= -.175, p < .05) through 5 (β= -.176, p < .01) and South offered slightly more contribution, but only remained from Model 1 (β=.274, p <.001) through 3 (β=.159, p < .01). Midwest offered the least prediction for Models 1 (β=.171, p < .01) and 2 (β=.124, p < .05) and lost any contribution to the models afterwards. CPE entered in Model 2 (β= -.230, p < .001) and continued to offer some prediction through Model 4 (β= -.139, p < .001) while continuing education contributed slightly only to Model 2 (β= -.127, p <.01). West entered into Model 4 with only minimal contribution (β= .087, p < .05). Gender was the strongest predictor and most consistent predictor in Models 1 (β=.434, p < .001 through 4 (β=.230, p < .001), with the exception of personal experience, which entered in Model 3 (β=-.412, p <.001) and remained through Model 5 (β= -.101, p < .01) and knowledge, which entered in Model 4 (β= -.385, p < .001) and remained a modest predictor in Model 5 (β= -.154, p < .001). Model 5 was most impacted by religious beliefs (β= .732, p < .001).

With the inclusion of religious beliefs as a strong predictor in Model 5 (β= .732, p < .001), knowledge remained, but with much less contribution (β= -.154, p < .001) while personal experience contributed much less than in the previous two models, but remained statistically significant (β= - .101, p < .01). Again, the impact of religious beliefs on the prediction of *Beliefs about the Role of Pastoral Care regarding Issues of Homosexuality* is best seen in the substantial increase in the adjusted R_2 from .563 in

Model 4 to .800 in Model 5 (religious beliefs β=.732, $p < .001$). The religious beliefs x ethnicity interaction in Model 8, with a beta of .163 ($p < .001$), was once again the only significant interaction effect. This interaction offered slight, but significant, contribution in Model 8.

In summary, religious beliefs was the strongest and most consistent predictor for all three dependent variables (*Attitudes toward Homosexuals*, *Attitudes toward Homosexuality,* and *Beliefs about the Role of Pastoral Care regarding Issues of Homosexuality*). Knowledge also contributed a modest amount to the prediction of these variables, especially for *Attitudes toward Homosexuality*, but had its contribution substantially diminished in the presence of the religious beliefs factor. Previous experience also offered a modest contribution to the prediction of all three attitude /belief variables, especially for *Attitudes toward Homosexuals.*

More religiously conservative beliefs and less knowledge regarding issues of homosexuality were substantial contributors to the prediction of more conservative attitudes across all 3 dependent variables measuring attitudes toward issues of homosexuality. In addition, fewer personal experiences with homosexuals contributed to the prediction of more conservative attitudes. Despite expectations, professional experiences failed to significantly contribute except for Model 4 for *attitudes toward homosexuality* (p=.05).

Conservative attitudes toward all three attitude/belief variables were also somewhat predicted by Clinical Pastoral Education, with those who received no training in CPE more likely to hold negative attitudes, although this contribution no longer

contributed once religious beliefs was entered into Model 5. Demographic variables such as being male and coming from the Southern region consistently predicted more conservative attitudes and beliefs across all three dependent variables as well.

Discussion

Given the lack of research into the determinants of Protestant clergy's attitudes regarding issues of homosexuality, particularly toward pastoral care related to such issues, this study has been able to provide data which may assist health educators in understanding the views of Protestant clergy and in providing education appropriate to address those attitudes. Specifically, this study identifies specific factors that are most strongly associated with clergy attitudes, with indication of substantial differences between attitudes of religiously conservative and non-conservative clergy. I will end this paper by presenting a brief overview of this study's most salient findings, discussing contributions these findings may provide to the field, and closing with a review of the study's limitations.

Findings indicated respondents received relatively little information about homosexuality in their *formal* theological training; yet they did receive more information in their *informal* training and *continuing education*. The greater amount of preparation to provide pastoral care regarding issues of homosexuality respondents reported obtaining through continuing education efforts, indicates the training provided in their theological education may not have been sufficient to meet their professional needs. Paradoxically, while conservatives reported spending more time performing pastoral

care, they acknowledged received significantly less training in CPE, less informal training, and less continuing education than non-conservatives.

Results were as expected for religious beliefs, knowledge, experience, and attitudes/beliefs: conservative clergy demonstrated more conservative theological beliefs, less knowledge regarding homosexuality, less personal and professional experience with homosexuals and issues of homosexuality, and more conservative attitudes toward homosexuals, attitudes toward homosexuality, and beliefs about the role of pastoral care regarding issues of homosexuality. The one exception to these findings was with conservatives reporting significantly *more* professional experience providing pastoral care to a homosexual who wanted to become heterosexual. This finding is congruous with conservatives scoring incorrectly more often on knowledge items regarding the changeability/choice of homosexuality.

Regarding attitudes, males, persons from the Midwest and South, persons who did not report training in CPE, and those with less personal experiences with homosexuals were significantly more likely to report conservative attitudes/beliefs for all the dependent variables. Age contributed significantly to *beliefs about the role of pastoral care regarding issues of homosexuality* with younger persons demonstrating more conservative beliefs in this sample.

While knowledge (less knowledge predicted more conservative attitudes/beliefs) was a consistent predictor of all three dependent variables, religious beliefs provided a stronger contribution to the models. Finally, interaction effects were observed for the moderator variable of ethnicity. This means that the effects of religious beliefs on the

three types of attitudes/beliefs examined vary according to ethnicity (depends on whether the respondent is Caucasian or not). For instance, more increasing conservative religious beliefs scores will lead to more negative attitudes/beliefs for all three of the dependent variables when respondents are non-Caucasian. (non-Caucasian clergy in this sample reported significantly more conservative theological beliefs) ($M_{non\text{-}caucasian}$ =61.03, SD=10.27, n=30; $M_{caucasian}$=55.59, SD=14.02, n=355; M_{total}=56.01, SD=13.83, n=385).

Certain variables such as gender, ethnicity, geographical region, age, and religious beliefs are not variables that may be easily impacted by education and training. Understanding of these variables, however, when pastoral care curricula are developed, may provide parameters for more successful education attempts. Knowledge and personal experiences, on the other hand, may be proactively addressed in curricula seeking to improve the provision of care by Protestant clergy to gay and lesbian persons.

These findings contribute to the literature in various ways. The lack of training about homosexuality in seminary supports previous research indicating seminaries provide little training about human sexuality in general (Conklin, 2001). Given the greater knowledge scores demonstrated by those who received more CPE as well as informal training and continuous education about homosexuality, educational interventions designed to improve clergy's ability to provide professionally competent care to gay and lesbian persons may be more effectively conducted through these types of training. Mezirow's Transformational Learning Theory (Mezirow, 1978), discussed previously, supports the notion that education, which includes dialogue and critical

reflection, more often found in non-formal-classroom types of training, can result in a transformation of one's perspective. Therefore, such venues of training may be particularly effective in dispelling stereotypes and increasing knowledge, thereby influencing attitudes toward homosexuals.

Research evidence also demonstrates that training about homosexuality may result in greater knowledge (Stevenson, 1988) and contact with homosexuals during training may also decrease heterosexuals' feelings of unfamiliarity and anxiety and contribute to less conservative attitudes toward homosexuals (Cotton-Huston & Waite, 2000; Green, Dixon, & Gold-Neil, 1993; Herek, 1984; Lance, 1987). Again, non-formal training environments may be the best method for pursuing such contact interventions.

Substantial contributions to the literature come from insight into the predictors of this samples' attitudes/beliefs regarding homosexuals, homosexuality, and pastoral care with such issues. While gender, geographic region, and age are not amenable to change, knowledge of these factors' role in the formation of attitudes may shape education efforts aimed at clergy-in-training. Religious values may also be particularly difficult to target for change, as the work of (Bandura, 1986) suggests that deeply held beliefs may be amongst the most difficult to change. However, this information may, again, offer insight into how an educational approach might be tailored for the different value-needs of conservative and non-conservative groups. Challenges to deeply held beliefs may produce more anxiety, therefore, immediate contact with homosexual persons may not be the best approach to educating conservative clergy. Providing information and targeting knowledge, with room and space for dialogue and reflection to consider

alternative views, may be the best first phase of training prior to introducing contact that could simply serve to reinforce pre-existing beliefs.

Males, persons from the Midwest and South, persons who did not report training in CPE, and those with less personal experiences with homosexuals were significantly more likely to respond conservatively on attitudes toward homosexuals, attitudes toward homosexuality, and beliefs about the role of pastoral care regarding issues of homosexuality. Age contributed significantly to *beliefs about the role of pastoral care regarding issues of homosexuality*.

While this information contributes to the knowledge base of clergy's attitudes/beliefs about pastoral care regarding issues of homosexuality, important limitations are present. Though efforts were made to choose and develop measures most appropriate for the sample, items that could have been beneficial may have been omitted, and measurement error (although low, in this study) was unavoidable. For instance, research suggests that when heterosexuals, especially males, consider the term "homosexual", they quite often assume it refers to gay males only, rather than perceiving it in its more inclusive sense, referring to both gay men and lesbians (Black & Stevenson, 1984; Haddock, Zanna, & Esses, 1993; Herek, 2000; Herek & Capitanio, 1999). Some evidence indicates that those who perceive the word in this way demonstrate more conservative attitudes toward homosexuals (Black & Stevenson, 1984).

Additionally, context effects have been demonstrated to influence responses to survey questions by heterosexual men, depending on whether they are asked about gay

males or lesbians first. When "primed" with questions about gay males first, subsequent answers related to attitudes tend to be more negative toward both gay men and lesbians (Herek & Capitanio, 1999). Dues to limitations of space, this questionnaire used the term "homosexuals" rather than "gay men and lesbians" and any misconstruing of this term by respondents could have confounded the results. Additional studies are therefore required to substantiate and extend these findings.

Finally, as most of the sample was male, Caucasian, theologically conservative, and from the South, responses may not be representative and may be confounded by some response bias and additional caution must be taken, therefore, when considering how far to generalize these results. While the number of clergy who are white males generally outnumber clergy who are female and of an ethnic minority, these two results are not surprising. However, the large number of conservative respondents and the large number of responses coming from the South are surprising (though Southern respondents tended to be conservative). Tentative speculation here may indicate the direction future research may take. For example, could it be that conservative clergy see homosexuality as a "clear cut", issue about which they feel strongly? Could it be that they have a strong desire to share their views with others? Are non-conservative clergy less clear about their thoughts and feelings toward these issues? Is it possible that the culture of their congregation or denomination is such that they do not feel at liberty to be open with their thoughts?

Some information supports this possibility. At least one participant in the focus group conducted to develop the survey instrument, and one in-depth interview

respondent, both non-conservative, indicated they would gladly perform a “Holy Union” ceremony between two members of the same gender who wished to have their relationship recognized before God. However, they made it very clear this would only happen behind the closed doors of their office so that no one in the church would know. They also made it clear they would never, if asked publicly, speak openly about their affirming views regarding homosexuality because 1) they had taken vows to uphold the doctrine of the denomination they served and would not break those vows, and 2) many members of their congregation would leave in protest or they (the clergy) would lose their jobs.

Despite the debate surrounding issues of homosexuality in this country, homosexuals face personal risks to their health and well-being that deserve to be addressed in a competent manner by those in the helping professions. Clergy are in a unique position to provide such care and assist in extending access to the benefits religious involvement may offer. Health educators who wish to partner with clergy in health promotion and education to gay and lesbian persons could benefit from partnerships with these religious and community leaders. Clergy may benefit from training targeted specifically to their professional, and personal, needs that could improve their confidence to provide pastoral care when issues of homosexuality arise. In the end, many stand to benefit from such efforts.

CHAPTER IV

CONCLUSION

In this study, both conservative and non-conservative Protestant clergy reportedly spent a substantial portion of time providing pastoral care, though few admitted being trained in CPE. All respondents indicated they received little information about homosexuality in *formal* classroom instruction, though overall participants reported receiving more *informal* and *continuing education*. Conservative clergy spent more time providing pastoral care than non-conservatives, but were less likely to be trained in CPE and conservatives were also less exposed to informal training and continuing education regarding issues related to homosexuality. The overall number of respondents reporting they believed their continuing education did prepare them to provide pastoral care regarding issues of homosexuality suggests their professional preparation, received at seminary, was inadequate.

Inconsistent with previous research, more advanced theological degrees were not associated, in this study's sample, with greater knowledge about homosexuality issues, but having been exposed to CPE was related to greater knowledge. Conversely, conservatives scored as expected on the religious beliefs and knowledge scales. Participants reporting less informal training and continuing education also scored worse on the knowledge scale. Less personal experiences with homosexuals and issues of homosexuality and lower knowledge scores predicted more negative *Attitudes toward*

Homosexuals, *Attitudes toward Homosexuality*, and *Beliefs about the Role of Pastoral Care Regarding Issues of Homosexuality*.

The one exception was that conservative clergy reported more professional experience with homosexuals who wished to become heterosexual. This finding makes theoretical and empirical sense as those who believe homosexuality is a choice tend to hold more conservative attitudes and beliefs, and clergy from this sample tended to score incorrectly most often for knowledge scale items relating to the immutability of homosexuality.

The demographic variables found to predict the three attitudes/beliefs of this sample, and the strong effect of religious beliefs on these variables, are important to consider for educational interventions. Of the predictors of this sample's attitudes, knowledge and personal experience may be the most amenable to interventions. Yet those who are more conservative in their beliefs may actually respond with anxiety in contact situations with gay and lesbian persons and/or perceive the situation in such a way that it only strengthens their pre-existing views.

Therefore, for more conservative clergy, education that involves the opportunity for critical reflection and dialogue may assist them in becoming more receptive to new experiences and ideas. This openness may not change their basic theology, but may lead to, at the least, disagreement with homosexuality-related issues that is informed and thoughtful, rather than based on stereotypes; that is respectful of the unique position of gays and lesbians as members of a stigmatized group; and is less riddled with anxiety and other emotions that may damage a person seeking pastoral care from clergy.

As more research contributes to the knowledge base regarding clergy attitudes and behaviors regarding pastoral care for homosexual persons, health educators may begin to work with clergy to provide such knowledge, and even foster personal contact with gay and lesbian persons when appropriate. Then clergy may be better prepared to offer adequate pastoral services, regarding issues of homosexuality, that stand to improve and promote the health and well-being of gays and lesbians .

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APPENDIX I

FIGURES

FIGURE 1—Theoretical Model with Predictor, Latent, and Moderator Variables

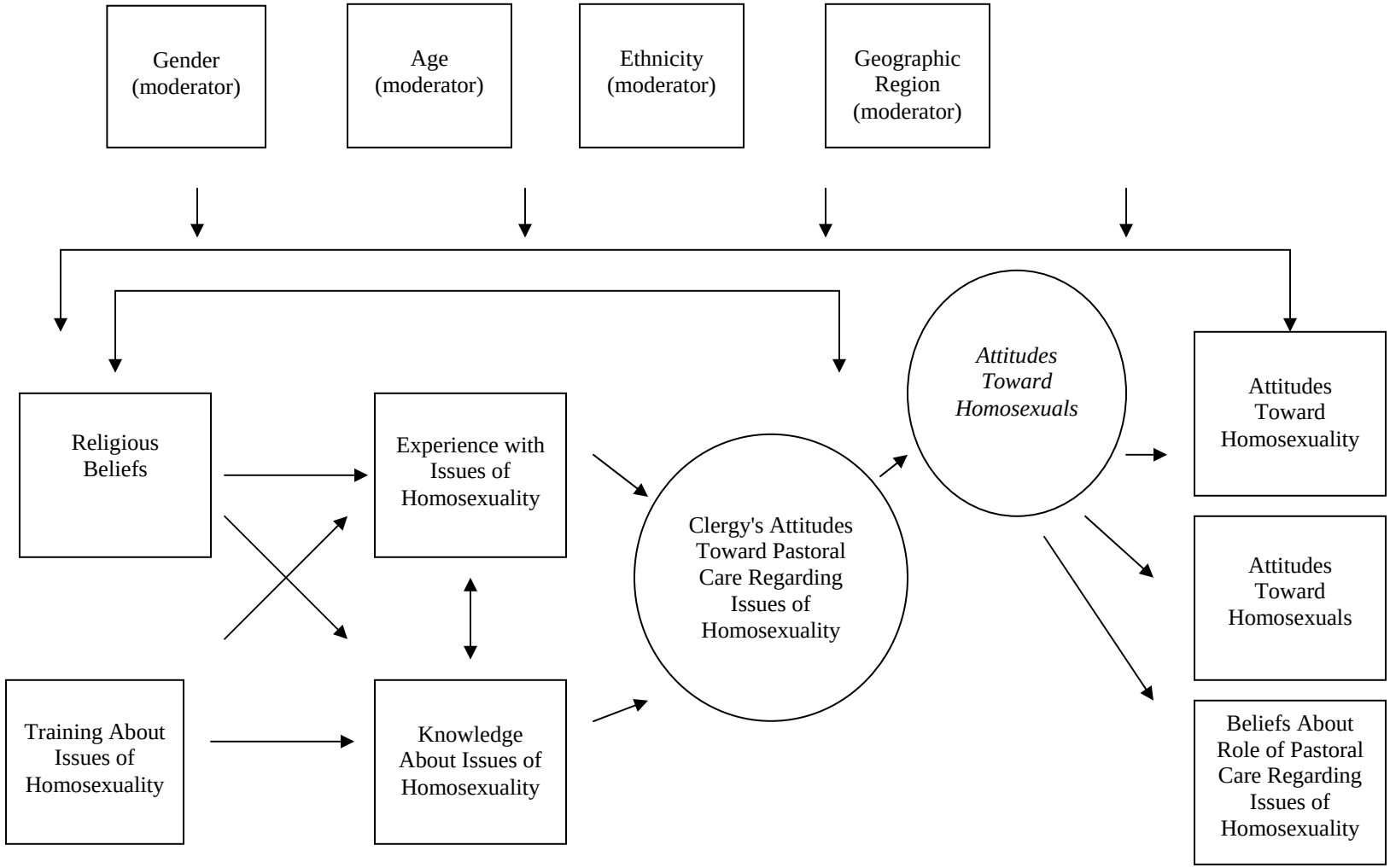
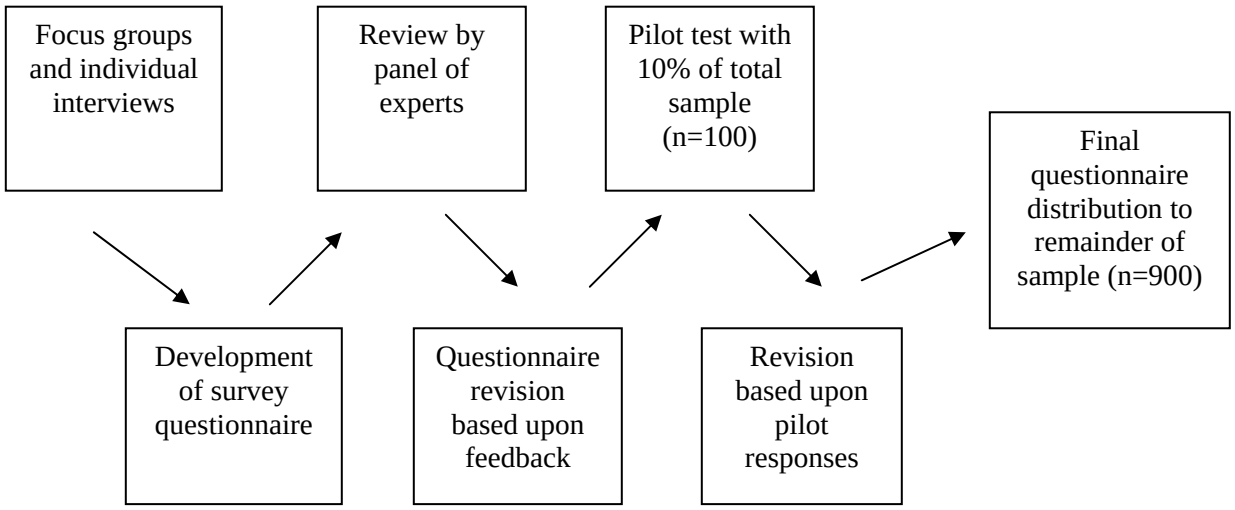


FIGURE 2—Steps and Procedures for Instrument Development.



APPENDIX II

TABLES

TABLE 1—Categorization of States by the U.S. Census Bureau Regional Divisions

Region	States		
Northeast	Connecticut	New Hampshire	Pennsylvania
	Maine	New Jersey	Rhode Island
	Massachusetts	New York	Vermont
Midwest	Indiana	Michigan	Missouri
	Illinois	Minnesota	Nebraska
	Iowa	North Dakota	South Dakota
	Kansas	Ohio	Wisconsin
South	Alabama	Kentucky	South Carolina
	Arkansas	Louisiana	Tennessee
	Delaware	Maryland	Texas
	District of Columbia	Mississippi	Virginia
	Florida	North Carolina	West Virginia
	Georgia	Oklahoma	
West	Alaska	Idaho	Utah
	Arizona	Montana	Washington
	California	Nevada	Wyoming
	Colorado	New Mexico	
	Hawaii	Oregon	

TABLE 2—Classification of Conservative and Non-Conservative Respondents after Discriminant Function Analysis		
Predictor Variable— Religious Beliefs Scale	Grouping Variable— Theological Self-Classification	
	Classified Conservative	Classified Non-Conservative
Predicted Conservative (186)	179 (96%)	7 (4%)
Predicted Non-Conservative (153)	38 (25%)	115 (75%)

TABLE 3—Correlation between the Dichotomized Religious Beliefs Scale, Denominational Categorization, and Theological Self-Classification (Kappa)

Test Pairing	Kappa Value / Asymp. Std. Err.	Approximate T	Approximate Significance
Dichotomized Religious Beliefs Scale w/ Cons./ Non-Cons. Denomination	.76 / .03	15.18	$p < .001$
Dichotomized Religious Beliefs Scale w/ Combined Theological Self-Classification	.77 / .03	15.20	$p < .001$
Cons./Non-Cons. Theological Self-Classification w/ Cons./Non-Cons. Denomination	.70 / .04	14.22	$p < .001$

TABLE 4—Frequency Distributions (and Mean Values) of Demographic Characteristics of a Sample of Protestant Clergy			
Sample Characteristics	**N**	**%**	**Mean, SD, Range**
Return Rate by Denomination		(valid percent)	
TOTAL	412	49%	
Southern Baptist	64	45%	
Presbyterian Church in America	61	45%	
Lutheran Church—Missouri Synod	81	56%	
United Methodist Church	66	48%	
United Church of Christ	70	47%	
Episcopal Church—USA	70	50%	
Ethnicity			
African American/Black	10	2.4%	
Anglo/Non-Hispanic/White	379	92%	
Asian American/Pacific Islander	6	1.5%	
Mexican American/Hispanic/Latino	2	0.5%	
Native American	3	0.7%	
Other	8	1.9%	
Gender			
Males	361	88%	
Females	49	12%	
Age in years	411		M=52.09 SD=9.99 Range=28-85
Role in Congregation			
Assistant/Associate Pastor	18	4%	
Senior Pastor	373	91%	
Other	11	3%	
Licensed or Lay Minister	3	1%	
Retired Minister	7	2%	
Ministry as First Career			
No	217	53%	
Yes	194	47%	
Number of Years Ordained	412		M=20.37 SD=11.91 Range=0-60
Congregation Size, Categorized			
0-99	58	14.4%	
100-199	88	21.9%	
200-299	78	19.4%	
300-399	39	9.7%	
400-499	42	10.4%	
500-999	49	12.1%	
1000-6999	48	11.3%	
Community Characteristic of Congregation			
Inner	23	6%	
Rural	139	34%	
Suburban	173	42%	
Urban	71	17%	
Region in which Respondents Live			
West	51	12%	
Mid-West	122	30%	
South	172	42%	
Northeast	66	16%	
Percent Time Spent in Pastoral Care	403		M= 43.18% SD=23.49 Range=0-100

TABLE 5—Educational Characteristics of a Sample of Protestant Clergy		
Education	**N**	**%**
Theological Degree		
Master of Divinity	335	81%
Master of Education	31	7.5%
Master of Theological Studies	22	5.3%
Doctorate of Ministry	53	12.9%
Doctorate of Theology	8	1.9%
"Other" Theological Degree (including Ph.D. in Theology)	52	12.6%
*Composite Theological Degree		
0	13	3.2%
1	24	5.8%
2	247	60%
3	32	7.8%
4	36	8.7%
5	34	8.3%
6	14	3.4%
7	10	2.4%
8	2	0.5%
At Least Some Training in Clinical Pastoral Education		
No	302	73%
Yes	100	25%
*Composite Theological Degree is the summed total of theological degrees each participant reported, with the following weights given to each degree: scored by 0=none, 1=B.A. or certification, 2=Master's, 3=Doctorate of Ministry, 4=Doctorate of Theology or Ph.D. in Theology		

TABLE 6—Frequency of the Types and Contexts of Training Regarding Homosexuality for a Sample of Protestant Clergy (n=412)		
Types and Contexts of Training	**N**	**%**
Formal Training (in seminary)	186	45%
Ethics	143	77%
Pastoral Care	141	76%
New Testament	86	46%
Old Testament	81	44%
Human Sexuality	42	23%
"Other"	19	10%
Informal Training (in or outside seminary)	273	66%
One-on-one Discussions with Peers	193	71%
Discussion Groups	173	63%
Workshops and Seminars	101	37%
One-on-one Discussions with Faculty	100	37%
Field Experiences	90	33%
Chapel Speakers	88	32%
Internships	39	14%
"Other"	29	11%
Retreats	27	10%
Continuing Education	238	58%
Books	185	78%
Materials from Specialized Ministries	161	68%
Conferences and Workshops	144	61%
Newsletters	102	43%
Other	35	15%
Additional College Courses	8	3%

TABLE 7—Reports of Perceived Effectiveness and Influence of Training and Continuing Education Regarding Issues of Homosexuality for a Sample of Protestant Clergy (higher score = less influence)			
How much would you say that your overall theological training…	N	%	
Prepared you to provide pastoral care regarding issues of homosexuality? Total	308		Mean=2.45
(1) Very much	51	17%	SD=1.10
Some	159	52%	Median=2.00
Not sure	10	3%	Mode=2
Very little	83	27%	
(5) Not at all	5	2%	
Influenced your beliefs regarding homosexuality? Total	308		Mean=2.55
(1) Very much	72	23%	SD=1.28
Some	118	38%	Median=2.00
Not sure	15	5%	Mode=2
Very little	83	27%	
(5) Not at all	20	7%	
How much would you say that your continuing education…			
Prepared you to provide pastoral care regarding issues of homosexuality? Total	235		Mean=1.99
(1) Very much	45	19%	Median=2.00
Some	168	72%	Mode=2
Not sure	5	2%	Std. Dev.=0.75
Very little	14	6%	
(5) Not at all	3	1%	
Influenced your beliefs regarding homosexuality? Total	235		Mean=2.60
(1) Very much	30	13%	Median=2.00
Some	124	53%	Mode=2
Not sure	8	3%	Std. Dev.=1.18
Very little	57	24%	
(5) Not at all	16	7%	

TABLE 8— Mean Religious Beliefs Scores for Conservative and Non-Conservative Denominational Groupings of a Sample of Protestant Clergy						
Conservative Denominations	**N**	**%**	**Total Cons.**	**Percent Total**	**Mean Religious Beliefs (Denom.)**	***Religious Beliefs (Cons.)**
Lutheran Church-Missouri Synod	81	20%	206	50%	66.69 (SD=4.92)	M=66.81, SD=4.48
Southern Baptist Convention	64	16%			65.36 (SD=4.78)	
Presbyterian Church in America	61	15%			68.39 (SD=2.86)	
Non-Conservative Denominations	**N**	**%**	**Total Non.**	**Percent Total**	**Mean Religious Beliefs (Denom.)**	***Religious Beliefs (Non.)**
United Methodist Church	66	16%	206	50%	51.42 (SD=10.77)	M=45.38 SD=11.47
Episcopal Church-USA	70	17%			43.83 (SD=9.97)	
United Church of Christ	70	17%			40.97 (SD=11.14)	
Effect size of difference between Religious Beliefs Scores of Conservative and Non-Conservative Denominations: Cohen's d=2.46						

TABLE 9—Statistically Significant Mean Differences and Effect Sizes for Religious Belief Scores by Denomination*

(I) Denomination	(J) Denomination	Mean Difference (I-J)	Std. Error	Effect Size Cohen's d
Presbyterian Church in America M=68.39 SD=2.86	United Methodist Church M=51.42 SD=10.77	16.97	1.47	2.15
	Episcopal Church-USA M=43.83 SD=9.97	24.56	1.47	3.35
	United Church of Christ M=40.97 SD=11.14	27.42	1.65	3.37
Southern Baptist Convention M=65.36 SD=4.78	United Methodist Church M=51.42 SD=10.77	13.94	1.48	1.67
	Episcopal Church-USA M=43.83 SD=9.97	21.53	1.47	2.75
	United Church of Christ M=40.97 SD=11.14	24.38	1.47	2.85
Lutheran Church—Missouri Synod M=66.69 SD=4.92	United Methodist Church M=51.42 SD=10.77	15.27	1.39	1.82
	Episcopal Church-USA M=43.83 SD=9.97	22.86	1.39	2.91
	United Church of Christ M=40.97 SD=11.14	25.72	1.39	2.99
**United Methodist Church M=51.42 SD=10.77	Episcopal Church-USA M=43.83 SD=9.97	7.59	1.44	0.73
	United Church of Christ M=40.97 SD=11.14	10.45	1.44	0.95

***All mean differences are significant at less than .001.**
****See scores above for UMC comparisons with the PCA, SBC, and LCMS.**

TABLE 10—Observed (Actual) Conservative / Non-Conservative Classification based on Dichotomized Religious Belief Scores for Individual Denominations

Denomination	Classified Cons. (N)	Classified Cons. (%)	Classified Non-Cons. (N)	Classified Non-Cons. (%)	Total N	Mean Religious Beliefs	Std. Dev.
Presbyterian Church in America	59	100%	0	0%	59	68.39	2.86
Southern Baptist Convention	55	95%	3	5%	58	65.36	4.78
Lutheran Church-Missouri Synod	71	96%	3	4%	74	66.69	4.92
United Methodist Church	24	38%	40	63%	64	51.42	10.77
Episcopal Church-USA	9	14%	56	86%	65	43.83	9.97
United Church of Christ	7	11%	58	89%	65	40.97	11.15

TABLE 11—Knowledge Scale Results: Percent Correct by Denomination in a sample of Protestant Clergy.							
*Knowledge Scale Item	**Total Correct**	**SBC**	**PCA**	**LC-MS**	**UMC**	**UCC**	**EC-USA**
A Homosexuality is a phase which children outgrow.	90%	88%	90%	86%	92%	94%	90%
B There is a good chance of changing homosexual persons into heterosexual men and women.	60%	30%	33%	49%	68%	91%	84%
C Most homosexuals want to be members of the opposite sex.	92%	88%	92%	94%	90%	93%	96%
D Some church denominations have condemned legal and social discrimination against homosexuals.	97%	98%	95%	98%	92%	100%	100%
E Homosexuality is established at an early age.	64%	45%	39%	54%	70%	91%	84%
F According to the American Psychological Association, homosexuality is an illness.	81%	66%	80%	69%	89%	91%	89%
G Homosexual males are more likely to seduce young boys than heterosexual males are to seduce young girls.	84%	72%	69%	89%	85%	93%	94%
H Gay men are more likely to be victims of violent crime than the general public.	74%	63%	57%	78%	79%	84%	81%
I A majority of homosexuals were seduced in adolescence by a person of the same sex, usually several years older.	68%	38%	44%	67%	71%	94%	86%
J A person becomes a homosexual (develops a homosexual orientation) because he/she chooses to do so.	58%	25%	25%	47%	67%	89%	90%
K Homosexual activity occurs in many animals.	60%	44%	34%	54%	62%	79%	79%
L Kinsey and many other researchers consider sexual behavior as a continuum from exclusively homosexual to exclusively heterosexual.	79%	67%	72%	83%	82%	84%	84%
M A homosexual person's gender identity does not agree with his/her biological sex.	65%	50%	69%	70%	62%	63%	73%
N Historically, almost every culture has evidenced widespread intolerance toward homosexuals, viewing them as "sick" or as "sinners".	41%	30%	38%	35%	40%	47%	54%
O Heterosexual men tend to express more hostile attitudes toward homosexuals than do heterosexual women.	88%	89%	87%	85%	85%	87%	94%
P "Coming out" is a term that homosexuals use for publicly acknowledging their homosexuality.	99%	97%	98%	98%	99%	100%	100%
Q One difference between homosexual men and women is that lesbians tend to have more partners over their lifetime.	91%	86%	97%	91%	88%	90%	96%
R The National Gay and Lesbian Task Force is an agency founded to work with homosexual men and women to help achieve legal rights	96%	94%	97%	94%	96%	96%	100%
S Bisexuality can be characterized by overt behaviors and/or erotic responses to both males and females.	93%	89%	95%	90%	99%	93%	91%
T Recent research has shown that homosexuality is caused by a chromosomal abnormality.	75%	77%	89%	79%	74%	63%	74%
* True items are presented in **bold** type.							

TABLE 12 —Mean Knowledge Scores by Ethnicity (F=5.18, p < .001)				
Ethnicity	N	Mean	SD	Effect Size Cohen's d
African American/Black	10	13.0000	2.90593	***** - 0.94
Anglo/Non-Hisp/White	379	15.7230	2.87385	****** -1.68
Asian	6	13.8333	3.25064	
Mexican American/Hisp./Latino	2	12.0000	.00000	
Native American	3	10.3333	3.51188	
Other	8	14.2500	2.71241	
Total	408	15.5417	2.94974	
*****African Americans significantly different from Anglos—Mean difference = -2.72, Std. Err.=0.92, p=.039 ******Anglos significantly different from Native Americans—Mean difference = 5.39, Std. Err.=1.67, p= .017				

TABLE 13—*Homogeneous Subsets (1-4) with Mean Knowledge Scores and Standard Deviations by Denomination.**

Denomination	N	***Subset 1	Subset 2	Subset 3	Subset 4
Episcopal Church-USA	70				M=17.40 SD=2.45
United Church of Christ	70				M=17.23 SD=2.15
United Methodist Church	66			M=15.88 SD=2.80	
Lutheran Church-Missouri Synod	81		M=15.10 SD=2.79	M=15.10 SD=2.79	
Presbyterian Church in America	61	M=14.00 SD=2.38	M=14.00 SD=2.38		
Southern Baptist Convention	64	M=13.33 SD=2.64			
Significance =		.641	.123	.477	.999

*Homogeneous Subsets calculated using Tukey HSD
**Double line indicates mean score for total sample (N=412; M=15.54; SD=2.95)
***All subsets are for alpha=.05

Table 14—Statistically Significant Mean Differences and Effect Sizes for Knowledge Scores by Denomination

(I) Denomination	(J) Denomination	Mean Difference (I-J)	Std. Error	Effect Size Cohen's d
Southern Baptist Convention	Lutheran Church—Missouri Synod M=15.10 SD=2.79	-1.77064	.42675	-0.65
M=13.33 SD=2.64	United Methodist Church M=15.88 SD=2.80	-2.55066	.44765	-0.94
	United Church of Christ M=17.23 SD=2.15	-3.90045	.44131	-1.62
	Episcopal Church-USA M=17.40 SD=2.45	-4.07188	.44131	-1.60
Presbyterian Church in America	United Methodist Church M=15.88 SD=2.80	-1.87879	.45320	-0.72
M=14.00 SD=2.38	United Church of Christ M=17.23 SD=2.15	-3.22857	.44694	-1.42
	Episcopal Church-USA M=17.40 SD=2.45	-3.40000	.44694	-1.41
Lutheran Church—Missouri Synod	United Church of Christ M=17.23 SD=2.15	-2.12981	.41641	-0.86
M=15.10 SD=2.79	Episcopal Church-USA M=17.40 SD=2.45	-2.30123	.41641	-0.88
*United Methodist Church	United Church of Christ M=17.23 SD=2.15	1.34978	.43780	-0.54
M=15.88 SD=2.80	Episcopal Church-USA M=17.40 SD=2.45	-1.52121	.43780	-0.58

All mean differences are significant at .05. ($F = 28.348$, $p < .001$)

Table 15 – Means, standard deviations and effect sizes for total sample of Protestant clergy and for conservative/non-conservative groups on select study variables.						
	Means (Standard Deviations)			F	*p*	Effect Size (Cohen's d)
	Total	**Conservative**	**Non-Conservative**			
Percent Time Pastoral Care (N =378)	42.59 (23.31)	N=220 46% (24.69)	N=158 38% (20.39)	11.56	=.001	0.35
Knowledge (N=385)	15.50 (2.94)	N=225 14.21 (2.74)	N=160 17.32 (2.14)	143.721	< .001	-1.27
Personal Experience (N=368)	3.92 (2.77)	N=216 2.84 (2.15)	N=152 5.46 (2.82)	102.034	< .001	-1.04
Professional Experience (N=373)	3.88 (3.00)	N=218 3.33 (2.75)	N=155 4.66 (3.18)	18.533	< .001	-0.45
Professional Experience (with homosexual wanting to become heterosexual) (N=378)	1.4153 (0.67)	N=222 0.57 (0.69)	N=156 0.23 (0.50)	26.724	< .001	0.56
Attitudes toward Homosexuals (N=358)	25.05 (9.02)	N=204 30.91 (5.55)	N=154 17.29 (6.51)	455.082	< .001	2.25
Attitudes toward Homosexuality (N=366)	40.72 (14.96)	N=210 51.22 (6.83)	N=156 26.60 (10.67)	720.86	< .001	2.75
Beliefs about the Role of Pastoral Care regarding Issues of Homosexuality (N=373)	17.29 (5.91)	N=215 21.42 (2.80)	N=158 11.67 (4.11)	742.265	< .001	2.77

TABLE 16—Metric and Standardized Beta Coefficients for Predictors of *Attitudes toward Homosexuals*, According to Regression Models (only statistically significant predictors are shown).

Predictors	Model 1 Adj. R^2=.200		Model 2 Adj. R^2=.289		Model 3 Adj. R^2=.374		Model 4 Adj. R^2=.537		Model 5 Adj. R^2=.701	
	B	β	B	β	B	β	B	β	B	β
(Constant)	14.514***		17.677***		25.231***		50.572***		19.058***	
	(3.975)		(4.061)		(3.960)		(4.124)		(4.163)	
Gender	9.787***	.361	8.332***	.308	6.382***	.239	4.230***	.159		
	(1.485)		(1.435)		(1.373)		(1.197)			
West			3.228*	.117			2.632*	.097		
			(1.564)				(1.287)			
Midwest	4.165**	.212	3.266*	.166						
	(1.319)		(1.274)							
South	5.321***	.290	4.537***	.247	3.397**	.187				
	(1.294)		(1.254)		(1.221)					
CPE			-5.105***	-.248	-3.743***	-.185	-2.641**	-.130		
			(.949)		(.905)		(.785)			
Formal Training					.497*	.092				
					(.253)					
Continuing Education			-.842**	-.144						
			(.289)							
Personal Experience					-1.198***	-.376	-.798***	-.251		
					(.205)		(.180)			
Knowledge							-1.496***	-.480	-.931***	-.300
							(.137)		(.122)	
Religious Beliefs									.386***	.598
									(.029)	

NOTE: * p <.05; ** p <.01; ***p <.001. Standard Errors are shown in parentheses.

TABLE 16 continued—

Predictors	Model 6 Adj. R^2=.700		Model 7 Adj. R^2=.700		Model 8 Adj. R^2=.704		Model 9 Adj. R^2=.700	
	B	β	B	β	B	β	B	β
(Constant)	18.293**		21.921**		17.943***		19.283***	
	(5.396)		(7.838)		(4.174)		(4.250)	
Knowledge	-.932***	-.300	-.933***	-.300	-.947***	-.305	-.929***	-.299
	(.122)		(.122)		(.122)		(.122)	
Religious Beliefs	.407***	.630	.337**	.522	.340***	.527	.381***	.591
	(.096)		(.118)		(.036)		(.034)	
INTERACTION					.050*	.104		
Religious beliefs X Caucasian					(.024)			

NOTE: * p <.05; ** p <.01; ***p <.001. Standard Errors are shown in parentheses.

TABLE 17—Metric and Standardized Beta Coefficients for Predictors of *Attitudes toward Homosexuality*, According to Regression Models (only statistically significant predictors are shown).

Predictors	Model 1 Adj. R^2=.257		Model 2 Adj. R^2=.334		Model 3 Adj. R^2=.439		Model 4 Adj. R^2=.591		Model 5 Adj. R^2=.820	
	B	β	B	β	B	β	B	β	B	β
(Constant)	22.841***		26.388***		39.788***		79.251***		16.609**	
	(6.310)		(6.492)		(6.266)		(6.387)		(5.316)	
Gender	17.976***	.395	15.829***	.350	12.252***	.272	8.811***	.196		
	(2.386)		(2.305)		(2.187)		(1.892)			
Position					2.168*	.087				
					(1.006)					
West			5.524*	.119			4.865*	.104		
			(2.511)				(2.031)			
Midwest	5.689**	.175	4.419*	.136						
	(2.071)		(2.004)							
South	9.574***	.315	8.531***	.280	6.137**	.203	3.331*	.110		
	(2.035)		(1.976)		(1.876)		(1.621)			
CPE			-7.490***	-.218	-5.360***	-.156	-3.590**	-.105		
			(1.508)		(1.427)		(1.228)			
Formal Training			.856*	.094						
			(.418)							
Continuing Education			-1.371**	-.143						
			(.451)							
Personal Experience					-2.273***	-.428	-1.659***	-.312	-.454*	-.085
					(.313)		(.273)		(.193)	
Professional Experience							.482*	.097		
							(.245)			
Knowledge							-2.375***	-.462	-1.243***	-.243
							(.210)		(.154)	
Religious Beliefs									.761***	.706
									(.037)	

NOTE: * p <.05; ** p <.01; ***p <.001. Standard Errors are shown in parentheses.

TABLE 17 *continued—*

Predictors	Model 6 Adj. R^2=.820		Model 7 Adj. R^2=.820		Model 8 Adj. R^2=.823		Model 9 Adj. R^2=.820	
	B	β	B	β	B	β	B	β
(Constant)	21.339**				15.441**		16.642**	
	(6.908)				(5.299)		(5.437)	
Personal Experience	-.449*	-.084	-.454*	-.085	-.422*	-.079	-.454*	-.086
	(.193)		(.194)		(.192)		(.195)	
Knowledge	-1.237***	-.242	-1.243***	-.243	-1.288***	-.252	-1.243***	-.243
	(.154)		(.154)		(.153)		(.154)	
Religious Beliefs	.635***	.589	.763***	.707	.695***	.645	.761***	.706
	(.124)		(.150)		(.046)		(.044)	
INTERACTION					.070*	.089		
Religious beliefs X Caucasian					(.029)			

NOTE: * p <.05; ** p <.01; ***p <.001. Standard Errors are shown in parentheses.

TABLE 18—Metric and Standardized Beta Coefficients for Predictors of *Beliefs about the Role of Pastoral Care Regarding Issues of Homosexuality*, According to Regression Models (only statistically significant predictors are shown).

Predictors	Model 1 Adj. R^2=.284		Model 2 Adj. R^2=.363		Model 3 Adj. R^2=.460		Model 4 Adj. R^2=.563		Model 5 Adj. R^2=.800	
	B	β	B	β	B	β	B	β	B	β
(Constant)	12.612***		15.629***		20.656***		33.925***		7.147**	
	(2.376)		(2.476)		(2.403)		(2.606)		2.219	
Age	-.103*	-.175	-.107*	-.180	-.116**	-.193	-.106**	-.176		
	(.046)		(.045)		(.043)		(.039)			
Gender	7.793***	.434	6.794***	.381	5.335***	.300	4.091***	.230		
	(.901)		(.874)		(.835)		(.764)			
West							1.579*	.087		
							(.803)			
Midwest	2.190**	.171	1.605*	.124						
	(.783)		(.762)							
South	3.287***	.274	2.793***	.232	1.915**	.159				
	(.766)		(.749)		(.718)					
CPE			-3.159***	-.230	-2.424***	-.177	-1.905***	-.139		
			(.586)		(.557)		(.504)			
Continuing Education			-.481**	-.127						
			(.173)							
Personal Experience					-.876***	-.412	-.684***	-.322	-.218**	-.101
					(.122)		(.111)		(.080)	
Knowledge							-.789***	-.385	-.315***	-.154
							(.087)		(.064)	
Religious Beliefs									.314***	.732
									(.015)	

NOTE: * p <.05; ** p <.01; ***p <.001. Standard Errors are shown in parentheses.

TABLE 18 continued—

Predictors	Model 6 Adj. R^2=.800		Model 7 Adj. R^2=.800		Model 8 Adj. R^2=.810		Model 9 Adj. R^2=.800	
	B	β	B	β	B	β	B	β
(Constant)	9.344**				6.226**		6.816**	
	(2.880)				(2.174)		2.274	
Personal Experience	-.216**	-.100	-.213**	-.098	-.194*	-.090	-.212*	-.098
	(.080)		(.081)		(.079)		(.081)	
Professional Experience								
Knowledge	-.312***	-.152	-.313***	-.153	-.345***	-.168	-.317***	-.098
	(.064)		(.064)		(.063)		(.064)	
Religious Beliefs	.255***	.594	.368***	.858	.265***	.618	.320***	.747
	(.052)		(.063)		(.019)		(.018)	
INTERACTION					.051***	.163		
					(.012)			

NOTE: * p <.05; ** p <.01; ***p <.001. Standard Errors are shown in parentheses.

APPENDIX III

CHANGES TO SURVEY THROUGHOUT DEVELOPMENT

After developing an initial draft of the survey, I gave copies to participants of the initial focus groups and interviews and asked them to complete the survey and review it for problems. Based on feedback from these reviews, I revised the questionnaire in the following ways:

- I removed questions regarding how much time respondents spent in various ministerial tasks, leaving only one question regarding what percentage of time clergy spent performing pastoral care, which more directly related to the goals of the survey.
- I took out questions regarding how respondents would theologically classify the community in which they lived, as it did not contribute to the study.
- I took out three questions I had originally added to the end of the Religious Beliefs Scale regarding persons' agreement with literal translations of scriptures from the Hebrew, or "Old Testament", that related to same gender sexual behavior. These items were deleted because they did not perform well with the overall scale.

After developing a rough draft of a survey, participants from the previous focus groups and interviews completed the survey and provided feedback based on their

experience with the instrument. Based on this information, the following revisions were made to the questionnaire:

- Questions regarding the percent time respondents spent in various ministerial tasks were deleted, with only one question left in the questionnaire about the percentage of time spent performing pastoral care. This remaining question related more directly to the survey and study goals.
- Questions about respondents' theological classification of the community in which they lived was removed as it did not contribute to the study.
- Three items had been added to the Religious Beliefs Scale to ask about respondents' agreement/disagreement with a literal translation of certain Hebrew ("Old Testament") scriptures related to same-gender sexual behavior. These items were deleted because they did not perform well with the overall scale.
- I changed the wording of the item anchor, "I believe the Bible tells us…:" and used instead, "I believe that according to Biblical principles…:". The original wording implied a literal interpretation of Scripture even if respondents did not ascribe to such an interpretation.
- I reworded two items in the "I believe according to Biblical principles…" scale: "all sins are equal in the eyes of God" became, "homosexual acts are more serious than other sins"; and "Jesus said

nothing regarding homosexuality" became "Jesus would regard homosexual acts as sin". Reviewers indicated the former item in its original form was difficult to answer without making numerous qualifications to one's answer, and the latter item in its original form was true, regardless of one's method of Biblical interpretation.

- I changed one item in the beliefs about the goal of pastoral care question that originally stated, "advising a homosexual to seek God's forgiveness" to end instead with "seek forgiveness for homosexual acts". Reviewers indicated that all persons should seek God's forgiveness for wrongs committed. Therefore, the item was clarified.

After analyzing the results of the Pilot test of the survey and reviewing comments written on the survey by respondents, I made the following changes:

- I changed one item in the Attitudes toward Homosexuals Scale from "may be Christians if they have homosexual feelings but are celibate" to "can only be Christians if they remain celibate". In its original form, the words "may be" elicited many questions and statements from respondents about what was required to be a Christian.
- I removed "should be loved unconditionally" from the Attitudes toward Homosexuals Scale, as little variability was found for this item.
- I took out "is determined by the way a person is raised" from the Attitudes toward Homosexuality Scale, because respondents who indicated that homosexuality is a choice argued that one could overcome

one's past and be "healed" from homosexuality. Those indicating homosexuality was genetic indicated that one could be heterosexual and engage in same-gender relationships because: 1) personal trauma left one feeling safer in a same-gender relationship or 2) circumstances, such as prison, can lead persons to enter into same-gender sexual relationships. Due to the lack of variability in this item, despite the different reasons conservative and non-conservatives indicated for their answer-choice, the item was deleted.

- I removed the section that began, "I believe according to Biblical principles…" as it appeared to cause confusion for respondents and performed poorly in analyses.

    These items from this section were deleted:

    "homosexual acts are a sin"

    "we are to be accepting of homosexuals as persons"

    "Jesus would be accepting of homosexuals as persons"

    I moved these items to the Attitudes toward Homosexuality Scale:

    "homosexual acts are more serious than other sins"

    "Jesus would regard homosexual acts as sin"

- I removed three items from "I believe the goals of pastoral care regarding issues of homosexuality should include…:"

    "providing Scriptural Truth"

    "providing spiritual comfort"

"advising a homosexual to remain monogamous"

Conservative and non-conservative clergy responded similarly to the first two items for apparently similar reasons, therefore, the items provided no substantial information to the study. For the last item, conservative respondents indicated that disagreeing with "advising a homosexual to remain monogamous" made it sound as if they agreed with homosexual promiscuity, but that if they agreed with the item, it would then appear as if they condoned monogamous homosexual relationships. Additionally, non-conservative clergy indicated confusion with this item, wondering what else they would do but counsel homosexual persons as they would heterosexuals. Due to the confounding nature of this item, it was selected for deletion.

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